

PAN AMERICAN SANITARY ORGANIZATION

Official Documents

No. 24 + Corr.!

AUGUST, 1958

(bound at end of vol.)

INDEXED

PROPOSED PROGRAM AND BUDGET ESTIMATES

WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1960

PAN AMERICAN SANITARY ORGANIZATION, PROVISIONAL DRAFT, 1960



**Pan American Sanitary Bureau
Regional Office of the World Health Organization
1501 New Hampshire Avenue, N.W.
Washington 6, D. C., U. S. A.**

PAN AMERICAN SANITARY ORGANIZATION

Official Documents

No. 24

AUGUST, 1958

INDEXED

PROPOSED PROGRAM AND BUDGET ESTIMATES

WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1960

PAN AMERICAN SANITARY ORGANIZATION, PROVISIONAL DRAFT, 1960



**Pan American Sanitary Bureau
Regional Office of the World Health Organization
1501 New Hampshire Avenue, N.W.
Washington 6, D. C., U. S. A.**

ABBREVIATIONS

AMRO	The Americas Regional Office (Regional symbol for Intercountry and Interzone Projects)
BCG	Bacillus Calmette-Guerin
CREFAL	Centro Regional de Educación Fundamental para la América Latina
DDT	Dichlorodiphenyltrichloroethane
FAO	Food and Agriculture Organization
ICA	International Cooperation Administration
ILO	International Labour Organisation
INCAP	Institute of Nutrition of Central America and Panama
MCH	Maternal and Child Health
OAS	Organization of American States - Program of Technical Cooperation
PASB	Pan American Sanitary Bureau
PASO	Pan American Sanitary Organization
PHA	Public Health Administration
SANDOR	(formerly SERPIAN) Service de la Santé Domiciliaire Rural
SERPIAN	(now SANDOR) Service d'Eradication du Pian
SESP	Servicio Especial de Salud Pública (Special Public Health Service)
Ung	Ungraded
UN	United Nations
UNICEF	United Nations Children's Fund
UN/TAA	United Nations Technical Assistance Administration
USA	United States of America
WHO	World Health Organization
WHO/TA	World Health Organization/Technical Assistance

TABLE OF CONTENTS

	Text Page	Details Page		Text Page	Details Page
Letter of Transmittal	1		SECTION 4. Division of Public Health	10	112
Introduction	2		Ch. 1. Office of the Chief		112
Method of Preparation	5		Ch. 2. Health Promotion Branch		112
Salary Scales	6		Ch. 3. Communicable Diseases Branch		112
			Ch. 4. Environmental Sanitation Branch		114
			Ch. 5. Malaria Eradication		114
Tentative Scale of Assessments	8		SECTION 5. Temporary Personnel	10	114
			SECTION 6. Common Staff Costs	10	114
Informational Details - Narrative Explanations and Schedules			SECTION 7. Common Services - Headquarters	11	116
<u>GENERAL INFORMATION TABLES</u>					
a. Functional Summary		74	PART III		
b. Summary by Related Activity		80	PAN AMERICAN SANITARY BUREAU - FIELD AND		
c. Summary of Programs by Major Expense		82	<u>OTHER PROGRAMS</u>		
d. Summary of Professional and Local Personnel		100	SECTION 1. - Zone Offices	12	
PART I			Zone 1 - Office, Caracas, Venezuela	12	118
<u>PAN AMERICAN SANITARY ORGANIZATION</u>			Zone II - Office, Mexico City, Mexico	12	132
SECTION 1. Conference Services	9	102	Zone III - Office, Guatemala City, Guatemala	12	150
SECTION 2. Organizational Meetings	9	102	Zone IV - Office, Lima, Peru	12	170
Ch. 1. Meetings of the Pan American Sanitary Conference, Directing Council, Executive Committee and WHO Regional Committee		102	Zone V - Office, Rio de Janeiro, Brazil	12	186
Ch. 2. Meetings of the Executive Committee		102	Zone VI - Office, Buenos Aires, Argentina	12	198
SECTION 3. Temporary Personnel	9	102	Washington Office - Country Programs		218
SECTION 4. Common Staff Costs	9	104	Interzone		218
PART II			SECTION 2. Programs (See index following pages)		
<u>PAN AMERICAN SANITARY BUREAU - HEADQUARTERS</u>			SECTION 3. Publications of the Pan American Sanitary Bureau	72	244
SECTION 1. Executive Offices	10	104	SECTION 4. Repatriation Grant	72	244
Ch. 1. Office of the Director		104	Additional Projects Proposed for the PASO Regular Budget in 1959		248
Ch. 2. Library		104	Summary of Programs by Major Expense for the Additional Projects		254
Ch. 3. Information and Publications Branch		106	<u>ANNEXES</u>		
SECTION 2. Division of Education and Training	10	108	Annex 1. Other Extra - Budgetary Funds	260	260
Ch. 1. Office of the Chief		108	Annex 2. World Health Organization Technical Assistance Category II Programs	263	264
Ch. 2. Fellowships Branch		108	Annex 3. Projects desired by Governments and not included within PASO/WHO program and budget estimates for 1960	266	266
Ch. 3. Professional Education Branch		108	Annex 4. Special Malaria Fund - Statement of Income and Expenditures	271	271
SECTION 3. Division of Administration	10	108			
Ch. 1. Office of the Chief		108			
Ch. 2. Administrative Management and Personnel Branch		108			
Ch. 3. Budget and Finance Branch		110			
Ch. 4. General Services Office		110			
Ch. 5. Supply Office		112			

INDEX OF PROJECTS

	Text Page	Details Page		Text Page	Details Page
<u>ARGENTINA (Zone VI)</u>			<u>BRAZIL (Zone V) (continued)</u>		
2 Smallpox Eradication	47	200	41 Malaria Eradication (São Paulo)	41	188
3 Nursing Education (Cordoba, El Chaco)	49	202	42 Rabies Control	42	190
4 National Institute of Microbiology	47	200	43 Preventive Dentistry	44	194
6 WHO Public Health Administration			44 Veterinary Medical Education	45	196
Fellowships	48	200	45 Environmental Sanitation Training	45	196
7 Public Health Services	48	200	51 Yellow Fever Laboratory	42	190
8 Malaria Eradication	47	198			
11 Rabies Control	47	200	<u>BRITISH GUIANA AND WEST INDIES (Zone I)</u>		
12 Survey of Health Services	48	202	<u>Bahamas</u>		
13 PASB Public Health Administration			2 Tuberculosis Survey	13	120
Fellowships	48	200			
15 Nutrition	50	206	<u>Barbados</u>		
17 School of Public Health	48	202	2 Local Health Services	14	120
18 Medical Education	50	206			
20 BCG Vaccination	47	198	<u>British Guiana and West Indies</u>		
23 Nursing Education (Rosario)	49	204	1 <i>Aedes aegypti</i> Eradication	14	122
24 Planning and Organization of			3 Public Health Nursing	14	122
Hospital Services	49	202	4 PASB Public Health Administration		
25 Training of Professional and			Fellowships	14	122
Auxiliary Nursing Personnel	49	204	5 WHO Public Health Administration		
26 National Institute of Rehabilitation	50	204	Fellowships	14	122
27 Training for Mental Health Programs	50	204			
51 <i>Aedes aegypti</i> Eradication	47	200	<u>British Guiana</u>		
			5 Malaria Eradication	13	118
<u>BOLIVIA (Zone IV)</u>			6 Public Health Legislation	14	122
4 Malaria Eradication	34	170	7 Filariasis Control	14	120
5 Nursing Education	35	172			
10 Public Health Services	34	172	<u>Jamaica</u>		
11 Joint Field Mission on Indigenous			2 Malaria Eradication	13	118
Populations	34	172	9 Health Insurance for Hospital and		
12 Leprosy Control	34	172	Medical Care	14	122
13 WHO/TA Public Health Administration					
Fellowships	35	172	<u>Leeward Islands</u>		
			1 Tuberculosis Control	13	120
<u>BRAZIL (Zone V)</u>					
3 Public Health Services (North East)	42	190	<u>Trinidad</u>		
8 Development and Improvement of			3 Malaria Eradication	13	120
Biologics Production	41	188	6 Public Health Legislation	14	122
16 WHO/TA Public Health Administration					
Fellowships	43	192	<u>Windward Islands</u>		
18 National Food and Drug Service	43	192	2 Malaria Eradication	13	120
19 School of Public Health					
(Rio de Janeiro)	43	192	<u>BRITISH HONDURAS (Zone III)</u>		
20 Yaws Eradication	41	188	1 Malaria Eradication	26	150
21 Trachoma Control	41	188	5 Public Health Services	26	152
22 Nursing Education	45	196	6 PASB Public Health Administration		
24 Malaria Eradication	41	186	Fellowships	26	152
28 PASB Public Health Administration					
Fellowships	43	192	<u>CANADA (Washington Office)</u>		
30 Plague Investigation	41	188	1 WHO Public Health Administration		
31 Rehabilitation Training Center	45	196	Fellowships	56	218
32 Training for Statisticians in Vital					
Health Statistics	43	192	<u>CHILE (Zone VI)</u>		
33 Training for Laboratory Technicians	43	192	18 WHO/TA Public Health Administration		
34 Seminar on Diarrheal Diseases	45	251	Fellowships	50	206
35 School of Public Health (São Paulo)	43	194	19 Food and Drug Control	51	206
36 Health Statistics	44	194	20 Midwifery Education	51	208
37 Dental Health Education	44	194	21 Rehabilitation Center	52	208
38 Smallpox Eradication	42	190			
39 Public Health Services (Mato Grosso)	44	194			
40 Verification of <i>Aedes aegypti</i>					
Eradication	42	190			

Index of projects (continued)	Text Page	Details Page
<u>CHILE</u> (Zone VI) (continued)		
22 Institute of Occupational Health	52	210
25 WHO Public Health Administration Fellowships	50	206
26 PASB Public Health Administration Fellowships	50	206
27 Public Health Services (Ovalle, Copiapo)	51	206
29 Advanced Nursing Education	51	208
31 School of Public Health	51	208
33 Environmental Sanitation Training	52	210
<u>COLOMBIA</u> (Zone IV)		
4 Public Health Services	36	176
5 Malaria Eradication	35	174
17 Smallpox Eradication	35	174
19 Leprosy Control	36	174
21 PASB Public Health Administration Fellowships	36	176
22 <u>Aedes aegypti</u> Eradication	37	176
52 Yellow Fever, Carlos Finlay Institute	36	174
<u>COSTA RICA</u> (Zone III)		
2 Malaria Eradication	26	152
14 Expansion of Local Public Health Services	26	152
15 PASB Public Health Administration Fellowships	27	152
17 Evaluation of Public Health Program	27	152
18 Advanced Nursing Education	27	154
<u>CUBA</u> (Zone II)		
1 <u>Aedes aegypti</u> Eradication	19	134
5 Malaria Eradication	19	132
6 PASB Public Health Administration Fellowships	19	134
<u>DOMINICAN REPUBLIC</u> (Zone II)		
2 Malaria Eradication	19	134
3 Nursing Education	20	136
4 Reorganization of Local Health Services	20	136
8 <u>Aedes aegypti</u> Eradication	20	136
10 BCG Vaccination	19	134
11 PASB Public Health Administration Fellowships	20	136
52 Venereal Disease Control	19	136
<u>ECUADOR</u> (Zone IV)		
4 Public Health Services	37	178
11 National Institute of Health	37	178
14 Malaria Eradication	37	176
16 Nursing Education	38	180
18 Leprosy Control	37	178
19 PASB Public Health Administration Fellowships	38	178
20 Smallpox Eradication	37	178
53 National Institute of Nutrition	38	180

EL SALVADOR (Zone III)

2 Malaria Eradication	27	154
5 Health Demonstration Area	27	154
9 PASB Public Health Administration Fellowships	28	154
10 Planning and Organization of Hospital Services	28	156

FRENCH ANTILLES AND GUIANA (Zone I)

French Antilles and Guiana

1 WHO/TA Public Health Administration Fellowships	15	124
2 <u>Aedes aegypti</u> Eradication	15	124
3 PASB Public Health Administration Fellowships	15	124

Guadeloupe

1 Malaria Eradication	15	122
-----------------------	----	-----

GUATEMALA (Zone III)

1 Malaria Eradication	28	156
6 Training of Nursing Auxiliaries	29	158
8 Public Health Services	28	156
11 Tuberculosis Control	28	156
12 PASB Public Health Administration Fellowships	29	158

HAITI (Zone II)

1 Yaws and Smallpox Eradication	21	138
4 Malaria Eradication	20	138
9 Public Health Laboratory	21	140
12 Public Health Administration Fellowships	21	140
14 <u>Aedes aegypti</u> Eradication	21	140
16 Public Health Services	21	140
19 Medical Education	21	140

HONDURAS (Zone III)

1 Malaria Eradication	29	158
4 Public Health Services	29	160
5 BCG Vaccination	29	158
6 PASB Public Health Administration Fellowships	30	160

MEXICO (Zone II)

14 Nursing Education	23	144
15 Maternal and Child Health Services	23	144
20 Virus Center	22	142
22 Integrated Health Services (Guanajuato)	22	142
23 National Institute of Nutrition	23	146
25 PASB Public Health Administration Fellowships	22	144
28 Public Health Laboratory	23	144
30 School of Public Health	23	144
32 Medical Education	24	146
33 Dieldrin Toxicity Studies	22	142
34 Veterinary Medicine Education	24	146
35 Environmental Sanitation Training	23	146
53 Malaria Eradication	22	142

Index of projects (continued)	Text Page	Details Page		Text Page	Details Page
<u>NICARAGUA (Zone III)</u>			<u>URUGUAY (Zone VI) (continued)</u>		
1 Malaria Eradication	30	160	9 Chagas' Disease	53	214
3 Public Health Services	30	162	10 PASB Public Health Administration Fellowships	54	214
5 Nursing Education	31	162	12 Smallpox Eradication	54	214
7 PASB Public Health Administration Fellowships	30	162	13 Training of Public Health Personnel	54	214
8 BCG Vaccination	30	160	15 Waterworks Operators School	54	214
			16 Chronic Diseases	55	216
<u>PANAMA (Zone III)</u>			<u>VENEZUELA (Zone I)</u>		
1 Public Health Services	31	164	1 Local Health Services	16	126
2 Malaria Eradication	31	162	7 Malaria Eradication	16	126
8 PASB Public Health Administration Fellowships	32	164	9 PASB Public Health Administration Fellowships	16	128
<u>PARAGUAY (Zone VI)</u>			10 WHO Public Health Administration Fellowships	16	128
1 Malaria Eradication	52	210	11 Plague Investigation	16	126
9 Leprosy Control	52	212	13 Treponematoses Eradication	16	126
10 Public Health Services	53	212	14 Nursing Education	16	128
13 PASB Public Health Administration Fellowships	53	212	15 Health Aspects of Nuclear Energy	17	128
16 Administrative Methods and Practices in Public Health	53	212	16 <u>Aedes aegypti</u> Eradication	16	126
<u>PERU (Zone IV)</u>			<u>INTER-COUNTRY AND INTER-ZONE PROJECTS (AMRO)</u>		
5 Malaria Eradication	38	180	1 Environmental Sanitation Training (Interzone)	69	238
21 WHO Public Health Administration Fellowships	39	182	7 <u>Aedes aegypti</u> Eradication (Central America and Panama)(Zone III)	33	168
22 Public Health Services	39	182	8 <u>Aedes aegypti</u> Eradication (Zone I)	18	130
23 Joint Field Mission on Indigenous Populations	39	182	10 Inter-American Program for Education in Biostatistics (Interzone)	64	230
25 PASB Public Health Administration Fellowships	39	182	16 Assistance to Schools of Public Health (Interzone)	64	230
26 Public Health Orientation Course	39	182	17 Waterworks Training Course (Interzone)	69	238
54 Typhus Vaccine	38	182	18 Medical Education (Interzone)	70	240
<u>SURINAM AND NETHERLANDS ANTILLES (Zone I)</u>			23.5 Fifth Regional Nursing Congress (Interzone)	67	234
<u>Surinam</u>			26 Brucellosis Control (Interzone)	60	226
1 Malaria Eradication	15	124	28 Advanced Nursing Education (Interzone)	67	234
<u>Surinam and Netherlands Antilles</u>			29 Cultural Anthropology (Interzone)	67	236
1 <u>Aedes aegypti</u> Eradication	15	124	35 Fellowships (Unspecified)(Interzone)	70	240
2 PASB Public Health Administration Fellowships	15	124	39 Environmental Sanitation (Advisory Committee and Consultants)(Interzone)	69	238
3 WHO/TA Public Health Administration Fellowships	15	124	45 Laboratory Services (Interzone)	64	230
<u>UNITED STATES (Washington Office)</u>			46 Seminar on Nursing Education (Interzone)	67	234
7 WHO Public Health Administration Fellowships	56	218	47 Yaws Eradication and Public Health Laboratory Services (Caribbean) (Zone I)	17	130
10 Consultants in Specialized Fields of Public Health	56	218	48 Seminar on Teaching of Public Health in Schools of Veterinary Medicine (Interzone)	70	240
11 PASB Public Health Administration Fellowships	56	218	54 Collaboration with INCAP (Zone III)	33	166
<u>URUGUAY (Zone VI)</u>			57 Yellow Fever Studies (Interzone)	60	226
5 Public Health Services	54	214	60 Smallpox Eradication (Interzone)	60	226
8 WHO Public Health Administration Fellowships	54	214	61 Rabies Control (Interzone)	61	226
			62 Housing Sanitation (Interzone)	70	240
			63 Assistance to Schools of Nursing (Interzone)	67	234
			67 Veterinary Medicine Education (Interzone)	70	240
			72 Dental Health (Interzone)	65	232
			75 Statistical Education (Interzone)	65	232
			76 Vaccine Testing (Interzone)	61	226
			77 Pan American Foot-and-Mouth Disease Center (Interzone)	71	242

Index of projects (continued)		Text Page	Details Page			Text Page	Details Page
<u>INTER-COUNTRY AND INTER-ZONE PROJECTS (AMRO)</u> (continued)				129	Seminar on Malaria Eradication Surveillance Techniques (Interzone)	58	222
80	Malaria Conference (Interzone)	56	218	130	Seminar on Mass Chemoprophylaxis in Malaria Eradication (Interzone)	58	222
81	Pan American Zoonoses Center (Interzone)	61	228	132	Operational Assistance to Country Projects in Malaria Eradication (Interzone)	58	222
85	Latin American Center for Classification of Diseases (Interzone)	65	232	134	Training Center for Malaria Eradication (Kingston)(Interzone)	59	224
86	Health Statistics (Zone III)	32	164	135	Malaria Eradication Trainees (Interzone)	59	224
88	Aedes aegypti Eradication (Interzone)	62	228	136	Field Studies on the Ecology of Anopheles albimans (Interzone)	59	224
90	Malaria Technical Advisory Services (Regional)(Interzone)	56	218	137	Training in Malaria Eradication (São Paulo)(Interzone)	59	224
92	Polioyelitis (Interzone)	62	228	138	Studies on Malaria Chemotherapy (Interzone)	59	224
93	Health Education (Zone II)	25	148	141	Health Education (Zone III)	33	166
94	Diarrheal Diseases (Interzone)	68	236	142	Health Aspects of Nuclear Energy (Interzone)	71	244
95	Environmental Sanitation (Caribbean) (Zone I)	18	130	143	Health Statistics (Zone IV)	40	184
98	Working Group on Medical Certification (Interzone)	65	232	144	Health Statistics (Zone II)	24	148
100	Courses on Nursing Supervision and Administration (Interzone)	67	236	148	Laboratory for Production of Biologicals (Zone III)	32	166
102	Assistance to Pediatric Education (Interzone)	68	236	149	Leprosy Control (Interzone)	63	230
105	Field Studies of Dieldrin and Other Insecticides (Zone II)	24	146	150	Food and Drug Services (Interzone)	66	232
108	Sanitation of Travel Centers (Interzone)	70	240	152	Conference of Directors of Schools of Public Health (Interzone)	66	252
109	Malaria Eradication (PASB surplus funds)(Interzone)	57	220	155	Schistosomiasis Control (Interzone)	63	230
112	Fundamental Education Training Center (CREPAL)(Interzone)	68	236	156	Latin American Training Program in Hospital Statistics (Interzone)	66	232
114	Training Center for Malaria Eradication (Mexico)(Interzone)	57	220	157	Health Statistics (Zone I)	17	130
117	Malaria Technical Advisory Services (Zone I)	17	128	158	Mental Health (Interzone)	69	238
118	Malaria Technical Advisory Services (Zone III)	32	164	159	Health Statistics (Zone VI)	55	216
119	Malaria Technical Advisory Services (Zone IV)	40	184	160	Treponematoses Eradication (Interzone)	60	226
120	Malaria Technical Advisory Services (Zone II)	24	146	162	Epidemiology (Zone II)	25	148
121	Malaria Eradication Evaluation Teams (Interzone)	57	220	163	Epidemiology (Zone VI)	55	216
122	Research and Development of Insecticide Application Equipment (Interzone)	57	220	165	Nutrition Advisory Services (Interzone)	69	238
123	Research and Development of Protective Equipment Against Toxic Insecticides (Interzone)	57	220	178	Veterinary Public Health (Zone II)	25	148
124	Field Trials of the Pinotti Method (Interzone)	57	220	179	Veterinary Public Health (Zone IV)	40	184
125	Seminar on Malaria Eradication Evaluation Techniques (Interzone)	57	222	180	Veterinary Public Health (Zone VI)	55	216
126	Seminar on Susceptibility and Resistance of Anophelines (Interzone)	58	222	181	Live Poliovirus Vaccine Studies (Interzone)	64	230
127	Seminar on Administrative Methods and Practices in Malaria Eradication (Interzone)	58	222	185	Hospital Planning and Organization (Interzone)	66	232
128	Workshop on Vehicle Management and Maintenance in Malaria Eradication (Interzone)	58	222	188	Veterinary Public Health (Zone III)	32	166
				189	Veterinary Public Health (Zone V)	46	196
					Contingency Reserve for Malaria Eradication (Interzone)	59	224
					Field Office (El Paso)(Interzone)	66	234

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 World Health Organization for the Region of the Americas for the financial year 1960.
2. The provisional draft of the proposed program and budget estimates of the Pan American Sanitary Organization for the financial year 1960.

A handwritten signature in black ink, appearing to read 'Fred L. Soper', with a stylized, cursive script.

Fred L. Soper
Director

INTRODUCTION

The international health activities proposed for the year 1960 are presented in this document for consideration by the governing bodies. While these activities have been planned and developed for consideration as one over-all program, they are displayed for budgetary purposes in four columns relating to the following:

1. The provisional draft of the regular program and budget for the Pan American Sanitary Organization.
2. The provisional draft relating to other funds of the Pan American Sanitary Organization, which includes: (a) the PASO Special Malaria Fund; (b) the Institute of Nutrition of Central America and Panama, supported by regular quota payments by its member countries and by grants from various sources; (c) the Pan American Foot-and-Mouth Disease Center, financed by the Program of Technical Cooperation of the Organization of American States; and (d) special grants made to PASO for specific activities.
3. The proposed World Health Organization regional program and budget for the Americas.
4. The estimates of projects to be financed with Technical Assistance funds of the United Nations, administered by WHO.

In each column there are shown for comparative purposes the estimates for the two preceding years, 1958 and 1959. The information for 1958, for all funds, corresponds to the latest estimates at the time of preparation of the document.

For 1959 the information on the three funds (WHO Regular, WHO Technical Assistance, and PASO Other Funds) reflects the most recent revised estimates. With regard to the PASO regular budget, there are shown the estimates prepared by the 34th Meeting of the Executive Committee for presentation to the XV Pan American Sanitary Conference (Document CE34/9, Rev. 1). The Executive Committee, in paragraph 2 of Resolution XVI, resolved: "To recommend that the Conference study the possibility of increasing the budget in a proportion that will compensate for the decrease in the purchasing power of money." In compliance with this recommendation, there is shown beginning on page 248 a separate list of the additional projects presented in Document CSPI5/9 for consideration by the Conference.

Certain additional information is contained in the annexes. In Annex 1 are shown estimates of funds which will be expended by other international organizations, including UNICEF, in behalf of health programs in the Americas. These funds constitute an important part of international public health but are not shown in the main body of the document since they are not directly expended by PASO/WHO.

Annex 2 presents schedules and narratives for WHO/TA Category II projects, which may be used for substitution purposes only.

Annex 3 presents information on additional programs which were the outcome of consultations with governments but could not be accommodated within the proposed budget level.

Annex 4 presents a statement of income and expenditures of the Special Malaria Fund, in accordance with Resolution IV of the 31st Meeting of the Executive Committee.

General Observations

With respect to this document, the XV Pan American Sanitary Conference may wish to: (1) review the total proposed program for 1960, for all funds, and make observations and comments on the content and balance of the program; (2) examine and comment in detail on the provisional draft of the Pan American Sanitary Organization regular program and budget for 1960, so that the Director may have the benefit of this critical evaluation in preparing the revision which will be considered by the 37th Meeting of the Executive Committee; (3) examine in detail the proposed WHO regional program and budget for 1960 and make recommendations in regard to its transmittal to the Director-General.

Health needs dictated by both national and international considerations are the basic determinants of what has been included in the program, which reflects the continued improvement in both national and international planning.

Since the establishment of the PASO, its governing bodies have on various occasions laid down priorities and have indicated the general lines along which the Organization's work should develop. These priorities have been based on an evaluation of the health problems and needs of the Region and the countries. Within each country, at the same time, national health planning has followed a steady process of improvement and maturation, in which international collaboration has played a part. The result has been a decided increase in recognition of national needs and an increase in requests for cooperation by PASO/WHO in national health projects. Thus the total of requests received from governments for 1960 exceeded the proposed budgetary level by \$1,200,000.

Preparation of the program and budget for 1960 started late in 1957 when the PASO/WHO zone representatives undertook individual consultations with the national health authorities for the purpose of discussing specific program needs and requests. At a meeting of the senior staff of the Bureau in March 1958, all of the country and inter-country projects were reviewed and analyzed and those considered most important and urgent were selected for inclusion in the draft document.

As envisioned by the Director when the expansion of the Organization's program began a decade ago, events have shown the soundness of the policy of building a nucleus of technical and administrative staff to provide a good foundation for an enlarging field program. This has been particularly important as the large and rapid increase in the malaria eradication program threw a heavily increased burden on the administrative structure of the Bureau. It will be noted that although there is a small increase in the funds going to administrative purposes, the proportion has shown a steady decrease. Thus with each increase of budget a higher proportion has been devoted to field programs.

Analysis of Program

To assist in the analysis of the program and budget by broad subject headings, an analytic table is presented on page 4. The subject headings in the table correspond to the Bureau's three broad priorities. As such they are

not comparable to the subject classification elsewhere in the budget document, which is according to WHO practice.

In columns 2 to 5 of the table are shown the estimates for subject headings in relation to all funds administered by PASO/WHO, except that the Foot-and-Mouth Disease Center is not included. In columns 6 to 9 are shown PASO Regular, WHO Regular, and WHO Technical Assistance, the funds directly available to the Bureau for general purposes, in order to permit analysis of the program without including PASO Other Funds, available only for specific uses.

To a certain extent, all health programs are inter-related, a fact to be considered as one examines the grouping in this table. As one example, programs for eradicating disease inevitably involve education and training of personnel, and, as another, strengthening of basic statistical services aids the progress of all varieties of communicable disease programs. Furthermore, fellowships for public health administrators are essential to improvement of all categories of health services. Since educational activities, in addition to direct aid to medical, public health and nursing education, form an essential part of many other projects, the portion of all fields to be devoted to education is shown separately in columns 4 and 8, comprising activities such as seminars, fellowships, and training courses, as well as aid to educational institutions.

Among the priorities of the Organization, the largest single task is malaria eradication. In its broadest aspects, this great effort is progressing essentially according to plan. In some respects development has been slower than expected but in others the program is clearly accomplishing initial objectives. It is assumed that in 1960 the program will be at its highest level.

For the three other eradication programs -- smallpox, yaws and *Aedes aegypti* -- expenditures are expected to remain at approximately the same level for 1959.

Estimates for projects classified under Other Communicable Diseases are just under 10 per cent of the budget for field programs of these three funds. The diseases concerned include tuberculosis, leprosy, poliomyelitis, schistosomiasis, trachoma, Chagas' disease, and yellow fever. Under this heading are also included several projects for strengthening laboratory services related directly to communicable diseases, from the standpoint of both diagnosis and production of biologicals. Increasing attention is being given to the zoonoses both through steady development of the Pan American Zoonoses Center and through special projects for rabies and brucellosis.

In sum, slightly less than 30 per cent of the budget for field programs of PASO Regular, WHO Regular, and WHO Technical Assistance is proposed for the total of activities directly related to communicable diseases, including eradication programs. It must be emphasized, however, that a substantial portion of any generalized health service is concerned with communicable diseases.

More than 50 per cent of the budget for field programs of the three funds comes under the category Strengthening Basic Health Services. Of this percentage almost half is to be devoted to activities classified as General Health Services, including both the projects for integrated health services, which are expected to be in progress in almost every country in 1960, and fellowships for training in public health. The projects for integrated health activities, which are the backbone of the long-range program of the Organization in strengthening basic health services, are usually composed of a basic team of medical officer, public health nurse, and sanitary engineer, who advise their national counterparts. Of the total for generalized health services, more than half is to be devoted to educational activities in the form of seminars, fellowships, and local training courses.

The remaining half of the category Strengthening Basic Health Services is to be devoted to a group of projects which are classified under the heading Additional Specialized Health Services, as shown in the table. These include subjects which, like environmental sanitation or maternal and child health, are already included as major portions of integrated health services but which are also suitable for certain specialized projects. For example, the regional program for training of sanitary engineers is included in this grouping under environmental sanitation and the seminars on diarrheal diseases are included under maternal and child health. The variety of these specialized services emphasizes the diversity of health needs in the Americas and the complexity of assisting governments to develop a properly balanced national health program.

Under the heading Education and Training the table shows estimates for those activities specifically connected with strengthening of medical, public health, and nursing educational institutions. Greatest emphasis is being given to the essential field of nursing education, representing almost 9 per cent of the field program of the three funds. Moreover, an important part of most integrated health services is the training of nursing auxiliaries.

As explained previously, columns 4 and 8 are shown in order to present more clearly the total effort planned for the Organization in educational activities through field projects. This proportion, 42 per cent for the three funds, is commensurate with the key role which education and training plays in international health.

Summary

Taking into consideration the many fields in which international public health work can be effective, the high incidence of preventable and eradicable disease, the need for developing strong basic health services, and the need for promoting and assisting in the education of all types of health personnel, the Director believes that the proposed 1960 program and budget represents a proper balance which will fit into the orderly development of international health.

(See table next page)

ANALYSIS OF FIELD PROGRAM BY SUBJECT CLASSIFICATION

(1) Subject	1960 - All Funds*				1960 - PASO Regular, WHO Regular and TA Funds only			
	(2) Total \$	(3) Percentage %	(4) Portion for Training \$	(5) Percentage %	(6) Total \$	(7) Percentage %	(8) Portion for Training \$	(9) Percentage %
<u>Communicable Diseases</u>	4,411,159	60.42	284,249	3.89	1,148,718	29.82	103,329	2.68
Eradication Programs	4,033,938	55.25	184,190	2.52	771,497	20.03	3,270	.08
Malaria	3,538,278	48.46	180,920		275,837	7.16		
<u>Aedes aegypti</u>	335,312	4.59			335,312	8.70		
Yaws	121,201	1.66			121,201	3.15		
Smallpox	39,147	.54	3,270		39,147	1.02	3,270	
Other Communicable Disease Programs	377,221	5.17	100,059	1.37	377,221	9.79	100,059	2.60
<u>Strengthening Health Services</u>	2,360,451	32.33	1,050,354	14.39	2,173,917	56.44	1,001,688	26.00
General Health Services	1,066,637	14.61	593,338	8.13	1,066,637	27.69	593,338	15.40
Additional Specialized Health Services:	1,293,814	17.72	457,016	6.26	1,107,280	28.75	408,350	10.60
Nutrition	294,820	4.03	55,931		148,820	3.86	7,265	
Statistics	178,649	2.45	74,759		178,649	4.64	74,759	
Maternal and Child Health	89,495	1.23	17,370		89,495	2.32	17,370	
Environmental Sanitation	115,392	1.58	83,911		115,392	3.00	83,911	
Laboratory	100,177	1.37	52,726		100,177	2.60	52,726	
Food and Drugs	51,176	.70	13,950		51,176	1.33	13,950	
Health Education	40,272	.55	7,800		40,272	1.04	7,800	
Dental Health	44,942	.62	22,200		44,942	1.17	22,200	
Mental Health	34,364	.47	20,626		34,364	.90	20,626	
Social and Occupational Health	45,285	.62	22,085		45,285	1.17	22,085	
Veterinary Public Health	143,724	1.97	25,000		103,190	2.68	25,000	
Other	155,518	2.13	60,658		155,518	4.04	60,658	
<u>Education and Training</u>	529,052	7.25	529,052	7.25	529,052	13.74	529,052	13.74
Medical	78,956	1.08	78,956		78,956	2.05	78,956	
Public Health	110,910	1.52	110,910		110,910	2.88	110,910	
Nursing	339,186	4.65	339,186		339,186	8.81	339,186	
<u>TOTAL</u>	7,300,662	100.00	1,863,655	25.53	3,851,687	100.00	1,634,069	42.42

* Not including Aftosa Center.

METHOD OF PREPARATION

Form of Presentation

The format and content of the program and budget document conform to established practice, with relatively minor modifications as approved in Resolution XII of the 34th Meeting of the Executive Committee. These modifications simplified the presentation of allowances and travel in the detailed estimates and made corresponding revisions in the column headings of the general information tables: Summary of Programs by Major Expense.

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: "Informational Details--Narrative Explanations and Schedules--PASO Regular Budget, PASO Other Funds, WHO Regular Budget, WHO Technical Assistance Funds".

In this portion, the narrative explanations for all Parts of the program and budget appear first. These are followed by the schedules of budget estimates. The narrative explanations and the corresponding detailed schedules are cross-referenced.

All the schedules include estimates over a three-year period. The first schedules are devoted to General Information Tables, which facilitate study of the entire budget in summary form by function, related activity, major expense, and personnel. The following schedules present detailed estimates for each activity. For Part III of the budget, the presentation is made by zone. In each zone will be found the zone office, the country projects, and the inter-country projects operating within the zone. After the zones are presented the schedules for country projects administered by the Washington Office and the interzone projects.

Method of Computation

All estimates are expressed in U.S. dollars.

For the year 1958 the latest allotment analyses completed prior to completion of this document serves as a basis for the estimates.

The situation as of 1 January 1958 has been used for projecting salaries and common staff costs for all established positions under Parts I and II of the budget and zone offices for the years 1959 and 1960. New positions, if any, have been costed as from the date they are expected or planned to be filled. Positions planned to be abolished have been costed through the projected termination date. All vacant positions have been costed for the full year, except those in continuing projects on WHO Technical Assistance funds, in which case the estimated recruitment date has been used as a basis. New positions on PASO Regular and Other Funds have been costed from 1 April of the year in which they are budgeted. Positions in a new project on WHO Regular Funds have been costed from the beginning of the operating year, with a factor of an estimated three months delay in recruitment applied, however, and deducted from the summary total of all such projects. Positions in a new project of WHO Technical Assistance funds have been costed from the date when the project is planned to start, but in no case earlier than 1 April of the year involved.

When computing the personnel costs, actual entitlements have been used for filled positions. In respect of vacant positions, the base pay of the appropriate grade has been used for projecting salaries. For other personnel costs, established averages have been used for vacant positions. Averages used, which appear below, differ according to source of funds. PASO averages are based on experience of costs in the Americas, whereas WHO and WHO/TA averages are established by WHO Headquarters on the basis of world-wide experience.

Estimates for elements other than personnel are based on program requirements as planned.

Potential savings which may accrue from staff turnover and lapse in refilling vacant posts during the actual operating year are not reflected in the budget, since any such savings are used to cover accrued terminal leave payments, temporary personnel for zone offices, increments for language proficiency, additional children's allowances, education grants, and other imponderable factors for which no reasonable provision can be made in the budget.

TABLE OF AVERAGES
(Used in the costing of vacant posts)

	<u>1/ Schedule "R" Assignments</u>			<u>2/ Schedule "S" Assignments (Other than project staff)</u>			<u>Schedule "S" Assignments (Project staff)</u>		
	<u>All Grades</u>			<u>All Grades</u>			<u>All Grades</u>		
	\$			\$			\$		
<u>Pan American Sanitary Bureau</u>									
3/Dependents' allowance (including education grant)		800			800			800	
Recruitment and repatriation		1,500			1,500			1,500	
Installation per diem		800			800			800	
Home leave travel		1,100			1,100			1,000	
Transportation of household effects		1,500			--			--	
<u>World Health Organization</u>									
	<u>D2-P5</u>	<u>P4-P3</u>	<u>P2-P1</u>	<u>P4-P3</u>			<u>P5</u>	<u>P4-P3</u>	<u>P2-P1</u>
	\$	\$	\$	\$			\$	\$	\$
3/Post adjustment	D-rate	D-rate	S-rate	D-rate			D-rate	D-rate	S-rate
3/Assignment allowance	1,300	1,100	850	1,100			1,300	1,100	850
3/Dependents' allowance (including education grant)	600	360	180	360			360	360	120
Recruitment and repatriation	750	750	450	750			900	900	700
Installation per diem	650	550	450	550			500	500	300
Home leave travel	1,900	1,200	500	1,200			4/ 750	4/ 750	4/ 750
Transportation of household effects	900	700	300	--			--	--	--

- 1/ Applies for staff with duty station in the Washington Office.
 2/ Applies for staff with duty station in the zone offices.
 3/ Averages for full year; applied proportionately for shorter periods.

4/ Applicable in 1960 if recruitment is expected to be effected during 1958, or in the first half of 1959. If recruitment is expected to be effected during 1958 or the second half of 1959, the average to be applied is \$250 in 1959 and 1960, respectively.

SALARY SCHEDULESINTERNATIONAL STAFF WAGE SCALEU.S. Dollars (Effective 1 April 1951)

	I	II	III	IV	V	VI	VII	VIII	IX	X
P 1	3,600	3,800	4,000	4,200	4,400	4,600	4,800	5,000		
P 2	4,800	5,000	5,200	5,400	5,600	5,800	6,000	6,200	6,400	
P 3	6,000	6,200	6,400	6,625	6,850	7,075	7,300	7,525	7,750	8,000
P 4	7,300	7,525	7,750	8,000	8,250	8,500	8,750	9,000	9,250	9,500
P 5	8,750	9,000	9,250	9,500	9,800	10,100	10,400	10,700	11,000	
D 1	10,000	10,400	10,800	11,200	11,600	12,000				
D 2	11,000	11,400	11,800	12,200						
P D	12,000	12,500								

ANNUAL LOCAL WAGE SCALE - WASHINGTONU.S. Dollars (Effective 1 November 1955)

	I	II	III	IV	V	VI	VII	VII(*)
WL 1	2,080	2,170	2,260	2,350	2,440	2,530	2,620	2,710
WL 2	2,225	2,315	2,405	2,495	2,585	2,675	2,765	2,855
WL 3	2,520	2,615	2,710	2,805	2,900	2,995	3,090	3,185
WL 4	2,815	2,935	3,060	3,180	3,300	3,425	3,545	3,670
WL 5	3,065	3,200	3,340	3,475	3,615	3,750	3,890	4,030
WL 6	3,340	3,485	3,635	3,785	3,935	4,080	4,230	4,380
WL 7	3,645	3,815	3,985	4,155	4,325	4,495	4,665	4,835
WL 8	4,030	4,220	4,410	4,600	4,790	4,980	5,175	5,365

ANNUAL LOCAL WAGE SCALE - EL PASOU.S. Dollars (Effective 1 January 1957)

	I	II	III	IV	V	VI	VII	VII(*)
EPL 1	2,330	2,390	2,450	2,510	2,570	2,630	2,690	2,750
EPL 2	2,910	2,990	3,070	3,150	3,230	3,310	3,390	3,470
EPL 3	3,120	3,220	3,320	3,420	3,520	3,620	3,720	3,820

ANNUAL LOCAL WAGE SCALE - ZONE II (MEXICO)Mexican Pesos (Effective 1 January 1957)

	I	II	III	IV	V	VI	VII	VIII	VIII(*)
ML 1	8,400	8,820	9,240	9,660	10,080	10,500	10,920	11,340	11,760
ML 2	10,800	11,340	11,880	12,420	12,960	13,500	14,040	14,580	15,120
ML 3	13,200	13,860	14,520	15,180	15,840	16,500	17,160	17,820	18,480
ML 4	17,040	17,880	18,720	19,560	20,400	21,240	22,080	22,920	23,760
ML 5	21,600	22,500	23,400	24,300	25,200	26,100	27,000	27,900	28,800
ML 6	26,400	27,500	28,600	29,700	30,800	31,900	33,000	34,100	35,200
ML 7	32,400	33,700	35,000	36,300	37,600	38,900	40,200	41,500	42,800
ML 8	37,800	39,300	40,800	42,300	43,800	45,300	46,800	48,300	49,800

*Additional step for language proficiency.

SALARY SCHEDULES (continued)ANNUAL LOCAL WAGE SCALE - ZONE III (GUATEMALA)
Guatemalan Quetzales (Effective 1 January 1956)

	I	II	III	IV	V	VI	VII	VII(*)
GL 1	790	835	880	925	970	1,010	1,055	1,100
GL 2	990	1,055	1,120	1,190	1,255	1,320	1,385	1,450
GL 3	1,320	1,420	1,520	1,620	1,715	1,815	1,915	2,015
GL 4	1,650	1,750	1,850	1,950	2,045	2,145	2,245	2,340
GL 5	1,980	2,090	2,200	2,310	2,420	2,530	2,640	2,750
GL 6	2,310	2,420	2,530	2,640	2,750	2,860	2,970	3,080
GL 7	2,640	2,770	2,905	3,035	3,170	3,300	3,430	3,565
GL 8	2,970	3,100	3,235	3,365	3,500	3,630	3,760	3,895
GL 9	3,300	3,430	3,565	3,695	3,830	3,960	4,090	4,225

ANNUAL LOCAL WAGE SCALE - ZONE IV (LIMA)
Peruvian Soles (Effective 1 September 1956)

	I	II	III	IV	V	VI	VII	VIII	VIII(*)
LL 1	11,700	13,000	14,300	15,600	16,800	18,000	19,200		
LL 2	19,200	20,400	21,600	22,800	23,900	25,000	26,100		
LL 3	27,750	29,400	30,900	32,400	33,900	35,400	36,900	38,400	39,900
LL 4	35,400	36,900	38,400	39,900	41,400	42,900	44,400	45,900	47,400
LL 5	41,400	43,400	45,400	47,400	49,400	51,400	53,400	55,400	57,400
LL 6	51,400	53,400	55,400	57,400	59,400	61,400	63,400	65,400	67,400
LL 7	59,400	61,900	64,400	66,900	69,400	71,900	74,400	76,900	79,400

ANNUAL LOCAL WAGE SCALE - ZONE V (RIO DE JANEIRO)
Brazilian Cruzeiros (Effective 1 October 1956)

	I	II	III	IV	V	VI	VII	VIII	IX	X	X(*)
RL 1	58,000	61,000	64,000	67,000	70,000	73,000	76,000	79,000	82,000	85,000	88,000
RL 2	74,200	77,700	81,200	84,600	88,000	91,500	95,000	98,400	101,900	105,300	108,800
RL 3	111,400	116,500	121,600	126,700	131,800	137,000	142,000	147,200	152,300	157,400	162,500
RL 4	156,200	162,900	169,700	176,500	183,300	190,100	196,900	203,600	210,400	217,200	224,000
RL 5	213,800	222,200	230,700	239,100	247,600	256,000	264,400	272,900	281,300	289,600	298,000
RL 6	250,900	261,000	271,100	281,200	291,000	300,900	310,700	320,500	330,300	340,100	349,900
RL 7	284,900	296,300	307,700	319,100	330,500	341,900	353,300	364,700	376,100	387,500	398,900
RL 8	324,900	337,900	350,900	363,900	376,900	389,900	402,900	415,900	428,900	441,900	454,900

ANNUAL LOCAL WAGE SCALE - ZONE VI (BUENOS AIRES)
Argentine Pesos (Effective 1 February 1956)

	I	II	III	IV	V	VI	VII	VIII	IX	IX(*)
BAL 1	18,000	18,900	19,800	20,700	21,600	22,500	23,400	24,300	25,200	26,100
BAL 2	26,400	27,720	29,040	30,360	31,680	33,000	34,320	35,640	36,960	37,280
BAL 3	30,600	32,130	33,660	35,190	36,720	38,250	39,780	41,310	42,840	43,370
BAL 4	42,000	44,100	46,200	48,300	50,400	52,500	54,600	56,700	58,800	60,900
BAL 5	54,000	56,700	59,400	62,100	64,800	67,500	70,200	72,900	75,600	76,300
BAL 6	66,000	69,300	72,600	75,900	79,200	82,500	85,800	89,100	92,400	95,700
BAL 7	84,000	88,200	92,400	96,600	100,800	105,000	109,200	113,400	117,600	121,800

*Additional step for language proficiency.

TENTATIVE SCALE OF ASSESSMENTS OF THE
MEMBER STATES OF THE PAN AMERICAN SANITARY
ORGANIZATION FOR THE FINANCIAL YEAR ENDING
31 DECEMBER 1960, BASED ON THE PAN AMERICAN
UNION SCALE OF 1958-1959

<u>Country</u>	<u>Percentage</u>	<u>Amount</u>
	<u>%</u>	<u>\$</u>
Argentina	7.45	298,000
Bolivia	0.34	13,600
Brazil	7.43	297,200
Chile	2.04	81,600
Colombia	2.52	100,800
Costa Rica	0.27	10,800
Cuba	1.84	73,600
Dominican Republic	0.34	13,600
Ecuador	0.34	13,600
El Salvador	0.41	16,400
Guatemala	0.48	19,200
Haiti	0.27	10,800
Honduras	0.27	10,800
Mexico	4.77	190,800
Nicaragua	0.27	10,800
Panama	0.34	13,600
Paraguay	0.27	10,800
Peru	1.02	40,800
United States	66.00	2,640,000
Uruguay	1.01	40,400
Venezuela	2.32	92,800
	<u>100.00</u>	<u>4,000,000</u>

Assessments in respect to:

France	*	10,537
Netherlands	*	4,791
United Kingdom	**	20,000

In accordance with Article LX of the Pan American Sanitary Code, the assessment scale adopted by the Council of the Organization of American States is binding upon the Member States of the Pan American Sanitary Organization. This scale which is presented for informational purposes only, is the 1958-1959 scale and is subject to review by the Council of the Organization of American States.

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

** Amounts calculated in accordance with Resolutions XV and XL of the V Meeting of the Directing Council, and negotiations being conducted with Representatives of the United Kingdom.

PART I

PAN AMERICAN SANITARY ORGANIZATION

SECTION 1 - Conference Services (See page 102)

Included in this section of the program and budget are the estimates for the following units in the Conference and Publications Section: Office of the Chief; Conference and Publications Section; Conference Arrangements and Documents Unit; Minutes and Translation Unit.

An organizational change has been made in the Conference and Publications Section during the past year and provision has been made for a Conference and Publications Officer in charge of the several activities of various types which the Conference Section can assist. This organizational change is reflected in the budget schedule for both 1959 and 1960 for this Section, wherein a Reviser-Translator, P.3, post is dropped and the Chief, Conference and Publications, P.4, is added.

Provision has been made for two additional posts for the Conference Arrangements and Documents Unit; one P.2 Conference Services Officer, and one WL.6 Clerk. It should be borne in mind that: (1) the Conference Arrangements and Documents Unit has today less personnel than when it was originally established in 1950; (2) the effectiveness of the personnel has been increased to provide improved services to the organizational meetings without a corresponding increase in personnel; and (3) during the last three years there has been a steady increase in the number of seminars and other meetings as follows: from four annual meetings of the Organization's governing bodies and one annual meeting of the Council of INCAP, to twelve meetings in 1956, fourteen in 1957, and ten already held during the first seven months of 1958. With the existing staff it has not been possible to meet the demands for detailed arrangements required in the preparation of most of the technical meetings. Many of these arrangements have devolved upon the technical staff of the technical branches. Justification for these two posts is based on the need for

relieving the medical officers of the Bureau from the administrative details of such meetings, and for strengthening the trained cadre of permanent personnel of the Unit.

SECTION 2 - Organizational Meetings (See page 102)

Provision is made in Chapter 1 for the 1960 meeting of the Directing Council, as well as the meetings of the Executive Committee immediately preceding and following that of the Council. In keeping with Resolution XII of the IX Meeting of the Directing Council, which authorized the Director to establish a reserve fund for the purpose of equalizing the annual PASB budget appropriation for meetings of the governing bodies, the budget reflects such an even annual distribution based on experience to date.

Chapter 2 contains the estimated cost for the meeting of the Executive Committee that is usually held in the spring of the year in Washington. This estimate is based on previous years' experience and reflects no increase in cost.

SECTION 3 - Temporary Personnel (See page 102)

An estimate of \$900 is included for temporary personnel for conferences and related activities. This estimate is based on previous years' experience.

SECTION 4 - Common Staff Costs (See page 104)

A detailed explanation of the item included under this section appears in Part II of the budget. (See page

PART II

PAN AMERICAN SANITARY BUREAU - HEADQUARTERS

SECTION 1 - Executive Offices (See page 104)

The Executive Offices are composed of the Office of the Director, which includes the Assistant Director and the Secretary General. The Assistant Director has direct responsibility for the Library (Ch. 2) and the Information and Publications Activities (Ch. 3).

The total number of posts in the Office of the Director and the funds requested for duty travel remain the same.

Provision is made in Chapter 2 for the activities of the Library. No increase is requested for 1960.

Chapter 3 contains the estimate of the Information and Publications Branch, with the exception of estimates for the units of the Office of the Chief, Conference and Publications Section, Conference Arrangements and Documents Unit, and Minutes and Translation Unit, which are displayed in Part I, Sect. 1. Provision is made in the program and budget for the same number of posts for this Branch for 1960 as in 1959.

SECTION 2 - Division of Education and Training (See page 108)

The organizational structure of the Division of Education and Training consists of the Office of the Chief, the Fellowships Branch, and the Professional Education Branch.

No changes are reflected in the estimates for this Division in the number of posts for 1960 over 1959.

SECTION 3 - Division of Administration (See page 108)

The Division of Administration is composed of the following organizational units: Office of the Chief, the Administrative Management and Personnel Branch, Budget and Finance Branch, General Services Office, and Supply Office.

It is proposed to meet the anticipated increase in workload in the Division with the same staff as provided in 1959, even though this represents a staff reduction of 7 posts over the total complement in the Division in 1958. This reduction will be partially offset by the addition of clerical personnel in the zone offices to meet the burden of some of the work in the administrative area that has been decentralized to the zone offices.

No other changes are included in the estimate of the Division of Administration for 1959.

SECTION 4 - Division of Public Health (See page 112)

The Division of Public Health is composed of the Office of the Chief, Health Promotion Branch, Communicable Diseases Branch, Environmental Sanitation Branch, and Malaria Eradication Office.

An increase of 5 posts is anticipated for 1960 as against 1959 in the Communicable Diseases Branch of this Division. An additional P.4, Medical Officer post, and one

supporting Clerk, WL.5, will be necessary as a result of the considerable expansion of the program to be undertaken in tuberculosis, leprosy, and related activities. Provision is made for the post of Consultant in Yellow Fever for 1960, previously financed by assignment of a staff member of the Rockefeller Foundation.

The continued expansion of the operational and advisory activities of the Bureau will require an expansion of the Epidemiological and Statistics Section of the Communicable Diseases Branch for 1960. Sharp increase in demands for highly technical services by the Section make necessary provision for a Medical Statistician, P.4, and a Clerk-Typist.

No other changes are anticipated in the Division.

SECTION 5 - Temporary Personnel (See page 114)

Provision is made for temporary personnel in this Section, on the basis of past experience. An estimate of \$8,200 is included for this item.

SECTION 6 - Common Staff Costs (See page 114)

Common Staff Costs comprise dependents' allowance, repatriation grant, the Organization's contribution to the U. N. Pension Fund, the Organization's contribution to staff insurance, home leave travel, recruitment costs, reimbursement of income tax, post adjustment allowance, and service benefit. These costs, which cover all charges for personal services other than salary charges, are grouped at the end of Parts I and II of the budget, rather than being attributed to the individual offices within each part.

Dependents' allowance is computed on the basis of the known entitlements of staff for all occupied positions, and on the basis of an average for all vacant positions.

The Organization's contribution to the U.N. Pension Fund for staff members having full participation in the Fund is equal to 14 per cent of the staff member's salary, exclusive of allowances, and 4-1/2 per cent of the staff members' salary for staff having associate participant status. The small increase in the budget for this item is proportionate to the rise in salary costs due to normal within-grade increments.

Provision is made for the Organization's share of the cost of staff insurance. For budgetary purposes the Organization's contributions were estimated on an average of 1 per cent for all PASB staff and 1-1/2 per cent for WHO staff.

Home leave estimates are furnished on the known eligibility of staff members at the time of preparation of the document. Since a staff member is eligible for home leave once in every two years of qualifying service, the incidence of budgetary requirement varies with the appointment dates. The increase in estimated cost in 1960 is occasioned by the greater number of staff members eligible for this allowance during this year.

Recruitment cost estimates are based on the known vacant positions at the time of preparation of the document and are based on the year when recruitment will take place.

As in the past, an item is included for reimbursement of income tax to staff members who are required to pay this tax.

Post adjustment allowance is computed on the basis of of the established entitlement of the staff, at the time of preparation of the budget, for all occupied positions and for vacant positions on PASB. For the method of computing vacant positions on WHO, see Table of Averages referred to in the Method of Preparation.

SECTION 7 - Common Services (See page 116)

The estimates for the various Common Services for the Washington Office are shown in detail in the schedules. All costs are divided on a prorata basis between funds administered by PASO and funds administered by WHO, except where an asterisk appears. The asterisked items are charged directly to the appropriate sources of funds.

No changes are requested for 1960 over 1959 for this section.

PART III

PAN AMERICAN SANITARY BUREAU
FIELD AND OTHER PROGRAMS

Zone Offices

In order to achieve maximum effectiveness in carrying out the programs of PASB/WHO, the work has been decentralized to six areas each served by a zone office.

In 1958 the basic plan for the establishment of six zone offices was completed with the creation of Zone I. The six zones are as follows:

Zone I : Venezuela, the departments of France in the Americas, Surinam and the Netherlands Antilles, West Indies Federation 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 118)

Zone II : Cuba, Dominican Republic, Haiti, and Mexico. The Zone Office is located in Mexico, D.F. (See page 132)

Zone III : Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and British Honduras. The Zone Office is located in Guatemala City, Guatemala. (See page 150)

Zone IV : Bolivia, Colombia, Ecuador, and Peru. The Zone Office is located in Lima, Peru. (See page 170)

Zone V : Brazil. The Zone Office is located in Rio de Janeiro, Brazil. (See page 186)

Zone VI : Argentina, Chile, Paraguay, and Uruguay. The Zone Office is located in Buenos Aires, Argentina. (See page 198)

Relations with Canada and the United States are under the jurisdiction of the Washington Office. A Field Office in El Paso is designated as an intercountry field program concerned with the stimulation of cooperative health

activities along the border between Mexico and the United States.

The decentralization plan reserved to the Washington Office responsibility for provision of certain technical and administrative services that can be carried out more efficiently from a central headquarters, i.e., responsibility and authority for relations with the governing bodies of the Organization, central technical services such as statistics, etc.

The zone offices are responsible for the field operations of PASB/WHO and for direct technical advice to national health authorities. This system assures that projects will be planned in cooperation with the national health personnel who will be responsible for their execution, and thus in a manner appropriate to local conditions.

The estimates for the zone offices are arranged as in previous years. Duty travel and common staff costs for personnel of the offices appear under the personal services estimates for each office; common services costs for the operation of each office are similarly shown. In general, the estimates conform to those of previous years.

The provisions for home leave and dependents' allowance cause some fluctuation between years, since computations are based on known eligibility at the time of preparation of this document. A more detailed explanation of the common staff cost computations may be found under Method of Preparation. Common services estimates are based on the experience of the 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 1958 and some fluctuation in costs as compared to previous years has been reflected, owing to change in rates.

PART III

ZONE I

Zone Office (See page 118)

For text see "Zone Offices," page 12.

British Guiana and West IndiesBritish Guiana-5, Malaria Eradication (See page 118)

The comprehensive residual house-spraying program has eradicated malaria from the coastal region of British Guiana. At present, limited spraying of certain strategic areas is sufficient to prevent its reintroduction from the interior.

It is planned to implement a project for the eradication of malaria from the interior during the year 1958, using a combination of residual spraying and chemotherapy.

The Government's expenditures are estimated at \$100,000 for the full-coverage spraying campaign. It is expected that UNICEF will provide some supplies and equipment.

Provision is made for one sanitarian. Technical advisory services will also be provided from the central unit (AMRO-117).

Jamaica-2, Malaria Eradication (See page 118)

The malarious area of the island covers 10,050 square kilometers and the population at risk is calculated to be 1,296,000 (1957).

The plan for the eradication of malaria was prepared and approved in 1956. Training of local personnel at all levels has been carried out, as well as geographic and epidemiological reconnaissance. Complete coverage of all houses in the malarious area began on 1 January 1958 and will continue for four years, using dieldrin. Surveillance measures will be established.

UNICEF's contribution will amount to approximately \$529,000, and the Government is planning to spend \$1,548,246 for the campaign.

Provision is made for one medical officer, one sanitary engineer, and two sanitarians. Provision is also made for antimalarial drugs, vehicles for the international staff, and other items of imported equipment and supplies not furnished by UNICEF.

Trinidad-3, Malaria Eradication (See page 120)

Malaria incidence in Trinidad and Tobago has been sharply reduced as a result of the residual house-spraying program. In Tobago, there have been no indigenous cases since December 1953. In Trinidad, the malarious area is largely limited to the areas where *Anopheles (K) bellator* is the vector.

The plan for the eradication of malaria was drawn up and implemented in 1957. Since good geographic reconnaissance existed, residual house-spraying has been intensified and regular cycles established. In 1958, an intensive program using antimalarial drugs will be initiated, and careful evaluation operations will be carried out until the surveillance phase is reached.

Provision is made for a medical officer, for anti-

malarial drugs, and for supplies and equipment not furnished by UNICEF.

The central unit of international malaria eradication personnel (AMRO-117) is also providing technical advisory and evaluation services.

Windward Islands-2, Malaria Eradication (See page 120)

The malaria control programs were converted to eradication campaigns in St. Lucia starting in July 1956, and in Grenada, starting in February 1957. Spraying operations with DDT will continue until June 1959 in St. Lucia and until December 1959 in Grenada, to be followed by surveillance.

In Dominica there has been irregular house-spraying for about ten years and one confirmed case of malaria was reported in 1957, but several infections of *P. falciparum* were found in 1958 by PASB personnel. A plan of operations is being prepared and total coverage will be undertaken between July 1958 and June 1959, followed by surveillance.

Chemotherapy will be instituted in 1958 as an auxiliary measure to hasten the achievement of eradication.

The UNICEF contributions are expected to amount to approximately \$16,400 for Grenada, and \$21,300 for St. Lucia; assistance is being sought by Dominica.

Malaria eradication has already been achieved in St. Vincent.

Provision is made for one sanitarian to serve Grenada and Dominica and for one sanitarian to serve St. Lucia. Provision is also made for antimalarial drugs, vehicles for the international personnel, and supplies and equipment not furnished by UNICEF.

The central unit (AMRO-117) will provide supporting services.

Bahamas-2, Tuberculosis Survey (See page 120)

Tuberculosis is a major health problem in the Bahamas and the Government has requested the assistance of the Organization in making a preliminary survey.

Provision is made for a short-term consultant for a period of two weeks in 1958.

Depending on the results of this preliminary survey, plans will be drawn up for a detailed assessment of the problem in the light of needs and resources.

Leeward Islands-1, Tuberculosis Control (See page 120)

The Organization provided the services of a short-term consultant to Montserrat in 1957 and to Antigua in 1958, to advise the Government in the conduct of preliminary surveys of the tuberculosis situation in the islands.

British Guiana-7, Filariasis Control (See page 120)

In 1958 the Organization provided the services of a short-term consultant for two weeks to advise the Government on plans for a program for the control of filariasis, which is an important cause of morbidity in British Guiana.

Barbados-2, Local Health Services (See page 120)

In 1953, at the request of the Government, three consultants of the Organization made a survey of the health services of Barbados. Their report was accepted by the Government, which has taken action to implement the recommendations, with particular reference to the centralization of responsibilities under the Director of Medical Services, the organization of regional health centers, each of them responsible for the development and coordination of health activities in a specific number of parishes, and the establishment of a central public health laboratory.

Planning was essentially complete at the end of 1955 and the activities since that time have been directed toward extending the integrated services and initiating programs in maternal and child health, tuberculosis control, public health dentistry, and public health laboratory services. At the end of 1956 two regional health offices were in operation and a third was established in 1957. A mass BCG campaign was started in January 1956, with the technical advice of a consultant of the Organization, and was completed in 1957. Pediatric and tuberculosis hospital services have also been improved. The services of a public health nurse were provided in 1956 to give technical advice to the nursing authorities and assist in revising the general system of utilizing nursing personnel. Problems of sanitation have been studied and a program implemented late in 1957. Plans for programs in the fields of venereal disease control and public health dentistry are being prepared.

A number of fellowships have been awarded under this project for the training of national professional personnel abroad. UNICEF is providing supplies and equipment in support of the project.

A public health laboratory adviser arrived in Barbados in March 1957 and remained through June 1958 to assist in the planning, establishment and expansion of a central public health laboratory in Bridgetown, and of branch laboratories in the three health centers. It is expected that the Organization's assistance will be completed with the assignment of this consultant.

British Guiana and West Indies-4 (PASB), British Guiana and West Indies-5 (WHO), Public Health Administration Fellowships (See page 122)

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

British Guiana-6, Public Health Legislation (See page 122)

At the request of the Government, the Organization provided the services of a short-term consultant in 1958 to furnish advice for a thorough revision of the health legislation of British Guiana.

Jamaica-2, Health Insurance for Hospital and Medical Care (See page 122)

The new health insurance plan for hospital and medical care was initiated in Jamaica in 1957, when travel grants were awarded to key officials to study the operation of similar plans in Canada and the United States.

At the request of the Government of Jamaica, the Organization will provide the services of a short-term consultant for three weeks in 1958 to study the operation of the plan and advise on its future development.

Trinidad-6, Public Health Legislation (See page 122)

The public health laws of Trinidad are in need of a thorough revision, in order to keep pace with the expansion and modernization of the public health services of the island. At the request of the Government, the Organization provided in 1957 and 1958 the services of a consultant to make a preliminary survey of the situation and to assist in a complete revision of the present health legislation, in the unification and modernization of the health ordinances, and in the preparation of a new sanitary code.

British Guiana and West Indies-3, Public Health Nursing (See page 122)

The governments of the eastern part of the Caribbean area have taken a special interest in the development of well-organized public health nursing services. Surveys are being carried out with the guidance and assistance of the Regional Adviser on public health nursing and the stage has been reached where detailed advance planning is now necessary to ensure adequate and better use of available resources to meet established needs.

In Barbados three health centers have been established and are expanding their operations to cover the broad scope of public health nursing services. In Trinidad a post has been established for a national nurse, with island-wide responsibilities for public health nursing services, and plans have been made for the expansion of existing maternal and child health services in rural areas. In British Guiana a network of health centers is being developed and emphasis is to be placed on maternal and child health as an integral part of a well-rounded health service in rural areas.

To provide continuous technical advisory and evaluation services to the governments and develop further programs, possibly with UNICEF assistance, provision is made for one public health nurse, with duty station in Trinidad, who will furnish consultant services initially to the Governments of Trinidad, Barbados, and British Guiana, and later to other health departments as the program develops.

British Guiana and West Indies-1, Malaria and Mosquito Eradication (See page 122)

The activities under this project include all British areas in the Caribbean, except British Honduras. Under this project international sanitarians are assigned to specific areas; they work under the technical guidance and supervision of a medical officer who, under the

regional project AMRO-8, provides advisory services to British, French, and Dutch areas.

The purpose of this project is to eradicate the urban yellow fever vector, *Aedes aegypti*, so that the area will no longer be receptive to yellow fever infection. Bermuda, British Guiana, Grenada, Nevis, and St. Vincent have achieved eradication. St. Kitts and St. Lucia have campaigns in the final stages. In Trinidad resistance to DDT retarded the campaign, but the program has now been reorganized, using the insecticide BHC for more frequent spraying in cycles shorter than the norm for other areas, and rapid progress is now being made. In the Bahamas progress has been delayed because of staffing problems. In Antigua supervision has been strengthened with resultant improvement. During 1957 a new campaign was initiated in Montserrat, with hopes of early eradication. In 1958 and 1959 it is planned to assist in the reorganization and strengthening of the campaign in Barbados, the British Virgin Islands, Dominica, and Jamaica. By 1960 it is expected that every territory will either have achieved eradication or have a comprehensive service in full operation. Vigilance services operate where eradication has already been achieved.

The methods employed conform to the norms established by the Pan American Sanitary Bureau. Each territory has been divided into localities, and cycles of inspection and perifocal treatment of every actual and potential water container are carried out. It has been the experience in the Caribbean that the usual 12-week cycle is too long for effective work, especially where infestation is heavy and widespread and where large containers are used for storage. The interval between perifocal treatment has been shortened to 4 to 6 weeks, with good results.

Provision is made for six sanitarians and one scientist (entomologist).

French Antilles and Guiana

Guadeloupe-1, Malaria Eradication (See page 122)

Malaria incidence on the island has been considerably reduced by residual house-spraying. The problem covers 118 square kilometers and affects 34,000 people, although it is necessary to extend the spraying operations to all the island in order to protect the population in areas from which malaria has been eradicated.

A survey will be made and, if necessary, a plan for the eradication of malaria will be prepared; operations will begin in 1958. The Government's requirements are estimated at \$400,000 for the full-coverage spraying campaign.

Provision is made for antimalarial drugs.

French Antilles and Guiana-1 (WHO/TA), French Antilles and Guiana-3 (PASB), Public Health Administration Fellowships (See page 124)

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

French Antilles and Guiana-2, Aedes aegypti Eradication (See page 124)

The purpose of this project is to eradicate the

Aedes aegypti, vector of urban yellow fever, so that the Antilles-Guiana area will no longer be receptive to yellow fever. This project was formerly combined with that of malaria eradication, but beginning in 1958 these two programs will be carried out separately.

Aedes aegypti eradication has been achieved in French Guiana but not in Guadeloupe, Martinique, and the other islands in this group.

Provision is made for continuing the services of one sanitarian. Consultant services of a chief medical officer will be available from the central unit for Zone I (AMRO-8).

Surinam and Netherlands Antilles

Surinam-1, Malaria Eradication (See page 124)

The malarious area of Surinam covers 143,470 square kilometers and the population at risk is estimated to be 250,000 (1957).

The plan for the eradication of malaria was prepared and approved in 1956, but the start was delayed from 1957 until May 1958 in order to complete the geographic and epidemiological reconnaissance.

Total coverage will be carried out with dieldrin during 1958, 1959, 1960, and 1961, followed by surveillance operations. During 1957 key personnel were trained and preparatory work is well advanced.

UNICEF's contribution is expected to amount to \$77,700, and the Government plans to spend \$510,000 in the spraying campaign.

Provision is made for one medical officer and one sanitarian. It is also proposed to provide anti-malarial drugs, a vehicle for international personnel, and items of imported supplies and equipment not furnished by UNICEF. The central unit (AMRO-117) will provide supporting services.

Surinam and Netherlands Antilles-2 (PASB), Surinam and Netherlands Antilles-3 (WHO/TA), Public Health Administration Fellowships (See page 124)

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

Surinam and Netherlands Antilles-1, Aedes aegypti Eradication (See page 124)

The purpose of this project is to eradicate the urban yellow fever vector, *Aedes aegypti*, so that the area will no longer be receptive to yellow fever infection.

This project was previously a part of AMRO-8, Malaria and *Aedes aegypti* Eradication (Caribbean), which included all international cooperation in malaria and *A. aegypti* programs in the territories and departments in the Caribbean. Owing to the expansion of antimalaria activities in the course of conversion from control to eradication, beginning in 1958 separate projects have been established.

A. aegypti eradication has been achieved in Aruba.

In Curaçao the program is far advanced and is in operation in Bonaire. However, the anti-*aegypti* work has not yet been started in Surinam and in the Netherlands Lesser Antilles.

Provision is made for the services of a sanitarian and for supplies and equipment. Consultant services of a medical officer also will be available from the central unit for Zone I (AMRO-8).

Venezuela

Venezuela-7, Malaria Eradication (See page 126)

Since 1943 the Government of Venezuela has provided fundamental and comprehensive training for malariologists through the School of the Division of Malariology, Maracay. This School has trained a considerable number of professionals who are at present in service in all countries of the Americas. The Organization expects to continue to use the facilities offered by that School for the preparation of senior technical personnel for the national and international malaria eradication staff.

In order for the School to adapt its teaching methods and curriculum to establish a more direct relationship between these and malaria eradication problems in the Hemisphere, the Organization is providing travel grants for senior scientific personnel of the Division of Malariology to study malaria eradication programs and conditions in various countries.

Venezuela-13, Treponematoses Eradication (See page 126)

Precise data on the extent of yaws in Venezuela are not available, although it is known that the disease is not widespread and that it exists only in certain areas of the country.

The Government has requested the advice of the Organization in achieving eradication of the disease, through over-all coverage of the endemic areas and penicillin treatment of cases and contacts.

Provision is made for a medical officer.

Venezuela-11, Plague Investigation (See page 126)

For several years the Organization has been cooperating with governments in epidemiological studies and programs against plague. In recent years, these studies have taken place in Bolivia, Ecuador, and Peru, between 1953 and 1956, and in Brazil, in 1957 and early 1958. It is planned to collaborate with Venezuela by providing the services of a consultant in the latter part of 1958.

Venezuela-16, *Aedes aegypti* Eradication (See page 126)

Aedes aegypti is present in many areas of Venezuela, including the capital, where a relatively high index has been found in recent years. In the area along the Colombian border, the reintroduction of *Aedes aegypti* into Colombia from Venezuela has been observed on numerous occasions.

The Government has shown special interest in eradicating this vector and has recently requested the Organization's technical advice on the application of modern methods and techniques for *Aedes aegypti* eradication.

Provision is made for one medical officer and three sanitarians.

Venezuela-1, Local Health Services (See page 126)

The main objective of this project, which started at the end of 1955, is to establish and develop for demonstration purposes a unit of well-balanced rural health services, including medical care, in a selected area of the country. The unit will serve also as a national training center for public health personnel, and the area will be used for the trial application of new technical and administrative methods and procedures in the various branches of public health work. The area selected is the Tuy Valley, where conditions are typical of those in the interior of Venezuela. UNICEF is providing supplies and equipment for the project.

During 1956 and 1957 the Organization completed the team of international advisers, consisting of a public health administrator, a sanitary engineer, and a public health nurse. The plan of operations for the project was approved and put into action. The Government assigned the budgetary allotments for the project and completed the appointment of national counterparts to work with the international consultants. Eight short training courses were given for physicians, each lasting two months (an activity already under way in the area before the program started). The first six-month training course for nursing auxiliaries was organized and carried out. Progress was made in the plans to integrate the public health services of the Santa Teresa, Santa Lucia, and San Francisco units. As part of the preliminary work for extending the services to rural areas, a house-survey form was drawn up and is being used by trained auxiliary personnel in the rural settlements where the first rural posts will be established. Preparations were also made to move the program headquarters office from Santa Teresa to Ocumare, a location that will facilitate the extension of services to all sectors of the demonstration area. Preliminary studies for the environmental sanitation work were also completed.

Under the present plan, it is expected to complete the integration of all health services in the Valley; to promote the establishment and operation of the Advisory- Coordinating Committee of the project; and to continue strengthening the services in all urban localities of the area and extend them gradually to the surrounding rural areas. Personnel training activities will also be continued.

Provision is made for the services of one public health administrator, one sanitary engineer, and one public health nurse.

Venezuela-9 (PASB), Venezuela-10 (WHO), Public Health Administration Fellowships (See page 128)

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

Venezuela-14, Nursing Education (See page 128)

In the last few years the development of public health services in Venezuela has been extraordinary, but nursing education has not followed the same rapid pace. Recently, in 1957, the National School of Nursing raised its educational entrance requirements to three years of secondary studies and there is a strong possibility that in the near future full secondary studies may be required.

The Government of Venezuela has expressed its interest in having the Organization collaborate with the National School of Nursing in the revision of its curriculum, especially with respect to the strengthening of the teaching of public health nursing.

Provision is made for a nurse educator with special preparation in public health, and for fellowships.

Venezuela-15, Health Aspects of Nuclear Energy
(See page 128)

The study of the uses of nuclear energy for peaceful purposes has aroused great interest in Venezuela. There is also special interest in establishing security measures for all radiation sources, which have not heretofore been subject to careful control.

The Government has indicated the desirability of having a fellowship in both 1959 and 1960 for the purpose of training national technicians in the health aspects of nuclear energy.

Provision is made for fellowships.

Intercountry Programs

AMRO-117, Malaria Technical Advisory Services (Zone I)
(See page 128)

This zone project provides for a central unit for the malaria activities in the Caribbean. The personnel in this unit will advise and assist international personnel assigned to country projects, as well as give assistance in the widely scattered islands, which individually are too small to require full-time international personnel. The central unit will also serve the Trinidad and Tobago program, providing the service of a periodic technical audit.

The entomologist will coordinate investigations regarding mosquito susceptibility and resistance to insecticides. The laboratory adviser will assist in strengthening laboratory services for evaluation procedures. The engineer will provide advice and assistance in the organization and operation of residual house-spraying activities and in the maintenance of equipment and transport facilities. He will also supervise and direct the work of the sanitarians assigned to campaigns in Dominica, Grenada, St. Lucia, and Surinam. The medical officer will coordinate the malaria eradication work in the Caribbean and will assist the international staff assigned to country projects, functioning also as team leader of the central staff unit. Other international personnel will give advice and services in their specialties.

Provision is made for a chief zone malaria adviser, a sanitary engineer, an entomologist, an administrative methods officer, a health statistician, and a public health laboratory adviser. Provision is also made for common services.

AMRO-117, Yaws Eradication and Public Health Laboratory Services (Caribbean) (See page 130)

The treponematoses are a major public health and economic problem in many parts of the Caribbean. The health administrations of the area have asked for international collaboration in an attempt to eradicate the

treponematoses from their territories, following the general principles of the Haiti campaign.

The long-range objectives of this project are: (a) the provision of public health laboratory consultant services; (b) the eradication of yaws; (c) the reduction of syphilis and gonorrhea prevalence; (d) the strengthening of venereal disease services; (e) the education of the public in matters pertaining to yaws and the venereal diseases; and (f) the training of local professional, auxiliary, and technical personnel.

In 1956 and 1957 mass campaigns were completed in the British Virgin Islands, St. Kitts, Nevis, Anguilla, St. Vincent, and Grenada and were initiated in Dominica, St. Lucia, and Trinidad and Tobago. About 90 per cent of the total populations received treatment as cases or contacts.

Assistance continued to be given to the serological laboratories in the different islands, in order to improve and standardize their techniques and procedures. One special consultant has visited all these laboratories for appropriate periods of time, advising in their organization and in the procedures for making tests. Personnel of these laboratories have been given in-service training and limited amounts of equipment have been provided.

A striking feature of the laboratory phase of the project has been the experience that the best results were achieved by strengthening the public health laboratory as a whole, then improving and expanding the serology section. This will continue to be a major element of the program for the future, thus broadening the scope of this phase to embrace full public health laboratory development throughout the Caribbean. The Caribbean Medical Center Laboratory in Trinidad can now be used as a reference laboratory for the area.

In 1958 the results already achieved in the British Virgin Islands, St. Kitts, Nevis, Anguilla, St. Vincent, and Grenada will be consolidated. The mass campaigns will continue in Dominica, St. Lucia, and Trinidad and Tobago. Surveys to determine the prevalence of the treponemal diseases in Montserrat, the French Antilles, and the Guianas will be planned for early implementation of campaigns as needed. In 1959 and 1960 follow-up procedures will continue and the situation in Jamaica will be reviewed for determination of the extent of the problem and the planning of the program.

UNICEF is providing equipment and supplies for the campaigns already started and has apportioned funds for Dominica, Grenada, St. Kitts, Nevis, St. Lucia, St. Vincent, and Trinidad and Tobago.

Provision is made for one scientist (laboratory adviser), with duty station in Trinidad, to furnish technical assistance in the development of strong public health laboratories, including serology sections.

AMRO-157, Health Statistics (Zone I) (See page 130)

Balanced program planning for health work, whether at the local, national or international level, requires accurate basic data on health conditions and resources. One of the most effective means of contributing to the improvement of the collection, analysis, and utilization of these data is through the work of statistical consultants.

The functions of the statistical consultants are:

(a) to give advice to countries for the improvement of vital and health statistics, with special emphasis on notifiable-disease statistics, on development of health statistics in accordance with recommended standards, and on use of the data in program planning; (b) to give courses in statistics and to render assistance in the selection and follow-up of fellowship students and in the development of seminars, workshops, and other training activities in statistics; and (c) to advise on statistical phases of projects and assist in the compilation and analysis of information in the countries for purposes of program planning.

The services of two consultants were furnished under former project AMRO-86 in 1955 and 1956 to serve the countries of four zones. To meet the growing need for these services it is now proposed to assign at least one consultant for each zone.

Provision is made for one health statistician.

AMRO-8, *Aedes aegypti* Eradication (Zone I) (See page 130)

Under this regional project one medical officer provides advisory services in relation to *Aedes aegypti* eradication to the health authorities of Venezuela and of the British, French, and Netherlands areas, and gives technical guidance and supervision to international sanitarians assigned to the country projects British Guiana and West Indies-1, French Antilles and Guiana-2, Surinam and Netherlands Antilles-1, and Venezuela-16.

AMRO-95, Environmental Sanitation (Caribbean) (See page 130)

Major public health problems in the Caribbean area are related to diseases that can be prevented largely by sanitation of the environment. Almost all of the 24 health departments in this area are interested in having the collaboration of the Organization and UNICEF in expanding their efforts in this field. The expanded programs, to which collaboration has been provided or is planned, give special attention to surveys of the status of environmental

sanitation in the Caribbean, and to water supply, excreta disposal, and health education. Later, they will include urban sewage disposal, garbage and refuse disposal, rodent control, food sanitation, and housing.

A survey and a program proposal for St. Kitts, Nevis, and Anguilla were completed in 1955 by a member of the Organization's staff. In 1956 a public health engineer was assigned to the area to initiate that program and extend the service to other islands of the Caribbean. He was assisted beginning in 1957 by a sanitarian.

Surveys were made during 1956 in Barbados, St. Lucia, St. Vincent, and Trinidad-Tobago, and in 1957 in Antigua-Barbuda, Montserrat, and Grenada; program proposals were prepared for Dominica, St. Lucia, St. Vincent, and Trinidad-Tobago. The program was implemented in Barbados and St. Kitts.

In 1958 assistance will be continued to Barbados and St. Kitts-Nevis-Anguilla, and programs will be initiated in St. Lucia, St. Vincent, and Trinidad-Tobago; program proposals for Antigua-Barbuda, Montserrat, Grenada, and the British Virgin Islands will be prepared and surveys made in Martinique, Surinam, Jamaica, and British Guiana.

In 1959 it is planned to initiate programs in the remaining parts of the Federation and to prepare program proposals for Dominica, Martinique, Surinam, Jamaica, and British Guiana.

In 1960 it is planned to assist and advise on programs already in operation and to propose expanded programs for Jamaica, Martinique, and Surinam and to make preliminary surveys of Guadeloupe, French Guiana, and the Netherlands Antilles.

Special attention will be devoted to health education of the public through in-service training, community organization, and more highly developed techniques of school and adult health education.

Provision is made for a sanitary engineer and two sanitarians.

PART III

ZONE II

Zone Office (See page 132)

For text see "Zone Offices," page 12.

CubaCuba-5, Malaria Eradication (See page 132)

As the result of previous work, the malarious areas of Cuba are rather small as compared with those in other countries of the Americas, but malaria is still prevalent in certain zones of the provinces of Pinar del Rio and Oriente. The estimates of number of houses and population at risk vary considerably, and an initial survey was therefore planned to determine the epidemiological facts concerning malaria and the total number of houses that must be sprayed in order to eradicate the disease from the country. Upon completion of the survey, a detailed plan of operations will be drawn up as a basis for systematically covering all the malarious areas through residual sprayings with DDT and/or dieldrin, supplemented in certain cases by administration of antimalarial drugs.

Provision is made for a medical officer and for common services.

Cuba-1, Aedes aegypti Eradication (See page 134)

Since the end of 1953 the Organization has been cooperating with the Government of Cuba in a project to eradicate the vector of urban yellow fever. The project agreement has been extended several times and, although the operations are satisfactory in quality, the area of work has not been extended as originally planned. In 1957 the area of operations was restricted to the Province of Havana with the expectation that it will be extended to cover the rest of the country, which is heavily infested, when adequate financial provisions make this possible.

Up to 31 December 1957, 1,416,816 houses had been treated perifocally with DDT, as well as 24,948,571 water containers, and 77,815 foci of Aedes aegypti had been discovered. In Havana Province alone, 971,211 houses and 16,442,650 water containers had been treated and 40,221 foci of aegypti had been reported.

Provision is made for one medical officer and one sanitarian, as well as for some supplies and equipment.

Cuba-6, PASB Public Health Administration Fellowships (See page 134)

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

Dominican RepublicDominican Republic-2, Malaria Eradication (See page 134)

In 1957 the former malaria control and Aedes aegypti

eradication activities were separated and the malaria work became a single project aimed at eradicating that disease from the Dominican Republic.

The malarious area covers an estimated 41,010 square kilometers and the population at risk is calculated at 2,417,000. A total of some 412,917 houses are to be sprayed. The geographic reconnaissance began in March 1957 and was completed in April 1958. By the end of January 1958 about 340,000 houses had been numbered. Most of the personnel have completed their training, and the first year of total coverage began in May 1958.

UNICEF's contribution is estimated at \$355,000 and the Government is planning to spend \$2,007,000.

Provision is made for a medical officer, a sanitary engineer, and two sanitarians. Antimalarial drugs will also be provided.

Dominican Republic-10, BCG Vaccination (See page 134)

In 1957 the Government requested the cooperation of the Organization and of UNICEF in carrying out a program for the purpose of reducing the incidence of tuberculosis in the country through mass BCG vaccination and to integrate the tuberculosis prevention service within the general services of the Ministry of Public Health.

The campaign will last for a period of two years, beginning in April 1958. It is expected that 750,000 persons will be protected through BCG vaccination.

For the integration of the tuberculosis prevention and control activities within the general public health programs, the Organization will provide in 1959 the services of short-term consultants. UNICEF will furnish the necessary equipment and supplies for the campaign.

Dominican Republic-52, Venereal Disease Control (See page 136)

Since 1953 the Organization has been collaborating with the Government in a program to eradicate yaws from the country. The work has been intensified recently as the result of increased contributions by the Government, which early in 1958 appropriated funds for the recruitment of 14 additional field inspectors and the purchase of more vehicles. The program also covers the reorganization of the venereal disease services in the country, including laboratory diagnosis services for the treponematoses.

The method employed for yaws eradication is the total coverage of the endemic areas and the treatment of cases and contacts with penicillin. In the work against venereal disease, training courses for physicians are being organized and a plan is being established to reorganize the provincial venereal disease services and coordinate the control service in the capital of the country. During 1957, 146,151 persons were treated in the mass campaign, 10,014 of them as cases and 136,137 as contacts. During the year, the nursing personnel of the health units in Ciudad Trujillo and San Cristóbal were given training in the more modern methods of venereal disease control.

Provision is made for one medical officer and one serologist.

Dominican Republic-4, Reorganization of Local Health Services (See page 136)

Since 1954 the Government, with the collaboration of the Organization, has been carrying out the reorganization of local health services and developing the supporting central structure necessary to permit the efficient operation of the services at all levels.

The new sanitary code has officially been approved and supplementary regulations are being prepared, for implementation by stages. A well-equipped health center is now operating at San Cristóbal and serves also as a demonstration and training center. Four courses have already been given for 69 workers, among them sanitation personnel, nurses, and nursing auxiliaries. Fellowships have been furnished by the Organization for the training of 23 public health workers abroad.

A new health center has been operating in Ciudad Trujillo since 1957; this center will be fully equipped and staffed in 1958.

Under the program for expansion of local services, it is planned to inaugurate several subcenters in 1958, beginning with one in Haina, and at the same time to increase the number of health centers in other districts of the country.

The financial assistance of UNICEF was obtained for the installation of the first health center at San Cristóbal and its cooperation has again been requested in 1958 for extending the maternal and child health services in the rural areas and for expanding the basic rural sanitation work.

During 1957 the Ministries of Public Health and of Welfare were merged in order to increase the efficiency of the health programs.

Provision is made for continuing the services of the chief country adviser, the sanitary engineer, the health educator, and the public health nurse. Fellowships and certain indispensable equipment and supplies will also be provided.

Dominican Republic-11, PASB Public Health Administration Fellowships (See page 136)

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

Dominican Republic-3, Nursing Education (See page 136)

The Government has for several years considered the need for establishing a modern school of nursing and has requested the Organization's cooperation in formulating a plan for a nursing education program that will prepare nurses for the rapidly expanding hospital and other public health services. The latter are being extended with the cooperation of the Organization and UNICEF, under projects Dominican Republic-4 and Dominican Republic-52.

The main objective of this project will be to establish a program of nursing studies and supervised field

experiences designed to prepare graduate nurses to fill administrative, supervisory, and teaching positions. Close relationship will be established with the Organization personnel attached to the Dominican Republic-4 and Dominican Republic-52 projects so as to ensure the integration of public health aspects throughout the curriculum. A study will be made to determine whether the present course for auxiliaries can be upgraded and lengthened and the faculty and subject matter increased so as to give adequate training for professional nurses. A realistic program for the preparation of auxiliary nurses will also be developed.

Provision is made for two nurse-educators specialized in the organization and administration of nursing schools, and for fellowships.

Dominican Republic-8, *Aedes aegypti* Eradication (See page 136)

The purpose of this project is to eradicate the urban yellow fever vector, *Aedes aegypti*, so that the country will no longer be receptive to yellow fever infection.

At the time the program was started in 1952, *A. aegypti* infestation in the country was considerable, particularly in Ciudad Trujillo. *Aegypti* have now disappeared from many small localities in the interior of the country but are still present in Ciudad Trujillo and other cities. It will therefore be necessary to maintain fully organized *aegypti* eradication operations in these urban localities until eradication has been achieved.

Provision is made for a medical officer and a sanitarian.

Haiti

Haiti-4, Malaria Eradication (See page 138)

The malarious area of Haiti comprises some 21,000 square kilometers, and the population exposed is estimated at approximately 2,900,000. The plan for the eradication of malaria was prepared in 1957 but was revised in 1958. A new epidemiological and geographic reconnaissance was made, including the numbering of all houses in the malarious area. The training of all categories of personnel was completed and a special course for senior officials was organized in 1958.

Total coverage, using dieldrin, is scheduled to begin in October 1958 and will continue for a period of four years. Surveillance operations will then be carried out.

UNICEF, ICA, and PASO will collaborate with the Government in this campaign. It is estimated that the cost to the Government for the preparatory year and the period of total coverage will be almost \$4,000,000. UNICEF participation is estimated at \$752,000. PASO, in addition to furnishing personnel, fellowships, and supplies and equipment, provided funds for local costs during the preparatory year in the amount of \$117,350.

Provision is made for a chief country malaria adviser, a medical officer, a sanitary engineer, a health educator, a health statistician, four sanitarians, and four administrative staff members. Supplies and equip-

ment, and fellowships will also be provided.

Haiti-1, Yaws and Smallpox Eradication (See page 138)

The yaws eradication program has been carried out since 1950 by the Government of Haiti in collaboration with the Organization and UNICEF. The campaign is nearing an end. There are no cases of yaws in the north of the country and in the south cases have been reduced to almost zero. Up to November 1957, 3,764,400 penicillin injections had been administered to cases and contacts. This achievement is even more remarkable if compared to the situation in 1950 when it was estimated that 50 to 70 per cent of the population had or had had the disease.

The urgent need to complete the final phase of the program and to maintain close epidemiological surveillance to avoid the reintroduction of the disease to the areas cleaned, led to the reorganization of the activities of the responsible agency (SERPIAN) and the extension of its sphere of action to the domiciliary control of other rural public health problems (SANDOR). This system was started in 1957 with the twofold objective of achieving over-all protection against smallpox, since the immunological level of the population is considered low, and at the same time detecting the last hidden yaws cases and their contacts so as to eradicate the disease once and for all.

The initial activities of the campaign showed that the twofold purpose can be achieved. During 1958 and 1959 the work will be concentrated on three main activities: (a) surveys to confirm that eradication of yaws has been achieved; (b) surveillance to protect the eradication areas and to discover any new cases; and (c) vaccination against smallpox, which will be carried out in two stages: over-all, house-to-house vaccination in contiguous areas, a phase expected to be completed in 1958; and organization and implementation of a systematic vaccination program, to be extended in 1959 and 1960. This will require the necessary supplies of vaccine, estimated at 500,000 doses.

Although the antisyphilis work diminished somewhat in 1957 because of personnel limitations, it will continue at increased levels in 1958 and 1959.

Provision is made for two medical officers and two sanitarians, and for supplies and equipment.

Haiti-9, Public Health Laboratory (See page 140)

The Public Health Laboratory, after filling an important role in conducting serological studies for the yaws eradication campaign, was expanded and installed in new premises and its activities have been reorganized. The purpose of continuing this project is to extend the Laboratory's activities to all branches of public health, including epidemiological studies of diseases transmitted by bacteria and virus, and to institute a regular control of foodstuffs and beverages.

The Government's participation in this project is estimated at \$80,000. Provision is made for one public health laboratory adviser with wide experience in the coordination of administrative and epidemiological aspects of public health laboratory work.

Haiti-12, PASB Public Health Administration Fellowships (See page 140)

Provision is made for fellowships to collaborate

with the Government in training staff for the improvement and expansion of its health services.

Haiti-16, Public Health Services (See page 140)

The Organization has collaborated with the Government of Haiti in several specialized programs such as campaigns against yaws, syphilis, and malaria, and in the training of a large number of public health personnel. The present project contemplates collaboration for the expansion of the basic organization of national, state, and local health services.

This project was started late in 1957 with the assignment of a medical officer to cooperate with a National Committee on Health Planning set up by the Government, with the participation of representatives of ICA and the Organization, for the purpose of studying the over-all health needs and resources of the country and preparing a long-range national health plan to serve as a guide in the coordination, extension, and strengthening of these services.

The first two activities of this Committee were to study the reorganization of the Ministry of Health and its departments, and the reorganization of the Medical School. Plans will be drawn up for the demonstration of local health services, particular attention being given to rural sanitation and to the strengthening of sanitary inspection services. An important part of the project will be the training of key national personnel in specialized fields of public health.

Provision is made for a medical officer, a sanitary engineer, a public health nurse, a health educator, and a sanitarian. Fellowships and travel grants will also be provided.

Haiti-14, *Aedes aegypti* Eradication (See page 140)

The purpose of this project is to eradicate the urban yellow fever vector, *Aedes aegypti*, so that the country will no longer be receptive to yellow fever infection. *A. aegypti* is highly prevalent throughout the country. Up to the end of 1957 the progress of the campaign was slow and the work was conducted in limited areas directly under the malaria eradication campaign. In view of the importance of both problems, the two campaigns have been separated and starting in 1958 each one will have an independent structure, with adequate personnel and other facilities.

It is expected that the malaria eradication campaign will have a direct effect in reducing *A. aegypti* in the rural areas. For this reason the activities of this project will be concentrated in the urban areas not covered by the malaria eradication work. Special teams will check the eradication of *aegypti* in the areas treated by the malaria campaign.

Provision is made for a medical officer and a sanitarian.

Haiti-19, Medical Education (See page 140)

The Haitian Government has requested collaboration for the reorganization of the curriculum, modernization of teaching methods, and strengthening of the teaching staff of the Medical School. In 1956, a consultant made a study of the School and submitted recommendations for its reorganization. At the end of the same year, at a

meeting held at Port-au-Prince, under the auspices of the School of Medicine, attended by several international agencies interested in medical education in Haiti, there was a discussion on the plans for such a reorganization and on coordination of the collaboration of the international agencies.

Provision is made for visiting professors and for supplies and equipment.

Mexico

Mexico-33, Dieldrin Toxicity Studies (See page 142)

Although much has been learned in recent years on the toxicity of dieldrin, there are some important gaps that have made it impossible to institute a practical protection system for personnel using this insecticide in spraying operations.

The collaboration offered by the Ministry of Public Health and Welfare of Mexico has led to the establishment of a new project for the purpose of studying specifically the toxicological aspects of dieldrin in malaria eradication programs. Under this project, a physical examination will be given at regular intervals to a selected group of persons handling dieldrin, and a careful study and analysis will be made of results. Expenses incurred in the project will be defrayed by the National Commission for the Eradication of Malaria of the Ministry of Public Health and Welfare of Mexico through a grant from the Organization.

Mexico-53, Malaria Eradication (See page 142)

The malarious area covers some 1,147,564 square kilometers, with a population of 15,588,000. The plan for the eradication program was completed and approved in 1955. At the end of 1955 the Government established the National Commission for the Eradication of Malaria, which during 1956 undertook a comprehensive program for the training of personnel, geographic and epidemiological reconnaissance, and a demonstration and test program of spraying 452,904 houses. Zone and field offices, logistics operations, and health education activities were also developed.

Total coverage of the malarious area was begun on 2 January 1957 and will continue until 31 December 1960. During the first year of total coverage approximately 3,000,000 houses were sprayed. UNICEF's collaboration is estimated at \$8,400,000, and the Government is planning to spend \$20,000,000 for the total-coverage campaign.

Provision is made for a chief country malaria adviser, a medical officer, a sanitary engineer, and two sanitarians. Supplies and equipment, and fellowships will also be provided.

Mexico-20, Virus Center (See page 142)

The Organization has been participating in the development of this laboratory since the latter was inaugurated in November 1955. The Organization's activities have been and continue to be directed principally toward the training of specialized personnel. The laboratory has served for the diagnosis and epidemiological study of virus diseases of public health importance, such as poliomyelitis and influenza. A service has also been initiated for the control of biological products used as diagnostic or immunizing agents against different virus diseases. With

respect to the control of poliomyelitis vaccine, a study is being made of the vaccinated population in order to arrive at a serologic evaluation. The Government's contribution to this project has been increased to \$60,000.

In January 1958 activities were undertaken for the training of specialized personnel, through the international course on virus diagnosis (AMRO-92). The additional requirements for laboratory staff and the urgent need for expanding the field activities make it necessary to continue the collaboration in this project in 1959 and 1960, through the services of short-term consultants and fellowships for training personnel abroad.

Mexico-22, Integrated Health Services (Guanajuato) (See page 142)

The Government of Mexico has been promoting the improvement of the state health services. A district composed of nine municipalities was chosen in the State of Guanajuato for the purpose of coordinating all the basic health services operated and maintained by the Ministry of Public Health and Welfare and those operated by the State. The results obtained from this practical study will be applied in programs for the coordination and expansion of services in the rest of the State of Guanajuato and throughout the country.

The district selected in the State of Guanajuato has a population of 304,080 inhabitants (1950 census) and the infant mortality rate is 95.49 per cent, diarrheas and pneumonia being the principal causes of death. It is expected to bring about a reduction in the morbidity and mortality rates through the integration of services, an increase in appropriations for health work, the improvement of medical and hospital services, and support in the form of direct participation of the community. In the field of environmental sanitation, it is planned to improve and expand the water supply and sewage disposal systems, to improve housing, and to promote health education for the use of these services.

Professional and auxiliary public health nursing personnel are being trained and the main health units, auxiliary centers, and rural services are being organized.

The federal authorities have begun to apply the integration principle in other health districts and plan to organize similar services in 120 additional districts, which will ensure almost complete nation-wide coverage.

UNICEF is providing financial assistance in support of this project.

The project activities were initiated in 1956 and expanded considerably in 1957 to the point of reaching normal operation in 1958.

Provision is made for a chief country adviser, a sanitary engineer, a health educator, a public health nurse, and a sanitarian. Fellowships for national personnel working in the district and a small sum for textbooks and technical publications will also be provided.

Mexico-25, PASB Public Health Administration Fellowships (See page 144)

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

Mexico-28, Public Health Laboratory (See page 144)

The Organization has been collaborating in this project since the laboratory was organized in 1957. The agreement was signed in January 1958 calling for an increase and improvement of the laboratory's activities in the public health aspects related to diagnosis and control of communicable diseases, as well as work in the control of food products and beverages. A necessary supplement to the project is a model farm for the production of laboratory animals and the development of facilities for training personnel for official public health laboratories.

The project is to last three years, up to 1960. During this period, the Organization will provide specialized training for laboratory personnel and will make available the services of short-term consultants to aid in the development of activities in the sections for diagnosis, control of biologicals, drugs and pharmaceutical products, and analysis of foods. The final objective is the development of standard procedures and methods, and the Organization will provide technical assistance for this purpose.

Provision is made for short-term consultants, supplies and equipment, and fellowships.

Mexico-30, School of Public Health (See page 144)

The objective of this project is to strengthen teaching in the School of Public Health of the University of Mexico. Under project AMRO-18 (Medical and Public Health Education), faculty members of the School have had the opportunity of visiting the countries from which their students come in order to adapt their teaching to the health organization and general conditions in those countries. Visiting professors, travel grants to professors for observation of teaching methods and of curriculum planning in other institutions, and a limited amount of materials have been provided to the School.

Under the present project, collaboration will be continued along these lines. In addition, specific collaboration will be provided, beginning in 1958, with the assignment of a consultant who will work with the faculty of the School in strengthening the curriculum and field training programs in public health nursing.

Provision is made for a nurse-educator, short-term consultants, supplies and equipment, and fellowships.

Mexico-31, Nursing Education (See page 144)

Over a period of several years the Organization has cooperated with the Mexican Government in a program designed to modernize basic nursing and nurse-midwifery education in collaboration with the National University. The Government has now requested continued cooperation through consultant services to a group of nurses in the Ministry of Health who at the national level are responsible for assistance to the approximately 60 schools of nursing in the country.

A complete survey of nurse education resources in Mexico will be made preliminary to setting norms for the development of curricula in schools of nursing to prepare nurses for key positions in administration, supervision, and teaching. The development of seminars and courses within the country will also be planned for nurses at present in administrative, teaching, and supervisory posts.

Provision is made for one nurse-educator.

Mexico-15, Maternal and Child Health Services (See page 144)

In the rural areas of eight states of Mexico, maternal and infant death rates have been reduced through a program for the development and improvement of health services.

The Mexican health authorities now plan to extend this program in four states and to initiate it in four others, organizing special sanitation projects in three of them. The same pattern of establishing regional health centers staffed by full-time public health personnel, each with its auxiliary and rural centers, will be followed. The regional center in each state will be used as a training center for auxiliary personnel.

This program is being promoted by the Division of Maternal and Child Health of the Ministry of Health, with the cooperation of the three agencies providing health services at the local level. Technical assistance will be given by the Zone Office staff.

Late in 1957 a public health nurse was appointed to the Maternal and Child Health Division. This nurse will be responsible primarily for training nursing personnel. Insofar as other commitments permit, the zone nurse will cooperate with the Division nurse in developing nursing activities. In 1960 a full-time public health nurse consultant will be added so that more concentrated assistance may be given. Travel grants will also be furnished for key personnel. UNICEF is providing supplies, equipment, and vehicles for this project.

Provision is made for one public health nurse and for fellowships.

Mexico-23, National Institute of Nutrition (See page 146)

The purpose of this project is to collaborate with the Government of Mexico in reorganizing the Institute of Nutrition so as to take advantage of technical developments, particularly in basic food analysis and clinical and biochemical investigations, and to coordinate its activities with the public health services.

The Organization furnished the services of a nutrition consultant who made a study of the situation and drew up general recommendations on the type of cooperation that should be given to the Government in connection with this project.

Provision is made for supplies and equipment and for fellowships for the training of technical staff of the Institute.

Mexico-35, Environmental Sanitation Training (See page 146)

The shortage of trained sanitary engineers and auxiliary environmental sanitation personnel is being felt throughout Latin America and constitutes one of the factors limiting the development of sound public health programs. In Mexico, the Organization has cooperated with the School of Public Health, as well as with the School of Sanitary Engineering, to strengthen the courses for sanitary engineers and sanitarians and to expand facilities for the training of environmental sanitation personnel from all countries of the Americas. For this training, fellowships are awarded under AMRO-1. Assistance to the School has included fellowships and travel grants for professors of sanitary engineering, supplies and equipment, and personnel.

Provision is made for short-term consultants and for supplies and equipment.

Mexico-32, Medical Education (See page 146)

Medical education in Mexico is going through a period of accelerated development. Teaching is being greatly improved in the medical schools, through the reorganization of the curriculum, modernization of teaching methods, and strengthening of the teaching staff. Improvement in the teaching of preventive medicine has received special attention.

To collaborate with the Government in this program, it is proposed to provide facilities for the training of teaching staff in universities abroad, the observation of medical education in other countries by deans and senior faculty members, and the collaboration of visiting professors and consultants.

To give assistance in these activities, it is proposed to provide fellowships.

Mexico-34, Veterinary Medicine Education (See page 146)

Under the regional project for veterinary medicine education (AMRO-67) a consultant visited the School of Veterinary Medicine in Mexico in 1956 and made detailed recommendations for improving the teaching of this discipline. As a result of the interest stimulated by this visit, an agreement was signed in 1958 with the Ministry of Public Health and Welfare and the University of Mexico for cooperation in the development of the teaching program, to emphasize preventive medicine and public health, and in the training of key faculty members needed for this purpose.

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

Intercountry Programs

AMRO-105, Field Studies of Dieldrin and Other Insecticides (See page 146)

The use of residual insecticides is the generally accepted practice for malaria eradication. The amount of insecticide to be used per square meter and the frequency with which it should be applied on certain types of walls are questions for which answers are not fully known. Also, whether and when the malaria vectors will show resistance to the insecticides are questions of even greater importance.

The purposes of this project are to determine the amount of dieldrin to be applied to the inside mud walls of houses as a residual spray and the frequency with which this material should be applied; to determine the presence or absence of detoxifying muds; and to ascertain if the malaria vectors develop resistance and to what degree.

These studies are under way in Mexico, with the approval and cooperation of the Government. Five to seven separate villages in three areas of the country, with populations of from 100 to 2,000, are used for the purpose of conducting the tests. The spraying is done by the regular malaria eradication spray teams, using formulations prepared by the personnel of the dieldrin study project.

Results will be determined by biological tests such as

inside house inspection for adult mosquitoes, placing and holding mosquitoes against the treated wall in order to assess killing effect of the insecticides at various periods of time after spraying; and releasing mosquitoes in treated rooms. Also, chemical tests of the treated walls will be made at various intervals of time.

In 1958 the team consisted of a chief entomologist, 3 entomologists, 1 administrative assistant, 7 laboratory assistants, and two laboratory aides. Supplies and equipment were also provided. A grant from the Shell Chemical Corporation is being used to finance this study.

It is expected that this activity will be completed by the end of 1958.

AMRO-120, Malaria Technical Advisory Services (Zone II) (See page 146)

Improper or deficient administration is a frequent cause of delays and difficulties for the operation of malaria eradication programs. On the other hand, correct tabulation and analysis of data for these programs require well-organized statistical work and well-trained personnel. It is proposed to provide specialized advice to the countries of Zone II for these purposes.

Provision is made for one administrative methods officer and one health statistician.

AMRO-144, Health Statistics (Zone II) (See page 148)

The usual disproportion between the health needs of a country's population and the resources available to meet them makes it essential to invest those resources carefully in order to ensure their maximum utilization.

A knowledge of the needs and resources is therefore a prime requisite for planning, developing, evaluating, and administering programs for the promotion, protection, and restoration of health. Such knowledge can be obtained through statistical data, provided they are complete, reliable, and up-to-date.

The present stage of development of health statistics in Zone II is far from the desired level. It is necessary to promote their development insofar as possible by increasing the number of personnel trained in the compilation of statistics required in public health programs, and by expanding and improving the systems for the collection and use of such data at the local as well as the regional, national, and international levels.

The Organization can aid in these objectives by collaborating in: (a) the instruction and training of personnel for public health services; (b) activities for the expansion and improvement of existing organizations; (c) the collection, processing, analysis, and dissemination of statistical data; and (d) the proper utilization of such data in all phases of public health programs.

The increasing recognition of the needs and possibilities has led to the creation of posts for one full-time statistical consultant for each zone, beginning in 1958, instead of two consultants to serve four zones as provided during 1955-57.

Provision is made for a health statistician and for a small amount of supplies and equipment.

AMRO-162, Epidemiology (Zone II) (See page 148)

The continued importance of communicable diseases in most countries of the Americas is well known, as are the possibilities offered today by modern therapeutics and methods of control, which allow well-founded hopes of achieving the eradication of several of these diseases and the control of others.

From the standpoint of international health, and considering the rapid means of transportation available today, it is deemed essential that all countries intensify their efforts to eliminate the so-called "quarantinable diseases" as a danger for international trade, and that the programs related to these diseases be given priority in the activities of the Organization.

Past experience with respect to the many problems connected with communicable diseases, epidemiology, and the application of the International Sanitary Regulations indicates the need for assigning to the Zone II Office a consultant in epidemiology to give advice in all these matters to the health authorities of the various countries of the Zone. The functions of this consultant would be: (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 against 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 one epidemiologist and for supplies and equipment.

AMRO-178, Veterinary Public Health (Zone II) (See page 148)

Veterinary public health has been an activity of the Organization since 1949, and the services in this field have gradually expanded. This work is being carried out by the assignment of consultants at the zone level as the demand arises.

The functions of the adviser on veterinary public health for the countries of Zone II are: (a) to provide technical consultation to the countries on health problems and the development of health services in the fields of microbiology and preventive medicine, with special attention to food control and the prevention and control of the zoonoses; (b) to provide technical support and guidance to national and international personnel in the planning and implementation of veterinary public health activities integrated into the general public health program; (c) to assist in evaluating veterinary public health programs, and other programs for the effective use of veterinary public health services; (d) to assist in the selection and training of national public health veterinarians, including the organization of courses and seminars; (e) to assist educational institutions for the training of public health veterinarians and other public health personnel.

Provision is made for one public health veterinarian.

AMRO-93, Health Education (Zone II) (See page 148)

A health education adviser has been assigned to the Zone II Office since October 1955. He provides consultant services in health education to national health departments and to projects carried out by health authorities in collaboration with the Organization. He also serves as a consultant to the Organization's staff and assists in the planning and execution of special conferences, seminars, and other educational meetings.

Services furnished to national health departments include the following: (a) assistance in determining health education needs at the national and local levels and in planning activities to meet these needs; (b) guidance in the selection and training of candidates for health education positions in the national governments; (c) participation in the planning and execution of in-service training programs in health education for public health workers and personnel of other agencies; (d) participation in the planning of general training programs for public health workers, with emphasis on educational methods to be employed in these programs; (e) technical guidance to national and international personnel in the planning of health education activities integrated into general public health programs; (f) specific health education guidance to national and international personnel of malaria eradication campaigns; (g) participation in training activities of institutions that train public health workers; (h) assistance in the systematic evaluation of educational methods and materials.

A major part of the first year of the project was devoted to the study of existing situations in the various countries with regard to health education. Long-range plans were made for the selection and training of health education candidates to meet the needs of two countries.

Plans have been made to provide consultant services at the national level through projects of the Organization in the various countries. One of these will be initiated in 1958 and it is hoped that the others will begin shortly. The purpose of these assignments will be to assure an effective health education structure within the national health departments, through the guidance and support provided on a consistent basis by a health education member of the team of international consultants.

These activities will be integrated, in at least one country, with the over-all training programs of the national health department and the public health training institution. This will help strengthen and extend regional facilities as well as national facilities for health education training in Latin America.

Major activities scheduled for 1958 include health education training programs for public health workers in three of the countries of the Zone and the planning and execution of seminars on health education at the national and local levels, both in general public health programs and in special fields such as communicable disease control, environmental sanitation, etc. In these activities, the zone consultant will provide direct advisory services to the national and local agencies.

Provision is made for a health educator and for supplies and equipment.

PART III

ZONE III

Zone Office (See page 150)

For text see "Zone Offices," page 12.

British HondurasBritish Honduras-1, Malaria Eradication (See page 150)

The malarious area covers the whole of British Honduras, which has a total population of 82,000. The plan for the eradication of malaria was prepared and approved in 1956. The first cycle of total coverage with dieldrin began in February 1957 and ended in July of the same year. Spraying operations will continue for a four-year period, after which surveillance operations will be carried out.

UNICEF collaboration is estimated at \$42,700 and the Government is planning to spend \$97,592 for the campaign.

Provision is made for fellowships and for imported supplies and equipment not furnished by UNICEF. Technical advice will be furnished by the Organization's staff assigned to Zone III.

British Honduras-5, Public Health Services (See page 152)

The purpose of this project is to meet the need for strengthening the health services of British Honduras and extending them throughout the rural areas, where there is at present only a limited network of services to cope with the problems of high infant mortality and high prevalence of preventable diseases. Emphasis will be given in the development of the project to the training of public health personnel, especially for activities related to maternal and child health and environmental sanitation.

To accomplish this purpose, it is planned to establish a series of new health units in strategically located centers; six rural units will be established or improved during the first two years of the program. At the same time, an extensive training program will be carried out. Lay midwives will be trained locally and their future activities supervised by the public health and rural health nurses. At the national level, nursing personnel will be trained by the School of Nursing, whose facilities will also be improved under this program. Training abroad will include fellowships for professional personnel who will fill key positions in the health services and continue the preparation of health workers in the country.

Provision is made for one sanitary engineer, one public health nurse, and fellowships.

It is expected that UNICEF will provide supplies and equipment.

British Honduras-6, PASB Public Health Administration Fellowships (See page 152)

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

Costa RicaCosta Rica-2, Malaria Eradication (See page 152)

The Government of Costa Rica, with the collaboration of the Organization, is implementing the malaria eradication plan approved in 1957. This program covers an area of 31,526 square kilometers, with a population of 451,000 inhabitants.

Total coverage with DDT began on 15 July 1957 and will continue until August 1960, after which surveillance operations will be carried out.

UNICEF's collaboration is estimated at \$184,000 and the Government is planning to spend \$1,199,295 for the total-coverage campaign.

Provision is made for one medical officer and one sanitarian. Vehicles for the consultants, antimalarial drugs, and imported supplies and equipment not furnished by UNICEF will also be provided. Provision is also made for fellowships.

Costa Rica-14, Expansion of Local Public Health Services (See page 152)

The Government of Costa Rica has been conducting studies on the main causes of death in the country, with special reference to maternal and infant mortality. These and other studies have shown that among the major causes of disease and death are many that are considered to be preventable. This is particularly true of maternal mortality and morbidity. The problem is even greater with reference to infant mortality because of the diarrheal diseases and enteritis.

The national public health administration has a network of health units distributed in all departments of the country. The services of these units should, however, be extended to the interior of the provinces if the prevention activities are to keep pace with the needs. The Government also has a system of maternity centers whose services require improvement if maximum utilization is to be made of them.

The Government has requested technical cooperation from the Organization and financial aid from UNICEF to implement in 1959 the project for the extension of local public health services, with special attention to maternal and child care.

The objectives of the project are: (a) to extend the local public health services by increasing the number of health units and expanding their activities; (b) to give special attention to the extension of maternal and child care services, as regards both dispensary services and care at childbirth; (c) to implement a practical and systematic plan for water supply and waste disposal in the rural communities; and (d) to train the national personnel required to undertake this extension of public health services.

The studies being made as part of the evaluation of public health services (Costa Rica-17), which it is expected will be completed by the end of 1958, will serve as a basis for the execution of this project.

The necessary technical cooperation will be furnished by the staff of the Zone Office. It is hoped that UNICEF will provide some supplies and equipment. Provision is made for fellowships.

Costa Rica-15, PASB Public Health Administration Fellowships (See page 152)

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

Costa Rica-17, Evaluation of Public Health Program (See page 152)

For the past seven years the Health Department of Costa Rica has carried out its activities under a program originally planned in 1950. During that period new activities were added as the need arose, but the program planned in 1950 was not substantially changed.

The Government requested the assistance of the Organization in conducting, with the national authorities, a technical evaluation of the public health program of the country.

This project started in January 1958 with a visit of a consultant to the country for assistance in the preparatory phase. Data already available in the country are being collected and tabulated. Later in 1958, short-term consultants, assisted by the permanent staff of the Organization, will survey the health activities and resources of the country in order to formulate recommendations for future program planning.

Funds for the provision of short-term consultants were included in the 1958 budget. No further provisions are made since the project is expected to terminate in 1958.

Costa Rica-18, Advanced Nursing Education (See page 154)

The National School of Nursing in Costa Rica has for several years been used as a center for informal training of instructors for schools in countries where nursing has not developed so rapidly. In the Latin American countries there are more than 100 schools of nursing which are endeavoring to obtain competent nursing faculties, and up to the present there is only one center where advanced nursing education can be obtained in Spanish.

It is proposed to build up a center for preparing nurse-instructors not only for the schools of nursing in Costa Rica but for schools in other countries as well.

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

El Salvador

El Salvador-2, Malaria Eradication (See page 154)

The malarious area covers a total of 19,310 square kilometers, and the population at risk is estimated at 1,385,000.

The plan for eradication of malaria was prepared in 1955, and total coverage of the malarious area began

on 1 July 1956, using DDT and dieldrin. Spraying operations will be continued for four years.

UNICEF's collaboration is estimated at \$592,000, and the Government is planning to spend \$2,553,759 for the total-coverage campaign.

Provision is made for a sanitary engineer, a medical officer, and a sanitarian, and for supplies and equipment.

El Salvador-5, Health Demonstration Area (See page 154)

The purpose of this project in its first stages, 1951-57, was to organize and develop, for demonstration purposes, an integrated public health service in a representative rural area of El Salvador. The experience gained in this project, which was to be coordinated with others aimed at improving educational, economic, and social conditions, was to serve as a basis for the gradual extension of the services to the remainder of the country. The present objective of the project is to evaluate the work done in carrying out the above purposes and to extend the program to other areas of the country, placing special emphasis on the technical training of the required personnel.

The public health activities began in 1950 and 1951 with a survey of health conditions in the area and the planning of a program of operations; that program has since then been developing satisfactorily. A health and training center was established in Quezaltepeque and a series of health units and posts were established, progressively and methodically, at strategic points in order to furnish basic health services to the largest number of inhabitants in the area. Services for health promotion and restoration and disease prevention have been established or improved and continue to be expanded. During the last few years particular emphasis has been placed on environmental sanitation, a task in which active community participation has become increasingly important. From the beginning of the project, special importance has been given to the training of personnel required for the work in the area. By the end of 1957, 6 full-time health units and 9 health posts had been established. In the health and training center at Quezaltepeque, the training given included 5 courses in public health for graduate nurses, 5 courses for sanitary inspectors, and 2 for auxiliaries. Personnel trained in these courses included 37 nurses, 85 sanitary inspectors, and 34 auxiliaries. Since 1954 the health and training center has been training personnel for the health services in other regions of El Salvador, and it has been used also for training personnel from other countries. Ten nurses and 4 sanitary inspectors from abroad have attended courses at Quezaltepeque and numerous fellowship recipients from other countries visit the area for purposes of observation, as part of their practical public health training. The Organization furnished the services of 6 consultants: 1 medical officer, 1 sanitary engineer, 1 sanitarian, and 2 public health nurses; it has also furnished supplies and equipment.

In 1958 an evaluation of the project will be carried out and the expansion of activities to other areas of the country will begin. For this purpose, the personnel training activities will be intensified.

The Organization will continue to furnish the services of the afore-mentioned consultants during 1958; beginning in 1959, and taking into account the fact that the basic objectives of the project will have been achieved, advisory personnel will be reduced to one

sanitary engineer and one public health nurse to continue the training activities.

El Salvador-9, PASB Public Health Administration Fellowships (See page 154)

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

El Salvador-10, Planning and Organization of Hospital Services (See page 156)

The Government of El Salvador has general and special hospitals, located in different parts of the country. Private hospitalization facilities are also available, either in private hospitals or in special wards of the general hospitals.

The Ministry of Public Health considers the present hospital system inadequate to meet the country's medical-care requirements, either because the services do not operate under a standard system, or because of the lack of coordination among the various institutions.

A number of studies on the subject have been made in the past by national personnel and by international consultants, who drew up recommendations on the problem. The Ministry of Public Health has requested the Organization to furnish the services of a consultant to study those recommendations and to furnish technical assistance in the planning and establishment of a modern hospital system in the country.

Provision is made for one medical officer.

Guatemala

Guatemala-1, Malaria Eradication (See page 156)

The malarious area covers a total of 80,380 square kilometers and is inhabited by 1,448,000 persons, representing 42 per cent of the total population.

The plan for the eradication program was prepared in 1955. During the preparatory stage of the program, from February 1955 to June 1956, the epidemiological and geographic surveys and the numbering of all houses in the malarious area were completed and the training of personnel was begun. The total spraying coverage, using dieldrin, started in August 1956 and will continue for a period of four years, after which surveillance operations will be carried out.

UNICEF's collaboration is estimated at \$741,500, and the Government is planning to spend \$2,328,000 for the total-coverage campaign.

Provision is made for a medical officer, a sanitary engineer, and two sanitarians. Supplies and equipment, and fellowships will also be provided.

Guatemala-11, Tuberculosis Control (See page 156)

Recent advances in tuberculosis chemotherapy have greatly improved the possibilities of combating this traditional problem through the use of new and effective weapons.

The Government of Guatemala is actively interested

in making an evaluation of the tuberculosis problem in the country and in conducting an intensive nation-wide program with the most modern means available, and for this purpose has requested the collaboration of the Organization. Through this program the Government wishes to consolidate and extend the results achieved during the mass BCG vaccination campaign that was started in July 1956 and is still under way with the technical cooperation of the Organization and the participation of UNICEF.

The project activities will be developed according to the modern principles, methods, and techniques of tuberculosis prevention, with special emphasis on case detection, domiciliary and outpatient chemotherapy, and chemoprophylaxis of contacts.

The project will be initiated in 1958 as an extension of the consolidation stage of the mass BCG vaccination program and will last until 1965. Provision is made for the services of a medical officer specialized in the administration of tuberculosis control programs.

Guatemala-8, Public Health Services (See page 156)

In 1954 the Government requested the collaboration of the Organization in planning and implementing a program to reorganize and expand the health services in rural areas of the country, to train professional and auxiliary personnel for these services, and to establish, at the central level, an organizational unit responsible for the coordination and integration of the activities of the Ministry of Health.

After an initial survey in mid-1954, a plan of operations was prepared for the establishment of model health units, a training program for professional and sub-professional personnel, the application of modern methods of public health administration, and the operation of a system of rural health units. A Division of Rural Services has been established and made responsible for the training program and the operation of the health units.

A model health unit and training center was built in Amatitlán during 1955 and has been in operation since 1956. Subcenters in Palin and San Vicente de Pacaya were constructed, equipped, and put into operation in 1956. The health unit at Escuintla was remodeled and newly equipped, and the services were reorganized in accordance with the new programs of work. Construction of the building for the subcenter at Ilano de Animas was completed in 1957 and in the near future the subcenter will be equipped and the health services started.

Personnel have been trained to staff the newly established units, as follows: 18 physicians, 2 dentists, 1 chemist-biologist, 16 nurses, 53 nursing auxiliaries, and 49 sanitary inspectors. A number of key personnel, including 6 physicians, 4 nurses, 4 engineers, 1 dentist, 1 statistician, and 5 sanitary inspectors, received training abroad through fellowships and have returned for service within the program.

An environmental sanitation program was prepared and is being progressively developed, with the active participation of the community. The activities include construction of small water supply systems of different types for villages, rural schools, and dispersed houses; installation of latrines; improvement of rural school buildings; construction of small slaughterhouses and public markets; improvement of rural homes; installation of public laundries and bathing facilities. UNICEF is assisting in the implementation of the program by providing supplies

and equipment.

The techniques and methods necessary to meet the specific needs of the country have been put into application. Record forms have been prepared and statistical systems developed to serve the needs of the expanding service. Plans for the future include further extension of services and improvement of laboratory facilities. Training activities will continue and will include courses for nursing auxiliaries.

Provision is made for a chief country adviser, a sanitary engineer, two public health nurses, and a sanitarian. Fellowships will also be provided.

Guatemala-12, PASB Public Health Administration
Fellowships (See page 158)

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

Guatemala-6, Training of Nursing Auxiliaries
(See page 158)

A survey conducted by the Zone Nursing Consultant and the National Nursing Association showed that there were 227 graduate nurses and 1,059 nursing auxiliaries in the country to serve a population of 3,500,000. Most of the auxiliary personnel were performing, without supervision from the graduate nurses, nursing tasks that require great skill, and the graduate nurses were not trained for supervisory responsibilities.

This survey revealed certain pressing needs: improvement of the service rendered by auxiliary personnel by giving training through well-organized courses; preparation of graduate nurses to supervise and train auxiliary personnel; better coordination of work between these two levels of personnel; preparation of additional nurses and nursing auxiliaries for the functions they are to perform and in sufficient numbers to meet minimum requirements of existing services within a reasonable period of time, taking into account also expansions planned for the near future; improvement of the basic curricula of the schools of nursing and preparation of nurse-instructors.

To meet these needs, a program was planned with two main objectives: (a) to prepare nurse-instructors responsible for organizing and administering training courses for auxiliary nursing staff at the national level; to train nursing auxiliaries for specific functions, establishing in-service training courses for nurses and nursing auxiliaries in hospital and health centers in the country; (b) to collaborate with the National School of Nursing in improving its curriculum and organizing courses to prepare nurses for teaching positions in the School.

This project, which has had the assistance of a nursing consultant of the Organization, began in 1956 with a course for the training of instructors to teach nursing auxiliaries. A similar second course is being given and a third is being planned. Four nurses from foreign countries also attended these courses.

Ten instructors and 149 auxiliaries were trained during the first course (8 nationals, 2 foreign); the former are now working in the second course as training course instructors, and the auxiliaries have been assigned to hospitals and health centers. Of the total number of

auxiliaries, 34 received supplementary instruction in a course on public health nursing, under project Guatemala-8, and an additional 12 are taking that course at present. In 1959 these courses will be under the complete responsibility of national nurses who have been trained for this purpose, and the first stage of the program will have been completed at that time.

Provision is made for fellowships to complete the training of national personnel.

Honduras

Honduras-1, Malaria Eradication (See page 158)

The malarious area covers a total of 87,383 square kilometers, and the population at risk is estimated at 1,282,000.

The plan for the eradication of malaria was prepared in 1955 and approved in 1956. During the intervening period, the epidemiological and geographic reconnaissance was completed, training of personnel was begun, and administrative arrangements were completed. Total coverage, using dieltrin, started in January 1958 and will continue for four years, after which surveillance operations will be carried out.

UNICEF's contribution is estimated at \$685,000 and the Government is planning to spend \$1,750,000 for the total-coverage campaign. ICA is collaborating in the campaign.

Provision is made for a medical officer, a sanitary engineer, and a sanitarian. Supplies and equipment will also be provided.

Honduras-5, BCG Vaccination (See page 158)

The problem of tuberculosis in Honduras is a matter of concern to the national authorities. Available statistics on tuberculosis morbidity indicate that the disease is a serious problem in the country.

As part of the program to control the disease, the Government has requested the assistance of the Organization and UNICEF in carrying out a nation-wide BCG campaign.

The mass campaign began in May 1957, after the necessary personnel had been trained. It is expected that, in a period of 18 months, from 800,000 to 1,000,000 persons will be tuberculin-tested and from 400,000 to 600,000 vaccinated with BCG. The Government will develop methods for integrating BCG vaccination in the regular health services, after completion of the mass phase of the campaign.

An international consultant is giving technical advice in all phases of the campaign, from the training of personnel to the evaluation of the results obtained. UNICEF is providing supplies and equipment for this project.

It is expected that the advisory services of the consultant will be terminated at the end of 1958.

Honduras-4, Public Health Services (See page 160)

The Government of Honduras requested the collaboration of the Organization and of UNICEF in a

program to reorganize, coordinate, and extend basic public health services throughout the country and to strengthen the central services necessary to support the expanding activities. This program was to absorb and continue the work started in 1954 by the Government and UNICEF to improve the sanitary facilities in rural schools.

The project began late in 1955 with the preparation of a plan to establish a modern health center that will serve also for the training of public health personnel needed for the extension of services to other rural areas of the country. The plan also provides for the gradual organization of a number of rural health units, at strategic points in the country, to provide services principally in maternal and child health, environmental sanitation, and communicable disease control. Simultaneously with these activities it is planned to reorganize and strengthen the central public health services.

For this project, a survey was conducted in the community of Comayagüela, where the first health unit is located. On completion of the building plans, construction was begun and the building was inaugurated at the end of 1957. A training center was established in one wing of the building and the first courses were given for nursing auxiliaries and auxiliary sanitation personnel. Four physicians, 2 engineers, 4 nurses, and 2 sanitary inspectors have returned from fellowship studies abroad and have assumed various posts in the national health services. A National Health Board has been established and has appointed a committee to make a study on the reorganization of national health services. As a preliminary step for the next phase of the program, the "Plan of Organization and Operations for the Comayagua Health District" (Department of Comayagua) was drawn up.

In 1958, 1959, and 1960 it is expected to implement and consolidate the plan of work of the Comayagüela health unit, both in the urban center and the surrounding rural area, so as to continue the gradual organization of other health units. Personnel training, both within the country and abroad, will be continued. It is anticipated that the National Health Board will continue and complete the study on reorganization of the national health services.

Provision is made for the services of a medical officer, a sanitary engineer, two public health nurses, and a sanitarian.

Honduras-6, PASB Public Health Administration Fellowships (See page 160)

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

Nicaragua

Nicaragua-1, Malaria Eradication (See page 160)

The malarious area covers 127,199 square kilometers and the inhabitants exposed number approximately 1,071,000, or 80 per cent of the country's total population.

The plan for the eradication of malaria was approved in 1956 and total coverage using dieldrin was begun in November 1957. These operations will continue for a period of four years, after which surveillance operations will be carried out.

UNICEF's collaboration is estimated at \$483,200, and the Government will contribute the equivalent of \$1,260,297 for the total-coverage campaign.

Provision is made for a medical officer and a sanitary engineer, and for fellowships for study abroad. Vehicles for the international consultants, antimalarial drugs, and supplies and imported equipment not furnished by UNICEF will also be provided.

Nicaragua-8, BCG Vaccination (See page 160)

Although precise data on tuberculosis in Nicaragua are not available, the disease has traditionally been a serious problem in the country. The Government, with the collaboration of the Organization, proposes to undertake a nation-wide mass BCG vaccination campaign as part of the over-all efforts to control the disease.

The project will begin with a survey and on the basis of its results a plan will be drawn up to tuberculin-test all persons over one year of age living in cities, towns, and rural areas, and to administer BCG vaccination to all non-reactors.

The survey is scheduled to start in October 1958 and it is expected that the vaccination campaign will be completed by the end of 1959.

The international consultant assigned to Guatemala, where a similar campaign is under way, will give advice in all phases of the campaign, from the training of personnel to the evaluation of the results obtained.

UNICEF will provide supplies and equipment for this project.

Nicaragua-3, Public Health Services (See page 162)

The purpose of this program is to carry out the Government's plan to reorganize the public health services of the country, strengthening them at the central level and extending the health activities to the rural areas.

In the initial phase of the project, activities related to environmental sanitation were conducted and a preliminary survey on the country's health needs and resources was undertaken. UNICEF has assisted in the implementation of the program by providing supplies and equipment.

It is proposed to bring the survey up to date and expand it for the purpose of later drawing up an over-all public health plan that will include the reorganization of the existing central services and the organization of services in the rural areas under a system of regionalization that will permit their proper direction and supervision. A study will be made of the advisability of establishing a model health unit in a selected area for purposes of demonstration and for the training of personnel needed in the rural public health services of the country.

To assist in these activities, the Organization proposes to provide the services of a medical officer.

Nicaragua-7, PASB Public Health Administration Fellowships (See page 162)

Provision is made for fellowships to collaborate

with the Government in training staff for the improvement and expansion of its health services.

Nicaragua-5, Nursing Education (See page 162)

In 1953 the Government of Nicaragua requested the technical collaboration of the Organization in making a survey of the nursing situation in the country. This survey was carried out by a nurse from the Zone Office and by national nurses and public health authorities. The recommendations were later implemented through an agreement between the Government of Nicaragua and the Organization to furnish technical advice to the National School of Nursing in reorganizing its basic program, as a fundamental step toward the improvement of nursing facilities in the country's health and welfare services.

The project activities were begun in March 1955 and a nursing instructor was assigned. Another was added in May of the same year and a third was assigned in 1956. Great progress was made within the School by September 1957. The curriculum was modified almost in its entirety; the subjects were improved in such a way as to include the preventive, social, and public health aspects. Particular care was given to add the nursing subjects which had not been previously included. The teaching staff was reorganized and expanded to include selected nurses, with eight supervisors, five of them trained abroad under fellowships. A nurse-director was appointed in July 1957. The teaching and practice areas were chosen with a view to ensuring better training of students in both hospitals and health centers; utilization was also made of other institutions for the development of the programs. Close collaboration was obtained with the Ministry of Public Education, which appointed a permanent representative on the study committees of the School's teaching staff. The School's premises were enlarged and offices, classrooms, a demonstration room, a small laboratory, and a library were equipped.

In September 1957, the National School of Nursing lost almost all its trained teaching staff, including the director. This personnel has not been replaced, owing to the scarcity of nurses trained for teaching. This situation created a delay in the development of the program, and great efforts are being made to prepare instructors through an intensive course given at the School, so as to ensure the program's continuation.

Provision is made for three nurse-educators, supplies and equipment, and fellowships for training nurse-instructors abroad.

Panama

Panama-2, Malaria Eradication (See page 162)

The malarious area covers a total of 68,499 square kilometers, and the population at risk is estimated at 910,000, representing 95 per cent of the total population of the country.

The plan for the eradication of malaria was prepared and approved in 1956. During the intervening period, the epidemiological and geographic surveys, numbering of all houses in the malarious area, and training of all categories of personnel were carried out. Complete coverage of all houses in the malarious area was started on 19 August 1957 and will continue for a period of four years, after which surveillance measures will be continued.

UNICEF's contribution is estimated at \$346,000, and the Government is appropriating \$2,012,300 for the total-coverage campaign.

Provision is made for a medical officer, a sanitary engineer, a sanitarian, and supplies and equipment.

Panama-1, Public Health Services (See page 164)

Since 1953 the Government of Panama, with the assistance of the Organization and UNICEF, has been conducting a broad program to organize, coordinate, improve, and develop its public health services at both the local and the central levels. The program was planned on the basis of a complete evaluation of the country's public health needs and resources, and from the beginning it was directed toward strengthening the central services of the Department of Health and improving operations in rural areas. The plan of work was supported from the start by a broad program for the training of professional, technical, and auxiliary personnel in the various branches of public health.

To better cope with the country's present problems, according to the established priorities, a plan was drawn up for the reorganization of the central services and the regionalization of local services in order to achieve a sound integration of disease prevention and health promotion services with those of medical care.

During 1957 the plan was put into action and activities in the rural areas were intensified, principally in environmental sanitation. In the Chorrera district, 78 wells have already been constructed to furnish water supplies in 16 communities, and in developing the project it is expected to construct a yearly average of 300 to 350 wells for small rural communities, over a period of about five years.

The demonstration program started in 1954 in the Chorrera district has been extended to other areas where the experience acquired in Chorrera is being applied and the local services in rural communities are being improved.

To meet the needs for assistance to the reorganization program being carried out by the Government, the Organization has intensified the advisory services in public health nursing and in public health administration.

By the end of 1957, 42 fellowships had been awarded to professional and technical health workers for studies abroad. The central public health laboratory in Panama City was reorganized and equipped and three regional laboratories are being installed according to plan.

During 1958, 1959, and 1960, the training plan for public health personnel will be continued, particularly for physicians, nurses, sanitary inspectors, and auxiliary personnel. The reorganization of the regional offices will be intensified; their technical staff will be completed and the existing health centers improved and their sphere of action extended to more remote rural areas. Special attention will be given to improving urban services in Panama City and Colón, as part of the program for the eastern region. The installations of the central public health laboratory will be expanded and the plan for improvement of the regional and rural laboratories will be continued. It is also expected that the tuberculosis control program can be intensified through a gradual expansion of existing services. The environmental sanitation program will be extended to the

three regions into which the country has been divided, in accordance with the approved plan. Assistance to the Schools of Medicine and of Nursing will continue.

The international team for 1960 will consist of a chief country adviser, a medical officer, a sanitary engineer, and three public health nurses.

Panama-8, PASB Public Health Administration
Fellowships (See page 164)

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

Intercountry Programs

AMRO-118, Malaria Technical Advisory Services (Zone III)
(See page 164)

The purpose of this project is to provide specialized advice and assistance in malaria eradication to the countries of Zone III. It was begun in 1957 with the appointment of two consultants: a medical officer and an engineer.

To continue collaboration in the organization and development of eradication programs and in carrying out the activities related to mosquito susceptibility to insecticides, provision is made in 1960 for a chief zone malaria adviser, a sanitary engineer, an entomologist, a health statistician, and an administrative methods officer.

AMRO-86, Health Statistics (Zone III) (See page 164)

Balanced program planning for health work, whether at the local, national, or international level, requires accurate basic data on health conditions and resources. To collaborate with the countries in improving the collection, analysis, and utilization of these data, the Organization has furnished the services of statistical consultants.

The functions of these statistical consultants are: (a) to give advice to countries for the improvement of vital and health statistics, with special emphasis on notifiable-disease statistics, on proper medical reporting of causes of death, on development of health statistics in accordance with recommended standards, and on use of the data in short-term and long-range public health planning; (b) to cooperate with the authorities in the organization of courses in statistics, seminars, working groups, and other training activities in statistics for public servants directly or indirectly connected with public health activities; (c) to advise on statistical phases of projects in which the Organization is collaborating and to assist in the compilation and analysis of information in the countries for use in public health program planning.

In 1957 a full-time consultant was assigned to Zone III. The experience obtained during this year emphasizes the need for continuing the services of this health statistician.

AMRO-118, Laboratory for Production of Biologicals
(Zone III) (See page 166)

Biologicals required for public health use, especially those for immunization campaigns, are produced

only on a limited scale by some laboratories of the public health departments of certain countries in Zone III. Lack of trained personnel and budgetary limitations have prevented the establishment of laboratories where the biologicals could be produced in the quantities required to meet the needs of each country. All the national health authorities have indicated interest in receiving the Organization's assistance in order to increase the availability of products for immunization at a cost compatible with their resources and in amounts proportionate to their needs. It is therefore proposed to conduct in 1959 a study of the present situation with respect to the needs and resources in this field in each of the Central American countries and Panama. The study will include data on laboratories in operation, personnel and installations available; type, quantity, and quality of products manufactured; needs of the country as regards immunizing products and type and quantity of each product needed in comparison with the size of the problem represented by each disease. On completion of the study it is expected that one of the production laboratories at present in operation in the Zone will be selected for conversion into a center for manufacturing biologicals for Central America and Panama.

It is expected that this regional laboratory will function with funds and personnel furnished by the participating countries, on the basis of joint operation.

For 1959 provision is made for the services of one consultant to conduct the study in each country of the Zone. Funds will be provided to cover travel required to complete the study and make the detailed inspection of laboratories in the Zone. A small amount is also provided for supplies and equipment.

For 1960 provision is made for the services of a consultant medical officer during the entire year, in order to furnish the necessary technical advice for the proper operation of the regional laboratory.

For the establishment of the regional laboratory, it is expected that equipment already available in the selected laboratory will be supplemented by material acquired with funds from other sources. However, provision is made in 1960 for a limited amount of supplies and equipment that may be needed in addition to that provided from these other sources.

Although it is expected that professional personnel already available in the participating countries will be recruited to meet the laboratory's needs for technical staff, provision will also be made for fellowships to give specialized training in laboratory techniques to additional personnel required.

AMRO-188, Veterinary Public Health (Zone III)
(See page 166)

The health authorities of the countries of Zone III have given increasing attention to the zoonoses, the most important of which has been rabies. During 1957 and 1958 a public health veterinarian has been assigned to give concentrated attention to that problem. The resultant development of veterinary public health activities as an integral part of the national health services gives the opportunity for collaboration with governments in other zoonotic problems and food control activities. For this reason, it is proposed to assign a consultant to serve the countries of Zone III as an adviser in veterinary public health.

The functions of this adviser will be: (a) to provide technical consultation to the countries on health problems and the development of health services in the fields of microbiology and preventive medicine, with special attention to food control and the prevention and control of the zoonoses; (b) to provide technical support and guidance to national and international personnel in the planning and implementation of veterinary public health activities integrated into the general public health program; (c) to assist in evaluating veterinary public health programs, and other programs for the effective use of veterinary public health services; (d) to assist in the selection and training of national public health veterinarians, including the organization of courses and seminars; (e) to assist educational institutions for the training of public health veterinarians and other public health personnel.

Provision is made for a public health veterinarian.

AMRO-111, Health Education (Zone III). (See page 166)

Consultant services in the field of health education have been made available to the Central American countries and Panama through the former interzone project AMRO-93. In view of the growing need for this type of international assistance in these countries, beginning in 1958 it is proposed to provide a full-time health educator to serve Zone III. In collaboration with other international personnel, this adviser will give assistance to the national health departments in determining and meeting their health education needs; he will serve also as consultant to the Organization's staff and to personnel of the national health agencies in planning and carrying out the educational aspects of their work.

Among the activities to which advice and assistance will be given are the integrated public health services and, especially, the malaria eradication programs operating in the various countries of the Zone.

Provision is made for the services of the health educator.

AMRO-54, Collaboration with INCAP (See page 166)

Under the Protocol of Tegucigalpa, the Institute of Nutrition of Central America and Panama was formed in 1949 as a cooperative enterprise supported jointly by the participating governments. The PASB has acted in the capacity of member of its Council and has been made responsible for its administration and supervision. A new basic statute was signed by the member countries in

1954, making the Institute a permanent organization.

INCAP has carried out important field and laboratory studies in nutrition, as the basis for establishing methods and techniques suitable for application by the member countries in their efforts to improve nutritional conditions among their population.

The Bureau has been giving assistance to INCAP and has made available to the Institute the services of specialists, on both a long-term and a short-term basis. Members of the staff of the Bureau have been assigned to fill the posts of Director and Assistant Director of the Institute. The Regional Nutrition Adviser is expected to serve as Director through 1959. In addition, provision is made under this project for short-term consultants, for meetings of the Technical Advisory Committee which evaluates the work done and advises on future programs, and for part of the cost of annual meetings of the Council.

Provision is made in 1960 for a medical director, a medical officer, and short-term consultants, and for contributions toward the cost of meetings of the Technical Advisory Committee and the Council.

AMRO-7, *Aedes aegypti* Eradication (Central America and Panama) (See page 168)

This project formerly included all of the international cooperation provided to malaria and *Aedes aegypti* programs in Central America and Panama. With the expansion of the antimalaria activities and the conversion from control to eradication campaigns, starting in 1958 separate projects were established in the various countries and a central unit (AMRO-118) was organized.

The *aegypti* eradication campaigns in the various countries have been in progress since 1950 with the technical cooperation of the Organization, and very appreciable results have been obtained. As a consequence, no *aegypti*-transmitted cases of yellow fever have been reported, in spite of the presence of the virus in the jungle areas. The campaigns have been completed in Nicaragua, Panama, and British Honduras, countries where eradication has already been achieved. In Costa Rica, a final check will be made in 1958 before eradication is officially certified. The campaign is in its final stages in El Salvador and Guatemala. In Honduras the eradication activities will be continued.

Provision is made for one medical officer and two sanitarians.

PART III

ZONE IV

Zone Office (See page 170)

For text see "Zone Offices," page 12.

BoliviaBolivia-4, Malaria Eradication (See page 170)

The malarious area covers approximately 842,000 square kilometers, or 77 per cent of the total area of the country. The population at risk is estimated at 1,102,000 (1957).

The plan for the eradication of malaria was prepared in 1957. Meanwhile, geographic and epidemiological reconnaissance and training of personnel continue. Complete coverage of all houses in the malarious area, using DDT in the majority of cases and in some cases dieldrin, is scheduled to begin on 1 July 1958.

UNICEF collaboration is estimated at \$523,500. ICA also is collaborating extensively with respect to both local and international costs. The Government's contribution is estimated at \$2,102,068.

Provision is made for the services of one medical officer, one sanitary engineer, and three sanitarians. Supplies and equipment and fellowships will also be provided.

Bolivia-12, Leprosy Control (See page 172)

Leprosy is an important problem in the central valley and tropical region of Bolivia.

In order to collect and bring up to date the basic information on this disease in the country, the Government, in cooperation with the Organization, will make an epidemiological survey of the characteristics of the leprosy problem, as the basis for developing a modern plan for the control of the disease.

Provision is made for a short-term consultant to collaborate in the survey and in drawing up a plan for leprosy control.

Bolivia-10, Public Health Services (See page 172)

The main purposes of this project are: to organize, within the Ministry of Public Health, a Central Office of Planning and Coordination through which the central services will be reorganized by developing a corps of full-time, adequately paid, properly trained public health career workers; to organize and develop in the pre-established rural areas, and progressively in the whole country, a system of health centers and subcenters, with particular emphasis on maternal and child health, communicable disease control, and environmental sanitation; and to organize a training program for professional and auxiliary personnel, supplemented by a program of health education of the public.

In May 1955 the Organization assigned a medical officer to the project, and shortly thereafter a sanitary engineer. The team was completed late in 1956 by the

addition of a public health nurse. This group advises the Ministry of Public Health and Hygiene and other authorities in the evaluation and solution of existing problems. The program of health centers and subcenters was implemented with the establishment of the system planned for the Tarija area, and is now operating fully under SCISP. Likewise, the organization of a system of subcenters is being completed in the Santa Cruz area, on the basis of the existing SCISP health center. During 1957 it was possible to establish the subcenters in the Oruro area and their operations are gradually being developed. UNICEF has contributed supplies and equipment.

The reorganization work was directed toward obtaining the cooperation of all agencies in the country in one way or another concerned with health at the different population levels. A National Health Council was created for the purpose of ultimately integrating these agencies into a national public health service.

That Council, composed of members of this program, is a planning and coordinating agency. During 1958 it plans to undertake a survey with the following purposes: to determine the facilities and resources available in the country for meeting the health needs of the population and for evaluating the problems; to study a system for financing the establishment of a national public health service organized on the basis of full-time specialized personnel; and to draft a sanitary code for submission to the national authorities.

Provision is made for a chief country adviser and for fellowships.

Bolivia-11, Joint Field Mission on Indigenous Populations (See page 172)

Approximately 20 per cent of the people of Bolivia are inhabitants of the Andean Region, where they are concentrated in the unproductive, difficult highlands and separated from the economic and social life of the country. There are few health and medical services available. Typhus is endemic in the area, infant and maternal mortality rates are unduly high, and standards of environmental sanitation are precarious.

This project has been designed to accelerate the natural development of the peoples of this area and to integrate them socially and economically in the national life. Several agencies (ILO, FAO, UNESCO, and the Organization) have undertaken to cooperate with the Government to stimulate this development. Since February 1955 the Organization has provided a medical officer to advise on the public health aspects of the program.

During the period 1954-57 three health centers were established in areas of high altitude: Pillapi (Department of La Paz), Plaza Verde (Department of Oruro), and Otavi (Department of Potosí). Against serious obstacles such as lack of permanent professional and auxiliary personnel, activities were developed at these centers for communicable disease control, maternal and child health, environmental sanitation, nutrition, and health education, all of them aimed at improving the basic health conditions of the population living in those localities. Subsequently these activities will be extended to neighboring communities.

As part of another phase of the rehabilitation of Bolivia's indigenous population in which the Mission is interested (namely, the resettlement of populations from high-altitude areas which are agriculturally unproductive and overpopulated to lower-altitude areas which are fertile and sparsely populated), a health center has been established at Cotoca (Department of Santa Cruz de la Sierra). This center, after overcoming the same difficulties as those mentioned above, is developing a plan of operations similar to that of the three other centers, except that the basic objectives of its public health program are directed toward the adaptation of inhabitants of the Andean Region to areas of low altitude and their protection from tropical diseases. A complete study is first made of the health status of the immigrants and they are then kept under constant health surveillance by the staff of the center. A short course for the training of auxiliary public health personnel has also been developed.

It is proposed to continue the plan of work of the health centers at Pillapi, Playa Verde, Otavi, and Cotoca; to extend the services of the first center to four neighboring communities; to expand the services of the Cotoca center to include the additional immigrant groups that are being incorporated into the new settlement; and to continue promoting the training of professional and auxiliary personnel.

Provision is made for a medical officer, who will also give advisory services to the Peru-23 project.

Bolivia-13, WHO/TA Public Health Administration Fellowships (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.

Bolivia-5, Nursing Education (See page 172)

As a result of a survey of Bolivia's requirements and resources in the nursing field, the Government and the Organization agreed on a cooperative program for improving and developing nursing education in the country through the reorganization of the National School of Nursing.

Late in 1953 the Organization appointed a nurse-educator to serve as team leader and this consultant has been working on the project since that time. It also assigned a public health nurse from 1955 to 1956, a nurse-educator from 1954 to 1957, and another nurse-educator from August 1957 to the present. Fifteen fellowships for study abroad were awarded; six of the recipients took the four-year basic nursing course in Chile, and the remainder had a year of advanced study. The Organization has also furnished teaching equipment and material.

The Government, with the collaboration of ICA, has improved the residence, increased the teaching staff, and organized and equipped certain wards for clinical practice. Since 1955 there has been a better selection of candidates for the school; at the present time all are secondary-school graduates. Instruction and supervision in the practice fields have been improved with the cooperation of physicians and other staff of the hospital.

The project was redefined in 1957 with the following additional objectives: to coordinate the efforts of all national agencies that require nurses, for the purpose of better developing the National School of Nursing; to create

a governing board composed of representatives of five institutions; to increase the number and improve the training of graduate nurses; to select a larger number of nurse-instructors for teaching in the School and in the clinical fields; to establish an independent budget subject to the approval of the governing board. This new coordination system led to other needs which will be met by reorganizing the curriculum of the National School of Nursing in order to give more emphasis to relating theory to practice. Assistance will be given to the other schools in the country in the standardization of entrance requirements, curriculum, and practice fields; courses for nursing auxiliaries will be instituted in different parts of the country, and studies for a draft law covering the operation of nursing schools and another regulating the practice of nursing in the country will be completed in cooperation with the Nursing Association.

Provision is made for two nurse-educators and for supplies and equipment.

Colombia

Colombia-5, Malaria Eradication (See page 174)

The malarious area covers a total of 1,026,433 square kilometers, or 90 per cent of the total area of the country. For the year 1957, it was estimated that the population at risk was 9,787,000, representing 74 per cent of the total population.

The plan for the eradication of malaria was drafted during 1956 and completed in 1957. Meanwhile, geographic and epidemiological reconnaissance continued. Training of all categories of personnel continued during the first half of 1958 and zone offices were established in March. Complete coverage of all houses of the malarious area, using DDT, will begin on 8 September 1958 and will continue for four years, after which the surveillance operations will be carried out. Complete evaluation operations will begin on 1 November 1958.

UNICEF collaboration is estimated at \$2,800,000. ICA also is collaborating with respect to both local and international costs. The Government's contribution is calculated at \$19,510,572 for the campaign.

Provision is made for a chief country malaria adviser, a sanitary engineer, and four sanitarians. Supplies and equipment, and fellowships will also be provided.

Colombia-17, Smallpox Eradication (See page 174)

The Government of Colombia is carrying out a national smallpox eradication campaign. The Organization has provided the services of a medical consultant to advise the national authorities in the planning and implementation of this campaign. A vaccination inspector was also provided to advise on the training of vaccinators.

The equipment for a dry smallpox vaccine production unit was furnished by UNICEF. The Organization made available to the public health authorities a supply of dry vaccine so that the campaign could commence as soon as possible with adequate supplies, until such time as the nationally produced vaccine became available. The assistance of an expert in dry vaccine production was also provided. A fellowship was awarded to the medical officer in charge of the vaccination campaign to enable

him to observe the development of a similar campaign in a neighboring country. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

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

Colombia-19, Leprosy Control (See page 174)

It is estimated that there are some 12,000 leprosy patients in Colombia, which would mean a prevalence rate of about 1 per 1,000 inhabitants for the country as a whole. However, the true extent of the problem is not known.

In 1955, the Government requested the assistance of the Organization in order to make a complete study of the leprosy problem in Colombia and plan a control program based on modern techniques and procedures.

The Organization will continue to provide the services of the medical officer, who began working on the project early in 1958.

It is expected that UNICEF will provide some supplies and equipment.

Colombia-52, Yellow Fever, Carlos Finlay Institute (See page 174)

The resolution adopted by the Directing Council at its First Meeting in Buenos Aires in 1947 entrusted the PASB with the solution of the problem of urban yellow fever in the Continent. As a result of this resolution, it was deemed advisable to have two yellow fever laboratories to serve the needs of the Hemisphere. One of these is the Carlos Finlay Institute in Bogotá, to which the Bureau has been contributing with an annual grant. The Institute has an Advisory Committee composed of the Minister of Public Health, the Director of PASB, and its own Director.

The Institute makes its facilities and services available to the other countries of the Continent, in order to assist them in the control and investigation of yellow fever. These services include the furnishing of yellow fever vaccines free of charge, performing serological tests, making pathological examinations of liver specimens, and carrying out epidemiological and ecological studies.

During 1957 the Institute prepared 2,695,092 doses of vaccine and distributed 986,247 doses among several countries in the Continent.

During 1959 and 1960 the Organization will continue to provide its financial cooperation and will give technical advice through the Washington and zone offices.

Colombia-4, Public Health Services (See page 176)

The plan of operations agreed upon in August 1956 between the Government of Colombia, WHO, and UNICEF for the development of this project established the following objectives: (a) the gradual reorganization of the Ministry of Public Health and its departmental and local services throughout the country; (b) the development of a program for training professional and auxiliary public health personnel (physicians, nurses, sanitary inspectors, nursing auxiliaries, statisticians), through special courses in the country and fellowship studies abroad; (c) the development of a pilot project of integrated public health services --

within the new administrative structure and utilizing trained personnel -- to be conducted in a representative area of the country, with emphasis on the following basic activities: maternal and child health, communicable disease control, and environmental sanitation. The experience gained in this project, which will be developed first in two departments and then extended to three others (pilot area), will serve as a demonstration and will be utilized for the gradual extension of the reorganized services to the remainder of the country.

Carrying out the commitment assumed under the agreement, the Government assigned in the budget of the Public Health Ministry the necessary allotment to cover the operation of the project during the latter half of 1956 and the year 1957; provided premises, furnishings, and equipment for both the central office (Bogotá) and the field work; furnished facilities and services for the training of personnel; appointed qualified national counterparts to work with the international consultants and assume executive responsibilities within the project; and appointed also the necessary subordinate personnel.

In accordance with its commitments, the Organization appointed to the project a team of six consultants, who have been working in Bogotá since 1956; in addition, it has awarded fellowships to physicians, sanitary inspectors, and nurses, for specialized studies abroad. UNICEF's commitment is to furnish a certain amount of supplies and equipment for personnel training and for the reorganized health centers, and to pay part of the stipends of auxiliary personnel receiving training within the country. UNICEF has already sent the equipment for training and for the health centers of the first two departments of the pilot area, and has contributed to the financing of fellowships for the training of auxiliary personnel at the Advanced School of Hygiene.

The work carried out up to the end of 1957 was as follows: the Planning and Coordination Office of the Ministry of Public Health was established and is drawing up the plan for reorganization of the Ministry and providing advisory services to the National Department of Health on various problems; the Advanced School of Hygiene in Bogotá was reorganized and during 1957 courses in public health orientation were given there for 14 nurses and 20 sanitary inspector-supervisors; and a short training course was given for 14 nursing auxiliaries in Pamplona (Norte de Santander). All of this personnel are already providing services at the 9 pilot municipalities of the departments of Norte de Santander and Boyacá, in all of which health surveys have been carried out. Installation of the UNICEF equipment in the pilot centers of these departments has also begun.

During 1959 and 1960 the plans of work will be implemented in each of the pilot municipalities of the departments of Norte de Santander and Boyacá, on the basis of the health survey results; and the training of personnel and the organization of field work will be carried out gradually in the departments of Valle, Nariño, and Cundinamarca.

The Organization will continue to provide the team of consultants composed of the chief country adviser, a medical officer, a sanitary engineer, and three public health nurses.

Colombia-21, PASB Public Health Administration Fellowships (See page 176)

Provision is made for fellowships to collaborate

with the Government in training staff for the improvement and expansion of its health services.

Colombia-22, Aedes aegypti Eradication (See page 176)

Yellow fever is endemic in the jungle areas of Colombia and periodically epidemic in many cultivated regions. *Aedes aegypti* is widely prevalent in many parts of the country. There is therefore constant risk of outbreaks of the urban type of the disease.

Aegypti eradication operations were started in 1952 in the Caribbean area, and the results obtained up to now are very satisfactory.

It is expected that, with the continuation of these activities, *A. aegypti* will have been eradicated from the country by 1960.

Provision is made for one medical officer and one sanitarian.

Ecuador

Ecuador-14, Malaria Eradication (See page 176)

The malarious area of Ecuador covers approximately 153,498 square kilometers, or 57 per cent of the total area of the country. The population at risk is estimated at 1,955,000, representing 50 per cent of the total population.

The plan for the eradication of malaria was prepared in 1955 and approved in 1956. Complete coverage of all houses in the malarious area was begun on 1 April 1957. Dieldrin is the insecticide of choice and will be applied for four years, after which surveillance measures will be adopted.

UNICEF's collaboration is estimated at \$680,000, and the Government is planning to spend \$1,658,000 for the total-coverage campaign. Owing to an increase in the actual number of houses found during the pre-operational geographic reconnaissance, over those estimated in the plan, additional imported supplies and equipment may be necessary, and the cooperation of ICA has been requested in this regard.

Provision is made for a chief country malaria adviser, a sanitary engineer, and two sanitarians. Supplies and equipment, and fellowships will also be provided.

Ecuador-11, National Institute of Health (See page 178)

Since 1952 the Organization has been collaborating with the Government of Ecuador in a project to improve the standards and expand the services of the National Institute of Health in Guayaquil.

As the national public health laboratory service for Ecuador, the Institute produces the vaccines needed in the control of communicable diseases, provides diagnostic facilities, and carries out epidemiological investigations. It is also responsible for the control of foods and drugs imported into the country.

In 1957 short-term consultants visited the Institute to propose a plan for its reorganization. On

the basis of their reports, the Zone Office drew up a plan whose basic provisions include: filling of all technical posts of the Institute on a full-time basis; granting certain rights of tenure and adequate remuneration to the staff; and readjustment of the Institute's budget to enable it to fulfill its functions, which are essentially those of a public health laboratory.

Provision is made for one bacteriologist.

Ecuador-18, Leprosy Control (See page 178)

Although the data available on the extent and prevalence of leprosy in Ecuador are incomplete, it is known that the disease is prevalent in the southern part of the country; it would seem that there are also some isolated foci in other areas.

In order to obtain more complete basic information and to prepare and execute a broad plan for the control of this disease, the Organization will collaborate with the Government by furnishing the services of a specialized consultant in 1960.

Provision is made for one medical officer and for fellowships.

Ecuador-20, Smallpox Eradication (See page 178)

In order to assist the Government of Ecuador in eradicating smallpox from the country, the Organization furnished the necessary equipment to install a dry smallpox vaccine production unit and the services of an expert in methods of producing this type of vaccine. Supplies for the vaccination campaign were also provided.

Despite the vaccine's good quality, the vaccination campaign has progressed slowly because of the lack of financial resources and adequately trained, full-time personnel.

In 1957 an agreement was signed with the Government for initiating a mass vaccination campaign in 1958, to immunize 80 per cent of the population in a period of five years. In 1957 the Organization furnished eight vehicles as well as vaccination needles.

The Government will assign the necessary funds to fulfill the objectives of the program and to employ personnel on a full-time basis.

Provision is made for one medical officer and for supplies and equipment.

Ecuador-4, Public Health Services (See page 178)

The first phase of this project, initiated in 1953 with the collaboration of the Organization and of UNICEF, had as its objective the organization of a Maternal and Child Health Division within the National Department of Health, the creation of a system of rural maternal and child health centers, and the training of professional and auxiliary personnel for those centers. The project's scope was enlarged during the second phase, undertaken in 1956, to include the following objectives: reorganization of national health services; intensification of the activities of the Maternal and Child Health Division; organization of divisions of epidemiology and sanitary engineering, and a public health nursing section; organization and development of the regional health

departments; and improvement of local public health services through basic work in the fields of maternal and child health, environmental sanitation, and communicable disease control.

The Maternal and Child Health Division has been set up and is in operation; ten health centers are also operating, although they still lack adequate equipment and trained personnel. A survey has been made of the country's health problems and resources. Projects presented to higher authorities are in the process of being either approved or implemented. These are connected with the reorganization of health services, the establishment of a technical corps of public health workers, and the creation of the epidemiology and sanitary engineering divisions.

A draft law covering the public health career will be prepared in order to provide stability of employment, particularly for full-time workers. It is anticipated that three regional health departments will be created in 1959, to be placed under the direction of specialized, full-time physicians, and in 1960 the provincial health offices are to be set up, all of them operating on a decentralized basis. The consolidation and expansion of the system of health centers will be continued; a rural health demonstration center will be operated to facilitate the training of professional and auxiliary personnel.

Provision is made for a chief country adviser, a public health veterinarian, a public health nurse, and for fellowships.

Ecuador-19, PASB Public Health Administration Fellowships (See page 178)

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

Ecuador-16, Nursing Education (See page 180)

This project is being carried out by the Government and the University of Guayaquil in collaboration with the Organization and various private institutions. Its purpose is to train professional nurses in the School of Nursing ascribed to the Medical Faculty of the University of Guayaquil.

In May 1957 the general reorganization of the School was undertaken with the following objectives: raising the entrance requirements; modifying the curriculum to include experience in pediatric, obstetric, psychiatric, and public health nursing; increasing the teaching staff; expanding the practice rooms and library; applying effective methods of theoretical-practical teaching.

Six nurses were chosen to work with the Organization's consultant during 1957. This number is to be increased to 8 in 1958 and to 10 in 1959. It is expected that 3 of these nurses will take advanced training during the present year, and that an equal number will do the same in subsequent years, until there is a qualified faculty for teaching at the university level in the following specialties: basic and technical nursing; medico-surgical nursing; obstetric, pediatric, psychiatric, and public health nursing; ward administration; supervision and administration of schools of nursing; and coordination of programs.

It is necessary to furnish the means for the development of practice areas and a residence to permit

the acceptance of out-of-town students.

Provision is made for two nurse-educators, supplies and equipment, and fellowships.

Ecuador-53, National Institute of Nutrition (See page 180)

The purposes of this project are: to develop further the Institute's scientific studies on nutrition, especially in relation to basic food analysis and biochemical and clinical investigation; to provide means for improving the training and technical quality of the staff of the Institute; and to develop the organization and operation of the Institute, coordinating its activities with the other public health activities in the country.

The Organization has cooperated with the Institute since 1950, particularly through the provision of advisory services. Under an agreement signed in 1955, the collaboration was extended for five years. The Kellogg Foundation has provided certain items of equipment. In the first phase of this project the Institute organized its activities, particularly those of the bromatological laboratory and the training of its staff. During the second phase the clinical nutrition activities were organized. A survey of 4,000 school children in various regions of the country was carried out, and a dietary survey was conducted in an indigenous population group in Riobamba. Nutrition education activities for school populations were also carried out.

Bromatological, clinical, and dietetic activities will continue to be developed; the clinical laboratory and the "field unit" will be organized; special attention will be given to the problem of endemic goiter; and the program for education of the public will be expanded.

Provision is made for one medical nutritionist and a certain amount of supplies and equipment.

Peru

Peru-5, Malaria Eradication (See page 180)

The malarious area of Peru covers 154,191 square kilometers, representing 12 per cent of the total area of the country. The population at risk is estimated at 2,878,000, or 29 per cent of the total population.

The plan for the eradication of malaria was prepared in 1956 and approved in 1957. The country has been divided into two zones, and spraying operations began in November 1957 in the western zone. During 1957 the geographic reconnaissance was carried out in the eastern zone so that spraying operations may begin there in July 1958. Both DDT and dieldrin will be used, over a period of four years, following which surveillance operations will be established.

UNICEF's collaboration is estimated at \$1,875,000. The Government has undertaken to contribute a total of \$5,706,800 for the total-coverage campaign.

Provision is made in 1959 and 1960 for a medical officer, a sanitary engineer, and four sanitarians. Supplies, equipment, and fellowships will also be provided.

Peru-54, Typhus Vaccine (See page 182)

Since 1951 the Governments of Peru and Bolivia,

with the assistance of the Organization and UNICEF, have been developing a program of typhus control in the highland regions. Under project AMRO-83, epidemiological and laboratory studies have been undertaken to bring about a better understanding of the epidemiology of the disease and to develop adequate methods of control. Among the objectives of this project were: to organize good diagnostic laboratory facilities; to determine and establish adequate and economical standards and procedures for large-scale typhus control operations; to strengthen the responsible units for typhus control within the public health departments; and to train professional and auxiliary personnel.

Periodic application of residual insecticides has been carried out in the epidemic and endemic areas, with a resultant sharp decrease in the typhus morbidity and mortality rates. With the cooperation of the Department of Epidemiology, School of Medicine, Tulane University, a careful field test of Strain E of *Rickettsia prowazekii* vaccine was started in 1954, in Ilave, Peru, and it is expected that by the end of 1958 there will be a final evaluation of the effectiveness of this vaccine.

On the assumption that the results of this evaluation are favorable, the Government of Peru wishes to begin production of vaccine. It would at the same time make the vaccine available to other countries of the Hemisphere at cost price.

To assist in this project, it is proposed to provide the services of a consultant in vaccine production, together with required laboratory equipment.

Peru-21 (WHO), Peru-25 (PASB), Public Health Administration Fellowships (See page 182)

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

Peru-22, Public Health Services (See page 182)

This project began in 1956 and is expected to continue until 1960. Its basic purpose is to provide a team of public health experts to assist the Government of Peru in establishing an Office of Planning, Evaluation, and Coordination within the Ministry of Public Health, which was recently reorganized by the national authorities. This Office will study the public health needs and resources of the country and draw up recommendations for strengthening and expanding the services. The main functions of the international consultants are: to give advisory services in the organization of administratively autonomous regional units (health areas) for the purpose of decentralizing the functions of the Ministry and strengthening the local services; and to provide technical cooperation in planning a survey of needs and resources and in conducting a study of various programs, such as those in maternal and child health, in order to draw up recommendations for improving their operation.

The nursing consultant was the only member of the international team serving on the project until the arrival of the medical officer in November of 1957, and the advisory services up to now have therefore been principally in the field of nursing. During 1957 the nursing staff at the ministry level was reorganized and strengthened through the establishment of the Public Health Nursing Section within the Department of Nursing. Assistance was given in a study of the needs in this field

and in seeking ways to cope with the enormous problem raised by the shortage of professional personnel. This activity was carried out through the Committee for Control of Nursing Schools and through plans for the training of auxiliary personnel. In addition, fellowships were provided for the specialized training of national personnel who will work on the project.

In 1958 collaboration will be given in the organization of the health areas and in the improvement of the maternal and child health program.

Provision is made for a chief country adviser, a sanitary engineer, and a public health nurse. Fellowships will also be provided to national personnel for studies abroad. It is expected that UNICEF will provide some supplies and equipment.

Peru-23, Joint Field Mission on Indigenous Populations
(See page 182)

The purpose of this project is to accelerate the natural development of the peoples of the Andean Region living in the unproductive, difficult highlands and separated from the economic and social life of the country. There are few health or medical services available and standards of environmental sanitation are precarious.

Several agencies (ILO, FAO, UNESCO, and the Organization) cooperate with the Government in the program to integrate the inhabitants of the Andean Region socially and economically in the national life. The activities of the Mission cover the fields of agriculture and livestock, rural engineering, public health, education, labor and training of manpower, and rural welfare. Since 1955 the Organization has provided the services of a medical officer to advise on the public health aspects of the program. During 1956 and 1957 two small health centers, on adequate premises, were organized in the Indian communities of Camicachi and Chucuito (Department of Puno), and centers for public health and medical care have been established in the localities of Sucano, Coto, Taraco, and Vilquechico.

The Organization will continue to cooperate in the project and, beginning in 1958, will utilize for this purpose the services of the medical officer assigned to the Mission in Bolivia (Bolivia-11).

Peru-26, Public Health Orientation Course (See page 182)

The objectives of this project are to give orientation in public health to staff members of the Ministry of Public Health of Peru. It is intended also to promote interest in public health teaching activities.

For this purpose, the Government, with the advice of the Organization, proposes to organize an intensive course for professional personnel now serving in the different services, at both the central and the local levels. This course, to be held in 1959 and repeated in 1960, will last for approximately four months.

The Organization will furnish each year the services of two consultants, each for a period of two months, one of them a specialist in public health administration and the other an expert in epidemiology and statistics.

Provision is made also for supplies, certain teaching materials, and fellowships for attendance at the course.

Intercountry Programs

AMRO-119, Malaria Technical Advisory Services (Zone IV) (See page 184)

Under this project, technical advisory services in specialized aspects of malaria eradication will be provided for the countries of Zone IV, in addition to those furnished in the individual country projects.

Provision is made for a chief zone malaria adviser, a sanitary engineer, an administrative methods officer, an entomologist, and a health statistician.

AMRO-143, Health Statistics (Zone IV) (See page 184)

Balanced program planning for health work, whether at the local, national, or international level, requires accurate basic data on health conditions and resources. One of the most effective means of contributing to the improvement of the collection, analysis, and utilization of these data is through the work of statistical consultants.

The functions of the statistical consultants are: (a) to give advice to countries for the improvement of vital and health statistics, with special emphasis on notifiable-disease statistics, on development of health statistics in accordance with recommended standards, and on use of the data in program planning; (b) to give courses in statistics and to render assistance in the selection and follow-up of fellowship students and in the development of seminars, workshops, and other training activities in statistics; and (c) to advise on statistical phases of projects and assist in the compilation and analysis of information in the countries for purposes of program planning.

The services of two consultants were furnished under former project AMRO-86 in 1955 and 1956 to serve the countries of four zones, but to meet the growing need for these services it is now proposed to assign at least one consultant for each of the six zones.

Provision is made for continuing the services of the health statistician for the countries of Zone IV.

AMRO-179, Veterinary Public Health (Zone IV) (See page 184)

Veterinary public health services in Zone IV began in 1952 with the assignment of a public health veterinarian to that Office.

The functions of this adviser on veterinary public health for the countries of Zone IV are: (a) to provide technical consultation to the countries on health problems and the development of health services in the fields of microbiology and preventive medicine, with special attention to food control and the prevention and control of the zoonoses; (b) to provide technical support and guidance to national and international personnel in the planning and implementation of veterinary public health activities integrated into the general public health program; (c) to assist in evaluating veterinary public health programs, and other programs for the effective use of veterinary public health services; (d) to assist in the selection and training of national public health veterinarians, including the organization of courses and seminars; (e) to assist educational institutions for the training of public health veterinarians and other public health personnel.

Provision is made for a public health veterinarian.

PART III

ZONE V

Zone Office (See page 186)

For text see "Zone Offices," page 12.

BrazilBrazil-24, Malaria Eradication (See page 186)

Brazil's malaria program is one of the largest and most difficult in the world. Although the Government has an extended control service, there still occur many cases annually. This represents a tremendous economic handicap for the country.

The Government is aware of the problem and proposes to convert its malaria control program into a nation-wide eradication program as rapidly as is practical. A national decree has been promulgated establishing a national malaria eradication campaign, which will be carried out by areas. This will be a special campaign under the Department of Endemic Diseases of the Ministry of Health. At the request of the Government, the program will have the collaboration of the Organization. The ICA will collaborate also and will furnish a substantial amount of supplies and equipment.

Provision is made for a chief country malaria adviser, a sanitary engineer, and a health statistician. Provision is also made for supplies and equipment, primarily antimalarial drugs.

Brazil-41, Malaria Eradication (São Paulo) (See page 188)

By special agreement with the Federal Government, the State of São Paulo will conduct its own malaria eradication program, maintaining the necessary coordination with the national project. A plan of operations has been prepared and an agreement signed between the Federal Government, the State Government, and PASB.

Training of all types of personnel is to begin July 1958; epidemiological and geographic reconnaissance, including the numbering of all the houses in the malarious area, has been started. Total coverage with insecticides will begin in September 1958 in 191 counties and will continue until 1962; surveillance operations will begin September 1958 in 244 counties. The area to be covered is 110,318 square kilometers, with a population of 9,134,423 and with some 541,413 houses to be sprayed yearly. The State Government will spend \$480,000 for the total campaign.

Provision is made for one sanitary engineer, two sanitarians, vehicles, and antimalarial drugs. The National Malaria Service will share with the State the imported supplies and equipment furnished by ICA.

Brazil-20, Yaws Eradication (See page 188)

Yaws is an important public health problem in eleven northeastern and coastal states of Brazil. It is estimated that there are about 500,000 cases in this area, representing a prevalence rate of 6 to 7 per cent of the population concerned.

In mid-1956 the Government began to convert its control program into one of eradication, in the States of Ceará, Pernambuco, and Minas Gerais. The program activities were advanced in 1957 and are entering the phase of the second sweep, to begin in 1958. However, the disease continues to show a tendency to increase in incidence in the remaining affected areas, and also to spread to other areas as a result of great internal southward migration of population.

The Government wishes to give high priority to this problem and to convert the entire program as soon as possible to one of eradication, following in general the methods successfully used in the yaws eradication program in Haiti.

Provision is made for short-term consultants.

It is expected that UNICEF will provide supplies and equipment for this project.

Brazil-8, Development and Improvement of Biologics Production (See page 188)

The Oswaldo Cruz Institute has been one of the main centers of laboratory research and vaccine production for the Government of Brazil, and has served also as a diagnostic pathology laboratory. For the purpose of producing newer and better vaccines and placing the Institute in a better position to train personnel, the Government has requested the Organization to provide a consultant to (a) assist the chiefs of the Departments of Immunology and Pathology in immunochemistry and histochemistry research; (b) conduct courses for training specialists in these subjects; and (c) assist in research for the improvement of various antigens and vaccines.

Provision is made for one immunochemist.

Brazil-21, Trachoma Control (See page 188)

Trachoma is endemic in several regions of Brazil and its incidence is increasing. There are four distinct endemic foci in the country, located in the interior of the states of Ceará, Minas Gerais, São Paulo, and Rio Grande do Sul and adjoining regions. The number of cases is estimated at 750,000 and the problem has serious economic consequences for the affected regions.

Recent technical developments in the control of the disease led the Government in 1957 to initiate a pilot demonstration project designed to develop experience and training in order to establish a basis for an economical and effective method of control in region-wide programs.

Provision is made for the services of a medical eye-specialist experienced in trachoma control, and for fellowships.

It is expected that UNICEF will provide supplies and equipment.

Brazil-30, Plague Investigation (See page 188)

Plague has for a number of years been present in

low endemicity in northeast Brazil, with recurring sporadic local outbreaks or epidemics in certain states. These have not been associated with urban foci and there has been much debate, without investigation heretofore, as to the presence or absence of sylvatic plague in Brazil.

The Government requested the Organization to provide the services of a plague expert to head a field team to investigate the presence and distribution of sylvatic plague, and this expert was provided for a year ending early in 1958.

Brazil-38, Smallpox Eradication (See page 190)

Smallpox is still an important public health problem in Brazil. It is endemic in rural areas and is reintroduced into urban populations by persons coming from these endemic foci. Because of the vast area of the country, it is impossible to immunize the population without having a large supply of dry smallpox vaccine available.

Under this project, partial equipment has already been provided for two strategically located vaccine-production laboratories serving two different regions. In 1958 it is proposed to complete the equipping of these production units and to provide complete equipment for a third one that will serve another area. Technical advice for the installation and functioning of these units will also be provided. Short-term fellowships will be awarded in 1959 to enable medical officers in charge of vaccination campaigns in different areas of the country to observe the development of similar campaigns in other countries.

This project is part of the region-wide program for which some technical advice will be available from the central unit, AMRO-60, Interzone.

Brazil-40, Verification of *Aedes aegypti* Eradication (See page 190)

The verification activities routinely carried out by the Brazilian authorities during the years 1956 and 1957 revealed no *Aedes aegypti* and in the five preceding years the species was rarely found. During 1958 the Organization made provision for personnel and vehicles as well as for a grant to the National Department of Endemic Diseases to cooperate with the Government in a special verification so that an official announcement of eradication can be made.

Brazil-42, Rabies Control (See page 190)

Rabies in Brazil, as in many other parts of the world, continues to be a serious problem for the health and agricultural authorities. The reported number of human deaths due to this disease in the Federal District and state capitals showed an increase of 78 per cent between 1952 and 1956. The figures for the city of São Paulo showed an average of 10 deaths per year from 1950 to 1954, while the interior of the state reported an average of 9 deaths annually. In the Federal District alone, during 1956 a total of 4,825 persons were bitten by animals suspected of being rabid. Of the animals subjected to laboratory examination, 639 were found to be positive. In spite of available treatment, 4 deaths were recorded during this same period.

The primary purpose of this project is to cooperate with the responsible authorities in the planning and development of an effective rabies control program within the Federal District. It is proposed that the Organization

furnish a consultant to assist in the development of a rigid dog control and vaccination program, and a short-term laboratory consultant for the improvement and expansion of diagnostic facilities and of Flury vaccine production.

Through this project it is expected to achieve the following results: establishment of a practical and efficient rabies control program within the Federal District; improved and increased production of antirabies vaccine for both human and animal use; and production of rabies antiserum. The long-range effect would be the improvement and standardization of other antirabies programs throughout Brazil by using this program as a demonstration and training area for personnel responsible for similar programs in other parts of the country.

Provision is made for a public health veterinarian, short-term consultants, fellowships, and supplies and equipment.

Brazil-51, Yellow Fever Laboratory (See page 190)

The highly specialized nature of the techniques used in the production of 17D yellow fever vaccine indicates the desirability of utilizing existing resources and the past experience of Brazil for the preparation of vaccine to be used in the control of jungle yellow fever in other countries of the Americas. Local production in each country would not be practical because of the comparatively small amount of vaccine to be produced in most countries and the duplication of laboratory equipment and technical personnel that would be required.

An agreement was signed in 1950, and periodically renewed, between the Government of Brazil and the Organization for cooperation in the continent-wide campaign against yellow fever. Under the terms of this agreement, the Oswaldo Cruz Institute would provide serological and pathological diagnostic services to other American countries and supply them with yellow fever vaccine.

This project has made it possible to use a reliable vaccine in the yellow fever campaigns of several countries of the Americas. It has also provided rapid and accurate diagnosis of a number of suspected cases occurring in countries where diagnostic facilities do not exist, and in addition has provided highly trained technicians to serve as advisers in yellow fever programs in other countries.

During 1957 approximately 6,000,000 doses of vaccine were produced; 4,000,000 more Brazilians were immunized by the National Department of Endemic Diseases, and about 800,000 doses of vaccine were supplied to other countries in the Americas. Approximately 4,000 histological examinations of human liver specimens were made during the year.

Provision is made for continuing the services of one yellow fever laboratory consultant and for furnishing certain supplies and equipment essential for the manufacture of the vaccine.

Brazil-3, Public Health Services (Northeast) (See page 190)

During the past six years, the Organization and UNICEF have been collaborating with the Government in the development of a maternal and child health program in seven states in the northeastern region of the country and two in the northcentral region. In 1955 the Government requested the assistance of the Organization and UNICEF in

expanding considerably the scope of this project to include rural sanitation, communicable disease control, and health education, so as to convert the project into an integrated health program. After several attempts to organize such a project on a large scale, it was decided in 1957 that this type of program would be started in one state in the northeast (Rio Grande do Norte) and a plan of operations was drawn up for that purpose.

The work will be coordinated at the ministerial level by the Special Public Health Service (SESP), through a multi-agency council in which the State Health Authority, the National Department of the Child, the National Department of Endemic Diseases, the National Department of Health, the Organization, and UNICEF will be represented.

It is expected that the coordination of the existing health services, both state and national, into a well-integrated health plan will not only result in a marked reduction of morbidity and mortality in the state, but also serve as a model demonstration for improving the health services of other states. The project will also be used extensively as a training area for various types of health personnel.

To give technical orientation in rural sanitation, provision is made for a sanitary engineer. Fellowships will also be provided.

Brazil-16 (WHO/TA), Brazil-28 (PASB), Public Health Administration Fellowships (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.

Brazil-18, National Food and Drug Service (See page 192)

During 1957 the Government of Brazil, with the technical collaboration of the Organization, established a National Drug Control Laboratory to control the chemical, bacteriological, and biological standards and proper labelling of drugs imported into or manufactured in the country. With the completion of the Laboratory and the initiation of an inspection service, the Government recognizes the need for a similar control of foodstuffs. With the laboratory facilities now available, the Government is in a position to develop a federal food and drug control service for the entire country. Legislation for that purpose is now pending and regulations on foodstuffs and drugs have been drafted, to be promulgated upon issuance of the legislation. The Drug Control Laboratory is large enough and will be adapted to handle food examinations. Special inspection services for foods and drugs will be set up. The National Service will provide both technical and advisory services to individual state programs. It will also serve as a training center for this type of personnel.

To meet the request for assistance in this project, provision is made for a specialist in food and drug control legislation and administration.

Brazil-19, School of Public Health (Rio de Janeiro)
(See page 192)

Facilities for public health training in Brazil are available at the School of Hygiene and Public Health of the University of São Paulo, which now has national and international status. This school cannot, however, meet all the

national training needs of a country as large as Brazil.

The National Department of Health and the National Department of the Child each operate courses in public health geared to their particular fields of interest. The Government is desirous of combining these two courses as well as other related courses into a national school for professional education in public health.

The Organization has provided a consultant to assist in the planning of the curriculum and the organization and administration of the new school.

Provision is made for a professor of public health, for short-term consultants, and for fellowships and travel grants.

Brazil-32, Training for Statisticians in Vital and Health Statistics (See page 192)

Vital statistics and reports of notifiable diseases in Brazil are at present available only from the Federal District and the state capitals. To stimulate the collection of these essential data throughout the country, the Government is planning to organize in the School of Public Health of São Paulo a training course for statisticians from all states of Brazil, and has requested collaboration from the Organization in this activity. The five-month course will offer training in vital and health statistics, with emphasis on registration procedures, tabulation and use of data, case reporting, classification of causes of death, etc. It is expected that such training will result in more complete and reliable vital and health statistics with which the various health authorities can better plan their long-range health programs.

Provision is made in 1959 for one health statistician (with teaching experience) and for a long-term fellowship for the training abroad of a national specialist in this field.

Brazil-33, Training for Laboratory Technicians (See page 192)

A number of federal and state laboratories are operated throughout Brazil and, although generally well equipped and well staffed at the top level, these laboratories are greatly lacking in well-trained laboratory technicians. This shortage inevitably affects the quantity and quality of the work that can be performed. The Government is interested in establishing an accredited course for the training of such personnel, and for this purpose has requested the assistance of the Organization. Each course would last approximately 10 months and would receive 20 students.

It is expected that within three to five years a sufficient number of general laboratory technicians will have been trained to enable existing federal and state laboratories to function more efficiently and thus double or treble the quality and quantity of their work, thereby leading to great improvement in the entire public health program.

Beginning in 1959, it is proposed to provide the services of a laboratory adviser with teaching experience. Some supplies and equipment not available in the country will also be furnished.

Brazil-35, School of Public Health (São Paulo) (See page 194)

Formerly, under project AMRO-18 (then entitled

Medical and Public Health Education), faculty members of the School of Public Health of São Paulo had the opportunity of visiting the countries from which their students came in order to adapt their teaching to the health problems and general conditions in those countries. Services of visiting professors, travel grants to professors for observation of teaching methods and curriculum planning in other institutions, and a limited amount of materials have been provided to the School.

For a number of years, the School has served not only as a training center of benefit to Brazil but also as an educational center of international character available to students of other countries. During the past two years the School, with the assistance of the Organization, has added two new disciplines, in dental and veterinary public health.

Provision is made for continuing the assistance of the Organization by providing short-term consultants, certain supplies and equipment, and travel grants for faculty members.

Brazil-36, Health Statistics (See page 194)

Balanced program planning for health work, whether at the local, national, or international level, requires accurate basic data on health conditions and resources.

The objectives of this project are: (a) to assist the Government, upon its request, by providing a statistical consultant to advise in the collection, analysis, and utilization of these data for improved long-range health planning; (b) to give advice to the Ministry of Health for the improvement of vital and health statistics, with special emphasis on notifiable-disease statistics, on development of health statistics in accordance with recommended standards, and on use of data in program planning; (c) to give courses in statistics and to render assistance in the selection and follow-up of fellowship students; and (d) to advise on statistical phases of projects and assist in the compilation and analysis of information for purposes of program planning.

Provision is made for a health statistician.

Brazil-37, Dental Health Education (See page 194)

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. To meet this need, which is not sufficiently great to require specialized courses in each country, it is planned to organize an international training center to serve the Latin American countries.

The purpose of this project is to assist the School of Public Health of the University of São Paulo in the development of a training center for dental health. Starting in 1958, the center will offer specialized courses for dentists who will fill key positions in health services or teach hygiene and public health in dental schools. From 1959 on, a short course will also be offered to give orientation in public health to dental clinicians working at local levels. The center will also assist the School of Public Health in presenting dental public health projects to students of the several health disciplines. Emphasis will be given to field training and field studies to be developed in collaboration with the national health services.

The training facilities at the center will be made available to students from Spanish-speaking and Portuguese-speaking countries, for whom several places in the courses will be reserved each year (see AMRO-72).

Although this project was started in 1958, no special funds have been allotted to it during this year. Assistance, however, is being given in the form of advisory services by a regular staff member of the Organization and one short-term fellowship for a member of the School's faculty.

Provision is made for short-term consultants. Advisory services will continue to be given by a regular staff member.

The W.K. Kellogg Foundation is providing financial assistance to the School until the end of 1960.

Brazil-39, Public Health Services (Mato Grosso) (See page 194)

In the State of Mato Grosso, which is approximately three times the size of Texas, there is need for a considerable expansion of medical and public health facilities. Recently, the upper two thirds of the state has been included in the Amazon Valley development project and plans are being made for relieving the problems in that area. However, the southern part of the state, which is potentially one of the richest agricultural areas and whose population has trebled in the last five years, still remains unattended. Malnutrition is widespread and maternal and infant mortality rates as well as morbidity and mortality rates for communicable and other diseases are notably high. A health program to combat these problems is urgently needed.

The State Government, with the technical orientation of the Organization, has developed a plan of operations for the development of an integrated health service in the six municipalities (counties) comprising this southern portion of the state. The state health authority will be the responsible operating agency, but will receive collaboration in the form of personnel, facilities, and financing from the Special Public Health Service (SESP), the National Department of the Child, the National Department of Health, and the National Department of Endemic Diseases. Technical cooperation and assistance has been requested from the Organization and UNICEF has been asked to furnish supplies and equipment. A controlling interagency council, comprising representatives of each of the afore-mentioned agencies, will be established for this program.

Beginning in 1958, public health administration consultants will be provided on a short-term basis to give over-all technical advice in the program. For planning and orientation in rural sanitation, provision is made for a sanitary engineer and for one public health nurse. Long-term and short-term fellowships will be awarded for the training of national specialists.

Brazil-43, Preventive Dentistry (See page 194)

To increase the scope of dental health programs, it is essential that private dental practitioners, many of whom are also part-time government workers, be well grounded in preventive methods, incorporating them in the routine work. In some dental schools, the teaching of preventive dentistry has not been stressed sufficiently, and as a result their graduates still practice a type of dentistry that is essentially curative in its approach.

The objective of this project is to assist selected dental schools whose teachers of hygiene have been trained in public health, in reviewing their methods of teaching preventive dentistry, integrating it within the over-all educational program. It is expected that as a result of this project, six of the thirty Brazilian dental schools will reorient their teaching of preventive dentistry and public health along lines similar to those which the Organization is promoting in the field of preventive medicine. This group of schools may then serve as a nucleus for a country-wide seminar through which the remaining dental schools could be influenced.

Beginning in 1958, the Commission for the Advanced Education of Professional Personnel (Comissão de Aperfeiçoamento de Pessoal de Nível Superior, CAPES), a Brazilian federal agency, will provide fellowships to teachers of hygiene in dental schools for studies in the School of Public Health in São Paulo. One or two fellowships will be granted each year. It is proposed that the Organization, starting in 1960, assist these fellows upon their return to the respective schools, by providing short-term consultants and a limited amount of teaching equipment and supplies. Two dental schools will be assisted each year.

Provision is made for both these requirements.

Brazil-44, Veterinary Medical Education (See page 196)

Many problems related to the zoonoses and to food control exist in Brazil, as in other regions of the Americas. Progress toward the solution of these problems will depend to a great extent upon recruiting a sufficient number of veterinarians with public health training to direct and coordinate control activities. Although the School of Hygiene and Public Health of the University of São Paulo is providing training for graduate veterinarians in public health, the teaching of the fundamentals of preventive medicine and public health within the veterinary schools of Brazil has not yet received adequate attention.

The immediate purpose of this project is the introduction and development of basic public health teaching in the schools of veterinary medicine of Brazil. The ultimate objective is the creation of a veterinary profession better oriented in the principles of preventive medicine, from which veterinary public health specialists may be recruited.

Fellowships will be provided for (a) faculty members to take the master's degree in public health and (b) for the training of teachers of microbiology, including parasitology. Advice to deans and directors of veterinary schools on the organization of teaching programs will be given by the Zone Veterinarian.

Brazil-22, Nursing Education (See page 196)

The Ministry of Health and other government agencies, in cooperation with the Brazilian Nursing Association, have been making a thorough survey of the country's needs and resources in the field of nursing. The collaboration of the Organization was requested for this purpose. The Rockefeller Foundation is financing the survey, and it is expected that the Foundation will assist in the program when the needs have been ascertained.

The survey began early in 1956 and was completed early in 1958. An analysis of the data, together with a final report and recommendations for a plan to meet the nursing needs as revealed by the survey, will be completed

in the latter half of 1958.

To assist in this project, the Organization provided the services of a nurse-educator through 1958.

Brazil-31, Rehabilitation Training Center (See page 196)

Following a study made in 1953 by consultants of the Organization and the United Nations, it was recommended that a rehabilitation training center be established in the Clinical Hospital of the University of São Paulo. When fully staffed and developed, this center would serve not only for the training of national personnel but also as an international training center for other Latin American countries.

The Government has already provided the building and equipment as well as the necessary funds for the operation and maintenance of this center.

At the request of the Government, the UN/TAA has provided consultants (an administrator and a social worker) to initiate the activities of the center. In order to complete the team of international personnel needed for the development of an effective, well-rounded training unit, the Organization and the ILO have provided specialists to help in the organization and operation of the training activities in the first years, beginning with an ILO consultant in vocational training and a consultant of the Organization in physical medicine.

Provision is made for a medical officer.

Brazil-34, Seminar on Diarrheal Diseases (See page 251)

Diarrheal diseases represent one of the most important and serious health problems in Brazil. Coordination of action by the federal, state, and local agencies in combating these diseases is highly desirable. A free exchange of views and experience among specialists in several health disciplines would contribute to a better understanding of the role that each would be expected to play in a well-balanced and effective diarrheal disease program.

For this purpose the Government has requested the assistance of the Organization in planning and conducting a seminar on diarrheal diseases, using the same multi-disciplinary approach that proved so successful at the seminar (AMRO-94) held in Santiago, Chile, in 1956. This seminar would be for Brazil only and participants from the various states and territories would be invited to attend.

The Seminar will be held in 1959 and the Organization will provide the services of short-term consultants and of its regular staff. Provision is also made for contractual services and for participants.

Brazil-45, Environmental Sanitation Training (See page 196)

The shortage of trained sanitary engineers and auxiliary environmental sanitation personnel is being felt throughout Latin America and constitutes one of the factors limiting the development of sound public health programs. In Brazil, the Organization has cooperated with the School of Public Health in São Paulo to strengthen the courses for sanitary engineers and sanitarians, and to expand facilities for the training of environmental sanitation personnel from all countries of the Americas. For this training, fellowships are awarded under AMRO-1. Assistance

to the School has included fellowships and travel grants for professors of sanitary engineering, supplies and equipment, and personnel.

Provision is made for a junior sanitary engineer and for fellowships.

Intercountry Programs

AMRO-189, Veterinary Public Health (Zone V) (See page 196)

Veterinary public health services in the Zone Office serving Brazil began early in 1957 with the assignment of a public health veterinarian to that Office.

The functions of this adviser on veterinary public

health are: (a) to provide technical consultation to the national and state health services on health problems and the development of health services in the fields of microbiology and preventive medicine, with special attention to food control and the prevention and control of the zoonoses; (b) to provide technical support and guidance to national and international personnel in the planning and implementation of veterinary public health activities integrated into the general public health program; (c) to assist in evaluating veterinary public health programs, and other programs for the effective use of veterinary public health services; (d) to assist in the selection and training of national and local public health veterinarians, including the organization of courses and seminars; (e) to assist educational institutions for the training of public health veterinarians and other public health personnel.

Provision is made for a public health veterinarian.

PART III

ZONE VI

Zone Office (See page 198)

For text see "Zone Offices," page 12.

ArgentinaArgentina-8, Malaria Eradication (See page 198)

Argentina was one of the first countries to organize an extensive nation-wide campaign for malaria control. Under this program, malaria has been eradicated from large portions of the country, but transmission is still persistent in the northern provinces. It is necessary to strengthen the eradication program in the areas which remain malarious, before vector resistance develops.

Provision is made for one medical officer to collaborate with the Government in conducting the campaign. Supplies and equipment will also be provided.

Argentina-20, BCG Vaccination (See page 198)

Despite the efforts so far made by national, provincial, and private organizations, BCG vaccination has been applied only partially in some cities and provinces, and with none of the characteristics of intensive mass vaccination campaigns.

The mass BCG vaccination program will be carried out, with the cooperation of the Organization, in two regions of the country that have not been reached by the above-mentioned efforts: (a) the Northern Zone, comprising the provinces of Corrientes, Chaco, Formosa, and Misiones, where there is a population of approximately 1,600,000; and (b) the Patagonian Zone, which includes the provinces of La Pampa, Rio Negro, Neuquén, Chubut, Santa Cruz, and Tierra del Fuego, inhabited by a population of about 600,000.

In the other areas of the country, the BCG vaccination activities already organized or under way will be continued by properly coordinated provincial and national agencies.

It is expected that UNICEF will provide some of the necessary equipment and supplies. The techniques and procedures to be used in this project will be the same as those successfully applied in numerous mass BCG vaccination campaigns assisted by the Organization and UNICEF in other countries.

Provision is made for the services of one medical officer.

Argentina-2, Smallpox Eradication (See page 200)

The Government of Argentina is interested in undertaking a smallpox eradication program and has requested the assistance of the Organization for this purpose, particularly in connection with laboratory equipment for the production of smallpox vaccine.

During 1957 considerable progress was achieved in the improvement of vaccine, the training of personnel, and the development of plans for vaccination programs in certain

provinces. It is hoped that Argentina may be able to furnish dry smallpox vaccine to other countries.

Laboratory equipment was provided by the Organization in 1958.

Argentina-11, Rabies Control (See page 200)

National health authorities have indicated that rabies control is one of the fields in which they would most like to receive international cooperation. There are at least three major foci of canine rabies in the country: (a) the provinces of Mendoza and San Juan; (b) Greater Buenos Aires; and (c) Córdoba. In each of these regions the disease reached epidemic proportions in 1955. Rabies also exists in the sylvatic bat-transmitted form in the northern part of the country, causing large losses to the livestock industry.

A short-term consultant in rabies laboratory techniques and vaccine production will be provided in 1958; advisory services in the development and operation of field control measures will be given by the public health veterinarian of the Zone Office.

Provision is made for short-term consultants.

Argentina-51, Aedes aegypti Eradication (See page 200)

The objective of this project is to eradicate Aedes aegypti from Argentina, as part of the continent-wide eradication program. The infested area extends to the north and east from Bahía Blanca in the south and Mendoza in the west. The periodic occurrence of jungle yellow fever in contiguous areas constitutes a serious danger to the aegypti-infested area. The eradication of the mosquito in Argentina is essential also for the protection of neighboring countries where this vector has already been eradicated.

Aegypti eradication activities began in 1953, and in 1954 a formal agreement for a nation-wide campaign was signed. The plan of operations provides for work to be done by the Department of Malaria and Yellow Fever Control. The field operations commenced in 1955 in the city of Corrientes, where a training center for inspectors was established, and perifocal treatment operations have spread out from that center. At the end of 1957 a total of 1,591 localities had been surveyed; of 102 positive for aegypti, 72 had become negative, and in 18 the final capture was negative. The first stage of the activities--survey and application of DDT--is farther advanced in Sector II. It is expected to cover Sectors III and IV in 1958.

The plan of operations provides that 500 men employed by the Government eventually will be working in six sectors, one of which is the city of Buenos Aires.

Provision is made for one medical officer and two sanitarians.

Argentina-4, National Institute of Microbiology (See page 200)

The National Institute of Microbiology (formerly

the Malbrán Institute) produces many of the biological and chemical products used in the diagnosis and treatment of diseases of public health importance and serves as a center for medical and epidemiological research.

The Organization is cooperating with the Government of Argentina in increasing the efficiency and improving the scientific standards of the Institute. In 1956 a short-term consultant made a preliminary survey and presented a plan for the reorganization of the Institute.

Provision is made for three specialists to collaborate with the Institute in developing certain activities, particularly in pharmacology, bacteriology, and virology. Provision is also made for fellowships for the training of specialists in various aspects of public health laboratory work, and for some equipment and material difficult to obtain locally.

Argentina-6 (WHO), Argentina-13 (PASB), Public Health Administration Fellowships (See page 200)

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

Argentina-7, Public Health Services (See page 200)

This long-term project was begun in 1957 for the purpose of organizing and developing integrated public health services in the Chaco Province, to serve as a demonstration for other areas of the country. The plan will include the various levels of the provincial health administration and will give attention to the study and solution of health problems not only in urban areas but also particularly in rural zones. The preventive aspects of the program, which will be carried out through a system of health centers and subcenters, will include the basic activities of maternal and child health, communicable disease control, environmental sanitation, and among other activities, those in nutrition, health education, public health laboratory services, and statistics. Training courses will be given for nursing and environmental sanitation personnel who will serve on the project. The medical-care phase of the program will consist of activities to strengthen hospital administration and coordinate it with the preventive services.

It is expected that this project will provide valuable experience and promote the development of methods suited to the cultural characteristics of the population, thereby facilitating the establishment of similar services in other parts of the country. The training facilities will serve to prepare personnel for other areas.

During 1957 progress was achieved in the preparation of a detailed plan of operations; the formulation of an adequate budget; the selection and recruitment of qualified professional public health personnel; coordination at the national and provincial levels; the decentralization of services and activities; and training within the country and abroad. One medical officer, one sanitary engineer, and one public health nurse from the Organization initiated their activities in 1957.

In 1958, 1959, and 1960 the successive stages fixed for the development of the program will continue to be carried out.

Provision is made for a medical officer, a health

educator, a sanitary engineer, a public health nurse, and fellowships.

UNICFF has furnished supplies and equipment.

Argentina-12, Survey of Health Services (See page 202)

In 1956 the Government of Argentina requested special advisory services of the Organization in connection with a survey to determine the bases for reorganizing the public health services. The objectives of the survey were: (a) to analyze the health problems of the country; (b) to evaluate the available resources and the manner in which they are at present being applied; and (c) to formulate concrete recommendations for improving the public health services at the national, provincial, and municipal levels, within the framework of a long-range public health plan compatible with the political, social, and economic conditions of the country and with universally accepted standards of public health administration.

The Organization has collaborated in this important undertaking to the fullest possible extent, through its regular staff and by providing special consultants. It has obtained the services of a group of experts to serve as international advisers making up a committee of consultants. This group met in Buenos Aires in April 1956 to consult with national authorities and exchange views on the nature and scope of the survey, on basic aspects of governmental policy applicable to public health, and on a general plan of work for the survey. The collection of data was carried out by a coordinating office established by the Ministry of Welfare and Public Health, which worked with the cooperation of the international staff. When the survey data had been compiled, the committee of consultants met again to undertake a critical study of the information collected, the direct appraisal of problems and resources, and the preparation of a final report and recommendations. The final report was submitted to the Government in 1957.

In 1958 the Organization provided the services of a hospital administrator who collaborated in the Ministry's medical-care program. It is expected that the Organization, through its regular staff, will continue collaborating in future years.

Argentina-17, School of Public Health (See page 202)

The preparation of technical personnel in the different fields of public health is a prime need in Argentina. The shortage of trained personnel has perhaps been one of the most serious obstacles to the development of plans for medical and public health services at the local, provincial, and national levels.

The objectives of the Ministry of Public Health and Welfare are: (a) to institute a public health career service; (b) to organize specialized courses and training centers for the different categories of public health personnel required; and (c) to incorporate public health principles into the basic education of physicians, sanitary engineers, veterinarians, nurses, teachers, and other professionals connected with health.

The Litoral National University, under the auspices of the Ministry of Welfare and Public Health, has requested the advice and cooperation of the Organization in planning and organizing the Advanced School of Health, as a dependency of the School of Hygiene and Preventive Medicine. A similar request has been made by the University of Buenos Aires. The Organization will appoint a consultant in 1958

to collaborate with the national authorities in organizing a center for the training and specialization of public health personnel. The points to be studied will include the organization and type of health services in the country, the categories of personnel that should be trained, the quality and quantity of existing resources for training, and the recommendations necessary to fulfill the main objective.

Provision is made for a professor of public health, short-term consultants, and fellowships for the teaching staff of the School.

Argentina-24, Planning and Organization of Hospital Services (See page 202)

The Government of Argentina is interested in improving the hospital services in order to meet the country's requirements. Preliminary studies on the subject have been made by national and international personnel, who have presented some recommendations to the responsible authorities.

The Ministry of Welfare and Public Health has requested the Organization to furnish the services of a hospital administrator to study these recommendations and to furnish technical assistance in the planning of a modern hospital system in the country.

Provision is made for a hospital administrator and for fellowships.

Argentina-3, Nursing Education (Córdoba and El Chaco) (See page 202)

Over the past ten years nursing education has progressed slowly in Argentina, while in the same period the increase in hospitals and other health services in the country has created the need for a large number of nursing personnel. The formation of a corps of nurses to assume teaching, supervisory, and administrative positions in order to begin the over-all improvement of hospital nursing services and to initiate work in public health nursing has therefore become an urgent problem. An estimate made in 1953 showed the need for preparing at least 7,000 professional nurses for the pressing requirements at that time.

It is planned to extend aid to several schools in various regions of the country (see also Argentina-23). The universities of Córdoba, Resistencia (Chaco), Buenos Aires, and the Litoral, as well as several others, have requested assistance in organizing new schools or strengthening existing schools of nursing. The project was started in February 1957 in Córdoba and in November 1957 in Chaco. It is foreseen that each of these projects will continue for approximately five years in order to prepare national nurses to take over responsibility for direction of the schools and for instruction.

Provision is made for the services of four nurse-educators.

Argentina-23, Nursing Education (Rosario) (See page 204)

The background information, fundamental objectives, and plan of action for this project are similar to those detailed under Argentina-3, Nursing Education (Córdoba and Chaco).

Since 1953 the Litoral National University has been

requesting the collaboration of the Organization in strengthening the School of Nursing annexed to its School of Medicine in Rosario. During 1957, the University authorities took concrete steps to improve the School, including the award of fellowships to graduate nurses for preparation as instructors in the School; establishment of a nursing department in the Centenario Hospital, the center of clinical teaching for nursing students; and provision of budgetary funds and adequate facilities for the School.

Provision is made for two nurse-educators, teaching materials and supplies, and fellowships for the preparation of a corps of instructors and of supervisors in the health services used by the School for the clinical experience of its students.

Argentina-25, Training of Professional and Auxiliary Nursing Personnel (See page 204)

The need for competent nurses trained in administration, teaching, and supervision of nursing services and for a sufficient number of trained auxiliary nursing personnel is a major concern of the authorities interested in improving the country's medical services.

The majority of medical institutions, outpatient clinics, and other services operate with lay auxiliary staff who are limited in number and work without proper supervision and organization. Such staff are called upon to assume responsibilities normally assigned to professional nurses. There are no organized nursing services at the local, state, or national level. The basic preparation of nurses is still deficient and cannot be supplemented owing to the lack of courses for training nurses to assume key functions in the nursing services of hospitals and health programs. Training courses for auxiliary nursing personnel were recently initiated in Córdoba and Chaco but they are not yet staffed with nurse-instructors qualified for this type of teaching.

The recently established Technical Assistance Department of the Ministry of Welfare and Public Health has appointed a committee to implement a plan for improving medical services throughout the country. This called attention to the pressing need for preparing graduate nurses and training auxiliary nursing personnel to give impetus to those services.

The objectives of this project are: (a) to organize the nursing department of the Bernardino Rivadavia Hospital; (b) to prepare specialized nurses in administration and supervision of nursing services; (c) to train nurse-instructors to teach nursing auxiliaries; (d) to develop courses for nursing auxiliaries; (e) to establish training centers in the provinces for professional and auxiliary nursing personnel.

The Bernardino Rivadavia Hospital in Buenos Aires will be reorganized for the purpose of turning it into a training center for nursing personnel. The series of courses for nurses and auxiliary nursing personnel will begin as soon as the nursing department is in regular operation. Subsequently, the same process will be followed in the provinces that are interested in implementing similar programs. Efforts will be made also to cooperate with the schools of nursing in order to help them strengthen their programs and prepare nursing students in these fields.

This program will be undertaken by the Nursing Section of the Medical Care Department, Ministry of Welfare and Public Health, in coordination with hospital authorities of the capital and the provinces. The necessary budgetary

appropriations and other resources will be provided for the execution of the program. Its extension to the provinces will be undertaken in coordination with the nursing departments of the provincial ministries of welfare and public health.

Provision is made for one nurse-educator and for fellowships.

Argentina-26, National Institute of Rehabilitation
(See page 204)

In 1956 the Government created the National Committee for Rehabilitation of the Handicapped under the Ministry of Welfare and Public Health. Its prime objective is to approach on a national basis the problem of the physical, emotional, and socio-economic rehabilitation of persons whose ability to work has been impaired as a result of congenital or acquired afflictions. The Committee has an annual budget of 30,000,000 pesos, equipment and installations, and other resources for organizing and developing a methodical plan.

The task of implementing a plan of such scope has made evident the need for a corps of professional and technical auxiliary personnel qualified to handle the various phases of the program. The National Rehabilitation Institute, in charge of the program's development, has encountered a serious obstacle in the shortage of personnel.

The collaboration of the Organization has been requested in a project designed to (a) build up a corps of professional and technical personnel specialized in rehabilitation and in the teaching of that subject; and (b) to develop training programs to prepare specialized staff in rehabilitation.

As soon as teaching staff is available for the various fields of rehabilitation, it is planned to establish a Technical Rehabilitation School for the purpose of meeting the country's needs in this speciality. With the technical advice of consultants, intensive courses will be organized for medical and technical-auxiliary personnel, with preference given to the needs of the provincial services. The census of the physically handicapped will be completed and a study will be made of facilities and resources available for coordinating the services. At the same time, the administrative and technical structure of the National Committee will be improved to further the development of the general plan, and studies will be made of measures required for the prevention of accidents by furnishing technical advice and establishing control in industrial work areas and revising existing legislation.

The Organization will collaborate principally in the first phase of the project, by furnishing, with the assistance of the Elizabeth Kenny Foundation, consultants specialized in rehabilitation, occupational therapy, and prosthetic devices.

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

Argentina-27, Training of Personnel for Mental Health Programs (See page 204)

There are 15 psychiatric hospitals in Argentina, with approximately 20,000 patients. The Government has recently created the National Institute of Mental Health to deal with all phases of the mental health problem on a national scale; it will have the following objectives: to assist in the prevention of mental disease; to give total patient care,

including social recuperation and rehabilitation; to promote research; to give technical assistance to and coordinate activities of all national, provincial, municipal, and private agencies; and to prepare the necessary personnel.

It is proposed to set up a pilot training center for the preparation of: (a) senior staff able to plan, administer, and supervise mental health programs; (b) teaching personnel for the training of physicians for the medical care of patients; (c) public health nurses with specialization in mental health; (d) physicians and nurses for rehabilitation programs; and (e) other professional and auxiliary personnel as needed.

Provision is made for a nurse-educator specialized in mental health, for a short-term consultant in occupational therapy, and for fellowships.

Argentina-15, Nutrition (See page 206)

The Government of Argentina has requested the collaboration of the Organization in organizing and conducting a national survey of nutrition conditions in the country. This survey will be broad in scope and will include clinical and laboratory investigations.

Also contemplated under this project are the planning and development of health education activities in the nutrition field, the training of nutrition specialists and auxiliary personnel, and the planning and organization of nutrition programs.

In 1957 the Organization awarded a fellowship to the director of the national program. In 1958 it will provide the services of a short-term consultant to assist in the survey.

Provision is made for fellowships and for short-term consultants to aid in planning the Clinical Nutrition School and in activities in the clinical, laboratory, and statistical analysis fields.

Argentina-18, Medical Education (See page 206)

With the reorganization of medical education in Argentina, beginning in 1956, the Government requested the Organization's assistance in various aspects of the program, particularly in connection with the teaching of preventive medicine. Strengthening of the teaching staffs through special training locally and abroad, reorganization of the curriculum, modernization of teaching methods, and increase in teaching equipment and supplies will receive special attention.

This project is part of the general program for the strengthening of medical education in Latin America (a program that includes AMRO-18 and the various other projects mentioned therein).

Provision is made for short-term consultants and fellowships.

Chile

Chile-18 (WHO/TA), Chile-25 (WHO), Chile-26 (PASB), Public Health Administration Fellowships (See page 206)

Provision is made for fellowships to collaborate

with the Government in training staff for the improvement and expansion of its health services.

Chile-19, Food and Drug Control (See page 206)

The National Health Service is responsible for administering the various regulations concerning food and drug control. In accordance with these regulations, the Service must approve all importation, manufacture, and distribution of therapeutic substances, pharmaceutical specialties, biological and chemical products, and food-stuffs.

In order to improve the standards of this work, the Government has requested the assistance of the Organization. For the execution of this plan, the National Health Service has laboratories, physicians, veterinarians, pharmaceutical chemists, and administrative and auxiliary personnel now engaged in the specific work of analysis. The Service will also contribute all the equipment obtainable in the country. The Organization has been requested to provide consultants in food and drug control who will make recommendations as to the type and extent of the services required and will also guide and train national personnel.

Provision is made for short-term consultants, a limited amount of supplies and equipment, and some fellowships.

Chile-27, Public Health Services (Ovalle, Copiapó)
(See page 206)

The objective of this project is to extend and develop an integrated urban and rural public health program in the northern part of Chile, in the provinces of Ovalle and Copiapó. The program will include the improvement of maternal and child health services; environmental sanitation, particularly potable water supply and sewage disposal; control of communicable diseases; and improvement of general medical-care services. The plan calls for training courses for nursing and midwifery auxiliaries, a health education program, and public health laboratories.

An important aspect of the project is the intensive occupational health program that is being planned to improve health conditions among workers. Mining is the chief basis of the economy of the provinces of Ovalle and Copiapó, and the construction of mineral-processing plants has led to the opening of a large number of medium-sized mines, with the consequent increase in the number of workers and their families. It is desired to eliminate unsafe conditions, from the viewpoint of both accidents and occupational diseases, especially pneumoconiosis. Epidemiological surveys indicate that the prevalence of silicosis is very high.

The Organization has been requested to provide short-term consultants in industrial hygiene. It is expected that UNICEF will provide supplies and equipment for the maternal and child health and environmental sanitation activities. The project will begin in 1958 with the development of rural health services, training of personnel, and expansion and improvement of existing health services.

Provision is made for short-term consultants.

Chile-31, School of Public Health (See page 208)

The objective of this project is to strengthen teaching in the School of Public Health of the University of Chile and to expand the facilities for education of an

international character for students from other countries of the Americas. Under project AMRO-16 several faculty members of the School have had the opportunity of visiting the countries from which their students come in order to adjust their teaching to the health organization and general conditions in those countries. The School has been furnished the services of visiting professors (biostatistics), travel grants to professors for observation of teaching methods and curriculum planning in other institutions, and a limited amount of materials.

Provision is made for short-term consultants, supplies and equipment, and fellowships.

Chile-20, Midwifery Education (See page 208)

The Government of Chile has requested the collaboration of the Organization in establishing a center in Concepción for midwifery training. In the past few years, a short theoretical course in nursing has been added to the three-year program in midwifery given at the University, but there is need for including more public health training in this program.

This project began in 1956 and is expected to last until 1960. The objectives include the appraisal of present needs in maternal and child health, as a basis for improving the existing situation and preparing a teaching program for midwifery personnel at all levels. Specifically, this would entail the revision, extension, and planning of teaching programs in midwifery and child care in different parts of the country, the organization of refresher, in-service, and supplementary courses for graduate midwives, and the planning of short courses for auxiliary personnel engaged in obstetrical work.

During 1957 the international consultant assigned to the project continued to advise on the preparation of basic educational programs, the training of instructors, and the appraisal of current practice and formulation of standards in maternal and infant care. The plans for 1958 included the revision of basic educational programs in midwifery, the organization of courses for midwifery instructors and supervisors, and the selection and equipping of demonstration and practice areas. During 1959 cooperation will be given in the supervision and training of lay midwives, the opening of new schools, and the review of activities with instructors and supervisors in schools and in the field. In 1960 it is planned to make an evaluation of the results, as a basis for planning future educational programs.

In 1957 the Organization granted two fellowships to midwives for training in midwifery administration and teaching.

Provision is made for one nurse-midwife and for fellowships.

Chile-29, Advanced Nursing Education (See page 208)

The objectives of this project are: (a) to train nurses both from Chile and from other parts of Latin America in the analysis of nursing problems and, through concrete educational experiences, in the planning, development, and evaluation of programs of nursing instruction and supervision, in cooperation with other members of the health team; and (b) to improve the quality of nursing services in selected institutions in the specialties of pediatrics, clinical medicine, communicable diseases, surgery, and public health, through the combined effort of

staff of the nursing services.

During the first two years (1955-56) the project was devoted to the training of supervisors and instructors in communicable-disease nursing. In the third year (1957) no courses were organized in clinical nursing but the students acquired experience in supervision or teaching in the fields of medical, pediatric, communicable-disease or public health nursing. The training facilities in Santiago are also made available to nurses from other countries, for whom 10 places are reserved each year (see AMRO-28).

In 1957 a nurse-educator was assigned to the project to assist in the development of fields of clinical experience for students and in the integration of theory and practice.

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

Chile-21, Rehabilitation Center (See page 208)

Approximately 5,500 accidents resulting in partial or total disability of the victim occur each year in Chile. Available statistics show that 2,000 of these disability cases result from industrial accidents and occupational diseases. Traffic accidents, which in themselves represent the seventh major cause of death in the country, are not included in these figures. A great majority of the disability cases occur in the age-group 18 to 35 years and represent a high loss in terms of man/days of labor each year.

The National Health Service has technical and material resources to cope with certain aspects of the problem, but these are not properly coordinated. The organization of a model rehabilitation center in Santiago would make possible the coordination and full use of the dispersed services now in operation, as well as the extension of their activities. The center would provide services in all phases of rehabilitation and would be used to train technical and auxiliary personnel for service throughout the country.

The Organization has been requested to collaborate in the first phase of the program by providing a rehabilitation expert to make a study of the problem in Chile, evaluating present resources and making the pertinent recommendations. In the second phase, the program would be implemented on the basis of the consultant's recommendations.

Provision is made for short-term consultants, fellowships, travel grants, and supplies and equipment.

Chile-22, Institute of Occupational Health (See page 210)

The Government of Chile has requested the collaboration of the Organization in establishing an institute of occupational health to provide services and training facilities needed in Chile. These services and facilities would be available for international use. The institute would utilize the facilities of the School of Public Health and of the National Health Service. Its objectives will be: (a) to give service and advice to the Government and to private industry in the field of occupational health; (b) to contribute to the training of personnel (physicians, engineers, nurses, and others) for occupational health work; (c) to conduct research in occupational health problems; and (d) to promote occupational health work through conferences, national and international meetings, seminars, and other appropriate means.

Provision is made for short-term consultants, fellowships, and supplies and equipment.

Chile-33, Environmental Sanitation Training (See page 210)

The shortage of trained sanitary engineers and auxiliary environmental sanitation personnel is being felt throughout Latin America and constitutes one of the factors limiting the development of sound public health programs. In Chile, the Organization has cooperated with the School of Public Health in Santiago to strengthen the course for sanitary engineers and sanitarians and to expand facilities for the training of environmental sanitation personnel from all countries of the Americas. For this training, fellowships are awarded under AMRO-1. Assistance to the School has included fellowships and travel grants for professors of sanitary engineering, supplies and equipment, and personnel.

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

Paraguay

Paraguay-1, Malaria Eradication (See page 210)

The plan for the eradication of malaria was prepared in 1956, following an extensive survey during 1955. Spraying operations began in November 1957 and will continue for a period of four years. Surveillance operations will continue thereafter.

UNICEF's contribution is estimated at \$397,000, and the Government is planning to spend \$1,385,500 for the total-coverage campaign.

Provision is made for a malariologist, a sanitary engineer, and a sanitarian. Supplies and equipment and fellowships will also be provided.

Paraguay-9, Leprosy Control (See page 212)

Since 1954 the Organization has provided consultant services to collaborate with the Government in developing a plan for the control of leprosy in the country. A survey was begun late in 1955 and intensified in 1956, reaching a total of 150,000 persons. The results served as the basis for the plan for leprosy control that is now in operation.

The objective of the project is to reduce the incidence of leprosy to a minimum, using the method of outpatient treatment with the sulfone drugs and discarding the classical measures of compulsory isolation. The plans include a survey to be undertaken with a threefold purpose: detection of new cases, immediate application of outpatient treatment, and surveillance of contacts. These activities of the intensive phase of the campaign will be strengthened through the gradual establishment of permanent services for treatment and control of known or detected foci, in dispensaries, health centers, or hospitals.

Community reaction to this project has been extremely favorable and there have been districts where there was response from 99 per cent of the population during the survey activities.

Work will be intensified during 1959 and 1960 and it is expected that the project operations will have been consolidated at the end of that period. UNICEF is

furnishing supplies and equipment in support of this project.

Provision is made for one leprologist.

Paraguay-10, Public Health Services (See page 212)

The basic purpose of this project is to provide the largest number of inhabitants with complete public health services through: (a) improvement of existing services and the reorganization and establishment of regional, departmental, and local services adequate in amount and quality to cover completely and systematically the basic needs of the country, in accordance with the Five-Year-Plan drawn up with the advice of the Organization in 1957 and put into operation in 1958; (b) continuation and modernization of the work in epidemiology and control of communicable diseases, particularly smallpox, tetanus, rabies, leishmaniasis, leprosy, and malaria (the two latter to be covered by specific cooperative projects); (c) improvement of the central public health laboratory; and (d) strengthening of the central services and formulation of a National Sanitary Code and related regulations.

The Organization has collaborated with the Government since 1950 to strengthen public health services, first with respect to the study, control, and solution of the more urgent health problems, such as maternal and child health, tuberculosis, venereal diseases, and hookworm disease, and later in the consolidation of these activities and their integration in a general health program. For purposes of demonstration some of these programs were concentrated in a limited geographic area, and they are now being extended throughout the country. The Organization's collaboration has been directed toward: (a) promotion of basic public health activities; (b) development of demonstration and training programs, especially in the rural areas; (c) promotion of the public health career service through the provision of facilities and stimulus for the training of personnel; and (d) consolidation of the system of full-time work, with selection on a merit basis, adequate remuneration, and guarantees of tenure.

The influence of these activities on the development and strengthening of the national health organization is evident. The public health budget in 1957 was six times that of 1952. The majority of senior technical posts are filled by trained personnel. In 1957 the full-time employment system was established and a considerable proportion of the professional staff are already covered by it. The activities of the local health services in 1957 were from 10 to 60 times greater than in 1952. The number of trained professional and technical personnel has increased considerably; a regular nine-month course for auxiliary sanitation personnel and a similar course for health education workers have been established. Finally, the Five-Year-Plan (Plan for the Development of Health Care Services of the Ministry of Public Health and for the Regionalization of Health Services in the Republic) was officially drawn up and adopted, beginning 1 January 1958.

UNICEF is providing a certain amount of supplies and equipment and has recently made an additional contribution to the Five-Year-Plan.

Priority will continue to be given to the following: training activities; over-all development of basic health services, with an expansion of maternal and child health services as related to nutrition, school hygiene, and dental hygiene; control of communicable diseases, including smallpox, tetanus, infant diarrheas, and certain zoonoses such as rabies; environmental sanitation services; and vital statistics, through the improvement of local registration

systems. Direct technical advisory services will be increased at the central level, especially for the development of the various phases of the Five-Year-Plan. Maximum use will be made of the present and potential resources of the country and plans for their proper coordination will continue to be developed.

The Government will continue to furnish the necessary budget appropriations to cover the general and personnel services required to carry on this long-term program once the Organization's cooperation has terminated.

Provision is made for a chief country adviser, an epidemiologist, a sanitary engineer, a public health nurse, and a bacteriologist. This collaboration will be adapted to the development of the planned program and the progress made.

Paraguay-13, PASB Public Health Administration Fellowships (See page 212)

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

Paraguay-16, Administrative Methods and Practices in Public Health (See page 212)

The Organization has collaborated with the Government of Paraguay since 1950 to strengthen its public health services, first with respect to the study and control of the more urgent health problems, and later in the consolidation of these control services and their integration in a general health program. Some of these activities were developed for demonstration purposes in a limited geographic area. Since 1955 technical assistance has been extended to the entire country.

Collaboration has been limited to the technical aspect and has contributed actively to the development and strengthening of the national health organization. Similar advisory services need to be furnished with respect to administrative aspects. The Government has requested the Organization's collaboration in providing advisory services in administrative methods and practices, in conformity with Resolution XXXIV of the X Meeting of the PASO Directing Council.

Provision is made for one administrative methods officer.

Uruguay

Uruguay-9, Chagas' Disease (See page 214)

Epidemiological studies carried out in the Departments of Rivera, Artigas, and Paysandú have shown the importance that Chagas' disease has assumed in Uruguay. It is endemic in more than half the national territory; approximately 500,000 persons are exposed to the disease and it is estimated that, of this number, about 50,000 are already infected.

Campaigns already carried out in other countries have indicated that it is possible to control effectively the spread of this disease through the application of certain residual insecticides. The Government of Uruguay is interested in this program, which could make use of the experience, personnel, and equipment already available

for other programs against insect-borne diseases.

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

Uruguay-12, Smallpox Eradication (See page 214)

Uruguay has carried out a smallpox vaccination campaign in the departments bordering with Brazil and is planning to extend this campaign as soon as possible to the remainder of the country. The Government has requested the assistance of the Organization in developing these activities. To meet this request, some laboratory equipment for the vaccination campaign was furnished during 1958.

Uruguay-5, Public Health Services (See page 214)

Rural health care, training of public health personnel, and coordination of the activities of the various national health agencies are among the principal concerns of the health authorities of Uruguay.

The objective of this project is to improve the health of the population in the interior of the country, bringing preventive and curative services to the largest possible number of persons, by (a) strengthening the present public health services and expanding their action in the promotion, protection, and restoration of health through new centers and subcenters; (b) coordinating, under the direction of the Ministry of Public Health, these services with those of other institutions operating in the field of public health; (c) training all levels of personnel required for the development of local programs; and (d) providing health education to achieve properly organized and informed community participation.

The departments of Rivera, Artigas, Salto, Tacuarembó, and Durazno have been selected for the operation of this project; in each of them there will be developed, as a minimum, activities related to maternal and child care, communicable disease control, and the improvement of environmental sanitation through the provision of pure water supplies and sanitary latrines to communities.

The project was initiated in 1956 with the assignment by the Government of a full-time director and a chief nurse. The necessary funds were obtained from the Legislature through the Budget Law for 1957-60. The Central Council of the Family Allowance Fund approved the coordination of activities with the Ministry of Public Health and will provide important financial contributions. Several other agencies, such as the National Public Health Works Agency, the Geology Institute of Uruguay, the Departmental Councils, and the Children's Council, have also agreed to collaborate in the program.

The local operations were started in the Department of Rivera with a campaign of smallpox vaccination covering 90 per cent of the population. The maternal and child health program in that Department was preceded by a six-month course given in the local hospital for 16 nursing auxiliaries. By the end of 1957 the Center had 1,500 families under its control. The maternal and child health program at the rural health center of Minas de Corrales, covering a population of 10,000, was also expanded.

In addition to the courses for nursing auxiliaries and the training of vaccinators, numerous fellowships have been awarded to physicians, nurses, engineers, veterinarians, statisticians, and health inspectors.

Special attention will be given to the strengthening of hospital administration. It is planned to conduct a survey of the present situation, with the collaboration of an international consultant, in order to draw up recommendations for the solution of the most pressing problems at both the national and the local levels.

Once the model health services have been established in the selected areas, they will be extended to the rest of the country. The project is expected to last for a period of five years.

The project is being executed with the aid of supplies and equipment provided by UNICEF.

Provision is made for a chief country adviser, a sanitary engineer, and a public health nurse.

Uruguay-8 (WHO), Uruguay-10 (PASS), Public Health Administration Fellowships (See page 214)

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

Uruguay-15, Waterworks Operators School (See page 214)

Adequate water supply is a factor of the utmost importance in eliminating diseases that predominate in extensive areas.

Uruguay has 201 water supply systems, 24 filter plants, 24 sewage systems, and 17 purification plants. The personnel operating these plants have not received adequate training. The agency directly responsible, the State Sanitation Works, is interested in organizing a school for this personnel, to be operated in connection with the School of Engineering and the Ministry of Public Health.

The purpose of this project is to train waterworks operators in methods and practices for improving the operation of existing installations, improving the quality of water, and maintaining installations and equipment.

The School of Engineering of the University will organize a permanent school for operators of waterworks and sewage treatment plants.

The Organization will furnish the services of a consultant specialized in plant design and operation, to give technical advice in the organization of the course, visit the students at their respective plants, and prepare some teaching material. In addition, provision is made for the equipment required to complete the present chemistry laboratory of the School of Engineering, preparing it to carry out accurate bacteriological and chemical analyses and to give instruction in this subject.

Uruguay-13, Training of Public Health Personnel (See page 214)

The greatest problem in the development of health programs in Uruguay is the shortage of professional, technical, and auxiliary personnel. The Ministry of Health supports a School of Hygiene and Social Service in which two separate schools prepare professional nurses and social workers. A government decree stipulates that all technical and auxiliary personnel employed by the Ministry of Health should be prepared by the above School.

It is proposed to strengthen the School and to

broaden its programs by (a) revising the nursing curriculum in accordance with the needs of the country; (b) developing short courses in supervision and administration in nursing; (c) establishing a permanent course for instructors of auxiliary nursing personnel; (d) training auxiliaries for hospital and public health nursing services; (e) developing courses for sanitary inspectors; (f) improving the fields of clinical practice used by its students. An additional long-term objective for the future would be to set up refresher courses for professional and technical personnel of the Ministry in accordance with the needs of the service.

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

Uruguay-16, Chronic Diseases (See page 216)

It is estimated that 75 per cent of the country's population lives in urban areas, a fact that gives greater access to the medical centers. One quarter of the population is under 15 years of age and 50 per cent are in the most active age group of 15 to 50 years. General mortality is low and the average life expectancy, by age, is as follows: under 1 year, 64; 20 years, 50; 40 years, 32; and 60 years, 17.

The three main causes of death in 1955, out of a total of some 20,000, were as follows: circulatory diseases, 4,398; cancer, 3,910; vascular lesions of the central nervous system, 2,247. Thus, over 50 per cent of the deaths were due to chronic diseases affecting the more advanced age groups.

There is need for a thorough study of the epidemiology of chronic diseases and for determining what planned and systematic action can be taken by official agencies. For this purpose, the Ministry of Public Health can count on almost all the country's hospitals and polyclinics, as well as on the cancer investigation and control centers, which will be the key source in this study.

Provision is made for six months' service by an epidemiologist specialized in this field and for fellowships.

Intercountry Programs

AMRO-159, Health Statistics (Zone VI) (See page 216)

One of the most effective ways in which the Organization can collaborate with governments for the improvement of the collection, analysis, and utilization of data for health work is through the work of statistical consultants.

The functions of the statistical consultant proposed for the countries of Zone VI are: (a) to give advice to countries for the improvement of vital and health statistics, with special emphasis on notifiable-disease statistics, on development of health statistics in accordance with recommended standards, and on use of the data in program planning; (b) to give courses in statistics and to render assistance in the selection and follow-up of fellowship students and in the development of seminars, workshops, and other training activities in statistics; and (c) to advise on statistical phases of projects and assist in the compilation and analysis of information in the countries for purposes of program planning.

Provision is made for one health statistician to serve the countries of Zone VI.

AMRO-163, Epidemiology (Zone VI) (See page 216)

The importance of communicable diseases in most countries of the Americas is well known, as are the possibilities offered today by modern techniques which allow well-founded hopes of achieving the eradication of several of these diseases and the control of others.

From the standpoint of international public health, and considering the rapid means of transportation available today, it is deemed essential that all countries intensify their efforts to eliminate the so-called "quarantinable diseases" as a danger for international trade, and that the programs related to these diseases be given priority in the activities of the zone offices.

The many problems connected with communicable diseases, epidemiology, and the application of the International Sanitary Regulations have shown the need for assigning a consultant in epidemiology to give advice in all these matters to the health authorities of the various countries of Zone VI. The functions of this consultant would be: (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 and 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 one epidemiologist.

AMRO-180, Veterinary Public Health (Zone VI) (See page 216)

Veterinary public health services in Zone VI began in 1953 with the assignment of a public health veterinarian to the Zone Office.

The functions of the adviser on veterinary public health for the countries of the Zone are: (a) to provide technical consultation to the countries on health problems and the development of health services in the fields of microbiology and preventive medicine, with special attention to food control and the prevention and control of the zoonoses; (b) to provide technical support and guidance to national and international personnel in the planning and implementation of veterinary public health activities integrated into the general public health program; (c) to assist in evaluating veterinary public health programs, and other programs for the effective use of veterinary public health services; (d) to assist in the selection and training of national public health veterinarians, including the organization of courses and seminars; (e) to assist educational institutions for the training of public health veterinarians and other public health personnel.

Provision is made for a public health veterinarian.

PART III

WASHINGTON OFFICE - COUNTRY PROGRAMS

CanadaCanada-1, WHO Public Health Administration Fellowships
(See page 218)

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

United States of AmericaUnited States-7 (WHO), United States-11 (PASB), Public Health Administration Fellowships (See page 218)

Provision is made for fellowships to collaborate

with the Government in training staff for the improvement and expansion of its health services.

United States-10, Consultants in Specialized Fields of Public Health (See page 218)

In the past, the United States has requested and received the collaboration of the Organization through short-term consultants in selected fields of public health. These consultations have been found to be very valuable. It is proposed to continue these services by providing short-term specialists in selected fields such as mental health, chronic illness, rehabilitation, tropical medicine, or others, as the Government may request. In 1958 the Organization provided an expert in schistosomiasis to advise Puerto Rico in a program for the control of that disease.

Provision is made for short-term consultants.

INTERZONE

AMRO-80, Malaria Conference (See page 218)

Regional or inter-regional malaria conferences held in other parts of the world have brought together malariologists responsible for national campaigns, enabling them to discuss their experience and problems.

In spite of the fact that the Region of the Americas is the most advanced in the development of a regional-wide program for malaria eradication, there has not been a malaria conference on a hemisphere-wide scale, since it was deemed preferable to organize such meetings for more limited areas. Six have been held for the Central American countries, Mexico, and Panama; two have been held for the South American countries; and the first for the Caribbean area has been planned for August 1958.

It is now considered advisable to hold a regional conference for all the Americas, to study and discuss problems from a continental point of view and to make a critical appraisal of the development of programs in the various countries.

This conference is planned for 1959. Provision is made for participants and for common and contractual services.

AMRO-90, Malaria Technical Advisory Services (Regional)
(See page 218)

The purpose of this project, which was established originally in 1955 as COMEP and modified in 1957 with the transfer of personnel to Washington headquarters and the establishment of the Malaria Eradication office there, is to provide consultants to give technical advice and assistance to Member Governments in several specialties

as applied to malaria eradication, i.e., entomology, parasitology, and administrative methods. For greater flexibility and economy, the field group will be based, except as otherwise noted, in Panama City, Panama.

An entomologist is included to provide advice and assistance on entomological problems, including determination of vectors, ecology, development of techniques for determining susceptibility of vectors to insecticides, development of techniques for determining and measuring resistance of vectors to insecticides, preparation of guides and manuals for field programs, over-all coordination of field programs relating to entomology in malaria eradication; and to assist in teaching wherever requested.

A parasitologist is provided to advise on laboratory procedures, including equipment and supplies, to standardize diagnostic techniques in malaria eradication, to furnish manuals of procedures, and to perform such teaching duties as may be required.

One position for an administrative-methods consultant is provided. This consultant will be concerned solely with the specialized problems involved in the efficient and economical management of large fleets of motor vehicles, and will work closely with a similar consultant now on the staff of UNICEF.

Eight additional technical positions (2 medical officers, 2 sanitary engineers, and 4 sanitarians) are provided in order to establish a pool of qualified personnel to meet a variety of requests. From time to time additional personnel will be required to strengthen the consultative services of certain projects, particularly the larger ones. Substitute services will also be required to cover periods of home leave or illness of project staff members.

Provision is made for two medical officers, one entomologist, one parasitologist, two sanitary engineers, one administrative officer, and four sanitarians. Provision is also made for supplies and equipment and for common services.

AMRO-109, Malaria Eradication (PASB surplus funds)
(For text see page 220)

This project has been used as an administratively convenient way of designating the funds for malaria eradication which were allocated by the Directing Council from surplus funds in past years. The funds have been used to recruit personnel and provide fellowships and supplies and equipment required in excess of resources available in the respective country projects. The small balance will be expended in 1958.

AMRO-114, Training Center for Malaria Eradication (Mexico)
(See page 220)

This training center has been established as the result of a cooperative agreement signed with the Government of Mexico for the purpose of expanding facilities for the training of national and international personnel of the Americas for malaria eradication. It is one of four centers being used for this purpose. The other centers providing international training are the school established by the Government of Venezuela in the Division of Malariology in Maracay and the training centers for malaria eradication in Kingston (AMRO-134) and São Paulo (AMRO-137).

The first courses in the Mexico center started in 1957 and instruction was given to 58 medical and engineering professionals and 62 technical auxiliaries.

In 1957 equipment for the entomology and parasitology laboratories was made available to the center and vehicles required for the field portion of the training were furnished.

Provision is made in 1959 for a chief of the training center, as well as for the payment of the local teaching staff who work directly in the practical training of the personnel, and for the purchase of publications and books required for instruction, audiovisual aids, films, slides, etc.

AMRO-121, Malaria Eradication Evaluation Teams (See page 220)

The eradication concept requires perfection in eliminating all possible foci of a disease. The strict requirements that must be met to fulfill the definition of malaria eradication, as internationally accepted at present, make it essential that evaluation procedures be widespread and thorough, at all stages of the campaigns. The early discovery and quick elimination of foci is a *sine qua non*, since their existence represents a threat to the country and to its neighbors.

Under this project, it is proposed that the Organization conduct evaluation surveys to determine the effectiveness and efficiency with which the hemisphere-wide campaign is being carried out. The surveys will provide the basis for the Organization's certification that an individual national campaign has been successful in eradicating malaria. The certification procedure was recommended by its Advisory Committee on Malaria Eradication, in order to clarify for all countries concerned the exact status of the campaign in each. The surveys will

also be used by the Organization in determining and recommending remedial measures necessary to ensure eradication of malaria or to speed up the eradication process.

A professional staff of ten persons for two evaluation teams is proposed, initially using Panama as the base of operations for reasons of accessibility and economy of travel. These professionals will travel from country to country in carrying out the above tasks. One team will begin its activities early in 1958. The second team will start in 1960.

Provision is made for two teams, each including a chief, an epidemiologist, a parasitologist, and two sanitarians.

Provision is also made for supplies and equipment.

AMRO-122, Research and Development of Insecticide Application Equipment (See page 220)

It is proposed to undertake research in the development of improved equipment for the application of insecticides.

Provision is made for short-term consultants and for the purchase of specialized equipment.

AMRO-123, Research and Development of Protective Equipment against Toxic Insecticides (See page 220)

The objective of this project is the development of improved protective equipment and preventive measures for spraymen that can be used and applied under tropical field conditions and that will be effective in preventing intoxication by the newer insecticides. This project will be conducted under a grant from the Organization either by a recognized research laboratory or by a national malaria eradication service.

AMRO-124, Field Trials of the Pinotti Method (See page 220)

It is proposed to carry out extensive field trials of antimalarial drugs. The Pinotti method (addition of any antimalarial drug to common salt) offers a possibility for a number of areas where the application of residual insecticides is incapable of completely interrupting transmission. This project will be developed in cooperation with one or more governments.

Provision is made for the supply of necessary antimalarial drugs and for a sanitarian trained especially to collaborate in the program's supervision.

AMRO-125, Seminar on Malaria Eradication Evaluation Techniques (See page 222)

Evaluation of the operations of any malaria eradication program must be carried out during all phases of the program and must follow a procedure different from the conventional malariometric methods. In fact, it has to give the final answer as to whether transmission has been interrupted after the sprayings or whether new malaria cases are still being found, in which case the causes for persistent transmission must be investigated.

Early in 1959 it is planned to hold a seminar to

deal with the question of evaluation techniques used in malaria eradication programs. National officials in charge of these activities and international consultants will attend this meeting. Provision is made for participants and for supplies and equipment in 1959.

AMRO-126, Seminar on Susceptibility and Resistance of Anophelines (See page 222)

A seminar was held in June 1958 in Panama City, Republic of Panama, to discuss specific problems created by the resistance of insect population to insecticides. Participants included outstanding and representative workers from eighteen countries of the Americas concerned with this question in the field and in the laboratory.

The seminar provided the means for the direct exchange of ideas and experience in order to pinpoint the significant problems caused by resistance, for making known potential solutions which can either be implemented immediately or which require further investigation and development, and for emphasizing other specific problems still to be solved. The four main topics discussed were: testing, in relation to the development of methods for determining resistance in mosquitoes, both adults and larvae; genetics; biochemistry; ecology; and behavioristic resistance.

A final report of the seminar is in preparation and will soon be available. It will contain the formal papers and summaries of the discussions, along with a critical examination of a series of pertinent questions which will constitute a brief summation of available knowledge on the resistance problem.

AMRO-127, Seminar on Administrative Methods and Practices in Malaria Eradication (See page 222)

Experience over the last year or two has shown that failure to payroll promptly, to work out satisfactory travel and per diem arrangements, to establish an efficient warehousing and supply operation, and to maintain good personnel practices has done more to cripple effective operations in malaria eradication than any other single factor. For this reason, it would be highly advantageous to hold seminars for national personnel in charge of providing administrative services to the national malaria eradication programs. These seminars will be attended by the chief administrative officers of malaria eradication campaigns and will be devoted entirely to a detailed study of the best methods for marshalling men, money, and materials for those programs. Provision is made in 1959 for participants and for supplies and equipment.

AMRO-128, Workshop on Vehicle Management and Maintenance in Malaria Eradication (See page 222)

One of the most serious problems in the development of malaria eradication programs is the provision of adequate transport services. Since the spraying of all houses throughout the malarious area is necessary, a system of transport must be developed which will ensure the prompt delivery of the men and materials to often remote individual houses. Experience has shown that many of the national malaria eradication organizations had had little or no experience with the operation of large fleets of motor vehicles. In addition, very little is known of the proper methods for adequate motor vehicle fleet maintenance service. The matter takes on added importance in view of the fact that the vehicles are expected to last for the full campaign. UNICEF has not made provision for replacement,

if the present vehicles wear out prior to the conclusion of the operations.

Three workshops will be held in 1958, one in Lima, one in Tegucigalpa, and one in Trinidad. The one in Lima was attended by shop foremen and transport officers of the national malaria eradication organizations in South America; the one in Tegucigalpa was attended by similar personnel from Central America and Mexico; the one in Trinidad will be attended by similar English-speaking personnel from the Caribbean area.

AMRO-129, Seminar on Malaria Eradication Surveillance Techniques (See page 222)

In 1960 it is planned to hold a seminar for the study of the techniques required during the surveillance phase of the malaria eradication programs, when spraying operations will have ceased. The seminar will be attended by responsible national officials and international technicians.

Provision is made for participants and for supplies and equipment.

AMRO-130, Seminar on Mass Chemoprophylaxis in Malaria Eradication (See page 222)

Antimalarial drugs are becoming more important as a supplement to spraying operations with insecticides, either to facilitate evaluation operations and eventually accelerate the disappearance of foci of infection, or to aid in achieving interruption of transmission where this cannot be done by the insecticide alone. In addition to the application of drugs described under project AMRO-124 (Field Trials of the Pinotti Method), drugs are being used in accordance with a detailed plan of operations described in Document ME/CSP No. 16. It is considered of the utmost importance to discuss the results obtained and the problems encountered in the application of these methods for the use of antimalarial drugs.

In 1959 it is planned to hold a seminar on mass chemoprophylaxis methods as employed in malaria eradication. National officials responsible for such programs will attend the seminar, together with international consultants. Provision is made for participants and for supplies and equipment in 1959.

AMRO-132, Operational Assistance to Country Projects in Malaria Eradication (See page 222)

It is anticipated that the requirements of the hemisphere-wide malaria eradication campaign will include operational assistance by the Organization to certain country projects, upon request. This operational assistance will be based upon the nature of specific requests from governments, and it is anticipated that it will include such items as: financing of a percentage of national posts; assumption of more than an advisory role in the execution of the national campaign; and provision of certain supply and equipment items not normally furnished by international agencies.

Provision is made for such assistance in 1958, 1959, and 1960.

AMRO-134, Training Center for Malaria Eradication (Kingston)
(See page 224)

This training center has been established in collaboration with the Government of Jamaica and the International Cooperation Administration of the Government of the United States, as part of a major effort to train national and international personnel of the Americas for malaria eradication. It is one of four centers being used for this purpose. The other centers providing international training are the school established by the Government of Venezuela in the Division of Malariology in Maracay and the training centers for malaria eradication in Mexico (AMRO-114) and São Paulo (AMRO-137).

It is planned to hold annually three courses of twelve weeks' duration each for senior officials of national or international agencies working in malaria eradication programs, and two courses of eight weeks' duration each for sanitarians. Facilities will be available for the training of twenty students per course.

Provision is made for a medical officer assigned as director of the center, two sanitarians, and an administrative officer. Provision is also made for teaching in various specialties by visiting staff from countries within the Region, and for supplies and equipment and contractual and common services.

ICA will provide some technical and secretarial posts.

The Ministry of Health will provide space and laboratory facilities available in the Public Health Training Institute of the West Indies.

AMRO-135, Malaria Eradication Trainees (See page 224)

Owing to the shortage of experienced workers in malaria eradication in the Americas, the Organization has been forced to train its staff members in malaria eradication techniques in order to carry out its function of providing technical advisory services in this field. During 1957, 9 physicians, 9 engineers, and 10 sanitarians were trained, and during 1958 it is expected that 8 physicians, 7 engineers, and 29 sanitarians will receive training. By the end of 1958 it is expected that the field staffing pattern of the Organization will have been completed, and provision for training during 1959 and 1960 of the Organization's personnel is limited to that which might be required from staff turnover.

AMRO-136, Field Studies on the Ecology of Anopheles albimanus (See page 224)

The first reference to behavioristic changes in anophelines occurring as a result of the use of insecticides was made several years ago in Panama in connection with *A. albimanus*, but this was never confirmed or denied. Since this mosquito is one of the most important vectors in the Western Hemisphere, it was necessary to verify this situation and at the same time study the possibility of preparing a guide for the investigation of this phenomenon wherever it might be suspected.

This project was carried out in 1958 with the collaboration of the Corgas Laboratory. The Organization also furnished the services of an entomologist assigned to project AMRO-90 and provision was made for general expenses, recruitment of local personnel, and some supplies and equipment.

AMRO-137, Training Center for Malaria Eradication (São Paulo) (See page 224)

This training center, established as the result of a cooperative agreement with the Government of Brazil and the School of Public Health of São Paulo, forms part of a major effort to train national and international personnel of the Americas for malaria eradication. It has been established with the main purpose of meeting the requirements of Brazil's eradication program and eventually of accepting trainees and fellows from neighboring countries.

Other centers providing international training are the school established by the Government of Venezuela in the Division of Malariology in Maracay and the training centers for malaria eradication in Kingston (AMRO-134) and Mexico (AMRO-114).

The international consultants assigned to Brazil's national program and São Paulo's state program will collaborate in the teaching activities. The School of Public Health will receive a grant for recruiting a technical specialist, and a small amount of educational material will be furnished.

Provision is made for supplies and equipment and for contractual and common services.

AMRO-138, Studies on Malaria Chemotherapy (See page 224)

Early in World War II it was found that 300 mg (base) of chloroquine, when administered weekly, produced complete suppression of all species of malaria parasites, but no attempts to determine the minimum effective suppression dose were made. In the light of present knowledge on the amount of chloroquine required to alleviate an acute attack of the disease, half of 300 mg, or even less, may produce complete suppression and thereby prevent transmission. In planning any kind of malaria program which involves the incorporation of antimalarial drugs in salt, this matter is of extreme importance in terms of cost alone.

Initial studies on the "depotting" of antimalarial drugs (comparable to residual action in insecticides) are promising. These studies must be undertaken both in laboratories and by making controlled checks on a number of volunteers over long periods. It is hoped to develop a method of "depotting" which will be effective for six months or more.

To date, all studies on primaquine have been directed toward determining its curative effect against the tissue forms of the parasite. Plasmodin, the first of the 8-aminoquinolines, had pronounced effect against all gametocytes. In terms of malaria eradication, where the discontinuance of transmission is of the utmost importance, the effect and optimum dosage of this new 8-aminoquinoline on gametocytes of both *Plasmodium falciparum* and *P. vivax*, should be known.

It is proposed to provide grants for studies on the above points by responsible institutions.

Contingency Reserve for Malaria Eradication (See page 224)

In view of the size and nature of the malaria eradication program, unexpected requirements may develop. A Contingency Reserve is provided for this purpose.

AMRO-160, Treponematoses Eradication (See page 226)

Eradication of yaws from the Americas ranks high on the list of priorities established by the governing bodies of the Organization, but if it is to be permanent, it must be achieved in all countries where the disease is present.

One of the results of the seminar on treponematoses held in Haiti in 1956 (AMRO-103) was a better knowledge of the distribution and importance of yaws in different countries. Moreover, the seminar recognized that pinta also meets the criteria for considering a communicable disease eradicable, and recommended that plans for its eventual eradication from the affected countries be studied.

It is expected that by 1959 the yaws eradication program in Haiti (Haiti-1) will have reached its final stages; that the Caribbean program (AMRO-47) will be in full development, covering all areas affected by this problem; and that the Dominican Republic-52 and Brazil-20 projects will be well advanced. At least some of these projects will require evaluation, and the services of short-term consultants will be needed for this purpose. Consultants would also visit other countries which, as part of the regional program of treponematoses eradication, will either start eradication programs or convert from control to eradication.

Provision is made for short-term consultants.

AMRO-26, Brucellosis Control (See page 226)

Diagnosis of both animal and human brucellosis has improved to the point where physicians are now beginning to obtain the laboratory support necessary to diagnose human brucellosis. On the other hand, improved antigen production and diagnostic tests have proven the extent of brucellosis in cattle and goat herds. These two developments have led to an interest in a joint approach (health and agriculture) to the brucellosis problem in each country.

The PASB/WHO training courses conducted in 1952, 1954, and 1957 have dealt with antigen production and diagnostic tests, measures against human brucellosis, and control of animal brucellosis.

Inasmuch as vaccine is the key weapon in fighting brucellosis, a course in vaccine production and testing is planned for 1960, the last in the series of PASB/WHO brucellosis training courses. The 1960 course will be held at a national laboratory devoted to producing these vaccines.

Provision is made for short-term consultants, supplies and equipment, and fellowships.

AMRO-57, Yellow Fever Studies (See page 226)

It is now evident that yellow fever virus is permanently present (i.e., enzootic) in several tropical rain-forest areas in South America, and that it cannot be eradicated from these preserves with any procedure now known.

The rural populations that are exposed to jungle yellow fever can be protected only by vaccination against the disease. A better method of applying 17D vaccine is needed, one that can be used in a house-to-house fashion. It appears that this can best be done by the scarification technique that is used to apply smallpox vaccine, but the problem still needs much study. It is expected that

eventually the two vaccines can be given simultaneously.

The precise nature and composition of the extra-human reservoir of jungle yellow fever remains to be elucidated, in epizootic areas as well as in enzootic ones. A great deal more is involved in the reservoir than just *Haemagogus* mosquitoes and monkeys. Excellent opportunities to investigate the epidemiological aspects of the problem occur in many countries, varying somewhat from year to year.

Epidemiological studies of yellow fever involve the use of a variety of laboratory procedures, such as: the isolation of virus from man, from monkeys and other warm-blooded forest vertebrates, and from mosquitoes and other blood-sucking arthropods; serologic studies of man, monkeys, and other vertebrates, using one or more different techniques; the collection of human and monkey tissues for histopathologic examination; and taxonomic and distributional studies of mosquitoes. All the laboratory procedures need to be coordinated by adequate field observations so that the all-important ecological aspects of the problem may receive full attention.

All yellow fever studies require laboratories that are equipped to carry out the specialized procedures that are needed. In past years main reliance has been placed on the Carlos Finlay Institute in Bogotá (Colombia-52). There has also been close cooperation with the Gorgas Memorial Laboratory in Panama and the Rockefeller Foundation Virus Laboratories in New York. It is expected that this cooperation will continue and that additional laboratories will be brought into the program: the Oswaldo Cruz Institute in Rio de Janeiro, and possibly the Instituto Adolfo Lutz, of the São Paulo State Health Department. Other laboratories that may have collateral interest are those of the Medical School in Cali, Colombia, the Interservice Laboratory in the Panama Canal Zone, the newly organized Arbovirus Laboratory of the National Institute of Allergy and Infectious Diseases, Bethesda, the Trinidad Regional Virus Laboratory, and the Belem Virus Laboratory.

Beginning in 1958 and continuing on into 1959 and 1960, two subjects are considered worthy of special attention. The first is the development of procedures that will make 17D yellow fever vaccine 100 per cent effective when it is applied by scarification. The second is to investigate the possible role in the epidemiology of jungle yellow fever of *Culex* mosquitoes that never, to all practical purposes, bite man. There are many such species, and their main source of blood is probably birds.

Provision is made for short-term consultants and for grants to laboratories that cooperate in the studies, so that they may undertake the special work that is required.

AMRO-60, Smallpox Eradication (See page 226)

The XIII Pan American Sanitary Conference, recognizing the importance of smallpox as a public health problem in the Region, recommended to the Member Governments the development of a systematic program for smallpox vaccination and revaccination in their respective territories. The governing bodies later established a special fund of \$219,089 to be utilized by the Organization in this program. This fund will be exhausted in 1958 and the continuation of this program will require additional funds under the Organization's regular budget in 1959 and 1960.

The objective of the program is to stimulate and

assist the countries of the Americas in the planning and development of vaccination campaigns and smallpox eradication programs, integrated in the general framework of the public health services of the countries, with the aim of obtaining the final eradication of the disease from the Western Hemisphere.

As a first step, it was considered of the utmost importance to have available a vaccine that could withstand the difficult field conditions in many countries where facilities of transportation and refrigeration are scarce. To meet this need, technical advice and equipment have been provided to countries showing immediate active interest, and fellowships have been furnished for training the persons who will be in charge of the vaccine production. Arrangements have been made with the Serum Institute of Copenhagen for testing the dry smallpox vaccine produced by the national laboratories.

Inasmuch as many countries have required the assistance of the Organization in the planning and implementation of vaccination campaigns, consultant services have been provided, together with fellowships for the training of the national personnel working in the field.

The Organization, through agreements signed with various governments, is furnishing essential supplies and equipment to enable laboratories in those countries to prepare potent and adequately controlled dry smallpox vaccine. Up to the end of 1957 such equipment and supplies had been furnished to Argentina, Bolivia, Brazil, Chile, Cuba, Ecuador, Mexico, and Venezuela. In addition, agreements have been signed with the Governments of Argentina, Chile, Cuba, Colombia, Ecuador, Paraguay, and Peru for the development or the intensification of the smallpox vaccination campaigns in those countries. Similar agreements have been signed with the states of Rio Grande do Sul and Pernambuco (Brazil) and another is being negotiated with Uruguay. Special consultant services have been provided to some of these countries.

During 1958, 1959, and 1960 similar cooperation will be extended to other interested countries. The assistance to individual countries is shown under the respective country projects.

For the purpose of standardizing, as far as possible, the techniques of vaccine production and control, improving the existing knowledge of laboratory methods for diagnosis of smallpox, and reviewing the results obtained with different types of vaccines used in vaccination campaigns, a seminar was held in 1956 with the participation of professionals in charge of smallpox vaccine production and control from Argentina, Brazil, Colombia, Cuba, El Salvador, Mexico, Peru, Uruguay, and Venezuela.

Provision is made for the services of a short-term consultant in the preparation of dry smallpox vaccine and for the testing of the vaccines in the Serum Institute, Copenhagen.

AMRO-61, Rabies Control (See page 226)

Since rabies is a problem in practically all countries of the Hemisphere, increased attention is being devoted to this disease by the countries and by the Organization. A regional rabies training course conducted early in 1957 provided in most countries, and for the first time in some, a nucleus of persons trained in all the known techniques of rabies diagnosis, prevention, and control. The country programs have grown around these nuclei, resulting in increased requests to the Organization for technical assistance.

It is expected that in 1959 a consultant will provide assistance and coordination for the development of antirabies programs in the Mexico/United States border area, in response to requests for this type of service. In 1959 and 1960 a special consultant will be provided to the countries concerned, to assist with problems in the production and testing of rabies biologics, i.e., human and animal vaccines and hyperimmune serum.

In 1958 the Organization received a grant from the Local Livestock Association of Nueva Casas Grandes, Mexico, to finance predatory animal control activities in northern Mexico. This work was conducted with the collaboration of the technical officers from the U.S. Fish and Wildlife Service.

A course in field operation techniques will be held for the Central American countries and Panama in 1958.

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

AMRO-76, Vaccine Testing (See page 226)

Some of the operating projects in which the Organization cooperates are concerned with establishing facilities for the manufacture of vaccines to be used in current vaccination campaigns.

In order to assist the new vaccine-producing laboratories to maintain the high standards of potency and safety that these vaccines require, testing services of proven quality for the control of such biological products have been obtained from PASB/WHO reference laboratories. An annual grant is made to one of these laboratories where the majority of the testing is done.

AMRO-81, Pan American Zoonoses Center (See page 228)

The Pan American Zoonoses Center, located in Azul, Province of Buenos Aires, Argentina, was established at the end of 1956 to promote and strengthen antizoonoses activities in the Americas. The Center is a PASB/WHO regional project, with the Government of Argentina acting as host and providing buildings, facilities, and personnel. It is expected that other organizations, national and international, will eventually participate technically and financially in the project.

The Center serves the countries of the Americas in the education and training of technical and subtechnical personnel in techniques and methods to be used in combating the zoonoses. It conducts research with the aim of improving diagnosis and control and it promotes, aids, and coordinates research in this field in governmental and private institutions throughout the Americas. It works toward the standardization of diagnostic methods and procedures for making and testing vaccines, serums, and other biological products used against the zoonoses. It collects and disseminates information on those diseases.

In 1957 the work was devoted principally to organizing, equipping, and staffing the Center. Although a few fellowship recipients visited the Center for short training and orientation periods, no official training courses have as yet been started. The technical staff of the Center, however, took an active part in the preparation and conduct of the Brucellosis Training Course held in Lima (AMRO-26). Numerous inquiries on zoonoses problems were answered and advisory services were given in response to requests from several countries. Limited surveys and

studies were started in conjunction with other institutions, including a study on measures that should be adopted against brucellosis in Buenos Aires Province, a field survey on the status of the problem of bat-transmitted rabies in the city of Córdoba, and the coordination of the WHO study in Latin America on the role of animals in the influenza epidemic.

The Center's international staff of four was completed with the arrival of the zoonoses specialist in July and the administrative officer in December 1957. Para-professional and general services staff provided from the special fund contributed annually by the Government of Argentina numbered 13 persons at the end of 1957. In-service training programs were organized for this local personnel, which should number 27 by 1960.

In 1958 the laboratory facilities were developed for purposes of training in diagnosis and research. The experimental animal colony was placed in temporary housing, with excellent results; first-strain rats from this colony were furnished to a medical school and a research institute. The Center continued the work of preparing the facilities required for evaluation of drugs and chemical products, improvement of hydatidosis control procedures, and testing of antirabies vaccine. Field studies were started on leptospirosis in cattle. The 1958 training program includes a special advanced course in zoonoses control for public health graduates, and a combined seminar-course on hydatidosis control methods for technical and subtechnical participants from the River Plate countries. Two long-term fellows (12 months each) will be received in 1958, one for advanced studies on brucellosis and another for specialization in hydatidosis.

Other activities planned for 1958 include: the expansion of consultation and advisory services in field and laboratory work at the request of governments, with special emphasis on eradication programs, particularly in rabies and brucellosis; increased attention to the evaluation of diagnostic and control methods for hydatidosis, brucellosis, and rabies, together with studies directed toward improved procedures in these fields; the preparation and distribution of microorganism strains and standard biological products for reference and control purposes; continued collaboration with institutions concerned with anti-zoonoses work, through surveys on the epidemiological and epizootiological status of these diseases, their impact on the economy, and measures to be applied for zoonoses control; and the development of bibliography, visual media, and publications services.

It is expected that training activities in 1959 will include a special advanced course in zoonoses and a course in tuberculin production and tuberculosis control and diagnosis methods. During the year three long-term (12 months) fellows for specialized studies will be received for training. Consultation, advisory, laboratory, and information services will continue to be expanded to meet the specific needs of countries. A periodical information bulletin will be published, to contain summaries and articles on the zoonoses. The special studies and surveys started in 1958 will be continued and attention will be given also to viral encephalitis and to salmonellosis, according to the interest shown by collaborating institutions and the facilities available. Demonstration activities on field control procedures will be developed for purposes of evaluation and training in brucellosis and hydatidosis.

In addition to the annual special advanced course on the zoonoses, the 1960 program will include a course on diagnosis and control methods for leptospirosis; possibly an additional course on anthrax control measures (including vaccine production); and a seminar on rabies eradication and another on brucellosis eradication. Other training activities,

consultation, advisory and special laboratory services, field studies and investigations and related activities will be carried out as intensively as the interest of countries may warrant and as the available funds and facilities permit.

Provision is made for a director, a chief of laboratory, a zoonoses specialist, and an administrative officer and for supplies and equipment and common services.

AMRO-88, *Aedes aegypti* Eradication (See page 228)

Complying with the mandate of its governing bodies, the Organization has, since 1947, been devoting concentrated efforts toward eradicating *Aedes aegypti* from the Western Hemisphere. Expert technical advice has been given to almost every government, and a number of eradication projects are in operation. The results of this campaign to date have been very rewarding. The mosquito has been eliminated from large areas and very greatly reduced in a number of other areas. But there is much work still to be done in countries where *aegypti* is known to be widely prevalent and not under specific attack, and in other countries where eradication appears to have been achieved but has not yet been certified in accordance with the Organization's standards.

It is expected that at the time of the IV Pan American Sanitary Conference those countries that have already become totally free of *A. aegypti* will make a formal declaration of eradication of this mosquito. The Bureau has provided the services of several consultants and some supplies and equipment to help the countries make the final checking.

Experience has shown the need to have a central pool of staff and of supplies and equipment to supplement individual projects when emergencies arise. Provision is therefore made for a medical officer (regional adviser), for short-term consultants, and for supplies and equipment.

AMRO-92, Poliomyelitis (See page 228)

Poliomyelitis is a disease of world-wide distribution. In areas where standards of hygiene are generally poor, exposure to the poliomyelitis viruses and the consequent development of antibodies occur almost universally, and at an earlier age than in communities in which hygienic standards are higher. It has been suggested that placentally-transferred passive immunity to poliomyelitis can be converted to active immunity by subclinical infection during the phase of declining protection by maternal antibody. Such induction of active immunity could partially explain the low frequency of clinically recognizable poliomyelitis epidemics in such regions, a frequency, however, which seems to increase as socio-economic and hygienic conditions improve.

The incidence of the paralytic form of the disease has been increasing during the last years in the majority of countries of the Region, with the exception of the United States and Canada. In these two countries, intensive vaccination of the susceptible population with Salk vaccine may have, in part, been responsible for the decline.

Vaccination with an adequate and practical vaccine is the only effective means of controlling the disease. The development of Salk vaccine constituted an important step in that direction. However, the inability of the inactivated virus vaccine to prevent infection of the intestinal tract by virulent or attenuated poliovirus was

soon demonstrated by various investigators. This consideration, as well as the necessity for administering the vaccine by injection, with repeated "booster" doses, and the fact that the vaccine's manufacture is technically complicated and expensive for most countries of the world, have kept alive the search for better types of poliomyelitis vaccine.

Before deciding on a mass vaccination campaign in a country or an area of a country, it is highly advisable to determine which groups of the population will have to receive the vaccine in order to obtain maximum benefits with minimum cost. In countries where accurate records on the incidence of paralytic poliomyelitis over a number of years are not available or are incomplete, serological surveys will have to be carried out to obtain information on the immunological status of the population. Studies must also be carried out on the types of polioviruses prevalent during epidemic and interepidemic periods as well as on the prevalence of other related viruses. To carry out this type of work, laboratory facilities and highly trained technical personnel are necessary.

Serological surveys and virus studies were carried out during 1957, with the assistance of the Organization and the WHO Regional Poliomyelitis Center, in Haiti, British Guiana, Jamaica, and Guatemala. Requests for cooperation in similar studies are expected in the immediate future, and funds must be made available to support this type of activity. A course on laboratory aspects of poliomyelitis and vaccine production and control was organized during 1957, with the cooperation of the United States Public Health Service. Eight fellows from Argentina, Brazil, Finland, France, Germany, Iceland, Spain, and Venezuela attended the course. As great interest in this course has been expressed in countries of this and other regions, similar courses are being planned for 1959 and 1960.

Fellowships will also be made available to highly trained virologists to enable them to visit other laboratories and to become acquainted with the most recent developments in the field.

Poliomyelitis epidemics produce a large number of crippled children, adolescents, and even adults, creating a most urgent need for establishing measures for their rehabilitation. With the assistance of the Elizabeth Kenny Foundation, the Organization is making available to the Rehabilitation Institute in Buenos Aires the services of two consultants in physical and occupational therapy (Argentina-26). Additional consultants and fellowships in this field will be provided.

A Regional Poliomyelitis Adviser was appointed to coordinate and stimulate in the Region the activities of the Organization in the broad field of poliomyelitis, including rehabilitation and vaccination programs with the live poliovirus vaccine.

Provision is made for (1) a medical officer; (2) consultant services in the field of rehabilitation; (3) fellowships for training in the modern techniques of virology, particularly in the field of poliomyelitis; (4) fellowships for training in rehabilitation techniques according to the needs and the availability of national personnel; (5) laboratory courses in the application of virus techniques and in diagnosis, epidemiological studies, and control of poliomyelitis; (6) supplies and equipment.

AMRO-149, Leprosy Control (See page 230)

The importance of leprosy as a public health problem

in the Americas was again stressed at the IX Meeting of the Directing Council, which made specific recommendations for continued action in this field by the Organization.

Before extensive leprosy control measures can be planned, it is essential to determine the epidemiological factors involved. Such data can be obtained through leprosy surveys, varying in type according to local factors and the resources of the country.

Among the measures of control, attention should be paid to early diagnosis, properly organized and supervised treatment with sulfones, selected and temporary isolation of infectious cases, adequate protection of infants and children, and appropriate legal measures. Research is at the present moment a fundamental need for any progressive program.

In 1951 the services of a consultant were provided by the Organization to survey the problem and facilities in Bolivia, Colombia, Ecuador, Paraguay, and Peru. In 1955 (AMRO-58) similar surveys were carried out in Surinam and Trinidad, in 1956 in British Guiana, French Guiana, Grenada, Guadeloupe, Martinique, and St. Lucia, and in 1958 in some countries of Central and South America. As a result of these surveys, control program plans have been outlined and in some cases are in operation, with international cooperation from the Organization and UNICEF.

In order to promote the exchange of ideas and experience among professionals throughout the Hemisphere, to determine the extent of the leprosy problem, and to obtain a knowledge of the various national agencies entrusted with antileprosy work, a seminar was held in Belo Horizonte, Brazil, 30 June-7 July 1958. Participants from ten countries and from six territories of the Caribbean area attended the meeting. Five major topics were discussed: (1) extent and scope of the problem of leprosy in the Americas; (2) the value of isolation in the control of leprosy; (3) program for mass treatment of leprosy; (4) prevention; and (5) organization of leprosy control programs and their integration in the general public health services.

It is necessary to complete the survey in other countries and territories of the Region in order to plan national projects for leprosy control. Provision is made in 1959 for short-term consultants. Fellowships will also be provided in 1959 for the purpose of facilitating the training of personnel of national leprosy services.

AMRO-155, Schistosomiasis Control (See page 230)

Schistosomiasis is today one of the most important human diseases caused by animal parasites. In spite of intensive research, there is still no easy cure for the disease and no easy or long-lasting means of control, while extension of irrigation projects and concentration of human populations are increasing its distribution and its intensity.

In the Americas, schistosomiasis is a serious problem in Brazil, Puerto Rico, and Venezuela and exists also in the Dominican Republic and Surinam. This project makes provision for the services of specialized consultants to assist the countries in determining: (a) the incidence of infestation in the population and the location of the infested areas; (b) the number and distribution of the incriminated snails; (c) the flow of water and the amount of vegetation in the land waters involved; (d) the customs of the population in relation to the incidence of the disease and distribution of the snails; and (e) the type

and amount of molluscicide treatment most suitable for the various infested areas.

To give assistance in the above surveys, provision is made for short-term consultants.

AMRO-181, Live Poliovirus Vaccine Studies (See page 230)

The subject of active immunization against poliomyelitis with attenuated live-poliovirus vaccine is attaining great importance and is being studied with great interest. Live-virus vaccines have been used with success against smallpox and yellow fever for a great number of years. Against the three known strains of poliovirus, an attenuated live-virus vaccine which is administered by mouth and is capable of reproducing the long-lasting immunity conferred by the natural infection, is now available for increasingly large trials in humans. The vaccine was used successfully in normal families in two limited trials in Minnesota, U.S.A., one in 1957 and the other in 1958, the latter with the participation of PASB.

In 1958, at the request of the Government of Colombia, the PASB began cooperation with the health authorities in a vaccination campaign aimed at curbing an outbreak of paralytic poliomyelitis in the Municipality of Andes, Department of Antioquia, using the live poliovirus vaccine. More than 7,000 children received the three types of virus with no untoward reactions. In the second stage, the campaign will be carried to about 150,000 children in Medellin. Following this, it is expected that the vaccination will be extended to all of the country in the first nationwide use of an attenuated live poliovirus vaccine.

A tissue culture laboratory is being set up at the Del Valle University, in Cali, Colombia, to carry out serological and viral studies in connection with the program.

In addition to equipping the laboratory, PASB will provide in 1959 the services of a virologist and a research assistant specialized in tissue culture techniques. Fellowships will be granted for the training of personnel. As the vaccination program develops, a statistical consultant will be added. This project is financed by a grant of \$150,000, of which \$75,000 was received in 1958, as shown in the schedules.

AMRO-10, Inter-American Program for Education in Biostatistics (See page 230)

This project was established for the purpose of improving vital and health statistics in all the Latin American countries by training technical personnel of the various statistical services. The principal objective is to develop a training center at the School of Public Health of the University of Chile, with teaching in Spanish, and at the same time to work with the government offices in Chile concerned with the collection, production, or analysis of vital and health statistics, so that they may serve as model offices for demonstration. The annual training course consists of four months of basic academic studies and five months of more advanced training and field work.

The international experts provided by the Organization participate both as professors in the academic phases of the program and as consultants to the Government of Chile for the improvement of statistical services.

A total of 178 students from 19 countries have received training in the five annual courses given (1953-57). The Organization has awarded 18 fellowships for the 1958

course. Since 1 January 1956 this Latin American program for education in biostatistics (continuation of the Inter-American Center for Biostatistics) has been developed under the sponsorship of the Government of Chile and the Organization, with the School of Public Health in Chile assuming major responsibility. Fellowships are awarded by the Organization, the UN, and other agencies for the nine-month course in vital and health statistics.

Provision is made for short-term consultants and for fellowships. It is also planned to provide financial assistance to the School of Public Health in order to expand its staff and facilities for providing instruction in this subject.

AMRO-16, Assistance to Schools of Public Health (See page 230)

The governing bodies of the Organization have repeatedly emphasized the need for strengthening the basic training of professional public health personnel. On this subject, the VII Meeting of the Directing Council (October 1953) approved a resolution pointing to the importance of providing "means for the training of professional and sub-professional personnel for the health services of the Member Countries" and for developing "local and regional resources to this end." Again, in 1954, the 22nd Meeting of the Executive Committee called to the special attention of the XIV Pan American Sanitary Conference the desirability of "expanding the programs of collaboration with the schools of medicine and schools of public health."

The aim of this project is to strengthen teaching in the schools of public health in the Region. Under the project, many professors of schools of public health have had the opportunity, since 1953, of visiting the countries from which their students come, in order to adapt their teaching to the health problems and general conditions in those countries. In addition, faculty members of Latin American schools have visited other countries and schools of public health to observe newer teaching procedures and to discuss curriculum planning. Visiting professors have dealt with such subjects as epidemiology, health education, biostatistics, and nutrition. Materials have been provided in a limited amount. Short-term consultants and a number of fellowships have also been provided.

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

AMRO-45, Laboratory Services (See page 230)

Past experience has revealed that very often the weakest link in the chain of the various integrated and interdependent activities of the health services is the public health laboratory. The quality and quantity of existing laboratory services vary from country to country. In some cases the international assistance required is limited to the provision of specialized short-term consultants for specific phases of laboratory work, whereas in others collaboration may extend to a complete revision of the national service.

A most valuable form of assistance has been the provision of a highly qualified short-term consultant to survey the laboratory needs of a country, report on the status of its laboratory service, and recommend improvements needed to enable the service to meet the country's requirements. These surveys and reports are followed at appropriate intervals by the assignment of special consultants to assist in the improvement of specific departments. Emphasis will be placed on improving the departments

responsible for virology, laboratory-animal colonies, and testing of biologicals. This type of service will be continued through 1959 and 1960.

Assistance will also be given to laboratories in various countries by providing cultures, strains, antigens, and other laboratory items vital to the conduct of diagnostic tests or the production of biologicals and of breeding stock of laboratory animals.

Provision is made for short-term consultants, supplies and equipment, and fellowships.

AMRO-72, Dental Health (See page 232)

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 Regional Consultant in Dental Health has been making surveys and providing advice to governments on the development of dental health services. The work of this consultant was started with a Kellogg Foundation grant and has continued under this regional project.

A further objective of this project is to assist governments in the training of public health dentists by providing fellowships for participation in specialized courses at the dental health training center which it is planned to establish in Brazil in 1959 (Brazil-37). This center, which will be organized in cooperation with the School of Public Health (São Paulo) and the national health services in Brazil, will offer courses in dental public health for dentists who will fill key positions in health services or teach hygiene and public health in dental schools and shorter courses for the training and orientation of dental clinicians in health services. Emphasis will be given to practical instruction, through field studies and projects.

Provision is made for one dental officer and for fellowships.

AMRO-75, Statistical Education (See page 232)

Experience with statistical training projects has clearly indicated the need for a program for the training of statisticians at all levels and the teaching of medical and health statistics.

One objective of this project is to train statistical personnel for the purpose of strengthening faculties of statistics departments in schools of public health, medical schools, and institutes of hygiene; and of strengthening national and state statistical services and developing hospital statistics. A second objective is to provide consultants for teaching short courses in statistics to health and medical personnel, in order to promote greater appreciation and understanding of the needs for, and uses of, statistical data in local and national programs.

Fellowships will be awarded for academic courses at schools of public health, for the four-month course for statisticians at the School of Public Health in Mexico, and for other courses for the education and training of statisticians or other personnel in health and medical statistics. Some of the fellowships will be provided under country projects, and others under this project. Assistance will also be given to schools of public health and institutes of hygiene in strengthening education and training programs

for personnel in the states and provinces of the countries.

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

AMRO-85, Latin American Center for Classification of Diseases (See page 232)

The Latin American Center for Classification of Diseases was established in 1955 in collaboration with the Government of Venezuela. The objectives of the Center are to serve as a clearinghouse for problems arising in the application of the Spanish edition of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death; to collect information and experience that can be utilized in subsequent revisions of the Classification; to check coding of samples submitted by countries and interpret the Classification for Latin American countries in order to improve comparability of coding; and to study problems of medical certification with a view to improving this type of work.

The Center provides instruction in the use of the Classification and conducts annual short training courses in statistical coding. Two-week courses in 1955, 1956, and 1958 provided training to a total of 42 officials engaged in coding activities. The seminar held in 1957 was of a different type, its purpose being: to discuss the changes in the Classification (1955 revision); to stimulate the application on 1 January 1958 of the new revised version; to develop methods for obtaining more complete medical certification; and to establish close working relations with the Center. Officials from 18 Spanish-speaking countries and Brazil participated in this seminar, together with professors from the schools of public health of Brazil, Chile, and Mexico, where instruction in the Classification is given in their statistical courses. Courses will be held in 1959 and 1960.

Experience during the first two years of operation of the Center has shown the need for expanding its activities. In order to collect information on the terminology used by the medical profession throughout the Americas, it is important that a procedure be established for the routine transmittal of samples of death certificates to the Center for coding, so that the Center may gain a knowledge of the problem in the various countries.

The expansion of the Center will permit a more effective approach to the problem of improving the comparability of basic data on causes of death in the Americas, and will be most valuable in laying the groundwork for future editions of the International Statistical Classification so that they may serve more adequately the Latin American countries. The Center will also be able to render more valuable service by sending staff members to the countries to give short courses on coding. The need for this type of training has become even more pressing with the introduction of the new edition of the Classification in 1958.

To assist the Center in these new activities and to provide the services of a statistician, financial assistance will be given the Center in 1958, 1959, and 1960 in the form of a grant. Provision is also made for fellowships.

AMRO-98, Working Group on Medical Certification (See page 232)

Education of medical students in medical certification

is required in order to improve the quality of statements of causes of death and to assure the completeness of medical certification. In 1958 a small working group of approximately 15 or 20 persons will be brought together for a week in Venezuela, at the Latin American Center for Classification of Diseases, in order to make a complete review of education and training in medical certification during medical studies and to prepare a teaching manual that will be made available to medical schools. The group will include professors of preventive medicine, health officials having a special interest in the teaching of medical statistics and medical certification, leaders in vital statistics in Latin America, and a few consultants.

AMRO-150, Food and Drug Services (See page 232)

In most countries of the Americas, the services for the testing, control, and registration of manufactured foods and therapeutic substances are in need of reorganization and revision. Most of the existing legislation is inadequate and outdated. Registration varies from a perfunctory review of applications and issuance of licenses, to a long and time-consuming procedure for submission of information and samples and payment of fees. The permits issued do not always guarantee to the consumer that adequate safety and potency testing has been done and, once licensed, the drugs are not always subject to retesting of samples gathered in the field.

Many of the national ministries of health desire assistance in revising and improving these services. This can be done effectively only after a complete study of the needs of the country and the preparation of plans for the drafting or revision of legislation and for the improved organization and administration of the food and drug control services.

In 1959 consultants will begin a survey of the present status of the laboratory and field services. They will visit individual countries and prepare reports as the work progresses. Beginning on a limited scale, arrangements will be made with reference laboratories to which samples may be sent to appraise national testing and the present quality of foods and drugs.

Subsequently, the services of short-term consultants will be provided to assist national laboratories or services, in accordance with the needs revealed by the survey and the requests from the countries.

Provision is made for short-term consultants, for contractual services, and for fellowships for the training of national personnel in laboratory and inspection aspects of food and drug control.

AMRO-152, Conference of Directors of Schools of Public Health (See page 252)

There are three countries in Latin America that provide professional training in public health in centers that receive international students. In several other countries, there are schools for the training of nationals.

Faculty members from all these schools have experienced similar difficulties and problems in developing their programs. They have repeatedly expressed the desire to meet together in order to profit from one another's experience and practice.

To meet this need, a meeting of directors and key faculty members of schools of public health in Latin

America has been planned for 1959. Two participants from each school would attend. The preparations for this meeting, including visits to the schools to discuss the agenda and general organization of the conference, will be made by short-term consultants and staff members of the Organization.

Provision is made in 1959 for short-term consultants, for participants, and for supplies and equipment.

AMRO-156, Latin American Training Program in Hospital Statistics (See page 232)

One of the chief sources of basic data for health planning is the hospital. Birth and death certificates and reports of notifiable diseases are often completed in hospitals. Data on patients treated and services rendered are needed in order to develop an efficient hospital program. To provide these essential data, the medical and administrative records in hospitals and the procedures followed in processing these records must be well developed.

In Spanish-speaking countries the facilities for training in this specialty are limited or completely lacking. One training program is carried on in Puerto Rico (partly in English, partly in Spanish). In order to meet the needs in this field, it is proposed that the Organization establish a training program in hospital statistics. A university hospital that is being used also for the training of medical students and nurses would probably be the most suitable place.

To implement this program, a medical records specialist would be assigned to work in a hospital that has sufficient staff and satisfactory procedures for use in a training program.

Provision is made for the above specialist and for some supplies and equipment.

AMRO-185, Hospital Planning and Organization (See page 232)

The problem of hospital planning and organization, as part of the medical care program of the countries, is receiving increasing attention. During 1957 a number of requests have been made for assistance to countries in this field. The most important function of the Organization would be to guide the countries in their approach to the over-all planning of programs for hospital development, with special reference to planning and coordinating hospital systems and services.

To promote these activities, provision is made for a hospital administrator (regional consultant).

Field Office - El Paso (See page 234)

The length of the Mexico-U.S. frontier and the large number of cities and towns whose health problems affect the whole community but whose administrations are divided by the border, lead to health problems necessitating international action. The El Paso Office, responsible to the Washington Office, was established to collaborate with local health authorities on both sides of the border in the solution of common health problems. Its activities include: (a) stimulating and promoting joint study and planning of health activities in border communities for the mutual improvement of health services and the solution of health problems, that is, by promoting and assisting in the development and operation of joint councils; (b) providing a channel for the exchange of epidemiological and

other public health information between border health authorities; and (c) acting as secretariat for the Mexico-U.S. Border Public Health Association.

Provision is made for an area supervisor, one sanitary engineer, one administrative officer, local staff, and short-term consultants. Provision is also made for common services.

AMRO-23.5, Fifth Regional Nursing Congress (See page 234)

Since 1949 four congresses have provided an opportunity for nursing leaders of the Continent to discuss professional problems and ways of meeting them. As an educational process, it has been very fruitful to have these contacts between nurses from countries where the profession is in its initial stages and nurses from countries where it is well developed. The governments have supported these meetings by paying the expenses of nurses attending the congresses. It is planned to hold the fifth in this series in 1959; the site of the meeting will be in South America.

Provision is made for advisory and conference services and for a limited amount of supplies and equipment.

AMRO-28, Advanced Nursing Education (See page 234)

The purpose 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 the course conducted in Santiago, Chile (Chile-29). The project began in 1955 with the preparation of instructors and supervisors in communicable disease nursing, and has been broadened each year by the addition of courses in other specialized fields of nursing and in administration of health services.

To help strengthen nursing schools and health services throughout Latin America, 10 places in the course in Santiago are reserved annually for nurses from countries other than Chile. To date, 30 nurses from 13 Latin American countries have been awarded fellowships for the course.

Provision is made for the award of fellowships to nurses for attendance at the course in Chile and in one or two other countries where similar programs are planned.

AMRO-46, Seminar on Nursing Education (See page 234)

Many countries in Latin America are conducting surveys to determine their resources and needs in the field of nursing. In the process, the necessity for shifting emphasis in the preparation of graduate nurses is becoming apparent. The organization of seminars on nursing education affords an opportunity for nurse-educators from the various countries to pool their experience and make suggestions for a more realistic orientation of the nursing curriculum in keeping with the graduate nurse's role as supervisor.

The one-week seminar planned for 1960 will be attended by approximately 20 directors of schools of nursing from different countries in South America, together with five nursing education advisers from the staff of the Organization. It is expected that a similar seminar will be conducted in 1961 for the countries in Central America and the Caribbean.

Provision is made for participants, and for

supplies and equipment.

AMRO-63, Assistance to Schools of Nursing (See page 234)

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 individual projects various forms of professional assistance, such as short-term consultants; travel grants to senior members of nursing faculties for observation of teaching methods, of demonstration programs, and of new trends in curriculum planning; and opportunities for senior members of nursing faculties in the United States and Canada to visit countries in Latin America from which their students come, so that they may be in a better position to adapt the teaching and field programs arranged for the fellows to the health problems and general conditions of those countries.

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

AMRO-100, Courses on Nursing Supervision and Administration (See page 236)

Many nurses in Latin America are placed immediately upon graduation into teaching and supervisory posts even though they have been prepared only to give direct care to the patient. As a result, except for a limited number of nurses in each country who have had further study, the personnel holding such positions are not really trained for their principal functions, i.e., training and supervising auxiliary nursing personnel.

In none of the countries will there be enough graduate nurses for several decades to fill all the needs in the care of the patient and the family. With regard to public health nursing, in a group of 10 countries the population per public health nurse varied from 110,400 to 763,700. It is of the utmost importance, therefore, that the few public health nurses there are be prepared to train auxiliary nursing personnel and to supervise and administer their work.

To help meet this need, it is proposed to establish four-month courses in nursing supervision and administration, to be held in suitable cities, beginning in 1959. Approximately 20 graduate nurses from several countries would be invited to attend.

Provision is made for short-term consultants, for fellowships, and for some supplies and equipment.

AMRO-29, Cultural Anthropology (See page 236)

There is general agreement that applied anthropology has a real contribution to make to the development of effective health services and is particularly important in communities whose background and customs differ substantially from those of the personnel carrying out a health program. Previous studies carried out by the Organization in this field have included communities in Peru and in Central America and have resulted in the accumulation of significant data.

To assist in bringing this knowledge to bear on programs, an experienced anthropologist is carrying out in 1958 a series of visits to the headquarters services, zone offices, and selected country projects to make pertinent

studies in connection with the Organization's work. The observations and recommendations will be discussed with other experts in the field of applied anthropology and public health, as appropriate. The consultant will then submit recommendations as to the possible role of anthropology in public health and propose specific action that might be taken to implement them.

AMRO-112, Fundamental Education Training Center (CREFAL)
(See page 236)

The Latin American Fundamental Education Training Center, CREFAL (Centro Regional de Educación Fundamental para la América Latina), was established in 1951 at Pátzcuaro, Michoacán, Mexico, by agreements between the Government of Mexico, UNESCO, and the Organization of American States and in collaboration with the UN, ILO, and FAO. These agencies have assigned technical staff to the Center to give the students special training or experience in the basic skills required, such as agricultural extension, literacy teaching, handicrafts, etc. Students from virtually every country of the Americas are received each year for a 19-month course in fundamental education methods. These are applied to basic needs of rural Latin America communities to promote their socio-economic development.

The Organization provided one consultant from April 1951 to December 1953, to assist in the teaching of health education and in its integration into the over-all program of the Center. At present the Organization participates in the recently created Interagency Advisory Committee to CREFAL, which serves as an advisory body in matters of operation, budget, and general curriculum planning. The Organization also cooperates through technical consultant services by zone staff when requested by CREFAL.

Since diseases resulting from improper sanitation are a major health problem in rural Latin America, it is believed that adequate orientation and some basic knowledge in this field are essential to workers in fundamental education. It is proposed that the Organization participate by assigning a sanitarian with skills and experience in basic rural sanitation, to serve as a member of the faculty for academic and field instruction and to work with other staff and with students in the development of community activities directed toward improving environmental sanitation, such as well-drilling and protection, latrine construction and installation, waste disposal, market sanitation, etc. The expert would be assisted through the Zone III Office in order to relate instruction of the students to actual developments in public health in general in Latin America, thereby better enabling them to integrate their efforts into national programs upon their return to their countries.

Provision is made for a sanitarian.

AMRO-94, Diarrheal Diseases (See page 236)

Diarrheal diseases are among the principal causes of death in almost all the Latin American countries and are the leading cause in nine countries, affecting especially children under five years of age. In eight countries in 1952, the infant death rates from diarrheal diseases were ten times higher than the lowest recorded country rate in the Americas. The contrast was even sharper for the age group 1-4 years; in these countries the death rates were 150 times higher than the lowest rate. On the other hand, the excessively high levels of illness from diarrheal diseases impose a heavy burden on the limited financial and professional resources of the health services.

To achieve a substantial reduction in mortality and morbidity due to diarrheal diseases, there are two specific measures which can be applied on a mass scale, namely: availability of water in homes for personal cleanliness, and simple means for prevention and early treatment of severe dehydration, which is the lethal factor in the disease.

The application of such measures under the prevailing conditions in the Region, together with the evaluation of the effectiveness of those measures, are among the immediate objectives of this project. Another important objective is to assist in the study of the complex etiology of these diseases, with particular reference to their relation to malnutrition. Such studies are an essential basis for sound planning of national and regional programs for the removal of diarrheas as a major cause of death in the Americas.

To achieve these objectives, the Organization proposes to collaborate with interested governments in the development and evaluation of the following phases of their public health programs: (a) increased availability of water in selected communities where diseases have high incidence; (b) early oral rehydration (making full use of the services of auxiliary health workers), as a simple lifesaving measure in areas lacking adequate medical care facilities. Using the facilities available at INCAP, studies will be carried out to ascertain the epidemiological distribution of etiologic agents and the relation of diarrheal diseases to nutritional deficiencies, particularly in children under five years.

A team of special consultants will assist in these programs, which will be focused continuously on short cuts for practical application. These consultants will be available for collaboration with all interested governments.

As part of the program, seminars designed to impart knowledge at present available were organized in 1956 in Santiago, Chile, and in 1957 in Tehuacán, Mexico. These seminars brought together health workers interested in the problem in the various Latin American countries. They have stimulated great interest in this problem.

The studies of the relationship between diarrheal disease and malnutrition carried on in INCAP since 1956 will be continued throughout 1958, 1959, and 1960. In 1958, demonstration projects on the value of increased provision of water in rural villages and of early oral rehydration for lowering morbidity and mortality are being initiated in Mexico and will be continued in 1959 and 1960.

Provision is made for a bacteriologist, a statistician, a public health nurse, and short-term consultants in epidemiology and related fields. Provision is also made for a limited amount of supplies and equipment and for contractual services, including grants.

AMRO-102, Assistance to Pediatric Education (See page 236)

In 1955, under project AMRO-68, a survey of pediatric education in Latin America was made on the lines of previous surveys in other parts of the world. Analysis of the results of the survey indicates great disparity among the schools. For example, the variation in the number of hours devoted to pediatric instruction in medical schools of 17 countries in Latin America in 1956 was from 468 to 72. This fact would appear to be particularly important, since available evidence shows that at least one third of the time of the general practitioner is devoted to the care of children.

The report on the survey, showing the position of each school, has been sent to the schools on a confidential basis. Recommendations for improvement are implicit in the self-examination that each school has been led to make.

After a three-year interval, it is proposed to bring together representatives of the schools that have been active in implementing the findings of the survey, so that they may have an opportunity to report to one another and exchange views on effective methods of improvement. Such meetings would be held on an intracountry basis for the larger countries and on an intercountry basis for small groups of neighboring countries that have only one school or a very limited number of them. It is expected that a professor and a member of the staff from each pediatric department would attend, together with a few deans and professors of the basic sciences and clinical fields. Consultants will be provided to discuss teaching and to prepare plans for the meetings.

It is planned, beginning in 1959, in connection with the development of the UNICEF project in pediatric education, to provide visiting professors to advise on the organization of teaching and research in pediatrics and to participate in the teaching.

Provision is made for a short-term consultant, for participants, and for some supplies and equipment.

AMRO-158, Mental Health (See page 238)

The approach to mental health and the development of mental health services have undergone profound changes in the last decade, as the result of improved knowledge of preventive methods, gained through studies in the behavioral sciences and the discovery of new therapy.

At the present time there is a need for assessing the comparative importance of the mental health problem in the countries of Latin America and for providing advice in the development of services oriented toward prevention. Related problems, such as alcoholism, also require attention.

In order to assist the governments in assessing the importance of the problem and in formulating plans for the development and proper orientation of the mental health program, it is proposed to assign an expert in mental health to survey existing conditions and offer specific advice as requested, and to prepare also a report on the existing conditions together with recommendations for the development of a mental health program to assist the countries of the Americas.

Provision is made for a medical officer.

AMRO-165, Nutrition Advisory Services (See page 238)

The great interest of the Latin American countries in their nutrition problems has resulted in an increasing number of requests for consultation and collaboration from the Organization. In the past, such requests were met by the Regional Adviser in Nutrition and by occasional short-term consultants. The increasing number of requests makes it necessary to strengthen the regional nutrition staff.

It is planned that the Regional Nutrition Adviser, who thus far has also been the Director of INCAP, will gradually devote more time to the over-all nutrition program of the Organization. By 1960 it is hoped to have a staff of regional project advisers to render extensive advisory services to countries. The progress already achieved by

INCAP will provide experience, methods, and knowledge which, with appropriate adjustment to the needs of each country, will assist and stimulate nutrition programs throughout the Americas.

Provision is made for the Regional Nutrition Adviser, two nutrition advisers, a technical assistant, and short-term consultants.

AMRO-1, Environmental Sanitation Training (See page 238)

This project provides fellowships for sanitary engineers and auxiliary personnel who will form a nucleus of workers in this field to strengthen both national and local health departments. Ninety-five awards have been made to sanitary inspectors and sanitary engineers under this project up to 1958. The fellowships will be awarded for training largely in the Schools of Public Health in Brazil (Brazil-45), Chile (Chile-33), and Mexico (Mexico-35), as well as the School of Sanitary Engineering in the latter country.

Provision is made for fellowships.

AMRO-17, Waterworks Training Course (See page 238)

The purposes of this project are: (a) to train waterworks operators in order to ensure better operation of existing plants, improvement of water quality, and maintenance of plant equipment, and (b) through the holding of seminars, preparation of certification plans, cooperation with organizations of waterworks operators and other suitable means, to stimulate continual improvement in the operation of waterworks throughout the countries of the Americas.

Courses held in 1953, 1955, 1956, and 1958 served to train key personnel from countries of Zones I, II, and III. In addition, a few individual country courses will be assisted, in accordance with the needs and the availability of the Organization's resources.

As a step toward fulfilling the second objective of this project, a seminar will be held in 1959 to afford experienced specialists from the different countries an opportunity to discuss this important problem.

Provision is made for consultant services, for participants, and for some supplies and equipment.

AMRO-39, Environmental Sanitation (Advisory Committee and Consultants) (See page 238)

In view of the importance of environmental sanitation as a public health problem in the Americas and the need for having the best available technical advice for planning the future program of the Organization in this field, the Director decided to establish an Advisory Committee, which held its first meeting in Washington on 23-24 April 1958. The broad purposes of this meeting were to review the activities of the Organization in this field as related to the actual needs of the countries, to advise on the soundest approach for the solution of environmental sanitation problems, and to formulate recommendations for a plan of action offering the greatest possibilities of success.

The Committee stressed the need for concerted effort toward the one phase in environmental sanitation programs which is most certain to give positive results within a

minimum time at a relatively low per capita cost. With this in mind, it unanimously recommended that the Organization look to the early initiation of a program for the full-scale, concerted promotion of water supply systems in Latin America.

AMRO-62, Housing Sanitation (See page 240)

In June 1952 the Pan American Union, in cooperation with the National University and the Land Credit Institute (Instituto de Crédito Territorial) of Colombia, established the Inter-American Housing Center for the study of housing problems. This Center, situated in Bogotá, trains personnel from all the American countries, and from other parts of the world, in the different aspects of housing, including sanitation.

Since 1953 the Organization's assistance to the Center has consisted of the services of a sanitary engineer who, during one or two months each year, gave lectures and demonstrations for the students.

In view of the growing importance of the Center and the need for incorporating in the curriculum more studies on sanitation problems related to housing, it is proposed to assign one sanitary engineer, specifically to this project.

AMRO-108, Sanitation of Travel Centers (See page 240)

There is increasing interest and activity in the countries of the Hemisphere in connection with sanitation improvements at ports, hotels, restaurants, and resort areas and on planes, ships, and trains serving the travelling public. Following a request from the Organization of American States to the PASO in 1956, a technical committee was established to prepare, for consideration by the PASO Directing Council, a manual containing minimum sanitation standards applicable to tourist accommodations. This matter was studied by the Directing Council at its IX and X Meetings.

The technical committee is now at work preparing material for the national health services and nongovernmental agencies in the travel field for the development of national standards of sanitation and their application to travel centers. To facilitate the continued work of the committee and the provision of advisory services to governments, it is planned to furnish consultant services during three months in 1960.

AMRO-18, Medical Education (See page 240)

In view of the shortage of physicians and the rapid expansion of medical knowledge and techniques, there is need for improving medical education in Latin America. This need has been recognized in specific directives of the governing bodies of the Organization.

Since this project began, assistance has been given to a number of medical schools through the provision of fellowships and travel grants to faculty members. Such cooperation is now provided or proposed through country projects in Argentina, Haiti, and Mexico. Collaboration under this project will be continued with other countries through the services of short-term consultants; the provision of visiting professors; fellowships to teaching personnel for further training in universities in the Americas and elsewhere; travel grants to deans and senior faculty members for observation of teaching methods and discussion of curriculum planning; demonstration programs; and provision

of teaching equipment and supplies.

This long-range project is also coordinated with the activities of a number of nongovernmental and bilateral agencies in the development of professional education. The Medical Education Information Center (MEIC), operated by the Organization, has been specially set up by agencies interested in medical education for the exchange of information and the coordination of such activities.

Provision is made for short-term consultants, fellowships, travel grants, and supplies and equipment.

AMRO-35, Fellowships (Unspecified) (See page 240)

As a general policy, most fellowships to be financed from the resources available to the Organization are included in the individual projects. This policy favors a more logical program development, since it concentrates on the training of personnel needed immediately for developing the planned activities.

Experience has shown, however, the difficulty of anticipating many of the governments' requirements in the training of basic public health personnel and of specialists needed for developing certain public health programs. Consequently, this project provides a small central fund for meeting urgent requests when they cannot be met within country projects.

With funds so provided, 40 awards were made in 1953, 47 in 1954, 27 in 1955, 31 in 1956, and 30 in 1957; in a wide variety of subjects, for the training of personnel from most countries of the Continent. A similar program is being carried out in 1958 and others are planned for 1959 and 1960.

AMRO-48, Seminar on Teaching of Public Health in Schools of Veterinary Medicine (See page 240)

The increased attention given by health authorities to the problems of the zoonoses and of food control has created a demand for full-time public health veterinarians at all levels of public health. To promote and strengthen the interest of veterinarians and their training, it is important to bring together the deans and professors of schools of veterinary medicine in order to discuss suitable ways of incorporating modern teaching of preventive medicine and hygiene into future curricula.

It is proposed to hold a regional one-week seminar during 1959 for deans and professors of preventive medicine from the schools of veterinary medicine of Argentina, Brazil, Canada, Chile, Colombia, Cuba, Ecuador, Guatemala, Mexico, Peru, Uruguay, the United States, and Venezuela. Short-term consultants will be recruited to assist in the conduct of the seminar. During 1956, 1957, and 1958 short-term consultants under project AMRO-67 visited many of the schools and laid much of the groundwork for the seminar.

Provision is made in 1959 for short-term consultants, for participants, and for supplies and equipment.

AMRO-67, Veterinary Medicine Education (See page 240)

Increasing interest in the zoonoses and food hygiene has led to the extension of the veterinary public health activities of the Organization and the establishment of such services in the national ministries of health.

There is a dearth of properly trained personnel for this work and it has been found that inadequate attention is given to preventive aspects in most schools of veterinary medicine.

This project is designed to strengthen the teaching of epidemo-epizootiology, veterinary hygiene, and comparative medicine in the schools of the Americas, by providing short-term consultants and fellowships.

AMRO-77, Pan American Foot-and-Mouth Disease Center
(See page 242)

The Pan American Foot-and-Mouth Disease Center was established in 1951 under the Program of Technical Cooperation of the Organization of American States, with the Bureau serving as the operating agency. The Center was set up near Rio de Janeiro, Brazil, to make possible a continent-wide attack on this disease and to provide needed services not available at the national level in most countries. These services include: (a) the provision of training courses and long-term fellowships for veterinarians in the prevention, diagnosis, control, and eradication of foot-and-mouth disease and in current laboratory methods; (b) the provision of a diagnostic service and virus-typing service, upon request; (c) the provision of advisory and consultative services, upon request; (d) implementation of field studies to acquire information on the incidence of the disease and determine the most effective measures for its prevention, control, and eradication; and (e) conducting of research, with special emphasis on the improvement of diagnostic and virus identification techniques and of immunization methods through the development of new and better vaccines.

Buildings and financial assistance for maintenance work at the Center have been provided by the Brazilian Government. Staff, equipment, and supplies for the technical operations have been provided by the Bureau with funds furnished by the OAS Program of Technical Cooperation. In 1957 the Host Government approved a special allotment of funds with which to complete the Center's structural facilities, including isolation stables and complete laboratory units, and in 1958 construction was undertaken. The Center should reach its full potential of operations by 1959.

The Center has continued to increase its training activities, and by the end of 1957 more than 150 veterinarians from the various American republics had received training in prevention and control methods; of these, 88 were recipients of fellowships awarded by the Center. Several thousand copies of the booklets La Fiebre Aftosa and El Magnífico Toro, as well as an educational calendar, have been issued to Member Countries for local distribution.

The demands for advisory services have continued to increase, many of the requests having entailed visits to the countries concerned by members of the Center's staff.

With respect to laboratory diagnosis, the number of samples received for examination during the past four years has grown from 195 to 265, 395, and 528, respectively. In the research field, successful results have been obtained in adapting strains of aftosa virus to young rabbits and mice. Studies of possible applications of this work will be made possible with the installation of the new cattle-isolation facilities to be provided by the Host Government. Progress has been made in developing the current techniques of culture of aftosa virus, and the installation of a pilot

plant for large-scale culture and vaccine production has been completed.

The program for future years will be to continue developing and improving new techniques now becoming available as a result of work at the Center and at other foot-and-mouth disease research institutes. For the first time in the history of this disease, these techniques, if satisfactorily exploited, give a promise that eradication may be practicable. For this reason, a restatement has been made of the purpose of the Center by substituting the term "eradication" where formerly one spoke of "control." The research activities of the Center will be intensified, the field work will be expanded, and the training programs will be used to disseminate technical knowledge in all aspects of the problem.

AMRO-142, Health Aspects of Nuclear Energy (See page 244)

The discovery of the new uses of nuclear energy in peaceful pursuits and of methods for their safe application has brought about the hope that these forces can be put advantageously to the use of mankind as a cheap source of energy for multiple purposes and as a valuable tool in medical research, diagnosis, and therapy. It is of general knowledge that ambitious plans are being considered to make nuclear energy available for peaceful purposes to countries of the Hemisphere, and some of those countries have already begun to use fissionable materials. At the same time, plans are also being developed for the increased use of radio-isotopes and other radiation sources in medicine. As with many other technological developments, these anticipated benefits cannot be realized without the direction of trained workers in sufficient number and with adequate qualifications. This is especially true with respect to nuclear energy, where the hazards of misuse may outweigh the gains derived. The addition of this new massive source of radiation emphasizes the need for establishing safety standards for all sources, including X rays, which have not heretofore been subjected to careful control. This is a special field in which unusual opportunity is offered today for preventing a health hazard before it develops.

The Organization has begun the study of these problems with a view to devising methods whereby it may best assist governments, institutions, and individuals in the preventive medicine aspects of nuclear energy, with emphasis on the education and training of health workers in this field. In all these activities, close coordination will be maintained with activities being developed in this field by agencies of the United Nations, including the new International Atomic Energy Agency.

The direction, coordination, and development of the Organization's participation in this field will be handled through a permanent unit which is to be set up at headquarters as soon as possible and will be staffed by an experienced radiological health officer.

Under the present project the Organization will develop cooperative activities with the Member Governments in two major fields: (a) use of radioisotopes for medical research, diagnosis, and therapy; and (b) development of procedures and standard regulations for radiation protection, in both the use of isotopes and other radiation sources and in the disposal of radioactive waste from power reactors and other sources. Governments will be encouraged to apply the recommendations of the International Commission on Radiological Protection and the International Commission on Radiological Units and Measurements, as recommended by the WHO Study Group on Radiological Units and Radiological Protection.

To assist the governments in the training of national personnel in the use of radioisotopes, it is proposed to hold a three-month course in 1959 for approximately 16 selected specialists from the various countries of the Americas. A short-term consultant will be provided to assist in organizing and conducting this course, and some teaching supplies will also be provided. Fellowships will be awarded for the participants.

It is also proposed to award full-year fellowships for the training of national radiological officers for service with the health departments. This is a start toward developing in countries a small number of highly trained pro-

fessional personnel to advise on health aspects of radiation.

In addition to the radiological health officer at headquarters, provision is made under this project for consultant months to permit the use of short-term specialists to advise and assist governments in the development of safety programs for the application of radiation protection procedures, including atomic waste disposal. They would also advise on the drafting of health regulations and laws to provide administrative and legal bases for carrying out protective measures.

Provision is made for short-term consultants, fellowships, and supplies and equipment.

PART III

SECTION 3 - Publications of the PASB (See page 244)

The sum of \$45,000 is provided for the Bulletin in 1959 and 1960, representing an increase of \$5,000 over the amount provided in 1958. This amount will allow continued enlargement of the publication's volume and permit inclusion of additional literature related to the Bureau's expanding activities.

A small increase of \$500 is reflected in 1959 and 1960 for Statistical Publications and Reports, which include purchases of guides as well as acquisition and distribution

among health authorities and institutions of publications on epidemiological and statistical matters.

An amount of \$40,000 is reflected in 1960 for Special Publications. This amount constitutes an increase of \$20,000 over the 1958 and 1959 figures and is a result of a continuing demand for expanding activities in the field of Special Publications. This expansion will also be in line with the Bureau's increased activity in malaria eradication and other fields such as communicable diseases.

PART III

SECTION 4 - Repatriation Grant (See page 244)

Provision is made in this Section for reimbursement of accrued repatriation grant entitlement, as provided for in the Staff Rules, to terminating staff members.

The amount provided is based on the average annual cost over a period of years.

INFORMATIONAL DETAILS

NARRATIVE EXPLANATIONS AND SCHEDULES

PASO—REGULAR BUDGET

PASO—OTHER FUNDS

WHO—REGULAR BUDGET

WHO—TECHNICAL ASSISTANCE FUNDS

PAN AMERICAN SANITARY ORGANIZATION												SUMMARY	GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
15	15	17	\$ 212,813	\$ 217,162	\$ 220,385	1	1	1	\$ 7,444	\$ 9,136	\$ 10,463	PART I PAN AMERICAN SANITARY ORGANIZATION	
143	141	146	1,246,319	1,276,464	1,360,663	19	18	18	162,423	159,404	165,097	PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS	
139	154	180	1,540,868	1,806,374	2,518,952	222	252	254	2,741,393	4,028,952	3,982,771	PART III PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS	
297	310	343	3,000,000	3,300,000	4,100,000	242	271	273	2,911,260	4,197,492	4,158,331	TOTAL - ALL PARTS	
			100,000	100,000	100,000							LESS MISCELLANEOUS INCOME	
			2,900,000	3,200,000	4,000,000							TOTAL FOR ASSESSMENT	
15	15	17	68,263	75,472	86,136	1	1	1	2,500	6,133	6,333	PART I PAN AMERICAN SANITARY ORGANIZATION	
												Sect. 1. <u>Conference Services</u>	
												Sect. 2. <u>Organizational Meetings</u>	
			84,707	86,992	79,192							Ch. 1. Meetings of the Pan American Sanitary Conference, Directing Council, Executive Committee and WHO Regional Committee	
			16,292	16,292	10,852							Ch. 2. Meetings of the Executive Committee	
			100,999	103,284	90,044								
			900	900	900							Sect. 3. <u>Temporary Personnel</u>	
			4,184	4,700	5,500				333	800	800	Sect. 4. <u>Common Staff Costs</u>	
			9,398	10,566	12,058				113	276	285	Ch. 1. Dependents' Allowance	
			537	755	861				25	61	63	Ch. 2. Repatriation Grant	
			2,400	2,250	4,010						1,100	Ch. 3. Pension	
			7,874						3,700			Ch. 4. Insurance	
			6,260	6,019	6,144							Ch. 5. Home Leave Travel	
			10,014	11,175	12,350				573	1,375	1,375	Ch. 6. Recruitment Costs	
			256	256	256				200	491	507	Ch. 7. Reimbursement of Income Tax	
			1,728	1,785	2,126							Ch. 8. Post Adjustment Allowance	
			42,651	37,506	43,305				4,944	3,003	4,130	Ch. 9. Service Benefit	
												Ch.10. Provision - Local Wage Increase	
15	15	17	212,813	217,162	220,385	1	1	1	7,444	9,136	10,463	TOTAL - PART I	
7	7	7	57,590	64,633	65,042	2	2	2	12,885	13,035	13,180	PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS	
6	6	6	31,379	31,950	32,373							Sect. 1. <u>Executive Offices</u>	
30	31	31	143,091	170,671	176,844	1	1	1	6,083	6,283	6,494	Ch. 1. Office of the Director	
43	44	44	232,060	267,254	274,259	3	3	3	18,968	19,318	19,674	Ch. 2. Library	
												Ch. 3. Information and Publications Branch	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
4	4	4	62,497	38,805	70,666	1	1	1	8,429	8,799	9,074	21	21	23	291,183	273,902	310,588
51	52	52	548,231	599,642	607,797	11	10	10	64,571	67,701	70,826	224	221	226	2,021,544	2,103,211	2,204,383
46	46	49	922,903	964,353	1,042,347	98	97	92	1,163,401	1,059,750	1,099,397	505	549	575	6,368,565	7,859,429	8,643,467
101	102	105	1,533,631	1,602,800	1,720,810	110	108	103	1,236,401	1,136,250	1,179,297	750	791	824	8,681,292	10,236,542	11,158,438
4	4	4	21,763	22,487	23,268	1	1	1	5,617	5,817	6,017	21	21	23	98,143	109,909	121,754
			25,850	7,400	27,970										110,557	94,392	107,162
					5,440										16,292	16,292	16,292
			25,850	7,400	33,410										126,849	110,684	123,454
															900	900	900
			892	1,060	1,060										5,409	6,560	7,360
				200	200											200	200
			3,310	2,560	2,649				786	814	842				13,607	14,216	15,834
			164	337	348				41	87	90				767	1,240	1,362
			4,100		4,940										6,500	2,250	10,050
			2,167												13,741		
									1,200	1,296	1,340				7,460	7,315	7,484
			3,868	3,925	3,925				785	785	785				15,240	17,260	18,435
			163	496	512										619	1,243	1,275
			220	340	354										1,948	2,125	2,480
			14,884	8,918	13,988				2,812	2,982	3,057				65,291	52,409	64,480
4	4	4	62,497	38,805	70,666	1	1	1	8,429	8,799	9,074	21	21	23	291,183	273,902	310,588
1	1	1	22,330	23,140	23,402				623	1,560	1,298	9	9	9	93,428	102,368	102,922
			5,000	5,000	5,000							7	7	7	36,379	36,950	37,373
4	4	4	75,600	76,475	70,820				1,350	1,506	1,566	35	36	36	226,124	254,935	255,724
5	5	5	102,930	104,615	99,222				1,973	3,066	2,864	51	52	52	355,931	394,253	396,019

PAN AMERICAN SANITARY ORGANIZATION												SUMMARY	GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$		
2	2	2	10,789	18,572	18,880							Sect. 2. <u>Division of Education and Training</u> Ch. 1. Office of the Chief Ch. 2. Fellowships Branch Ch. 3. Professional Education Branch	
9	7	7	38,403	34,421	35,533	2	2	2	9,250	9,895	10,271		
5	6	6	31,941	33,502	34,466								
16	15	15	81,133	86,495	88,879	2	2	2	9,250	9,895	10,271		
												Sect. 3. <u>Division of Administration</u> Ch. 1. Office of the Chief Ch. 2. Administrative Management and Personnel Branch Ch. 3. Budget and Finance Branch Ch. 4. General Services Office Ch. 5. Supply Office	
2	2	2	35,234	32,695	32,695				6,000	6,000	6,000		
9	9	9	39,648	44,515	45,849	1	1	1	3,633	3,833	4,033		
18	17	17	80,617	81,919	85,057	1	1	1	4,363	4,560	4,743		
22	20	20	77,471	81,570	83,578	2	1	1	5,860	2,815	2,935	Sect. 4. <u>Division of Public Health</u> Ch. 1. Office of the Chief Ch. 2. Health Promotion Branch Ch. 3. Communicable Diseases Branch Ch. 4. Environmental Sanitation Branch Ch. 5. Malaria Eradication	
8	7	7	34,687	35,698	36,320								
59	55	55	267,657	276,397	283,499	4	3	3	19,856	17,208	17,711		
												Sect. 5. <u>Temporary Personnel</u>	
3	3	3	30,819	35,881	36,107								
3	3	3	21,643	17,348	17,923								
14	16	21	76,679	87,427	121,366	2	2	2	11,010	11,385	11,768		
2	2	2	8,824	11,219	11,582							Sect. 6. <u>Common Staff Costs</u> Ch. 1. Dependents' Allowance Ch. 2. Repatriation Grant Ch. 3. Pension Ch. 4. Insurance Ch. 5. Home Leave Travel Ch. 6. Recruitment Costs Ch. 7. Reimbursement of Income Tax Ch. 8. Post Adjustment Allowance Ch. 9. Service Benefit Ch. 10. Provision - Local Wage Increase	
3	3	3	39,987	40,554	41,387	8	8	8	47,610	54,689	55,915		
25	27	32	177,952	192,429	228,365	10	10	10	58,620	66,074	67,683		
			8,200	8,200	8,200							Sect. 7. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			30,756	32,200	33,925				2,092	2,700	2,700		
			95,563	101,856	107,899				6,315	7,063	7,300		
			5,493	7,321	7,849				696	915	944	Sect. 7. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			21,645	6,835	27,705						2,200		
			28,525	3,800					11,650				
			89,741	84,751	86,607				6,000	6,184	6,354		
			71,815	71,486	74,764				5,985	7,180	7,180	Sect. 7. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			385	258	269				2,740	2,719	2,812		
			23,904	25,692	26,953				3,456	3,353	3,473		
			367,827	334,199	365,971				38,934	30,114	32,963		
												Sect. 7. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			50,370	50,370	50,370				6,230	6,230	6,230		
			29,705	29,705	29,705				7,400	7,400	7,400		
			23,330	23,330	23,330				1,000	1,000	1,000		
			3,585	3,585	3,585				165	165	165	Sect. 7. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			4,500	4,500	4,500				2,000	2,000	2,000		
			111,490	111,490	111,490				16,795	16,795	16,795		
143	141	146	1,246,319	1,276,464	1,360,663	19	18	18	162,423	159,404	165,097		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1	11,048	19,315	19,325				358	1,000	1,000	3	3	3	22,195	38,887	39,205
7	9	9	37,886	49,299	50,583	1	1	1	3,979	3,785	3,935	19	19	19	89,518	97,400	100,322
1	1	1	4,259	7,581	7,812							6	7	7	36,200	41,083	42,278
9	11	11	53,193	76,195	77,720	1	1	1	4,337	4,785	4,935	28	29	29	147,913	177,370	181,805
			3,000	4,500	4,500							2	2	2	44,234	43,195	43,195
5	5	5	27,288	28,449	29,449	3	3	3	12,515	13,035	13,555	18	18	18	83,084	89,832	92,886
10	9	9	38,712	45,009	46,019	4	4	4	11,975	15,329	15,782	33	31	31	138,667	146,817	151,601
7	7	7	30,274	31,064	31,810	1	1	1	3,771	3,935	4,080	32	29	29	117,376	119,384	122,403
3	3	3	11,428	11,965	12,424	2	1	1	5,608	3,430	3,568	13	11	11	51,723	51,093	52,312
25	24	24	110,702	120,987	124,202	10	9	9	36,869	35,729	36,985	98	91	91	435,084	450,321	462,397
4	4	4	15,847	15,758	15,672				712	2,000	2,000	3	3	3	47,378	53,639	53,779
6	6	6	16,870	23,152	23,906							7	7	7	38,513	40,500	41,829
			24,747	34,769	35,595							22	24	29	112,436	133,581	168,729
2	2	2	12,489	11,580	11,880							4	4	4	21,313	25,799	26,462
												11	11	11	87,597	95,243	97,302
12	12	12	69,953	88,259	90,053				712	2,000	2,000	47	49	54	307,237	348,762	388,101
															8,200	8,200	8,200
			12,494	12,200	11,900				300	300	300				45,642	47,400	48,825
				200	200					100	100					300	300
			32,563	37,581	38,467				5,422	5,532	5,730				139,863	152,032	159,396
			1,946	4,482	4,594				345	593	614				8,480	13,311	14,001
				2,480	7,450				1,600		1,512				23,245	9,315	38,867
			26,869												67,044	3,800	
			50,751	53,408	54,311				1,370	1,890	1,941				147,862	146,233	149,213
			26,266	31,610	31,610				1,175	1,175	1,175				105,241	111,451	114,729
			3,082	6,366	6,547				1,308	1,195	1,238				7,515	10,538	10,866
			4,082	7,859	8,121				1,670	2,721	2,817				33,112	39,625	41,364
			158,053	156,186	163,200				13,190	13,506	15,427				578,004	534,005	577,561
			21,400	21,400	21,400				2,175	3,775	3,775				80,175	81,775	81,775
			16,410	16,410	16,410				3,345	2,885	2,885				56,860	56,400	56,400
			9,920	9,920	9,920				1,700	1,750	1,750				35,950	36,000	36,000
			1,170	1,170	1,170				270	205	205				5,190	5,125	5,125
			4,500	4,500	4,500										11,000	11,000	11,000
			53,400	53,400	53,400				7,490	8,615	8,615				189,175	190,300	190,300
51	52	52	548,231	599,642	607,797	11	10	10	64,571	67,701	70,826	224	221	226	2,021,544	2,103,211	2,204,383

PAN AMERICAN SANITARY ORGANIZATION												SUMMARY	GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$		
14	14	14	76,516	94,070	103,509	1	1	1	31,122	58,319	58,549	PART III PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS Sect. 1. <u>Zone Offices</u> Ch. 1. Zone I Ch. 2. Zone II Ch. 3. Zone III Ch. 4. Zone IV Ch. 5. Zone V Ch. 6. Zone VI 	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
2	2	2	500	700	700							15	15	15	108,138	153,089	162,758
1	1	1	28,951	30,185	32,141							19	20	20	132,299	132,785	137,969
			15,907	20,511	19,599							20	22	21	128,721	153,135	148,691
1	1	1	3,400	5,500	5,500							18	18	18	137,023	123,868	127,238
			16,290	16,967	17,577							11	12	12	81,626	100,676	103,532
			2,200	3,600	3,600							14	16	16	86,396	106,824	103,687
4	4	4	67,248	77,463	79,117							97	103	102	674,203	770,377	783,875
						23	22	22	235,367	211,244	242,614	126	130	132	2,095,106	3,529,660	3,538,278
						2	1	1	17,420	10,010	11,445	2	1	2	31,555	17,810	23,423
4	1	1	39,906	11,899	12,127	2	1	1	17,373	16,155	15,656	9	7	8	101,373	108,856	121,201
2	1	2	88,401	35,347	58,995	5	6	6	56,459	72,409	70,417	53	50	52	719,673	538,590	585,719
20	25	28	406,909	438,539	498,163	38	38	37	542,875	464,770	501,014	71	89	100	1,235,572	1,320,582	1,719,073
12	12	11	168,147	198,290	216,923	5	5	5	39,730	30,126	36,621	20	20	22	223,573	259,615	346,366
						1	1	1	5,650	9,470	10,690	1	1	1	5,650	25,480	45,285
2	2	2	30,562	30,282	32,472							2	2	3	30,562	30,282	40,272
			8,900	13,600	13,600							5	3	4	43,276	67,667	89,495
														2			34,364
2	1	1	3,900			1	1	1	21,756	19,803	24,537	25	25	28	380,785	240,860	294,820
			55,983	78,333	68,289	21	22	18	226,771	216,763	177,403	23	24	21	286,244	303,039	269,424
			52,947	80,600	65,400					9,000	9,000	71	94	98	441,993	547,111	650,111
					(2,739)												(2,739)
42	42	45	855,655	886,890	963,230	98	97	92	1,163,401	1,059,750	1,099,397	408	446	473	5,595,362	6,989,552	7,755,092
															40,000	45,000	45,000
															4,500	5,000	5,000
															20,000	20,000	40,000
															30,000	25,000	10,000
															94,500	95,000	100,000
															4,500	4,500	4,500
46	46	49	922,903	964,353	1,042,347	98	97	92	1,163,401	1,059,750	1,099,397	505	549	575	6,368,565	7,859,429	8,643,467

PAN AMERICAN SANITARY ORGANIZATION												BUDGET SUMMARY BY RELATED ACTIVITY	
ESTIMATED EXPENDITURE													
REGULAR BUDGET						OTHER FUNDS							
1958		1959		1960		1958		1959		1960			
\$	%	\$	%	\$	%	\$	%	\$	%	\$	%		
GROUP I													
Administrative Services													
57,590	1.92	64,633	1.96	65,042	1.59	12,885	.44	13,035	.31	13,180	.32	Office of the Director	
232,970	7.76	240,699	7.29	247,179	6.03	19,856	.68	17,208	.41	17,711	.43	Division of Administration (Excluding Supply Office)	
3,032	.10	3,032	.09	3,032	.07							Temporary Personnel	
111,490	3.72	111,490	3.38	111,490	2.72	16,795	.58	16,795	.40	16,795	.40	Common Services - Headquarters	
135,665	4.52	128,192	3.89	131,034	3.19	5,657	.19	5,290	.13	5,448	.13	Common Staff Costs	
540,747	18.02	548,046	16.61	557,777	13.60	55,193	1.89	52,328	1.25	53,134	1.28	TOTAL - GROUP I	
GROUP II													
Technical Services and Supply													
177,952	5.93	192,429	5.83	228,365	5.57	58,620	2.01	66,074	1.57	67,683	1.63	Division of Public Health	
81,133	2.70	86,495	2.62	88,879	2.17	9,250	.32	9,895	.24	10,271	.25	Division of Education and Training	
31,379	1.05	31,950	.97	32,373	.79							Library	
143,091	4.77	170,671	5.17	176,844	4.21	6,083	.21	6,283	.15	6,494	.15	Information and Publications Branch	
34,687	1.16	35,698	1.08	36,320	.88							Supply Office	
5,168	.17	5,168	.16	5,168	.13							Temporary Personnel	
566,282	18.88	624,173	18.92	635,392	15.50	40,673	1.40	68,741	1.64	69,366	1.67	Zone Offices	
232,162	7.74	206,007	6.24	234,937	5.73	33,277	1.14	24,824	.59	27,515	.66	Common Staff Costs	
1,271,854	42.40	1,352,591	40.99	1,438,278	35.08	147,903	5.08	175,817	4.19	181,329	4.36	TOTAL - GROUP II	
GROUP III													
Field Projects and Publications													
Programs													
26,829	.89	34,756	1.05	33,223	.81	1,832,910	62.96	3,283,660	78.23	3,262,441	78.46	Malaria	
14,135	.47	7,800	.24	11,978	.29							Tuberculosis	
42,794	1.43	80,802	2.45	93,418	2.28	1,300	.05					Venereal Diseases and Treponematoses	
374,359	12.48	363,256	11.01	415,773	10.14							Endemo-Epidemic Diseases see Cont. 1 at	
285,788	9.54	417,273	12.64	719,896	17.56	200,454	6.88	67,578	1.61	40,534	.97	* Public Health Administration end of vol	
15,696	.52	31,199	.95	92,822	2.26							Nursing	
		16,010	.48	34,595	.84							Social and Occupational Health	
				7,800	.19							Health Education of the Public	
34,376	1.14	54,067	1.64	75,895	1.85							Maternal and Child Health	
				34,364	.84							Mental Health	
43,599	1.45	63,057	1.91	124,283	3.03	311,530	10.70	158,000	3.76	146,000	3.51	Nutrition	
3,490	.12	7,943	.24	23,732	.58							Environmental Sanitation	
64,520	2.15	31,538	.96	121,281	2.96	324,526	11.15	425,973	10.15	454,430	10.93	Other Projects	
905,586	30.19	1,107,701	33.57	1,789,060	43.63	2,670,720	94.74	3,935,211	93.75	3,903,405	93.87	Total - Programs	
64,500	2.15	70,000	2.12	90,000	2.20	30,000	1.03	25,000	.59	10,000	.24	Publications of the PASB	
4,500	.15	4,500	.13	4,500	.11							Repatriation Grant	
974,586	32.49	1,182,201	35.82	1,883,560	45.94	2,700,720	92.77	3,960,211	94.34	3,913,405	94.11	TOTAL - GROUP III	
GROUP IV													
Part I-Pan American Sanitary Organization													
68,263	2.28	75,472	2.29	86,136	2.10	2,500	.09	6,133	.15	6,333	.15	Conference Services	
100,999	3.37	103,284	3.13	90,044	2.20							Organizational Meetings	
900	.02	900	.02	900	.02							Temporary Personnel	
42,651	1.42	37,506	1.14	43,305	1.06	4,944	.17	3,003	.07	4,130	.10	Common Staff Costs	
212,813	7.09	217,162	6.58	220,385	5.38	7,444	.26	9,136	.22	10,463	.25	TOTAL - GROUP IV	
3,000,000	100.0	3,300,000	100.0	4,100,000	100.0	2,911,260	100.0	4,197,492	100.0	4,158,331	100.0	TOTAL - BUDGET	

WORLD HEALTH ORGANIZATION												TOTAL					
ESTIMATED EXPENDITURE																	
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
1958		1959		1960		1958		1959		1960		1958		1959		1960	
\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
22,330	1.46	23,140	1.45	23,402	1.36	623	.05	1,560	.14	1,298	.11	93,428	1.08	102,368	1.00	102,922	.92
99,274	6.47	109,022	6.80	111,778	6.50	31,261	2.53	32,299	2.84	33,417	2.83	383,361	4.42	399,228	3.90	410,085	3.68
53,400	3.48	53,400	3.33	53,400	3.10	7,490	.60	8,615	.76	8,615	.73	3,032	.03	3,032	.03	3,032	.03
60,743	3.96	64,923	4.05	66,158	3.84	11,213	.91	11,491	1.01	13,328	1.13	189,175	2.18	190,300	1.86	190,300	1.70
												213,278	2.45	209,896	2.05	215,968	1.94
235,747	15.37	250,485	15.63	254,738	14.80	50,587	4.09	53,965	4.75	56,658	4.80	882,274	10.16	904,824	8.84	922,307	8.27
69,953	4.56	88,259	5.51	90,053	5.23	712	.06	2,000	.18	2,000	.17	307,237	3.54	348,762	3.41	388,101	3.48
53,193	3.47	76,195	4.75	77,720	4.52	4,337	.35	4,785	.42	4,935	.42	147,913	1.70	177,370	1.73	181,805	1.63
5,000	.33	5,000	.32	5,000	.29							36,379	.42	36,950	.36	37,373	.33
75,600	4.93	76,475	4.77	70,820	4.12	1,350	.11	1,506	.13	1,566	.13	226,124	2.60	254,935	2.49	255,724	2.29
11,428	.74	11,965	.75	12,424	.72	5,608	.45	3,430	.30	3,568	.30	51,723	.60	51,093	.50	52,312	.47
												5,168	.06	5,168	.05	5,168	.05
67,248	4.38	77,463	4.83	79,117	4.59							674,203	7.77	770,377	7.53	783,875	7.02
97,310	6.35	91,263	5.69	97,042	5.64	1,977	.16	2,015	.18	2,099	.18	364,726	4.20	324,109	3.16	361,593	3.24
379,732	24.76	426,620	26.62	432,176	25.11	13,984	1.13	13,736	1.21	14,168	1.20	1,813,473	20.89	1,968,764	19.23	2,065,951	18.51
39,906	2.60	11,899	.74	12,127	.70	235,367	19.04	211,244	18.59	242,614	20.57	2,095,106	24.13	3,529,660	34.47	3,538,278	31.71
88,401	5.76	35,347	2.20	56,256	3.27	17,420	1.41	10,010	.88	11,445	.97	31,555	.36	17,810	.17	23,423	.21
406,909	26.54	438,539	27.36	498,163	28.95	17,373	1.40	16,155	1.42	15,656	1.33	101,373	1.17	108,856	1.06	121,201	1.09
168,117	10.97	198,290	12.37	216,923	12.61	56,459	4.57	72,409	6.37	70,417	5.98	519,219	5.98	471,012	4.60	542,446	4.86
						542,875	43.91	464,770	40.91	501,014	42.48	1,436,026	16.54	1,388,160	13.56	1,759,607	15.77
						39,730	3.21	30,126	2.65	36,621	3.11	223,573	2.58	259,615	2.54	346,366	3.10
						5,650	.46	9,470	.83	10,690	.91	5,650	.07	25,480	.25	45,285	.41
30,562	1.99	30,282	1.89	32,472	1.89							30,562	.35	30,282	.30	40,272	.36
8,900	.58	13,600	.85	13,600	.79							43,276	.50	67,667	.66	89,495	.80
																34,364	.31
3,900	.25					21,756	1.76	19,803	1.74	24,537	2.08	380,785	4.39	240,860	2.35	294,820	2.64
55,983	3.65	78,333	4.89	68,289	3.97	226,771	18.34	216,763	19.09	177,403	15.04	286,244	3.30	303,039	2.96	269,424	2.41
52,947	3.45	80,600	5.03	65,400	3.80			9,000	.79	9,000	.76	441,993	5.09	547,111	5.34	650,111	5.83
855,655	55.79	886,890	55.33	963,230	55.98	1,163,401	94.10	1,059,750	93.27	1,099,397	93.23	5,595,362	64.46	6,989,552	68.28	7,755,092	69.50
												94,500	1.09	95,000	.93	100,000	.90
												4,500	.05	4,500	.04	4,500	.04
855,655	55.79	886,890	55.33	963,230	55.98	1,163,401	94.10	1,059,750	93.27	1,099,397	93.23	5,694,362	65.60	7,089,052	69.25	7,859,592	70.44
21,763	1.42	22,487	1.40	23,268	1.35	5,617	.45	5,817	.51	6,017	.51	98,143	1.13	109,909	1.07	121,754	1.09
25,850	1.69	7,400	.46	33,410	1.94							126,849	1.46	110,684	1.09	123,454	1.10
												900	.01	900	.01	900	.01
14,884	.97	8,918	.56	13,988	.82	2,812	.23	2,982	.26	3,057	.26	65,291	.75	52,409	.51	64,480	.58
62,497	4.08	38,805	2.42	70,666	4.11	8,429	.68	8,799	.77	9,074	.77	291,183	3.35	273,902	2.68	310,588	2.78
1,533,631	100.0	1,602,800	100.0	1,720,810	100.0	1,236,401	100.0	1,136,250	100.0	1,179,297	100.0	8,681,292	100.0	10,236,542	100.0	11,158,438	100.0

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

SUMMARY OF PROGRAMS BY MAJOR EXPENSE	ESTIMA					
	PERSONNEL COSTS			DUTY TRAVEL		
	1958	1959	1960	1958	1959	1960
	\$	\$	\$	\$	\$	\$
PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET	464,157	720,908	1,049,652	102,204	137,619	202,430
PAN AMERICAN SANITARY ORGANIZATION - OTHER FUNDS	983,864	1,404,563	1,534,568	139,724	289,816	299,806
WORLD HEALTH ORGANIZATION - REGULAR BUDGET	401,255	460,797	514,236	84,860	89,103	89,968
WORLD HEALTH ORGANIZATION - TECHNICAL ASSISTANCE FUNDS	930,448	845,253	892,610	116,048	104,970	97,166
TOTAL - ALL FUNDS	2,779,734	3,431,521	3,991,066	442,836	621,508	689,370
<u>PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET</u>						
MALARIA						
AMRO-90, Malaria - Technical Advisory Services (Regional)	22,729	25,831	24,298	3,600	7,710	7,710
Total - Malaria	22,729	25,831	24,298	3,600	7,710	7,710
TUBERCULOSIS						
Argentina-20, BCG Vaccination			10,478			1,500
Bahamas-2, Tuberculosis Survey	350			325		
Dominican Republic-10, BCG Vaccination	4,200	4,200		3,600	3,600	
Leeward Islands-1, Tuberculosis Control	700			660		
Total - Tuberculosis	5,250	4,200	10,478	4,585	3,600	1,500
VENEREAL DISEASES AND TREPONEMATOSES						
Dominican Republic-52, Venereal Disease Control	26,634	27,182	26,428	740	1,800	1,800
Haiti-1, Yaws and Smallpox Eradication	12,100	33,780	30,172	1,000	7,240	7,240
Venezuela-13, Treponematoses Eradication			15,478			1,500
AMRO-160, Treponematoses Eradication		4,200	4,200		3,600	3,600
Total - Venereal Diseases and Treponematoses	38,734	65,162	76,278	1,740	12,640	14,140
ENDEMO-EPIDEMIC DISEASES						
Argentina-51, Aedes aegypti Eradication	33,634	34,304	32,488	6,481	3,500	3,500
Bolivia-12, Leprosy Control			4,200			3,600
Brazil-38, Smallpox Eradication						
Brazil-40, Verification of Aedes aegypti Eradication	9,950			3,300		
Brazil-51, Yellow Fever Laboratory	1,570	1,697	1,697			
British Guiana-7, Filariasis Control				550		
Colombia-17, Smallpox Eradication	11,513	13,283	12,244	2,200	1,500	1,500
Colombia-52, Yellow Fever, Carlos Finlay Institute						
Cuba-1, Aedes aegypti Eradication	28,756	28,017	25,632	2,250	2,250	2,250
Ecuador-11, National Institute of Health	6,262	10,478	11,731	250	300	300
Ecuador-18, Leprosy Control			9,994			1,000
Ecuador-20, Smallpox Eradication	11,531	10,478	11,733	1,400	1,500	1,500
Mexico-20, Virus Center			2,100			1,800
Peru-54, Typhus Vaccine			2,100			1,800
Uruguay-9, Chagas Disease			1,400			1,200
Venezuela-11, Plague Investigation	3,600			4,880		
Venezuela-16, Aedes aegypti Eradication	28,320	52,377	57,313	2,250	5,760	5,760
AMRO-57, Yellow Fever Studies	27,601	2,800	2,800	6,750	2,400	2,400
AMRO-60, Smallpox Eradication	5,850	2,100	2,100		1,800	1,800
AMRO-81, Pan American Zoonoses Center	16,172	22,760	17,935	4,627	2,700	3,390
AMRO-88, Aedes aegypti Eradication	6,268	20,994	22,277	12,680	12,060	12,060
AMRO-92, Poliomyelitis	10,068	21,963	15,939	6,100	8,100	4,900
AMRO-155, Schistosomiasis Control			4,200			3,600
Total - Endemo-Epidemic Diseases	201,095	221,251	237,883	54,218	41,870	52,360
PUBLIC HEALTH ADMINISTRATION						
Argentina-12, Survey of Health Services	10,530	1,375		500	649	
Argentina-13, PASB Public Health Administration Fellowships						
Argentina-24, Planning and Organization of Hospital Services		10,084	11,319		1,000	1,000
Bolivia-10, Public Health Services	10,694	10,744	11,927	520	1,000	1,000
Brazil-28, PASB Public Health Administration Fellowships						

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
73,386	58,750	67,750	200,809	116,328	383,298	65,030	74,096	85,930	905,586	1,107,701	1,789,060
598,025	1,091,526	1,081,808	202,049	148,030	64,990	747,058	1,001,276	922,233	2,670,720	3,935,211	3,903,405
47,208	44,574	32,148	299,308	277,416	311,878	23,014	15,000	15,000	855,655	886,890	963,230
35,810	24,500	19,870	66,095	85,027	89,751	15,000			1,163,401	1,059,750	1,099,397
754,429	1,219,350	1,201,576	768,261	626,801	849,917	850,102	1,090,372	1,023,163	5,595,362	6,989,552	7,755,092
	500	500				500	715	715	26,829	34,756	33,223
	500	500				500	715	715	26,829	34,756	33,223
300			4,000						675 11,800 1,660	7,800	11,978
300			4,000						14,135	7,800	11,978
2,320	3,000	3,000							29,694 13,100	28,982 44,020 7,800	28,228 40,412 16,978 7,800
2,320	3,000	3,000							42,794	80,802	93,418
3,000	3,000			2,520		12,000			43,115	40,804 2,520	35,988 7,800
6,000 5,000	5,000	5,000							31,750 6,570	6,697	6,697
	1,500	1,500		3,270	3,270	31,600	31,600	31,600	550 13,713 31,600 34,763 6,512	19,553 31,600 40,267 10,778	18,514 31,600 37,882 12,031
3,757	10,000	10,000			4,300 3,495 1,340				12,931	13,978	15,294 15,233 7,395 8,900 3,940
	2,000	2,000									
	5,000	5,000									
6,750 10,000 1,887			2,400			4,240	10,000 1,500	10,000 1,500 3,000	8,480 39,720 48,591 7,737 20,799	58,137 15,200 5,400 30,460	63,073 15,200 5,400 29,525
23,882 320	10,000	10,000 1,000	5,000	13,745	27,325	1,860 1,350	1,000		44,690 22,838	43,054 44,808	44,337 49,164 7,800
60,596	36,500	39,700	7,400	19,535	39,730	51,050	44,100	46,100	374,359	363,256	415,773
			4,000		8,600				11,030 4,000	2,024	8,600
			5,450	4,300 8,600	4,300 8,600				16,664	15,384 20,344	16,619 21,527
			4,000		8,600				4,000		8,600

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

	PERSONNEL COSTS			DUTY TRAVEL		
	1958	1959	1960	1958	1959	1960
	\$	\$	\$	\$	\$	\$
PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET (continued)						
PUBLIC HEALTH ADMINISTRATION (continued)						
Brazil-32, Training for Statisticians in Vital and Health Statistics			8,595			
Brazil-33, Training for Laboratory Technicians			11,653			
Brazil-36, Health Statistics		10,895	11,654		2,000	2,000
Brazil-37, Dental Health Education		1,400	1,400		1,200	1,200
Brazil-39, Public Health Services (Mato Grosso)		19,092	21,940			1,200
Brazil-43, Preventive Dentistry			2,800			2,400
Brazil-44, Veterinary Medical Education						
British Guiana and West Indies-4, PASB Public Health Administration Fellowships						
British Honduras-6, PASB Public Health Administration Fellowships						
Chile-26, PASB Public Health Administration Fellowships						
Chile-27, Rural Health Services (Ovalle-Copisapo)			2,800			2,400
Colombia-21, PASB Public Health Administration Fellowships						
Costa Rica-14, Expansion of Local Public Health Services						
Costa Rica-15, PASB Public Health Administration Fellowships						
Costa Rica-17, Evaluation of Public Health Program	6,300			6,283		
Cuba-6, PASB Public Health Administration Fellowships						
Dominican Republic-4, Reorganization of Local Health Services	40,112	55,037	54,088	1,194	2,400	2,400
Dominican Republic-11, PASB Public Health Administration Fellowships						
Ecuador-19, PASB Public Health Administration Fellowships						
El Salvador-9, PASB Public Health Administration Fellowships						
El Salvador-10, Planning and Organization of Hospital Services		7,844	11,213		1,368	1,000
French Antilles and Guiana-3, PASB Public Health Administration Fellowships						
Guatemala-12, PASB Public Health Administration Fellowships						
Haiti-9, Public Health Laboratory	7,443	10,478	5,366			
Haiti-12, PASB Public Health Administration Fellowships						
Haiti-16, Public Health Services		10,852	46,832		448	3,000
Honduras-4, Public Health Services	14,672	8,020	9,460	1,100	215	
Honduras-6, PASB Public Health Administration Fellowships						
Jamaica-9, Health Insurance for Hospital and Medical Care	125			440		
Mexico-25, PASB Public Health Administration Fellowships						
Mexico-28, Public Health Laboratory	4,258	2,100	2,100	2,648	1,800	1,800
Nicaragua-7, PASB Public Health Administration Fellowships						
Panama-8, PASB Public Health Administration Fellowships						
Paraguay-13, PASB Public Health Administration Fellowships						
Paraguay-16, Administrative Methods and Practices in Public Health	6,912	10,413	11,668		374	374
Peru-25, PASB Public Health Administration Fellowships						
Peru-26, Public Health Orientation Course			2,800			2,400
Surinam and Netherlands Antilles-2, PASB Public Health Administration Fellowships						
United States-11, PASB Public Health Administration Fellowships						
Uruguay-10, PASB Public Health Administration Fellowships						
Venezuela-9, PASB Public Health Administration Fellowships						
AMRO-72, Dental Health		12,255	12,542		4,000	4,000
AMRO-75, Statistical Education			1,400			1,200
AMRO-98, Working Group on Medical Certification						
AMRO-148, Laboratory for Production of Biologicals (Zone III)		10,896	11,653		2,500	2,000
AMRO-150, Food and Drug Services		12,600	5,600		10,800	4,800
AMRO-156, Latin American Training Program in Hospital Statistics			8,908			300
AMRO-157, Health Statistics (Zone I)	5,722	10,413	11,668	500	3,000	3,000
AMRO-159, Health Statistics (Zone VI)		10,014	10,733		2,380	2,380
AMRO-162, Epidemiology (Zone II)			11,796			3,000
AMRO-163, Epidemiology (Zone VI)			12,034		2,110	2,110
AMRO-178, Veterinary Public Health (Zone II)	10,870	13,951	14,074	2,678	2,180	2,180
AMRO-179, Veterinary Public Health (Zone IV)		12,107	16,332		2,500	2,500
		12,380				

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET (continued)

PUBLIC HEALTH ADMINISTRATION (continued)

AMRO-180, Veterinary Public Health (Zone VI)
AMRO-185, Hospital Planning and Organization
El Paso - Field Office

Total - Public Health Administration

NURSING

Argentina-23, Nursing Education (Rosario)
Argentina-25, Training of Professional and Auxiliary Nursing Personnel
Costa Rica-18, Advanced Nursing Education
Mexico-14, Schools of Nursing
Venezuela-14, Nursing Education

Total - Nursing

SOCIAL AND OCCUPATIONAL HEALTH

Argentina-26, National Institute of Rehabilitation
Chile-21, Rehabilitation Center
Chile-22, Institute of Occupational Health

Total - Social and Occupational Health

HEALTH EDUCATION OF THE PUBLIC

AMRO-112, Fundamental Education Training Center (CREPAL)

Total - Health Education of the Public

MATERNAL AND CHILD HEALTH

Mexico-15, Maternal and Child Health
AMRO-94, Diarrheal Diseases in Childhood

Total - Maternal and Child Health

MENTAL HEALTH

Argentina-27, Training of Personnel for Mental Health Programs
AMRO-158, Mental Health

Total - Mental Health

NUTRITION

Argentina-15, Nutrition
AMRO-54, Collaboration with INCAP
AMRO-165, Nutrition Advisory Services (Interzone)

Total - Nutrition

ENVIRONMENTAL SANITATION

AMRO-39, Environmental Sanitation (Advisory Committee and Consultant)
AMRO-62, Housing Sanitation
AMRO-95, Environmental Sanitation (Caribbean)
AMRO-108, Sanitation of Travel Centers

Total - Environmental Sanitation

OTHER PROJECTS

Haiti-19, Medical Education
Uruguay-13, Training of Public Health Personnel
Uruguay-16, Chronic Diseases
Venezuela-15, Health Aspects of Nuclear Energy
AMRO-35, Fellowships (Unspecified)
AMRO-142, Health Aspects of Nuclear Energy

Total - Other Projects

TOTAL - ALL SUBJECTS

PERSONNEL COSTS			DUTY TRAVEL		
1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$
		10,478			2,000
27,143	33,299	10,014	2,834	4,555	4,000
		50,055			5,955
144,781	286,249	444,902	18,697	46,479	61,599
8,504	15,748	16,202	1,040	200	200
		7,930			300
		7,931			300
5,527	8,731	9,958	625	720	720
		11,731			1,000
14,031	24,479	53,752	1,665	920	2,520
		1,400			1,200
		4,200			3,600
	4,200	4,200		3,600	3,600
	4,200	9,800		3,600	8,400
		7,419			381
		7,419			381
8,747	28,736	8,730	500	3,900	1,600
		29,430			3,900
8,747	28,736	38,160	500	3,900	5,500
		12,321			4,005
		10,738			3,000
		23,059			7,005
22,934	2,100	2,800		1,800	2,400
5,075	36,743	25,550	10,800	11,000	12,500
	10,314	60,318	3,690		15,315
28,009	49,157	88,668	14,490	12,800	30,215
781	7,443	10,413	2,709	500	1,000
		7,419			1,000
		2,100			1,800
781	7,443	19,932	2,709	500	3,800
		20,956			100
		15,667			3,600
		4,200			
	4,200	4,200		3,600	3,600
	4,200	45,023		3,600	7,300
464,157	720,908	1,049,652	102,204	137,619	202,430

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
											12,478
220						6,580	10,250	8,550	36,777	48,104	14,014
1,670	5,750	10,400	113,760	63,545	220,445	6,880	15,250	12,550	285,788	417,273	64,560
	1,500	1,500		4,300	8,600				9,544	21,748	26,502
		650			4,300						12,530
					8,600				6,152	9,451	17,481
					12,900						10,678
	1,500	2,150		4,300	34,400				15,696	31,199	25,631
											92,822
	3,000	2,000			1,885						4,485
		3,000		5,210	4,300					16,010	14,100
	3,000	5,000		5,210	5,210						16,010
					11,395					16,010	34,595
											7,800
											7,800
7,500	7,500	2,000	11,129		3,770	6,500	13,931	26,465	34,376	54,067	14,100
7,500	7,500	2,000	11,129		3,770	6,500	13,931	26,465	34,376	54,067	61,795
					4,300						20,626
					4,300						13,738
					4,300						34,364
1,000	1,000	1,000				100	100	100	34,834	3,900	9,500
									8,765	48,843	39,150
1,000	1,000	1,000				100	100	100		10,314	75,633
					4,300				43,599	63,057	124,283
									3,490		
										7,943	11,413
											8,419
											3,900
									3,490	7,943	23,732
		1,000			4,300						20,956
					2,500						21,067
					4,300						10,300
					4,300						4,300
			64,520	15,738	40,958				64,520	15,738	40,958
		3,000		8,000	12,900					15,800	23,700
		4,000	64,520	23,738	64,958				64,520	31,538	121,281
73,386	58,750	67,750	200,809	116,328	383,298	65,030	74,096	85,930	905,586	1,107,701	1,789,060

ESTIMA

PERSONNEL COSTS			DUTY TRAVEL		
1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$
28,490	12,586	10,541		2,400	2,400
24,898	33,851	41,087	6,230	13,525	13,525
14,792	40,042	38,237	400	3,488	5,000
	27,978	31,687	2,040	2,400	2,400
	9,548	7,475		2,400	2,400
14,952	29,676	34,584	1,500	4,500	4,500
15,373	20,244	19,436	4,800	13,600	13,600
8,105	16,118	13,901	2,300	4,620	4,620
44,240	43,762	47,450	1,236	1,790	1,790
			3,676	8,960	8,960
12,218	14,294	15,748	4,404	6,706	6,706
15,726	20,702	20,290	1,500	2,800	2,800
4,646			400		
17,938	19,062	19,740	2,600	1,200	1,200
68,029	90,488	98,515	9,526	18,660	18,660
29,896	11,278	12,533	670	2,650	2,650
	43,947	42,784	750	7,867	7,867
4,716	7,305	8,532	1,039	2,400	2,400
12,403	22,558	25,068	600	2,840	2,840
11,984	11,278	12,533	882	1,800	1,800
8,743	10,476	11,733	1,200	1,200	1,200
25,798	37,020	39,562	3,783	21,600	21,600
32,367	21,882	37,483	300	2,895	2,895
416	12,586	10,541	800	2,400	2,400
16,423	15,718	17,122	500	2,373	2,373
35,839	92,461	98,697	17,000	4,000	
27,882			3,060	36,000	36,000
11,122	7,982		2,000	500	
42,336	75,300	69,700	3,550	21,800	20,000
40,111	63,257	62,876	3,710	15,000	15,000
21,718	60,053	62,497	6,100	20,000	20,000
32,203	18,922	19,459		10,000	10,000
	58,576	117,052	6,116	15,000	30,000
	6,300	6,300		5,400	5,400
1,000	9,548	8,475	700	1,800	1,800
			8,000		
				600	

1/ Grant from the Shell Chemical Corporation.

2/ PASB surplus funds.

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
		5,550		19,450	19,450					25,000	25,000
	5,550										
9,000	5,000	5,000				94,795 11,700 58,700	583,026 11,700 30,000	583,000 11,700 30,000	94,795 61,816 76,700	583,026 61,625 30,000	583,000 62,712 30,000
700						2,750			3,450		
22,000	22,000	22,000				5,020	6,520 40,000 100,000	6,520 40,000 100,000	29,158	31,688 40,000 100,000	31,798 40,000 100,000
485,102	1,016,007	1,007,657	183,134	139,450	56,410	377,684	850,138	812,660	1,832,910	3,283,660	3,262,441
									1,300		
									1,300		
6,000 4,035 3,000 4,500									6,000 4,035 3,000 4,500 5,319		
250 6,503 15,000	3,800	2,432	1,892			67,813 48,700	31,599	4,404	1,240 101,360 75,000	67,578	40,534
39,288	3,800	2,432	1,892			116,513	31,599	4,404	200,454	67,578	40,534
4,690	4,200	4,200				220,330	79,250	64,880	311,530	158,000	146,000
4,690	4,200	4,200				220,330	79,250	64,880	311,530	158,000	146,000
68,945	67,519	67,519	17,023	8,580	8,580	32,531	40,289	40,289	324,526	425,973	454,430
68,945	67,519	67,519	17,023	8,580	8,580	32,531	40,289	40,289	324,526	425,973	454,430
475,535	1,016,007	1,007,657	183,134	139,450	56,410	371,243	850,138	812,660	1,785,960	3,283,660	3,262,441
122,490	75,519	74,151	18,915	8,580	8,580	375,815	151,138	109,573	884,760	651,551	640,964
598,025	1,091,526	1,081,808	202,049	148,030	64,990	747,058	1,001,276	922,233	2,670,720	3,935,211	3,903,405

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

WORLD HEALTH ORGANIZATION - REGULAR BUDGET

VENEREAL DISEASES AND TREPONEMATOSSES

Haiti-1, Yaws and Smallpox Eradication

Total - Venereal Diseases and Treponematoses

ENDEMO-EPIDEMIC DISEASES

Argentina-11, Rabies Control

Brazil-42, Rabies Control

Paraguay-9, Leprosy Control

AMRO-26, Brucellosis Control

AMRO-61, Rabies Control

AMRO-76, Vaccine Testing

AMRO-149, Leprosy Control

Total - Endemo-Epidemic Diseases

PUBLIC HEALTH ADMINISTRATION

Argentina-4, National Institute of Microbiology

Argentina-6, WHO Public Health Administration Fellowships

Argentina-17, School of Public Health

Argentina-26, National Institute of Rehabilitation

Brazil-3, Public Health Services (North-East)

Brazil-18, National Food and Drug Service

Brazil-19, School of Public Health (Rio de Janeiro)

Brazil-35, School of Public Health (Sao Paulo)

British Guiana-6, Public Health Legislation

British Guiana and West Indies-5, WHO Public Health Administration Fellowships

British Honduras-5, Public Health Services

Canada-1, WHO Public Health Administration Fellowships

Chile-25, WHO Public Health Administration Fellowships

Chile-31, School of Public Health

Ecuador-4, Public Health Services

Guatemala-8, Public Health Services

Mexico-22, Integrated Health Services (Guanajuato)

Mexico-30, School of Public Health

Peru-21, WHO Public Health Administration Fellowships

Trinidad-6, Public Health Legislation

United States-7, WHO Public Health Administration Fellowships

United States-10, Consultants in Specialized Fields of Public Health

Uruguay-8, WHO Public Health Administration Fellowships

Venezuela-10, WHO Public Health Administration Fellowships

AMRO-16, Assistance to Schools of Public Health

AMRO-45, Laboratory Services

AMRO-85, Latin American Center for Classification of Diseases

AMRO-86, Health Statistics (Zone III)

AMRO-143, Health Statistics (Zone IV)

AMRO-144, Health Statistics (Zone II)

AMRO-188, Veterinary Public Health (Zone III)

AMRO-189, Veterinary Public Health (Zone V)

Total - Public Health Administration

NURSING

Bolivia-5, Nursing Education

Chile-20, Midwifery Education

Chile-29, Advanced Nursing Education

Dominican Republic-3, Nursing Education

Ecuador-16, Nursing Education

PERSONNEL COSTS			DUTY TRAVEL		
1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$
36,198	7,999	8,227	3,708	3,900	3,900
36,198	7,999	8,227	3,708	3,900	3,900
1,200	1,200	1,200	1,400	1,400	1,400
		14,158			2,100
2,180	9,783	10,789	3,320	240	240
1,200	600	1,200	1,400	700	1,400
15,683	1,200	1,200	7,466	1,400	1,400
8,083	1,600		5,830	2,100	
28,346	14,583	28,547	19,416	5,840	6,540
6,652	18,279	30,030			
1,200	11,438	11,644	1,400	1,825	2,525
			1,994		
4,091	11,270	12,027	500	500	500
9,100	12,358	11,964		400	1,000
13,895	17,017	15,381	685	1,500	2,900
	1,200	1,200		1,400	1,400
			145		
	9,700	20,461		740	1,940
	1,200	1,200		1,400	1,400
19,495	20,076	30,740	2,783	2,000	3,000
43,023	53,592	52,647	1,290	1,200	1,200
49,285	51,630	59,330	2,700	2,600	2,600
5,682	9,865	10,593	1,300	1,400	1,400
5,885			2,200		
2,120	5,400	5,400	2,802	6,300	6,300
2,710	1,200	1,200	1,000	1,400	1,400
4,230	3,600	3,600	3,900	4,200	4,200
15,068	11,779	12,935	3,000	3,000	3,000
7,836	9,612	10,378	830	3,000	3,000
13,508	12,079	17,045	3,000	3,000	3,000
	12,839	11,804		3,000	3,000
	13,740	12,819		3,000	3,000
204,180	287,874	332,398	29,529	41,865	46,765
15,951	16,768	16,653	200	678	678
8,065	9,553	8,610	345	685	685
9,380	11,148	9,951	270	500	500
8,696	20,040	21,496			
14,185	13,726	14,881	778	200	200

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
									39,906	11,899	12,127
									39,906	11,899	12,127
									2,600	2,600	2,600
		1,200			2,500				5,500	11,599	19,958
	1,576								2,600	2,800	11,029
	1,500	2,500			11,960				29,084	3,100	17,060
	500	500	3,987			200			4,454	5,248	3,100
1,748									44,163	10,000	5,248
	5,248	5,248	22,250	6,100		4,454					
4,000						4,000					
5,748	8,824	9,448	26,237	6,100	14,460	8,654			88,401	35,347	58,995
1,500	1,500	1,000	4,000	8,600	4,300				12,152	28,379	35,330
			16,745						16,745		
			8,005	4,300	4,300				10,605	17,563	18,469
									1,994		
			6,000		2,000				10,591	11,770	14,527
				3,000					9,100	15,758	12,964
1,000	2,000		4,000	6,300	6,300				19,580	26,817	24,581
6,000	6,000	6,000	3,000	2,000	3,000				9,000	10,600	11,600
									145		
			25,740						25,740		
			7,960		4,300				7,960	10,440	26,701
				6,500	6,500					6,500	6,500
			7,025						7,025		
1,000	1,000	1,000	2,930	3,000	3,000				2,930	6,600	6,600
			8,450	8,600	8,600				31,728	30,676	42,340
			2,240	4,300	8,600				50,093	59,092	62,447
3,540			8,000		4,300				60,085	54,230	66,330
100		100	3,000	3,000	3,000				10,982	15,265	15,993
1,000	1,000	1,000	10,680						10,680		
									8,085		
			3,500	10,000	10,000				3,500	10,000	10,000
									4,922	11,700	11,700
			6,755						6,755		
			360						360		
			8,200	6,000	10,000				11,910	8,600	12,600
400	1,000	1,000	1,735	8,600	8,600				10,265	17,400	17,400
1,000			7,235	7,000	7,000	12,000	15,000	15,000	20,235	22,000	22,000
									18,068	14,779	15,935
									8,666	12,612	13,378
									17,008	15,179	20,145
										15,839	14,804
										16,740	15,819
15,640	12,600	10,200	145,560	81,200	93,800	12,000	15,000	15,000	406,909	438,539	498,163
2,500	2,000	2,000							18,651	19,446	19,331
1,000	1,000		4,000		8,600				13,410	11,238	17,895
2,000	1,000	1,000	5,105	4,300	4,300				16,755	16,948	15,751
			8,000	3,600	3,600				16,696	23,640	25,096
3,000	2,000	2,000	5,000	8,600	8,600				22,963	24,526	25,681

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

WORLD HEALTH ORGANIZATION - REGULAR BUDGET (continued)

NURSING (continued)

Guatemala-6, Training of Nursing Auxiliaries
Nicaragua-5, Nursing Education
AMRO-23.5, Fifth Regional Nursing Congress
AMRO-28, Advanced Nursing Education
AMRO-46, Seminar on Nursing Education

AMRO-63, Assistance to Schools of Nursing
AMRO-100, Courses on Nursing Supervision and
Administration

Total - Nursing

HEALTH EDUCATION OF THE PUBLIC

AMRO-29, Cultural Anthropology
AMRO-93, Health Education (Zone II)
AMRO-141, Health Education (Zone III)

Total - Health Education of the Public

MATERNAL AND CHILD HEALTH

AMRO-102, Assistance to Pediatric Education

Total - Maternal and Child Health

NUTRITION

Argentina-15, Nutrition

Total - Nutrition

ENVIRONMENTAL SANITATION

Brazil-45, Environmental Sanitation Training
Chile-33, Environmental Sanitation Training
Mexico-35, Environmental Sanitation Training
Uruguay-15, Waterworks Operators School
AMRO-1, Environmental Sanitation Training
AMRO-17, Waterworks Training Course

Total - Environmental Sanitation

OTHER PROJECTS

Argentina-18, Medical Education
Mexico-32, Medical Education
Mexico-34, Veterinary Medicine Education
AMRO-18, Medical Education
AMRO-48, Seminar on Teaching of Public Health in Schools of
Veterinary Medicine
AMRO-67, Veterinary Medicine Education

Total - Other Projects

SUB-TOTAL - ALL SUBJECTS

Less: Delay Factor for New Projects (1960)

TOTAL - ALL SUBJECTS

PERSONNEL COSTS			DUTY TRAVEL		
1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$
9,040	9,580		330	320	
19,003	24,192	26,776	200	1,515	1,310
				7,300	
850			4,790		990
1,200	1,800	1,800	1,400	2,100	2,100
	2,400	2,400		2,800	2,800
86,370	109,207	102,567	8,313	16,098	9,263
3,338			3,900		
13,994	12,889	14,323	3,000	3,000	3,000
4,958	11,293	12,049	1,272	3,000	3,000
22,290	24,182	26,372	8,172	6,000	6,000
600	1,200	1,200	1,300	1,400	1,400
600	1,200	1,200	1,300	1,400	1,400
1,800			2,100		
1,800			2,100		
	3,752	3,864			
	1,200	1,200		1,400	1,400
	1,200	1,200		1,400	1,400
		2,400			2,800
7,496			1,000		
4,072	1,200		2,718	1,400	
11,568	7,352	8,664	3,718	4,200	5,600
1,200	1,200	1,800	1,400	1,400	2,100
	1,200	1,200		1,400	1,400
5,880	3,600	3,600	3,900	4,200	4,200
	1,200			1,400	
2,833	1,200	2,400	3,304	1,400	2,800
9,913	8,400	9,000	8,604	9,800	10,500
401,265	460,797	516,975	84,860	89,103	89,968
		(2,739)			
401,265	460,797	514,236	84,860	89,103	89,968

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1,540 2,000	4,650 1,400	1,150	8,000 4,200	4,300 8,600	8,600 8,600				18,910 25,403	14,200 38,957	8,600 37,836
600		750	10,309 13,210	11,100	27,990 7,468	1,500			10,309 20,950	8,700 11,100	27,990 9,208
1,500				2,940	2,940				4,100	6,840	6,840
	1,000	1,000		16,495	16,495					22,695	22,695
14,140	13,050	7,900	57,824	59,935	97,193	1,500			168,147	198,290	216,923
100	100	100							7,238 17,094 6,230	15,989 14,293	17,423 15,049
100	100	100							30,562	30,282	32,472
500	1,000	1,000	6,000	10,000	10,000	500			8,900	13,600	13,600
500	1,000	1,000	6,000	10,000	10,000	500			8,900	13,600	13,600
									3,900		
									3,900		
5,000 2,880	2,000 3,000	1,000 1,500	25,887 6,930	2,000 2,000 51,781 6,000	2,000 2,000 47,525				39,383 16,600	5,752 4,600 4,600 3,600 6,700 51,781 11,600	5,864 4,600 3,600 6,700 47,525
7,880	5,000	2,500	32,817	61,781	51,525				55,983	78,333	68,289
3,000	1,000	1,000	1,515 29,355	4,300 12,000 4,300 16,000	8,300 12,000 4,300 16,000	360			2,600 1,515 42,495	6,900 12,000 6,900 24,800	12,200 12,000 6,900 24,800
200	3,000			17,500 4,300	4,300				6,337	23,100 6,900	9,500
3,200	4,000	1,000	30,870	58,400	44,900	360			52,947	80,600	65,400
47,208	44,574	32,148	299,308	277,416	311,878	23,014	15,000	15,000	855,655	886,890	965,969
47,208	44,574	32,148	299,308	277,416	311,878	23,014	15,000	15,000	855,655	886,890	963,230

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
									13,849	13,235	11,163
									15,603	21,394	22,846
									26,213	20,062	24,253
									23,306	12,946	25,433
									15,985	17,890	20,232
									19,319	11,274	14,368
									11,876	16,285	18,915
									51,976	47,435	44,268
									6,922		
									18,292	16,030	19,337
									14,125	19,232	22,696
									17,901	15,461	19,103
									235,367	211,244	242,614
									10,527	10,010	11,445
									6,193		
									700		
									17,420	10,010	11,445
										3,544	3,544
									17,373	12,611	12,112
									17,373	16,155	15,656
									4,191	16,858	10,690
	3,200			4,188						12,428	13,647
				3,000	3,000				2,758		
7,000									11,806	8,434	10,645
									37,704	34,689	35,435
7,000	3,200			7,188	3,000				56,459	72,409	70,417
									41,389	37,094	48,451
3,000			5,615	4,688	13,600				4,605		
									13,463	11,065	10,501
				11,600	11,600					11,600	11,600
				4,300	4,300					4,300	4,300
				8,600	8,600					8,600	8,600
				5,930	5,930				6,610	14,700	15,792
3,450	3,850	3,850							81,300	51,659	55,688
4,080									35,103	17,054	18,600
			2,470	6,000	6,000				2,470	6,000	6,000

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

WORLD HEALTH ORGANIZATION - TECHNICAL ASSISTANCE FUNDS (continued)

PUBLIC HEALTH ADMINISTRATION (continued)

Honduras-4, Public Health Services
Nicaragua-3, Public Health Services
Panama-1, Public Health Services
Paraguay-10, Public Health Services
Peru-22, Public Health Services

1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$
42,868	33,345	40,539	1,699	1,370	1,370
4,616	8,077	9,539	300	1,623	1,620
57,719	48,775	48,569	2,895	8,095	7,040
55,822	56,388	60,115	4,857	3,080	4,080
37,802	28,748	28,985	6,927	3,091	1,350

Peru-23, Joint Field Mission on Indigenous Populations
Surinam and Netherlands Antilles-3, WHO/TA Public Health
Administration Fellowships
Uruguay-5, Public Health Services
Venezuela-1, Local Health Services
AMRO-10, Inter-American Program for Education in
Biostatistics

			600	1,000	1,000
37,591	31,800	32,129	2,431	1,100	2,600
17,013	32,344	38,680	1,530	2,306	2,310
4,240	4,200	4,200	3,900	3,600	3,600

Total - Public Health Administration

408,218	353,801	380,336	40,917	32,245	33,042
---------	---------	---------	--------	--------	--------

NURSING

Argentina-3, Nursing Education (Cordoba and El Chaco)
Brazil-22, Nursing Education
British Guiana and West Indies-3, Public Health Nursing

25,050	23,126	27,061	310	2,380	2,380
11,570			600		
	3,469	6,029		1,151	1,151

Total - Nursing

36,620	26,595	33,090	910	3,531	3,531
--------	--------	--------	-----	-------	-------

SOCIAL AND OCCUPATIONAL HEALTH

Brazil-31, Rehabilitation Training Center

5,650	9,470	10,690			
-------	-------	--------	--	--	--

Total - Social and Occupational Health

5,650	9,470	10,690			
-------	-------	--------	--	--	--

NUTRITION

Ecuador-53, National Institute of Nutrition
Mexico-23, National Institute of Nutrition

15,960	9,881	14,641	831	657	631
--------	-------	--------	-----	-----	-----

Total - Nutrition

15,960	9,881	14,641	831	657	631
--------	-------	--------	-----	-----	-----

ENVIRONMENTAL SANITATION

British Guiana and West Indies-1, Aedes aegypti Eradication
Colombia-22, Aedes aegypti Eradication
Dominican Republic-8, Aedes aegypti Eradication
French Antilles and Guiana-2, Aedes aegypti Eradication
Haiti-11, Aedes aegypti Eradication

43,841	44,000	48,336	1,914	5,180	5,180
15,280	22,969	20,197	3,809	3,444	3,444
24,668	19,700	21,162	2,400	2,400	2,400
8,235	6,676	6,628		494	494
24,320	14,817	19,717	1,560	2,309	2,300

Surinam and Netherlands Antilles-1, Aedes aegypti
Eradication
AMRO-7, Aedes aegypti Eradication (Central America and
Panama)

7,475	4,470	4,498		1,710	1,710
-------	-------	-------	--	-------	-------

AMRO-8, Aedes aegypti Eradication (Caribbean)
AMRO-95, Environmental Sanitation (Caribbean)

27,859	34,558		9,381	8,639	
14,983	14,458	12,246	5,045	5,228	5,000
22,001	19,814	19,641	5,000	3,747	3,730

Total - Environmental Sanitation

188,662	181,462	152,425	29,109	33,151	24,258
---------	---------	---------	--------	--------	--------

OTHER PROJECTS

Haiti-19, Medical Education

Total - Other Projects

--	--	--	--	--	--

TOTAL - ALL SUBJECTS

930,448	845,253	892,610	116,048	104,970	97,166
---------	---------	---------	---------	---------	--------

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3,000 2,580 500			4,425 7,500 7,065	4,300	4,300				44,567 12,341 70,694 61,179 51,794	34,715 9,700 56,870 59,468 36,139	41,909 11,159 55,609 64,195 34,635
500			3,600 30,955	3,000 26,456	3,000 26,456				600 40,522 22,143	1,000 3,000 32,900 34,650	1,000 3,000 34,729 40,990
17,110	3,850	3,850	61,630	74,874	83,786	15,000			542,875	464,770	501,014
2,200									27,560 12,170	25,506 4,620	29,441 7,180
2,200									39,730	30,126	36,621
									5,650	9,470	10,690
									5,650	9,470	10,690
500	3,300 3,000	3,300 3,000	4,465	2,965	2,965				17,291 4,465	13,838 5,965	18,572 5,965
500	6,300	6,300	4,465	2,965	2,965				21,756	19,803	24,537
4,000 1,000 3,000	1,430								49,755 19,089 27,068 9,235 28,880	49,180 26,413 22,100 8,600 17,126	53,516 23,641 23,562 7,122 22,017
1,000	720	720							8,475 37,240 20,028 27,001	6,900 43,197 19,686 23,561	6,928 17,246 23,371
9,000	2,150	720							226,771	216,763	177,403
	9,000	9,000								9,000	9,000
	9,000	9,000								9,000	9,000
35,810	24,500	19,870	66,095	85,027	89,751	15,000			1,163,401	1,059,750	1,099,397

PAN AMERICAN SANITARY ORGANIZATION						SUMMARY OF PROFESSIONAL AND LOCAL PERSONNEL
REGULAR BUDGET			OTHER FUNDS			
NUMBER OF POSTS			NUMBER OF POSTS			
1958	1959	1960	1958	1959	1960	
						PART I
						<u>PAN AMERICAN SANITARY ORGANIZATION</u>
9 6	9 6	10 7	1	1	1	Professional Local
15	15	17	1	1	1	Total - Part I
						PART II
						<u>PAN AMERICAN SANITARY BUREAU - HEADQUARTERS</u>
59 84	58 83	61 85	7 12	7 11	7 11	Professional Local
143	141	146	19	18	18	Total - Part II
						PART III
						<u>PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS</u>
						<u>Zone Offices</u>
27 61	28 66	28 65	5	5	5	Professional Local
88	94	93	5	5	5	Total - Zone Offices
						<u>Projects</u>
48 3	57 3	84 3	102 115	118 129	122 127	Professional Local
51	60	87	217	247	249	Total - Projects
						<u>Total - Zone Offices and Projects - Part III</u>
75 64	85 69	112 68	102 120	118 134	122 132	Professional Local
139	154	180	222	252	254	Total - Part III
						<u>ALL PARTS</u>
143 154	152 158	183 160	110 132	126 145	130 143	Professional Local
297	310	343	242	271	273	Total - PERSONNEL

WORLD HEALTH ORGANIZATION						TOTALS		
REGULAR BUDGET			TECHNICAL ASSISTANCE FUNDS					
NUMBER OF POSTS			NUMBER OF POSTS			NUMBER OF POSTS		
1958	1959	1960	1958	1959	1960	1958	1959	1960
3 1	3 1	3 1	1	1	1	14 7	14 7	15 8
4	4	4	1	1	1	21	21	23
27 24	27 25	27 25	1 10	1 9	1 9	94 130	93 128	96 130
51	52	52	11	10	10	224	221	226
4	4	4				31 66	32 71	32 70
4	4	4				97	103	102
41 1	41 1	44 1	98	97	92	289 119	313 133	342 131
42	42	45	98	97	92	408	446	473
45 1	45 1	48 1	98	97	92	320 185	345 204	374 201
46	46	49	98	97	92	505	549	575
75 26	75 27	78 27	100 10	99 9	94 9	428 322	452 339	485 339
101	102	105	110	108	103	750	791	824

PAN AMERICAN SANITARY ORGANIZATION												PART I		GRADE
REGULAR BUDGET						OTHER FUNDS						CONFERENCE SERVICES AND ORGANIZATIONAL MEETINGS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
1	1	1		7,300	7,525							SECTION 1		
	1	1		3,447	3,597							CONFERENCE SERVICES (For text see page 9)		
												Conference and Publications Section		
												Conference and Publications Officer, .0021		P4
												Secretary, .0003		WL6
												Conference Arrangements and Documents		
1	1	1		6,531	6,756							Conference Services Officer, .13		P3
		1			4,950							Conference Services Officer, .0018		P2
1	1	1		5,000	5,000							Documents Officer, .14		P1
1	1	1		3,829	3,999							Clerk (Documents), .10		WL7
1	1	1		4,764	4,835							Clerk (Pool Supervisor), .17		WL7
		1			3,449							Clerk, .0019		WL6
1	1	1		3,340	3,475							Clerk, .28		WL5
												Minutes and Translation		
3	2	2		12,483	12,894	1	1	1		6,133	6,333	Reviser Translator, .19, .20, .23, .9006, 4.8000, 4.24		P3
4	4	4		21,884	22,484							Translator, .21, .22, .288, .0006, 4.25, 4.26		P2
2	2	2		6,894	7,172							Clerk (Translation Control), 4.27		WL7
												Clerk-Stenographer, .232, .0002		WL5
15	15	17	68,263	75,472	86,136	1	1	1	2,500	6,133	6,333	TOTAL		
												SECTION 2		
												ORGANIZATIONAL MEETINGS (For text see page 9)		
												Ch. 1. Meetings of the Pan American Sanitary Conference, Directing Council Executive Committee and WHO Regional Committee		
				24,780	24,780							Personal Services		
				24,737	24,737							Travel and Transportation		
				175	175							Space and Equipment Services		
				1,815	1,815							Other Services		
				2,685	2,685							Administrative Supplies		
				32,800	25,000							Publications		
			84,707	86,992	79,192							TOTAL		
												Ch. 2. Meetings of the Executive Committee		
				8,510	5,670							Personal Services		
				4,632	3,092							Travel and Transportation		
				200	130							Space and Equipment Services		
				1,500	1,000							Other Services		
				1,450	960							Administrative Supplies		
			16,292	16,292	10,852							TOTAL		
												SECTION 3		
												TEMPORARY PERSONNEL (For text see page 9)		
			900	900	900							Temporary Personnel		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											PART I		GRADE	
REGULAR BUDGET						OTHER FUNDS					CONFERENCE SERVICES AND ORGANIZATIONAL MEETINGS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	SECTION 4 COMMON STAFF COSTS (For text see page 9)		
			4,184	4,700	5,500				333	800	800	Ch. 1. Dependents' Allowance		
			9,398	10,566	12,058				113	276	285	Ch. 2. Repatriation Grant		
			537	755	861				25	61	63	Ch. 3. Pension		
			2,400	2,250	4,010						1,100	Ch. 4. Insurance		
			7,874						3,700			Ch. 5. Home Leave Travel		
			6,260	6,019	6,144							Ch. 6. Recruitment Costs		
			10,014	11,175	12,350				573	1,375	1,375	Ch. 7. Reimbursement of Income Tax		
			256	256	256				200	491	507	Ch. 8. Post Adjustment Allowance		
			1,728	1,785	2,126							Ch. 9. Service Benefit		
												Ch.10. Provision - Local Wage Increase		
			42,651	37,506	43,305				4,944	3,003	4,130	TOTAL		
											PART II			
											HEADQUARTERS			
											SECTION 1			
											EXECUTIVE OFFICES (For text see page 10)			
											Ch. 1. Office of the Director			
1	1	1		16,000	16,000							Director, .1		Ung
1	1	1		15,000	15,000							Assistant Director, .2		Ung
1	1	1		14,000	14,000	1	1	1		9,100	9,100	Secretary General, .3		Ung
												Consultant, 9021		Ung
1	1	1		7,525	7,750							Radiological Health Officer, .299		Pl
1	1	1		5,000	5,000							Administrative Officer, .6		Pl
2	2	2		9,908	10,092	1	1	1		3,935	4,080	Secretary, .7, .8		WL8
												Secretary, 9022		WL6
				(15,000)	(15,000)							Contribution of WHO to Director's Salary		
				52,433	52,842					13,035	13,180	Cost of Posts		
				6,000	6,000							Duty Travel for Executive Offices		
				6,000	6,000							Representation Allowance of the Director		
				200	200							Hospitality		
7	7	7	57,590	64,633	65,042	2	2	2	12,885	13,035	13,180	TOTAL		
											SECTION 2			
											Ch. 2. Library			
1	1	1		8,000	8,000							Chief Librarian, .37		P3
3	3	3		12,719	12,865							Cataloger, .4, .38		Pl
2	2	2		6,481	6,758							Clerk, .39, .41, .42		WL6
												Clerk, .40, .43		WL5
				27,200	27,623							Cost of Posts		
				4,750	4,750							Library Acquisitions and Binding		
6	6	6	31,379	31,950	32,373							TOTAL		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											GRADE	
REGULAR BUDGET						OTHER FUNDS						
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			
58	59	60	1958	1959	1960	58	59	60	1958	1959		1960
			\$	\$	\$				\$	\$		\$
Ch. 3. Information and Publications Branch												
1	1	1		9,354	9,625							P5
1	1	1		9,167	9,417							PL
1	1	1		4,218	4,368							WL6
1	1	1		4,218	4,368							WL6
Chief of Branch, .297												
Scientific Editor, .290												
Secretary, .16												
Clerk Stenographer, .52												
Public Information												
1	1	1		5,000	5,200							P3
1	1	1		3,815	3,985							P2
1	1	1		3,523	3,673							PL
1	1	1		2,299	3,166							WL7
Information Officer, 4.29												
Information Officer, .0009												
Information Officer, 4.30												
Clerk (Information), .32												
Secretary, .31, 4.1301												
Clerk Stenographer, .0020												WL6
"World Health"												WL5
Press Releases												
World Health Day												
Miscellaneous												
Periodical Publications												
1	1	1		6,283	6,494	1	1	1		6,283	6,494	P3
3	3	3		16,183	16,783							P2
1	1	1		5,000	5,000							PL
2	2	2		6,517	6,792							WL5
Editor, .46, 9005												
Editor, .47, .48, .0008												
Editor, .50												
Clerk Stenographer, .55, .0004												
Reports and Special Publications												
1	1	1		6,283	6,494							P3
1	1	1		4,350	4,550							P3
1	1	1		4,283	4,483							PL
1	1	1		3,798	3,947							PL
1	1	1		3,430	3,568							WL6
1	1	1		3,200	3,340							WL5
Reports Officer, .293												
Editor, 4.45												
Reports Officer, .5												
Editor, .49												
Clerk, .289												
Clerk Stenographer, .53												
Clerk Typist, .11												
Visual Aids												
1	1	1		8,000	8,000							P3
1	1	1		5,000	5,000							PL
1	1	1		5,000	5,000							PL
4	4	4		18,666	19,419							WL8
1	1	1		3,533	3,671							WL5
Visual Media Officer, .209												
Visual Media Officer, .210												
Photo Editor, .255												
Draftsman, .211, .212, .213, .0001												
Clerk Stenographer, .214												
Drafting Services												
Photographic Services												
Slides and Film Strips												
Exhibits												
Distribution												
1	1	1		5,175	5,175							WL8
1	1	1		4,143	4,293							WL7
Distribution Clerk, .51												
Control Clerk, .54												
30	31	31	143,091	170,671	176,844	1	1	1	6,083	6,283	6,494	TOTAL

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		9,354	9,625
												1	1	1		9,167	9,417
												1	1	1		4,218	4,368
												1	1	1		4,218	4,368
1	1	1		8,000	8,000							1	1	1		8,000	8,000
1	1	1		3,833	4,033							1	1	1		5,000	5,200
1	1	1		3,485	3,635							1	1	1		3,833	4,033
												1	1	1		3,815	3,985
												2	2	2		7,008	7,308
												1	1	1		2,299	3,166
				37,138	29,688											37,138	29,688
				3,542	3,542					625	625					12,500	12,500
				8,820	9,700											8,820	9,700
				1,170	1,170					206	206					4,276	4,276
												2	2	2		12,566	12,988
												3	3	3		16,183	16,783
												1	1	1		5,000	5,000
												2	2	2		6,517	6,792
1	1	1		6,662	6,887							1	1	1		6,283	6,494
												1	1	1		6,662	6,887
												1	1	1		4,350	4,550
												1	1	1		4,283	4,483
												1	1	1		3,798	3,947
												1	1	1		3,430	3,568
												1	1	1		3,200	3,340
												1	1	1		8,000	8,000
												1	1	1		5,000	5,000
												1	1	1		5,000	5,000
												4	4	4		18,666	19,419
												1	1	1		3,533	3,671
				595	595					105	105					2,100	2,100
				850	1,190					150	210					3,000	4,200
				285	285					50	50					1,000	1,000
				2,095	2,095					370	370					7,400	7,400
												1	1	1		5,175	5,175
												1	1	1		4,143	4,293
4	4	4	75,600	76,475	70,820				1,350	1,506	1,566	35	36	36	226,124	254,935	255,724

PAN AMERICAN SANITARY ORGANIZATION												PART II HEADQUARTERS		GRADE	
REGULAR BUDGET						OTHER FUNDS									
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE						
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960				
			\$	\$	\$				\$	\$	\$	SECTION 2			
													DIVISION OF EDUCATION AND TRAINING (For text see page 10)		
													Ch. 1. <u>Office of the Chief</u>		
1	1	1		3,815	3,985							Chief of Division, 4.56		D2	
1	1	1		3,407	3,545							Secretary, .58		WL7	
												Clerk Stenographer, .59		WL5	
				7,222	7,530							Cost of Posts			
				11,350	11,350							Duty Travel for Division			
2	2	2	10,789	18,572	18,880							TOTAL			
													Ch. 2. <u>Fellowships Branch</u>		
1	1	1		8,292	8,542							Chief of Branch, 4.69		P5	
1	1	1		6,756	6,981							Medical Officer, .61		P4	
1						1	1	1		6,250	6,456	Public Health Nurse, .234		P3	
												Training Officer, .0012, 9105, 4.294, 4.0500		P3	
3	2	2		7,673	8,012	1	1	1		3,645	3,815	Administrative Officer, 4.62		P1	
1	1	1		3,835	3,983							Budget and Awards Clerk, 4.65		WL8	
1	1	1		4,380	4,380							Placement Clerk, .243, .0013, .0014, 9106, 4.63, 4.0501		WL7	
1	1	1		3,485	3,635							Payments and Travel Clerk, 4.64		WL7	
												Secretary, .292, 4.295		WL6	
												Clerk, .66		WL6	
												Clerk Stenographer, .0005, 4.254		WL6	
9	7	7	38,403	34,421	35,533	2	2	2	9,250	9,895	10,271	TOTAL			
													Ch. 3. <u>Professional Education Branch</u>		
1	1	1		9,396	9,675							Chief of Branch, .67		P5	
1	1	1		8,958	9,208							Medical Officer, 4.235		P4	
1	1	1		4,168	4,318							Nurse (Educator), .68		P4	
1	1	1		3,535	3,685							Secretary, .71		WL6	
1	1	1		4,380	4,380							Clerk, .231		WL6	
1	1	1		3,065	3,200							Clerk Stenographer, .70		WL5	
												Clerk Stenographer, .0022		WL5	
5	6	6	31,941	33,502	34,466							TOTAL			
													SECTION 3		
													DIVISION OF ADMINISTRATION (For text see page 10)		
													Ch. 1. <u>Office of the Chief</u>		
1	1	1		12,500	12,500							Chief of Division, .112		D2	
1	1	1		4,835	4,835							Secretary, .114		WL7	
				17,335	17,335							Cost of Posts			
				10,360	10,360					6,000	6,000	Duty Travel for Division			
				5,000	5,000							Audit Costs			
2	2	2	35,234	32,695	32,695				6,000	6,000	6,000	TOTAL			
													Ch. 2. <u>Administrative Management and Personnel Branch</u>		
1	1	1		4,380	4,380							Chief of Branch, 4.138		P5	
												Secretary, .139		WL6	
													<u>Management Office</u>		
1	1	1		7,281	7,506							Management Officer, .141		P3	
1	1	1		3,166	3,305							Management Officer, 4.236		P2	
												Clerk Typist, .0017		WL5	

109

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		12,500	12,500							1	1	1		12,500	12,500
												1	1	1		3,815	3,985
												1	1	1		3,407	3,545
				12,500	12,500											19,722	20,030
				6,815	6,825					1,000	1,000					19,165	19,175
1	1	1	11,048	19,315	19,325				358	1,000	1,000	3	3	3	22,195	38,887	39,205
1	1	1		11,000	11,000							1	1	1		11,000	11,000
												1	1	1		8,292	8,542
												1	1	1		6,756	6,981
1	2	2		12,669	13,100							3	3	3		18,919	19,556
1	1	1		5,000	5,000							1	1	1		5,000	5,000
1	1	1		4,885	5,078							1	1	1		4,885	5,078
1	2	2		7,800	8,140							5	5	5		19,118	19,967
1	1	1		4,410	4,580							1	1	1		4,410	4,580
1	1	1		3,535	3,685							2	2	2		7,370	7,668
						1	1	1		3,785	3,935	1	1	1		4,380	4,380
												2	2	2		7,270	7,570
7	9	9	37,886	49,299	50,583	1	1	1	3,979	3,785	3,935	19	19	19	89,518	97,400	100,322
1	1	1		7,581	7,812							1	1	1		9,396	9,675
												1	1	1		7,581	7,812
												1	1	1		8,958	9,208
												1	1	1		4,168	4,318
												1	1	1		3,535	3,685
												1	1	1		4,380	4,380
												1	1	1		3,065	3,200
1	1	1	4,259	7,581	7,812							6	7	7	36,200	41,083	42,278
												1	1	1		12,500	12,500
												1	1	1		4,835	4,835
				4,500	4,500											17,335	17,335
																20,860	20,860
																5,000	5,000
			3,000	4,500	4,500							2	2	2	44,234	43,195	43,195
1	1	1		10,550	10,850							1	1	1		10,550	10,850
												1	1	1		4,380	4,380
1	1	1		5,000	5,200							1	1	1		7,281	7,506
												1	1	1		5,000	5,200
												1	1	1		3,166	3,305

PAN AMERICAN SANITARY ORGANIZATION											PART II HEADQUARTERS		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	Administrative Management and Personnel Branch (continued)	
												Personnel Office	
1	1	1		7,656	7,896							Personnel Officer, .148	P4
1	1	1		6,000	6,200							Personnel Officer, .0007	P3
												Personnel Officer (Classification), .146	P2
												Personnel Officer (Recruitment), .145	P2
1	1	1		3,967	4,167							Personnel Officer (Documents and Regulations), .150	P1
1	1	1		4,030	4,220	1	1	1		3,833	4,033	Personnel Officer (Assistant Recruitment), 9002	P1
1	1	1		4,835	4,835							Recruitment Clerk, .241	WL8
												Clerk, .137	WL7
												Classification Clerk, .144	WL7
												Clerk, .198, .4.218	WL6
1	1	1		3,200	3,340							Secretary, .4.142	WL6
												Clerk, .0011	WL5
9	9	9	39,648	44,515	45,849	1	1	1	3,633	3,833	4,033	TOTAL	
												Ch. 3. Budget and Finance Branch	
1	1	1		10,150	10,450							Chief of Branch, .152	P5
1	1	1		4,155	4,305							Secretary, .157	WL6
												Budget Section	
1	1	1		6,317	6,531							Budget Officer, .155, .4.153	P3
1	1	1		5,333	5,533							Administrative Officer, .34	P2
1	1	1		4,427	4,616	1	1	1		4,560	4,743	Budget Clerk, .298, 9001	WL8
												Control Clerk, .4.36	WL7
1	1	1		3,610	3,760							Clerk Stenographer, .9, .4.117	WL6
1	1	1		3,200	3,340							Clerk, .158, .4.196	WL5
												Finance Section	
1	1	1		6,000	6,200							Finance Officer, .4.160	P4
3	3	3		15,183	15,783							Accountant, .177	P3
1	1	1		5,433	5,633							Accountant, .165, .170, .179	P2
												Disbursement Officer, .250	P2
												Accountant, .4.104, .4.171	P1
1	1	1		4,363	4,560							Accountant (Staff Claims), .4.172	P1
												Senior Accounting Clerk, .233	WL8
1	1	1		3,730	3,900							Junior Accounting Clerk, .163, .4.166, .4.180, .4.182	WL7
1	1	1		3,560	3,710							Clerk, .162, .4.174, .4.176	WL6
1	1	1		3,223	3,362							Clerk, .168, .4.169	WL5
1	1	1		3,235	3,374							Clerk Stenographer, .167	WL5
												Clerk Typist, .0031	WL5
18	17	17	80,617	81,919	85,057	1	1	1	4,363	4,560	4,743	TOTAL	
												Ch. 4. General Services Office	
1	1	1		8,708	8,958							Administrative Services Officer, .184	P4
												Travel	
1	1	1		4,523	4,693							Travel Officer, .4.187	P1
												Travel Clerk, .188	WL7
												Clerk Stenographer, .4.189	WL5
												Records and Communications	
1	1	1		4,783	4,983							Records and Communications Officer, .191	P1
3	3	3		11,224	11,511							Clerk, .192, .193, .0023, .4.194	WL6
1	1	1		3,890	3,890							Clerk, .195	WL5
1	1	1		2,997	3,120							Clerk, .200	WL4

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS						NUMBER OF POSTS			ESTIMATED EXPENDITURE		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		7,656	7,896
												1	1	1		6,000	6,200
1	1	1		5,283	5,483							1	1	1		5,283	5,483
						1	1	1		5,500	5,700	1	1	1		5,500	5,700
												1	1	1		3,967	4,167
												1	1	1		3,833	4,033
												1	1	1		4,030	4,220
												1	1	1		4,835	4,835
						1	1	1		3,900	4,070	1	1	1		3,900	4,070
1	1	1		4,118	4,268	1	1	1		3,635	3,785	2	2	2		7,753	8,053
1	1	1		3,498	3,648	1	1	1				1	1	1		3,498	3,648
												1	1	1		3,200	3,340
5	5	5	27,288	28,449	29,449	3	3	3	12,515	13,035	13,555	18	18	18	83,084	89,832	92,886
												1	1	1		10,150	10,450
												1	1	1		4,155	4,305
1	1	1		6,317	6,531							2	2	2		12,634	13,062
												1	1	1		5,333	5,533
1	1	1		4,764	4,835							2	2	2		8,987	9,359
1	1	1		3,698	3,848							1	1	1		4,764	4,835
						1	1	1		4,030	4,030	2	2	2		7,308	7,608
												2	2	2		7,230	7,370
1	1	1		7,619	7,854							1	1	1		7,619	7,854
												1	1	1		6,000	6,200
												3	3	3		15,183	15,783
												1	1	1		5,433	5,633
2	1	1		5,000	5,000							2	1	1		5,000	5,000
1	1	1		5,000	5,000							1	1	1		5,000	5,000
												1	1	1		4,363	4,560
2	2	2		8,381	8,721	1	1	1		4,098	4,268	4	4	4		16,209	16,889
1	1	1		4,230	4,230	1	1	1		3,873	4,020	3	3	3		11,663	11,960
						1	1	1		3,328	3,464	2	2	2		6,551	6,826
												1	1	1		3,235	3,374
10	9	9	38,712	45,009	46,019	4	4	4	14,975	15,329	15,782	33	31	31	138,667	146,817	151,601
												1	1	1		8,708	8,958
1	1	1		5,000	5,000							1	1	1		5,000	5,000
1	1	1		3,452	3,592							1	1	1		4,523	4,693
												1	1	1		3,452	3,592
1	1	1		4,243	4,380							1	1	1		4,783	4,983
												4	4	4		15,467	15,891
												1	1	1		3,890	3,890
												1	1	1		2,997	3,120

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		5,000	5,000							1	1	1		5,000	5,000
												1	1	1		3,645	3,815
1	1	1		3,873	4,020							1	1	1		4,380	4,380
												1	1	1		3,873	4,020
						1	1	1		3,935	4,080	1	1	1		3,935	4,080
												2	2	2		6,323	6,596
1	1	1		6,133	6,333							1	1	1		6,133	6,333
												1	1	1		5,175	5,175
												1	1	1		4,380	4,380
												2	2	2		8,302	8,473
												1	1	1		3,557	3,694
1	1	1		3,363	3,485							1	1	1		4,018	4,030
												2	2	2		6,413	6,655
												1	1	1		2,815	2,935
												1	1	1			
												1	1	1		2,615	2,710
7	7	7	30,274	31,064	31,810	1	1	1	3,771	3,935	4,080	32	29	29	117,376	119,384	122,403
												1	1	1		8,000	8,250
												1	1	1		5,567	5,767
1	1	1		4,817	5,000							1	1	1		4,817	5,000
												1	1	1		4,967	5,000
												1	1	1		5,000	5,000
						2	1	1		3,430	3,568	2	2	2		8,448	8,448
1	1	1		3,820	3,960							3	2	2		7,446	7,423
1	1	1		3,328	3,464							1	1	1		3,820	3,960
												1	1	1		3,328	3,464
3	3	3	11,428	11,965	12,424	2	1	1	5,608	3,430	3,568	13	11	11	51,723	51,093	52,312
												1	1	1		12,500	12,500
												1	1	1		4,424	4,594
												1	1	1		3,200	3,340
																20,124	20,434
				15,758	15,672					2,000	2,000					33,515	33,345
			15,847	15,758	15,672				712	2,000	2,000	3	3	3	47,378	53,639	53,779
1	1	1		7,525	7,750							1	1	1		10,100	10,400
1	1	1		8,688	8,938							1	1	1		7,525	7,750
												1	1	1		8,688	8,938
2	2	2		6,939	7,218							1	1	1		4,093	4,230
												3	3	3		10,094	10,511
4	4	4	16,870	23,152	23,906							7	7	7	38,513	40,500	41,829
												1	1	1		10,575	10,875
												1	1	1		8,400	8,400
2	2	2		16,338	16,812							2	2	3		9,500	9,500
												2	2	3		16,338	24,281
												1	1	1		3,485	3,635
1	1	1		3,487	3,626							4	4	5		13,133	16,856

PAN AMERICAN SANITARY ORGANIZATION												PART II HEADQUARTERS		GRADE
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Communicable Diseases Branch (continued)		
Epidemiological and Statistical Section														
1	1	1		9,146	9,396	1	1	1		7,600	7,833	Statistician, .96		P5
					7,469							Statistician (Medical), .0027, 9007		P4
1	2	2		12,500	14,150							Statistician, .97, .0029		P3
2	2	2		11,583	11,783							Statistician, .98, .102, 4.99		P2
2	2	2		10,000	10,000							Statistician, .100, .101		P1
	1	1		3,022	4,173							Technical Assistant, .0028, 4.103		WL8
1	1	1		4,080	4,230	1	1	1		3,785	3,935	Clerk Stenographer, 9008, 4.106		WL6
1	1	2		3,890	7,056							Clerk, .104		WL6
												Clerk Typist, .105, .0030		WL5
14	16	21	76,679	87,427	121,366	2	2	2	11,010	11,385	11,768	TOTAL		
Ch. 4. Environmental Sanitation Branch														
1	1	1		7,525	7,750							Chief of Branch, 4.107		P5
												Sanitary Engineer, .245		P4
1	1	1		3,694	3,832							Secretary, 4.111		WL6
												Clerk Stenographer, .246		WL5
2	2	2	8,824	11,219	11,582							TOTAL		
Ch. 5. Malaria Eradication														
1	1	1		11,200	11,533							Chief Malaria Eradication, .1023		D1
1	1	1		9,208	9,458							Sanitary Engineer, .1074		P5
1	1	1		9,146	9,396	1	1	1		9,000	9,250	Scientist (Epidemiologist), .1073		P5
						1	1	1		7,525	7,750	Malariologist, 9127		P5
						1	1	1		4,363	4,560	Operation Officer, 9128		P4
						1	1	1		4,084	4,254	Technical Assistant, 9011		WL8
						1	1	1		4,380	4,380	Secretary, 9012		WL7
						1	1	1		3,925	4,030	Clerk Stenographer, 9013		WL6
						1	1	1		6,412	6,691	Clerk Stenographer, 9014		WL5
						2	2	2				Clerk, 9015, 9016		WL5
				29,554	30,387					39,689	40,915	Cost of Posts		
				11,000	11,000					15,000	15,000	Duty Travel		
3	3	3	39,987	40,554	41,387	8	8	8	47,610	54,689	55,915	TOTAL		
SECTION 5														
TEMPORARY PERSONNEL (For text see page 10)														
			8,200	8,200	8,200							Temporary Personnel		
SECTION 6														
COMMON STAFF COSTS (For text see page 10)														
			30,756	32,200	33,925				2,092	2,700	2,700	Ch. 1. Dependents' Allowance		
			95,563	101,856	107,899				6,315	7,063	7,300	Ch. 2. Repatriation Grant		
			5,493	7,321	7,849				696	915	944	Ch. 3. Pension		
			21,645	6,835	27,705						2,200	Ch. 4. Insurance		
			28,525	3,800					11,650			Ch. 5. Home Leave Travel		
			89,741	84,751	86,607				6,000	6,184	6,354	Ch. 6. Recruitment Costs		
			71,815	71,486	74,764				5,985	7,180	7,180	Ch. 7. Reimbursement of Income Tax		
			385	258	269				2,740	2,719	2,812	Ch. 8. Post Adjustment Allowance		
			23,904	25,692	26,953				3,456	3,353	3,473	Ch. 9. Service Benefit		
												Ch. 10. Provision - Local Wage Increase		
			367,827	334,199	365,971				38,934	30,114	32,963	TOTAL		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		9,146	9,396
												1	1	2		7,600	15,302
												1	2	2		12,500	14,150
												3	3	3		17,966	18,183
1	1	1		6,383	6,400							2	2	2		10,000	10,000
1	1	1		4,331	4,527							1	2	2		7,353	8,700
1	1	1		4,230	4,230							2	2	2		8,015	8,165
												1	1	1		4,080	4,230
												1	1	2		3,890	7,056
6	6	6	24,747	34,769	35,595							22	24	29	112,436	133,581	168,729
1	1	1		10,200	10,500							1	1	1		10,200	10,500
1	1	1		4,380	4,380							1	1	1		7,525	7,750
												1	1	1		4,380	4,380
												1	1	1		3,694	3,832
2	2	2	12,489	14,580	14,880							4	4	4	21,313	25,799	26,462
												1	1	1		11,200	11,533
												1	1	1		9,208	9,458
												1	1	1		9,146	9,396
												1	1	1		9,000	9,250
												1	1	1		7,525	7,750
												1	1	1		4,363	4,560
												1	1	1		4,084	4,254
												1	1	1		4,380	4,380
												1	1	1		3,925	4,030
												2	2	2		6,412	6,691
																69,243	71,302
																26,000	26,000
												11	11	11	87,597	95,243	97,302
															8,200	8,200	8,200
			12,494	12,200	11,900				300	300	300				45,642	47,400	48,825
				200	200					100	100					300	300
			32,563	37,581	38,467				5,422	5,532	5,730				139,863	152,032	159,396
			1,946	4,482	4,594				345	593	614				8,480	13,311	14,001
				2,480	7,450				1,600		1,512				23,245	9,315	38,867
			26,869												67,044	3,800	
			50,751	53,408	54,311				1,370	1,890	1,941				147,862	146,233	149,213
			26,266	31,610	31,610				1,175	1,175	1,175				105,241	111,451	114,729
			3,082	6,366	6,547				1,308	1,195	1,238				7,515	10,538	10,866
			4,082	7,859	8,121				1,670	2,721	2,817				33,112	39,625	41,364
			158,053	156,186	163,200				13,190	13,506	15,427				578,004	534,005	577,561

PAN AMERICAN SANITARY ORGANIZATION											PART II HEADQUARTERS		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	SECTION 7 COMMON SERVICES - HEADQUARTERS (For text see page 11) Ch. 1. <u>Space and Equipment Services</u> Contracted Custodial Services Rent Fuel Electricity Gas Water Elevator Maintenance Trash Removal - Extermination Janitorial Supplies Buildings, Repairs and Upkeep Equipment, Repair and Maintenance Electrical Repairs Interior Painting	
			\$	\$	\$				\$	\$	\$		
				20,208 4,445 1,865 5,425 412 365 565 480 1,575 2,495 2,535 10,000	20,208 4,445 1,865 5,425 412 365 565 480 1,575 2,495 2,535 10,000					1,288 3,335 300 665 57 50 35 235 265	1,288 3,335 300 665 57 50 35 235 265	TOTAL	
			50,370	50,370	50,370				6,230	6,230	6,230	Ch. 2. <u>Other Services</u> <u>Communications</u> * Postage * Cables * Telephone Toll Charges Telephone Service Charges <u>Other Contractual Services</u> * Medical Examinations * Miscellaneous Sampling, Testing and Catalogs <u>Local Transportation</u> Vehicle Operation Miscellaneous Transportation	
				9,335 4,700 1,750 8,000 1,665 2,650 335 735 535	9,335 4,700 1,750 8,000 1,665 2,650 335 735 535					2,000 1,200 2,000 1,500 600 100	2,000 1,200 2,000 1,500 600 100	TOTAL	
			29,705	29,705	29,705				7,400	7,400	7,400	Ch. 3. <u>Supplies and Materials</u> Office Supplies Printing Supplies Contract Printing	
				8,000 6,665 8,665	8,000 6,665 8,665					1,000	1,000	TOTAL	
			23,330	23,330	23,330				1,000	1,000	1,000	Ch. 4. <u>Fixed Charges and Claims</u> Insurance - Non-Staff	
				3,585	3,585				165	165	165	Ch. 5. <u>Acquisition of Capital Assets</u> * Equipment	
			4,500	4,500	4,500				2,000	2,000	2,000		
												SUMMARY	
				50,370 29,705 23,330 3,585 4,500	50,370 29,705 23,330 3,585 4,500					6,230 7,400 1,000 165 2,000	6,230 7,400 1,000 165 2,000	Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			111,490	111,490	111,490				16,795	16,795	16,795	TOTAL	

* Direct Charges

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				8,590	8,590					1,514	1,514					31,600	31,600
				1,885	1,885					335	335					10,000	10,000
				795	795					140	140					3,100	3,100
				2,303	2,303					407	407					8,800	8,800
				173	173					33	33					675	675
				161	161					24	24					600	600
				240	240					45	45					850	850
				203	203					32	32					750	750
				670	670					120	120					2,600	2,600
				1,055	1,055					185	185					4,000	4,000
				1,075	1,075					190	190					3,800	3,800
				4,250	4,250					750	750					15,000	15,000
			21,400	21,400	21,400				2,175	3,775	3,775				80,175	81,775	81,775
				3,965	3,965					700	700					14,000	14,000
				4,500	4,500					800	800					12,000	12,000
				1,750	1,750					300	300					5,000	5,000
				3,400	3,400					600	600					14,000	14,000
				710	710					125	125					4,000	4,000
				1,495	1,495					255	255					5,000	5,000
				140	140					25	25					500	500
				310	310					55	55					1,100	1,100
				140	140					25	25					800	800
			16,410	16,410	16,410				3,345	2,885	2,885				56,860	56,400	56,400
				3,400	3,400					600	600					13,000	13,000
				2,835	2,835					500	500					10,000	10,000
				3,685	3,685					650	650					13,000	13,000
			9,920	9,920	9,920				1,700	1,750	1,750				35,950	36,000	36,000
			1,170	1,170	1,170				270	205	205				5,190	5,125	5,125
			4,500	4,500	4,500										11,000	11,000	11,000
				21,400	21,400					3,775	3,775					81,775	81,775
				16,410	16,410					2,885	2,885					56,400	56,400
				9,920	9,920					1,750	1,750					36,000	36,000
				1,170	1,170					205	205					5,125	5,125
				4,500	4,500											11,000	11,000
			53,400	53,400	53,400				7,490	8,615	8,615				189,175	190,300	190,300

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE I		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
1	1	1		10,933	11,200							ZONE OFFICE (For text see page 12)		D1
1	1	1		8,875	9,125							Zone Representative, .275		P5
1	1	1		7,394	7,619							Assistant Zone Representative, .8002		Ph
1	1	1		7,375	7,600							Public Health Engineer, .8006		Ph
1	1	1		7,469	7,694							Nurse, .8003		Ph
1	1	1		4,900	5,100							Administrative Officer, .8004		Ph
						1	1	1		4,625	4,825	Accounts and Budget Officer, .8008		P2
1	1	1		5,755	5,955							Accounting Assistant, 9017		*
												Secretary, .279		*
1	1	1		4,330	4,530							Records and Communications Clerk, .287		*
2	2	2		7,900	8,300							Clerk Stenographer, .296, .8009		*
1	1	1		3,480	3,680							General Services Clerk, .8010		*
1	1	1		3,215	3,415							Accounting Clerk, .8011		*
1	1	1		2,250	2,450							Chauffeur, .8012		*
1	1	1		2,250	2,450							Janitor-Messenger, .8013		*
				1,200	1,200							Estimated Local Wage Increases		
				77,326	80,318					4,625	4,825	Cost of Posts		
				28,800	28,800							Allowances		
				7,150	7,150							Post Adjustments		
				3,400	3,400							Assignment		
				10,659	11,077					648	676	Dependents'		
				765	794					46	48	Pension Fund		
				8,000	8,000							Insurance		
					4,700							Travel and Transportation		
				200	200							Duty		
												Home Leave		
												Hospitality		
												Common Services		
				3,170	4,970							Space and Equipment Services		
				4,950	4,950							Other Services		
				1,000	1,000							Supplies and Materials		
				650	650							Fixed Charges and Claims		
				1,000	500							Acquisition of Capital Assets		
14	14	14	103,016	147,070	156,509	1	1	1	4,622	5,319	5,549	SUB-TOTAL		
			(26,500)	(53,000)	(53,000)				26,500	53,000	53,000	Costs Payable by Government of Venezuela		
14	14	14	76,516	94,070	103,509	1	1	1	31,122	58,319	58,549	TOTAL		
												BRITISH GUIANA AND WEST INDIES		
												MALARIA		
												British Guiana-5, Malaria Eradication (For text see page 13)		
						1	1		4,800	5,000		Sanitarian, 9148		P2
									4,748	2,475		Allowances and Statutory Travel		
									2,400	2,400		Duty Travel		
							1	1	1,580	11,948	9,875			
												Estimated Government Contribution		
												Jamaica-2, Malaria Eradication (For text see page 13)		
						1	1	1	8,063	8,312		Medical Officer, 9129		Ph
						1	1	1	8,000	8,250		Sanitary Engineer, 9103		Ph
						2	2	2	9,900	10,300		Sanitarian, 9065, 9066		P2
									25,963	26,862		Cost of Posts		

*Salaries based on a preliminary estimate pending establishment of local classifications.

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		10,933	11,200
												1	1	1		8,875	9,125
												1	1	1		7,394	7,619
												1	1	1		7,375	7,600
												1	1	1		7,469	7,694
												1	1	1		4,900	5,100
												1	1	1		4,625	4,825
												1	1	1		5,755	5,955
												1	1	1		4,330	4,530
												2	2	2		7,900	8,300
												1	1	1		3,480	3,680
												1	1	1		3,215	3,415
												1	1	1		2,250	2,450
												1	1	1		2,250	2,450
																1,200	1,200
																81,951	85,143
																28,800	28,800
																7,150	7,150
																3,400	3,400
																11,307	11,753
																811	842
																8,000	8,000
																4,700	
																200	200
																3,170	4,970
																5,650	5,650
																1,000	1,000
																650	650
																1,000	500
			500	700	700							15	15	15	108,138	153,089	162,758
			500	700	700							15	15	15	108,138	153,089	162,758
													1	1		1,580	11,948
															(25,000)	(25,000)	(25,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE I		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Jamaica-2, (continued)		
										17,984	15,922	<u>Allowances and Statutory Travel</u>		
										7,867	7,867	<u>Duty Travel</u>		
										27,184	27,184	<u>Supplies and Equipment</u>		
						4	4	4	44,516	78,998	77,835			
												<u>Estimated Government Contribution</u>		
												<u>Trinidad-3, Malaria Eradication</u> (For text see page 13)		
						1	1	1		7,300	7,525	Medical Officer, 9069, 9149		
										5,286	3,016	<u>Allowances and Statutory Travel</u>		
										2,400	2,400	<u>Duty Travel</u>		
										9,412	9,412	<u>Supplies and Equipment</u>		
										2,700		<u>Fellowships</u>		
						1	1	1	7,461	27,098	22,353			
												<u>Estimated Government Contribution</u>		
												<u>Windward Islands-2, Malaria Eradication</u> (For text see page 13)		
						2	2	2		10,016	10,416	Sanitarian, 9067, 9132		
										5,702	6,706	<u>Allowances and Statutory Travel</u>		
										2,373	2,373	<u>Duty Travel</u>		
										1,933	1,933	<u>Supplies and Equipment</u>		
						2	2	2	20,553	20,024	21,428			
												<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
			675									<u>Bahamas-2, Tuberculosis Survey</u> (For text see page 13)		
												Short-term Consultants		
												<u>Leeward Islands-1, Tuberculosis Control</u> (For text see page 13)		
			1,660									<u>All Purposes</u>		
												ENDEMO-EPIDEMIC DISEASES		
												<u>British Guiana-7, Filariasis Control</u> (For text see page 14)		
			550									Short-term Consultants		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Barbados-2, Local Health Services</u> (For text see page 14)		
												Laboratory Adviser, 4.280		
												<u>Estimated Government Contribution</u>		

P1

P2

P4

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS						NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												4	4	4	44,516	78,998	77,835
															(344,000)	(344,000)	(344,000)
												1	1	1	7,461	27,098	22,353
															(216,250)	(216,250)	(216,250)
												2	2	2	20,553	20,024	21,428
															(49,500)	(43,000)	(21,500)
															675		
															1,660		
															550		
						1			4,605			1			4,605		
															(62,280)		

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE I		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	British Guiana and West Indies-4 (PASH), British Guiana and West Indies-5 (WHO), Public Health Administration Fellowships (For text see page 14)		
			3,325		4,300							Fellowships		
												British Guiana-6, Public Health Legislation (For text see page 14)		
												Short-term Consultants		
												Jamaica-9, Health Insurance for Hospital and Medical Care (For text see page 14)		
			565									Short-term Consultants		
												Trinidad-6, Public Health Legislation (For text see page 14)		
												Short-term Consultants		
												Estimated Government Contribution		
												NURSING		
												British Guiana and West Indies-3, Public Health Nursing (For text see page 14)		
												Public Health Nurse, 4.8501		
												Allowances and Statutory Travel		
												Duty Travel		
												ENVIRONMENTAL SANITATION		
												British Guiana and West Indies-1, Aedes aegypti Eradication (For text see page 14)		
												Entomologist, 4.8504		
												Sanitarian, 4.8503, 4.8505, 4.907, 4.908, 4.994		
												Sanitarian, 4.909, 4.910		
												Cost of Posts		
												Allowances and Statutory Travel		
												Duty Travel		
												Estimated Government Contribution		
			6,775		4,300	7	8	8	74,110	138,068	131,491	TOTAL - BRITISH GUIANA AND WEST INDIES		
												FRENCH ANTILLES AND GUIANA		
												MALARIA		
												Guadeloupe-1, Malaria Eradication (For text see page 15)		
						1						Sanitarian, 9064		
										2,096	2,096	Supplies and Equipment		
						1			7,371	2,096	2,096	Estimated Government Contribution		

12

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
			25,740												29,065		4,300
			145												145		
															565		
			8,085												8,085		
															(5,000)		
						1	1		2,500	6,083							
									969	(54)							
									1,151	1,151							
						1	1		4,620	7,180		1	1		4,620	7,180	
						1	1	1	7,300	7,525							
						5	5	5	25,417	26,417							
						1	2	1	8,366	4,833							
									41,083	38,775							
									2,917	9,561							
									5,180	5,180							
						7	8	7	49,755	49,180	53,516	7	8	7	49,755	49,180	53,516
															(435,000)	(436,000)	(435,000)
			33,970			8	9	8	54,360	53,800	60,696	15	17	16	169,215	191,868	196,487
												1			7,371	2,096	2,096
															(100,000)	(100,000)	(100,000)

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
									2,470	6,000	6,000				3,730	6,000	10,300
						1	1	1		6,050	6,250						
										626	378						
										494	494						
										1,430							
						1	1	1	9,235	8,600	7,122	1	1	1	9,235	8,600	7,122
															(16,000)	(16,000)	(16,000)
						1	1	1	11,705	14,600	13,122	2	1	1	20,336	16,696	19,518
												1	2	2	35,232	28,512	42,438
															(127,500)	(127,500)	(127,500)
										3,000	3,000					3,000	7,300
						1	1	1		3,833	4,033						
										637	465						

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE I		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Surinam and Netherlands Antilles-1, (continued)		
												<u>Duty Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
					4,300	1	2	2	35,232	28,512	42,438	TOTAL - SURINAM AND NETHERLANDS ANTILLES		
												<u>VENEZUELA</u>		
												MALARIA		
												<u>Venezuela-7, Malaria Eradication</u> (For text see page 16)		
									2,070			<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												VENEREAL DISEASES AND TREPONEMATOSES		
												<u>Venezuela-13, Treponematoses</u> <u>Eradication</u> (For text see page 16)		
		1			7,469							Medical Officer, .8015		
					8,009							<u>Allowances and Statutory Travel</u>		
					1,500							<u>Duty Travel</u>		
		1			16,978							<u>Estimated Government Contribution</u>		
												ENDEMO-EPIDEMIC DISEASES		
												<u>Venezuela-11, Plague Investigation</u> (For text see page 16)		
			8,480									Short-term Consultants		
												<u>Estimated Government Contribution</u>		
												<u>Venezuela-16, Aedes Aegypti</u> <u>Eradication</u> (For text see page 16)		
												Medical Officer, .4004 Sanitarian, .4005, .4006, .4007		
1	1	1		7,356	7,581							Cost of Posts		
3	3	3		14,651	15,251							<u>Allowances and Statutory Travel</u>		
				22,007	22,832							<u>Duty Travel</u>		
				30,370	34,481									
				5,760	5,760									
4	4	4	39,720	58,137	63,073							PUBLIC HEALTH ADMINISTRATION		
												<u>Venezuela-1, Local Health Services</u> (For text see page 16)		
												Public Health Administrator, 4.671 Sanitary Engineer, 4.672 Public Health Nurse, 4.673		
												Cost of Posts		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
										1,710	1,710						
										720	720						
						1	1	1	8,475	6,900	6,928	1	1	1	8,475	6,900	6,928
															(20,000)	(22,000)	(22,000)
						1	1	1	8,475	9,900	9,928	2	3	3	43,707	38,412	56,666
															2,070		
															(6,773,570)		
														1			16,978
																	(20,000)
															8,480		
															(10,000)		
												4	4	4	39,720	58,137	63,073
						1	1	1	7,412	7,637							
						1	1	1	7,792	8,042							
						1	1	1	6,100	6,300							
									21,304	21,979							

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
										11,040	16,701						
										2,306	2,310						
						3	3	3	22,143	34,650	40,990	3	3	3	22,143	34,650	40,990
															(548,540)	(548,540)	(548,540)
			360												4,360		4,300
														1			25,631
																	(74,627)
																	4,300
			360			3	3	3	22,143	34,650	40,990	7	7	9	76,773	92,787	155,272

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE I		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-117, (continued)		
										20,000	20,000	<u>Duty Travel</u>		
										500	500	<u>Common Services</u>		
						5	7	7	46,366	97,600	90,200			
												VENEREAL DISEASES AND TREPONEMATOSES		
												AMRO-47, <u>Yaws Eradication and Public Health Laboratory Services (Caribbean)</u> (For text see page 17)		
												Medical Officer, 4.1083 Laboratory Adviser, 4.1015		
												<u>Allowances and Statutory Travel</u>		
									1/ 1,300			<u>All Purposes</u>		
									1,300					
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												AMRO-157, <u>Health Statistics (Zone I)</u> (For text see page 17)		
1	1	1		7,412	7,637							Health Statistician, .8000		
				3,001	4,031							<u>Allowances and Statutory Travel</u>		
				3,000	3,000							<u>Duty Travel</u>		
1	1	1	6,222	13,413	14,668									
												<u>Estimated Government Contribution</u>		
												ENVIRONMENTAL SANITATION		
												AMRO-8, <u>Aedes aegypti Eradication (Zone I)</u> (For text see page 18)		
												Medical Officer, 4.905		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
		1			4,950							AMRO-95, <u>Environmental Sanitation (Caribbean)</u> (For text see page 18)		
					4,950							Sanitary Engineer, 4.1106 Sanitarian, .8014, 4.1170		
					2,469							Cost of Posts		
					1,000							<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
		1			8,419									
												<u>Estimated Government Contribution</u>		
1	1	2	6,222	13,413	23,087	5	7	7	47,666	97,600	90,200	TOTAL - INTER-COUNTRY PROGRAMS		
5	5	8	66,457	71,550	150,269	14	17	17	166,449	266,276	266,225	TOTAL - ZONE I PROGRAMS		

1/ Grant from the Rockefeller Foundation

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS						NUMBER OF POSTS			ESTIMATED EXPENDITURE		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												5	7	7	46,366	97,600	90,200
						1	1	1		7,487	7,712						
										5,124	4,400						
						2	1	1	17,373	12,611	12,112	2	1	1	18,673	12,611	12,112
															(95,000)	(75,000)	(130,000)
												1	1	1	6,222	13,413	14,668
															(40,000)	(40,000)	(40,000)
						1	1	1		9,167	9,417						
										5,291	2,829						
										5,228	5,000						
						1	1	1	20,028	19,686	17,246	1	1	1	20,028	19,686	17,246
						1	1	1		7,917	8,167						
						1	1	1		5,050	5,250						
										12,967	13,417						
										6,847	6,224						
										3,747	3,730						
						2	2	2	27,001	23,561	23,371	2	2	3	27,001	23,561	31,790
															(780,000)	(780,000)	(780,000)
						5	4	4	64,402	55,858	52,729	11	12	13	118,290	166,871	166,016
			34,330			18	18	17	161,085	168,808	177,465	37	40	42	428,321	506,634	593,959

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE II		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	<u>ZONE OFFICE</u> (For text see page 12)		
1	1	1		11,700	12,000							Zone Representative, .300		D1
												Assistant Zone Representative, 4.303		P5
1	1	1		7,638	7,875							Medical Officer, 4.302		P4
1	1	1		7,657	7,896							Public Health Veterinarian, .337		P4
1	1	1		4,900	5,100							Nurse, .304		P4
1	1	1		4,900	5,100							Administrative Officer, .305		P4
1	1	1		2,816	2,913							Accounts and Budget Officer, .2009		P2
1	1	1		3,060	3,164							Accountant, .330		ML7
1	1	1		2,303	2,391							Pool Supervisor, .310		ML7
						1	1	1		2,428	2,516	Accounting Assistant, .341		ML6
												Clerk, 9124		ML6
5	5	5		9,648	10,008	1	1	1		1,878	1,950	Clerk Stenographer, .308, .309, .331, .332, .349, 9123		ML5
1	1	1		1,620	1,836							Clerk, .2010		ML5
1	1	1		1,277	1,330							Chauffeur, .311		ML3
1	1	1		1,109	1,162							Clerk, .368		ML3
1	1	1		824	857							Janitor, .340		ML1
				1,000	1,000					170	170	Estimated Local Wage Increases		
				55,552	57,532					4,476	4,636	Cost of Posts		
				4,550	4,550							<u>Allowances</u>		
				3,500	3,500							Assignment Dependents'		
										75	78	Service Benefit		
				7,641	7,918					340	352	Repatriation Grant		
				547	569					85	88	Pension Fund		
										44	45	Death and Disability Insurance		
				6,700	6,700							<u>Travel and Transportation</u>		
				2,350	5,520							Duty Home Leave		
				200	200							<u>Hospitality</u>		
				3,300	3,300							<u>Common Services</u>		
				8,190	8,190							Space and Equipment Services		
				2,000	2,000							Other Services		
				150	150							Supplies and Materials		
				2,900	500							Fixed Charges and Claims		
												Acquisition of Capital Assets		
15	16	16	98,677	97,580	100,629	2	2	2	4,671	5,020	5,199	TOTAL		
												<u>CUBA</u>		
												MALARIA		
												<u>Cuba-5, Malaria Eradication</u> (For text see page 19)		
						1	1	1		8,188	8,437	Medical Officer, 9126		P4
										7,930	5,464	<u>Allowances and Statutory Travel</u>		
										1,790	1,790	<u>Duty Travel</u>		
										425	425	<u>Common Services</u>		
						1	1	1	14,321	18,333	16,116	<u>Estimated Government Contribution</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		9,396	9,675							1	1	1		11,700	12,000
1	1	1		7,712	7,958							1	1	1		9,396	9,675
												1	1	1		7,712	7,958
												1	1	1		7,638	7,875
												1	1	1		7,657	7,896
												1	1	1		4,900	5,100
												1	1	1		2,816	2,913
												1	1	1		3,060	3,164
												1	1	1		2,303	2,391
												1	1	1		2,428	2,516
												6	6	6		11,526	11,958
												1	1	1		1,620	1,836
												1	1	1		1,277	1,330
												1	1	1		1,109	1,162
												1	1	1		824	857
																1,170	1,170
				17,108	17,633											77,136	79,801
				2,600	2,600											7,150	7,150
				200	200											3,700	3,700
				200	200											75	78
				2,395	2,469											200	200
				257	264											10,376	10,739
																85	88
																848	878
				4,400	4,400											11,100	11,100
				625	1,975											2,975	7,495
																200	200
				2,400	2,400											3,300	3,300
																10,590	10,590
																2,000	2,000
																150	150
																2,900	500
2	2	2	28,951	30,185	32,141							19	20	20	132,299	132,785	137,969
	</																

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES	
												Cuba-1, Aedes aegypti Eradication (For text see page 19)	
1	1	1		8,813	9,063							Medical Officer, .336	
1	1	1		5,534	5,734							Sanitarian, .344	
				14,347	14,797							Cost of Posts	
				13,670	10,835							Allowances and Statutory	
				2,250	2,250							Duty Travel	
				10,000	10,000							Supplies and Equipment	
2	2	2	34,763	40,267	37,882							Estimated Government Contribution	
												PUBLIC HEALTH ADMINISTRATION	
												Cuba-6, PASE Public Health Administration Fellowships (For text see page 19)	
			4,000		4,300							Fellowships	
2	2	2	38,763	40,267	42,182	1	1	1	14,321	18,333	16,116	TOTAL - CUBA	
												DOMINICAN REPUBLIC	
												MALARIA	
												Dominican Republic-2, Malaria Eradication (For text see page 19)	
						1	1	1	7,300	7,525		Medical Officer, 9029	
						1	1	1	7,563	7,792		Sanitary Engineer, 9040	
						2	2	2	9,800	10,200		Sanitarian, 9036, 9038	
									24,663	25,517		Cost of Posts	
									19,099	21,933		Allowances and Statutory Travel	
									8,960	8,960		Duty Travel	
									41,428	41,428		Supplies and Equipment	
									1,880			Fellowships	
									375	425		Common Services	
						4	4	4	74,416	96,405	98,263	Estimated Government Contribution	
												TUBERCULOSIS	
												Dominican Republic-10, BCG Vaccination (For text see page 19)	
												Short-term Consultants Fees Travel	
			11,800	7,800								Estimated Government Contribution	


WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												2	2	2	34,763	40,267	37,882
															(150,000)	(150,000)	(150,000)
															4,000		4,300
												3	3	3	53,084	58,600	58,298
												4	4	4	74,416	96,405	98,263
															(450,000)	(450,000)	(450,000)
															11,800	7,800	
															(100,000)	(100,000)	

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE II		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	VENEREAL DISEASES AND TREPONEMATOSES		
												<u>Dominican Republic-52, Venereal Disease Control</u> (For text see page 19)		
1	1	1		7,657	7,896							Medical Officer, .320		
1	1	1		7,413	7,638							Serologist, .2008		
				15,070	15,534							Cost of Posts		
				12,112	10,894							<u>Allowances and Statutory Travel</u>		
				1,800	1,800							<u>Duty Travel</u>		
2	2	2	29,694	28,982	28,228									
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Dominican Republic-4, Reorganization of Local Health Services</u> (For text see page 20)		
1	1	1		9,396	9,675							Chief Country Adviser, .342		
1	1	1		8,209	8,459							Sanitary Engineer, .353		
	1	1		5,475	7,468							Health Educator, .2000		
1	1	1		6,167	6,367							Public Health Nurse, .343		
				29,247	31,969							Cost of Posts		
				25,790	22,119							<u>Allowances and Statutory Travel</u>		
				2,400	2,400							<u>Duty Travel</u>		
				1,000	50							<u>Supplies and Equipment</u>		
				8,600	8,600							<u>Fellowships</u>		
3	4	4	41,306	67,037	65,138									
												<u>Estimated Government Contribution</u>		
												<u>Dominican Republic-11, PASB Public Health Administration Fellowships</u> (For text see page 20)		
					4,300							<u>Fellowships</u>		
												NURSING		
												<u>Dominican Republic-3, Nursing Education</u> (For text see page 20)		
												Nurse Educator, 4.372, 4.373		
												<u>Allowances and Statutory Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												ENVIRONMENTAL SANITATION		
												<u>Dominican Republic-8, Aedes aegypti Eradication</u> (For text see page 20)		
												Medical Officer, 4.316		
												Sanitarian, 4.317		
												Cost of Posts		

137

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												2	2	2	29,694	28,982	28,228
															(82,000)	(98,000)	(113,000)
												3	4	4	41,306	67,037	65,138
															(440,000)	(355,000)	(330,000)
2	2	2		12,166	12,566												
				7,874	8,930												
				3,600	3,600												
2	2	2	16,696	23,640	25,096							2	2	2	16,696	23,640	25,096
															(80,000)	(80,000)	(80,000)
						1	1	1		7,619	7,854						
						1	1	1		5,800	6,000						
										13,419	13,854						

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
										6,281	7,308						
										2,400	2,400						
						2	2	2	27,068	22,100	23,562	2	2	2	27,068	22,100	23,562
															(100,000)	(100,000)	(100,000)
2	2	2	16,696	23,640	25,096	2	2	2	27,068	22,100	23,562	13	14	14	200,980	245,964	244,587
						2	2	2		10,200	10,600						
										10,200	10,600						
										(1,298)	1,396						
										2,372	2,372						
						2	2	2	19,319	11,274	14,368	13	13	13	279,229	199,077	210,198
															(400,000)	(400,000)	(400,000)
1																	
1																	
1																	
1	1	1		4,067	4,267												
				4,067	4,267												
				3,932	3,960												
				3,900	3,900												
4	1	1	39,906	11,899	12,127							5	4	4	56,006	55,919	52,539
															(165,000)	(165,000)	(165,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE II		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
												<u>Haiti-9, Public Health Laboratory</u> (For text see page 21)		
1	1	1		7,469	3,847							Public Health Laboratory Adviser, .339		
				3,009	1,519							<u>Allowances and Statutory</u>		
1	1	1	7,443	10,478	5,366									
												<u>Estimated Government Contribution</u>		
												<u>Haiti-12, PASB Public Health Administration Fellowships</u> (For text see page 21)		
			4,000		4,300							<u>Fellowships</u>		
	1	1		7,792	8,042							<u>Haiti-16, Public Health Services</u> (For text see page 21)		
		1			7,469							Medical Officer, .2001		
		1			7,469							Sanitary Engineer, .2002		
		1			6,150							Health Educator, .2017		
		1			4,950							Public Health Nurse, .2003		
				7,792	34,080							Sanitarian, .2004		
				3,060	12,752							Cost of Posts		
				448	3,000							<u>Allowances and Statutory Travel</u>		
					8,600							<u>Duty Travel</u>		
	1	5		11,300	58,432							<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												ENVIRONMENTAL SANITATION		
												<u>Haiti-14, Aedes aegypti Eradication</u> (For text see page 21)		
												Medical Officer, 4.324		
												Sanitarian, 4.325		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												OTHER PROJECTS		
		1			7,469							<u>Haiti-19, Medical Education</u> (For text see page 21)		
		1			7,469							Professor of Microbiology, .2020		
					14,938							Professor of Physiology, .2021		
					6,018							Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Supplies and Equipment</u>		
		2			20,956									
2	5	11	24,513	65,798	129,466	11	11	11	262,910	187,803	195,830	TOTAL - HAITI		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1	7,443	10,478	5,366
															(80,000)	(80,000)	
															4,000		4,300
												1	5			11,300	58,432
															(100,000)	(100,000)	
						1	1	1	7,525	7,750							
						1	1	1	4,017	4,217							
									11,542	11,967							
									3,275	7,750							
									2,309	2,300							
						2	2	2	28,880	17,126	22,017	2	2	2	28,880	17,126	22,017
															(75,000)	(75,000)	(75,000)
									9,000	9,000							
									9,000	9,000			2		9,000	29,956	
4	1	1	39,906	11,899	12,127	4	4	4	48,199	37,400	45,385	21	21	27	375,558	302,900	382,808

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE II		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	<u>MEXICO</u>		
												MALARIA		
												<u>Mexico-33, Dieldrin Toxicity Studies</u> (For text see page 22)		
									20,268	26,212	4,370	<u>Contractual Services</u>		
												<u>Mexico-53, Malaria Eradication</u> (For text see page 22)		
						1	1	1		4,850	5,050	Chief Country Malaria Adviser, 4.338 Medical Officer, 4.360 Sanitary Engineer, 4.361 Sanitarian, 9052, 4.369		
										4,850	5,050	Cost of Posts		
										2,455	3,482	<u>Allowances and Statutory Travel</u>		
										2,400	2,400	<u>Duty Travel</u>		
										227,603	227,603	<u>Supplies and Equipment</u>		
										3,000	3,000	<u>Fellowships</u>		
										720	720	<u>Common Services</u>		
						1	1	1	117,932	241,028	242,255	<u>Estimated Government Contribution</u>		
												ENDEND-EPIDEMIC DISEASES		
												<u>Mexico-20, Virus Center</u> (For text see page 22)		
					2,100							Short-term Consultants		
					1,800							Fees		
					3,495							Travel		
					7,395							<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Mexico-22, Integrated Health Services (Guanaajuato)</u> (For text see page 22)		
												Chief Country Adviser, 4.354 Sanitary Engineer, 4.367 Health Educator, 4.2505 Public Health Nurse, 4.356 Sanitarian, 4.366		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															20,268	26,212	4,370
						1	1	1		9,116	9,396						
						1	1	1		8,583	8,833						
						1	1	1		8,063	8,312						
						1	1	1		5,283	5,483						
										31,075	32,024						
										12,068	8,014						
										4,292	4,230						
						4	4	4	51,976	47,435	44,268	5	5	5	169,908	288,463	286,523
															(1,000,000)	(1,000,000)	(1,000,000)
																	7,395
																	(60,000)
1	1	1		9,000	9,250												
1	1	1		7,792	8,042												
1	1	1		7,375	7,600												
1	1	1		6,233	6,437												
1	1	1		5,600	5,800												
				36,000	37,129												
				15,630	22,201												
				2,600	2,600												
					100												
					4,300												
5	5	5	60,085	54,230	66,330							5	5	5	60,085	54,230	66,330
															(100,000)	(100,000)	(100,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	Mexico-25, PASB Public Health Administration Fellowships (For text see page 22)	
			10,870		4,300							Fellowships	
												Mexico-28, Public Health Laboratory (For text see page 23)	
				2,100	2,100							Short-term Consultants	
				1,800	1,800							Fees	
				750	750							Travel	
				1,525	1,525							Supplies and Equipment	
												Fellowships	
			8,766	6,175	6,175								
												Estimated Government Contribution	
												Mexico-30, School of Public Health (For text see page 23)	
												Nurse Educator, 4.2506	P3
												Short-term Consultants	
												Fees	
												Travel	
												Allowances and Statutory Travel	
												Supplies and Equipment	
												Fellowships	
												Estimated Government Contribution	
												NURSING	
												Mexico-14, Nursing Education (For text see page 23)	
1	1	1		6,150	6,350							Nurse Educator, .2012	P3
				2,581	3,608							Allowances and Statutory Travel	
				720	720							Duty Travel	
1	1	1	6,152	9,451	10,678							Estimated Government Contribution	
												MATERNAL AND CHILD HEALTH	
												Mexico-15, Maternal and Child Health Services (For text see page 23)	
		1			6,150							Public Health Nurse, .2005	P3
					2,580							Allowances and Statutory Travel	
					1,600							Duty Travel	
					3,770							Fellowships	
		1			14,100							Estimated Government Contribution	

PART III

FIELD AND OTHER PROGRAMS

ZONE II

Mexico-25, PASB Public Health
Administration Fellowships
(For text see page 22)

Fellowships

Mexico-28, Public Health Laboratory
(For text see page 23)

Short-term Consultants
Fees
Travel

Supplies and Equipment

Fellowships

Estimated Government Contribution

Mexico-30, School of Public Health
(For text see page 23)

Nurse Educator, 4.2506

Short-term Consultants
Fees
Travel

Allowances and Statutory Travel

Supplies and Equipment

Fellowships

Estimated Government Contribution

NURSING

Mexico-14, Nursing Education
(For text see page 23)

Nurse Educator, .2012

Allowances and Statutory Travel

Duty Travel

Estimated Government Contribution

MATERNAL AND CHILD HEALTH

Mexico-15, Maternal and Child
Health Services
(For text see page 23)

Public Health Nurse, .2005

Allowances and Statutory Travel

Duty Travel

Fellowships

Estimated Government Contribution

[illegible]

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE II		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-120, (continued)		
										8,947	5,840	Allowances and Statutory Travel		
										10,000	10,000	Duty Travel		
						2	2			28,922	29,459			
												PUBLIC HEALTH ADMINISTRATION		
												AMRO-144, Health Statistics (Zone II) (For text see page 24)		
												Health Statistician, 4.1171		
												Allowances and Statutory Travel		
												Duty Travel		
												Supplies and Equipment		
												Estimated Government Contribution		
		1			7,750							AMRO-162, Epidemiology (Zone II) (For text see page 25)		
					4,046							Epidemiologist, .2006		
					3,000							Allowances and Statutory Travel		
					100							Duty Travel		
		1			14,896							Supplies and Equipment		
												Estimated Government Contribution		
	1	1		8,875	9,125							AMRO-178, Veterinary Public Health (Zone II) (For text see page 25)		
				3,232	4,949							Public Health Veterinarian, .2011		
				2,180	2,180							Allowances and Statutory Travel		
	1	1		14,287	16,254							Duty Travel		
												HEALTH EDUCATION OF THE PUBLIC		
												AMRO-93, Health Education (Zone II) (For text see page 25)		
												Health Educator, 4.1095		
												Allowances and Statutory Travel		
												Duty Travel		
												Supplies and Equipment		
												Estimated Government Contribution		
	1	2		14,287	31,150	15	2	2	37,383	28,922	29,459	TOTAL - INTER-COUNTRY PROGRAMS		
10	15	23	171,894	239,797	343,112	32	19	19	527,230	598,703	586,293	TOTAL - ZONE II PROGRAMS		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													2	2		28,922	29,459
1	1	1		7,525 4,554 3,000 100	7,750 9,295 3,000 100												
1	1	1	17,008	15,179	20,145							1	1	1	17,008	15,179	20,145
															(20,000)	(20,000)	(20,000)
														1			14,896
																	(20,000)
													1	1		14,287	16,254
1	1	1		8,938 3,951 3,000 100	9,187 5,136 3,000 100												
1	1	1	17,094	15,989	17,423							1	1	1	17,094	15,989	17,423
															(20,000)	(20,000)	(20,000)
2	2	2	34,102	31,168	37,568							17	5	6	71,485	74,377	98,177
14	11	11	163,286	159,702	179,614	10	10	10	131,708	112,900	119,180	66	55	63	994,118	1,111,102	1,228,199

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III			
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	ZONE OFFICE (For text see page 12)			
			\$	\$	\$				\$	\$	\$				
1	1	1		11,200	11,200							Zone Representative, .400		D1	
1	1	1		9,146	9,396							Assistant Zone Representative, .401		P5	
												Sanitary Engineer, .4402		P4	
1	1	1		7,469	7,694							Nurse, .405		P4	
1	1	1		9,500	9,500							Administrative Officer, .407		P4	
1	1	1		4,900	5,100							Accounts and Budget Officer, .3004		P2	
1	1	1		3,895								Accountant, .409		GL8	
												Records and Communications Clerk, .410			
1	1	1		3,565	3,565							General Services Clerk, .414		GL7	
1	1	1		2,814	2,924							Accounting Assistant, .439, .457		GL7	
2	2	2		5,610	5,830							Personnel Clerk, .458		GL6	
1	1	1		2,732	2,842							Secretary, .411, .415, .454, .3005, 9020		GL6	
4	4	4		9,890	10,330	1	1	1		2,595	2,705	Clerk Stenographer, .413		GL6	
1	1	1		2,750	2,750							Travel Clerk, .412		GL5	
1	1	1		2,383	2,493							Clerk, .416		GL3	
1	1	1		1,998	2,015							Chauffeur, .3006		GL3	
1	1	1		1,320	1,420							Janitor-Messenger, .417		GL2	
1	1	1		1,255	1,320							Estimated Local Wage Increases			
				1,400	1,400					100	100				
				81,827	79,779					2,695	2,805	Cost of Posts			
												<u>Allowances</u>			
				5,110	5,110							Post Adjustment			
				5,650	5,650							Assignment			
				2,000	2,200							Dependents			
										104	109	Service Benefit			
				11,262	10,977							Repatriation Grant			
				809	788					117	122	Pension Fund			
										26	28	Death and Disability Insurance			
												<u>Travel and Transportation</u>			
				6,000	6,000							Duty			
				1,400	4,700							Home Leave			
				200	200							<u>Hospitality</u>			
												<u>Common Services</u>			
				3,724	3,724							Space and Equipment Services			
				4,250	4,250							Other Services			
				1,600	1,600							Supplies and Materials			
				550	550							Fixed Charges and Claims			
				5,300	500							Acquisition of Capital Assets			
18	20	19	110,174	129,682	126,028	1	1	1	2,640	2,942	3,064	TOTAL			
												<u>BRITISH HONDURAS</u>			
												MALARIA			
												<u>British Honduras-1, Malaria Eradication</u>			
												(For text see page 26)			
										4,500	4,500	Duty Travel			
										3,190	3,190	Supplies and Equipment			
										1,800	950	Fellowships			
									4,380	9,490	8,640				
												<u>Estimated Government Contribution</u>			

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		8,646	8,896							1	1	1		11,200	11,200
												1	1	1		9,146	9,396
												1	1	1		8,646	8,896
												1	1	1		7,469	7,694
												1	1	1		9,500	9,500
												1	1	1		4,900	5,100
												1	1			3,895	
												1	1	1		3,565	3,565
												1	1	1		2,814	2,924
												2	2	2		5,610	5,830
												1	1	1		2,732	2,842
												5	5	5		12,485	13,035
												1	1	1		2,750	2,750
												1	1	1		2,383	2,493
												1	1	1		1,998	2,015
												1	1	1		1,320	1,420
												1	1	1		1,255	1,320
																1,500	1,500
				8,646	8,896											93,168	91,480
				1,175	1,175											6,285	6,285
				1,200	1,200											6,850	6,850
				1,200	1,200											3,200	3,400
				100	100											104	109
				1,210	1,245											100	100
				130	133											12,472	12,222
																117	122
																965	949
				3,500	3,500											9,500	9,500
				1,200												2,600	4,700
																200	200
				2,150	2,150											3,724	3,724
																6,400	6,400
																1,600	1,600
																550	550
																5,300	500
1	1	1	15,907	20,511	19,599							20	22	21	128,721	153,135	148,691
																	</

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		Pl P3
												<u>British Honduras-5, Public Health Services</u> (For text see page 26)		
												Sanitary Engineer, 4.3510 Public Health Nurse, 4.3509		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>British Honduras-6, PASB Public Health Administration Fellowships</u> (For text see page 26)		
			160									<u>Fellowships</u>		
			160						4,380	9,490	8,640	TOTAL - BRITISH HONDURAS		
												<u>COSTA RICA</u>		Pl P2
												MALARIA		
												<u>Costa Rica-2, Malaria Eradication</u> (For text see page 26)		
						1	1	1		7,600	7,833	Medical Officer, 9035		
						1	1	1		4,950	5,150	Sanitarian, 9034		
										12,550	12,983	Cost of Posts		
										7,694	6,453	<u>Allowances and Statutory Travel</u>		
										4,620	4,620	<u>Duty Travel</u>		
										5,678	5,678	<u>Supplies and Equipment</u>		
										2,115	1,210	<u>Fellowships</u>		
						2	2	2	22,583	32,657	30,944	<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Costa Rica-14, Expansion of Local Public Health Services</u> (For text see page 26)		
				4,300	4,300							<u>Fellowships</u>		
												<u>Costa Rica-15, PASB Public Health Administration Fellowships</u> (For text see page 27)		
			4,000		4,300							<u>Fellowships</u>		
												<u>Costa Rica-17, Evaluation of Public Health Program</u> (For text see page 27)		
			12,583									Short-term Consultants		
												<u>Estimated Government Contribution</u>		

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	NURSING		
		1			6,150							<u>Costa Rica-18, Advanced Nursing Education</u> (For text see page 27)		
					1,781							Nurse Educator, .3007		
					300							<u>Allowances and Statutory Travel</u>		
					650							<u>Duty Travel</u>		
					8,600							<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
		1			17,481							<u>Estimated Government Contribution</u>		
		1	16,583	4,300	26,081	2	2	2	22,583	32,657	30,944	TOTAL - COSTA RICA		
												<u>EL SALVADOR</u>		
												MALARIA		
						1	1	1		7,562	7,792	<u>El Salvador-2, Malaria Eradication</u> (For text see page 27)		
						1	1	1		4,950	5,150	Medical Officer, 9023 Sanitary Engineer, 4.468 Sanitarian, 9121		
										12,512	12,942	Cost of Posts		
										8,190	7,348	<u>Allowances and Statutory Travel</u>		
										2,800	2,800	<u>Duty Travel</u>		
										37,934	37,934	<u>Supplies and Equipment</u>		
										2,730		<u>Fellowships</u>		
						2	2	2	44,068	64,166	61,024	<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>El Salvador-5, Health Demonstration Area</u> (For text see page 27)		
												Sanitary Engineer, 4.426 Public Health Nurse, 4.455		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												<u>El Salvador-9, PASB Public Health Administration Fellowships</u> (For text see page 28)		
			4,000		4,300							<u>Fellowships</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
														1			17,481
																	(10,200)
												2	2	3	39,166	36,957	57,025
						1	1	1		7,771	8,031						
										7,771	8,031						
										3,115	15,342						
										2,060	2,060						
						1	1	1	23,306	12,946	25,433	3	3	3	67,374	77,112	86,457
															(497,600)	(497,600)	(240,000)
						1	1	1		7,412	7,637						
						1	1	1		6,383	6,606						
										13,795	14,243						
										1,159	2,257						
										2,100	2,100						
						2	2	2	35,103	17,054	18,600	2	2	2	35,103	17,054	18,600
															(220,000)	(220,000)	(220,000)
															4,000		4,300

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	<u>El Salvador-10, Planning and Organization of Hospital Services</u> (For text see page 28)		
	1	1		3,650	7,412							Medical Officer, .3008		PL
				4,194	3,801							<u>Allowances and Statutory Travel</u>		
				1,368	1,000							<u>Duty Travel</u>		
	1	1		9,212	12,213									
	1	1	4,000	9,212	16,513	2	2	2	44,068	64,166	61,024	TOTAL - EL SALVADOR		
												<u>GUATEMALA</u>		
												MALARIA		
						1	1	1		7,600	7,833	Medical Officer, 9130		PL
						1	1	1		4,950	5,150	Sanitary Engineer, 4.1094		PL
												Sanitarian, 9043		P2
												Sanitarian, 4.995		P1
										12,550	12,983	Cost of Posts		
										6,512	6,757	<u>Allowances and Statutory Travel</u>		
										1,200	1,200	<u>Duty Travel</u>		
										29,137	29,137	<u>Supplies and Equipment</u>		
										2,800	3,200	<u>Fellowships</u>		
						2	2	2	39,163	52,199	53,277	<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												<u>Guatemala-11, Tuberculosis Control</u> (For text see page 28)		
												Medical Officer, 4.461		PL
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Guatemala-8, Public Health Services</u> (For text see page 28)		
												Chief Country Adviser, 4.442		P5
												Sanitary Engineer, 4.447		PL
												Public Health Nurse, 4.443		P3
												Public Health Nurse, 4.456		P2
												Sanitarian, 4.3502		P1
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1	1		9,212	12,213
						3	3	3	58,409	30,000	44,033	5	6	6	106,477	103,378	121,570
						1	1	1		7,394	7,619						
						1	1	1		4,167	4,367						
										11,561	11,986						
										2,129	4,046						
										4,200	4,200						
						2	2	2	15,985	17,890	20,232	4	4	4	55,148	70,089	73,509
															(480,000)	(480,000)	(480,000)
						1	1	1		7,450	7,675						
										1,190	2,400						
										1,370	1,370						
						1	1	1	10,527	10,010	11,445	1	1	1	10,527	10,010	11,445
															(154,720)	(154,720)	(154,720)
1	1	1		9,146	9,396												
1	1	1		8,229	8,479												
1	1	1		6,067	6,267												
1	1	1		5,083	5,283												
1	1	1		3,700	3,900												
				32,225	33,325												
				21,367	19,322												

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Guatemala-8, (continued)		
												Duty Travel		
												Fellowships		
												Estimated Government Contribution		
												Guatemala-12, PASB Public Health Administration Fellowships (For text see page 29)		
			4,000		4,300							Fellowships		
												NURSING		
												Guatemala-6, Training of Nursing Auxiliaries (For text see page 29)		
												Nurse, 4.453		
												Allowances and Statutory Travel		
												Duty Travel		
												Fellowships		
												Estimated Government Contribution		
			4,000		4,300	2	2	2	39,163	52,199	53,277	TOTAL - GUATEMALA		
												HONDURAS		
												MALARIA		
												Honduras-1, Malaria Eradication (For text see page 29)		
						1	1		7,469	7,694		Medical Officer, 4.1108 Sanitary Engineer, 9156 Sanitarian, 4.465		
									7,469	7,694		Cost of Posts		
									3,809	4,839		Allowances and Statutory Travel		
									2,650	2,650		Duty Travel		
									26,178	26,178		Supplies and Equipment		
									2,550			Fellowships		
						1	1		15,875	42,656	41,361	Estimated Government Contribution		
												TUBERCULOSIS		
												Honduras-5, BCG Vaccination (For text see page 29)		
												Medical Officer, 4.469		
												Estimated Government Contribution		

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				1,200	1,200												
				4,300	8,600												
5	5	5	50,093	59,092	62,447							5	5	5	50,093	59,092	62,447
															(500,000)	(700,000)	(2,000,000)
															4,000		4,300
1	1			6,737													
				2,843													
				320													
				4,300	8,600												
1	1		18,910	14,200	8,600							1	1		18,910	14,200	8,600
															(32,683)	(76,060)	
6	6	5	69,003	73,292	71,047	3	3	3	26,512	27,900	31,677	11	11	10	138,678	153,391	160,301
						1	1	1		7,394	7,619						
						1	1	1		4,900	5,100						
										12,294	12,719						
										1,291	3,496						
										2,700	2,700						
						2	2	2	11,876	16,285	18,915	2	3	3	27,751	58,941	60,276
															(375,000)	(375,000)	(375,000)
						1			6,193			1			6,193		
															(28,740)		

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
												<u>Honduras-4, Public Health Services</u> (For text see page 29)		
												Medical Officer, 4.450 Sanitary Engineer, 4.451 Nurse, 4.452 Sanitarian, .3003 Nurse, 4.462		Pl Pl P3 P2 P2
1	1	1		4,950	5,150							Cost of Posts		
				4,950	5,150							<u>Allowances and Statutory Travel</u>		
				3,070	4,310							<u>Duty Travel</u>		
				215										
1	1	1	15,772	8,235	9,460							<u>Estimated Government Contribution</u>		
												<u>Honduras-6, PASB Public Health Administration Fellowships</u> (For text see page 30)		
			4,000		4,300							<u>Fellowships</u>		
1	1	1	19,772	8,235	13,760		1	1	15,875	42,656	41,361	TOTAL - HONDURAS		
												<u>NICARAGUA</u>		
												MALARIA		
												<u>Nicaragua-1, Malaria Eradication</u> (For text see page 30)		
						1	1	1		7,469	7,694	Medical Officer, 9117 Sanitary Engineer, 9054 Sanitarian, 4.463		Pl Pl P2
						1	1	1		7,469	7,694			
										14,938	15,388	Cost of Posts		
										7,620	9,680	<u>Allowances and Statutory Travel</u>		
										2,840	2,840	<u>Duty Travel</u>		
										19,376	19,376	<u>Supplies and Equipment</u>		
										3,000	1,000	<u>Fellowships</u>		
						2	2	2	25,228	47,774	48,284	<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												<u>Nicaragua-8, BCG Vaccination</u> (For text see page 30)		
												<u>Duty Travel</u>		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION	
												<u>Nicaragua-3, Public Health Services</u> (For text see page 30)	
												Medical Officer, 4.441	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Estimated Government Contribution</u>	
												<u>Nicaragua-7, PASB Public Health Administration Fellowships</u> (For text see page 30)	
			4,000		4,300							<u>Fellowships</u>	
												NURSING	
												<u>Nicaragua-5, Nursing Education</u> (For text see page 31)	
												Nurse Educator, 4.448	
												Nurse Educator, 4.449, 4.459	
												Cost of Posts	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
			4,000		4,300	2	2	2	25,228	47,774	48,284	TOTAL - NICARAGUA	
												PANAMA	
												MALARIA	
												<u>Panama-2, Malaria Eradication</u> (For text see page 31)	
						1	1	1		7,469	7,694	Medical Officer, 4.1107	
												Sanitary Engineer, 9056	
												Sanitarian, 4.467	
										7,469	7,694	Cost of Posts	
										3,809	4,839	<u>Allowances and Statutory Travel</u>	
										1,800	1,800	<u>Duty Travel</u>	
										20,000	20,000	<u>Supplies and Equipment</u>	
										3,000		<u>Fellowships</u>	
						1	1	1	26,189	36,078	34,333		
												<u>Estimated Government Contribution</u>	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
						1	1	1		7,356	7,581						
										721	1,958						
										1,623	1,620						
						1	1	1	12,341	9,700	11,159	1	1	1	12,341	9,700	11,159
															(100,000)	(100,000)	(100,000)
															4,000		4,300
1	1	1		6,083	6,283												
2	2	2		10,550	10,950												
				16,633	17,233												
				7,559	9,543												
				1,515	1,310												
				4,650	1,150												
				8,600	8,600												
3	3	3	25,403	38,957	37,836							3	3	3	25,403	38,957	37,836
															(56,083)	(77,580)	(84,690)
3	3	3	25,403	38,957	37,836	2	1	1	19,963	9,700	11,159	7	6	6	74,594	96,431	101,579
						1	1	1		7,750	8,000						
						1	1	1		4,867	5,067						
										12,617	13,067						
										(1,287)	1,570						
										4,700	4,700						
						2	2	2	18,292	16,030	19,337	3	3	3	44,481	52,108	53,670
															(428,304)	(428,304)	(428,304)

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		P5 P4 P4 P3 P2
												<u>Panama-1, Public Health Services</u> (For text see page 31)		
												Chief Country Adviser, 4.432		
												Medical Officer, 4.434		
												Sanitary Engineer, 4.433		
												Public Health Nurse, 4.435, 4.466		
												Public Health Nurse, 4.440		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												<u>Panama-8, PASB Public Health Administration Fellowships</u> (For text see page 32)		
												<u>Fellowships</u>		
			4,000		4,300									
			4,000		4,300	1	1	1	26,189	36,078	34,333	TOTAL - PANAMA		
												<u>INTER-COUNTRY PROGRAMS</u>		
												MALARIA		
												<u>AMRO-118, Malaria Technical Advisory Services (Zone III)</u> (For text see page 32)		
						1	1	1	9,125	9,375		Chief Zone Malaria Adviser, 9018		
						1	1	1	8,167	8,417		Sanitary Engineer, 9019		
							1	1	7,637	7,875		Administrative Methods Officer, 9039		
						1	1	1	6,150	6,350		Entomologist, 9089		
							1	1	4,500	6,150		Health Statistician, 9175		
							1	1	2,393	2,503		Secretary, 9176		
									37,972	40,670		Cost of Posts		
									25,285	22,206		<u>Allowances and Statutory Travel</u>		
									15,000	15,000		<u>Duty Travel</u>		
						3	6	6	43,821	78,257	77,876			
												PUBLIC HEALTH ADMINISTRATION		
												<u>AMRO-86, Health Statistics (Zone III)</u> (For text see page 32)		
												Health Statistician, 4.1016		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	AMRO-148, Laboratory for Production of Biologicals (Zone III) (For text see page 32)	
	1	1		5,475	7,469							Medical Officer, .3010	
				5,421	4,184							<u>Allowances and Statutory Travel</u>	
				2,500	2,000							<u>Duty Travel</u>	
				1,000	3,000							<u>Supplies and Equipment</u>	
				8,600	8,600							<u>Fellowships</u>	
	1	1		22,996	25,253							<u>Estimated Government Contribution</u>	
												AMRO-188, Veterinary Public Health (Zone III) (For text see page 32)	
												Public Health Veterinarian, 4.1169	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												HEALTH EDUCATION OF THE PUBLIC	
												AMRO-141, Health Education (Zone III) (For text see page 33)	
												Health Educator, 4.670	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Estimated Government Contribution</u>	
												NUTRITION	
												AMRO-54, Collaboration with INCAP (For text see page 33)	
1	1	1		11,200	6,563							Regional Nutrition Adviser, .946	
1	1	1		8,229	5,475							Medical Director, .3009	
1	1	1		3,565								Medical Officer, .438	
				22,994	12,038							Editorial Assistant, .997	
												Cost of Posts	
				2,100	2,100							Short-term Consultants	
				1,800	1,800							Fees	
												Travel	
				11,649	11,412							<u>Allowances and Statutory Travel</u>	
				4,200	4,200							<u>Duty Travel</u>	
				100	100							<u>Hospitality</u>	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1	1		22,996	25,253
																(25,000)	(25,000)
	1	1		7,600	7,833												
				5,239	3,971												
				3,000	3,000												
	1	1		15,839	14,804								1	1		15,839	14,804
	1	1		7,375	7,600												
				3,918	4,449												
				3,000	3,000												
	1	1	6,230	14,293	15,049								1	1	6,230	14,293	15,049
															(30,000)	(30,000)	(30,000)

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE III		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-54, (continued)		
												<u>Technical Advisory Committee</u>		
				3,000	4,500							Travel of Consultants		
				2,000	2,000							<u>Meeting of the Council</u>		
				1,000	1,000							Travel and Transportation		
												Supplies and Materials		
3	3	2	34,834	48,843	39,150									
												<u>INCAP Operations - Financed by Member Countries</u>		
						20	20	20		70,930	73,300	Personal Services and Allowances		
										3,620	3,620	Travel and Transportation		
										1,600	1,600	Space and Equipment		
										4,250	4,250	Other Services		
										4,200	4,200	Supplies and Materials		
										7,490	7,700	Fixed Charges and Claims		
												Grants and Contracted Technical Services		
										400	400	Funds for INCAP Publications		
										2,700	2,700	Contingency Reserve		
										9,810	7,230			
						20	20	20	a) 105,000	a) 105,000	a) 105,000			
												<u>INCAP Projects - Financed from Contributions and Grants</u>		
												<u>Technical Programs</u>		
										37,000	37,000	Nutrition Education		
										8,000		Kwashiorkor and Vegetable Protein Mixture Development		
										8,000	4,000	Atherosclerosis and Dietary Factors		
									b) 206,530	b) 53,000	b) 41,000			
3	3	2	34,834	48,843	39,150	20	20	20	311,530	158,000	146,000			
												ENVIRONMENTAL SANITATION		
												<u>AMRO-7, Aedes aegypti Eradication (Central America and Panama)</u>		
												(For text see page 33)		
												Medical Officer, 4.900		
												Sanitarian, 4.903		
												Sanitarian, 4.904		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
3	4	3	34,834	71,839	64,403	23	26	26	355,351	236,257	223,876	TOTAL - INTER-COUNTRY PROGRAMS		
4	6	6	87,349	93,586	133,657	32	36	36	532,837	521,277	501,739	TOTAL - ZONE III PROGRAMS		

a) Quota Contributions by Member Governments of INCAP.

b) Contributions from various Organizations.

c) R... .. 1978

[illegible]

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		11,700	12,000
												1	1	1		9,146	9,396
												1	1	1		7,412	7,637
												1					
												1	1	1		7,544	7,771
												1	1	1		7,656	7,896
												1	1	1		3,328	3,433
												1	1	1		2,565	2,670
												1	1	1		2,600	2,705
												6	7	7		15,016	15,569
												1	1	1		2,067	2,146
												1	1	1		1,163	1,226
												1				921	984
																1,625	1,625
																72,743	75,058
																1,890	1,890
																5,900	5,900
																4,000	4,200
																78	82
																9,956	10,281
																714	735
				4,000	4,000											11,000	11,000
																2,150	2,655
																200	200
																3,827	3,827
																9,171	9,171
				1,500	1,500											1,627	1,627
																112	112
																500	500
			3,400	5,500	5,500							18	18	18	137,023	123,868	127,238
						1	1	1		7,600	7,833						
										7,600	7,833						
										4,106	1,801						
										1,529	1,529						
						1	1	1	13,849	13,235	11,163	6	5	5	60,759	83,359	88,523
															(450,000)	(450,000)	(450,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		ZONE IV		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES	
												<u>Bolivia-12, Leprosy Control</u> (For text see page 34)	
												Short-term Consultants Fees Travel	
					4,200 3,600 7,800							<u>Estimated Government Contribution</u>	
												PUBLIC HEALTH ADMINISTRATION	
												<u>Bolivia-10, Public Health Services</u> (For text see page 34)	
1	1	1		7,792	8,042							Chief Country Adviser, .661	
				2,952	3,885							<u>Allowances and Statutory Travel</u>	
				1,000	1,000							<u>Duty Travel</u>	
				8,600	8,600							<u>Fellowships</u>	
1	1	1	16,664	20,344	21,527							<u>Estimated Government Contribution</u>	
												<u>Bolivia-11, Joint Field Mission on Indigenous Populations</u> (For text see page 34)	
												Medical Officer, 4.1022	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Estimated Government Contribution</u>	
												<u>Bolivia-13, WHO/TA Public Health Administration Fellowships</u> (For text see page 35)	
												<u>Fellowships</u>	
												NURSING	
												<u>Bolivia-5, Nursing Education</u> (For text see page 35)	
												Nurse Educator, 4.651 Nurse Educator, 4.656	
												Cost of Posts	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Supplies and Equipment</u>	
												<u>Estimated Government Contribution</u>	
1	1	1	16,664	20,344	29,327	5	4	4	46,910	70,124	77,360	TOTAL - BOLIVIA	

PART III
FIELD AND OTHER PROGRAMS
ZONE IV

ENDEMO-EPIDEMIC DISEASES

Bolivia-12, Leprosy Control
(For text see page 34)

Short-term Consultants
Fees
Travel

Estimated Government Contribution

PUBLIC HEALTH ADMINISTRATION

Bolivia-10, Public Health Services
(For text see page 34)

Chief Country Adviser, .661

Allowances and Statutory Travel

Duty Travel

Fellowships

Estimated Government Contribution

Bolivia-11, Joint Field Mission
on Indigenous Populations
(For text see page 34)

Medical Officer, 4.1022

Allowances and Statutory Travel

Duty Travel

Estimated Government Contribution

Bolivia-13, WHO/TA Public Health
Administration Fellowships
(For text see page 35)

Fellowships

NURSING

Bolivia-5, Nursing Education
(For text see page 35)

Nurse Educator, 4.651
Nurse Educator, 4.656

Cost of Posts

Allowances and Statutory Travel

Duty Travel

Supplies and Equipment

Estimated Government Contribution

TOTAL - BOLIVIA

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	7,800
																	(10,000)
												1	1	1	16,664	20,344	21,527
															(4,540)	(4,540)	(4,540)
						1	1	1		8,229	8,479						
										2,424	1,610						
										412	412						
						1	1	1	13,463	11,065	10,501	1	1	1	13,463	11,065	10,501
															(1,580)	(1,580)	(1,580)
										11,600	11,600					11,600	11,600
1	1	1		7,150	7,375												
1	1	1		5,550	5,750												
				12,700	13,125												
				4,068	3,528												
				678	678												
				2,000	2,000												
2	2	2	18,651	19,446	19,331							2	2	2	18,651	19,446	19,331
															(28,736)	(28,736)	(28,736)
2	2	2	18,651	19,446	19,331	2	2	2	27,312	35,900	33,264	10	9	9	109,537	145,814	159,282

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE IV		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
												<u>COLOMBIA</u>		
												<u>MALARIA</u>		
												<u>Colombia-5, Malaria Eradication</u> (For text see page 35)		
												Chief Country Malaria Adviser, 4.675		
						4	4	4		19,800	20,600	Sanitary Engineer, 4.674		
										19,800	20,600	Sanitarian, 9030, 9032, 9033, 9058		
										9,876	13,984	Cost of Posts		
										13,600	13,600	<u>Allowances and Statutory Travel</u>		
										131,188	131,188	<u>Duty Travel</u>		
										5,000	3,000	<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
						4	4	4	100,032	179,464	182,372			
												<u>Estimated Government Contribution</u>		
												<u>ENDEMO-EPIDEMIC DISEASES</u>		
												<u>Colombia-17, Smallpox Eradication</u> (For text see page 35)		
1	1	1		7,562	7,792							Medical Officer, .1084		
				5,721	4,452							<u>Allowances and Statutory Travel</u>		
				1,500	1,500							<u>Duty Travel</u>		
				1,500	1,500							<u>Supplies and Equipment</u>		
				3,270	3,270							<u>Fellowships</u>		
1	1	1	13,713	19,553	18,514									
												<u>Estimated Government Contribution</u>		
												<u>Colombia-19, Leprosy Control</u> (For text see page 36)		
												Medical Officer, 4.4504		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												<u>Colombia-52, Yellow Fever,</u> <u>Carlos Finlay Institute</u> (For text see page 36)		
			31,600	31,600	31,600							<u>Cooperative Agreement</u>		
												<u>Estimated Government Contribution</u>		

WORLD HEALTH ORGANIZATION											T O T A L S						
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
						1	1	1		8,792	9,042						
						1	1	1		7,412	7,637						
										16,204	16,679						
										2,878	3,855						
										2,312	2,312						
						2	2	2	15,603	21,394	22,846	6	6	6	115,635	200,858	205,218
															(2,741,935)	(2,741,935)	(2,741,935)
												1	1	1	13,713	19,553	18,514
															(138,460)	(138,460)	(138,460)
						1	1	1		7,506	7,731						
										(72)	1,914						
										1,000	1,000						
						1	1	1	11,806	8,434	10,645	1	1	1	11,806	8,434	10,645
															(692,310)	(692,310)	(692,310)
															31,600	31,600	31,600
															(69,230)	(69,230)	(69,230)

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE	
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION	P5 P4 P3 P2	
												<u>Colombia-4, Public Health Services</u> (For text see page 36)		
												Chief Country Adviser, 4.666 Medical Officer, 4.683 Sanitary Engineer, 4.667 Nurse, 4.621, 4.668 Nurse, 4.679		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
												<u>Colombia-21, PASB Public Health Administration Fellowships</u> (For text see page 36)		
			4,000		4,300							<u>Fellowships</u>		
												ENVIRONMENTAL SANITATION	P4 P2	
												<u>Colombia-22, Aedes aegypti Eradication</u> (For text see page 37)		
												Medical Officer, 4.622 Sanitarian, 4.624		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		
1	1	1	49,313	51,153	54,414	4	4	4	100,032	179,464	182,372	TOTAL - COLOMBIA		
												ECUADOR	P5 P4 P2	
												MALARIA		
												<u>Ecuador-14, Malaria Eradication</u> (For text see page 37)		
						2	2	2		9,950	10,350	Chief Country Malaria Adviser, 4.1127 Sanitary Engineer, 4.1149 Sanitarian, 9041, 9120		
										9,950	10,350	Cost of Posts		
										4,344	5,398	<u>Allowances and Statutory Travel</u>		
										6,706	6,706	<u>Duty Travel</u>		
										38,504	38,504	<u>Supplies and Equipment</u>		
										1,800	1,800	<u>Fellowships</u>		
						2	2	2	36,522	61,304	62,758	<u>Estimated Government Contribution</u>		

17

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
						1	1	1		9,396	9,675						
						1	1	1		8,063	8,312						
						1	1	1		7,917	8,167						
						2	2	2		13,456	13,906						
						1	1	1		5,250	5,450						
										44,082	45,510						
										5,329	7,930						
										2,248	2,248						
						6	6	6	81,300	51,659	55,688	6	6	6	81,300	51,659	55,688
															(883,690)	(883,690)	(883,690)
															4,000		4,300
						1	1	1		8,562	8,813						
						1	1	1		6,150	6,350						
										14,712	15,163						
										8,257	5,034						
										3,444	3,444						
						2	2	2	19,089	26,413	23,641	2	2	2	19,089	26,413	23,641
															(92,307)	(92,307)	(92,307)
						11	11	11	127,798	107,900	112,820	16	16	16	277,143	338,517	349,606
						1	1	1		9,000	9,250						
						1	1	1		7,469	7,694						
										16,469	16,944						
										1,906	5,622						
										1,687	1,687						
						2	2	2	26,213	20,062	24,253	4	4	4	62,735	81,366	87,011
															(450,450)	(450,450)	(450,450)

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE IV		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES		
												<u>Ecuador-11, National Institute of Health</u> (For text see page 37)		
1	1	1		7,469	7,693							Bacteriologist, .4002		
				3,009	4,038							<u>Allowances and Statutory Travel</u>		
				300	300							<u>Duty Travel</u>		
1	1	1	6,512	10,778	12,031									
												<u>Estimated Government Contribution</u>		
		1			5,475							<u>Ecuador-18, Leprosy Control</u> (For text see page 37)		
					4,519							Medical Officer, .4008		
					1,000							<u>Allowances and Statutory Travel</u>		
					4,300							<u>Duty Travel</u>		
		1			15,294							<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
1	1	1		7,469	7,694							<u>Ecuador-20, Smallpox Eradication</u> (For text see page 37)		
				3,009	4,039							Medical Officer, .4000		
				1,500	1,500							<u>Allowances and Statutory Travel</u>		
				2,000	2,000							<u>Duty Travel</u>		
1	1	1	12,931	13,978	15,233							<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Ecuador-4, Public Health Services</u> (For text see page 37)		
												Chief Country Adviser, 4.652		
												Public Health Veterinarian, 4.4509		
												Public Health Nurse, 4.678		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Ecuador-19, PASB Public Health Administration Fellowships</u> (For text see page 38)		
			4,000		4,300							<u>Fellowships</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1	6,512	10,778	12,031
															(324,324)	(324,324)	(324,324)
														1			15,294
																	(18,018)
												1	1	1	12,931	13,978	15,233
															(84,084)	(84,084)	(84,084)
1	1	1		9,062	9,312												
					7,300												
1	1	1		6,456	6,681												
				15,518	23,293												
				4,558	7,447												
				2,000	3,000												
				8,600	8,600												
2	2	3	31,728	30,676	42,340							2	2	3	31,728	30,676	42,340
															(9,460)	(9,460)	(9,460)
															4,000		4,300

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	NURSING	
												<u>Ecuador-16, Nursing Education</u> (For text see page 38)	
												Nurse Educator, 4.687	P3
												Nurse Educator, 4.4500	P2
												Cost of Posts	
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
												NUTRITION	
												<u>Ecuador-53, National Institute of Nutrition</u> (For text see page 38)	
												Medical Nutritionist, 4.677	P4
												<u>Allowances and Statutory Travel</u>	
												<u>Duty Travel</u>	
												<u>Supplies and Equipment</u>	
												<u>Estimated Government Contribution</u>	
2	2	3	23,443	24,756	46,858	2	2	2	36,522	61,304	62,758	TOTAL - ECUADOR	
												PERU	
												MALARIA	
												<u>Peru-5, Malaria Eradication</u> (For text see page 38)	
						1	1	1		7,562	7,792	Medical Officer, 4.4502	P4
						3	3	3		14,834	15,434	Sanitary Engineer, 9059	P4
												Sanitarian, 9060, 9061, 9062, 4.4503	P2
										22,396	23,226	Cost of Posts	
										14,624	16,336	<u>Allowances and Statutory Travel</u>	
										21,600	21,600	<u>Duty Travel</u>	
										79,276	79,276	<u>Supplies and Equipment</u>	
										5,000	5,000	<u>Fellowships</u>	
						4	4	4	60,321	142,896	145,438		
												<u>Estimated Government Contribution</u>	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		6,333	6,550												
1	1	1		4,983	5,183												
				11,316	11,733												
				2,410	3,148												
				200	200												
				2,000	2,000												
				8,600	8,600												
2	2	2	22,963	24,526	25,681							2	2	2	22,963	24,526	25,681
															(20,420)	(20,420)	(20,420)
						1	1	1		9,062	9,312						
										819	5,329						
										657	631						
										3,300	3,300						
						1	1	1	17,291	13,838	18,572	1	1	1	17,291	13,838	18,572
															(36,036)	(36,036)	(36,036)
4	4	5	54,691	55,202	68,021	3	3	3	43,504	33,900	42,825	11	11	13	158,160	175,162	220,462
						1	1	1		7,375	7,600						
						1	1	1		5,017	5,217						
										12,392	12,817						
										1,269	4,486						
										1,800	1,800						
						2	2	2	17,901	15,461	19,103	6	6	6	78,222	158,357	164,541
															(1,145,300)	(1,171,800)	(1,171,800)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE IV		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES		
												<u>Peru-54, Typhus Vaccine</u> (For text see page 38)		
												Short-term Consultants Fees Travel		
					2,100 1,800 5,000							<u>Supplies and Equipment</u>		
					8,900							<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Peru-21 (WHO), Peru-25 (PASB), Public Health Administration Fellowships</u> (For text see page 39)		
			4,000		4,300							<u>Fellowships</u>		
												<u>Peru-22, Public Health Services</u> (For text see page 39)		
												Chief Country Adviser, 4.681 Sanitary Engineer, 4.685 Public Health Nurse, 4.682		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Peru-23, Joint Field Mission on Indigenous Populations</u> (For text see page 39)		
												<u>Duty Travel</u>		
												<u>Peru-26, Public Health Orientation Course</u> (For text see page 39)		
												Short-term Consultants Fees Travel		
					2,300 2,400 1,000 4,300							<u>Supplies and Equipment</u>		
					10,500							<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
			4,000		23,700	4	4	4	60,321	142,896	145,438	TOTAL - PERU		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	8,900
																	(15,000)
			10,680												11,680		4,300
						1	1	1		9,062	9,312						
						1	1	1		7,431	7,656						
						1	1	1		6,681	6,906						
										23,174	23,874						
										5,574	5,111						
										3,091	1,350						
										4,300	4,300						
						3	3	3	51,794	36,139	34,635	3	3	3	51,794	36,139	34,635
															(10,000)	(10,000)	(10,000)
									600	1,000	1,000				600	1,000	1,000
																	10,500
																	(5,000)
			10,680			5	5	5	70,295	52,600	54,738	9	9	9	115,296	195,496	223,876

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE IV		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
												<u>INTER-COUNTRY PROGRAMS</u>		
												MALARIA		
												<u>AMRO-119, Malaria Technical Advisory Services (Zone IV)</u> (For text see page 40)		
						1	1	1		8,750	9,000	Chief Zone Malaria Adviser, 9090		
						1	1	1		8,031	8,271	Sanitary Engineer, 9091		
							1	1		7,656	7,896	Administrative Methods Officer, 9044		
						1	1	1		6,606	6,831	Entomologist, 9092		
							1	1		4,500	6,150	Health Statistician, 9173		
							1	1		2,132	2,950	Secretary, 9174		
										37,675	41,098	Cost of Posts		
										22,378	21,399	<u>Allowances and Statutory Travel</u>		
										20,000	20,000	<u>Duty Travel</u>		
						3	6	6	28,118	80,053	82,497			
												PUBLIC HEALTH ADMINISTRATION		
												<u>AMRO-143, Health Statistics (Zone IV)</u> (For text see page 40)		
												Health Statistician, 4.1126		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>AMRO-179, Veterinary Public Health (Zone IV)</u> (For text see page 40)		
	1	1		7,896	8,146							Public Health Veterinarian, .605		
				4,484	8,186							<u>Allowances and Statutory Travel</u>		
				2,500	2,500							<u>Duty Travel</u>		
	1	1		14,880	18,832									
	1	1		14,880	18,832	3	6	6	28,118	80,053	82,497	TOTAL - INTER-COUNTRY PROGRAMS		
4	5	6	93,420	111,133	173,131	18	20	20	271,903	533,841	550,425	TOTAL - ZONE IV PROGRAMS		

[illegible]

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE V		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	<u>Brazil-38, Smallpox Eradication</u> (For text see page 42)		
									1/ 4,035			<u>Supplies and Equipment</u>		
				2,520								<u>Fellowships</u>		
				2,520					4,035					
												<u>Estimated Government Contribution</u>		
												<u>Brazil-40, Verification of Aedes aegypti Eradication</u> (For text see page 42)		
2			31,750									<u>All Purposes</u>		
												<u>Brazil-42, Rabies Control</u> (For text see page 42)		
												Public Health Veterinarian, 4.5506		
												Short-term Consultants Fees Travel		
												<u>Allowances and Statutory Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Brazil-51, Yellow Fever Laboratory</u> (For text see page 42)		
1	1	1		1,680	1,680							Yellow Fever Laboratory Consultant, .714		
				17	17							<u>Allowances and Statutory Travel</u>		
				5,000	5,000							<u>Supplies and Equipment</u>		
1	1	1	6,570	6,697	6,697									
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Brazil-3, Public Health Services (North-East)</u> (For text see page 42)		
												Sanitary Engineer, 4.721		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		

191

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															4,035	2,520	
															(25,000)	(25,000)	
												2			31,750		
		1			7,300												
					1,800												
					2,100												
					5,058												
					1,200												
					2,500												
		1			19,958									1			19,958
																	(30,000)
												1	1	1	6,570	6,697	6,697
															(75,000)	(75,000)	(75,000)
1	1	1		7,356	7,581												
				3,914	4,446												
				500	500												
					2,000												
1	1	1	10,591	11,770	14,527							1	1	1	10,591	11,770	14,527
															(20,000)	(20,000)	(20,000)

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE V		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	<u>Brazil-16 (WHO/TA), Brazil-28 (PASB),</u> <u>Public Health Administration</u> <u>Fellowships</u> (For text see page 43)		Pl4
			4,000		8,600							<u>Fellowships</u>		
												<u>Brazil-18, National Food and</u> <u>Drug Service</u> (For text see page 43)		
												Drug Control Specialist, 4.717		Pl4
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Brazil-19, School of Public Health</u> <u>(Rio de Janeiro)</u> (For text see page 43)		
												Professor of Public Health, 4.5501		Pl4
												Short-term Consultants Fees Travel		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Brazil-32, Training for Statisticians</u> <u>in Vital and Health Statistics</u> (For text see page 43)		
		1			5,475							Health Statistician, .5000		
					3,120							<u>Allowances and Statutory Travel</u>		Pl4
					4,300							<u>Fellowships</u>		
		1			12,895							<u>Estimated Government Contribution</u>		
												<u>Brazil-33, Training for Laboratory</u> <u>Technicians</u> (For text see page 43)		Pl4
		1			7,469							Laboratory Adviser, .5001		
					4,184							<u>Allowances and Statutory Travel</u>		
					2,000							<u>Supplies and Equipment</u>		
		1			13,653							<u>Estimated Government Contribution</u>		
												<u>Estimated Government Contribution</u>		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE V		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
												<u>Brazil-35, School of Public Health</u> <u>(Sao Paulo)</u> (For text see page 43)		
												Short-term Consultants Fees Travel		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Brazil-36, Health Statistics</u> (For text see page 44)		
	1	1		5,475	7,470							Health Statistician, .5002		
				5,420	4,184							<u>Allowances and Statutory Travel</u>		
				2,000	2,000							<u>Duty Travel</u>		
	1	1		12,895	13,654									
												<u>Estimated Government Contribution</u>		
												<u>Brazil-37, Dental Health Education</u> (For text see page 44)		
				1,400	1,400							Short-term Consultants		
				1,200	1,200							Fees		
				3,000								Travel		
				5,600	2,600							<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
												<u>Brazil-39, Public Health Services</u> <u>(Mato Grosso)</u> (For text see page 44)		
	1	1		5,475	7,694							Sanitary Engineer, .5009		
	1	1		4,500	6,150							Public Health Nurse, .5010		
				9,975	13,844							Cost of Posts		
					1,400							Short-term Consultants		
					1,200							Fees		
				9,117	6,696							Travel		
					8,600							<u>Allowances and Statutory Travel</u>		
												<u>Fellowships</u>		
	2	2		19,092	31,740									
												<u>Estimated Government Contribution</u>		
												<u>Brazil-43, Preventive Dentistry</u> (For text see page 44)		
					2,800							Short-term Consultants		
					2,400							Fees		
					1,000							Travel		
					6,200							<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		

PAN AMERICAN SANITARY ORGANIZATION												PART III FIELD AND OTHER PROGRAMS ZONE V		GRADE
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Brazil-44, Veterinary Medical Education (For text see page 45)		P3
					8,600							Fellowships		
												Estimated Government Contribution		
												NURSING		P4
												Brazil-22, Nursing Education (For text see page 45)		
												Nurse Educator, 4.716		
												Estimated Government Contribution		P4
												SOCIAL AND OCCUPATIONAL HEALTH		
												Brazil-31, Rehabilitation Training Center (For text see page 45)		
												Medical Officer, 4.5003		RL6
												Allowances and Statutory Travel		
												Estimated Government Contribution		
												ENVIRONMENTAL SANITATION		RL6
												Brazil-45, Environmental Sanitation Training (For text see page 45)		
												Junior Sanitary Engineer, 4.1097		
												Allowances and Statutory Travel		P4
												Fellowships		
												TOTAL - BRAZIL		
3	4	6	42,320	46,804	104,639	6	6	6	114,465	214,904	198,320	INTER-COUNTRY PROGRAMS		P4
												PUBLIC HEALTH ADMINISTRATION		
												AMRO-189, Veterinary Public Health (Zone V) (For text see page 46)		
												Public Health Veterinarian, 4.701		P4
												Allowances and Statutory Travel		
												Duty Travel		
												TOTAL - INTER-COUNTRY PROGRAMS		P4
												TOTAL - ZONE V PROGRAMS		
3	4	6	42,320	46,804	104,639	6	6	6	114,465	214,904	198,320	TOTAL - ZONE V PROGRAMS		

197

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	8,600
																	(10,000)
						1			12,170			1			12,170		
															(10,000)		
						1	1	1		7,412	7,637						
										2,058	3,053						
						1	1	1	5,650	9,470	10,690	1	1	1	5,650	9,470	10,690
															(15,000)	(25,000)	(25,000)
	1	1		3,697	3,807												
				55	57												
				2,000	2,000												
	1	1		5,752	5,864								1	1		5,752	5,864
2	4	5	48,271	70,697	89,494	3	3	3	24,769	46,600	42,871	14	17	20	229,825	379,005	435,324
	1	1		7,675	7,917												
				6,065	4,902												
				3,000	3,000												
	1	1		16,740	15,819								1	1		16,740	15,819
	1	1		16,740	15,819								1	1		16,740	15,819
2	5	6	48,271	87,437	105,313	3	3	3	24,769	46,600	42,871	14	18	21	229,825	395,745	451,143

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
1	1	1		11,700	12,000							Zone Representative, .800		D1
1	1	1		9,146	9,396							Assistant Zone Representative, .804		P5
1	1	1		7,656	7,896							Nurse, .805		PL
1	1	1		7,656	7,896							Administrative Officer, .806		PL
1	1	1		4,800	5,000							Accounts and Budget Officer, .6011		P2
1	1	1		2,259	2,349							Accounting Clerk, .836		BAL6
1	1	1		1,721	1,794							Secretary, .808		BAL5
												Clerk Stenographer, .809, .810, .811, .6013		BAL5
3	4	4		6,646	6,938							Clerk, .812, .6012		BAL4
1	2	2		2,535	2,649							Clerk Stenographer, .843		BAL4
1	1	1		1,386	1,443							Chauffeur, .813		BAL4
1	1	1		931	966							Messenger, .814		BAL2
1	1	1		755	791							Estimated Local Wage Increases		BAL2
				1,000	1,000							Cost of Posts		
				58,191	60,118							Allowances		
				5,950	5,950							Assignment Dependents' Pension Fund Insurance		
				4,900	4,900							Travel and Transportation		
				8,007	8,275							Duty Home Leave		
				573	591							Hospitality		
				5,000	5,000							Common Services		
				5,850	300							Space and Equipment Services Other Services Supplies and Materials Fixed Charges and Claims Acquisition of Capital Assets		
				200	200									
				4,703	4,903									
				6,600	6,600									
				2,500	2,500									
				250	250									
				500	500									
14	16	16	84,196	103,224	100,087							TOTAL		
												ARGENTINA		
												MALARIA		
												Argentina-8, Malaria Eradication (For text see page 47)		
						1	1		7,300	7,525		Medical Officer, 9155		PL
									5,286	3,016		Allowances and Statutory Travel		
									2,400	2,400		Duty Travel		
									19,147	19,147		Supplies and Equipment		
						1	1		11,453	34,133	32,088	Estimated Government Contribution		
												TUBERCULOSIS		
												Argentina-20, BCG Vaccination (For text see page 47)		
		1			7,469							Medical Officer, .6014		PL
					3,009							Allowances and Statutory Travel		
					1,500							Duty Travel		
		1			11,978							Estimated Government Contribution		

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES		
									1/ 6,000			<u>Argentina-2, Smallpox Eradication</u> (For text see page 47)		
												<u>Supplies and Equipment</u>		
												<u>Argentina-11, Rabies Control</u> (For text see page 47)		
												Short-term Consultants Fees Travel		
												<u>Estimated Government Contribution</u>		
												<u>Argentina-51, Aedes aegypti Eradication</u> (For text see page 47)		
1	1	1		8,875	9,125							Medical Officer, .815 Sanitarian, .837, .849, .852		
3	2	2		11,234	11,634							Cost of Posts		
				20,109	20,759							<u>Allowances and Statutory Travel</u>		
				14,195	11,729							<u>Duty Travel</u>		
				3,500	3,500							<u>Supplies and Equipment</u>		
				3,000										
4	3	3	43,115	40,804	35,988							<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Argentina-4, National Institute of Microbiology</u> (For text see page 47)		
												Bacteriologist, 4.6501 Pharmacologist, 4.6500 Virologist, 4.6502		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Argentina-6 (WHO), Argentina-13 (PASS), Public Health Administration Fellowships</u> (For text see page 48)		
			4,000		8,600							<u>Fellowships</u>		
												<u>Argentina-7, Public Health Services</u> (For text see page 48)		
												Medical Officer, 4.863 Sanitary Engineer, 4.6504 Health Educator, 4.6510 Public Health Nurse, 4.860		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															6,000		
				1,200 1,400	1,200 1,400												
			2,600	2,600	2,600										2,600	2,600	2,600
															(25,000)	(25,000)	(25,000)
												4	3	3	43,115	40,804	35,988
															(250,000)	(250,000)	(250,000)
1 1	1 1	1 1 1		7,356 7,337	7,581 7,562 7,300												
				14,693	22,443												
				3,586	7,587												
				1,500	1,000												
				8,600	4,300												
2	2	3	12,152	28,379	35,330							2	2	3	12,152	28,379	35,330
															(857,000)	(857,000)	(857,000)
			16,745												20,745		8,600
						1 1 1 1	1 1 1 1	1 1 1 1	7,412 8,667 7,300 6,812	7,637 8,917 7,525 7,037							
									30,191 1,915	31,116 3,435							

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		ZONE VI		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	Argentina-7, (continued)	
												Duty Travel	
												Fellowships	
												Estimated Government Contribution	
1	1			912								Argentina-12, Survey of Health Services (For text see page 48)	Pl
				463								Hospital Administrator, 6.007	
				649								Allowances and Statutory Travel	
												Duty Travel	
1	1		11,030	2,024									
												Argentina-17, School of Public Health (For text see page 48)	Pl
												Professor of Public Health, 4.6509	
												Short-term Consultants	
												Fees	
												Travel	
												Allowances and Statutory Travel	
												Duty Travel	
												Fellowships	
												Estimated Government Contribution	
1	1			6,584	7,506							Argentina-24, Planning and Organization of Hospital Services (For text see page 49)	Pl
				3,500	3,813							Hospital Administrator, .6015	
				1,000	1,000							Allowances and Statutory Travel	
				4,300	4,300							Duty Travel	
												Fellowships	
1	1			15,384	16,619								
												Estimated Government Contribution	
												NURSING	
												Argentina-3, Nursing Education (Cordoba and El Chaco) (For text see page 49)	
												Nurse Educator, 4.854, 4.855, 4.6507	P3
												Nurse Educator, 4.861	P2
												Cost of Posts	
												Allowances and Statutory Travel	
												Duty Travel	
												Estimated Government Contribution	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
										300	300						
										4,688	13,600						
						3	4	4	41,389	37,094	48,451	3	4	4	41,389	37,094	48,451
															(1,800,000)	(1,800,000)	(1,800,000)
												1	1		11,030	2,024	
	1	1		7,300	7,525												
				1,200	1,800												
				1,400	2,100												
				2,938	2,319												
				425	425												
				4,300	4,300												
	1	1	10,605	17,563	18,469							1	1		10,605	17,563	18,469
															(500,000)	(500,000)	(500,000)
												1	1			15,384	16,619
															(1,800,000)	(1,800,000)	
						3	3	3		19,373	19,998						
						1	1	1		5,033	5,233						
										24,406	25,231						
										(1,280)	1,830						
										2,380	2,380						
						4	4	4	27,560	25,506	29,441	4	4	4	27,560	25,506	29,441
															(310,000)	(310,000)	(310,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	<u>Argentina-23, Nursing Education (Rosario)</u> (For text see page 49) Nurse Educator, .6008, .6009 <u>Allowances and Statutory Travel</u> <u>Duty Travel</u> <u>Supplies and Equipment</u> <u>Fellowships</u>	
2	2	2		12,200	12,600							P3	
				3,548	3,602								
				200	200								
				1,500	1,500								
				4,300	8,600								
2	2	2	9,544	21,748	26,502								
		1			6,150							P3	
					1,780								
					300								
					4,300								
		1			12,530								

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	NUTRITION		
												<u>Argentina-15, Nutrition</u> (For text see page 50)		
												Short-term Consultants Fees Travel		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												OTHER PROJECTS		
												<u>Argentina-18, Medical Education</u> (For text see page 50)		
												Short-term Consultants Fees Travel		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
7	7	9	67,689	83,860	146,828		1	1	17,453	34,133	32,088	TOTAL - ARGENTINA		
												CHILE		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Chile-18 (WHO/TA), Chile-25 (WHO),</u> <u>Chile-26 (PASE), Public Health</u> <u>Administration Fellowships</u> (For text see page 50)		
			4,935		4,300							<u>Fellowships</u>		
												<u>Chile-19, Food and Drug Control</u> (For text see page 51)		
												Short-term Consultants Fees Travel		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Chile-27, Public Health Services</u> <u>(Ovalle-Copiapo)</u> (For text see page 51)		
												Short-term Consultants Fees Travel		
												<u>Estimated Government Contribution</u>		

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	<u>Chile-31, School of Public Health</u> (For text see page 51) Short-term Consultants Fees Travel <u>Supplies and Equipment</u> <u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
												NURSING	
												<u>Chile-20, Midwifery Education</u> (For text see page 51) Nurse-Midwife, 4.851 <u>Allowances and Statutory Travel</u> <u>Duty Travel</u> <u>Supplies and Equipment</u> <u>Fellowships</u>	
												P3	
												<u>Estimated Government Contribution</u>	
												<u>Chile-29, Advanced Nursing Education</u> (For text see page 51) Nurse Educator, 4.1120 <u>Allowances and Statutory Travel</u> <u>Duty Travel</u> <u>Supplies and Equipment</u> <u>Fellowships</u>	
												P4	
												<u>Estimated Government Contribution</u>	
												SOCIAL AND OCCUPATIONAL HEALTH	
												<u>Chile-21, Rehabilitation Center</u> (For text see page 52) Short-term Consultants Fees Travel <u>Supplies and Equipment</u> <u>Fellowships</u>	
					4,200								
					3,600								
					2,000								
					4,300								
					14,100								

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III FIELD AND OTHER PROGRAMS ZONE VI		GRADE
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	Chile-22, Institute of Occupational Health (For text see page 52)		
												Short-term Consultants Fees Travel		
												Supplies and Equipment		
												Fellowships		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES		P4
												<u>Paraguay-9, Leprosy Control</u> (For text see page 52)		
												Leprologist, 4.850		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		P5 P4 P4 P4 P3
												<u>Paraguay-10, Public Health Services</u> (For text see page 53)		
												Chief Country Adviser, 4.330		
												Sanitary Engineer, 4.331		
												Epidemiologist, 4.362		
												Bacteriologist, 4.322		
												Public Health Nurse, 4.323		
												Cost of Posts		
												<u>Allowances and Statutory Travel</u>		
												<u>Duty Travel</u>		
												<u>Estimated Government Contribution</u>		P4
												<u>Paraguay-13, PASS Public Health Administration Fellowships</u> (For text see page 53)		
			4,000		4,300							<u>Fellowships</u>		
												<u>Paraguay-16, Administrative Methods and Practices in Public Health</u> (For text see page 53)		
1	1	1		7,412	7,637							Administrative Methods Officer, .6010		
				3,001	4,031							<u>Allowances and Statutory Travel</u>		
				374	374							<u>Duty Travel</u>		
1	1	1	6,912	10,787	12,042									
1	1	1	10,912	10,787	16,342	1	1	1	25,373	36,560	35,317	TOTAL - PARAGUAY		

21

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
	1	1		7,300	7,525												
				2,483	3,264												
				240	240												
				1,576													
	1	1	5,500	11,599	11,029								1	1	5,500	11,599	11,029
															(69,000)	(79,350)	(79,350)
						1	1	1	8,917	9,167							
						1	1	1	8,688	8,938							
						1	1	1	7,656	7,896							
						1	1	1	8,854	9,104							
						1	1	1	6,367	6,587							
									40,482	41,692							
									15,906	18,423							
									3,080	4,080							
						5	5	5	61,179	59,468	64,195	5	5	5	61,179	59,468	64,195
															(1,096,000)	(1,004,700)	(1,147,920)
															4,000		4,300
												1	1	1	6,912	10,787	12,042
	1	1	5,500	11,599	11,029	7	7	7	75,304	78,700	86,891	9	10	10	117,089	137,646	149,579

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			ZONE VI	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	Uruguay-13, (continued)	
					100							Duty Travel	
					1,000							Supplies and Equipment	
					4,300							Fellowships	
	2				21,067							Estimated Government Contribution	
												Uruguay-15, Chronic Diseases (For text see page 55)	
					4,200							Short-term Consultants	
					3,600							Fees	
					2,500							Travel	
					10,300							Fellowships	
												Estimated Government Contribution	
	2		4,000		39,607				4,500			TOTAL - URUGUAY	
												INTER-COUNTRY PROGRAMS	
												PUBLIC HEALTH ADMINISTRATION	
	1	1		5,475	7,694							AMRO-159, Health Statistics (Zone VI) (For text see page 55)	
				4,539	3,039							Health Statistician, .6002	
				2,380	2,380							Allowances and Statutory Travel	
												Duty Travel	
	1	1		12,394	13,113								
												AMRO-163, Epidemiology (Zone VI) (For text see page 55)	
	1	1		8,062	8,312							Epidemiologist, .6003	
				5,889	3,722							Allowances and Statutory Travel	
				2,110	2,110							Duty Travel	
	1	1	13,548	16,061	14,144								
												AMRO-180, Veterinary Public Health (Zone VI) (For text see page 55)	
		1			7,469							Public Health Veterinarian, .6019	
					3,009							Allowances and Statutory Travel	
					2,000							Duty Travel	
		1			12,478								
	1	2	3	13,548	28,455	39,735						TOTAL - INTER-COUNTRY PROGRAMS	
	9	10	15	101,084	139,112	282,122	1	2	2	47,326	70,693	67,405	TOTAL - ZONE VI PROGRAMS

PAN AMERICAN SANITARY ORGANIZATION												PART III FIELD AND OTHER PROGRAMS WASHINGTON OFFICE - COUNTRY PROGRAMS		GRADE
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	PUBLIC HEALTH ADMINISTRATION		
			\$	\$	\$				\$	\$	\$	Canada-1, WHO Public Health Administration Fellowships (For text see page 56)		
												Fellowships		
												United States-7 (WHO), United States-11 (PASS), Public Health Administration Fellowships (For text see page 56)		
					15,000							Fellowships		
												United States-10, Consultants in Specialized Fields of Public Health (For text see page 56)		
												Short-term Consultants Fees Travel		
					15,000							TOTAL - WASHINGTON OFFICE - COUNTRY PROGRAMS		
												PART III FIELD AND OTHER PROGRAMS INTER-ZONE		
												MALARIA		
												AMRO-80, Malaria Conference (For text see page 56)		
										4,000		Duty Travel		
										20,000		Participants		
										3,500		Contractual Services		
										500		Common Services		
										28,000				
												AMRO-90, Malaria Technical Advisory Services (Regional) (For text see page 56)		
1	1	1		8,188	8,437		2	2		10,950	14,938	Medical Officer, 9111, 9159		
1	1	1		7,875	8,125							Entomologist, .1071		
												Parasitologist, .1130		
												Administrative Officer, 9027, 9039, 9044		
							3	1	1	7,469	7,694	Sanitary Engineer, 9135, 9160		
							2	2		12,981	15,200	Sanitarian, 9161, 9162, 9163, 9164		
							4	4		14,400	19,800	Clerk Stenographer, 9122		
							1	1	1	2,338	2,448			
				16,063	16,562					48,138	60,080	Cost of Posts		
				9,768	7,736					44,323	38,617	Allowances and Statutory Travel		
				7,710	7,710					36,000	36,000	Duty Travel		
				500	500					500	500	Supplies and Equipment		
				715	715							Common Services		
2	2	2	26,829	34,756	33,223	4	10	10	53,289	128,961	135,197			

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				6,500	6,500											6,500	6,500
			3,500	10,000	10,000										3,500	10,000	25,000
				5,400 6,300	5,400 6,300												
			4,922	11,700	11,700										4,922	11,700	11,700
			8,422	28,200	28,200										8,422	28,200	43,200
																28,000	
												6	12	12	80,118	163,717	168,420

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-109, Malaria Eradication (PASB surplus funds) (For text see page 57)		P5 ML5 ML2
									1/ 9,567			<u>All Purposes</u>		
												AMRO-111, Training Center for Malaria Eradication (Mexico) (For text see page 57)		
						1	1			4,500		Chief, Training School, 9071		
						1	1			936		Clerk Stenographer, 9075		
						1	1			500		Chauffeur Messenger, 9125		
										5,936		Cost of Posts		
										2,046		<u>Allowances and Statutory Travel</u>		
										500		<u>Duty Travel</u>		
										100		<u>Supplies and Equipment</u>		
										5,760		<u>Contractual Services</u>		
										900		<u>Common Services</u>		
						3	3		45,742	15,242		AMRO-121, Malaria Eradication Evaluation Teams (For text see page 57)		
						1	1	2		9,800	18,850	Chief, Evaluation Team, 9094, 9165		
						1	1	2		9,000	18,000	Epidemiologist, 9095, 9166		
						1	1	2		6,117	12,317	Parasitologist, 9143, 9167		
							2	4		9,600	19,600	Sanitarian, 9168, 9169, 9170, 9171		
										34,517	68,767	Cost of Posts		
										24,059	48,285	<u>Allowances and Statutory Travel</u>		
										15,000	30,000	<u>Duty Travel</u>		
										2,000	2,000	<u>Supplies and Equipment</u>		
						3	5	10	40,319	75,576	149,052	AMRO-122, Research and Development of Insecticide Application Equipment (For text see page 57)		
												Short-term Consultants		
										6,300	6,300	Fees		
										5,400	5,400	Travel		
										3,300	3,300	<u>Supplies and Equipment</u>		
									7,000	15,000	15,000	AMRO-123, Research and Development of Protective Equipment Against Toxic Insecticides (For text see page 57)		
									20,000	40,000	35,000	<u>Grants</u>		
												AMRO-124, Field Trials of the Pinotti Method (For text see page 57)		
							1	1		4,800	5,000	Sanitarian, 9172		
										4,748	3,475	<u>Allowances and Statutory Travel</u>		

1/ PASB surplus funds.

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	AMRO-124, (continued)	
										1,800	1,800	Duty Travel	
										23,500	21,000	Supplies and Equipment	
							1	1	1,700	34,848	31,275		
												AMRO-125, Seminar on Malaria Eradication Evaluation Techniques (For text see page 57)	
										5,550		Supplies and Equipment	
										19,450		Participants	
										25,000			
												AMRO-126, Seminar on Susceptibility and Resistance of Anophelines (For text see page 58)	
									38,000			All Purposes	
												AMRO-127, Seminar on Administrative Methods and Practices in Malaria Eradication (For text see page 58)	
										600		Duty Travel	
										200		Supplies and Equipment	
										1,200		Participants	
										2,000			
												AMRO-128, Workshop on Vehicle Management and Maintenance in Malaria Eradication (For text see page 58)	
									21,529			All Purposes	
												AMRO-129, Seminar on Malaria Eradication Surveillance Techniques (For text see page 58)	
										5,550		Supplies and Equipment	
										19,450		Participants	
											25,000		
												AMRO-130, Seminar on Mass Chemoprophylaxis in Malaria Eradication (For text see page 58)	
										5,550		Supplies and Equipment	
										19,450		Participants	
										25,000			
												AMRO-132, Operational Assistance to Country Projects in Malaria Eradication (For text see page 58)	
									94,795	583,026	583,000	Grants	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1	1	1,700	34,848	31,275
																25,000	
															38,000		
																2,000	
															21,529		
																	25,000
																25,000	
															94,795	583,026	583,000

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-134, Training Center for Malaria Eradication (Kingston) (For text see page 59)		
						1	1	1		9,775	10,075	Chief, Training Center, 9108		P5
						1	1	1		6,383	6,606	Sanitarian, 9116		P3
						1	1	1		4,917	5,117	Administrative Officer, 9114		P2
						2	2	2		5,032	5,254	Secretary, 9115, 9141		JL6
						1	1	1		1,091	1,161	Chauffeur-Messenger, 9142		JL2
										27,198	28,213	Cost of Posts		
												Short-term Consultants		
										2,800	2,800	Fees		
										2,400	2,400	Travel		
										9,527	9,599	Allowances and Statutory Travel		
										3,000	3,000	Duty Travel		
										5,000	5,000	Supplies and Equipment		
										2,700	2,700	Space and Equipment Services		
										9,000	9,000	Common Services		
						6	6	6	61,816	61,625	62,712			
						1						AMRO-135, Malaria Eradication Trainees (For text see page 59)		
												Public Health Engineer, 9135		PL
										30,000	30,000	Trainees		
						1			76,700	30,000	30,000			
												AMRO-136, Field Studies on the Ecology of Anopheles Albimanus (For text see page 59)		
									3,450			All Purposes		
												AMRO-137, Training Center for Malaria Eradication (Sao Paulo) (For text see page 59)		
						1	1	1		2,893	2,993	Secretary, 9137		RL5
										275	285	Allowances and Statutory Travel		
										22,000	22,000	Supplies and Equipment		
										5,020	5,020	Contractual Services		
										1,500	1,500	Common Services		
						1	1	1	29,158	31,688	31,798			
												AMRO-138, Studies on Malaria Chemotherapy (For text see page 59)		
										40,000	40,000	Grants		
												Contingency Reserve for Malaria Eradication (For text see page 59)		
										100,000	100,000	Contingency Reserve Fund		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												6	6	6	61,816	61,625	62,712
												1			76,700	30,000	30,000
															3,450		
												1	1	1	29,158	31,688	31,798
																40,000	40,000
																100,000	100,000

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	VENEREAL DISEASES AND TREPONEMATOSES		
												<u>AMRO-160, Treponematoses Eradication</u> (For text see page 60)		
												Short-term Consultants		
												Fees		
												Travel		
				4,200	4,200									
				3,600	3,600									
				7,800	7,800									
												ENDEMO-EPIDEMIC DISEASES		
												<u>AMRO-26, Brucellosis Control</u> (For text see page 60)		
												Short-term Consultants		
												Fees		
												Travel		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
1	1											<u>AMRO-57, Yellow Fever Studies</u> (For text see page 60)		
												Entomologist, .1021		
												Sanitarian, .991		
												Short-term Consultants		
												Fees		
												Travel		
				2,800	2,800									
				2,400	2,400									
				10,000	10,000									
2			48,591	15,200	15,200									
												<u>AMRO-60, Smallpox Eradication</u> (For text see page 60)		
												Short-term Consultants		
												Fees		
												Travel		
				2,100	2,100									
				1,800	1,800									
				1,500	1,500									
			7,737	5,400	5,400				1/ 5,319					
												<u>AMRO-61, Rabies Control</u> (For text see page 61)		
												Rabies Adviser, 4.1169		
												Short-term Consultants		
												Fees		
												Travel		
												<u>Supplies and Equipment</u>		
									2/ 1,240			<u>Grants</u>		
									1,240					
												<u>Estimated Government Contribution</u>		
												<u>AMRO-76, Vaccine Testing</u> (For text see page 61)		
												<u>Supplies and Equipment</u>		

1/ PASB surplus funds

2/ Grant from the Local Livestock Association of
Nuevas Casas Grandes, Mexico

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																7,800	7,800
				600 700 1,500	1,200 1,400 2,500 11,960												
			2,600	2,800	17,060										2,600	2,800	17,060
												2			48,591	15,200	15,200
															13,056	5,400	5,400
1				1,200 1,400 500	1,200 1,400 500												
1			29,084	3,100	3,100							1			30,324	3,100	3,100
															(100,000)	(100,000)	(100,000)
			4,454	5,248	5,248										4,454	5,248	5,248

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-81, Pan American Zoonoses Center (For text see page 61)		
1	1	1		10,400	10,700							Scientist (Director), .1132		P5
												Scientist (Chief, Laboratory), 4.1139		PL4
												Scientist (Zoonoses Specialist), 4.1140		PL4
						1	1	1		1,851	1,940	Administrative Officer, 4.1164		P2
						1	1	1		1,828	1,918	Field Assistant, .1133		BAL6
						1	1	1		1,937	2,029	Laboratory Assistant, .7035		BAL6
						1	1	1		1,828	1,918	Accounting Clerk, .1152		BAL6
						1	1	1		1,573	1,636	Field Assistant, .7037		BAL6
						2	2	2		3,037	3,180	Secretary, .7036		BAL5
						1	1	1		1,514	1,587	Laboratory Technician, .1175, .1176		BAL5
						1	1	1		1,225	1,282	Librarian, .1153		BAL5
						1	1	1		1,164	1,220	Clerk Stenographer, .1134		BAL4
						2	2	2		2,402	2,516	Foreman, .7038		BAL4
						1	1	1		1,178	1,234	Laboratory Technician, .1177, .1178		BAL4
						1	1	1		1,178	1,234	Property and Accounts Clerk, .7062		BAL4
						1	1	1		882	923	Foreman, .7061		BAL4
						1	1	1		865	906	Clerk Typist, .7039		BAL3
						1	1	1		858	899	Foreman Workshop, .7042		BAL3
						1	1	1		758	794	Animal Colony Aide, .7041		BAL3
						2	2	2		1,498	1,570	Chauffeur-Mechanic, .1135		BAL2
						1	1	1		740	776	Laboratory Aide, .1179, .1180		BAL2
						1	1	1		511	535	Animal Colony Aide, .7063		BAL2
						2	4	4		2,048	2,144	Messenger, .7043		BAL1
						1	1	1		513	537	Laborer, .1136, .1137, .7046, .7064		BAL1
												Janitor, .7045		BAL1
				10,400	10,700					29,388	30,778	Cost of Posts		
				12,360	7,235					2,791	2,920	Allowances and Statutory Travel		
				2,700	3,390							Duty Travel		
				5,000	5,200					3,800	2,432	Supplies and Equipment		
					3,000					5,155	2,992	Common Services		
										26,444	1,412	Construction and Modification of Buildings		
1	1	1	20,799	30,460	29,525	25	27	27	1/ 101,360	1/ 67,578	1/ 40,534			
												AMRO-88, Aedes aegypti Eradication (For text see page 62)		
1	1	1		8,938	9,187							Medical Officer, .1152		P5
				8,400	8,400							Short-term Consultants		
				7,200	7,200							Fees		
												Travel		
				3,656	4,690							Allowances and Statutory Travel		
				4,860	4,860							Duty Travel		
				10,000	10,000							Supplies and Equipment		
1	1	1	44,690	43,054	44,337									
												AMRO-92, Poliomyelitis (For text see page 62)		
1	1	1		7,581	7,812							Medical Officer, .7047		PL4
				7,700	4,200							Short-term Consultants		
				6,600	3,600							Fees		
												Travel		
				6,682	3,927							Allowances and Statutory Travel		
				1,500	1,300							Duty Travel		

1/ Contribution from the Government of Argentina

[illegible]

WORLD HEALTH ORGANIZATION

T O T A L S

REGULAR BUDGET

TECHNICAL ASSISTANCE FUNDS

NUMBER
OF POSTS

ESTIMATED EXPENDITURE

NUMBER
OF POSTS

ESTIMATED EXPENDITURE

NUMBER
OF POSTS

ESTIMATED EXPENDITURE

58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1	22,838	44,808	49,164
1				1,800 2,100 6,100													
1			44,163	10,000								1			44,163	10,000	
																	7,800
															75,000		
										4,200 3,600 26,456	4,200 3,600 26,456						
									54,095	34,256	34,256				54,095	34,256	34,256
				1,200 1,400 6,000	1,200 1,400 10,000												
			11,910	8,600	12,600										11,910	8,600	12,600
															(50,000)	(50,000)	(50,000)
				3,600 4,200 1,000 8,600	3,600 4,200 1,000 8,600												
			10,265	17,400	17,400										10,265	17,400	17,400

PAN AMERICAN SANITARY ORGANIZATION												PART III		GRADE
REGULAR BUDGET						OTHER FUNDS						FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-72, Dental Health (For text see page 65)		P4
	1	1		8,396	8,646							Dental Officer, .7053		
				3,859	3,896							<u>Allowances and Statutory Travel</u>		
				4,000	4,000							<u>Duty Travel</u>		
				19,600	19,600							<u>Fellowships</u>		
	1	1		35,855	36,142									
												AMRO-75, Statistical Education (For text see page 65)		
					1,400							Short-term Consultants		
					1,200							Fees		
					4,300							Travel		
												<u>Fellowships</u>		
			12,900		6,900									
												AMRO-85, Latin American Center for <u>Classification of Diseases</u> (For text see page 65)		
												<u>Fellowships</u>		
												<u>Grants</u>		
												AMRO-98, Working Group on Medical <u>Certification</u> (For text see page 65)		
			10,750									<u>All Purposes</u>		
												AMRO-150, Food and Drug Services (For text see page 66)		
				12,600	5,600							Short-term Consultants		
				10,800	4,800							Fees		
				5,000	4,000							Travel		
				8,020	8,020							<u>Contractual Services</u>		
				36,420	22,420							<u>Fellowships</u>		
												AMRO-156, Latin American Training <u>Program in Hospital Statistics</u> (For text see page 66)		
					4,500							Medical Records Specialist, .7001		
					4,408							<u>Allowances and Statutory Travel</u>		
					300							<u>Duty Travel</u>		
					2,500							<u>Supplies and Equipment</u>		
					11,708									
		1			5,475							AMRO-185, Hospital Planning and <u>Organization</u> (For text see page 66)		
					4,539							Hospital Administrator, .7058		
					4,000							<u>Allowances and Statutory Travel</u>		
		1			14,014							<u>Duty Travel</u>		

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1	1		35,855	36,142
															12,900		6,900
				7,000	7,000												
				15,000	15,000												
			20,235	22,000	22,000										20,235	22,000	22,000
															10,750		
																36,420	22,420
																	11,708
													1				14,014

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
1	1	1		9,042	9,292							<div>FIELD OFFICE (For text see page 66)</div> <div>Area Supervisor, .334 Sanitary Engineer, .7060 Administrative Officer, .7059 Clerk Stenographer, .326, .327</div> <div>Cost of Posts</div> <div>Short-term Consultants Fees Travel</div> <div>Allowances and Statutory Travel</div> <div>Duty Travel</div> <div>Common Services</div> <div>Space and Equipment Other Services Supplies and Materials Fixed Charges and Claims Acquisition of Capital Assets Conference Services</div>		
	1	1		3,600	4,950									
2	2	2		6,940	7,140									
				19,582	26,857									
				2,100	2,100									
				1,800	1,800									
				11,617	21,098									
				2,755	4,155									
				50	50									
				2,680	2,680									
				750	750									
				370	320									
				2,400	750									
				4,000	4,000									
3	4	5	36,777	48,104	64,560									
												NURSING		
												AMRO-23.5, Fifth Regional Nursing Congress (For text see page 67)		
												Duty Travel		
												Supplies and Equipment		
												AMRO-28, Advanced Nursing Education (For text see page 67)		
												Fellowships		
												AMRO-46, Seminar on Nursing Education (For text see page 67)		
												Duty Travel		
												Supplies and Equipment		
												Participants		
												AMRO-63, Assistance to Schools of Nursing (For text see page 67)		
												Short-term Consultants Fees Travel		
												Fellowships		
												Estimated Government Contribution		

[illegible]

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	AMRO-100, Courses on Nursing Supervision and Administration (For text see page 67)	
												Short-term Consultants Fees Travel	
												Supplies and Equipment	
												Fellowships	
												HEALTH EDUCATION OF THE PUBLIC	
												AMRO-29, Cultural Anthropology (For text see page 67)	
												Short-term Consultants	
		1			4,950							AMRO-112, Fundamental Education Training Center (CREFAL) (For text see page 68)	
					2,469							Sanitarian, .7002	
					381							Allowances and Statutory Travel	
		1			7,800							Duty Travel	
1												MATERNAL AND CHILD HEALTH	
2	1	1		6,300	6,512							AMRO-94, Diarrheal Diseases (For text see page 68)	
1	1	1		4,917	5,117							Epidemiologist, .1143	
1	1	1		4,850	5,050							Bacteriologist, .1144, .7045	
												Health Statistician, .1145	
												Public Health Nurse, .1146	
				16,067	16,679							Cost of Posts	
				4,550	4,550							Short-term Consultants	
				3,900	3,900							Fees	
												Travel	
				8,119	8,201							Allowances and Statutory Travel	
				7,500	2,000							Supplies and Equipment	
				13,931	26,465							Contractual Services	
5	3	3	34,376	54,067	61,795								
												AMRO-102, Assistance to Pediatric Education (For text see page 68)	
												Short-term Consultants	
												Fees	
												Travel	
												Supplies and Equipment	
												Participants	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				2,400	2,400												
				2,800	2,800												
				1,000	1,000												
				16,495	16,495												
				22,695	22,695											22,695	22,695
			7,238												7,238		
													1				7,800
												5	3	3	34,376	54,067	61,795
				1,200	1,200												
				1,400	1,400												
				1,000	1,000												
				10,000	10,000												
			8,900	13,600	13,600										8,900	13,600	13,600

PAN AMERICAN SANITARY ORGANIZATION											PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
REGULAR BUDGET						OTHER FUNDS							
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE				
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	MENTAL HEALTH	
		1			7,412							AMRO-158, Mental Health (For text see page 69)	
					3,326							Medical Officer, .7054	PL
					3,000							Allowances and Statutory Travel	
												Duty Travel	
		1			13,738								
1	1	1 3 1		5,475	11,600 23,835 4,225							NUTRITION	
												AMRO-165, Nutrition Advisory Services (For text see page 69)	
				5,475	39,660							Regional Nutrition Adviser, .7056	DL
												Nutrition Adviser, .7046, .7055	PL
												Technical Assistant, .7057	GL7
												Cost of Posts	
												Short-term Consultants	
												Fees	
												Travel	
				4,839	18,558							Allowances and Statutory Travel	
					13,515							Duty Travel	
1	1	5	8,765	10,314	75,633								
												ENVIRONMENTAL SANITATION	
												AMRO-1, Environmental Sanitation Training (For text see page 69)	
												Professor of Sanitary Engineering, 4.1019	PL
												Junior Sanitary Engineer, 4.1097	RL6
												Fellowships	
												AMRO-17, Waterworks Training Course (For text see page 69)	
												Short-term Consultants	
												Fees	
												Travel	
												Supplies and Equipment	
												Participants	
												AMRO-39, Environmental Sanitation (Advisory Committee and Consultants) (For text see page 69)	
			3,490									Short-term Consultants	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1				13,738
												1	1	5	8,765	10,314	75,633
1	1			51,781	47,525												
2			39,383	51,781	47,525							2			39,383	51,781	47,525
				1,200 1,400 3,000 6,000													
			16,600	11,600											16,600	11,600	
															3,490		

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS		
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE	
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960		
			\$	\$	\$				\$	\$	\$	AMRO-62, Housing Sanitation (For text see page 70)	
	1	1		3,650	7,412							Sanitary Engineer, .7052	
				3,793	3,001							<u>Allowances and Statutory Travel</u>	
				500	1,000							<u>Duty Travel</u>	
	1	1		7,943	11,413								
												AMRO-108, Sanitation of Travel Centers (For text see page 70)	
					2,100							Short-term Consultants	
					1,800							Fees	
					3,900							Travel	
												OTHER PROJECTS	
												AMRO-18, Medical Education (For text see page 70)	
												Short-term Consultants	
												Fees	
												Travel	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
			64,520	15,738	40,958							AMRO-35, Fellowships (Unspecified) (For text see page 70)	
												<u>Fellowships</u>	
												AMRO-48, Seminar on Teaching of Public Health in Schools of Veterinary Medicine (For text see page 70)	
												Short-term Consultants	
												Fees	
												Travel	
												<u>Supplies and Equipment</u>	
												<u>Participants</u>	
												AMRO-67, Veterinary Medicine Education (For text see page 70)	
												Short-term Consultants	
												Fees	
												Travel	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	

WORLD HEALTH ORGANIZATION												T O T A L S					
REGULAR BUDGET						TECHNICAL ASSISTANCE FUNDS											
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960	58	59	60	1958	1959	1960
			\$	\$	\$				\$	\$	\$				\$	\$	\$
													1	1		7,943	11,413
																	3,900
				3,600	3,600												
				4,200	4,200												
				1,000	1,000												
				16,000	16,000												
			42,495	24,800	24,800										42,495	24,800	24,800
															(50,000)	(50,000)	(50,000)
															64,520	15,738	40,958
				1,200													
				1,400													
				3,000													
				17,500													
				23,100												23,100	
				1,200	2,400												
				1,400	2,800												
				4,300	4,300												
			6,337	6,900	9,500										6,337	6,900	9,500
															(50,000)	(50,000)	(50,000)

PAN AMERICAN SANITARY ORGANIZATION											PART III		GRADE	
REGULAR BUDGET						OTHER FUNDS					FIELD AND OTHER PROGRAMS			
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE			INTER-ZONE		
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$			
						1	1	1		10,100		AMRO-77, Pan American Foot-and-Mouth Disease Center (For text see page 71)		
						1	1	1		9,104			Director, .923	P5
						1	1	1		8,875			Chief of Laboratories, .925	P4
						1	1	1		7,675			Chief of Field Services, .924	P4
						1	1	1		7,413			Senior Virologist, .926	P4
						1	1	1		7,300			Senior Field Officer, .7003	P4
						2	2	2		14,150			Serologist, .927	P3
						1	1	1		7,300			Virologist, .928, .1020	P3
						1	1	1		6,150			Field Officer, .7004	P3
						1	1	1		5,134			Administrative Officer, .929	P3
						1	1	1		4,280			Assistant Serologist, .930	P2
						1	1	1		4,852			Accounting Assistant, .173	WL8
						1	1	1		4,254			Senior Veterinarian, .987	RL8
						1	1	1					Junior Veterinarian, .988	RL7
						1	1	1		3,704			Assistant Administrative Officer, .931	RL6
						1	1	1		3,523			Research Assistant, .989	RL6
						1	1	1		3,457			Librarian-Editor, .1005	RL6
						1	1	1		3,346			Accountant, .7006	RL6
						3	4	4		12,087			Secretary (Bilingual), .990, .1007, .1109, .7007	RL5
						2	2	2		5,239			Laboratory Technician, .932, .971	RL5
							1	1		3,440			Clerk Typist, .135	RL5
						1	1	1		2,542			Property and Supply Clerk, .933	RL4
						1	1	1		2,195			Senior Clerk, .1168	RL4
						1	2	2		4,526			Clerk Typist, .934, .7009	RL4
						1	1	1		2,907			General Maintenance Officer, .935	RL4
							3	3		5,166			Laboratory Aide, .1010, .1011, .7012	RL3
							1	1		1,485			Electrician, .7010	RL3
							1	1		1,485			Plumber-Fitter, .7011	RL3
							3	3		3,002			Guard (Watchman), .7013, .7014, .7015	RL3
						11	11	11		13,314			Laboratory Aide, .938, .939, .943, .986, .1029, .1172, .1173, .1174, .7016, .7017, .7018	RL2
						1	1	1		1,124			Storekeeper, .940	RL2
						3	3	3		3,891			Chauffeur, .936, .937, .969	RL2
						1	1	1		1,274			Assistant Maintenance Officer, .942	RL2
						1	1	1		1,135			Laundry Operator, .941	RL2
						1	1	1		1,090			Janitor-Office Boy, .944	RL2
						3	3	3		3,270			Guard (Watchman), .1024, .1030, .1045	RL2
						1	1	1		1,090			Carpenter, .1025	RL2
						1	1	1		1,220			Mason-Painter, .1037	RL2
						2	2	2		2,072			Field Aide, .7019, .7020	RL2
						1	1	1		853			Auxiliary Guard (Watchman), .1155	RL1
													Laborer, .945, .1042, .1157, .1026, .1027, .1028, .1031, .1033, .1036, .1038, .1041, .1032, .1034, .1035, .1039, .1040, .1043, .1044, .1156, .7021, .7022, .7023, .7024, .7025, .7026, .7027, .7028, .7029, .7030, .7031	RL1
						21	30	30		26,738				
										211,762	231,985		Cost of Posts	
										82,201	90,057		Allowances and Statutory Travel	
										15,622	16,000		Duty Travel	
										67,519	67,519		Supplies and Equipment	
										18,023	18,023		Common Services	
										8,580	8,580		Fellowships	
										22,266	22,266		Contingencies	
						71	94	94	1/ 324,526	1/ 425,973	1/ 454,430		Estimated Government Contribution	

[illegible]

PAN AMERICAN SANITARY ORGANIZATION												PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
REGULAR BUDGET						OTHER FUNDS								
NUMBER OF POSTS			ESTIMATED EXPENDITURE			NUMBER OF POSTS			ESTIMATED EXPENDITURE					
58	59	60	1958	1959	1960	58	59	60	1958	1959	1960			
			\$	\$	\$				\$	\$	\$	AMRO-142, Health Aspects of Nuclear Energy (For text see page 71)		
				4,200 3,600	4,200 3,600							Short-term Consultants Fees Travel		
					3,000							<u>Supplies and Equipment</u>		
				8,000	12,900							<u>Fellowships</u>		
				15,800	23,700									
16	15	23	343,062	405,719	587,130	114	147	149	1,010,510	1,729,517	1,732,998	TOTAL - INTER-ZONE PROGRAMS		
												PART III FIELD AND OTHER PROGRAMS PUBLICATIONS OF THE PASB (For text see page 72)		
			40,000	45,000	45,000									Ch. 1. PASB Bulletin
			4,500	5,000	5,000							Ch. 2. Statistical Publications and Reports		
			20,000	20,000	40,000				30,000	25,000	10,000	Ch. 3. Special Publications		
			64,500	70,000	90,000				30,000	25,000	10,000	Ch. 4. Special Malaria Publications		
												TOTAL		
												PART III FIELD AND OTHER PROGRAMS REPATRIATION GRANT (For text see page 72)		
			4,500	4,500	4,500									<u>Repatriation Grant</u>

[illegible]

ADDITIONAL PROJECTS
PROPOSED FOR INCLUSION IN THE PAN AMERICAN
SANITARY ORGANIZATION REGULAR BUDGET FOR 1959
IN ACCORDANCE WITH PARAGRAPH 2, RESOLUTION XVI
OF THE 34th MEETING OF THE EXECUTIVE COMMITTEE

PAN AMERICAN SANITARY ORGANIZATION							
PART III FIELD AND OTHER PROGRAMS ADDITIONAL PROJECTS	G R A D E	REGULAR BUDGET					
		NUMBER OF POSTS			ESTIMATED EXPENDITURE		
ZONE I		58	59	60	1958	1959	1960
					\$	\$	\$
<u>British Guiana and West Indies-4,</u> <u>PASB Public Health Administration</u> <u>Fellowships</u> (For text see page 14)							
<u>Fellowships</u>						4,300	
<u>French Antilles and Guiana-3, PASB</u> <u>Public Health Administration</u> <u>Fellowships</u> (For text see page 15)							
<u>Fellowships</u>						4,300	
<u>Surinam and Netherlands Antilles-2,</u> <u>PASB Public Health Administration</u> <u>Fellowships</u> (For text see page 15)							
<u>Fellowships</u>						4,300	
<u>Venezuela-9, PASB Public Health</u> <u>Administration Fellowships</u> (For text see page 16)							
<u>Fellowships</u>						4,300	
<u>Venezuela-14, Nursing Education</u> (For text see page 16)							
Nurse, .8016	P3		1			4,500	
<u>Allowances and Statutory Travel</u>						6,471	
<u>Duty Travel</u>						1,000	
<u>Fellowships</u>						4,300	
			1			16,271	
<u>AMRO-95, Environmental Sanitation</u> <u>(Caribbean)</u> (For text see page 18)							
Sanitarian, .8014	P2		1			3,600	
<u>Allowances and Statutory Travel</u>						4,136	
<u>Duty Travel</u>						1,000	
			1			8,736	
TOTAL - ZONE I			2			42,207	
ZONE II							
<u>Cuba-6, PASB Public Health</u> <u>Administration Fellowships</u> (For text see page 19)							
<u>Fellowships</u>						4,300	
<u>Dominican Republic-11, PASB Public</u> <u>Health Administration Fellowships</u> (For text see page 20)							
<u>Fellowships</u>						4,300	
<u>Haiti-12, PASB Public Health</u> <u>Administration Fellowships</u> (For text see page 21)							
<u>Fellowships</u>						4,300	

PAN AMERICAN SANITARY ORGANIZATION						
PART III FIELD AND OTHER PROGRAMS ADDITIONAL PROJECTS	GRADE	REGULAR BUDGET				
		NUMBER OF POSTS			ESTIMATED EXPENDITURE	
		58	59	60	1958	1959 1960
<u>Zone II, (continued)</u>					\$	\$ \$
<u>Haiti-19, Medical Education</u> (For text see page 21)						
Microbiologist, .2020	P4	1				5,475
Physiologist, .2021	P4	1				5,475
Cost of Posts						10,950
<u>Allowances and Statutory Travel</u>						9,078
<u>Fellowships</u>						4,300
		2				24,328
<u>Mexico-25, PASB Public Health Administration Fellowships</u> (For text see page 22)						
<u>Fellowships</u>						4,300
<u>Mexico-15, Maternal and Child Health</u> (For text see page 23)						
Nurse, .2005	P3	1				4,500
<u>Allowances and Statutory Travel</u>						4,222
<u>Duty Travel</u>						1,600
<u>Fellowships</u>						3,770
		1				14,092
TOTAL - ZONE II PROGRAMS		3				55,620
<u>ZONE III</u>						
<u>British Honduras-6, PASB Public Health Administration Fellowships</u> (For text see page 26)						
<u>Fellowships</u>						4,300
<u>Costa Rica-15, PASB Public Health Administration Fellowships</u> (For text see page 27)						
<u>Fellowships</u>						4,300
<u>Costa Rica-18, Advanced Nursing Education</u> (For text see page 27)						
Nurse, .3007	P3	1				4,500
<u>Allowances and Statutory Travel</u>						3,621
<u>Duty Travel</u>						300
<u>Supplies and Equipment</u>						1,000
<u>Fellowships</u>						8,600
		1				18,021
<u>El Salvador-9, PASB Public Health Administration Fellowships</u> (For text see page 28)						
<u>Fellowships</u>						4,300

PAN AMERICAN SANITARY ORGANIZATION							
PART III FIELD AND OTHER PROGRAMS ADDITIONAL PROJECTS	GRADE	REGULAR BUDGET					
		NUMBER OF POSTS			ESTIMATED EXPENDITURE		
		58	59	60	1958	1959	1960
Zone III, (continued)					\$	\$	\$
<u>Guatemala-12, PASB Public Health Administration Fellowships</u> (For text see page 29)							
<u>Fellowships</u>						4,300	
<u>Honduras-6, PASB Public Health Administration Fellowships</u> (For text see page 30)							
<u>Fellowships</u>						4,300	
<u>Nicaragua-7, PASB Public Health Administration Fellowships</u> (For text see page 30)							
<u>Fellowships</u>						4,300	
<u>Panama-8, PASB Public Health Administration Fellowships</u> (For text see page 32)							
<u>Fellowships</u>						4,300	
TOTAL - ZONE III PROGRAMS			1			48,121	
<u>ZONE IV</u>							
<u>Colombia-21, PASB Public Health Administration Fellowships</u> (For text see page 36)							
<u>Fellowships</u>						4,300	
<u>Ecuador-19, PASB Public Health Administration Fellowships</u> (For text see page 38)							
<u>Fellowships</u>						4,300	
<u>Peru-25, PASB Public Health Administration Fellowships</u> (For text see page 39)							
<u>Fellowships</u>						4,300	
<u>Peru-26, Public Health Orientation Course</u> (For text see page 39)							
Short-term Consultants						2,800	
Fees						2,400	
Travel							
<u>Supplies and Equipment</u>						1,000	
<u>Fellowships</u>						4,300	
						10,500	
TOTAL - ZONE IV PROGRAMS						23,400	
<u>ZONE V</u>							
<u>Brazil-28, PASB Public Health Administration Fellowships</u> (For text see page 43)							
<u>Fellowships</u>						8,600	

PAN AMERICAN SANITARY ORGANIZATION							
PART III FIELD AND OTHER PROGRAMS ADDITIONAL PROJECTS	G R A D E	REGULAR BUDGET					
		NUMBER OF POSTS			ESTIMATED EXPENDITURE		
		58	59	60	1958	1959	1960
Zone V. (continued)					\$	\$	\$
<u>Brazil-34, Seminar on Diarrheal Diseases</u> (For text see page 45)							
Short-term Consultants							
Fees						1,400	
Travel						1,200	
<u>Contractual Services</u>						1,500	
<u>Participants</u>						11,000	
						15,100	
TOTAL - ZONE V PROGRAMS						23,700	
<u>ZONE VI</u>							
<u>Argentina-13, PASB Public Health Administration Fellowships</u> (For text see page 48)							
<u>Fellowships</u>						8,600	
<u>Chile-26, PASB Public Health Administration Fellowships</u> (For text see page 50)							
<u>Fellowships</u>						4,300	
<u>Chile-27, Public Health Services (Ovalle-Copiapó)</u> (For text see page 51)							
Short-term Consultants							
Fees						2,800	
Travel						2,400	
						5,200	
<u>Paraguay-13, PASB Public Health Administration Fellowships</u> (For text see page 53)							
<u>Fellowships</u>						4,300	
<u>Uruguay-10, PASB Public Health Administration Fellowships</u> (For text see page 54)							
<u>Fellowships</u>						4,300	
<u>Uruguay-13, Training of Public Health Personnel</u> (For text see page 54)							
Nurse Educator, .6018	P3		1			4,500	
<u>Allowances and Statutory Travel</u>						3,621	
<u>Duty Travel</u>						100	
<u>Supplies and Equipment</u>						1,000	
<u>Fellowships</u>						8,600	
			1			17,821	
TOTAL - ZONE VI PROGRAMS			1			44,521	

PAN AMERICAN SANITARY ORGANIZATION							
PART III FIELD AND OTHER PROGRAMS ADDITIONAL PROJECTS	GRADE	REGULAR BUDGET					
		NUMBER OF POSTS			ESTIMATED EXPENDITURE		
		58	59	60	1958	1959	1960
WASHINGTON OFFICE - COUNTRY PROGRAMS					\$	\$	\$
<u>United States-11, PASB Public Health Administration Fellowships</u> (For text see page 56)							
<u>Fellowships</u>						7,500	
TOTAL - WASHINGTON OFFICE - COUNTRY PROGRAMS						7,500	
<u>INTER-ZONE</u>							
<u>AMRO-152, Conference of Directors of Schools of Public Health</u> (For text see page 66)							
Short-term Consultants							
Fees						1,400	
Travel						1,200	
<u>Supplies and Equipment</u>						1,000	
<u>Participants</u>						6,610	
						10,210	
<u>AMRO-112, Fundamental Education Training Center (CREFAL)</u> (For text see page 68)							
Sanitarian, .7002	P2	1				3,600	
<u>Allowances and Statutory Travel</u>						4,386	
<u>Duty Travel</u>						382	
		1				8,368	
<u>AMRO-165, Nutrition Advisory Services (Interzone)</u> (For text see page 69)							
Nutrition Educator, .7055	P4	1				7,412	
Short-term Consultants							
Fees						2,100	
Travel						1,800	
<u>Allowances and Statutory Travel</u>						2,736	
<u>Duty Travel</u>						4,310	
		1				18,358	
<u>AMRO-35, Fellowships (Unspecified)</u> (For text see page 70)							
<u>Fellowships</u>						17,995	
TOTAL - INTER-ZONE PROGRAMS						54,931	
TOTAL - ADDITIONAL PROJECTS						300,000	

**SUMMARY OF PROGRAMS BY MAJOR EXPENSE
FOR THE
PAN AMERICAN SANITARY ORGANIZATION REGULAR BUDGET
INCLUDING ADDITIONAL PROJECTS IN
PRECEDING PAGES**

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

	PERSONNEL COSTS						DUTY TRAVEL		
	1958	1959	1960	1958	1959	1960	1958	1959	1960
	\$	\$	\$	\$	\$	\$	\$	\$	\$
PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET									
MALARIA									
AMRO-90, Malaria - Technical Advisory Services (Regional)	22,729	25,831	24,298	3,600	7,710	7,710			
Total - Malaria	22,729	25,831	24,298	3,600	7,710	7,710			
TUBERCULOSIS									
Argentina-20, BCG Vaccination			10,478			1,500			
Bahamas-2, Tuberculosis Survey	350			325					
Dominican Republic-10, BCG Vaccination	4,200	4,200		3,600	3,600				
Leeward Islands-1, Tuberculosis Control	700			660					
Total - Tuberculosis	5,250	4,200	10,478	4,585	3,600	1,500			
VENEREAL DISEASES AND TREPONEMATOSSES									
Dominican Republic-52, Venereal Disease Control	26,634	27,182	26,428	740	1,800	1,800			
Haiti-1, Yaws and Smallpox Eradication	12,100	33,780	30,172	1,000	7,240	7,240			
Venezuela-13, Treponematoses Eradication			15,478			1,500			
AMRO-160, Treponematoses Eradication		4,200	4,200		3,600	3,600			
Total - Venereal Diseases and Treponematoses	38,734	65,162	76,278	1,740	12,640	14,140			
ENDEMO-EPIDEMIC DISEASES									
Argentina-51, Aedes aegypti Eradication	33,634	34,304	32,488	6,481	3,500	3,500			
Bolivia-12, Leprosy Control			4,200			3,600			
Brazil-38, Smallpox Eradication									
Brazil-40, Verification of Aedes aegypti Eradication	9,950			3,800					
Brazil-51, Yellow Fever Laboratory	1,570	1,697	1,697						
British Guiana-7, Filariasis Control				550					
Colombia-17, Smallpox Eradication	11,513	13,283	12,244	2,200	1,500	1,500			
Colombia-52, Yellow Fever, Carlos Finlay Institute									
Cuba-1, Aedes aegypti Eradication	28,756	28,017	25,632	2,250	2,250	2,250			
Ecuador-11, National Institute of Health	6,262	10,478	11,731	250	300	300			
Ecuador-18, Leprosy Control			9,994			1,000			
Ecuador-20, Smallpox Eradication	11,531	10,478	11,733	1,400	1,500	1,500			
Mexico-20, Virus Center			2,100			1,800			
Peru-54, Typhus Vaccine			2,100			1,800			
Uruguay-9, Chagas Disease			1,400			1,200			
Venezuela-11, Plague Investigation	3,600			4,880					
Venezuela-16, Aedes aegypti Eradication	28,320	52,377	57,313	2,250	5,760	5,760			
AMRO-57, Yellow Fever Studies	27,601	2,800	2,800	6,750	2,400	2,400			
AMRO-60, Smallpox Eradication	5,850	2,100	2,100		1,800	1,800			
AMRO-81, Pan American Zoonoses Center	16,172	22,760	17,935	4,627	2,700	3,390			
AMRO-88, Aedes aegypti Eradication	6,268	20,994	22,277	12,680	12,060	12,060			
AMRO-92, Poliomyelitis	10,068	21,963	15,939	6,100	8,100	4,900			
AMRO-155, Schistosomiasis Control			4,200			3,600			
Total - Endemo-Epidemic Diseases	201,095	221,251	237,883	54,218	41,870	52,360			
PUBLIC HEALTH ADMINISTRATION									
Argentina-12, Survey of Health Services	10,530	1,375		500	649				
Argentina-13, PASB Public Health Administration Fellowships									
Argentina-24, Planning and Organization of Hospital Services		10,084	11,319		1,000	1,000			
Bolivia-10, Public Health Services	10,694	10,744	11,927	520	1,000	1,000			
Brazil-28, PASB Public Health Administration Fellowships									
Brazil-32, Training for Statisticians in Vital and Health Statistics			8,595						
Brazil-35, Training for Laboratory Technicians			11,653						
Brazil-36, Health Statistics		10,895	11,654		2,000	2,000			
Brazil-37, Dental Health Education		1,400	1,400		1,200	1,200			
Brazil-39, Public Health Services (Mato Grosso)		19,092	21,940			1,200			

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	500	500				500	715	715	26,829	34,756	33,223
	500	500				500	715	715	26,829	34,756	33,223
300			4,000						675 11,800 1,660	7,800	11,978
300			4,000						14,135	7,800	11,978
2,320	3,000	3,000							29,694 13,100	28,982 44,020 7,800	28,228 40,412 16,978 7,800
2,320	3,000	3,000							42,794	80,802	93,418
3,000	3,000			2,520		12,000			43,115	40,804	35,988 7,800
6,000 5,000	5,000	5,000							31,750 6,570	2,520 6,697	6,697
	1,500	1,500		3,270	3,270	31,600	31,600	31,600	550 13,713 31,600 34,763 6,512	19,553 31,600 40,267 10,778	18,514 31,600 37,882 12,031
3,757	10,000	10,000			4,300				12,931	13,978	15,294 15,233 7,395 8,900 3,940
	2,000	2,000			3,495						
		5,000			1,340						
6,750 10,000 1,887			2,400			4,240	10,000 1,500	10,000 1,500	8,480 39,720 48,591 7,737	58,137 15,200 5,400	63,073 15,200 5,400
23,882 320	5,000 10,000	5,200 10,000 1,000	5,000	13,745	27,325	1,860 1,350	1,000	3,000	20,799 44,690 22,838	30,460 43,054 44,808	29,525 44,337 49,164 7,800
60,596	36,500	39,700	7,400	19,535	39,730	51,050	44,100	46,100	374,359	363,256	415,773
			4,000	8,600	8,600				11,030 4,000	2,024 8,600	8,600
			5,450	4,300	4,300				16,664	15,384	16,619
			4,000	8,600	8,600				16,664 4,000	20,344 8,600	21,527 8,600
		2,000			4,300						12,895 13,653
	3,000				8,600					12,895 5,600 19,092	13,654 2,600 31,740

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET (continued)

PUBLIC HEALTH ADMINISTRATION (continued)

	PERSONNEL COSTS			DUTY TRAVEL		
	1958	1959	1960	1958	1959	1960
	\$	\$	\$	\$	\$	\$
Brazil-43, Preventive Dentistry			2,800			2,400
Brazil-44, Veterinary Medical Education						
British Guiana and West Indies-4, PASB Public Health Administration Fellowships						
British Honduras-6, PASB Public Health Administration Fellowships						
Chile-26, PASB Public Health Administration Fellowships						
Chile-27, Public Health Services (Ovalle-Copiapó)		2,800	2,800		2,400	2,400
Colombia-21, PASB Public Health Administration Fellowships						
Costa Rica-14, Expansion of Local Public Health Services						
Costa Rica-15, PASB Public Health Administration Fellowships						
Costa Rica-17, Evaluation of Public Health Program	6,300			6,283		
Cuba-6, PASB Public Health Administration Fellowships	40,112	55,037	54,088	1,194	2,400	2,400
Dominican Republic-4, Reorganization of Local Health Services						
Dominican Republic-11, PASB Public Health Administration Fellowships						
Ecuador-19, PASB Public Health Administration Fellowships						
El Salvador-9, PASB Public Health Administration Fellowships						
El Salvador-10, Planning and Organization of Hospital Services		7,844	11,213		1,368	1,000
French Antilles and Guiana-3, PASB Public Health Administration Fellowships						
Guatemala-12, PASB Public Health Administration Fellowships						
Haiti-9, Public Health Laboratory	7,443	10,478	5,366			
Haiti-12, PASB Public Health Administration Fellowships						
Haiti-16, Public Health Services		10,852	46,832		448	3,000
Honduras-4, Public Health Services	14,672	8,020	9,460	1,100	215	
Honduras-6, PASB Public Health Administration Fellowships						
Jamaica-9, Health Insurance for Hospital and Medical Care	125			440		
Mexico-25, PASB Public Health Administration Fellowships						
Mexico-28, Public Health Laboratory	4,258	2,100	2,100	2,648	1,800	1,800
Nicaragua-7, PASB Public Health Administration Fellowships						
Panama-8, PASB Public Health Administration Fellowships						
Paraguay-13, PASB Public Health Administration Fellowships						
Paraguay-16, Administrative Methods and Practices in Public Health	6,912	10,413	11,668		374	374
Peru-25, PASB Public Health Administration Fellowships						
Peru-26, Public Health Orientation Course		2,800	2,800		2,400	2,400
Surinam and Netherlands Antilles-2, PASB Public Health Administration Fellowships						
United States-11, PASB Public Health Administration Fellowships						
Uruguay-10, PASB Public Health Administration Fellowships						
Venezuela-9, PASB Public Health Administration Fellowships						
AMRO-72, Dental Health		12,255	12,542		4,000	4,000
AMRO-75, Statistical Education			1,400			1,200
AMRO-98, Working Group on Medical Certification						
AMRO-148, Laboratory for Production of Biologicals (Zone III)		10,896	11,653		2,500	2,000
AMRO-150, Food and Drug Services		12,600	5,600		10,800	4,800
AMRO-152, Conference of Directors of Schools of Public Health		1,400			1,200	
AMRO-156, Latin American Training Program in Hospital Statistics			8,908			300
AMRO-157, Health Statistics (Zone I)	5,722	10,413	11,668	500	3,000	3,000
AMRO-159, Health Statistics (Zone VI)		10,014	10,733		2,380	2,380
AMRO-162, Epidemiology (Zone II)			11,796			3,000
AMRO-163, Epidemiology (Zone VI)	10,870	13,951	12,034	2,678	2,110	2,110
AMRO-178, Veterinary Public Health (Zone II)		12,107	14,074		2,180	2,180
AMRO-179, Veterinary Public Health (Zone IV)		12,380	16,332		2,500	2,500
AMRO-180, Veterinary Public Health (Zone VI)			10,478			2,000
AMRO-185, Hospital Planning and Organization			10,014			4,000
El Paso - Field Office	27,143	33,299	50,055	2,834	4,555	5,955
Total - Public Health Administration	144,781	293,249	414,902	18,697	52,479	61,599

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
		1,000			8,600						6,200
					8,600						8,600
			3,325	4,300	4,300				3,325	4,300	4,300
			160	4,300					160	4,300	
			4,935	4,300	4,300				4,935	4,300	4,300
			4,000	4,300	4,300				4,000	5,200	5,200
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
									12,583		
			4,000	4,300	4,300				4,000	4,300	4,300
	1,000	50		8,600	8,600				41,306	67,037	65,138
				4,300	4,300					4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
										9,212	12,213
			1,260	4,300	4,300				1,260	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
									7,443	10,478	5,366
			4,000	4,300	4,300				4,000	4,300	4,300
					8,600					11,300	58,432
			4,000	4,300	4,300				15,772	8,235	9,460
									4,000	4,300	4,300
									565		
750	750	750	10,870	4,300	4,300				10,870	4,300	4,300
			1,110	1,525	1,525				8,766	6,175	6,175
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				6,912	10,787	12,042
									4,000	4,300	4,300
	1,000	1,000		4,300	4,300					10,500	10,500
				4,300	4,300					4,300	4,300
				7,500	15,000					7,500	15,000
			4,000	4,300	4,300				4,000	4,300	4,300
			4,000	4,300	4,300				4,000	4,300	4,300
			12,900	19,600	19,600				12,900	35,855	36,142
				4,300							6,900
700			9,750			300			10,750		
	1,000	3,000		8,600	8,600					22,996	25,253
	1,000			8,020	8,020		5,000	4,000		36,420	22,420
				6,610						10,210	
		2,500									11,708
									6,222	13,413	14,668
										12,394	13,113
											14,896
		100							13,548	16,061	14,144
										14,287	16,254
										14,880	18,832
220						6,580	10,250	8,550	36,777	48,104	12,478
											14,014
1,670	7,750	10,400	113,760	189,455	220,445	6,880	15,250	12,550	285,788	558,183	64,560

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	PERSONNEL COSTS			DUTY TRAVEL		
	1958	1959	1960	1958	1959	1960
	\$	\$	\$	\$	\$	\$
<u>PAN AMERICAN SANITARY ORGANIZATION - REGULAR BUDGET</u> (continued)						
NURSING						
Argentina-23, Nursing Education (Rosario)	8,504	15,748	16,202	1,040	200	200
Argentina-25, Training of Professional and Auxiliary Nursing Personnel			7,930			300
Costa Rica-18, Advanced Nursing Education		8,121	7,931		300	300
Mexico-11, Nursing Education	5,527	8,731	9,958	625	720	720
Venezuela-11, Nursing Education		10,971	11,731		1,000	1,000
Total - Nursing	14,031	43,571	53,752	1,665	2,220	2,520
SOCIAL AND OCCUPATIONAL HEALTH						
Argentina-26, National Institute of Rehabilitation			1,400			1,200
Chile-21, Rehabilitation Center			4,200			3,600
Chile-22, Institute of Occupational Health		4,200	4,200		3,600	3,600
Total - Social and Occupational Health		4,200	9,800		3,600	8,400
HEALTH EDUCATION OF THE PUBLIC						
AMRO-112, Fundamental Education Training Center (CHEPAL)		7,986	7,419		382	381
Total - Health Education of the Public		7,986	7,419		382	381
MATERNAL AND CHILD HEALTH						
Brazil-34, Seminar on Diarrheal Diseases		1,400			1,200	
Mexico-15, Maternal and Child Health		8,722	8,730		1,600	1,600
AMRO-94, Diarrheal Diseases in Childhood	8,747	28,736	29,430	500	3,900	3,900
Total - Maternal and Child Health	8,747	38,858	38,160	500	6,700	5,500
MENTAL HEALTH						
Argentina-27, Training of Personnel for Mental Health Programs			12,321			4,005
AMRO-158, Mental Health			10,738			3,000
Total - Mental Health			23,059			7,005
NUTRITION						
Argentina-15, Nutrition		2,100	2,800		1,800	2,400
AMRO-54, Collaboration with INCAP	22,934	36,743	25,550	10,800	11,000	12,500
AMRO-165, Nutrition Advisory Services (Interzone)	5,075	22,562	60,318	3,690	6,110	15,315
Total - Nutrition	28,009	61,405	88,668	14,490	18,910	30,215
ENVIRONMENTAL SANITATION						
AMRO-39, Environmental Sanitation (Advisory Committee and Consultant)	781			2,709		
AMRO-62, Housing Sanitation		7,443	10,413		500	1,000
AMRO-95, Environmental Sanitation (Caribbean)		7,736	7,419		1,000	1,000
AMRO-108, Sanitation of Travel Centers			2,100			1,800
Total - Environmental Sanitation	781	15,179	19,932	2,709	1,500	3,800
OTHER PROJECTS						
Haiti-19, Medical Education		20,028	20,956			
Uruguay-13, Training of Public Health Personnel		8,121	15,667		100	100
Uruguay-16, Chronic Diseases			4,200			3,600
Venezuela-15, Health Aspects of Nuclear Energy						
AMRO-35, Fellowships (Unspecified)						
AMRO-142, Health Aspects of Nuclear Energy		4,200	4,200		3,600	3,600
Total - Other Projects		32,349	45,023		3,700	7,300
TOTAL - ALL SUBJECTS	464,157	813,241	1,049,652	102,204	155,311	202,430

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			GRANTS AND OTHER			T O T A L		
1958	1959	1960	1958	1959	1960	1958	1959	1960	1958	1959	1960
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	1,500	1,500		4,300	8,600				9,544	21,748	26,502
	1,000	650		8,600	4,300 8,600					18,021	12,530 17,481
				4,300	12,900				6,152	9,451 16,271	10,678 25,631
	2,500	2,150		17,200	34,400				15,696	65,491	92,822
	3,000	2,000 3,000		5,210	1,885 4,300 5,210					16,010	4,485 14,100 16,010
	3,000	5,000		5,210	11,395					16,010	34,595
										8,368	7,800
										8,368	7,800
7,500	7,500	2,000	11,129	11,000 3,770	3,770	6,500	1,500 13,931	26,465	34,376	15,100 14,092 54,067	14,100 61,795
7,500	7,500	2,000	11,129	14,770	3,770	6,500	15,431	26,465	34,376	83,259	75,895
					4,300						20,626 13,738
					4,300						34,364
1,000	1,000	1,000			4,300	100	100	100	34,834 8,765	3,900 48,843 28,672	9,500 39,150 75,633
1,000	1,000	1,000			4,300	100	100	100	43,599	81,415	124,283
									3,490	7,943 8,736	11,413 8,419 3,900
									3,490	16,679	23,732
	1,000	1,000		4,300 8,600	4,300 2,500 4,300					24,328 17,821	20,956 21,067 10,300
		3,000	64,520	33,733 8,000	40,958 12,900				64,520	33,733 15,800	4,300 40,958 23,700
	1,000	4,000	64,520	54,633	64,958				64,520	91,682	121,281
73,386	62,750	67,750	200,809	300,803	383,298	65,030	75,596	85,930	905,586	1,407,701	1,789,060

ANNEX I

OTHER EXTRA - BUDGETARY FUNDS

INTERNATIONAL HEALTH ACTIVITIES FOR WHICH THE FUNDS PROPOSED
ARE NOT ADMINISTERED BY PASO/WHO

This Annex is presented in conformity with Resolution V made at the 31st Meeting of the Executive Committee, which approved a form of presenting the estimates in a manner designed to segregate from the main body of the budget schedules all funds falling outside the direct administrative control of the PASO/WHO.

In the following table estimates are presented to reflect the measure of participation in joint international health activities expected to be provided from other sources.

<u>Country</u>	<u>1958</u> \$	<u>1959</u> \$	<u>1960</u> \$
<u>ARGENTINA</u>	<u>100,000</u>	<u>45,000</u>	<u>50,000</u>
Tuberculosis			
Argentina-20, BCG Vaccination	-	25,000	50,000
Public Health Administration			
Argentina-7, Public Health Services	100,000*	20,000*	-
<u>BOLIVIA</u>	<u>256,000</u>	<u>104,000</u>	<u>104,000</u>
Malaria			
Bolivia-4, Malaria Eradication	256,000*	104,000	104,000
<u>BRAZIL</u>	<u>276,500</u>	<u>140,000</u>	-
Veneral Diseases and Treponematoses			
Brazil-20, Yaws Eradication	109,500*	90,000*	-
Endemo Epidemic Diseases			
Brazil-21, Trachoma Control	-	30,000	-
Public Health Administration			
Brazil-3, Public Health Services (North East)	99,000*	-	-
Brazil-39, Public Health Services (Mato Grosso)	68,000*	20,000*	-
<u>BRITISH GUIANA AND WEST INDIES</u>	<u>124,000</u>	<u>203,200</u>	<u>186,500</u>
Malaria			
British Guiana-5, Malaria Eradication	-	10,000	5,000
Jamaica-2, Malaria Eradication	60,000	110,000	110,000
Trinidad-3, Malaria Eradication	52,500*	65,000	65,000
Windward Islands-2, Malaria Eradication	11,500	18,200	6,500
Dominica	-	7,000	4,500
Grenada	5,000*	5,000	2,000
Santa Lucia	6,500*	6,200	-
<u>BRITISH HONDURAS</u>	<u>28,000</u>	<u>17,000</u>	<u>8,000</u>
Malaria			
British Honduras-1, Malaria Eradication	8,000*	8,000	8,000
Public Health Administration			
British Honduras-5, Public Health Services	20,000	9,000	-
<u>CHILE</u>	<u>8,000</u>	<u>62,500</u>	<u>50,000</u>
Public Health Administration			
Chile-27, Public Health Services (Ovalle-Copiapo)	8,000*	12,500*	50,000
<u>COLOMBIA</u>	<u>1,102,000</u>	<u>704,000</u>	<u>630,000</u>
Malaria			
Colombia-5, Malaria Eradication	1,062,000*	580,000	580,000
Endemo-Epidemic Diseases			
Colombia-19, Leprosy Control	-	35,000	-
Public Health Administration			
Colombia-4, Public Health Services	40,000*	39,000*	50,000

*Allocated by UNICEF Executive Board.

<u>Country</u>	<u>1958</u> \$	<u>1959</u> \$	<u>1960</u> \$
<u>COSTA RICA</u>	<u>48,000</u>	<u>65,200</u>	<u>48,700</u>
Malaria			
Costa Rica-2, Malaria Eradication	48,000*	35,200	18,700
Public Health Administration			
Costa Rica-14, Expansion of Public Health Services	-	30,000	30,000
<u>DOMINICAN REPUBLIC</u>	<u>186,000</u>	<u>97,400</u>	<u>112,000</u>
Malaria			
Dominican Republic-2, Malaria Eradication	108,000*	86,400	112,000
Tuberculosis			
Dominican Republic-10, BCG Vaccination	41,000*	11,000*	-
Public Health Administration			
Dominican Republic-4, Reorganization of Local Health Services	37,000*	-	-
<u>ECUADOR</u>	<u>168,000</u>	<u>135,000</u>	<u>75,000</u>
Malaria	80,000*		
Ecuador-14, Malaria Eradication	88,000	135,000	75,000
<u>EL SALVADOR</u>	<u>151,000</u>	<u>175,000</u>	-
Malaria			
El Salvador-2, Malaria Eradication	151,000*	155,000	-
Public Health Administration			
El Salvador-5, Health Demonstration Area	-	20,000	-
<u>GUATEMALA</u>	<u>195,000</u>	<u>215,000</u>	<u>50,000</u>
Malaria			
Guatemala-1, Malaria Eradication	175,000	175,000	-
Tuberculosis			
Guatemala-11, Tuberculosis Control	20,000*	-	-
Public Health Administration			
Guatemala-8, Public Health Services	-	40,000	50,000
<u>HAITI</u>	<u>185,000</u>	<u>206,800</u>	<u>250,000</u>
Malaria			
Haiti-4, Malaria Eradication	170,000*	189,000	220,000
Public Health Administration			
Haiti-16, Public Health Services	15,000*	17,800*	30,000
<u>HONDURAS</u>	<u>138,000</u>	<u>174,000</u>	<u>170,000</u>
Malaria			
Honduras-1, Malaria Eradication	122,000	120,000	120,000
Tuberculosis			
Honduras-5, BCG Vaccination	16,000*	4,000*	-
Public Health Administration			
Honduras-4, Public Health Services	-	50,000	50,000
<u>MEXICO</u>	<u>2,698,100</u>	<u>1,470,000</u>	<u>580,000</u>
Malaria	1,054,000*		
Mexico-53, Malaria Eradication	1,500,000	1,400,000	455,000
Public Health Administration			
Mexico-22, Integrated Health Services	5,100*	-	-
Maternal and Child Health			
Mexico-15, Maternal and Child Health Services	139,000*	50,000	75,000
Nutrition			
Mexico-23, National Institute of Nutrition	-	20,000*	50,000*

*Allocated by UNICEF Executive Board.

<u>Country</u>	<u>1958</u> \$	<u>1959</u> \$	<u>1960</u> \$
<u>NICARAGUA</u>	-	<u>131,000</u>	<u>115,000</u>
Malaria	-	-	-
Nicaragua-1, Malaria Eradication	-	101,000	105,000
Tuberculosis	-	-	-
Nicaragua-8, BCG Vaccination	-	30,000	10,000
 <u>PANAMA</u>	 <u>86,000</u>	 <u>86,000</u>	 <u>118,000</u>
Malaria	-	-	-
Panama-2, Malaria Eradication	86,000*	66,000	68,000
Public Health Administration	-	-	-
Panama-1, Public Health Services	-	20,000	50,000
 <u>PARAGUAY</u>	 <u>127,000</u>	 <u>119,500</u>	 <u>125,000</u>
Malaria	-	-	-
Paraguay-1, Malaria Eradication	87,000*	84,000	85,000
Public Health Administration	-	15,500*	-
Paraguay-10, Public Health Services	40,000*	20,000	40,000
 <u>PERU</u>	 <u>512,000</u>	 <u>432,000</u>	 <u>393,000</u>
Malaria	-	-	-
Peru-5, Malaria Eradication	404,000*	-	-
Public Health Administration	108,000	332,000	343,000
Peru-22, Public Health Services	-	100,000	50,000
 <u>SURINAM</u>	 <u>21,000</u>	 <u>18,000</u>	 <u>18,000</u>
Malaria	-	-	-
Surinam-1, Malaria Eradication	21,000	18,000	18,000
 <u>INTER-COUNTRY PROJECTS</u>	 <u>81,000</u>	 <u>60,000</u>	 <u>105,000</u>
Environmental Sanitation	-	-	-
AMRO-95, Environmental Sanitation (Caribbean)	-	-	-
Antigua	-	-	20,000
British Guiana	-	30,000	20,000
Jamaica	-	-	50,000
Montserrat	-	-	15,000
Santa Lucia	39,000*	-	-
St. Vincent	22,000*	-	-
Trinidad	20,000	30,000	-
 <u>TOTAL</u>	 <u>6,490,600</u>	 <u>4,660,600</u>	 <u>3,188,200</u>

* Allocated by UNICEF Executive Board.

WORLD HEALTH ORGANIZATION TECHNICAL ASSISTANCE CATEGORY II PROGRAMS
(Figures in parentheses denote number of personnel or fellowships provided)

Under the Technical Assistance program system, projects may be proposed under Category II for purposes of substitution, to be implemented if savings become available in Category I. As this portion of the program is not related to actual or potential additional funds, it is appropriate to present it in this separate annex. The projects will be found in the following table.

Category II projects may consist of supplemental portions of projects which appear in Part III, or they may represent separate projects. For the former, indicated by an asterisk, project descriptions appear in the narrative section of Part III unless further explanation is necessary below.

For the latter, project descriptions are given below.

British Guiana and West Indies

British Guiana and West Indies-2, WHO/TA Public Health Administration Fellowships

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

Costa Rica

Costa Rica-16, WHO/TA Public Health Administration Fellowships

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

Cuba

Cuba-3, Public Health Services

The purpose of this project is to extend the nation's public health services, organizing them through health units distributed throughout the country in well-defined districts, where the following basic public health activities will be carried out, among others: communicable disease control, maternal and child health, and environmental sanitation. For this purpose it is considered necessary to strengthen also the central services of the National Department of Public Health.

To ensure the proper organization of these services, the Government plans to select a representative zone of the country that will include both rural and urban areas, where coordinated public health services will be developed, using professional and auxiliary personnel with special training in public health. The experience acquired in the operation of services in this area will serve as a basis for extending them gradually to the remainder of the country.

The Organization has already furnished certain preliminary advisory services in the planning of this project, the importance of which has been clearly recognized by the health authorities of Cuba.

Provision is made for a medical officer.

Dominican Republic

Dominican Republic-7, WHO/TA Public Health Administration Fellowships

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

Ecuador

Ecuador-17, WHO/TA Public Health Administration Fellowships

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

Guatemala

Guatemala-7, WHO/TA Public Health Administration Fellowships

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

Haiti

Haiti-2, Local Health Services

The Organization has collaborated with the Government of Haiti in specialized programs against communicable diseases such as yaws, syphilis, and malaria and in the training of a great number of public health personnel. However, the basic organization of national, state, and local health services needs to be expanded to cover the entire country.

In 1951 a survey of a region of the country (Petit Goâve) was carried out and the establishment of a health demonstration area with all the basic health services was recommended.

It is proposed to send in 1959 an international team to study thoroughly the national, state, and local health organization of the country and to make recommendations for the demonstration of local health services. Particular attention is to be given to rural sanitation and to the strengthening of sanitary inspection services.

The above-mentioned international personnel will be provided from other sources of funds (Haiti-16). Under this project it is proposed to provide fellowships for the training of national personnel.

Mexico

Mexico-24, WHO/TA Public Health Administration Fellowships

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

ARGENTINANursing

- * Argentina-3, Nursing Education (Cordoba, El Chaco)

Total	Personnel	Supplies	Fellowships
\$	\$	\$	\$
17,200	-	-	(4) 17,200

Total	Personnel	Supplies	Fellowships
\$	\$	\$	\$
17,200	-	-	(4) 17,200

BOLIVIAPublic Health Administration

- * Bolivia-13, PHA Fellowships

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

BRAZILPublic Health Administration

- * Brazil-16, PHA Fellowships

17,200	-	-	(4) 17,200
--------	---	---	------------

17,200	-	-	(4) 17,200
--------	---	---	------------

BRITISH GUIANA AND WEST INDIESPublic Health Administration

- British Guiana and West Indies-2, PHA Fellowships

21,500	-	-	(5) 21,500
--------	---	---	------------

21,500	-	-	(5) 21,500
--------	---	---	------------

BRITISH HONDURASPublic Health Administration

- * British Honduras-5, Public Health Services

4,300	-	-	(1) 4,300
-------	---	---	-----------

4,300	-	-	(1) 4,300
-------	---	---	-----------

CHILEPublic Health Administration

- * Chile-18, PHA Fellowships

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

COLOMBIAPublic Health Administration

- * Colombia-4, Public Health Services

12,900	-	-	(3) 12,900
--------	---	---	------------

12,900	-	-	(3) 12,900
--------	---	---	------------

COSTA RICAPublic Health Administration

- Costa Rica-16, PHA Fellowships

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

CUBAPublic Health Administration

- Cuba-3, Public Health Services

9,253	(1) 9,253	-	-
-------	-----------	---	---

11,219	(1) 11,219	-	-
--------	------------	---	---

DOMINICAN REPUBLICPublic Health Administration

- Dominican Republic-7, PHA Fellowships

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

ECUADORPublic Health Administration

- Ecuador-17, PHA Fellowships

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

EL SALVADORPublic Health Administration

- * El Salvador-5, Health Demonstration Area

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

FRENCH ANTILLES AND GUIANAPublic Health Administration

- * French Antilles and Guiana-1, PHA Fellowships

8,895	-	-	(3) 8,895
-------	---	---	-----------

8,895	-	-	(3) 8,895
-------	---	---	-----------

GUATEMALA

Public Health Administration
Guatemala-7, PHA Fellowships

Total	Personnel	Supplies	Fellowships
\$	\$	\$	\$
8,600	-	-	(2) 8,600

Total	Personnel	Supplies	Fellowships
\$	\$	\$	\$
8,600	-	-	(2) 8,600

HAITI

Public Health Administration
Haiti-2, Local Health Services

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

HONDURAS

Public Health Administration
* Honduras-4, Public Health Services

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

MEXICO

Public Health Administration
Mexico-24, PHA Fellowships

12,900	-	-	(3) 12,900
--------	---	---	------------

12,900	-	-	(3) 12,900
--------	---	---	------------

NICARAGUA

Public Health Administration
* Nicaragua-3, Public Health Services

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

PANAMA

Public Health Administration
* Panama-1, Public Health Services

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

PARAGUAY

Public Health Administration
* Paraguay-10, Public Health Services

12,900	-	-	(3) 12,900
--------	---	---	------------

12,900	-	-	(3) 12,900
--------	---	---	------------

PERU

Public Health Administration
* Peru-22, Public Health Services

12,900	-	-	(3) 12,900
--------	---	---	------------

12,900	-	-	(3) 12,900
--------	---	---	------------

SURINAM AND NETHERLANDS ANTILLES

Public Health Administration
* Surinam and Netherlands Antilles-3,
PHA Fellowships

2,500	-	-	(1) 2,500
-------	---	---	-----------

2,500	-	-	(1) 2,500
-------	---	---	-----------

Environmental Sanitation

* Surinam and Netherlands Antilles-1,
Aedes aegypti Eradication

1,500	-	1,500	-
-------	---	-------	---

1,500	-	1,500	-
-------	---	-------	---

4,000	-	1,500	2,500
-------	---	-------	-------

4,000	-	1,500	2,500
-------	---	-------	-------

URUGUAY

Public Health Administration
* Uruguay-5, Public Health Services

8,600	-	-	(2) 8,600
-------	---	---	-----------

8,600	-	-	(2) 8,600
-------	---	---	-----------

VENEZUELA

Public Health Administration
* Venezuela-1, Local Health Services

4,300	-	-	(1) 4,300
-------	---	---	-----------

4,300	-	-	(1) 4,300
-------	---	---	-----------

TOTAL CATEGORY II

241,448	9,253	1,500	230,695
---------	-------	-------	---------

243,414	11,219	1,500	230,695
---------	--------	-------	---------

* This is a portion of a project appearing in Part III.

ANNEX 3

A. PROJECTS DESIRED BY GOVERNMENTS AND NOT INCLUDED WITHIN
PASB/WHO PROGRAM AND BUDGET ESTIMATES FOR 1960

Individual projects which cannot be financed within the
limits of the program and budget for 1960.

BrazilMental Health
Brazil-46, National Service of Mental Health

The federal and state governments operate a large number of mental hospitals, caring for thousands of patients with mental illness. With the modern methods of therapy and the new drugs, many of these patients are cured or improved to the point where with proper occupational training, they could become useful, self-supporting citizens.

The Government has requested the Organization to provide an expert to assist in planning and setting up occupational therapy and training for rehabilitation of selected mental patients in the mental hospitals. One hospital would be used as a demonstration and training center for national personnel for other hospitals.

1 Specialist in Occupational Training for the Mentally Ill, Ph	\$ 5,475
<u>Allowances and Statutory Travel</u>	5,093
<u>Supplies and Equipment</u>	3,000
	<u>\$ 13,568</u>

ChileEndemo-Epidemic Diseases
Chile-14, Rabies Control

The Health authorities of Chile requested the collaboration of PASB/WHO in attacking rabies, and in 1954 the Organization assisted in the development of an anti-rabies program for Greater Santiago. A very large proportion of the dog population of the area was vaccinated and an intensive campaign was conducted for the removal of stray dogs. As a result, the number of human rabies deaths in Chile dropped from 11 in 1955 to 4 in 1956.

It was intended that this antirabies program would be extended to the north and south of the Santiago area, with a view to completely eliminating rabies from the country. Unfortunately, this extension has not been possible because of the limited resources available. Collaboration is desired in the form of fellowships. Advisory services of PASB/WHO staff are already being provided.

<u>Fellowships</u>	<u>\$ 2,500</u>
--------------------	-----------------

Public Health Administration
Chile-30, Training for Laboratory Technicians

The National Health Service, through its school for laboratory technicians, is interested in further developing the facilities for training capable and responsible personnel. There is a growing need for such technicians in order to ensure that maximum use is made of available resources

and professional staff. The students at the school are secondary-school graduates who receive three years of theoretical and practical training. Technicians so trained are suitably assigned in departments of the Service. The Organization has been requested to collaborate in this project by providing the services of a consultant to advise on the organization and administration of the school.

Short-term Consultants

Fees	\$ 4,200
Travel	3,600
<u>Supplies and Equipment</u>	3,200
<u>Fellowships</u>	8,000
	<u>\$ 19,000</u>

CubaNursing
Cuba-4, Nursing Education

For some time the Government has been interested in a plan for establishing a new school of nursing, operated according to modern standards and adapted to the national resources and needs of Cuba. Interest has also been expressed in developing a plan for modernizing the organization and curricula of the existing schools.

This project will assist the Government in achieving these objectives. A nursing education consultant will work closely with the official agency responsible for all nursing activities. Her counterparts are expected to be the chief nurse-instructors of the existing nursing schools.

The project is to be developed in several stages: (a) the above-mentioned group and representatives from other disciplines, as required, will constitute a national committee to plan and execute a study of nursing resources; (b) simultaneously, the nursing group will study the existing curricula and recommend modifications as necessary. Changes will be implemented through a long-range plan.

1 Nurse Educator, P3	\$ 6,150
<u>Short-term Consultants</u>	
Fees	4,900
Travel	4,200
<u>Allowances and Statutory Travel</u>	4,495
<u>Duty Travel</u>	950
<u>Supplies and Equipment</u>	500
<u>Fellowships</u>	4,000
	<u>\$ 25,195</u>

Paraguay

Endemo-Epidemic Diseases Paraguay-17, Zoonoses Control

Recognizing the importance of the zoonoses as a public health and economic problem in the country, the Government recently established within the Ministry of Public Health a Zoonoses Section to develop programs for the control of those diseases. The problem given first priority was rabies; in addition, special attention has been given to brucellosis and tuberculosis. The purpose of this project is to cooperate in the development of sound long-range programs for the control of those three zoonoses.

This project will be a joint effort of the Ministries of Public Health and of Agriculture, with appropriate coordination by means of a biministerial zoonose commission.

<u>Supplies and Equipment</u>	\$ 4,500
<u>Fellowships</u>	5,000
	<u>\$ 9,500</u>

Uruguay

Endemo-Epidemic Diseases Uruguay-6, Zoonoses Control

Diseases common to both man and animals are of special importance in Uruguay, from both the social and the economic aspects, since the country's economy is largely dependent on the livestock industry.

Among the most important zoonoses affecting the country are hydatidosis, brucellosis, tuberculosis, and anthrax. As the result of well-directed efforts, the country is free of rabies but constant vigilance is necessary to maintain this status. Other zoonoses of human and animal importance still to be determined are leptospirosis, Q fever, psittacosis, and virus encephalitis.

From the economic point of view, the zoonoses problem is the concern of the Ministry of Agriculture and Livestock; the human and social aspect concerns the Ministry of Public Health, making essential the coordination of activities of the two agencies.

The Organization would furnish a consultant experienced in the organization of services and application of field measures, as well as fellowships for the training of professional and para-technical personnel, and a certain amount of field equipment and laboratory material.

1 Public Health Veterinarian, Ph	\$ 7,469
<u>Allowances and Statutory Travel</u>	2,701
<u>Duty Travel</u>	1,068
<u>Supplies and Equipment</u>	4,800
<u>Fellowships</u>	9,000
	<u>\$ 25,038</u>

Environmental Sanitation Uruguay-17, Fluoridation of Water

All water supply systems in the country are constructed and operated by an official agency called "Obras Sanitarias del Estado," which controls 201 water supply systems serving communities of from 2,000 to 1,000,000 inhabitants. Some of the systems have treatment plants, but no fluoridation is applied.

The Government is interested in drawing up a national plan for the study of this problem and the installation of fluoridation wherever advisable. This program would be operated by the above-mentioned agency and the Ministry of Public Health would supervise it from the health point of view.

The organization will furnish a consultant in water fluoridation to give instruction in laboratory and control techniques to a group of technicians responsible for the operation of water supply plants. Two sets of portable fluoridation apparatus will be furnished, one to be installed in a local pilot center where there is a population of 10,000 inhabitants, and the other to be used for demonstration and teaching purposes in the School of Engineering. This apparatus will be accompanied by some laboratory equipment for analysis and testing of residual fluorine. In addition, fellowships will be awarded to water plant operators or supervisory engineers for visits to installations in selected localities abroad.

Short-term Consultants

Fees	\$ 2,100
Travel	1,800
<u>Supplies and Equipment</u>	2,400
<u>Fellowships</u>	2,500
	<u>\$ 8,800</u>

Inter-Country Projects

Endemo-Epidemic Diseases AMRO-74, Plague Control

The Organization has been cooperating in antiplague campaigns and epidemiological studies on plague in the Western Hemisphere. More recently the Organization has provided the services of a consultant to carry out studies on the ecology of rodents and fleas prevalent in the endemic areas of Bolivia, Brazil, Ecuador, Peru, and Venezuela. It is expected that the consultant will complete these epidemiological studies in 1958.

The accumulated experience of the Organization indicates the importance of adequate training for the personnel responsible for the national antiplague services. For this reason, it is proposed to hold a training course on the epidemiology, diagnosis, treatment, and control of plague.

The course will be with the collaboration of the Government of Brazil, advantage being taken of the excellent organization of its plague control services.

Participants from Argentina, Bolivia, Brazil, Chile, Ecuador, Peru and Venezuela will attend the course.

Short-term Consultants

Fees	\$ 700
Travel	600
<u>Duty Travel</u>	1,470
<u>Supplies and Equipment</u>	1,700
<u>Fellowships</u>	7,630
	<u>\$ 12,100</u>

Public Health AdministrationAMRO-106, Seminars on Public Health Administration

In recent years many countries have reorganized their national health services and are expanding their local health services, with the assistance of the Organization. In this process of reorganization and expansion, various problems have arisen with regard to the functions of the various organizational units of the national services as well as their coordination, the process of decentralization, and the relationship between national and local health services.

A series of seminars will be held to provide opportunities for exchange of experience and information by public health teams from the various countries. Among the topics to be discussed will be planning, in terms of health priorities; decentralization of services to intermediate and local levels; and relationships between these organizational entities. The functions of the various team members will be redefined and clarified, as will the working relationships between the various team members and between the public health team and other community agencies. Methods for preparing personnel in terms of activities to be performed will be studied.

These seminars will be attended by public health officers, engineers, nurses, and selected workers in other public health professions. It is expected that professionals from both national health services and local health demonstration areas will attend, so as to permit a useful interchange of ideas on the problems at both levels.

A first seminar will be held in Panama for participants from Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Panama, and Paraguay. A second seminar will be held in Argentina for participants from Argentina, Brazil, Colombia, Mexico, Peru, Uruguay, and Venezuela.

Short-term Consultants

Fees	\$ 1,400
Travel	1,200
<u>Supplies and Equipment</u>	1,500
<u>Fellowships</u>	19,878
	<u>\$ 23,978</u>

AMRO-190, Seminar on Vital and Health Statistics

The purpose of national committees on vital and health statistics is to improve and strengthen statistical services by the coordinated efforts of all national services involved in the production or analysis of vital and health statistics in a country, including the national

civil registration and statistical agencies. Committees have been organized in 33 countries of the world, of which 16 are American countries. The first international meeting of these committees was held in October 1953 in London under the auspices of the World Health Organization and the United Nations, with only 2 Latin American countries represented. It is proposed to hold the first inter-American meeting in 1960 to promote coordination of statistical activities in the countries and strengthen these committees. Proposed subjects of discussion for this meeting would be: (1) definitions and standards in health statistics; (2) hospital records and statistics; (3) definitions and procedures on fetal, infant, and peri-natal mortality; (4) eight revision of the International Classification of Diseases; and (5) methods of developing activities of national committees.

This meeting will require approximately 25 fellowships from the Organization for seminar participants. The statistical office of the United Nations and the Inter-American Statistical Institute are also interested in the development of these committees and will be invited to share sponsorship.

<u>Supplies and Equipment</u>	\$ 1,300
<u>Fellowships</u>	11,613
	<u>\$ 12,913</u>

NursingAMRO-183, Nursing Midwifery

Through integrated health projects in the various countries, the Organization has been active in promoting the concept that maternity care should be provided as a continuous service beginning with the first indication of pregnancy and continuing through the puerperium. Ideally, a complete service includes obstetric supervision throughout the entire maternity cycle, skilled care during delivery, and education of the expectant parents for their role, including care of the newborn.

With few exceptions, a high proportion of deliveries in the Latin American countries, especially in rural areas, are attended by traditional birth attendants. Legislation has often restricted the official use of this group of workers, and in many areas they are only now receiving some orientation regarding safe procedures during delivery, as part of the maternal health programs of local health services. At the same time, professional midwives in only a few countries are receiving adequate preparation for their potential role in promoting safe practices as part of the over-all public health program.

Several countries have already indicated need for guidance in determining national policies in midwifery, improving training programs, determining the roles of various types of health workers contributing to maternity care and to the extension and improvement of existing and potential midwifery services. It is desired to station a consultant in nursing midwifery in one country where there is interest in receiving considerable assistance, to be available later to other countries as requests are received.

1 Nurse-Midwife, Ph	\$ 5,475
<u>Allowances and Statutory Travel</u>	4,555
<u>Duty Travel</u>	5,205
	<u>\$ 15,235</u>

Maternal and Child HealthAMRO-184, Seminar on Maternal and Child Health

During the past five years the Organization has given continuous assistance in the development of maternal and child health as part of the local health services of the various countries. It has placed particular emphasis on the integration of the maternal and child health services within the general health services at both the national and the local levels.

Considerable experience has been gained by the various countries in many of the problems related to this important aspect of the public health service. It is believed that discussion by workers from various countries facing similar problems would be highly beneficial in further clarifying outstanding problems.

For this purpose, it is proposed to hold seminars to bring together public health administrators responsible for maternal and child health programs, together with a sufficient number of those responsible for broad health planning as well as public health nursing administration. Major aspects to be discussed will include: the establishment of maternal and child health administrative units at the national level; the functions of these units and their administrative position in the national health service, including the school health service; the problem of decentralization; the orientation of the various phases of the maternal and child health program.

The first seminar will be organized in Mexico for participants from Colombia, Costa Rica, Cuba, the Dominican Republic, El Salvador, Honduras, Guatemala, Mexico and Venezuela.

Short-term Consultants

Fees	\$ 1,400
Travel	1,200
<u>Supplies and Equipment</u>	1,500
<u>Fellowships</u>	11,976
	<u>\$ 16,076</u>

Environmental SanitationAMRO-97, Seminar on Training of Sanitary Inspectors

All the Member Countries are showing increasing interest in the training of sanitary inspectors, whose work is essential for the effective operation of local public health services. It has been estimated that there are now some 14,000 such sanitary inspectors in Central and South America, most of them lacking proper training for their important work. Actually, there is a need for at least 20,000 for whom appropriate training facilities and programs would have to be established. Courses already operating or planned in 15 Member Countries in Central and South America have a total capacity to train only 228 inspectors and supervisors per year.

The objective of the seminar will include: (a) review of the present status of training programs in the different countries; (b) establishment of a logical basis on which countries can determine their present and future needs; (c) discussion of the type and amount of academic, field, and in-service training needed by sanitary inspectors at different levels; and (d) formulation of recommendations as to the type, duration, and content of the

training, qualifications for admission, teaching staff, training facilities, and other pertinent matters.

<u>Supplies and Equipment</u>	\$ 1,400
<u>Fellowships</u>	4,817
	<u>\$ 6,217</u>

AMRO-151, Seminar on Teaching of Sanitary Engineering in Schools of Engineering

The constant need for sanitary engineers in public health services, public works, municipalities, and private engineering and industrial agencies, together with the continuous expansion of environmental sanitation activities in the Western Hemisphere, call for a review of the methods and curricula used in the teaching of sanitary engineering in schools of engineering and of public health, as well as for the preparation of teaching guides.

It is planned to hold seminars on the teaching of sanitary engineering in schools of engineering. One of the seminars would be for the countries of Central America and the Caribbean, and the other for the South American countries. The basic subjects for discussion would be: need for sanitary engineers; content of the courses; teaching methods and laboratory facilities; scope and duration of the courses; teaching staff; relationship with other departments of the engineering school; and relationship between engineering schools and public health schools and the national health services.

This project would include the services of a consultant to take charge of preliminary arrangements for the seminar and help in conducting the meeting, with assistance from the technical staff of the Organization.

Short-term Consultants

Fees	\$ 1,400
Travel	1,200
<u>Supplies and Equipment</u>	1,500
<u>Fellowships</u>	9,546
	<u>\$ 13,646</u>

AMRO-187, Promotion of Urban Water Supplies

Among the major problems in the urban environment in many areas of the Americas is the lack of a potable water supply in sufficient quantity. To meet the needs in this field, it is proposed, under this project to collaborate with Member Governments in activities at the national or municipal level directed toward: (a) carrying out a comprehensive study of existing water supplies; (b) estimating future requirements and resources; (c) preparing long-range plans for water supply development; (d) effecting immediate improvements in existing systems; and (e) recommending financial measures for the construction and operation of water supply systems, as required.

Sanitary engineering services operating with the health departments, public works departments, or municipal agencies would derive direct benefit from this project. Continuing efforts to strengthen these services will be supported through the fellowships program of the Organization, principally through AMRO-1. In cases where such services have not been established, it will be necessary

to plan the development of adequate technical services to meet the local needs.

It is proposed to provide two posts: one for a consultant experienced in the broad aspects of the study and planning of public water supplies, with special emphasis on the financial implications, and the other for a consultant in network analysis.

2 Sanitary Engineers, Ph	\$ 10,950
<u>Allowances and Statutory Travel</u>	12,568
<u>Duty Travel</u>	9,360
<u>Supplies and Equipment</u>	5,000
	<u>\$ 37,878</u>

Other Projects

AMRO-101, Medical School Libraries

It is proposed to provide the services of a medical librarian to give technical advice for period of several weeks or months to individual medical school libraries in the Americas, and to provide fellowships for the training of professional personnel in this field.

At the same time, in order to meet the needs of the large number of schools that have very limited librarian services and cannot afford to employ trained professionals, it is proposed to provide training for technicians to maintain a basic collection of books, periodicals, and reference texts, and to organize the use of the library by the faculty and students. Trainees will come from the smaller countries which do not offer courses in library sciences or have the physical facilities for giving training in basic modern techniques. The course will last six months, and some ten students will be taken at a time, the minimum requirement for admission being three years of secondary education. It will be necessary to select a library as a training center, to establish small basic collections, and to furnish the library with simple, essential, modern library equipment.

1 Medical Librarian, P3	\$ 6,200
Short-term Consultants	
Fees	6,300
Travel	5,400
<u>Allowances and Statutory Travel</u>	3,173
<u>Supplies and Equipment</u>	1,000
<u>Fellowships</u>	44,550
	<u>\$ 66,623</u>

AMRO-186, Latin American Center for Training Professors of Preventive Medicine

The continued expansion of departments of preventive medicine in schools in Latin America requires the training of an increasing number of professors in this field.

The objective of this project is to organize a training center in Latin America for professors of this discipline. The course would be organized in a country where the teaching of public health and of medicine is of high quality, with good coordination between the two. A short-term consultant will be provided to visit schools and make recommendations as to choice of the site and organization of the training center.

For the first year the Organization will provide a full-time educator to visit the existing center in Boston and observe its programs before going to the new center.

1 Professor of Preventive Medicine, Ph	\$ 6,563
Short-term Consultants	
Fees	2,800
Travel	2,400
<u>Allowances and Statutory Travel</u>	4,839
<u>Supplies and Equipment</u>	1,500
<u>Fellowships</u>	14,100
	<u>\$ 32,202</u>

B. AMOUNTS REQUESTED FOR FIELD PROJECTS IN EXCESS OF AMOUNTS BUDGETED FOR 1960 BY SUBJECT AND MAJOR EXPENSE

<u>Subject</u>	<u>Personnel</u> \$	<u>Supplies and Equipment</u> \$	<u>Fellowships</u> \$	<u>Total</u> \$
Tuberculosis	30,188	500		30,688
Venereal Diseases and Treponematoses	21,186	600	12,000	33,786
Endemo-Epidemic Diseases	38,406	10,000	14,500	62,906
Public Health Administration	190,324	32,090	236,820	459,234
Nursing	54,121	10,000	50,700	114,821
Social and Occupational Health	26,731	3,000	12,105	41,836
Mental Health	819	2,000	12,700	15,519
Nutrition			5,700	5,700
Environmental Sanitation	37,799	6,600	5,500	49,899
Other Projects	21,034	6,700	58,762	86,496
	<u>420,608</u>	<u>71,490</u>	<u>408,787</u>	<u>900,885</u>

ANNEX 4

SPECIAL MALARIA FUND

STATEMENT OF INCOME AND EXPENDITURES

In accordance with the provisions of paragraph 3, Resolution IV of the 31st Meeting of the Executive Committee, June 1957, the Director has the honor to report on the movement of funds of the Special Malaria Fund as of 31 July 1958.

	1 January to 31 December 1957 \$	1 January to 31 July 1958 \$
Balance (at beginning of period shown in column)	-	3,023,906
<u>Income:</u>		
<u>Voluntary Contributions:</u>		
Government of the Dominican Republic	100,000	
Government of the United States of America	3,500,000	
Government of Venezuela	299,400	
Government of Haiti		5,000
<u>Miscellaneous Income:</u>		
Interest Earned	46,851	31,757
Total Income (for period shown in column)	3,946,251	36,757
Total available for Obligation (during period shown in column)	3,946,251	3,060,663
 <u>Expenditures:</u>		
Personal Services and Allowances	166,249	499,777
Travel and Transportation	133,496	139,529
Space and Equipment Services	9,402	2,765
Other Services - Communications and Freight	31,137	18,600
Supplies and Materials	281,101	79,917
Fixed Charges and Claims	3,005	386
Fellowships	103,463	135,968
Seminar Participants	12,905	25,070
Training Courses in Malaria	67,118	81,223
Acquisition of Capital Assets	114,469	47,366
 TOTAL OBLIGATIONS (for period shown in column)	922,345	1,030,601
 Balance (at end of period shown in column)	3,023,906	2,030,062



XV Pan American Sanitary Conference

San Juan, Puerto Rico
September-October, 1958

X Meeting Regional Committee



Official Doc. No. 24 (Eng.)
CORRIGENDUM I
16 September 1958
ORIGINAL: ENGLISH

- Topic 11: B. PROPOSED PROGRAM AND BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR 1960
- C. PROVISIONAL DRAFT OF THE PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION FOR 1960

CORRIGENDUM

Page 80, under Other Funds, Group III, against Endemo Epidemic Diseases, insert the figures shown against Public Health Administration which should read zero in all years.

Page 81, under Total, Group III, against Endemo Epidemic Diseases

	\$	%	\$	%	\$	%
delete:	519,219	5.98	471,012	4.60	542,446	4.86
insert:	719,673	8.29	538,590	5.27	582,980	5.22

against Public Health Administration

delete:	1,436,026	16.54	1,388,160	13.56	1,759,607	15.77
insert:	1,235,572	14.23	1,320,582	12.91	1,719,073	15.41