**Official Documents**
**of the**
**Pan American Sanitary Organization**
**No. 27**

# XV PAN AMERICAN SANITARY CONFERENCE
# X MEETING
# REGIONAL COMMITTEE OF THE WHO FOR THE AMERICAS

*San Juan, Puerto Rico, 21 September-3 October 1958*

## Minutes, Resolutions, and Documents

**PAN AMERICAN SANITARY BUREAU**
**Regional Office of the World Health Organization**
**Washington, D.C.**
**1959**

# Official Documents
# of the Pan American Sanitary Organization

(Published in English and Spanish)

The following publications appear annually in the series *Official Documents of the Pan American Sanitary Organization:*

**Annual Report of the Director** to the Directing Council of the Pan American Sanitary Organization, in which the activities and accomplishments of the Organization are recorded. These publications are illustrated with maps and photographs and contain a general index. Every four years, when the Pan American Sanitary Conference meets, the Report of the Director contains, in addition, a four-year report for presentation to the Conference.

**Proposed Program and Budget,** which the Executive Committee prepares in cooperation with the Director and submits to the Directing Council (or to the Pan American Sanitary Conference). This volume contains an explanation of the proposed programs together with the corresponding budget estimates covering both the regular funds of the Pan American Sanitary Organization and those of the World Health Organization, the Expanded Program of Technical Assistance, and other funds from different sources. The same document also presents the provisional draft budget of the following year for the Pan American Sanitary Organization and the World Health Organization, Region of the Americas.

**Financial Report of the Director and Report of the External Auditor,** for each fiscal year.

**Proceedings** of the meetings of the Directing Council, Regional Committee of WHO for the Americas. This volume includes the précis minutes of the meeting, the final reports of the meetings of the Executive Committee held since the previous Directing Council meetings, as well as working documents related to topics under study.

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Pan American Health Organization

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INDEXED

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# X MEETING

# REGIONAL COMMITTEE OF THE WHO FOR THE AMERICAS

*San Juan, Puerto Rico, 21 September-3 October 1958*

## Minutes, Resolutions, and Documents



**PAN AMERICAN SANITARY BUREAU**

Regional Office of the World Health Organization

1501 New Hampshire Avenue, N.W.

Washington 6, D.C., U.S.A.

1959

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# ORGANIZATION OF THE CONFERENCE

## *CONVOCATION OF THE CONFERENCE*

*Washington, D. C.*
*21 February 1958*

*Dear Mr. Minister:*

*In conformity with Article 7-A of the Constitution of the Pan American Sanitary Organization, and Resolution XXXVIII of the XIV Pan American Sanitary Conference (October 1954), I have the honor to convoke the XV Pan American Sanitary Conference (X Meeting of the Regional Committee of the World Health Organization), which will be held at San Juan, Puerto Rico, from 21 September to 6 October 1958, these dates having been fixed in agreement with the Host Government.*

*The Conference acts as Regional Committee of the World Health Organization by virtue of Article 2 of the Agreement concluded with that Organization on 24 May 1949. Resolution VIII of the XIII Pan American Sanitary Conference provides that the Directing Council will not meet in years in which the Conference is held.*

*I enclose for your reference the pertinent statutory provisions relating to the Pan American Sanitary Conference, and wish to call attention to Article 5-B of the Constitution of the Pan American Sanitary Organization, which refers to the composition of the delegations to the Conference. In view of the importance which this meeting of the Organization's supreme governing authority has for public health in the Americas, the attendance of leading officials of the public health services of all the countries, to head the respective delegations, will contribute much toward attaining the objectives of the Conference.*

*I would therefore request that you endeavor to attend the meeting personally so that we may have the benefit of your valuable participation in the deliberations. I shall transmit to you in due course the provisional draft agenda of topics to be dealt with at the meeting.*

*Very truly yours,*

FRED L. SOPER
*Director*

## ORGANIZING COMMITTEE

The Secretary of State of the United States of America designated a Committee to collaborate with the Pan American Sanitary Bureau in organizing the Conference. The Committee was constituted as follows:

*Chairman:*

The Honorable FRANCIS O. WILCOX, Assistant Secretary of State for International Organization Affairs

*Executive Chairman:*

Dr. GUILLERMO ARBONA, Secretary of Health, Commonwealth of Puerto Rico

*Secretary:*

The Honorable ARTURO MORALES CARRIÓN, Undersecretary of State, Commonwealth of Puerto Rico

*Members:*

Mr. HAROLD G. KISSICK, Director, Office of International Conferences, Department of State of the United States

Mr. WILLIAM L. KRIEG, Deputy Director, Office of Inter-American Regional Political Affairs, Department of State of the United States

Dr. ARTHUR S. OSBORNE, Public Health Service, Department of Health, Education, and Welfare of the United States

Mr. ADOLFO PORRATA DORIA, Department of State, Commonwealth of Puerto Rico

An Organizing Committee of the Government of Puerto Rico was established in San Juan, with the following members:

Dr. GUILLERMO ARBONA (Chairman), Secretary of Health

Dr. ARTURO MORALES CARRIÓN, Undersecretary of State

Dr. MANUEL A. TORRES AGUIAR, Undersecretary of Health

Mr. ADOLFO PORRATA DORIA, Coordinator of Programs, Department of State

Mr. RAFAEL SANCHO-BONET, Chief of Protocol, Department of State

Mrs. AIDA G. DE PAGÁN, Director of Public Welfare, Department of Health

Mr. LUIS D. PALACIOS, Administrative Director, Department of Health

Miss PAQUITA VIVÓ (Secretary), Department of State

This Committee, in close cooperation with the Pan American Sanitary Bureau, was in charge of organizational arrangements for the Conference, installation of the Secretariat, and preparation and coordination of the program of visits and social and cultural activities for the delegates.

## DELEGATIONS AND OTHER PARTICIPANTS

### Governments

#### ARGENTINA

*Delegates:*

Dr. Héctor Virgilio Noblía, Minister of Welfare and Public Health *(Chief Delegate)*

Dr. Mario Angel Allaria, Technical Adviser, Department of International Health and Social Affairs, Ministry of Welfare and Public Health

Dr. Julio Horacio Ousset, Director, Malaria and Yellow Fever Service

#### BRAZIL

*Delegates:*

Dr. Mauricio Campos de Medeiros, Professor, School of Medicine, Ministry of Education *(Chief Delegate)*

Dr. Luis Ferreira Tavares Lessa, Director, Division of Prophylaxis, National Department of Rural Endemic Diseases, Ministry of Health

Dr. Bichat Rodrigues, Adviser, Office of the Minister of Health

#### CHILE

*Delegates:*

Dr. Jorge Torreblanca, Minister of Public Health and Welfare *(Chief Delegate)*

Dr. Abraham Horwitz, Assistant Director, National Health Service

Mr. Lucio Parada, Chief, OAS Section, Ministry of Foreign Affairs

#### COLOMBIA

*Delegates:*

Dr. Alejandro Jiménez Arango, Minister of Public Health *(Chief Delegate)*

Dr. Luis Patiño Camargo, National Director of Health

*Advisers:*

Dr. Humberto Córdoba Wiesner, Assistant National Director of Health

Dr. Héctor Abad Gómez, Secretary of Public Health, Department of Antioquia

#### COSTA RICA

*Delegate:*

Dr. Oscar Vargas Méndez, Director General of Health

#### CUBA

*Delegates:*

Dr. Félix Hurtado, Ambassador in Charge of International Health Affairs *(Chief Delegate)*

Dr. Enrique Saladrigas, Director General of Health

Dr. José F. Pimentel, Chief, Chancellery of the Ministry of State

#### ECUADOR

*Delegate:*

Dr. Diego Angel Ramírez, Director General of Health

#### EL SALVADOR

*Delegates:*

Dr. Alberto Aguilar Rivas, Director General of Health *(Chief Delegate)*

Dr. Tomás Pineda Martínez, Regional Director of Public Health, National Department of Health

#### FRANCE

*Delegates:*

Dr. Paul V. Ollé, Regional Health Officer for the French West Indies and Guiana *(Chief Delegate)*

Mr. ROGER J. DALICHAMP, Consul of France, San Juan, Puerto Rico

**GUATEMALA**

*Delegates:*

Dr. MARIANO LÓPEZ HERRARTE, Minister of Public Health and Welfare *(Chief Delegate)*

Dr. CARLOS PADILLA Y PADILLA, Director General of Public Health

Mr. HUMBERTO OLIVERO, Consultant *ad honorem*, Ministry of Public Health and Welfare

*Advisers:*

Dr. CHARLES L. VON POHLE, Director, Inter-American Cooperative Public Health Service

Dr. HARLAND GIBSON, ICA Consultant in Hospital Administration

**HAITI**

*Delegates:*

Dr. GEORGES NICOLAS, Assistant Director General of Health, Rural Health Program, Public Health Service *(Chief Delegate)*

Lt. Col. PIERRE PROSPER, M.D., Director, Military Hospital, Port-au-Prince

Captain MARTIAL DAY, Chief, Department of Pharmacy of the Armed Forces Health Service, and Professor of Pharmacology, School of Medicine of Haiti

**HONDURAS**

*Delegates:*

Dr. CARLOS A. JAVIER, Undersecretary of the Ministry of Public Health and Welfare *(Chief Delegate)*

Dr. JOSÉ RODRIGO BARAHONA CARRASCO, Director General of Public Health

Dr. JORGE E. ZEPEDA, Director, National Malaria Eradication Service

**KINGDOM OF THE NETHERLANDS**

*Delegates:*

Dr. NICOLAAS H. SWELLENGREBEL, Director, Department of Parasitology, Royal Institute for the Tropics, Amsterdam *(Chief Delegate)*

Dr. EDWIN VAN DER KUYF, Director, Bureau of Public Health *(Surinam)*

Dr. ROBERT LINSCHOTEN, Medical Officer, Public Health Inspection *(Netherlands Antilles)*

**MEXICO**

*Delegates:*

Dr. MANUEL E. PESQUEIRA, Undersecretary of Public Health and Welfare *(Chief Delegate)*

Dr. CARLOS DÍAZ COLLER, Director, Experimental Public Health Studies, Ministry of Public Health and Welfare

**NICARAGUA**

*Delegates:*

Dr. DOROTEO CASTILLO RODRÍGUEZ, Minister of Public Health *(Chief Delegate)*

Dr. MANUEL A. SÁNCHEZ VIGIL, Director, National Institute of Hygiene, and Technical Adviser, Ministry of Public Health

*Adviser:*

Dr. PAUL CAJINA SÁNCHEZ, Chief of Division VI, Ministry of Public Health

**PANAMA**

*Delegates:*

Mr. HERACLIO BARLETTA, Minister of Labor, Welfare, and Public Health *(Chief Delegate)*

Dr. ALBERTO BISSOT, JR., Director General, Department of Public Health, Ministry of Labor, Welfare, and Public Health

**PARAGUAY**

*Delegate:*

Dr. CARLOS RAÚL PEÑA, Minister of Public Health and Welfare

*Adviser:*

Dr. RUBÉN HORACIO MALLORQUÍN, Director, Department of Epidemiology, Ministry of Public Health and Welfare

**PERU**

*Delegates:*

Dr. JULIO MUÑOZ PUGLISEVICH, Director General of Health *(Chief Delegate)*

Dr. BOLÍVAR PATIÑO ARCA, Consul of Peru, San Juan, Puerto Rico

**UNITED KINGDOM**

*Delegates:*

Dr. HORACE P. S. GILLETTE, Medical Adviser to the Government of the Federation of the West Indies *(Chief Delegate)*

Dr. ALFRED A. PEAT, Chief Medical Officer, Jamaica

*Alternates:*

Dr. LEONARD A. P. SLINGER, Director of Medical Services, British Guiana

Dr. ERNST K. W. KREDEL, Acting Director of Medical Services, British Honduras

Dr. FRANK R. S. KELLETT, Government Malariologist, Department of Health, Trinidad

**UNITED STATES OF AMERICA**

*Delegates:*

Dr. LEROY E. BURNEY, Surgeon General, Public Health Service, Department of Health, Education, and Welfare *(Chief Delegate)*

Dr. GUILLERMO ARBONA, Secretary of Health, Commonwealth of Puerto Rico

Dr. H. VAN ZILE HYDE, Assistant to the Surgeon General for International Health, Department of Health, Education, and Welfare

*Advisers:*

Dr. ROBERTO FRANCISCO AZIZE, Director, Department of Cardiology, San Juan Diagnostic Clinic, San Juan, Puerto Rico

Dr. JOHN B. GRANT, Department of Preventive Medicine and Public Health, School of Medicine, University of Puerto Rico

Dr. LUIS GUZMÁN, President, Medical Association of Puerto Rico

Dr. HAROLD HINMAN, Dean, School of Medicine, University of Puerto Rico

Dr. ERIC L. O'NEAL, Commissioner of Health, Virgin Islands

Mr. CHARLES G. SOMMER, Office of International Administration, Department of State

Dr. CHARLES L. WILLIAMS, JR., Deputy Chief, Public Health Division, International Cooperation Administration

Mr. SIMON N. WILSON, Office of Inter-American Regional Political Affairs, Department of State

*Secretary of Delegation:*

Mr. J. HARLAN SOUTHERLAND, Office of International Conferences, Department of State

**URUGUAY**

*Delegate:*

Dr. ALBERTO BERTOLINI, Acting Director, Division of Hygiene, Ministry of Public Health

**VENEZUELA**

*Delegates:*

Dr. ALFREDO ARREAZA GUZMÁN, Director of Public Health, Ministry of Health and Welfare *(Chief Delegate)*

Dr. ALEJANDRO PRÍNCIPE, Chief, Department of Epidemiology and Statistics, National Institute of Tuberculosis

*Advisers:*

Dr. ARTURO LUIS BERTI, Chief, Division of Malariology, Ministry of Health and Welfare

Dr. HERNÁN MÉNDEZ CASTELLANO, Secretary General, Venezuelan Children's Council

Dr. PEDRO GUEDEZ LIMA, Zone Supervisor, Department of Local Services, Ministry of Health and Welfare

Dr. DANIEL ORELLANA, Consultant in International Health, Ministry of Health and Welfare

**CANADA**

*Official Observer:*

Dr. BASIL D. B. LAYTON, Principal Medical Officer, International Health Section, Department of National Health and Welfare

**World Health Organization**

Dr. M. G. CANDAU, Director-General

Mr. MILTON P. SIEGEL, Assistant Director-General

**Pan American Sanitary Bureau**

Dr. FRED L. SOPER, Director, Secretary ex officio of the Conference

Dr. CARLOS L. GONZÁLEZ, Assistant Director

Dr. MYRON E. WEGMAN, Secretary General

Dr. GUSTAVO MOLINA, Chief, Division of Public Health

Mr. DONALD F. SIMPSON, Chief, Division of Administration

Dr. NEVIN SCRIMSHAW, Regional Nutrition Adviser and Director of INCAP

Mr. CLARENCE H. MOORE, Chief, Budget and Finance Branch

Dr. JAMES LEE GODDARD, Consultant

Mr. GUILLERMO A. SURO, Chief, Secretariat Services of the Conference

## Observers

### ORGANIZATION OF AMERICAN STATES

Dr. WILLIAM SANDERS, Assistant Secretary General

Mr. PAUL R. KELBAUGH, Acting Chief, Division of Official Records, Pan American Union

### UNITED NATIONS AND INTERGOVERNMENTAL ORGANIZATIONS

*United Nations and Technical Assistance Board*

Mr. LUIS PÉREZ ARTETA, Resident Representative in Colombia, United Nations Technical Assistance Board

*United Nations Children's Fund*

Mr. ROBERT L. DAVÉE, Director, Regional Office for the Americas

Mr. ALBERT JOHN REYNOLDS, Director, Area Office, Mexico City

*International Committee on Military Medicine and Pharmacy*

Lt. COL. PIERRE PROSPER, M.D., Director, Military Hospital, Port-au-Prince, Haiti *(also member of the delegation of Haiti)*

Captain MARTIAL DAY, Chief, Department of Pharmacy of the Armed Forces Health Service, and Professor of Pharmacology, School of Medicine, Haiti *(also member of the delegation of Haiti)*

*Inter-American Child Institute*

Dr. FÉLIX HURTADO, Chairman, Directing Council *(also chief delegate of Cuba)*

### NONGOVERNMENTAL ORGANIZATIONS

*International Association for the Prevention of Blindness*

Dr. ANTONIO NAVAS

*International Conference of Social Work*

Dr. MARÍA ELISA DÍAZ DE MIRANDA, Associate Professor, School of Social Work, University of Puerto Rico

*International Council of Nurses*

Mrs. AIDA N. LIZARDI, Nurse Consultant, Office of Regionalization for Coordination and Research, Department of Health, Puerto Rico

*International Dental Federation*

Dr. A. RAYMOND BARALT, JR., Dean, School of Dentistry, University of Puerto Rico

*International Society for the Welfare of Cripples*

Dr. HERMAN JACOB FLAX, Chief, Physical Medicine Rehabilitation Service, Veterans Administration, San Juan, Puerto Rico

Dr. BENIGNO FERNÁNDEZ, Physical Medicine Rehabilitation Service, San Patricio Hospital, San Juan, Puerto Rico

*International Union for Health Education of the Public*

Mr. HOWARD W. ENNES, JR., Vice-President for North America

Miss ANGELES CEBOLLERO, Associate Professor of Health Education, School of Medicine, University of Puerto Rico

MRS. CARMEN ACEVEDO DE TORRES, Assistant Professor of Health Education, College of Education, University of Puerto Rico

*League of Red Cross Societies*

Dr. PAUL W. YOST, Assistant Director, Blood Program, American Red Cross

*Medical Women's International Association*

Dr. CARMEN TROCHE DE MEJÍA

*Pan American Medical Confederation*

Dr. PEDRO NOGUEIRA RIVERO, Director, Health Unit of Marianao, Cuba

*World Federation for Mental Health*

Dr. MOTTRAM P. TORRE, Assistant Director

*World Federation of United Nations Associations*

Mrs. JULIA B. DE PIZA, President, Puerto Rico Chapter

*World Medical Association*

Dr. EUGENIO FERNÁNDEZ CERRA, President-elect of the Medical Association of Puerto Rico

# RULES OF PROCEDURE
# OF THE
# PAN AMERICAN SANITARY CONFERENCE
# REGIONAL COMMITTEE OF THE WORLD HEALTH ORGANIZATION

## PART I

*Members*

**Art. 1.** The Pan American Sanitary Conference shall be composed of delegates of Member Governments of the Pan American Sanitary Organization.

**Art. 2.** Delegates of governments not having their seats within the Western Hemisphere, which (a) either by reason of their Constitution consider certain territories or groups of territories in the Western Hemisphere as part of their national territory; or (b) are responsible for the conduct of the international relations of territories or groups of territories within the Western Hemisphere, shall participate in meetings of the Conference in the manner established by these Rules of Procedure.

**Art. 3.** The Director of the Pan American Sanitary Bureau shall participate ex officio without the right to vote.

**Art. 4.** The order of precedence of the delegations shall be established by lot during the inaugural plenary session.

## PART II

*Officers*

**Art. 5.** The Conference shall elect a President and two Vice-Presidents who shall hold office until their successors are elected.

**Art 6.** The President shall preside over the sessions of the Conference and execute any other functions assigned to him under these Rules of Procedure.

**Art. 7.** In the absence of the President one of the Vice-Presidents shall preside, and if all these officers should be absent the Conference shall appoint one of the delegates to preside over the session.

**Art. 8.** The President or a Vice-President while presiding shall not vote but may appoint another member of his delegation to act as the delegate of his government in plenary sessions, except when he is the sole delegate of his country, in which case he may vote.

**Art. 9.** If a representative of territories is elected an officer at any meeting, the said representative shall not officiate during a session at which any of the matters enumerated in Article 15 of these Rules of Procedure is under discussion.

**Art. 10.** In the event that neither the President nor any of the Vice-Presidents are present at the opening of the Conference, the Chairman of the immediately preceding meeting of the Directing Council shall preside.

*Secretariat*

**Art. 11.** The Director of the Pan American Sanitary Bureau shall be Secretary ex officio of the Conference and of all committees, subcommittees, and working parties established by it. He may delegate these functions.

## PART III

*Meetings and Agenda*

**Art. 12.** The Conference shall meet in the country determined by the Conference or by the Directing Council acting on its behalf.

**Art. 13.** Should the country chosen for the site of a Pan American Sanitary Conference, because of unforeseen circumstances, be unable to comply with this commitment, the meeting of the Conference will automatically be held at the headquarters of the Pan American Sanitary Bureau.

**Art. 14.** The meetings of the Conference shall be convoked by the Director of the Pan American Sanitary Bureau not later than six months prior to the date of its opening.

**Art. 15.** All meetings of the Pan American Sanitary Conference shall at the same time be meetings of the Regional Committee of the World Health Organization except when the Conference is considering constitutional matters, the juridical relations between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States, or other questions relating to the Pan American Sanitary Organization as an Inter-American Specialized Organization.

**Art. 16.** Each delegation shall have one vote only.

**Art. 17.** A majority of the members participating and entitled to vote in the Conference shall constitute a quorum.

**Art. 18.** Representatives of territories are entitled to participate in the debates and vote on the same basis as those of Members, except that they shall not participate or vote when any of the matters enumerated in Article 15 of these Rules of Procedure is under discussion.

**Art 19.** The privilege of voting in the plenary sessions on Pan American Sanitary Organization budget matters may be exercised by the representatives of territories, but this privilege shall be contingent on an equitable contribution to the budget of the Pan American Sanitary Organization made on behalf of such territories.

**Art. 20.** Representatives of territories under the jurisdiction of the same non-American State shall vote as a single unit in the plenary sessions and in the committees whenever they are entitled to vote. Only one vote may be cast on behalf on each such unit.

**Art. 21.** Unless otherwise determined, the sessions of the Conference shall be public.

**Art. 22.** Decisions shall be taken by the affirmative votes of the majority of representatives of Members and, in cases where they are entitled to vote, the territories, present and voting. For the purpose of these Rules of Procedure, the phrase "present and voting" means representatives of Members and territories who cast an affirmative or negative vote. Representatives who abstain from voting are considered not voting.

**Art. 23.** The agenda for the meetings of the Conference shall be prepared by the Director of the Pan American Sanitary Bureau.

**Art. 24.** The agenda shall include:

(a) any subject suggested by the Conference at its previous meeting;
(b) any subject proposed by the Directing Council at its previous meetings;
(c) any subject proposed, not later than 21 days prior to the meeting, by Members, territories, or organizations entitled to propose subjects. The Director of the Pan American Sanitary Bureau may waive this time limitation should such a waiver be justified by special considerations;
(d) any subject proposed by the Director of the Pan American Sanitary Bureau.

**Art. 25.** Supplementary items may be added to the agenda during any session of the Conference if two thirds of the delegations participating and entitled to vote approve.

**Art. 26.** The agenda and all documents relating thereto shall be sent to Members, territories, and organizations entitled to representation, at least 30 days prior to the meeting. Copies of these documents shall be forwarded to national health authorities.

**Art. 27.** To allow for proper discussion of the items on the agenda, the Director of the Pan American Sanitary Bureau shall formulate a program for the sessions.

**Art. 28.** The Conference shall adopt an agenda and approve a program at the beginning of each meeting.

**Art. 29.** The inaugural plenary session shall be held at the place and on the date set by the government of the host country.

**Art. 30.** The plenary sessions shall be devoted to matters of general interest and to the discussion and approval of the reports of the various committees. The rapporteur of each committee shall be limited to thirty minutes in the presentation of his report.

**Art. 31.** The Director of Pan American Sanitary Bureau shall report to the Conference on the technical, administrative, and financial implications, if any, of all agenda items.

## PART IV

*Committees*

**Art. 32.** A Committee on Credentials, consisting of three delegates of as many Members, shall be appointed by the Conference at its opening session. This Committee shall examine the credentials of delegates of Members and territories and report to the Conference thereon without delay.

**Art. 33.** The Conference shall establish at each meeting a General Committee and such main committees as it may consider necessary for the study of the appropriate items on the agenda. The chairmen of the main committees shall be elected by the Conference.

**Art. 34.** The General Committee shall consist of the President of the Conference (who shall serve as Chairman of the General Committee), the two Vice-Presidents, the chairmen of the main committees, and additional delegates of two Members not already represented on the General Committee. The Director shall serve as Secretary of the General Committee without the right to vote, and he may delegate these functions.

**Art. 35.** The General Committee shall:

(a) decide the time and place of all plenary sessions and of all sessions of committees established at plenary sessions during the meetings;
(b) determine the order of business at each plenary session;
(c) propose to the Conference the allocation to committees of items on the agenda;
(d) coordinate the work of all committees established at plenary sessions;
(e) fix the date of adjournment;
(f) otherwise facilitate the orderly dispatch of the business of the meeting.

**Art. 36.** Each delegation shall be entitled to be represented on each main committee.

**Art. 37.** Each main committee shall elect a vice-chairman and a rapporteur, who shall submit to the plenary session for discussion the report and conclusions reached by the committee.

**Art. 38.** Representatives of territories shall be entitled to participate, with the right to vote, in the committees of the Pan American Sanitary Conference, except that they shall not have the right to vote when matters enumerated in Article 15 of these Rules of Procedure are under discussion.

**Art. 39.** The Conference or any main committee may establish working parties to consider and report upon any particular subjects. Alternates and advisers may be appointed to any such working parties as may be established.

**Art. 40.** The reports of all committees, before being submitted to a plenary session for final disposition, shall be referred to the General Committee for coordinating and editing. Such reports, includ-

ing draft resolutions, shall, after being examined by the General Committee, be circulated, insofar as practicable, at least 24 hours in advance of the plenary session at which they will be considered.

## PART V

*Debates*

**Art. 41.** Any delegation may request a roll-call vote. The vote of each Member participating in any roll-call vote shall be inserted in the record of the meeting.

**Art. 42.** All elections shall be held by secret ballot; in other cases a secret ballot may be taken if the Conference so decides; in both events two tellers selected from among the delegations present shall assist in the counting of votes.

**Art. 43.** When only one Member is to be elected and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes. If in the second ballot the votes are equally divided, and a majority is required, the President shall decide between the candidates by drawing lots.

**Art. 44.** When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required shall be elected. If the number of candidates obtaining such majority is less than the number of persons or Members to be elected, there shall be additional ballots to fill the remaining places, the voting being restricted to the candidates obtaining the greatest number of votes in the previous ballot, to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Member. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.

**Art. 45.** Parts of a proposal shall be voted on separately if any Member so requests.

**Art. 46.** If two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first, then the amendment next furthest removed until all amendments have been put to a vote.

**Art. 47.** An amendment shall be voted on first and if it is adopted the amended proposal shall then be voted on.

**Art. 48.** During the discussion of any subject any delegate may rise to a point of order, which shall be resolved immediately by the President.

**Art. 49.** A Member may at any time move the closure of the debate. His motion shall be given priority and submitted to a vote immediately after one Member has been given the opportunity to speak in favor of and another against the motion.

**Art. 50.** The President may at any time call for a vote to close the debate. If this motion is approved, the President shall declare the debate closed.

**Art. 51.** The Conference may limit the time allotted to each speaker.

**Art. 52.** The right to speak shall be limited to delegates of Members and territories, to observers for organizations entitled to participate, and to the Director of the Pan American Sanitary Bureau. However, the President may grant the right to speak to alternates and advisers of delegates or to the officers of the Pan American Sanitary Bureau for information regarding the subject under discussion.

## PART VI

*Election of the Director*

**Art. 53.** In accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting. Acting as a Regional Committee of the World Health Organization, and in conformity with Articles 49 and 52 of the Constitution of the World Health Organization, the Conference shall submit to the Executive Board of the World Health Organization the name of the person so elected, for appointment as Regional Director.

## PART VII

*Final Report and Minutes*

**Art. 54.** The Final Report shall include all resolutions adopted by the Conference.

**Art. 55.** The President and the Secretary ex officio shall sign the Final Report.

**Art. 56.** The Pan American Sanitary Bureau shall send copies of the Final Report to each Member and territory.

**Art. 57.** Verbatim minutes of the plenary sessions and précis minutes of the committee sessions shall be prepared and distributed as soon as practicable.

**Art. 58.** As soon as possible after the closing of the Conference, the minutes of the sessions, the reports and the Final Report shall be reproduced and the Director shall transmit copies thereof to Members and territories and to organizations represented at the Conference.

## PART VIII

*Official Languages*

**Art. 59.** The official languages of the meetings shall be English, French, Portuguese, and Spanish.

## PART IX

*Amendment of the Rules of Procedure*

**Art. 60.** These Rules of Procedure may be amended by resolution of the Conference on 24-hour notice or by a two-thirds majority vote at any time.

**Art. 61.** All matters not provided for in these Rules of Procedure shall be resolved directly by the Conference.

## AGENDA

1. Inauguration of the XV Pan American Sanitary Conference
2. Election of the Committee on Credentials
3. Adoption of the Rules of Procedure of the Pan American Sanitary Conference
4. Establishment, by Lot, of the Order of Precedence of the Delegations
5. Election of President and Two Vice-Presidents
6. Establishment of the Main Committees
7. Adoption of the Agenda
8. Adoption of the Program of Sessions
9. Annual Report of the Chairman of the Executive Committee
10. Report of the Director of the Pan American Sanitary Bureau

11-A. Proposed Program and Budget of the Pan American Sanitary Organization for 1959
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

12. Financial Report of the Director and Report of the External Auditor for 1957
13. Report on the Collection of Quota Contributions
14. Emergency Revolving Fund
15. Rules for Technical Discussions in the Pan American Sanitary Conference and the Directing Council
16. Amendments to the Staff Rules of the Pan American Sanitary Bureau
17. Proposed New Conditions of Employment
18. Fellowship Program
19. Technical Discussions on "The Prevention of Accidents in Childhood"
20. Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIV and XV Pan American Sanitary Conferences
21. Status of *Aëdes aegypti* Eradication in the Americas
22. Report on the Status of Malaria Eradication in the Americas
23. Status of Smallpox Eradication in the Americas
24. Report on the Organization and Work of INCAP
25. Name of the Organization and Titles of its Senior Officers
26. Amendments to Articles 12-C and 15 of the Constitution of the Pan American Sanitary Organization

27. Inter-American Congresses of Public Health

28. Selection of Topic for Technical Discussions during the XI Meeting of the Directing Council

29. Election of the Director of the Pan American Sanitary Bureau, and Nomination of the Regional Director of the World Health Organization for the Americas

30. Election of Three Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Bolivia, Cuba, and Nicaragua

31. Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers

32. Place and Date of the XVI Pan American Sanitary Conference

33. Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau

34. Drug Registration and Related Problems

35. Resolutions of the Eleventh World Health Assembly and the Twenty-first and Twenty-second Sessions of the WHO Executive Board of Interest to the Regional Committee

36. Advertising of Medicinal Products

37. Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau

38. Study of the Diabetes Problem in the Americas

## VISITS AND SOCIAL ACTIVITIES

The following visits, receptions, and social activities were organized by official agencies and scientific and private groups in Puerto Rico in honor of the delegates to the Conference:

Reception offered by the delegation of the United States and the Organizing Committee of the Conference on the terrace of the San Juan Intercontinental Hotel, 21 September at 10:00 p.m.

Reception offered by the Governor of the Commonwealth of Puerto Rico and Mrs. Muñoz Marín at the "La Fortaleza" palace, 23 September at 6:00 p.m.

Dinner at the Condado Hotel offered by the Department of Health of Puerto Rico, 25 September at 7:00 p.m.

Dinner at Bird's Restaurant offered by the Medical Association of Puerto Rico, 26 September at 7:30 p.m.

Meeting of the Public Health Association of Puerto Rico on Treasure Island, Cidra, 27 September, at which the topic "Pediatrics in its Different Aspects" was discussed. The Association also offered a luncheon and dance.

Outing at Vega Baja Beach offered by the Honorable Felisa Rincón de Gautier, Administrator of the Capital, 28 September.

Luncheon offered by the officers of the Women's Civic Club of Puerto Rico in honor of the wives and daughters of the delegates, 29 September at 12:30 p.m.

Cocktail party offered by the delegates in honor of the delegation of the United States and the Organizing Committee of the Commonwealth of Puerto Rico at the San Juan Intercontinental Hotel, 30 September at 6:30 p.m.

Cocktail party offered by the Rector of the University of Puerto Rico and Mrs. de Benítez, at their home, 1 October at 6:00 p.m.

Cocktail party at the Casino of Puerto Rico, 2 October at 6:00 p.m., offered by the following Puerto Rican voluntary organizations: Junior Chamber of Commerce, Society of Crippled Children and Adults, Society for the Welfare of Children with Cerebral Palsy, Institute of Family Relations, Puerto Rican Association for the Welfare of the Family, American Red Cross (Puerto Rico Chapter), Society for the Prevention of Tuberculosis in Children, Puerto Rican Association against Heart Disease, Foundation against Infantile Paralysis (Puerto Rico Chapter), General Antituberculosis Association, Blue Cross, National Society for Crippled Children and Adults, Puerto Rican League against Cancer, College of Social Workers, Graduate Nurses' Association, Practical Nurses' Association, Association of Health Educators, College of Pharmacists, Association of Sanitation Workers, and Teachers' Association.

Visit to installations of the Department of Health of Puerto Rico in the towns of Bayamón, Comerío, and Cayey, followed by a luncheon at the Barranquitas Hotel offered by the Secretary of Health, 3 October.

Visit to installations of the Puerto Rico Aqueduct and Sewer Authority, followed by a luncheon offered by the Authority at Luquillo Beach, 4 October.

Luncheon offered by Mrs. Edelmira de Vizcarra, at her home, in honor of the wives and daughters of the delegates, 4 October at 12:30 p.m.

Luncheon offered at the El Rancho Hotel by the Inter-American Alliance Club, 5 October at 12:30 p.m.

The Committee of Women, organized to accompany and entertain the wives and daughters of the delegates, comprised: Mrs. María Mercedes Caro and Mrs. Irma de Freiría (representing the Women's Civic Club); Mrs. Josefina Batlle (Inter-American Alliance Club); Mrs. María Teresa Picó (American Women's Union); Mrs. Delia Q. de Arnaldo Meyners (Business and Professional Women's Club of Puerto Rico).

## DAILY SCHEDULE OF SESSIONS

| 1958 *September* | | Plenary Sessions | Committee on Credentials | General Committee | Committee I | Committee II | Technical Discussions | Study Committee Art. 53 Rules of Procedure | Total Sessions |
|---|---|---|---|---|---|---|---|---|---|
| Sunday 21 | p.m. | Inaugural | | | | | | | 1 |
| Monday 22 | a.m. | First | First | First | | | | First | 4 |
| | p.m. | Second | | | | | | | 1 |
| Tuesday 23 | a.m. | Third | Second | Second | | | | Second | 4 |
| | p.m. | | | | First | First | | | 2 |
| Wednesday 24 | a.m. | Fourth | Third | Third | | | | Third | 4 |
| | p.m. | | | | Second | Second | | Fourth | 3 |
| Thursday 25 | a.m. | Fifth | | Fourth | | | | Fifth | 3 |
| | p.m. | | | | Third | Third | | | 2 |
| Friday 26 | a.m. | Sixth | | Fifth | | | | | 2 |
| | p.m. | Seventh | | | | | | | 1 |
| Monday 29 | a.m. | Eighth | | Sixth | | | | | 2 |
| | p.m. | | | | Fourth Fifth | Fourth Fifth | | | 4 |
| Tuesday 30 | a.m. | | | Seventh | | | First | | 2 |
| | p.m. | | | | Sixth | Sixth | Second | | 3 |
| *October* | | | | | | | | | |
| Wednesday 1 | a.m. | Ninth | | Eighth | | | | | 2 |
| | p.m. | Tenth Eleventh | | | | | | | 2 |
| Thursday 2 | a.m. | Twelfth | | Ninth | | | | | 2 |
| | p.m. | Thirteenth Fourteenth | | | | | | | 2 |
| Friday 3 | a.m. | Fifteenth | | | | | | | 1 |
| Total | | 16 | 3 | 9 | 6 | 6 | 2 | 5 | 47 |

# PART I

# FINAL REPORT

# FINAL REPORT

The XV Pan American Sanitary Conference was held in San Juan, Puerto Rico, in accordance with Resolution XXXVIII, adopted by the XIV Conference, which accepted the invitation extended by the Government of the United States at the request of the Commonwealth of Puerto Rico.

Pursuant to Article 7 of the Constitution of the Pan American Sanitary Organization, the Director of the Bureau issued the convocation to the Member Governments of the Organization to be represented at the Conference, which took place from 21 September to 3 October 1958.

## PRELIMINARY SESSION

On 21 September the preliminary session was held, at which the chiefs of delegation exchanged views on general and protocolary matters. The following order of precedence was established, by lot: Brazil, Nicaragua, Mexico, Venezuela, Colombia, Costa Rica, Ecuador, Peru, Paraguay, Uruguay, United Kingdom, Cuba, Kingdom of the Netherlands, Haiti, United States of America, Chile, Dominican Republic, Guatemala, Bolivia, Panama, France, Honduras, El Salvador, and Argentina.

## INAUGURAL SESSION

The formal inaugural session was held in the Isla Verde Room of the Hotel San Juan Intercontinental on 21 September, at 8:00 p. m.

The Honorable Luis Muñoz Marín, the Governor of the Commonwealth of Puerto Rico, delivered the opening address. Addresses were then delivered by Dr. Leroy E. Burney, Surgeon General of the United States; Dr. Guillermo Arbona, Secretary of Health of the Commonwealth of Puerto Rico and Executive Chairman of the Committee appointed by the United States Government to collaborate with the Pan American Sanitary Bureau in organizing the Conference; and Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau. Finally, Dr. Diego Angel Ramírez, Director General of Health and chief of the delegation of Ecuador, delivered an address on behalf of the delegations to the Conference.

## RULES OF PROCEDURE OF THE CONFERENCE

At the first plenary session, held 22 September, the proposed Rules of Procedure recommended by the Executive Committee at its 35th Meeting (Document CSP15/23) were adopted for this Conference, with the exception of Article 53. A committee was appointed to study that article. The committee reported on the result of its deliberations at the sixth plenary session, at which session, in accordance with the committee's proposal, Article 53 was approved with the wording it had in the Rules of Procedure of the previous Conference. At the ninth plenary session it was agreed to change Articles 54, 55, 56, and 58, to the effect that the Final Act of the Conference would be replaced by a Final Report, signed only by the President and the Director of the Pan American Sanitary Bureau as Secretary ex officio.[1]

[1]For text of the rules, see p. 9.

## OFFICERS OF THE CONFERENCE

| | | |
|---|---|---|
| *President:* | Dr. Guillermo Arbona | United States |
| *Vice-Presidents:* | Dr. Alejandro Jiménez Arango | Colombia |
| | Dr. Héctor Virgilio Noblía | Argentina |
| *Secretary ex officio:* | Dr. Fred L. Soper | Director, Pan American Sanitary Bureau |

## OFFICERS OF THE COMMITTEES

### *Committee on Credentials*

| | | |
|---|---|---|
| *Chairman and Rapporteur:* | Dr. Carlos A. Javier | Honduras |
| *Members:* | Dr. Doroteo Castillo Rodríguez | Nicaragua |
| | Dr. Carlos Díaz Coller | Mexico |

### *General Committee*

| | | |
|---|---|---|
| *Chairman:* | Dr. Guillermo Arbona | United States |
| *Vice-Chairmen:* | Dr. Alejandro Jiménez Arango | Colombia |
| | Dr. Héctor Virgilio Noblía | Argentina |
| *Members:* | Dr. Horace P. S. Gillette | United Kingdom |
| | Dr. Carlos Díaz Coller | Mexico |
| | Dr. A. Arreaza Guzmán | Venezuela |
| | Dr. Alberto Bissot, Jr. | Panama |
| *Member and Secretary ex officio:* | Dr. Fred L. Soper | Director, Pan American Sanitary Bureau |

### *Committee I (Technical Matters)*

| | | |
|---|---|---|
| *Chairman:* | Dr. Horace P. S. Gillette | United Kingdom |
| *Vice-Chairman:* | Dr. Daniel Orellana | Venezuela |
| *Rapporteur:* | Mr. Humberto Olivero | Guatemala |
| *Secretaries:* | Dr. Carlos L. González | Assistant Director, Pan American Sanitary Bureau |
| | Dr. Myron E. Wegman | Secretary General, Pan American Sanitary Bureau |

### *Committee II (Administration, Finance, and Legal Matters)*

| | | |
|---|---|---|
| *Chairman:* | Dr. Carlos Díaz Coller | Mexico |
| *Vice-Chairman:* | Dr. Bichat Rodrigues | Brazil |
| *Rapporteur:* | Dr. Alberto Bissot, Jr. | Panama |
| *Secretary:* | Mr. Donald F. Simpson | Chief, Division of Administration, Pan American Sanitary Bureau |

*Committee Appointed to Study Article 53 of the Rules of Procedure*

| | | |
|---|---|---|
| *Chairman and Rapporteur:* | Dr. Mario Allaria | Argentina |
| *Members:* | Dr. Bichat Rodrigues | Brazil |
| | Dr. Alejandro Príncipe | Venezuela |
| | Dr. Félix Hurtado | Cuba |
| | Mr. Simon N. Wilson | United States |
| | Dr. Jorge Torreblanca | Chile |
| | Mr. Lucio Parada | |

*Technical Discussions on the Prevention of Accidents in Childhood*

| | | |
|---|---|---|
| *Moderator:* | Dr. Félix Hurtado | Cuba |
| *Rapporteur:* | Dr. Héctor Abad Gómez | Colombia |
| *Technical Expert:* | Dr. James L. Goddard | Chief, Accident Prevention Program, United States Public Health Service |
| *Technical Secretary:* | Dr. Gustavo Molina | Chief, Division of Public Health, Pan American Sanitary Bureau |

## AGENDA

The agenda prepared by the Director and approved by the Executive Committee at its 35th Meeting was adopted by the Conference at the second plenary session. At the proposal of the Government of Costa Rica, Topic 37, "Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau," was added to the agenda. Topic 38, "Study of the Problem of Diabetes in the Americas," was added at the proposal of the Government of Uruguay.[1]

## SESSIONS OF THE CONFERENCE

The Conference held an inaugural session and fifteen plenary sessions; there were three sessions of the Committee on Credentials, nine sessions of the General Committee, six sessions of Committee I, and six sessions of Committee II. The closing session was held on 3 October 1958.

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## RESOLUTIONS APPROVED

The Conference approved, in plenary sessions, the following resolutions:

[1]For text of the agenda, see p. 14.

## Resolution I

### Annual Report of the Chairman of the Executive Committee

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the annual report of the Executive Committee,[1] presented by Mr. Humberto Olivero, delegate of Guatemala and Chairman of the 33rd, 34th, and 35th Meetings of the Committee; and

Considering the terms of Article 8-C of the Constitution of the Pan American Sanitary Organization,

RESOLVES:

To approve the annual report of the Chairman of the Executive Committee and to congratulate the Chairman, Mr. Humberto Olivero, and all members of the Committee on the work accomplished.

*(Approved at the second plenary session, 22 September 1958)*

## Resolution II

### Quadrennial Report and Annual Report of the Director of the Pan American Sanitary Bureau

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the annual report of the Director of the Pan American Sanitary Bureau for 1957 and his quadrennial report on the activities of the Pan American Sanitary Organization during the period between the XIV (1954) and the XV (1958) Pan American Sanitary Conferences *(Official Document No. 25)*,

RESOLVES:

To approve the annual report of the Director of the Pan American Sanitary Bureau, Regional Office of the World Health Organization for the Americas, for 1957, and the quadrennial report (January 1954-December 1957) of the Director to the Member Governments of the Pan American Sanitary Organization, congratulating him on the effective work accomplished in the past four years and on the form of presentation of the reports, and extending the congratulations to the staff of the Bureau.

*(Approved at the fourth plenary session, 24 September 1958)*

## Resolution III

### Program and Budget of the Pan American Sanitary Organization for 1959

THE XV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

1. To approve the Program and Budget of the Pan American Sanitary Organization for 1959

[1] See Part IV, pp. 371-375.

contained in Document CSP15/9,[1] including the additional projects listed in Part B of that document.

2. To appropriate for the financial year 1959 an amount of $3,600,000, as follows:

| *Purpose of Appropriation* | | |
|---|---|---|
| Part I: | Pan American Sanitary Organization | $ 217,162 |
| Part II: | Pan American Sanitary Bureau—Headquarters | 1,276,464 |
| Part III: | Pan American Sanitary Bureau—Field and Other Programs | 2,106,374 |
| Total—All Parts | | $3,600,000 |
| *Less:* | | |
| Estimated Miscellaneous Income | $64,714 | |
| Contributions of France, the Kingdom of the Netherlands, and the United Kingdom | 35,286 | |
| Total | | 100,000 |
| Total for Assessment | | $3,500,000 |

3. Amounts not exceeding the appropriations noted under paragraph 2 shall be available for the payment of obligations in accordance with the Financial Regulations of the Bureau incurred during the period 1 January to 31 December 1959, inclusive.

4. The appropriations as noted above shall be financed by contributions from Member Governments according to Article 60 of the Pan American Sanitary Code; from contributions of France, the Kingdom of the Netherlands, and the United Kingdom, according to Resolutions XV and XL of the V Meeting of the Directing Council;[2] and miscellaneous income accruing to the Pan American Sanitary Bureau.

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

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution IV

### Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined *Official Document No. 24,* submitted by the Director of the Pan American Sanitary Bureau and containing the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960; and

Bearing in mind that the aforesaid Proposed Program and Budget is submitted to the Conference, as Regional Committee of the World Health Organization, for review and transmittal to the Director-General of that Organization so that he may take it into consideration in the preparation of the proposed budget of the WHO for 1960,

[1] Mimeographed document.
[2] *PASB Publication* 270, 22–23, 42–43.

RESOLVES:

1. To approve the transmittal of the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960, and to request the Regional Director to transmit it to the Director-General of that Organization so that he may take it into consideration when preparing the WHO budget for 1960.

2. To recommend that in future programs special attention be given to the activities of public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution V

### Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined *Official Document No. 24,* submitted by the Director of the Pan American Sanitary Bureau and containing the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960; and

Taking into account the fact that the provisional draft, when approved, will serve as the basis for the preparation of the 1960 Proposed Program and Budget of the Pan American Sanitary Organization, to be submitted to the 37th Meeting of the Executive Committee for consideration, and to the XI Meeting of the Directing Council in 1959 for final approval,

RESOLVES:

1. To take note of the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960.

2. To recommend that, in the preparation of future programs and budgets, special attention be given to the activities of public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution VI

### Status of Smallpox Eradication in the Americas

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that smallpox is still an important public health problem in some countries of the Americas;

Considering that it is essential to eradicate this disease in all countries, as a guarantee for the safeguard of the peoples of the Continent; and

Taking into account the resolutions on this subject adopted by the governing bodies of the Pan American Sanitary Organization and the World Health Organization, especially Resolution WHA11.54[1] of the Eleventh World Health Assembly,

RESOLVES:

1. To declare the eradication of smallpox to be a public health necessity that urgently requires the attention of all countries of the Americas.

[1] *Off. Rec. Wld Hlth Org.* 87, 41.

2. To urge that the governments of the countries where smallpox still exists carry out nation-wide plans for the eradication of this disease.

3. To request the cooperation of the Member Governments in supplying smallpox vaccine and technical advice, with a view to achieving eradication on a continent-wide scale.

4. To recommend that the Pan American Sanitary Bureau take all necessary measures to reach this goal, including collaboration in the production of vaccine, advice in the organization of nation-wide campaigns, and the holding of intercountry meetings for the purpose of coordinating activities in this field.

5. To request the Pan American Sanitary Bureau to undertake the necessary studies to establish a definition of eradication suitable for uniform application in the different countries.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution VII

### Rules for Technical Discussions in the Pan American Sanitary Conference and the Directing Council

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the draft Rules for Technical Discussions in the Conference and the Directing Council,

RESOLVES:

To approve the Rules for Technical Discussions at meetings of the Pan American Sanitary Conference and of the Directing Council.[1]

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution VIII

### Financial Report of the Director and Report of the External Auditor for 1957

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the Financial Report of the Director and Report of the External Auditor for 1957 *(Official Document No. 26);* and

Bearing in mind that the Executive Committee approved the aforesaid reports at its 34th Meeting (Resolution IV),[2]

RESOLVES:

To approve the Financial Report of the Director and the Report of the External Auditor for the fiscal year 1957.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution IX

### Report on Collection of Quota Contributions

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that the External Auditor, in his report for the fiscal year 1957 *(Official Doc-*

[1] See Part V, Annex 4, p. 478.
[2] See Part IV, p. 383.

*ument No. 26)* pointed out the danger that the Pan American Sanitary Bureau might encounter serious financial difficulties if its Working Capital Fund is not maintained at an appropriate level; and

Considering that Resolution VI, adopted by the Directing Council at its X Meeting,[1] authorized the establishment of the Working Capital Fund at a level of 60 per cent of the budget approved for the fiscal year,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions contained in Document CSP15/14.[2]

2. To express the concern of the Conference at the condition of the Working Capital Fund as reflected in the report of the External Auditor for the fiscal year 1957.

3. To point out that it is desirable for the quota payments to be made as early as possible within the year they are due.

4. To request the Member Governments that, bearing in mind the need to maintain the Working Capital Fund at the level established by the Directing Council at its X Meeting, and to the end that the work of the Pan American Sanitary Organization will not be hampered, they endeavor in every way to make the payment of their arrearages as promptly as possible.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution X

### Emergency Revolving Fund

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the report presented by the Director on the Emergency Revolving Fund (Document CSP15/11),[3] in which an account is given of the activities in connection with the Fund,

RESOLVES:

1. To take note of the report presented by the Director on the Emergency Revolving Fund.

2. To express its satisfaction at the way in which the governments reimburse the sums advanced from the Emergency Revolving Fund, and at the efficiency with which the Pan American Sanitary Bureau has taken action in the urgent cases that have required its services.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution XI

### Amendments to the Staff Rules of the Pan American Sanitary Bureau

THE XV PAN AMERICAN SANITARY CONFERENCE,

Acting pursuant to Staff Regulation 12.2,

RESOLVES:

To take note of the amendments to the Staff Rules of the Pan American Sanitary Bureau, approved by the Director and confirmed by the Executive Committee at its 34th and 35th Meetings, which appear in Document CE35/2, Annex.[4]

*(Approved at the eighth plenary session, 29 September 1958)*

[1] *Official Document PASO* 22, 17.
[2] Mimeographed document.
[3] Mimeographed document.
[4] Mimeographed document.

## Resolution XII

### Organization and Work of the Institute of Nutrition of Central America and Panama

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having taken note of the report presented by the Director of the Institute of Nutrition of Central America and Panama (INCAP) on the organization and work of that institution, which is an outstanding example of the success of coordination among countries for the study and solution of their most important public health problems,

RESOLVES:

1. To congratulate the Director of INCAP on the effective work accomplished by the Institute.
2. To consider nutrition as a fundamental public health problem in the countries of the Americas.
3. To recommend to the Director of the Pan American Sanitary Bureau that regional plans for the study of nutrition problems in countries with similar conditions be prepared and that the necessary technical advice be provided.
4. To recommend to the governments of the Member Countries of the Organization that they intensify their surveys on nutritional conditions, the enrichment of foods, and the exchange of basic food products, in such a way as to make it possible to overcome the chief nutritional deficiencies existing in the countries of the Americas.
5. To recommend to the governments of the Member Countries that in the curricula of medical schools and in postgraduate studies in the field of public health, nutrition be considered a basic subject and that it be given the importance that is its due, bearing in mind its great significance to the individual and to society.
6. To express appreciation to UNICEF, to the Food and Agriculture Organization of the United Nations (FAO), and to the Cooperative for American Remittances to Everywhere (CARE), for their collaboration in the programs of supplementary feeding in the various countries, and to express the hope that this valuable aid will be continued.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution XIII

### The Problem of Endemic Goiter in the Americas

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering that endemic goiter is still a grave public health problem that must be solved in a number of countries in the Americas,

RESOLVES:

1. To recommend to the Director of the Pan American Sanitary Bureau that surveys on the incidence of endemic goiter be promoted in those countries of the Americas in which they have not yet been made, and that the solution of this problem be facilitated through the preparation of adequate plans, the provision of technical advice, and the enactment of special laws.
2. To recommend to the governments of the Member Countries of the Organization that have not carried out campaigns for the prevention of endemic goiter, that they carry them out on an overall basis, in view of the seriousness of this deficiency disease to the individual and to society.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution XIV

### Status of Malaria Eradication in the Americas

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the report of the Director of the Pan American Sanitary Bureau on the status of malaria eradication in the Americas;[1]

Taking into account the considerable efforts, both technical and financial, being made by the Member Countries of the Organization to achieve the eradication of this disease; and

Taking into account the resolutions adopted by the governing bodies, especially Resolution XLII of the XIV Pan American Sanitary Conference[2] and Resolution WHA8.30 of the Eighth World Health Assembly,[3]

RESOLVES:

1. To congratulate the Director of the Pan American Sanitary Bureau on the documented report presented, and to express the satisfaction of the Conference at the diligent work carried out by the technical staff of the Bureau in the development of eradication programs.

2. To express the deep appreciation of the Conference for the assistance provided by UNICEF for the development of the continent-wide eradication program and to reiterate the hope that this cooperation will continue until the total eradication of malaria in the Americas has been achieved.

3. To express, also, the thanks of the Conference to the International Cooperation Administration of the United States of America (ICA) for its effective contribution to the continent-wide eradication campaign.

4. To express the appreciation of the Conference to the Governments of Venezuela, Haiti, the United States of America, and the Dominican Republic for their voluntary contributions to the Special Malaria Fund of PASO.

5. To recognize the importance of international collaboration for the success of the malaria eradication program, and of the participation of the United Nations Technical Assistance Program in the plan of activities that the Pan American Sanitary Bureau and the various Member Governments are jointly carrying out in this field.

6. To express the appreciation of the Conference to Brazil, Mexico, Venezuela, Guatemala, and Jamaica for their effective cooperation in the training of personnel for the campaign.

7. To recommend that the Member Governments continue their eradication programs in accordance with the technical plans outlined, and establish all possible coordination for the development of their campaigns in border areas.

8. To recommend that the Director of the Pan American Sanitary Bureau promote research on the problem of resistance to insecticides and on the preparation of new insecticides and antimalarial drugs.

*(Approved at the eighth plenary session, 29 September 1958)*

## Resolution XV

### Election of Three Member Countries to the Executive Committee on the Termination of the Periods of Office of Nicaragua, Cuba, and Bolivia

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering the provisions of Article 13-A of the Constitution of the Pan American Sanitary Organization; and

[1] See Part V, Annex 1, pp. 429-465.
[2] *Official Document PASO* 14, 643.
[3] *Off. Rec. Wld Hlth Org.* 63, 31.

Considering that the Governments of Brazil, the United States of America, and Honduras were elected to the Executive Committee on the termination of the periods of office of Nicaragua, Cuba, and Bolivia,

RESOLVES:

1. To declare the Governments of Brazil, the United States of America, and Honduras elected to membership on the Executive Committee for a period of three years.
2. To extend its thanks to the Governments of Nicaragua, Cuba, and Bolivia for the services rendered to the Organization by their representatives on the Executive Committee.

*(Approved at the ninth plenary session, 1 October 1958)*

## Resolution XVI

### Site of the XVI Pan American Sanitary Conference

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the terms of Article 7-A of the Constitution of the Pan American Sanitary Organization,

RESOLVES:

To express its appreciation to the Government of the Republic of Argentina and to accept its invitation to have the XVI Pan American Sanitary Conference held in the city of Buenos Aires.

*(Approved at the ninth plenary session, 1 October 1958)*

## Resolution XVII

### Designation of Dr. Fred L. Soper as Director Emeritus of the Pan American Sanitary Bureau

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the work done as head of the Pan American Sanitary Bureau by Dr. Fred L. Soper, who will remain as a constant example of willing service and noble devotion to the cause of the health of the peoples of the Americas; and

Considering that Dr. Fred L. Soper's term of office will expire on 1 February 1959 and that his work deserves the gratitude, affection, and admiration not only of the Pan American Sanitary Organization but of all the countries of the Hemisphere,

RESOLVES:

1. To declare Dr. Fred L. Soper Director Emeritus of the Pan American Sanitary Bureau.
2. To recommend to the XI Meeting of the Directing Council that, in an official ceremony, it present to Dr. Fred L. Soper a scroll in which that designation is recorded.
3. To present to Dr. Fred L. Soper a gold medal, the obverse of which will bear his likeness and the reverse will bear an inscription reading "Fred L. Soper, Director of the Pan American Sanitary Bureau, 1947-1959," in the center, encircled by the words "In recognition of his work in behalf of continental health."
4. To authorize the Director of the Pan American Sanitary Bureau to make the necessary funds available, within the budget, for carrying out the above decision.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XVIII

### Regional Projects to be Implemented in 1959 with Funds of the United Nations Expanded Program of Technical Assistance

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the regional projects under the United Nations Expanded Program of Technical Assistance, which appear in *Official Document No. 24* of the Pan American Sanitary Organization,

RESOLVES:

To approve the regional projects that will be financed in 1959 with funds from the aforesaid Expanded Program and that are to be submitted to the United Nations Technical Assistance Board.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XIX

### Fellowship Program

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the report on the fellowship program,[1] presented by the Director of the Pan American Sanitary Bureau, in compliance with Resolution XV adopted by the Directing Council at its X Meeting,[2]

RESOLVES:

1. To express to the Director of the Bureau the congratulations of the Conference on the content of the report presented on the fellowship program.
2. To recommend to the Pan American Sanitary Bureau that it continue broadening the fellowship program and coordinate it effectively with similar programs of other organizations.
3. To recommend to the Director of the Bureau that he study the possibility of considering special types of fellowships for high officials in the fields of health and teaching, which will include greater facilities and be in keeping with the rank of such officials.
4. To recommend to the governments of the Member Countries of the Organization that they draw up their fellowship programs in advance, in accordance with national needs; that they adopt the most appropriate procedures for the proper selection of candidates; that they make available to the fellows the necessary means to enable them to complete their studies effectively and without anxiety; and that, on completion of their training, they be given an appropriate position that will ensure the utilization of their knowledge in the best interest of public health.
5. To recommend to the Director that he put into practice the necessary measures for a continuing evaluation of the fellowship program.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XX

### Inter-American Congresses of Public Health

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the proposal concerning the holding of Inter-American Congresses of Public Health,[3]

[1] See Part V, Annex 9, pp. 509-524.
[2] *Official Document PASO* 22, 21.
[3] See Part V, Annex 8, p. 508.

RESOLVES:

1. To accept, in principle, the desirability of holding Inter-American Congresses of Public Health once every four years.

2. To instruct the Executive Committee to study, with the assistance of the Director, the procedures for holding such congresses, keeping in mind the desirability that they take place before each quadrennial meeting of the Pan American Sanitary Conference, replacing the Technical Discussions at those meetings.

3. To instruct the Executive Committee to give special attention to:

(a) the costs of such Congresses and their distribution between the Pan American Sanitary Organization and the host country;

(b) the nature and duration of the proposed discussions; and

(c) the establishment of rules of procedure for the congresses.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXI

### Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the report of the Director on the work performed by the Technical Committee of Experts assigned to prepare a manual containing recommended minimum standards of sanitation in hotels, restaurants, transportation facilities, and tourist centers,

RESOLVES:

1. To take note of the report presented by the Director, in which it is stated that the Technical Committee of Experts has completed a draft of the manual, and that once it has been reviewed, the manual will be transmitted to the Member Governments and to interested organizations for information and whatever action they deem appropriate.

2. To express to the members of the Technical Committee its appreciation of the valuable collaboration they are rendering in this task.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXII

### Advertising of Medicinal Products

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined Document CSP15/35,[1] presented by the Delegation of Panama, on the advertising of medicinal products,

RESOLVES:

To instruct the Director of the Pan American Sanitary Bureau to include on the agenda of the XI Meeting of the Directing Council a topic on the problems arising from the advertising of medicinal products.

*(Approved at the twelfth plenary session, 2 October 1958)*

[1] See Part V, Annex 6, pp. 505-506.

## Resolution XXIII

### Resolutions of the World Health Assembly and the WHO Executive Board, of Interest to the Regional Committee

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CSP15/18 in which the Director has submitted to the Regional Committee for the Americas Resolutions WHA11.42, WHA11.16, WHA11.54,[1] EB22.R23,[2] EB21.R48, and EB21.R53[3]; and

Bearing in mind that the Conference has adopted specific resolutions on the eradication of malaria, the eradication of smallpox, WHO participation in the Expanded Program of Technical Assistance, and the review of salaries, allowances, and benefits,

RESOLVES:

To take note of Resolutions WHA11.42 (Malaria Eradication Program), WHA11.16 (Malaria Eradication Special Account), WHA11.54 (Eradication of Smallpox), EB22.R23 (Organizational Study on Regionalization), EB21.R48 (WHO Participation in the Expanded Program of Technical Assistance), and EB21.R53 (Review of Salaries, Allowances, and Benefits).

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXIV

### Study of the Diabetes Problem in the Americas

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having considered the interesting paper on diabetes presented by the Delegation of Uruguay (Document CSP15/33);[4] and

Bearing in mind that the number of diabetes cases tends to rise with the increase in life expectancy and from causes that are not well defined,

RESOLVES:

To recommend to the governments of the Member Countries of the Organization that they draw up, in their plans for preventive medicine, programs to intensify early diagnosis of diabetes and encourage the use of public and private resources for the proper treatment and care of diabetics.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXV

### Drug Registration and Related Problems

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having taken note of the document on the topic "Drug Registration and Related Problems," presented by the Delegation of Venezuela, and the supplementary information submitted by the Director (Document CSP15/20);[5] and

Considering the proper control of foods and drugs to be of the utmost importance to public health,

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[1] *Off. Rec. Wld Hlth Org.* 87, 35, 24, 41.
[2] *Off. Rec. Wld Hlth Org.* 88, 10.
[3] *Off. Rec. Wld Hlth Org.* 83, 22, 24.
[4] See Part V, Annex 7, pp. 507-508.
[5] See Part V, Annex 5, pp. 503-505.

RESOLVES:

1. To express the satisfaction of the Conference at the establishment of a food and drug control program in the Pan American Sanitary Bureau.

2. To recommend that countries that export pharmaceutical products, and whose legislation permits, adopt the pertinent measures to control the quality of those products.

3. To recommend that the Member Governments of the Organization take the necessary measures for the control of foods and pharmaceutical products, and that they authorize the importation of only such foods, drugs and therapeutic products as have been authorized for domestic consumption in the exporting countries.

4. To recommend that the Director of the Pan American Sanitary Bureau attempt, in future programs, to give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that a larger number of fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXVI

### Name of the Organization

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that the word "Sanitary" in the name of the Pan American Sanitary Organization does not express fully or accurately the character of the Organization or its functions in the broad field of health, as established in Article 1 of the Constitution;

Considering that the substitution of the word "Health" for "Sanitary" in the name of the Organization, in the four official languages (in English, *Pan American Health Organization;* in French, *Organisation panaméricaine de la Santé;* in Portuguese, *Organizaçao Pan Americana da Saúde*; and in Spanish, *Organización Panamericana de la Salud),* would correct this situation and, by promoting a better understanding of the Organization's activities, would gain greater support on the part of the general public; and

Considering the provisions of Article 25 of the Constitution,

RESOLVES:

To replace the name "Pan American Sanitary Organization" by "Pan American Health Organization" in Articles 1, 2-A, 3, 19-B, and 21-A of the Constitution.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXVII

### Amendment to Article 15 of the Constitution

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering Resolutions I and III adopted by the Executive Committee at its 29th and 34th Meetings,[1] respectively,

RESOLVES:

To amend Article 15 of the Constitution of the Pan American Sanitary Organization to read as follows: "The Executive Committee shall elect from among its members a Chairman and a Vice-

[1]See Part IV, pp. 381-382.

Chairman, who shall hold office until their successors are elected. The election shall take place each year at the first meeting of the Executive Committee following the election of its new members."

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXVIII

### Amendment to Article 12-C of the Constitution and the Corresponding Articles of the Financial Regulations

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that Article 12-C of the Constitution lists among the functions of the Executive Committee that of preparing, with the cooperation of the Director of the Pan American Sanitary Bureau, the proposed program and budget;

Bearing in mind that it would be advisable for the Director, in addition to cooperating with the Executive Committee, to be able to present on his own part the proposed program and budget that he deems most appropriate in each instance; and

Considering that this procedure is already established in Article 55 of the Constitution of the World Health Organization with respect to the Director-General of that Organization,

RESOLVES:

1. To amend Article 12-C of the Constitution to read as follows:

Article 12-C. To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable.

2. To make the corresponding changes in Article III of the Financial Regulations of the Pan American Sanitary Bureau, which will read as follows:

*Article III*

3.1 The proposed annual program and budget shall be prepared by the Director of the Pan American Sanitary Bureau.

3.2 The estimates shall cover expenditures for the financial year to which they relate, and shall be presented in U. S. dollars.

3.3 The annual budget estimates shall be divided into parts, sections, chapters, and articles, and shall be accompanied by such information annexes and explanatory statements as may be requested on behalf of the Conference or the Directing Council, and such further annexes or statements as the Director may deem necessary and useful.

3.4 The Director shall submit the proposed annual program and budget to the Executive Committee for examination.

3.5 The Executive Committee shall examine the Director's proposed program and budget and shall make such recommendations thereon as it deems appropriate.

3.6 The proposed program and budget shall be submitted to the Conference or the Directing Council for consideration, together with the recommendations made thereon by the Executive Committee. The proposed program and budget shall be transmitted to all Member States at least 30 days prior to the meeting of the Conference or of the Directing Council.

3.7 The budget for the following financial year shall be adopted by the Conference or the Directing Council.

3.8 Supplementary estimates may be submitted by the Director when and as he may deem necessary.

3.9 The Director shall prepare supplementary estimates in a form consistent with the annual estimates and shall submit such estimates to the Executive Committee for examination and recommendation. The Director shall submit to the Conference or Directing Council for consideration the supplementary estimates, together with the comments of the Executive Committee.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXIX

### Buildings and Installations for Headquarters and Zone Offices

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having noted the critical need for permanent headquarters accommodations for the Pan American Sanitary Bureau and the requirements for zone office accommodations,

RESOLVES:

1. To take note of the action of the Director in obtaining zone office accommodations.[1]
2. To instruct the Director to continue negotiations with the United States Government with the objective of solving at the earliest possible time the matter of a site for the headquarters of the Bureau; to prepare suggestions on the financing of, and construction plans for, the permanent headquarters building; and to report thereon to the 37th Meeting of the Executive Committee, so that a proposal may be submitted to the XI Meeting of the Directing Council for consideration.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXX

### Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering that neither the Constitution of the Pan American Sanitary Organization nor the regulations in force establish a clear and detailed procedure for the election of the Director, and that they do not set forth the terms and duration of his post;

Bearing in mind that the Member Governments have encountered difficulties of interpretation in consulting the Constitution and the regulations, and that, as may be seen from the report of the committee appointed to study Article 53 of the Rules of Procedure of the XV Conference, the need to clarify the texts of these documents has become apparent; and

Considering that a method for selecting and nominating candidates should be adopted sufficiently in advance of a Conference,

RESOLVES:

To recommend to the Executive Committee the establishment of a working party that, with legal counsel, will make a study of the problems inherent in the election of the Director, and present, after consultation with the Member Governments, a proposal to the XIII Meeting of the Directing Council, so that it may adopt a specific procedure governing the election of the Director.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXXI

### Proposed New Conditions of Employment

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering that, in order to assure uniformity of conditions of employment, the Pan American

[1] See Part V, Annex 11, pp. 530-531.

Sanitary Bureau has, since 1949, adopted essentially the staff rules and regulations relating to salaries, allowances, benefits, and other conditions of employment of the World Health Organization;

Considering that full realization of efforts to establish uniform and equitable conditions of employment for the staff of the international health agencies has not been achieved, notably in the matter of minus post adjustments, which have not been implemented by the Director of the Pan American Sanitary Bureau, this decision having been confirmed by the Executive Committee at its 31st Meeting and the Directing Council at its X Meeting;

Considering that present salaries, allowances, benefits, and other conditions of employment are no longer adequate to attract many health workers to appointments in the international health agencies;

Considering that the conditions of employment should facilitate the policy of rotation of professional staff;

Considering that the Director-General of the World Health Organization has invited the X Meeting of the Regional Committee to express its views on the subject of suitable staff regulations on salaries and allowances adapted to the needs of international health organizations; and

Considering that the 34th Meeting of the Executive Committee, in Resolution V,[1] recommended approval and implementation through negotiation with the Executive Board of the World Health Organization of the principles contained in Document CSP15/12 as a general guide for the development of an improved system of personnel administration for international health agencies,

RESOLVES:

1. To approve the statement of basic principles contained in Document CSP15/12, Rev. 1,[2] with the exception of the statement on family allowances, which was rejected by the X Meeting of the Directing Council, as a general guide for the development of an improved system of personnel administration for the Pan American Sanitary Bureau, and to recommend these principles for adoption by the World Health Organization.

2. To recommend that the World Health Organization adopt a policy of non-implementation of minus post adjustments, like that applied by the Pan American Sanitary Bureau and confirmed by unanimous vote of the Directing Council.

3. To recommend prompt action in increasing salaries of professional personnel of the World Health Organization and the Pan American Sanitary Bureau, in order to attract the best qualified public health workers.

4. To recommend that the World Health Organization and the Pan American Sanitary Bureau devise means for facilitating rotation of professional personnel.

5. To authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the implementation of these principles through the adoption of revised Staff Rules and Regulations based thereon.

6. To recommend that the World Health Organization invoke, if necessary, Staff Regulation 3.2 so as to permit any deviation from the United Nations scale of salaries and allowances that may be necessary for the requirements of the World Health Organization.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXXII

### Meetings of the Governing Bodies

THE XV PAN AMERICAN SANITARY CONFERENCE,

Recognizing that a high degree of mutual respect and understanding has developed among the

[1] See Part IV, p. 385.
[2] See Part V, Annex 10, pp. 524–530.

health leaders of the Americas, which facilitates the conduct of business in meetings of the governing bodies of the Pan American Sanitary Organization;

Considering that the Pan American Sanitary Bureau has won the full confidence of the members of the Organization;

Considering that efficient conference techniques have now become well established and facilitate the dispatch of business;

Considering the desirability of maximum economy in the administration of meetings;

Considering that Article 14-A of the Constitution of the Pan American Sanitary Organization provides that the Executive Committee shall meet at least every six months; and

Believing that a saving in time and expense can be made in future meetings by improved scheduling,

RESOLVES:

To instruct the Director that, when he convokes the Conference, the Directing Council, and the Executive Committee, he plan the meetings so that they will be held with the fewest possible sessions, of the shortest possible duration, and with the greatest economy possible, within limits compatible with the requirements of their respective agenda.

*(Approved at the twelfth plenary session, 2 October 1958)*

## Resolution XXXIII

### Election of the Director of the Pan American Sanitary Bureau

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind Article 4-E of the Constitution of the Pan American Sanitary Organization, which provides that the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with a right to vote;

Bearing in mind that the XII Pan American Sanitary Conference adopted a resolution which provides that the term of office of the Director of the Pan American Sanitary Bureau shall be four years; and

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Sanitary Organization, and Articles 49 and 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of the Regional Director of the World Health Organization,

RESOLVES:

1. To declare Dr. Abraham Horwitz elected Director of the Pan American Sanitary Bureau for a period of four years to begin 1 February 1959.

2. To apprise the Executive Board of the World Health Organization of the above designation of Dr. Abraham Horwitz, for appointment as Regional Director for the Americas.

*(Approved at the thirteenth plenary session, 2 October 1958)*

## Resolution XXXIV

### Improvement of the Texts of the Basic Documents of the Pan American Sanitary Organization

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the suggestion contained in paragraph 4 of the report of the special committee

appointed by the Conference to consider Article 53 of the Rules of Procedure (Document CSP15/47),[1] to the effect that the Executive Committee make a study, with legal advice, of the texts of the Constitution and the Rules of Procedure of the Conference, for the purpose of achieving greater clarity of expression and adequate equivalence of meaning between the English and the Spanish texts; and

Considering that the discussions at this Conference have brought to light the need for those texts to be more adequate for their own objectives,

RESOLVES:

1. To instruct the Executive Committee to undertake, with legal advice, a thorough study of the Constitution of the Organization and the Rules of Procedure of the XV Conference, in order that it may prepare suggestions (a) to improve their clarity and the equivalence of meaning between the English and the Spanish texts of these basic documents, and (b) to the end that the said texts may be more adequate for their own objectives.

2. To suggest to the Executive Committee that it consider the advisability of naming a subcommittee to make the said study.

3. To instruct the Executive Committee to request the opinion of the governments with respect to its suggestions, and thereafter to submit its recommendations to a future meeting of the Directing Council for appropriate action.

*(Approved at the thirteenth plenary session, 2 October 1958)*

## Resolution XXXV

## Status of Aëdes Aegypti Eradication in the Americas

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that the reports presented at this Conference on the status of the eradication of *Aëdes aegypti* for Bolivia, Brazil, British Honduras, the Canal Zone, Ecuador, French Guiana, Nicaragua, Panama, Paraguay, Peru, and Uruguay, according to which those countries and territories are declared to be free from *Aëdes aegypti,* after satisfactorily meeting the standards on which the criteria established by the Pan American Sanitary Bureau for this purpose are based,

RESOLVES:

To accept the reports that have been presented, in which it is declared that Bolivia, Brazil, British Honduras, the Canal Zone, Ecuador, French Guiana, Nicaragua, Panama, Paraguay, Peru, and Uruguay are free from *Aëdes aegypti,* and to appeal to the other countries and territories that are still infested, to intensify their anti-*aegypti* activities under the terms of the resolution approved at the XI Pan American Sanitary Conference at Rio de Janeiro.

*(Approved at the thirteenth plenary session, 2 October 1958)*

## Resolution XXXVI

## National Health Services Personnel

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering that the XII Pan American Sanitary Conference in 1947, the XIII Pan American Sanitary Conference in 1950, and the VIII Meeting of the Directing Council in 1955 recommended to

[1] See Part V, Annex 12, pp. 532-533.

the Member Countries that had not already done so, that they adopt a system of full-time employment for their technical personnel, guaranteeing them stability of employment, promotion on a merit basis, and adequate compensation;

Considering that the *Summary of Four-Year Reports on Health Conditions in the Americas*[1] shows that there are still many countries that have not followed these recommendations, and that in those countries many physicians who work in the health services are employed on a part-time basis;

Bearing in mind the fact that the financial resources of governments and of the Pan American Sanitary Organization and the World Health Organization are not advantageously used when spent for fellowships and training for part-time public health personnel; and

Considering that all countries in the Americas have an interest in the establishment of adequately staffed health services in every country because of the interdependence of the countries in matters affecting the health of their populations,

RESOLVES:

To recommend to those Member States that have not already done so that they establish a system of full-time employment for specialized public health personnel ensuring: (a) security of tenure in a career service; (b) selection and promotion of adequately trained personnel on a merit basis; and (c) adequate compensation.

*(Approved at the fifteenth plenary session, 3 October 1958)*

## Resolution XXXVII

### Summary of Reports on Health Conditions in Member Countries

THE XV PAN AMERICAN SANITARY CONFERENCE,

Considering that the *Summary of Four-Year Reports on Health Conditions in the Americas,*[2] prepared for this Conference, represents an obvious advance in providing data for the planning of national and international public health programs;

Considering that, for the preparation of a report of the same nature to be presented at the XVI Pan American Sanitary Conference, it will be very useful to have available, from all the countries, the most complete information possible, which would include the greatest number of data concerning vital and public health statistics; and

Considering that the Eleventh World Health Assembly, in Resolution WHA11.38[3] has invited the Member Governments to present reports on the period 1957-1960, in order to prepare its second report on the world health situation,

RESOLVES:

1. To recommend to the Member Countries that they take the necessary measures to have their reports on health conditions, which they will prepare for the XVI Pan American Sanitary Conference, include complete information in the various fields of statistics.

2. Likewise to recommend to the Member Countries that they improve the information presented, with a view to making it possible to determine what the problems are and to know what resources are available—factors essential for the most effective planning of national and international health programs.

3. To request the Pan American Sanitary Bureau to collaborate by providing technical services to aid the countries in obtaining the statistical information that they will have to prepare for

[1] *Scientific Publication* 40.
[2] *Scientific Publication* 40.
[3] *Off. Rec. Wld Hlth Org.* 87, 34.

the four-year report to be presented to the XVI Pan American Sanitary Conference and for the second report of the WHO on the world situation.

*(Approved at the fifteenth plenary session, 3 October 1958)*

## Resolution XXXVIII

### Technical Discussions

THE XV PAN AMERICAN SANITARY CONFERENCE,

Having examined the report presented by Dr. Héctor Abad Gómez (Colombia), Rapporteur of the Technical Discussions on "The Prevention of Accidents in Childhood,"[1] held during the present Conference under the chairmanship of the Moderator, Dr. Félix Hurtado (Cuba), following the presentation of the topic by the expert, Dr. James L. Goddard, Chief, Accident Prevention Program, United States Public Health Service,

RESOLVES:

To take note of the report on the Technical Discussions, expressing the satisfaction of the Conference with the manner in which they were conducted and the accuracy with which the report has interpreted them.

*(Approved at the fifteenth plenary session, 3 October 1958)*

## Resolution XXXIX

### Tribute to Dr. Fred L. Soper

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the excellence of the performance of Dr. Fred L. Soper during the twelve years he served as Director of the Pan American Sanitary Bureau;

Taking into account the efforts which Dr. Soper, that eminent worker, made to advance the cause of health in the Continent;

Recognizing his as the exceptional case of a scientist who has carried out a practical task in behalf of the peoples of an entire continent, and even of the entire world, with insuperable skill; and

Considering that these facts and circumstances merit the highest recognition by the governments and the peoples,

RESOLVES:

1. To declare by acclamation that Dr. Fred L. Soper, symbol of continent-wide progress in health achieved to the present day, is deserving of the title of citizen of the Americas.

2. To forward this resolution, together with the minutes of the sessions at which it was proposed and adopted, to the Organization of American States with the request that it study the possibility of giving solemn and concrete expression to the unanimous wish of this Conference.

*(Approved at the fifteenth plenary session, 3 October 1958)*

[1] See Part V, Annex 4, pp. 499-502.

## Resolution XL

### Topic for the Technical Discussions during the XI Meeting of the Directing Council

THE XV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the provisions of Articles 1, 2, and 7 of the Rules for Technical Discussions during the meetings of the Pan American Sanitary Conference and the Directing Council,

RESOLVES:

1. To select the general topic "Water" for the Technical Discussions that will take place during the XI Meeting of the Directing Council, XI Meeting of the Regional Committee of the WHO.
2. To request the Executive Committee to determine the aspects of the aforesaid general topic that should be examined in the discussions.
3. To authorize the Director to designate three experts (one sanitary engineer, one public health physician, and one economist) to present an introductory statement on the topic chosen.

*(Approved at the fifteenth plenary session, 3 October 1958)*

## Votes of Thanks

THE XV PAN AMERICAN SANITARY CONFERENCE,

Expresses its appreciation to the Honorable Luis Muñoz Marín, Governor of the Commonwealth of Puerto Rico, to the Government of the United States of America, and to the authorities of Puerto Rico, particularly to the Secretaries of State and of Health, for the generous hospitality accorded the delegations and the staff of the Conference, and for the facilities provided to ensure the success of the meeting;

To Her Honor the Administrator of the Capital; to the Rector of the University of Puerto Rico; to the Aqueduct and Sewer Authority; to the Public Health Association; to the Medical Association of Puerto Rico; and to the public institutions and voluntary agencies that have offered so many courtesies to all the delegations;

To the members of the committee appointed to collaborate with the Pan American Sanitary Bureau in organizing the Conference, and particularly to the Undersecretary of State of the Commonwealth of Puerto Rico, for their valuable collaboration both before and during the Conference; and to the Committee of Women for the attentions shown to the wives and daughters of the delegates;

To the press and to the radio and television broadcasting stations of Puerto Rico for the excellent publicity given to the activities of the Conference; and

To the staff of the Secretariat and to the interpretation service for their effective work, which made it possible for the Conference to perform its activities successfully.

*(Approved at the fifteenth plenary session, 3 October 1958)*

IN WITNESS WHEREOF, the President and the Director of the Pan American Sanitary Bureau, Secretary ex officio of the Conference, sign the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE in San Juan, Puerto Rico, this third day of October 1958. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and send copies thereof to the Member Governments.

GUILLERMO ARBONA
President of the Conference

FRED L. SOPER
Secretary ex officio of the Conference

# PART II

# VERBATIM MINUTES OF THE PLENARY SESSIONS

# VERBATIM MINUTES OF THE PLENARY SESSIONS*

## INAUGURAL SESSION

*Sunday, 21 September 1958, at 8:00 p.m.*

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### Honorary Officers

The Honorable Luis Muñoz Marín, Governor of the Commonwealth of Puerto Rico

Dr. Oscar Vargas Méndez, Provisional President of the XV Pan American Sanitary Conference and Chief of the Delegation of Costa Rica

Dr. Leroy E. Burney, Surgeon General of the U.S. Public Health Service and Chief of the Delegation of the United States of America

The Honorable Luis Negrón Fernández, President of the Supreme Court of Puerto Rico

The Honorable Antonio Fernós Isern, Resident Commissioner of Puerto Rico in Washington

The Honorable Jorge Font Saldaña, Vice-President of the House of Representatives of Puerto Rico

The Honorable Guillermo Arbona, Secretary of Health of Puerto Rico and Executive Chairman of the Committee appointed by the United States Government to collaborate with the Pan American Sanitary Bureau in organizing the Conference

The Honorable Arturo Morales Carrión, Undersecretary of State of Puerto Rico and Secretary of the Organizing Committee

Dr. Juan A. Pons, former Secretary of Health of Puerto Rico

Dr. Alberto Bissot, Jr., Chairman of the Directing Council of the Pan American Sanitary Organization and Delegate of Panama

Mr. Humberto Olivero, Chairman of the Executive Committee of the Pan American Sanitary Organization and Delegate of Guatemala

Dr. Diego Angel Ramírez, Director General of Health and Chief of the Delegation of Ecuador

Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau

Mr. Milton P. Siegel, Assistant Director-General of the World Health Organization

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*The asterisk denotes that the person spoke in a language other than English.

## Address by the Honorable Luis Muñoz Marín, Governor of the Commonwealth of Puerto Rico

PROVISIONAL PRESIDENT: * The Governor of the Commonwealth of Puerto Rico, the Honorable Luis Muñoz Marín, will formally open the XV Pan American Sanitary Conference.

THE GOVERNOR OF THE COMMONWEALTH OF PUERTO RICO: * It gives me great pleasure to extend to all of you a most cordial welcome, in the name of the Government and people of the Commonwealth of Puerto Rico. On the occasion of the XIV Pan American Sanitary Conference in Chile —and on request from the Government which I have the honor to direct—the delegation of the United States of America invited the Organization to hold its XV Conference in Puerto Rico. The invitation was formally extended by Dr. Juan A. Pons, then Puerto Rico's Secretary of Health. All of us rejoiced over the invitation's favorable reception. Today we see the fulfillment of our desire to receive you in our home, and we extend to you our people's fullest, most sincere, and most affectionate hospitality.

High officials of the Government of the United States have joined forces with those of the Commonwealth toward the end of making this great occasion possible. To assure this Conference all the facilities, all the inspiration deserved by the noble task to which it is dedicated, we have together cooperated with the Pan American Sanitary Bureau, which serves as the Regional Office of the World Health Organization for the Americas.

During recent years, Puerto Rico has to a growing extent been the seat of congresses, conferences, and meetings with an inter-American character. It is possible, however, that not one of the meetings that have been held in our country has been as important as the one that I now have the honor to open. I do not refer merely to the fact that one of the great specialized agencies in the family of international organizations now meets for the first time on our island. Nor do I refer to the fruitful efforts which we expect of this meeting during the forthcoming weeks. I refer particularly to the purposes that animate this Organization, its guiding principles, its dedication to the basic task of aiding in the preservation and promotion of man's health in the New World.

Our Hemisphere's wealth in natural resources is proverbial, though in that respect nature has been niggardly toward us, the Puerto Ricans. America's earth contains magnificent treasures: enormous reserves of minerals and petroleum, richly fertile lands, outstanding sources of hydroelectric energy. But among all the Hemisphere's riches, none has greater potential than its people. That fact is attested by Puerto Rico, a land where an extreme paucity of natural resources is offset in generous measure by its people's spiritual vitality, creative talent, and aptitude for work.

Health and education are the two great multipliers in man's struggle to expand and enrich civilization. For man to know and understand less than he is capable of knowing and understanding, is a spiritual waste. And for man to be able to accomplish less, with body and mind, than nature wants him to accomplish, is equally wasteful. Illness is the useless dissipation of heritage, and premature death is total waste. To preserve life, to prolong it in its personal and social usefulness, to maintain health to the end that a people can reach its maximum physical and spiritual productiveness—these are among the highest and most urgent aims of every government and every international institution.

The Commonwealth of Puerto Rico serves those aims with deep devotion. We are impelled by a creative vision of Puerto Rico's future. Our people have dedicated themselves to the enormous task of raising their standard of living, multiplying their production, and extending their intellectual frontiers. We have recruited medical science and sanitary engineering as effective allies. We are engaged in a war against illness, which I expect to be man's last remaining great enemy in the near future—after military aggression and extreme poverty have become obsolete. Seventeen per cent of our operating budget is allocated to health programs. Moreover, in certain programs we enjoy generous financial assistance and fruitful technical aid from the Government of the United States.

We understand, nevertheless, that the task does not consist solely in heeding the cries of the ill. The government's care should begin before birth. Hence, within the means of our limited resources, we care for the mother in our prenatal clinics, and for the child through our programs of infant and preschool hygiene. At the same time, we carry out vigorous programs of vaccination against

such former childhood scourges as diphtheria, whooping cough, tetanus, typhoid fever, smallpox, and poliomyelitis. We give special and urgent priority to child nutrition—through our program of milk stations and school lunches.

Our preventive services in public health grow more important daily—especially during the ages of youth and adulthood, within which the incidence of tuberculosis and other communicable diseases is highest. Finally, we have succeeded in eradicating malaria.

Much remains to be done in all these programs. The future work demands more than increased financial resources. It demands also, to a high degree, the interchange of ideas and techniques and familiarity with the work done by other peoples, pledged, like ourselves, to the great war for health. The saving and preservation of life know no frontiers. Our men of government, our men of science, have cooperated wholeheartedly with the World Health Organization and with the Pan American Sanitary Bureau in their programs and efforts. We are immensely gratified to receive the observers and trainees that both institutions are sending to Puerto Rico in increasing numbers. Our experiences in public health work, the opportunity to observe that work, to evaluate it, criticize it, are at their service and yours. We want to compare our systems, our ideas, our attempts, achievements, and mistakes with those of other peoples, other lands.

Puerto Rico's improvement in public health is a part of the great effort to improve man's health in the Americas. We share with you the vision of a better world, a world more healthy and free, for all the inhabitants of this Hemisphere. Above all, we share the determination not to relax the implacable struggle against illness. Compassion in the face of pain is one of the most powerful forces of human solidarity. In suffering, man recognizes man, and all differences of culture, religion, and language disappear. Suffering, and the will to mitigate and abolish it which it calls forth in our spirit, is what reveals to us most glowingly that we—all of us together, in all parts of the world, beyond race, beyond borders, beyond political ideologies—are fellows.

The Pan American Sanitary Organization is the great body which, in our Hemisphere, merges science with conscience in that great mission.

As Governor of a people who believe fervently in that mission, I have the honor to declare open the XV Pan American Sanitary Conference, which at the same time is the X Meeting of the Regional Committee of the World Health Organization. And I express my most sincere wishes for the success of your deliberations.

PROVISIONAL PRESIDENT: * The Surgeon General of the US Public Health Service and chief delegate of the United States of America, Dr. Leroy E. Burney, will now address the meeting.

### Address by Dr. Leroy E. Burney, Surgeon General, Public Health Service of the United States

Dr. BURNEY (Surgeon General, United States Public Health Service): It gives me the greatest pleasure to be present at this Pan American Sanitary Conference. It is the first opportunity I have had to come to know personally many of the public health leaders in the Americas, and I am very happy to see again so many colleagues with whom I worked in the World Health Assembly or on the Directing Council of PASO. I also welcome the possibility of making the acquaintance of the representatives of all the Member States of the Organization.

It is my pleasure and honor to bring you a telegram I received from the President of the United States of America:

> Please give my greetings to the distinguished health leaders of the Americas who are attending the XV Pan American Sanitary Conference in San Juan.
>
> In the traditions established through a half century of cooperative health work among the American states, I am sure this Conference will contribute significantly to the advancement of public health throughout the Hemisphere. As the Regional Organization of the World Health Organization, the Pan American Sanitary Organization is aiding in the building of better health among all men, a firm foundation for the peaceful progress of the world community.
>
> Best wishes for a splendid Conference.
>
> DWIGHT D. EISENHOWER

As we discuss our common problems and progress in health and medical fields, as we plan for future achievements, it will be apparent that the American republics have attained to a great extent the high hopes held for this Organization at its first convention in 1902. My country had the honor of being host on that occasion, and Dr. Walter Wyman, then Surgeon General of the US Public Health Service, expressed in his opening re-

marks the hope that we shall be drawn together by our mutual interests and that we shall present to the world a compact body, with one purpose, united in our aspirations and ambitions. The effect of our Organization may not be limited to our own Hemisphere. If we are successful in our endeavors, the influence thereof will be felt on other continents and by all other nations.

As the world's first international health organization, the original Pan American Sanitary Bureau demonstrated that countries of widely different cultures can cooperate effectively in solving mutual health problems. Its practical achievements throughout this century are matters of record; they have meant better health for the American peoples.

We have heard it said many times that disease does not respect geographic, social, economic, or political barriers; attacks on disease, therefore, must be waged without regard to these same barriers. International cooperation is the means of attack, and the history of PASO and WHO gives us proof that it is the correct offensive.

I would like to mention some of the Organization's outstanding achievements since the last Conference four years ago. In this connection, I should like to pay tribute to our distinguished colleague Dr. Fred L. Soper, whose third term as Director of the Bureau will end next January 31. Under his forthright and effective leadership over the past 12 years, the Pan American Sanitary Organization, in collaboration with WHO, has made outstanding contributions to health both in our Hemisphere and in the world. We all owe a debt of gratitude to Dr. Soper for the brilliance and vision he has exhibited in guiding PASO's programs, through which the Member States have achieved great advances in disease control and public health services.

In recalling our progress in the past four years, malaria eradication naturally comes to mind first. The goal that health leaders have set is worldwide eradication. Nowhere have the efforts to eradicate malaria been so well coordinated as in the Western Hemisphere. The leadership of PASO and the close cooperation of its members have made this possible.

The XIV Pan American Sanitary Conference asked all countries and territories in the Americas to take measures to eradicate malaria. The Member States have responded wholeheartedly. All have converted their malaria control activities into eradication programs. Today five countries or territories in the Hemisphere have eradicated malaria within their borders, and it is practically eliminated in seven others.

Smallpox eradication also has been spurred by the PASO. Twelve countries have received technical assistance for smallpox eradication programs. Laboratories in several countries are producing vaccine for use in their own and other national campaigns. Vaccination programs are reaching increasing numbers of people each year.

The united attack on specific diseases produces the most dramatic results of international health cooperation. Among the most enduring results, however, will be the strengthening of the several national health agencies and the development of local health services.

In 1956, the Directing Council placed special emphasis on national organization in the Technical Discussions on "Methods for Preparation of National Public Health Plans." In 1957, the Council emphasized evaluation as an important aspect of national health programs. Health leaders throughout the world are coming to realize that continuing progress in any program depends upon consistent review and appraisal of the procedures and the results. Without such appraisal, public health administration can fall into dull routine. New health problems can arise unchallenged and uncontrolled.

A major purpose of organizations like WHO and PASO is to help the several States help themselves. A campaign, a demonstration conducted with international cooperation must be taken over and integrated with the country's own services. PASO has emphasized this aspect of international health work and has prepared a number of guides for the use of Member States in developing specific phases of their programs.

PASO's educational program has made an outstanding contribution to public health progress in this Hemisphere. It has provided fellowships for the training of health personnel, either at home or, when local facilities are inadequate, abroad. During the past four years it has greatly strengthened public health training in Latin American countries. The best evidence of this fundamental improvement is that 80 per cent of the PASO fellowships are now awarded for training in Latin American institutions.

The last four years have also seen striking advances in medical education in this Hemisphere, with increased emphasis on preventive medicine. In all countries, there has been much more attention to the qualifications of public health personnel; formal training is being made available on a larger scale; seminars and short courses are increasing the numbers of health workers trained in new techniques.

I should like to mention three other activities which have been developed in recent years and which may be guides and patterns for future planning and development in this Hemisphere and elsewhere. I refer to the research and development projects which are financed by several Member Countries having common health problems and for which the PASO has administrative responsibility.

One of these is the Institute of Nutrition of Central America and Panama—INCAP—with headquarters in Guatemala. The research efforts of INCAP have provided solutions to some of the problems of tropical nutrition. Methods of fortifying local foods have been developed, for example, and new local sources of proteins have been found. Educational programs have helped the people to use the available food supplies more effectively. Here is an example of six neighboring countries pooling their resources to meet a specific need.

We are pleased that a Pan American Zoonoses Center has been established in Argentina on a similar pattern. It is to be expected that the research and training programs of this Center will strengthen the control of many diseases that are common to man and animals. Likewise, through the research of the Pan American Foot-and-Mouth Disease Center in Brazil it may be possible to eliminate this disease of cattle, with its attendant depletion of animal proteins in the diets of many Latin American populations.

These three programs that I have just mentioned point out the importance of research in public health programs. The resolution at the recent Eleventh World Health Assembly which calls for an intensified program of international research under leadership of WHO recognizes the need for international pooling of scientific knowledge as a means to a better life for us all. I should like to take this opportunity to urge all countries and territories of this Hemisphere to join in this effort to increase the fruits of scientific research throughout the world.

Good health is more than getting rid of a single disease. The activities of PASO are evidence that the Organization is going about the business of promoting health in an orderly manner and on a broad front. Through close cooperation, the countries of the Americas have improved their public health services, reduced the toll of communicable diseases and, generally, are providing a better way of life for their citizens. The United States is proud to be a part of this vigorous Organization. It is a privilege to join with the countries of the Americas in these cooperative endeavors.

In closing, I should like to say that my country is honored to be host to this XV Pan American Sanitary Conference. We were delighted when Puerto Rico was selected as the Conference site. During the past two decades, the people of Puerto Rico have made tremendous progress in health, education, industry, and agriculture, and their fellow citizens in the United States are extremely proud of their achievement. This lovely island shares with most of the American republics the same tropical charm; its people speak the same language and cherish similar cultural patterns. This brings the whole of our country yet closer to our sister countries of the Americas. Puerto Rico has also had to solve very much the same health problems as have confronted most of the American republics and our southern states on the Continent. We are most pleased that at the time of the XIV Conference the Government of the Commonwealth of Puerto Rico made it possible for the United States Government to extend an invitation, so that the XV Pan American Sanitary Conference could meet in this Commonwealth. We are delighted to be here.

PROVISIONAL PRESIDENT:* We shall now hear from the Secretary of Health of the Commonwealth of Puerto Rico and Executive Chairman of the committee appointed by the United States Government to collaborate with the Pan American Sanitary Bureau in organizing the XV Pan American Sanitary Conference, the Honorable Dr. Guillermo Arbona.

**Address by Dr. Guillermo Arbona, Secretary of Health of the Commonwealth of Puerto Rico**

Dr. ARBONA (Puerto Rico):* On behalf of the

organizing committee, I take pleasure in extending to all the participants in this Conference the most cordial welcome to Puerto Rico. We felt honored when the XIV Pan American Sanitary Conference accepted the invitation of the Government of the United States to hold the XV Conference in San Juan. Today we rejoice to have you among us. It is our most fervent wish that the XV Pan American Sanitary Conference and X Meeting of the Regional Committee of the World Health Organization for the Americas will prove to be as outstanding and memorable a date in the history of the health of the peoples of America as the previous meetings have been.

The staff of the Department of Health of the Commonwealth, the faculty of our School of Medicine, our professional and volunteer organizations, are all honored to have you in Puerto Rico. Each and every one of us will try to make your stay on our island as pleasant and fruitful as possible. We all extend, too, our best wishes for the success of your work. Puerto Rico has been fortunate in having been able to build, with the valuable technical and financial assistance of the United States Government through its Department of Health, Education, and Welfare, a health program that reaches every one of its inhabitants. At the same time, similar programs for the improvement of socio-economic conditions and the education of our population have been carried forward. These programs have unquestionably helped bring about a most dramatic improvement in the health of the people of Puerto Rico.

Despite the progress of our programs and despite the gains made, it is obvious that our people are not benefiting fully from the knowledge we possess today. To attain that goal much concerted effort is needed.

This Conference affords us the opportunity to learn of your experiences and of your opinions as experts in the different branches of public health. We shall follow your deliberations closely, and I am sure that we shall find much in your ideas that will enrich our programs.

In developing our health programs, we have met with much success, but we have also made mistakes. These experiences we are ready to share with you, thanks to the magnificent opportunity provided by these Pan American Sanitary Conferences.

PROVISIONAL PRESIDENT:* We continue now with an address by the Director of the Pan American Sanitary Bureau, Dr. Fred L. Soper.

**Address by Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau**

Dr. SOPER (Director, PASB):* In extending very cordial greetings to all of you who are present, I have the honor to convey to the Conference the best wishes of the Director-General of the World Health Organization, whose obligations make it impossible for him to be present here until next week.

Thanks to the kind invitation of the United States Government and the generous hospitality of the people and the Government of the Commonwealth of Puerto Rico, the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization, is today starting on its work in the beautiful city of San Juan.

This island, which nature has endowed with so much beauty and which has risen to greatness through the innate ability of its citizens, is an ideal spot for this periodic gathering of the public health leaders of the Hemisphere; for frank discussion of the health problems of the Americas; and for the strengthening of international cooperation, which is the very foundation on which a better future for our peoples must rest.

We are meeting in a land where experiments are under way that are of the utmost significance, both for their social implications and for their technical scope; where a notable improvement in the health conditions of the people has been brought about in the last few years; where the renowned School of Tropical Medicine has won deserved fame as a research and teaching center, and the more recently established School of Public Health has welcomed and trained a goodly number of public health workers from all parts of the Americas.

In the early years of this century, distinguished research workers, among them Dr. Bailey K. Ashford, made valuable studies on hookworm disease in Puerto Rico. Some years later Dr. Ashford was a member of a commission sponsored by the Rockefeller Foundation, which collaborated with the Government of Brazil in a demonstration program on methods of combating this disease. I mention

this fact for its historical significance, since it was unquestionably one of the first concrete examples of practical cooperation by public health workers of sister countries.

The interdependence of governments in the field of health is a fact that has won ever-increasing acceptance through the years; it is the real reason for our Organization to exist. "The health of all peoples . . . is dependent upon the fullest cooperation of . . . States," and "unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger," as the Constitution of the World Health Organization says.

The governments of this Hemisphere may well take pride in their efforts in the field of international health cooperation. Started in 1902 with the creation of the Pan American Sanitary Bureau, and strengthened in 1924 with the adoption of the Pan American Sanitary Code—a treaty in force today in all the American republics—this cooperation was still further expanded when, in 1947, the Constitution of the Pan American Sanitary Organization recognized the need for extending its sphere of action to the whole Hemisphere and made possible a close collaboration with the World Health Organization, which found expression in the agreement between the two organizations that was signed in 1949. More recently, international cooperation in the Americas was strengthened with the agreement signed in 1950 with the Organization of American States, in which clear recognition was given to the PASO's dual status as an Inter-American Specialized Organization and as a regional agency of the World Health Organization in the Western Hemisphere. Thanks to these legal instruments, all the political entities in the Americas have at their disposal a machinery that enables them to cooperate with one another in solving their health problems, which are common to all and respect no geographic or political boundary.

Through their Organization, the governments of the Americas are able to aid one another and to cooperate with the rest of the world in carrying out the important work of encouraging and carrying forward campaigns for the eradication of disease; improving nutrition and environmental health conditions; promoting accident prevention; encouraging and carrying out research in the public health field; improving professional and technical training in medicine, public health, and related subjects; developing and establishing standards for biological, pharmaceutical, nutritional, and similar products; and, in general, doing everything that will bring about the highest possible standard of health for all peoples.

In the course of the last 12 years the Organization has progressed to a stage of maturity that should be a source of pride to its Member Governments, to whom it belongs and on whom its future depends. Little by little, we have succeeded in obtaining financial resources that, while insufficient in comparison with the existing needs and the work to be done, have made it possible to achieve concrete results. Financial resources, however, are not the only or the most important factor in the success of international health work. What is needed is, essentially, a group of career officers, truly international and inter-American, wholeheartedly dedicated to the fulfillment of the noble aims of the Organization and fully devoted to its service. Today, our Organization has a nucleus of personnel, technical and administrative, professional and auxiliary, to whom I should like to express my sincere appreciation at this time.

As I look over the past and relive the experiences of recent years, I must say that I am filled with the utmost optimism for the future of our Organization, because it is my firm conviction that it will play an increasingly important role as a source of encouragement and counsel in health matters for the peoples of the Americas. I have faith in the future of the international and inter-American health movement, and I believe it will expand day by day, as peoples and their governments come to realize how much they can achieve through this Organization, which was created to combat disease, lengthen life, and promote the physical and mental health of the people.

PROVISIONAL PRESIDENT: * We next hear from the Director General of Health of Ecuador and chief delegate of his country, Dr. Diego Angel Ramírez, speaking on behalf of the delegates to the Conference.

### Address by Dr. Diego Angel Ramírez, Director General of Health of Ecuador

Dr. RAMÍREZ (Ecuador): * I am honored by the task assigned to me by the Executive Com-

mittee of PASO and, despite my inadequacy, I must attempt to express my gratitude to the leaders of public health in the Americas. The least deserving of the delegates has on this solemn occasion been chosen to take the floor—in the name of all these learned persons on whose shoulders rests the responsibility for America's health. I am overwhelmed by the undeserved distinction, but it behooves me to do my best in speaking for a select group of leaders from countries in all the Americas—North, South, and Central America, and the Antilles—from our great fatherland extending from pole to pole like a physical and spiritual bulwark against everything mean and negative—a bulwark that shelters the spirit of the West and preserves humanity's eternal and immutable values: democracy, freedom, international brotherhood.

This America of ours is now the principal center of Western culture—of Christian faith and freedom of spirit. Its blank pages were opened to History only a few centuries ago, but History has already recorded on those pages great ideals and vitally important achievements. The cosmic race now rooted in these lands, fused from several ethnic groups, today traces a luminous path, as though in the wake of Columbus' caravel, its prow now turned toward the infinite and glory. The Americans' outstanding heroes watch over them from the sunswept and ever-bright horizon: Lincoln, North America's rough-hewn son who bequeathed to us the accepted pattern of pure democracy; and Bolívar, the fearless scion of South America, whose genius foresaw American unity and envisaged the Organization of American States.

By their valor, the conquistadors sowed the seeds of enterprise in America, and the triumphal progress of the liberators left the imperishable imprint of faith in the people's sovereignty. Hence, in all its latitudes, America's sons have conquered their future, by dominating the Far West's vast solitudes, subduing the impenetrable jungle, and circumscribing the infinite savanna and pampa.

That vitality grew from a spiritual seed, planted and cultivated by the Christian faith of Puritans and missionaries, who spread the truth and forged men of conscience; the virile strength of their successors soon led to relentless growth and to the creation of a republican, free, and independent America, which has attracted to itself all the West's thought and culture.

And here, implacably, men continue to arise who are destined to lead humanity in programs of every scope and nature. Here, 21 sister nations, united in destiny and future, exemplify a union to promote universal peace. Creative thoughts are here crystallized into action; technical skill acquires the grace of originality and the prestige of achievement. Here, in America, leaders and men of genius stand out in all fields of science.

In public health, America's achievements serve as models for other peoples, and its technical development sets the standard for world-wide programs. Man's highest interests, in his goal of physical and social well-being, have had and continue to have outstanding spokesmen in our lands; their doctrines and theories, proven by fact, have guided and continue to guide public health.

Coordinated intergovernmental organization for guarding the health of nations arose in our Americas; the men of vision who originated it gave it all their faith and untiring enthusiasm, until they saw it firmly established. The Pan American Sanitary Bureau was the first result; later, after the founding of the World Health Organization, the Bureau became the latter's Regional Office for the Americas. The Pan American Sanitary Conferences—strong bonds of continental unity which have set the tone for the health departments of the various nations in this Hemisphere—also preceded similar conferences in other continents. The transformation of health policies, their conversion from stern isolation to friendly solidarity that welcomes all sectors of the community as participants, had its beginning here.

The eradication of disease—once an empty, meaningless concept, impossible and therefore lacking even a reason for existence—is today the highest expression of technical efficiency and coordinated effort on the part of our countries. All the Americas are determined to implement its positive, daring philosophy: through well-established techniques, it is now possible for man to progress in the elimination of diseases or their vectors, and to abolish some illnesses, once and for all, within fixed periods. America's malaria programs, which have lately become international, have already shown promising results over

large areas. Eradication is a tangible truth, objectively verified, in the case of the mosquito that transmits yellow fever. Final verification of eradication of the vector of this serious epidemic, a step vitally important to inter-American health, has already been made in some countries, as will be reported at this Conference. My country, Ecuador, is among those that are proud to announce that significant achievement.

The programs that the Pan American Sanitary Organization is carrying out in the Americas—technical assistance, health education, environmental sanitation, nutrition, nursing, zoonoses, and others—maintain the highest standards of performance and prove the advancement and modernity of public health departments in this part of the world.

On this occasion, from our hearts and as a matter of duty, we reflect the unanimous sentiments of the delegations in expressing our profound gratitude to the PASO, to its officers and its technical and administrative staff, for the outstanding and unmatched manner in which they carry out their work in behalf of our peoples. All of us utter with affection, respect, and appreciation the name of Dr. Fred L. Soper, the Organization's untiring protagonist, the champion of the eradication programs. The members of the Executive Committee, our closest colleagues, merit our special recognition.

We are extremely pleased to have with us Dr. Leroy Burney, Surgeon General of the United States, who presided with such dignity, skill, and intelligence over the World Health Assembly in Minneapolis.

The selection of San Juan, Puerto Rico, as the site for this XV Conference was most felicitous. All of us know that this privileged portion of our America, beloved by poets and artists who have sought the peace of enchantment under its serene skies, is also the seat of a cultural fusion—accomplished in good faith and without friction—of two continental currents, the Anglo-Saxon and the Latin. As the admirable site of one of the best schools of specialization, and the center of research for promising programs of environmental health, it is especially fine for us, the workers in public health.

We pay the tribute of our admiration and affection to the beautiful land of Borinquen, and to its officials and people. It is due to their creative effort, their self-sacrifice and devotion to duty, that Puerto Rico is a source of spiritual and cultural strength. Accept, Mr. Governor, the most cordial and sincere greetings of us all, and transmit them to the citizens of the Commonwealth of Puerto Rico.

PROVISIONAL PRESIDENT: * Since the order of the day has been completed, the session is adjourned.

*The session was adjourned at 9:25 p.m.*

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## FIRST PLENARY SESSION

*Monday, 22 September 1958, at 9:30 a.m.*

*Provisional President:* Dr. OSCAR VARGAS MÉNDEZ (Costa Rica)

*President:* Dr. GUILLERMO ARBONA *(United States)*

PROVISIONAL PRESIDENT: * The first plenary session of the XV Pan American Sanitary Conference is called to order.

### Topic 2: Election of the Committee on Credentials

PROVISIONAL PRESIDENT: * According to the order of business, the first item is the election of the Committee on Credentials. The Chair invites the delegates to make nominations. The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * I should like to propose to the Conference the name of Dr. Doroteo Castillo Rodríguez, delegate of Nicaragua, to serve on the Committee on Credentials.

PROVISIONAL PRESIDENT: * You have heard the

nomination of Dr. Castillo, of Nicaragua, for the Committee on Credentials. This Committee is to consist of three members. The Chair asks the session for nominations. Is there a further nomination? If the delegates have no further nominations, the Chair would like to propose two more names for the Committee on Credentials and to submit those names for your approval. The Chair proposes that Mexico and Honduras complete the Committee on Credentials.

Do these names meet with the approval of the delegates? If I hear no voice to the contrary, they will be considered approved.

The Committee on Credentials is established as follows: Nicaragua, Mexico, and Honduras. So that they may meet without delay to study the credentials, we shall now recess for twenty minutes.

*The session was recessed at 9:50 a.m. and resumed at 10:10 a.m.*

**First Report of the Committee on Credentials**

PROVISIONAL PRESIDENT:* The session is again called to order. The Chair asks the Rapporteur of the Committee on Credentials to make his report. The Rapporteur has the floor.

Dr. JAVIER (Honduras, Rapporteur):* The Committee on Credentials, established at the first plenary session and composed of Dr. Doroteo Castillo Rodríguez of Nicaragua, Dr. Carlos Díaz Coller of Mexico, and Dr. Carlos A. Javier of Honduras, met in the Isla Verde Room of the Hotel San Juan Intercontinental on 22 September 1958.

The Committee designated Dr. Javier of Honduras as Chairman and Rapporteur.

The credentials and documents received from the respective governments were examined, and the Committee has the honor to propose that the delegations of the following countries be officially accredited to the XV Pan American Sanitary Conference: Brazil, Nicaragua, Mexico, Venezuela, Colombia, Costa Rica, Ecuador, Paraguay, Uruguay, the United Kingdom, Cuba, Kingdom of the Netherlands, Haiti, the United States of America, Chile, Guatemala, Panama, France, Honduras, and Argentina. The Government of Canada has accredited an official observer.

The Committee will meet again to examine the credentials of the delegates of those governments from which credentials to date have not been received.

PROVISIONAL PRESIDENT:* In accordance with the report given by the Rapporteur, the credentials of the delegations listed are duly accredited.

**Topic 3: Adoption of the Rules of Procedure of the Pan American Sanitary Conference**

PROVISIONAL PRESIDENT:* The second item of business is the adoption of the Rules of Procedure of the Pan American Sanitary Conference. The Chair asks the session if it wants the entire text of the document presented to be read. It is the document that will govern the Conference and all of us should be in agreement as to its contents. Does the Conference wish the document to be read and approved by parts? The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil):* I move that the entire document be read.

PROVISIONAL PRESIDENT:* The delegate of Brazil proposes a complete reading. Is the session agreed? Will the Secretariat please read the proposed Rules.

Dr. GONZÁLEZ (Assistant Director, PASB):* These proposed Rules of Procedure were submitted for consideration to the 35th Meeting of the Executive Committee, which approved them, with some modifications. These modifications were inserted in Document CSP15/23. The draft reads as follows: "Part I, Members, Article 1: The Pan American Sanitary Conference shall be composed of delegates of Member Governments of the Pan American Sanitary Organization."

PROVISIONAL PRESIDENT:* Any observations?

*Approved.*

Dr. GONZÁLEZ (Assistant Director, PASB):* Article 2 . . .

PROVISIONAL PRESIDENT:* One moment. The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina):* Does the reading involve our taking each point into consideration and debating it, or is it a reading for purposes of information? I ask this question since the Chair has put one article to a vote.

PROVISIONAL PRESIDENT:* There are two sys-

tems. One, to save time, consists in reading the text article by article and approving each article in turn. The second, more time-consuming, involves a complete reading of the proposed Rules, after which the articles would be approved in groups or individually. Let the session decide.

Dr. ARREAZA GUZMÁN (Venezuela): * I propose an intermediate solution, which is that the text be read by sections, each to be approved immediately after being read. It is the middle road between the two proposals outlined by the President, between reading and approving article by article and a complete reading with approval afterward.

PROVISIONAL PRESIDENT: * Thank you. The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * There is a third solution, which is the traditional one. This document is not one that is now brought to the attention of the delegates for the first time. It is a document that in large part—almost in its entirety—without any change, has already been distributed to the governments by the Bureau. Thereafter it underwent a fairly complete analysis by the Executive Committee. And the Executive Committee introduced certain amendments, additions, changes, etc., so that the Conference as a whole might consider them. Hence, the third way of studying this document, which, I repeat, is the traditional one, consists in asking the delegates on what specific part of this long document they would like to make an observation. In this way we would enter into a concrete study of only those points that might be the subject of observations. Because to read 56 articles on which no decision need be made, to study 56 articles that have already been studied, that alone would take the whole morning session, and who knows how much longer. This last alternative is, I repeat once more, the traditional one. It has always been done this way in all the previous Conferences, and it is a question now of saving a little time, since for reasons beyond our control we have delayed somewhat in getting the Conference started. I beg the President to consider this third alternative, which has been used on other occasions.

PROVISIONAL PRESIDENT: * Thank you. Is there any other proposal from the floor? The delegate of Brazil is recognized.

Dr. DE MEDEIROS (Brazil): * I believe that the proposal to read the Rules section by section and then vote on or consider any amendment to them, provides the only suitable procedure for a plenary session. The articles presented here and the amendments are the work of the Executive Committee, but this whole document should be examined by the session; just to distribute the document is not enough, and there is nothing to keep us from examining the text section by section. I therefore second the previous proposal that a portion be read and, if there are no comments, that it stand approved. To limit the debate to allowing everyone to indicate the points that he considers open to question would imply that the delegates had had time to study the text beforehand, something that has been impossible.

PROVISIONAL PRESIDENT: * Any other opinion? There are now three proposals for considering the proposed Rules of Procedure. The session will decide which of the three will be put to a vote or whether the compromise suggestion of the delegate of Brazil will be accepted, namely, to read an entire section and approve it if there are no comments, so as to save time.

Mr. BARLETTA (Panama): * May I say that I am in complete agreement with the statement of the delegate of Brazil, and I request that his proposal be discussed before those made by the delegates of Cuba and Venezuela.

PROVISIONAL PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I do not want to be dogmatic as to how the Conference should deal with the matter, but I do not want to let pass this opportunity to mention certain concrete points that might be useful in the immediate future. This, gentlemen, is the document that governs the Conference—the Rules of Procedure of the Conference—just as there are Rules for the Executive Committee and Rules for the Directing Council. They are fixed Rules, permanent Rules, for each of the governing bodies of the Organization. These are not the first Rules for the Conference. Any body of the Organization—the Conference, the Directing Council, or the Executive Committee—has the power to amend its Rules when it meets and to give its meeting, in this instance the XV Conference, whatever orientation it wishes. But naturally this does not imply that

there is no general outline followed by the Rules.

If you study the documents, you will see that the Director, in presenting the draft Rules to the Executive Committee, followed the Rules that governed the previous Conference. For the most part, the Rules date from the XIII Conference, because the XII Conference, which was held in Caracas, was what we might call the great conference of innovations. In fact, it was at Caracas that the Pan American Sanitary Organization emerged as a full-fledged international legal body. Everything else that has been done since the Caracas Conference has concerned matters of detail, adapted to the needs of one or another Conference. The Rules under study are based on those established at Caracas, applied at Ciudad Trujillo and later in Chile, and now subject to any change that the Puerto Rico Conference wishes to introduce. That is why I said before that this is not the first time the document has appeared. I do not know whether the delegates have read this document, and I am sorry if they have not; but that is quite a secondary matter. In my opinion, the official fact is that the Pan American Sanitary Bureau transmitted the draft Rules of Procedure of the Conference to the governments sufficiently in advance; in my country, at least, they arrived in proper time. Furthermore, the Rules copy earlier ones, with the amendments that were introduced. It is therefore logical to suppose that the governments would instruct their delegates on any change they might wish to propose for the XV Conference here. I do not believe there could be many, because we here cannot change the general structure which in the Rules is but a reflection of what is laid down in the Constitution of the Organization and hence is inviolate. Why, then, take time here to read the Rules only to learn that the Conference is thus and so, that it has three delegates per country, that it has to elect a President and two Vice-Presidents? That is all said in the draft Rules, but it cannot be changed because it stems from the Constitution. Why spend even a fraction of our time in reading articles that we are already familiar with? Not to read them is the logical, the natural, the traditional method.

Notwithstanding all this, the Conference is quite free to change the entire text and to present right now a preliminary text with 56 articles new in style, because every man has his own style and every man here could draw up a new set of 56 articles, but the style could not change the essential content, which must adhere to the constitutional precepts of the Organization.

That is all, Mr. President. In any event, the Conference will decide.

PROVISIONAL PRESIDENT:* Thank you very much. Let us proceed to vote as requested by the delegate of Panama. But since we first have to vote on the proposal furthest removed from the original, I shall submit to a vote the proposal of the delegate of Cuba not to read the text of the proposed Rules and hear only the views of speakers who have observations to make on the matter.

*The proposal of the delegate of Cuba was put to a vote, with the following results: 5 in favor, 9 against, and 2 abstentions.*

*The proposal was rejected.*

PROVISIONAL PRESIDENT:* We shall now vote on the proposal of the delegate of Venezuela to read the text section by section.

*The vote was taken with the following results: 10 in favor, 0 against, and 4 abstentions.*

*The proposal was approved.*

PROVISIONAL PRESIDENT:* The Rules of Procedure will be read in detail, by parts, and approved at the end of each part, if there are no observations. Will the Secretariat please proceed with the reading.

*Dr. González (Assistant Director, PASB) read Part I (Articles 1 to 4) of the draft Rules of Procedure of the Conference in Document CSP15/23.*

PROVISIONAL PRESIDENT:* The delegates have just heard the first part, relating to members of the Conference. Are there any observations? The delegate of the Kingdom of the Netherlands has the floor.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): Mr. President, I should like to make a statement regarding Article 2-b, because that section is not wholly applicable to the position of parts of the Kingdom of the Netherlands. The three parts of the Kingdom of the Netherlands, one situated in Europe and the other two situated

in the Americas, are jointly responsible for the conduct of international relations.

PROVISIONAL PRESIDENT: Does the delegate of the Netherlands wish to make a specific proposal on this point or just a general comment?

Dr. SWELLENGREBEL (Kingdom of the Netherlands): My statement, Mr. President, was made only for purposes of information. I do not wish to make a special proposal to alter the Rules of Procedure of the Conference in any way, but I had to make the statement.

PROVISIONAL PRESIDENT:* Thank you very much. Is there any other comment?

*Part I of the draft Rules was approved.*

*Dr. González (Assistant Director, PASB) read Part II (Articles 5 to 11) of the draft Rules of Procedure of the Pan American Sanitary Conference.*

PROVISIONAL PRESIDENT:* Are there any comments on Part II? The delegate of Colombia has the floor.

Dr. JIMÉNEZ ARANGO (Colombia):* Mr. President, I refer to Article 8, which states that the President or a Vice-President while presiding shall not vote but may appoint another member of his delegation to act as the delegate of his government in plenary sessions. I wish to ask whether this other member of the delegation has the right to vote and if this point is understood or needs to be clarified in the Rules.

PROVISIONAL PRESIDENT:* Will the Secretariat please give its interpretation of this point.

Dr. GONZÁLEZ (Assistant Director, PASB):* Mr. President, we understood that in saying that the President or Vice-President while presiding shall not vote but may appoint another member of his delegation to act as delegate, the implication is that that delegate has full voting rights, since the Constitution provides that each Member Government may be represented by as many as three delegates in its delegation.

Dr. JIMÉNEZ ARANGO (Colombia):* I thank Dr. González for the explanation. May I ask another question on the matter: What would the procedure be when there is only one delegate?

PROVISIONAL PRESIDENT:* I believe that when the Chair is occupied by a delegation that consists of only one member and a vote is to be taken, as in this case, parliamentary procedure requires that a Vice-President occupy the Chair so that the President may vote. That would be the way to do it. There are several delegations that have only one member. Does that answer the question of the delegate of Colombia?

Dr. JIMÉNEZ ARANGO (Colombia):* Yes, Mr. President.

PROVISIONAL PRESIDENT:* Any other observations? The delegate of Chile is recognized.

Dr. TORREBLANCA (Chile):* I should like to ask what objection there would be to a presiding delegate's also having the right to vote.

PROVISIONAL PRESIDENT:* The Chair would like to say only that it is parliamentary custom—and the custom is observed in other organizations as well—that when the decision depends on one vote, it should not be the President—the person who has been directing the debate—who makes the decision in such a case by his vote. There seems to be no legal provision, as far as I know, saying that the President does not vote, but it is the tradition. If any delegate present knows more about these matters than the Provisional President, I should appreciate his enlightening us on the appropriate parliamentary procedure.

Dr. TORREBLANCA (Chile):* Mr. President, could not the difficulties arising from the present wording of this article be avoided by providing that in the event the delegate presiding is the only representative of his country, he has the right to vote?

PROVISIONAL PRESIDENT:* Does the delegate of Chile wish to make a formal motion proposing such an amendment?

Dr. TORREBLANCA (Chile):* I would make a concrete motion, Mr. President, to that effect because we would thus overcome the difficulty under discussion, which might arise if there were only one delegate of a country, and he had to resort to the procedure of letting a Vice-President take the Chair. The procedure I propose would be much more workable, that is, that the President have the right to vote.

PROVISIONAL PRESIDENT:* The delegate of Guatemala has the floor.

Mr. OLIVERO (Guatemala):* Mr. President, just

as a matter of information, in view of the statement that these proposed Rules of Procedure had already been reviewed by the Executive Committee, I feel obliged to say that Article 8, as it appears in the document submitted to us for consideration, is exactly the same as the Article 8 that was in force in the preceding Conferences. This is by way of information, but of course, in my capacity as delegate of Guatemala, I should not object to having this article modified or amplified.

PROVISIONAL PRESIDENT: * The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * In view of the discussion on this point, the problem could be solved by eliminating Article 8 entirely. The rest of the articles would then remain in force without any need for making substantial changes in the Rules of Procedure.

PROVISIONAL PRESIDENT: * The session has heard the proposal of the delegate of Venezuela. There are two proposals: one by the delegate of Chile, to modify Article 8 to permit the President to vote when he is the only member of his delegation. The other, presented by the delegate of Venezuela, would eliminate Article 8 completely. Are there comments? The Chair recognizes the delegate of Cuba.

Dr. HURTADO (Cuba): * The discussion of Article 8, gentlemen, involves a number of general considerations, but they must be adapted to the particular structure of our Organization. In general, the Chair usually has, in parliamentary bodies, the deciding vote, the vote that resolves the problem of a tie. But this generally-accepted procedure does not hold in our Organization, for a very particular reason. Here there are no tied votes, because it is established constitutionally that in a tied vote the motion is defeated. Therefore, there is no occasion for the President to cast the deciding vote.

A second aspect is one of traditional courtesy, since it is logically supposed that the President will not take part in the discussions from the Chair. It is elementary that the President, in any meeting, leaves the Chair if he wishes to express an opinion or take part in the discussion of some specific point, and he may not return to the Chair until the point in question has been decided. Until the matter has been voted upon, it is not proper for the President to return to the Chair, for the possible influence of his personality from the Chair should be avoided. But there is no occasion here, I repeat, for deciding votes.

The specific case brought up by the delegation of Colombia, namely, that of a delegation with only one member, is very frequent at our meetings. The small countries, basically for financial reasons, seldom have the full delegation of three members that is officially authorized. Sometimes they have only two, often just one, and this one must take part in everything and naturally cannot be denied the vote, as the Provisional President, Dr. Vargas, has so well explained. Therefore, "ad litteram," the solution is the one he has given: he leaves the Chair; the Vice-President, if he is not in the same position, directs the debate and the President votes from his seat as delegate of his country. But for purposes of hypothesis we can take the extreme example: it might sometimes happen that the President is a sole delegate, the Vice-President a sole delegate, and the second Vice-President a sole delegate, because in the field of hypothesis anything is possible. But what is absolutely and definitely true is that, whatever the circumstance, one thing cannot be tampered with, and that is the full rights of representation of a country. If a country has a single delegate, it is in no way possible, it would be the destruction of its most basic and legitimate rights, to deny that delegate the vote, for he is entitled to it whether he be in the Chair or seated with the delegations of the other countries.

But we are wasting time. These occurrences are hardly likely. Let us leave things as they are without going into a revision that might have different interpretations, and perhaps some very scrupulous soul who is a stickler for the letter of the law might raise questions, perhaps even of constitutionality. Consequently, I believe it unnecessary to make any change in Article 8, and that it should be left as it is.

PROVISIONAL PRESIDENT: * Gentlemen, there are now three proposals: the original one, that of the Executive Committee; one for modification; and another for deletion of Article 8. The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * I simply want to make clear that the purpose of our suggestion was to find a solution to a problem first

raised by the delegation of Colombia and then by the delegation of Chile. We thought that deleting Article 8 would settle the matter satisfactorily for all concerned, inasmuch as Article 16, which assigns each delegation its vote, remains in force.

PROVISIONAL PRESIDENT: * The delegate of Venezuela withdraws the proposal to delete entirely . . .

Dr. ARREAZA GUZMÁN (Venezuela): * No, I leave it before the meeting just as it was.

PROVISIONAL PRESIDENT: * The deletion of Article 8 is the proposal furthest removed from the original, so it will be put to a vote.

*The proposal of the delegate of Venezuela was put to a vote, with the following results: 1 vote in favor, 10 against, and 4 abstentions.*

*The motion was rejected.*

PROVISIONAL PRESIDENT: * We shall now put to a vote the modification proposed by the delegation of Chile, namely, that if the delegate who is presiding is the only delegate of his country he will have the right to vote. The Chair would like the delegation of Chile to present a written text for submittal to the full Conference.

If there are no other comments on Part II of the draft Rules, we could hold its approval in abeyance until the delegation of Chile presents the text. Let us pass on, then, to the reading of Part III.

*Dr. González (Assistant Director, PASB) read Part III (Articles 12 to 31) of the draft Rules of Procedure of the Conference.*

PROVISIONAL PRESIDENT: * Any comment? The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * Mr. President, I have the impression, and I submit it to the meeting for consideration, that the deletion of the word "only" in Article 16 would make unnecessary the discussion of Article 8, since Article 16 states: "Each delegation shall have one vote only." We could delete the word "only" and leave "each delegation shall have one vote." It is standard procedure under parliamentary rules that the President may delegate the Chair to the Vice-President in order to vote. If we eliminate the word "only," the meaning becomes specifically that each delegation has the right to one vote, neither more nor less. I make this proposal to avoid discussion of Article 8.

PROVISIONAL PRESIDENT: * The plenary has heard the proposal of the delegate of Ecuador to delete the word "only" in Article 16. Any other comment? The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * Mr. President, with reference to Article 13, and to avoid circumstances that might be repeated, in which the Pan American Sanitary Bureau would become almost a permanent site for the Conference, I think it would be possible to select more than one country —two or three countries, for example— in a given order of priority, to act as substitutes if, in special circumstances, the Conference could not be held in the country chosen. I present a motion to this effect.

PROVISIONAL PRESIDENT: * The plenary has heard the motion of the delegate of Uruguay. The Chair will read Article 7 of the Constitution, dealing with meetings, which states: "The Conference shall normally meet once in four years in the country determined . . ." If it were worded "the countries determined," there would have to be a modification to that effect in the Constitution to introduce the plural. Any further comment? We shall now suspend the discussion of Part III to have read the proposal of Chile relating to the previous part and then submit it to the Conference for approval.

Dr. GONZÁLEZ (Assistant Director, PASB): * The delegation of Chile proposes that Article 8 read as follows:

Article 8. The President or a Vice-President while presiding shall not vote but may appoint another member of his delegation to act as the delegate of his government in plenary sessions, except when he is the sole delegate of his country, in which case he may vote.

PROVISIONAL PRESIDENT: * The delegates have heard the amendment proposed by the delegation of Chile. Is there any comment on the text? If there is none, the Chair submits it to a vote.

*The vote was taken with the following results: 13 in favor, 1 against, and 2 abstentions.*

*The amendment to Article 8 was approved.*

PROVISIONAL PRESIDENT: * Let us proceed to vote on all of Part II.

*Result: 18 votes in favor, 0 against, and 0 abstentions.*

*Part II of the Rules was approved.*

PROVISIONAL PRESIDENT: * With respect to Part III, Article 16, the delegate of Ecuador has submitted a proposal. The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * The form in which Article 8 was amended makes my earlier proposal unnecessary. I withdraw my proposal, Mr. President.

PROVISIONAL PRESIDENT: * Is there any other comment on Part III? The delegate of Uruguay has proposed that a substitute site of the Conference be named. The Chair recalled, in connection with this proposal, the text of the Constitution, which refers to the country chosen. Is there any other comment on this point? Does the proposal of the delegate of Uruguay still stand ?

Dr. BERTOLINI (Uruguay): * Yes, Mr. President.

PROVISIONAL PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * The proposal made by the delegate of Uruguay, besides being, by its text, unconstitutional in that it departs from the specific provision of the Constitution that says "the country chosen"—as Mr. President so well states—would make it necessary to amend the text of the Constitution and give a new form to that article by creating the possibility of substitute sites. Of course, that might be the result of a recommendation of this very Conference with respect to the Rules of Procedure; but I should like to tell my distinguished colleague from Uruguay that it is not only a matter of a juridical constitutional difficulty, but that more thought would have to be given to the nature of the Conference site. Up to now the Conference has determined the site of its succeeding meeting after considering offers made by the various countries. We do not hold a free election of the whole Conference in which each delegate, according to his personal judgment, says: "The Conference ought to be in such and such a country." That could never be the case for a number of reasons, among them the fact that it is not possible for the Conference to impose this obligation on any country.

The same reasons that make it impossible for the Conference to select its site freely, without depending on an offer of a site, explain why selecting several sites would be poor procedure. The selection of a site for a Conference requires an offer from a country. It means that the country offering the site must mobilize a series of factors well in advance of the Conference, and this mobilization includes various questions, among others, naturally and fundamentally, the question of finances and various others related to the particular characteristics of the country.

We do not select several sites, substitute sites. something that is a current practice in scientific or other meetings. For example, the World Medical Association selects three sites. The site of its world meeting is determined two or three years in advance. But they do not select them in order to have substitutes; they select them for different years, for example for 1959, 1960, and 1961. If for unforeseen circumstances one site is unavailable, they use the succeeding site. But in our case only one site is selected.

Why does the Conference sometimes not meet in a country that has offered a site? For reasons that are always fortuitous: unforeseen questions, internal problems, a political mischance, can make it impossible to follow through with the offer. If at such a time we were forced to pass to the next site, one country would have to be on the alert to cover the eventuality that the first site chosen would be unavailable for one reason or another.

If for any reason we suddenly need a site for a Conference, the central headquarters is equipped to utilize its administrative resources, its resources of personnel, the internal resources of the Organization, to deal with the problem immediately.

For these reasons I think it would be inadvisable to change the present system. We always have a permanent site—the headquarters of the Organization—on which to fall back. This is a functional site that has been offered and accepted by the Conference. I must, therefore, regretfully oppose the motion of the delegation of Uruguay.

PROVISIONAL PRESIDENT: * The question is still open for discussion. Would any other delegate like to comment on this point? The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * I sincerely appreciate the points made by the delegate of Cuba, but I insist on my proposal because I believe, since we are dealing with prevention, that to prevent is to cure. I believe, Mr. President, that absolutely

nothing is lost by designating what we might call an alternate site. It could happen that at a given time two or even three countries would be interested in being the site of the ensuing Conference.

To discriminate is unquestionably odious and unpleasant, but if we should accept a system of priority that might favor one today and another tomorrow, we would injure no interest of any kind.

I understand, moreover, that unforeseen circumstances often determine the withdrawal or the impossibility of a country's remaining as the site, but I ask what would happen if, in some way that also is unforeseeable, the countries designated as sites of successive Conferences should be unable to honor that commitment? The Pan American Sanitary Bureau would then be the almost permanent site of the Conference.

Moreover, there would be sufficient time to change plans, and I believe that at a given time the country selected could, well in advance, send in a communication asking to be released from its commitment as a site. I insist, Mr. President, that my motion be put to a vote.

PROVISIONAL PRESIDENT: * The delegate of Guatemala has the floor.

Mr. OLIVERO (Guatemala): * Mr. President, my delegation, for reasons easy to divine, would like to go along with the distinguished delegate of Uruguay in his proposal, but we are of the opinion that the Rules of Procedure under consideration should be based on our basic charter, that is, the Constitution. The Constitution expressly states in Article 7-A, as the Secretary has just pointed out: "The Conference shall normally meet once in four years in the country determined by its immediately preceding meeting . . ." If this present Conference wants to introduce any change, it seems to us that the pertinent article of the Constitution would first have to be amended, and since changes in the Constitution constitute topics on the agenda for this Conference, that would be the time to take up the question. But at present, I believe we should base our Rules of Procedure strictly on the text of the Constitution.

PROVISIONAL PRESIDENT: * The Chair will submit to a vote the proposal of the delegate of Uruguay that Article 13 be modified and that an alternate country be mentioned.

Dr. HURTADO (Cuba): * Mr. President, I ask for the floor to raise a point of order.

PROVISIONAL PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * The point of order I wish to submit to the Chair is this: If the unconstitutionality of the motion has been noted by two delegations, ought we to go on with it? Our opinion is that it would be a bad precedent for an unconstitutional point to be accepted in the debate of any of our organizations, especially when its unconstitutionality has been pointed out.

PROVISIONAL PRESIDENT: * The Chair takes into account the considerations of a constitutional order, but the present meeting is a plenary and can approve a modification in the text of the Constitution. I do not believe that the designation of an alternate country can be decided here and now, but the proposal can be made, and if there is a majority disposed to accept it, a constitutional amendment would be justified, according to the procedures laid down in our regulations.

This is the opinion of the Chair. But I should like to hear again the opinion of the delegate of Cuba regarding this interpretation. If he considers that such a form is not contrary to the rules or to established practices, I would put the proposal of the delegate of Uruguay to a vote, not to approve it finally, but so that if the plenary so desires the pertinent constitutional amendment would be sought.

Dr. HURTADO (Cuba): * I realize that the Chair has extended the highest courtesy to the delegate of Uruguay, but if we adhere strictly to the regulations, nothing unconstitutional can be debated. On the other hand, the same end will be achieved by inviting our esteemed colleague from Uruguay to formulate his proposal when draft amendments to the Constitution are discussed. It is when we discuss these amendments that the introduction of a system of alternate or several countries, such as other organizations have, is in order. But not now. What is clear and evident is that, according to the regulations, an unconstitutional statement is not in order. It would not be valid, as the President has just said so well, for this plenary to vote that there be an alternate site or several sites, since this decision would be contradictory to the article in the Constitution. If this is so, it is not advisable for this body to be dis-

cussing and voting now on constitutional questions on the condition that the whole Conference later approve the constitutional amendment, since the question of amendments should be resolved before any decision is taken. That is my position.

PROVISIONAL PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * The delegation of Honduras, believing that the proposal of the delegate of Uruguay is unconstitutional, proposes to the delegates that the discussion of Article 13 be postponed so that Dr. Bertolini may present a proposal to amend the article of the Constitution. In the present circumstances, I believe that there are only two solutions: to approve the article as it stands, or to postpone the discussion until after the modification of the constitutional article that now makes the text proposed by the delegate of Uruguay impossible.

PROVISIONAL PRESIDENT: * The Chair asks the delegate of Uruguay if he is willing to accept the procedure suggested by the delegate of Cuba and supported by the delegate of Honduras. Does the delegate of Uruguay agree to again present his proposal at the time when amendments to the Constitution are being discussed?

Dr. BERTOLINI (Uruguay): * I agree, Mr. President.

PROVISIONAL PRESIDENT: * The delegate of Paraguay has the floor.

Dr. PEÑA (Paraguay): * I simply want to bring to the attention of the Conference that the Constitution of the Pan American Sanitary Organization, in Chapter VIII, Article 25, states the following: "Amendments to the Constitution: The Conference or the Directing Council may approve and put in force, in accordance with policies which they may determine, amendments to this Constitution." It is my understanding, therefore, that this Conference is authorized to amend the Constitution and to put the amendments into effect immediately.

PROVISIONAL PRESIDENT: * The Chair will put to a vote the text of Article 13 in its present form, subject to the constitutional modification proposed by the delegate of Uruguay. Do the delegates agree with this procedure? The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * I should just like to ask for a clarification of Article 17, which provides that "a majority of the members participating and entitled to vote in the Conference shall constitute a quorum." Will the Chair please explain the substance of this article. The phase "majority of the members participating and entitled to vote" seems to me to establish a somewhat ambiguous situation. I should therefore like to suggest a modification of form, as follows: "A majority of the governments or of the representatives of governments in the Conference shall constitute a quorum." I do not understand the need for the phrase "and entitled to vote."

Dr. GONZÁLEZ (Assistant Director, PASB): * Mr. President, it is my understanding that the wording "a majority of the members participating and entitled to vote" is due to the fact that participating members do not always have the right to vote. The following article establishes that certain countries have the right to participate in debates and to vote "except that they shall not participate or vote when any of the matters enumerated in Article 15 of these Rules of Procedure is under discussion." In other words, at a given moment there may be participating members, some of whom are without the right to vote. That is my own interpretation.

PROVISIONAL PRESIDENT: * The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * It seems to me that in that case we would have to set forth in Article 15, or better still in Article 18, the circumstances in which these representatives of the territories would not have the right to vote.

PROVISIONAL PRESIDENT: * The Chair would ask the delegate of Chile to explain his point of view in greater detail.

Dr. TORREBLANCA (Chile): * Mr. President, my position is the following: according to this wording, Article 17 does not clearly establish the minimum number of participants required to open the Conference, that is, to constitute a quorum, because it is not established in any other article that these states, these territories, should be exceptions in this particular circumstance.

PROVISIONAL PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * Gentlemen, I share the

opinion of the delegate of Chile. Unquestionably the wording is obscure, but the fact that this problem is not definitely solved is, unfortunately, our own fault. Here we are, meeting as the XV Pan American Sanitary Conference. As the delegate has seen, the session has been called to order, and this without using the time-honored words: "A quorum being present, the session is called to order." Session of what? Of the XV Pan American Sanitary Conference. But at the same time that the XV Pan American Sanitary Conference was called to order, the X Meeting of the Regional Committee of the World Health Organization for the Americas was also called to order. If we go from bottom to top, pausing briefly at the regional organization, nobody has the slightest doubt but that there is a quorum, according to the legitimate representation of all the countries that constitute the regional organization. But leaving the regional organization as duly constituted, let us turn to the Pan American Sanitary Conference. What is the Pan American Sanitary Conference? The meeting of representatives of the Member Governments of the Pan American Sanitary Organization. Who are the Member Governments of the Pan American Organization? The governments of the 21 countries of the Americas. Now in the realm of science, in the realm of health, and in the unity of the Americas, a geographical continental unity, we have very happily associated with us a number of territories whose mother countries lie outside continental limits. We have them around our table and we discuss health problems with them. But there are politico-administrative problems that do not come within the jurisdiction of these territories, whose juridical personality is disputed in the Americas. Dr. Torreblanca is right in saying that at other meetings of a political character the discussion of territories is brought up and there are rabid territorialists, and there are those who completely deny the possibility of having within the Hemisphere territories whose mother countries are extra-continental. But that, fortunately, is not our affair. It is a matter for the United Nations, a matter of another kind. But that is really the root of this problem. We give to the representatives of the Member Territories full scope of action and a similar degree of participation in all technical matters, etc.

Article 19 gives them the privilege of participating on the same level as the representatives of the American nations in the economic field, provided that these territories have made their contribution to the budget of the Pan American Sanitary Organization.

This is a controversial and much-debated point, and one that has its pros and cons. The territories do not have participation in what we might call the political part of the Organization. But there is a point of extraordinary scope which I am sure Dr. Torreblanca will see at once. Supposing a representative of a territory were elected chairman of one of our governing bodies—the Conference, the Directing Council, or the Executive Committee—and in the order of business there should appear a point that is eminently political, constitutional, and dealing with internal American affairs. In such an instance the Chair would have to say: "Gentlemen, with your permission I withdraw. Let the Vice-President take the Chair, because I cannot preside." This situation will not be resolved until the classification of members as "Full Members" and "Associate Members" is clearly established. While I agree with my fellow-delegate of Chile that the present text is obscure, my personal opinion and friendly advice to him is that, for the moment, it would be sufficient to make a small correction of style, putting aside for some future day the basic question that is still pending. Meanwhile we shall be able to go on functioning as we are, with this policy of tolerant interpretation.

PROVISIONAL PRESIDENT: * Does the delegate of Chile have any other comment?

Dr. TORREBLANCA (Chile): * Mr. President, my intention has been to suggest the advisability that, to establish a quorum, all participants be taken into account, without excluding the representatives of territories, because, since the territories have already been recognized as having the right to vote in the election of the Director of the Pan American Sanitary Bureau, they could well be taken into consideration to avoid the difficulty that at some time there might not be a sufficient number of countries entitled to vote, something that could well break up a Conference. This was the point I raised.

PROVISIONAL PRESIDENT: * Does the delegate of Chile withdraw his proposed modification?

Dr. TORREBLANCA (Chile): * I withdraw it, Mr. President.

*Part III of the draft Rules of Procedure of the Conference was put to a vote and was unanimously approved.*

*Dr. González (Assistant Director, PASB) read Part IV (Article 32 to 40).*

PROVISIONAL PRESIDENT: * Have the delegates any observations to make on these articles?

*Part IV of the draft Rules was put to vote and was unanimously approved.*

*Dr. González (Assistant Director, PASB) read Part V (Articles 41 to 52).*

PROVISIONAL PRESIDENT: * Do any of the delegates wish to remark on Part V?

*Part V of the draft Rules was put to a vote and was unanimously approved.*

*Dr. González (Assistant Director, PASB) read Part VI (Article 53) of the Rules of Procedure of the Conference.*

PROVISIONAL PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * Mr. President, it is my understanding that Article 53 substantially modifies the wording of the article applied at the last Conference. In this case may I ask the Chair to have the article read in its earlier form. It will be interesting to hear the reasons for the modification of this article. Besides, I doubt whether the approval of this article as it is now conceived would mean that it would enter into force immediately. If not, I would request that it be presented to the next Conference for ratification.

PROVISIONAL PRESIDENT: * The delegate of Argentina is recognized.

Dr. NOBLÍA (Argentina): * Will you please tell me, as a clarification, whether the territories take part in the election of the Director.

PROVISIONAL PRESIDENT: * The delegate of Guatemala has the floor.

Mr. OLIVERO (Guatemala): * Mr. President, this was one of the articles whose wording was changed, at the 35th Meeting of the Executive Committee, from that in the former Rules of Procedure. To make my explanation clearer, will the delegates please have before them Article 53 as it was in the former Rules of Procedure.

Article 53, in the form proposed by the Executive Committee, is based on the Constitution of the Pan American Sanitary Organization. The first paragraph of Article 53 in the earlier text reads: "In accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting." This paragraph, as now found in Article 53 with the proposed change, reads: "The Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with the right to vote."

The real reason for this change is our Constitution. We wished to write in here the exact text of Article 4-E, which states exactly what is now being proposed.

This, Mr. President, explains why the Executive Committee proposed this change. An addition follows, because at the above-mentioned meeting of the Executive Committee it was deemed advisable that the duration of the term of office of the Director be specified in this article. That is why it is now stated that "the term of office of the Director shall be four years." And from the next sentence, beginning "Acting as Regional Committee," there is no change from the former text.

PROVISIONAL PRESIDENT: * The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina): * I am waiting for clarifications as to whether the territories vote.

PROVISIONAL PRESIDENT: * The Director of the Bureau will give the explanation.

Dr. SOPER (Director, PASB): * Since 1951 there has been agreement, later confirmed by the XIV Pan American Sanitary Conference, that the representatives referred to in this question have a vote on all matters except for the cases specifically stipulated in the Rules of Procedure. As can be seen in Article 15, these cases are those in which the Conference is considering constitutional matters, the juridical relations between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States, or other questions relating to the Pan American Sanitary Organization as an Inter-American Specialized Organization.

We should also point out that the Director of the Pan American Sanitary Bureau has to act as the Regional Director of the World Health Organ-

ization, and therefore it is essential that the right to vote not be limited; the Conference and the Council have deemed that the right to vote should be as broad as possible, and restricted only in the part that actually touches on the juridical life of the Pan American Sanitary Organization.

PROVISIONAL PRESIDENT: * The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina): * I do not need any documented statement; what I want is a reply from the Director. My specific question is this: Do the territories participate in the election of the Director, or is this election considered a constitutional matter and therefore the territories do not vote? I would like a categorical answer.

Dr. SOPER (Director, PASB): * The answer is, they vote.

PROVISIONAL PRESIDENT: * The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina): * Article 53 of the proposed Rules states that the term of office of the Director shall be four years. On the other hand, the Constitution in Article 4-E provides that the Conference shall elect the Director, and says further on, in Article 7, that "the Conference shall normally meet once in four years." That means that the term of office of the Director is limited to that period. What happens, then, if the Conference does not meet for one reason or another? Would the term of the Director be limited to four years, or would it be extended until the Conference did meet?

PROVISIONAL PRESIDENT: * The Assistant Director will reply to this point.

Dr. GONZÁLEZ (Assistant Director, PASB): * The same article of the Constitution, 4-E, states the following: "In case of resignation, incapacity or death of the Director between meetings of the Conference, the Directing Council shall elect a Director who shall act *ad interim*." Perhaps this could be interpreted in the sense that, when the Director's term expires and he is legally unable to continue in office, the Directing Council would be called to take action. This is just an observation.

Dr. NOBLÍA (Argentina): * This is a serious problem, if I may say so, and a well-defined criterion should be established on this point. To leave it to the interpretation of the texts at a given moment is somewhat hit-or-miss. What should be done is to refer the article to a committee for study. It is true that the case I mentioned has never come up, but it might arise and create a conflict.

PROVISIONAL PRESIDENT: * Article 4-E of the Constitution provides that in the event the office of Director of the Bureau should fall vacant, the Directing Council shall elect an interim Director. The appointment of an interim Director could serve until the legal opportunity arose to elect a new Director. But the delegate of Argentina proposes that the entire article be referred to a committee for study, to obviate the instance he mentioned, which really is important and which is not covered in the Constitution. Is this Dr. Noblía's proposal?

Dr. NOBLÍA (Argentina): * It is, Mr. President. I believe this is a serious problem and that there is room for all the interpretations, but it would be worthwhile to submit it to a committee for study.

PROVISIONAL PRESIDENT: * Is there any other point in Article 53 on which the delegates would like to make comments which might serve as information for the committee to be appointed? The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * I should like to know, Mr. President, if the granting of the vote to the representatives of the territories is an innovation or if this practice has been followed in the past.

Dr. SOPER (Director, PASB): * I can report that in the election held in Santiago, at the XIV Conference, the delegates of the three countries referred to did participate.

PROVISIONAL PRESIDENT: * Is there any other observation? The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * Mr. President, I support the motion of the delegate of Argentina. According to the wording suggested for Article 53, instead of the Director's being elected by a two-thirds vote of the countries represented and voting, as was stipulated in the former Rules of Procedure, the text would read "the countries represented and with the right to vote." In my opinion, this would make it much more difficult in certain circumstances to achieve the two-thirds vote necessary for election. This would make the

election of future Directors even more difficult than it is now. Another point we should take into consideration in making a thorough study of this article is that a Director who comes to the end of his term of office might find himself in an awkward position under the Constitution and the Rules.

PROVISIONAL PRESIDENT: * If there is no further comment, the proposal of the delegate of Argentina to entrust a committee with the study and drafting of Article 53 will be put to a vote.

*The proposal of the delegate of Argentina was put to a vote with the following results: 12 votes in favor, 1 against, and 5 abstentions.*

*The proposal was approved.*

PROVISIONAL PRESIDENT: * A committee will be formed to study the points raised in the discussion. The Chair asks for nominations for members of the committee. The delegate of the United States has the floor.

Mr. WILSON (United States): Mr. President, we understand that if we leave this article in the hands of a committee, this will not prevent the adoption of the remainder of the articles, so that the Conference may proceed.

PROVISIONAL PRESIDENT: * That is correct. Are there nominations for members of the committee? Possibly some delegations that have legal advisers might form a working party to study this article at a given time. I would therefore ask for nominations. The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * I propose Dr. Hurtado of Cuba as a member of the committee.

PROVISIONAL PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * I nominate the delegate of Venezuela.

PROVISIONAL PRESIDENT: * The delegate of Paraguay is recognized.

Dr. PEÑA (Paraguay): * I propose the delegate of Brazil.

PROVISIONAL PRESIDENT: * Three nominations have been made. If the full Conference has no objection, the Chair proposes that the delegations of the United States, Chile, and Argentina also be represented on the committee. Do you agree?

*The delegations of Brazil, Venezuela, Cuba, the United States, Chile, and Argentina were appointed to the committee assigned to study Article 53 of the Rules of Procedure.*

PROVISIONAL PRESIDENT: * The approval of Part VI is held in abeyance, and we shall continue with Part VII of the draft Rules.

*Dr. González (Assistant Director, PASB) read Part VII (Articles 54 to 58) of the draft Rules of Procedure of the Conference.*

PROVISIONAL PRESIDENT: * Is there any comment?

*Part VII of the draft Rules was put to to a vote and was unanimously approved.*

*Dr. González (Assistant Director, PASB) read Part VIII (Article 59) of the draft Rules of Procedure of the Conference.*

PROVISIONAL PRESIDENT: * Is there any comment?

*Part VIII of the draft Rules was put to a vote and was unanimously approved.*

*Dr. González (Assistant Director, PASB) read Part IX (Articles 60 and 61) of the draft Rules of Procedure of the Conference.*

PROVISIONAL PRESIDENT: * Any comment?

*Part IX of the draft Rules was put to a vote and was unanimously approved.*

PROVISIONAL PRESIDENT: * Any other comment? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I should like to recommend an addition to Article 60, which refers to amendments to these Rules of Procedure. It is indicated that amendments may be made on 24-hour notice or by a two-thirds majority vote at any time. I refer to the *modus operandi* of the amendments. We have taken part this morning in a very interesting debate on questions whose clarification is very important, like this last one which has been referred to a special committee. I think it was very wise to devote the necessary time to that debate. Nevertheless, I should like to see added to Article 60 a paragraph to provide that at future Conferences the study of the Rules be limited to proposed amendments, and not cover all the articles, as we did today.

PROVISIONAL PRESIDENT: * The proposal of the

delegate of Cuba refers to future Conferences. The Chair therefore suggests that this Conference approve these Rules and that the delegate of Cuba present at the appropriate time his motion that at future Conferences the Rules of Procedure not be studied *in toto* but that only proposed amendments to the text be discussed.

Dr. HURTADO (Cuba): * Mr. President, the opportunity to present the motion will arise at the end of this discussion.

PROVISIONAL PRESIDENT: * The end of this discussion will come when Article 53 is approved. At that time the motion may be presented. Is this satisfactory?

Dr. HURTADO (Cuba): * There is no objection.

PROVISIONAL PRESIDENT: * Now the Rules as a whole must be approved, except for Article 53, to follow parliamentary procedure.

*The draft Rules of Procedure of the Conference were submitted to a vote as a whole, with the exception of Article 53, and were approved.*[1]

**Topic 5: Election of the President and Two Vice-Presidents**

PROVISIONAL PRESIDENT: * Topic 5 of the agenda is the election of the President and two Vice-Presidents. The delegate of Guatemala is recognized.

Mr. OLIVERO (Guatemala): * Mr. President, I should like to present to the Conference for consideration the name of Dr. Guillermo Arbona as candidate for President. I should also report that the Executive Committee, considering the personal and professional merits of Dr. Arbona, as well as his contribution to the organization of this Conference as Executive Chairman of the Organizing Committee, unanimously recommended this nomination to the Conference.

PROVISIONAL PRESIDENT: * Is there any other nomination? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * In view of the unanimous motion approved by the Executive Committee, permit me to interrupt to report that there is, I presume, a note from the Executive Committee to the full Conference in which the Committee transmitted to the Conference its unanimous recommendation that Dr. Arbona, Secretary of Health of Puerto Rico, be designated President of this XV Conference by acclamation. We know, of course, that the Rules mention secret voting, ballots, and nominations. All very well. But this does not prevent the Conference from approving the designation of Dr. Arbona, and I urge that this Conference accept the note of the Executive Committee for what it means morally, spiritually, and psychologically, and acclaim Dr. Arbona as President of the XV Conference.

PROVISIONAL PRESIDENT: * Does the delegate of Cuba wish the Secretariat to read the decision of the Executive Committee?

Dr. HURTADO (Cuba): * It must exist and it should say that.

PROVISIONAL PRESIDENT: * The Chair considers that the sentiment is unanimous. Does the delegate of Cuba wish the Executive Committee's decision to be read anyway?

Dr. HURTADO (Cuba): * Yes, Mr. President.

Dr. GONZÁLEZ (Assistant Director, PASB): * The Final Report of the 35th Meeting of the Executive Committee states the following with reference to arrangements for the Conference:

*President of the Conference.* Dr. Hurtado (Cuba) called attention to the great personal and professional merits of Dr. Guillermo Arbona, Secretary of Health of the Commonwealth of Puerto Rico, as well as his valuable contribution to the organization of the XV Pan American Sanitary Conference, as Executive Chairman of the Organizing Committee. He therefore proposed that the Executive Committee recommend to the Conference that this distinguished public health official be designated President. The Executive Committee unanimously shared this view and agreed that it should be so stated in the record.

Dr. HURTADO (Cuba): * Will the Chair permit me to make a clarification?

PROVISIONAL PRESIDENT: * Yes, Mr. Delegate of Cuba.

Dr. HURTADO (Cuba): * I greatly regret, gentlemen, that this part of the Final Report of the Executive Committee was read, because that was not my intention. I would not have accepted that text for presentation to the Conference in this form, because I do not seek nor did I seek before any personal mention; I intended the recommendation to be absolutely impersonal.

[1] For text of Rules, see p. 9.

The nomination of Dr. Arbona arose from the Executive Committee as a whole, not from any specific person or delegate, and the Conference is asked, in the same way, to acclaim Dr. Arbona unanimously with the same kind of general sentiment shared by the whole XV Conference. The whole Executive Committee proposed it and it is acclaimed by the whole Pan American Sanitary Conference. This was my intention and I regret that it was not done in this way.

PROVISIONAL PRESIDENT: * By unanimous agreement of the Executive Committee, it is proposed to this Conference that Dr. Guillermo Arbona be designated President.

*The proposal of the Executive Committee was approved by acclamation.*

PROVISIONAL PRESIDENT: * I declare Dr. Guillermo Arbona, Secretary of Health of the Commonwealth of Puerto Rico, President of the XV Pan American Sanitary Conference. I thank all of you for the cooperation given me while I was Provisional President, and I am pleased to invite Dr. Arbona to take the Chair.

*Dr. Arbona (United States) took the Chair.*

PRESIDENT: * Gentlemen, I deeply appreciate the honor you have bestowed upon me in naming me President of the Conference, and I thank you in the name of the Government of the United States, whose delegation is headed by Dr. Burney, whom you know and who presided at the Eleventh World Health Assembly in Minneapolis, and I thank you also on behalf of the Government of the Commonwealth of Puerto Rico. I realize that this is a recognition of the Government of the United States and that of Puerto Rico, rather than of me personally. The members of the United States delegation, among whom are several colleagues from the public health services of Puerto Rico, would like you to know that we are at your disposal whenever you want to observe any of our experiments in the field of public health. We have the good fortune to have with us Dr. Pons, former Secretary of Health of Puerto Rico, who at the XIV Pan American Sanitary Conference, in the name of the Government of the United States, extended the invitation to hold the XV Conference in Puerto Rico.

I hope that we shall be able to alternate our work program with social and cultural activities, so that you may come to know the life of this country and strengthen our bonds of good friendship and brotherhood.

We now proceed to the election of the Vice-President of the Conference. The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * The delegation of Venezuela proposes as one of the Vice-Presidents, Dr. Alejandro Jiménez Arango, Minister of Public Health of the Republic of Colombia.

PRESIDENT: * The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * The delegation of Ecuador seconds the proposal of the delegation of Venezuela.

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * The delegation of Costa Rica supports the proposal of the delegate of Venezuela.

PRESIDENT: * The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * The delegation of Chile wishes to nominate as Vice-President, the Minister of Public Health of the Republic of Argentina.

PRESIDENT: * Any other nomination?

*The delegates of Colombia and Argentina were unanimously elected.*

PRESIDENT: * The delegate of Colombia has the floor.

Dr. JIMÉNEZ ARANGO (Colombia): * I thank you most heartily, in the name of the Government I represent, for the honor you have bestowed upon us in designating the chief of the delegation of Colombia as one of the Vice-Presidents of the Conference.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. NOBLÍA (Argentina): * I understand that this designation as Vice-President is an honor conferred upon the Government that I represent, Argentina, which is now returning to the international scene with a great will to take creative action, and a great feeling of harmony and univer-

sal solidarity with all the countries of the world. At this time I accept with gratitude, in the name of my country, this very high honor.

PRESIDENT: * The order of business has been completed.

*The session was adjourned at 12:35 p.m.*

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## SECOND PLENARY SESSION

*Monday, 22 September 1958, at 3:10 p.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

### Topic 6: Establishment of the Main Committees

PRESIDENT: * The meeting is called to order. According to the order of business, our first topic is the establishment of the main committees, Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters).

The establishment of these committees calls for the election of a chairman for each. We shall begin with the election of the Chairman of Committee I (Technical Matters). The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * The delegation of Costa Rica wishes to nominate Dr. Horace P. S. Gillette, Medical Adviser to the Government of the Federation of the West Indies, for Chairman of Committee I.

PRESIDENT: * Are there any other nominations for Chairman of Committee I?

*Dr. Gillette, delegate of the United Kingdom, was elected Chairman of Committee I.*

PRESIDENT: * Nominations are in order for Chairman of Committee II. Is there any nomination? The delegate of Chile has the floor.

Dr. HORWITZ (Chile): * The delegation of Chile wishes to nominate Dr. Carlos Díaz Coller, delegate of Mexico, for Chairman of Committee II.

PRESIDENT: * Dr. Horwitz has proposed Dr. Díaz Coller to preside over Committee II. Are there any other nominations?

*Dr. Díaz Coller, delegate of Mexico, was elected Chairman of Committee II.*

PRESIDENT: * The Secretariat will report on the establishment of the General Committee.

Dr. GONZÁLEZ (Assistant Director, PASB): * According to Article 34 of the Rules of Procedure, the General Committee shall be composed of the President of the Conference, who shall serve as Chairman of the General Committee, the two Vice-Presidents, the Chairmen of the main committees, and additional delegates of two Member Countries not already represented on the General Committee.

The Conference should therefore designate two delegates from countries not already elected to the Presidency of the Conference, the Vice-Presidency, or the Chairmanship of the main committees.

PRESIDENT: * We therefore call for nominations of two delegates to be members of the General Committee. Is there any nomination?

Dr. ALLARIA (Argentina): * This delegation proposes the delegates of Paraguay and Guatemala.

PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * This delegation proposes the delegate of Venezuela.

PRESIDENT: * Any other nominations? The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * We would like to propose the delegate of Panama for the General Committee.

PRESIDENT: * If there are no other nominations, we shall proceed to the election of two delegates to serve on the General Committee. I wish to remind you that each delegation should vote for two members of the General Committee. The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * Do we vote for countries, or for names of the individuals?

PRESIDENT: * The voting should be by the names of the countries. Dr. Williams has the floor.

Dr. WILLIAMS (United States): Could you give us a list of the candidates, Mr. President?

PRESIDENT: * The Secretariat will give the information.

Dr. GONZÁLEZ (Assistant Director, PASB): * The candidates are Guatemala, Paraguay, Venezuela, and Panama. These are the countries that have been suggested up to now.

PRESIDENT: * For this election, the Chair suggests that the delegates of Honduras and Uruguay act as tellers. Would they kindly come to the rostrum for the vote counting.

*A vote was taken, with the following results: number of ballots cast, 19; number of ballots null and void, 1; number of valid ballots, 18; majority required, 10. The voting was as follows: for Panama, 12; for Venezuela, 11; for Paraguay, 7; for Guatemala, 6.*

*The delegates of Panama and Venezuela were elected members of the General Committee.*

**Topic 7: Adoption of the Agenda**

PRESIDENT: * The Secretariat will report on the agenda.

Dr. GONZÁLEZ (Assistant Director, PASB): * This draft agenda was presented by the Director of the Pan American Sanitary Bureau to the 35th Meeting of the Executive Committee, held on 17 and 18 September 1958, and a résumé of its pertinent discussions is given in the Final Report of that meeting.[1]

The Executive Committee resolved to approve the draft agenda of the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization, prepared by the Director (Document CSP15/1, Rev. 3), and to transmit it to the Conference. The draft agenda consists of 36 topics.[2]

PRESIDENT: * The draft agenda is under consideration. The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica): * The Government of Costa Rica duly sent a request to the Director of the Pan American Sanitary Bureau and, in accordance with Article 10-C of the Rules of Procedure of the Executive Committee, requested that that governing body, at its 34th Meeting, agree to include on the agenda of the XV Pan American Sanitary Conference a topic on "Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau." No such procedure is established at present. The matter had already been discussed at the X Meeting of the Directing Council, where it was stated that the topic could be resolved only by the Conference. I repeat that Costa Rica presented the topic, not for decision by the Executive Committee, but for inclusion on the agenda of this Conference. It raised the question because it did not deem it advisable to wait until a Conference before seeking methods of election to be used then. We should arrive at the Conference with a previous knowledge of the procedure to be followed.

For this reason, on receipt of a letter dated 18 April 1958 in which the Director of the Bureau issued an invitation to propose new topics, the Government of Costa Rica replied, on 26 April, requesting that this topic be presented to the Conference. It was not the intention of the delegation of Costa Rica that, if this method or plan should be included on the agenda, it should be applied to the election of the Director at this Conference, but it does consider it important to establish a satisfactory method for the future.

The Government of Costa Rica was therefore greatly surprised to receive a letter from the Director in which he perhaps misinterpreted the request made, and as a result of that misinterpretation—I wish to call it that—the proposed topic was not accepted by the Director or included on the Conference agenda.

The delegation of Costa Rica, therefore, wishes to present a new topic under the title "Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau." It does not do this with the idea of immediate application; but so that after proper study by a committee, by the Directing Council, or by the Executive Committee, we may arrive at a method acceptable to all.

PRESIDENT: * Does any other delegate wish to

[1] See Part IV, pp. 405-407.
[2] For text of the agenda, see p. 14.

speak in regard to the agenda? The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * I am not sure, Mr. President, whether this is the right time to present a case similar to that presented just now by the delegate of Costa Rica. I do not know whether the Bureau received in time a communication from the Government of Uruguay, asking for the inclusion of the topic "Study of the Diabetes Problem in the Americas."

PRESIDENT: * The communication was received when the Executive Committee meeting had already closed. It was therefore not possible for the Committee to approve its inclusion on the agenda. But I have the message of the Government of Uruguay here. Does the delegate propose now that this topic be included on the agenda?

Dr. BERTOLINI (Uruguay): * Yes, Mr. President.

PRESIDENT: * We have two proposals for additions to the agenda. First, the proposal of Costa Rica to add the topic "Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau."

*A vote was taken, with the following results: 14 votes in favor, 0 against, and 3 abstentions.*

*It was agreed to include on the agenda the topic proposed by the delegation of Costa Rica.*

PRESIDENT: * The second proposal, made by the delegation of Uruguay, is for inclusion of the topic "Study of the Diabetes Problem in the Americas."

*A vote was taken, with the following results: 15 votes in favor, 0 against, and 2 abstentions.*

*It was agreed to include on the agenda the topic proposed by the delegation of Uruguay.*

*The agenda as a whole was then approved.*

### Topic 8: Adoption of the Program of Sessions

PRESIDENT: * The Secretariat will report on this topic.

Dr. GONZÁLEZ (Assistant Director, PASB): * Mr. President, the document referring to this topic is Document CSP15/24.[1] This proposed program of sessions for the XV Conference was submitted to the 35th Meeting of the Executive Committee, which decided to approve it and transmit it to the Conference for consideration.

In general, it is proposed that plenary sessions be scheduled during the mornings, the afternoons being reserved for meetings of Committees I and II, as well as for the daily meetings of the General Committee. Tuesday, 30 September, is reserved for the Technical Discussions. Naturally, it is up to the General Committee to guide the progress of the Conference's work and, if necessary, to propose modification of this program of sessions.

PRESIDENT: * The program of sessions suggested by the Executive Committee is therefore submitted for consideration by the delegates. Is there any comment, observation, or objection to this program?

*The program of sessions was approved, subject to such revisions as might be made by the General Committee.*

### Topic 9: Annual Report of the Chairman of the Executive Committee

PRESIDENT: * We proceed to Topic 9 and will hear the annual report of the Chairman of the Executive Committee, Mr. Humberto Olivero. I invite Mr. Olivero to read this report from the President's table.

Mr. OLIVERO (Guatemala): * I am honored to appear before the XV Pan American Sanitary Conference in my capacity as Chairman of the Executive Committee. I say it is an honor because I have had the privilege, as the representative of Guatemala on that Committee, to be elected its Chairman during a period in which the annual report is to be given to the highest body of the Pan American Sanitary Organization.

*Mr. Olivero then read Document CSP15/28.*[2]

PRESIDENT: * You have heard the report of the Chairman of the Executive Committee, which is now submitted to the delegates for consideration and comment. The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * I would like, Mr. President, to extend my warmest congratulations

[1] Mimeographed document.

[2] See Part IV, pp. 371-375.

to the members of the Executive Committee, and especially to their Chairman, Mr. Olivero, for the brilliant manner in which they have carried out the delicate tasks entrusted to them.

PRESIDENT: * Any other comments? Would the Conference accept the adoption of a resolution approving the report submitted by the Executive Committee? The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * Approving the report and at the same time congratulating the Executive Committee on the manner in which it has carried out its work.

*It was so agreed unanimously.*[1]

**Topic 4: Establishment, by Lot, of the Order of Precedence of the Delegations**

PRESIDENT: * The Secretariat will inform us of the order of precedence of the delegations.

Dr. GONZÁLEZ (Assistant Director, PASB): * Mr. President, for the record, I wish to read the order of precedence established for the delegations as a result of the preliminary meeting of the chiefs of delegations held yesterday morning.

The order is as follows: Brazil, Nicaragua, Mexico, Venezuela, Colombia, Costa Rica, Ecuador, Peru, Paraguay, Uruguay, United Kingdom, Cuba, Kingdom of the Netherlands, Haiti, United States of America, Chile, Dominican Republic, Guatemala, Bolivia, Panama, France, Honduras, El Salvador, and Argentina.

PRESIDENT: * Is there any other business? The session is adjourned.

*The session was adjourned at 4:25 p.m.*

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## THIRD PLENARY SESSION

*Tuesday, 23 September 1958, at 9:30 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

PRESIDENT: * The session is called to order. The Secretariat will report on decisions adopted at the first session of the General Committee.

*Dr. González (Assistant Director, PASB) reported on matters discussed and decisions taken at the first session of the General Committee.*

**Second Report of the Committee on Credentials**

PRESIDENT: * The second report of the Committee on Credentials will now be presented. The Rapporteur of that Committee has the floor.

Dr. JAVIER (Honduras, Rapporteur): * The Committee on Credentials, composed of the delegates of Nicaragua, Mexico, and Honduras, held its second session in the Isla Verde Room on 23 September at 9:00 a.m. The Committee examined the credentials of the delegation of El Salvador, which had been received in the Secretariat of the Conference, and recommended that the delegation of El Salvador be fully accredited to the Conference.

PRESIDENT: * Are there any comments on the report of the Committee on Credentials?

*The second report of the Committee on Credentials was approved.*

**Topic 10: Quadrennial (1954-1957) and Annual (1957) Reports of the Director of the Pan American Sanitary Bureau**

PRESIDENT: * Dr. Soper, Director of the Bureau, has the floor.

Dr. SOPER (Director, PASB): * Mr. President, I wish to state that the report presented today is the quadrennial report for 1954-1957, but that there is also, in order to maintain the series, a separate report for the year 1957.

The documents I have the honor to present to this Conference are the eleventh annual report and the third quadrennial report.

Being present here today, I cannot forget past Conferences. I have had the good fortune to attend all the Conferences since the IX Conference in Buenos Aires in 1934, and among those here pres-

[1] Resolution I, p. 24.

ent I see no one who was also at that meeting.

It is interesting to note that at that Conference of 1934 the problem of jungle yellow fever was presented for the first time in an international meeting, and also that it was called to the attention of those present there that *Anopheles gambiae*, the malaria vector most feared in Africa and all the world, had invaded the American Continent

Several of those who attended the X Conference in Bogotá are here now; at that Conference mention was again made of the danger to the Hemisphere from *A. gambiae*. Something very important happened at that meeting that emphasized the interest the countries had in joining forces to protect the Hemisphere. Once the problem of *A. gambiae* had been raised, and inasmuch as they did not form part of the Conference machinery at that time, the representatives of three countries separately offered financial assistance, in the name of their governments, to the program to eradicate that mosquito from Brazil, in the event that the funds of the Brazilian Government and the Rockefeller Foundation should prove insufficient for controlling the situation.

That was the first time I had seen the existence of a spirit of solidarity so spontaneously expressed by the countries which had offered to cooperate in the solution of a problem of this sort; and the memory of that fact has encouraged me to regard with mounting confidence and enthusiasm the possibility of obtaining the cooperation of the various countries for the solution of continental problems.

At the XI Conference held in Rio de Janeiro in 1942, that is during the War, it was possible to declare the eradication of *A. gambiae* in Brazil, a feat achieved without the need of recourse to the other countries. The eradication of *A. gambiae* in Brazil, at that time, was extremely important for the international situation, since during the War's early years northeastern Brazil was a vital stop on the principal air route between the United States and Africa and other parts of the world.

Several of those who attended the Caracas Conference in 1947 are present here at the 1958 Conference. Some of them disappeared later from the international organizations but have reappeared now. But it is interesting to note that, though people may change, the governments continue and the Organization endures. During my first years with the Bureau as Director, I witnessed changes in all the principal health authorities, ministers or directors of health with whom the Bureau had to cooperate. Nevertheless, there has been unflagging support from the governments, which has permitted, despite all the changes, the continuance of a general program with the same orientation.

In presenting this report, I wish to repeat that the Pan American Sanitary Organization and the World Health Organization are not directly responsible for the health of any population group or any territory. The responsibility always lies with the government and, actually, the Director's report is not the most important presented here. For this Conference, the most important report is undoubtedly the summary of the four-year reports of the individual countries, and if my report did not reflect the results of collaboration and coordination in continental health efforts, what might be said in this discussion about what the Bureau has done would be of little importance.

I must stress again that this report is not merely a document of the Pan American Sanitary Bureau for our Organization. It is rather a combined account of the work done by the Pan American Sanitary Organization and the World Health Organization in collaboration with the various governments, UNICEF, the US International Cooperation Administration, other organizations and private bodies, and even commercial enterprises.

The report has been distributed to all the delegates and I shall not now attempt analysis or presentation of it. I only want to emphasize that we have again presented a report in the semipopular style, one which, besides being a summary of accomplishments, serves the needs of writers on public affairs and people who want to use it as a source of information, not only for students in schools of medicine and public health, but for publications, magazines, and the like.

I also would like to point out that the document is divided into three sections: an introduction, "Director's Review"; Part I, which is, properly speaking, the actual quadrennial report; and Part II, the summary of activities carried out in 1957.

In any event, however, the introduction to the Director's report was prepared especially for technicians and health authorities rather than for publicity purposes.

When I presented the report for 1956 to the

Council last year, I insisted on the need for health work to be planned on a basis of several years, not only by the Bureau but also by the governments. That is possible only when there is advance knowledge of the funds that will be available. In that connection I repeat that the Bureau's and the Organization's most important resource consists of the annual quotas of the Member Governments.

Many people, when they read the reports of the Organization, tend to lump all the funds applied to international health programs together as funds of the Organization. But the delegates at this Conference should not forget that the Organization's life and plans for the future actually depend on the quotas of the Member Governments; we should also always remember that the problem of communicable diseases has been the principal reason for being of international health organizations and is what gave them life in the first place. In that respect, it is interesting to note that at the first Conference, in 1902, one of the problems discussed and recommended for further study and for planning programs was that of the mosquito which in 1900 had been proved to be the vector of urban yellow fever, the mosquito that we today call *Aëdes aegypti.*

We should note that it was at an international conference held in Washington in 1881 that Dr. Carlos Finlay of Cuba made the first declaration to an international meeting that the mosquito was the vector of yellow fever. And in 1902, at the First International Sanitary Convention, that was one of the problems that was studied and was the subject of a resolution. It is interesting to note that one of the topics on the agenda of this Conference is the report on the status of *A. aegypti* eradication in the Americas—a campaign that was begun late in 1947, as a result of a resolution passed at the I Meeting of the Directing Council held in Buenos Aires that same year.

It is worth noting that the first international regional campaign for the eradication of a mosquito, directed toward the final solution of this problem, was the action in regard to *A. aegypti.* And in regard to the eradication campaigns in the different countries, we should point out that the impetus for them was due to the action of the Brazilian delegation, when it stated that Brazil, already freed of the mosquito, was suffering repeated reinfestations from neighboring countries.

Such are the pictures of the present and the future. We can be sure that in the future, when a country or a region succeeds in eradicating a disease-vector, or a disease as such, it will immediately begin to bring international pressure to bear toward the end that sources of infection in other parts of the world be cleaned up or eliminated.

Referring specifically to yellow fever, which provided the reason for my first participation in a Pan American Sanitary Conference, in 1934, there are certain things that I must say. I shall say no more about the eradication of *A. aegypti,* which is one of the topics on our agenda. I shall simply mention that in certain countries we have found resistance on the part of the mosquito to the insecticides. In regard to yellow fever itself, since 1948 we have witnessed an invasion of Panama and Central America by the disease, progressing year by year until, a year and a half ago, it reached Guatemala, while it seemed to be disappearing in the zones through which the virus had passed. All the Central American countries were invaded, with the exception of El Salvador.

But in 1956 and 1957 the yellow fever virus reappeared in Panama, precisely in the areas known to have been infected in 1948, although apparently in 1957 and 1958 the virus has not succeeded in passing to the western part of Panama, and we have the impression that it has not been the source of a new wave of infection in the region.

Looking far south again, to Brazil, we note that in 1957 and 1958 some cases of jungle yellow fever appeared in the valley of the Paraná and Paraguay Rivers, representing the fourth invasion observed since 1934. The number of cases was small, thanks to vaccination, but it is very interesting to note this new manifestation of the cyclical movement of the virus.

We continue to note cases in certain areas where yellow fever appears to be static, as in San Vicente de Chucuri, in Colombia. There has been no yellow fever in Trinidad since 1954, and the island has apparently been completely free of the virus during that period. Since 1954, not a single case of yellow fever transmitted by *A. aegypti* has been found.

I shall not give details on yellow fever in the rest of the countries. I wish only to state, in summary, that every year cases have been confirmed in from five to eight different countries, and that

in general the zone that has cases one year does not have them the next. The movement of the yellow fever virus seems to be a cyclical phenomenon almost everywhere, except for some foci.

Eleven years ago, when we began to organize a team of technical personnel for the Bureau, I insisted to my colleagues that we should be concerned not so much with what could be done immediately, at that time, as with what the Organization would be in a position to do after some ten years' work.

It should be pointed out that international organizations move much more slowly than national ones. The administrative mechanisms of the various governments and the difficulties occasionally encountered in finding personnel create a situation in which our activities proceed less rapidly than do those of the individual governments.

We need to know approximately two years in advance what we can do in the future; therefore I believe that this Conference should study this situation and the possibilities for action by this Organization, and should as a result take the necessary steps to prepare the program, taking into consideration both these possibilities and the needs of the various countries.

I shall refer briefly to certain problems that might be classified as development difficulties, some of which will progress rather slowly, but for which we are responsible and which we want to see solved, little by little. First I shall refer to the use of atomic energy for peaceful purposes, and there my report can be quite brief. Since we have not yet been able to find a person trained in that field, our activities have not yet begun. We believe that it is a field of activity in which all the health authorities of the Hemisphere, or almost all of them, need advice, and we regret that no means of solving that problem has yet been found.

In previous years we have discussed the problem of pharmaceutical products from the international point of view, and I can report that we are now collaborating with certain countries in solving this problem. We have programs arranged for the coming year, and we hope that it will perhaps be possible during 1959 to start a survey of the situation in the Hemisphere, as has already been entrusted to us by our governing bodies.

The Pan American Zoonoses Center, already established and functioning in southern Argentina, still has a limited budget, made up of Technical Assistance funds, some contribution from the Pan American Sanitary Bureau, and the backing of the Argentine Government. We believe that this Center should operate in a manner similar to that of the Institute of Nutrition of Central America and Panama (INCAP), with the collaboration of the interested countries. These should make their financial contribution apart from the budget of the Pan American Sanitary Bureau, and they should assume the responsibility for enlarging and maintaining within their own borders technical staffs able to cooperate with the Institute in field studies, so that the Zoonoses Center as we have envisaged it would not be an isolated center for training technicians and conducting research, but an active agency capable of collaborating with the governments in the solution of their problems and of coordinating solutions among neighboring countries. During the early months of the coming year, we plan to call a meeting of the authorities interested in this matter.

Referring briefly to the Pan American Foot-and-Mouth Disease Center in Rio de Janeiro, I may say that it continues to be financed under the Program of Technical Cooperation of the Organization of American States, and while a certain amount of scientific progress has been made, the basic problem of a vaccine against the disease has yet to be solved. Further, I understand that the new buildings needed for effective tests on vaccinated cattle are being built and we hope, with the new methods, to multiply the viruses rapidly in cell cultures, and so to improve the chances for real progress in this field.

Without going into detail, may I also say that we are studying a proposal for a biological products center, as a cooperative organization of the Central American countries.

We have recently taken new steps regarding environmental sanitation. We have called a committee of specialists to guide us on what can be done to solve the basic problem of water for the American peoples. A document on that question has been presented to this Conference. I wish to stress only the fact that, in our opinion, it will never be possible to finance the supply of water to the peoples of the Continent, except on the basis of monthly payments by the people for the services they receive. We believe it very necessary that the governments realize that water is some-

thing that is sold, and if they want to maintain and enlarge existing services it is essential that a prior decision be reached as to the manner of charging the consumers, in order to amortize the costs.

In last year's report to the Council, I referred to the problem of vaccination against poliomyelitis, and the possibility of using in the field live viruses for oral administration to the people. I can state today that the Pan American Sanitary Bureau accidentally became interested in this program of vaccination with attenuated live virus in Minneapolis, Minnesota. It happened that the technician who was working with the University and the State Health Department on an experimental test came to the Bureau about other matters before finishing his work. In any event, we have cooperated in the studies in Minneapolis through the services of that colleague, and I can say only that in the first study of 25 families the results were considered satisfactory, and the University and the State Health Department authorized a larger study, among some 550 persons, which has also been completed with satisfactory results.

Mexico City has also informed us that the three types of live virus have been administered to 3,000 children in nursery schools, with satisfactory results.

Those of you who have received the August *Boletín* of the Pan American Sanitary Bureau have read the translation of the article on the use of the live viruses describing how in Africa, more than 200,000 persons were vaccinated with the live virus.

In the Americas, in addition to Minneapolis, the use of the live virus has been begun in Colombia and Nicaragua; and since the delegates of those two countries are present, I shall not go into details, except to say that to date there have been no accidents or contraindications in the use of this virus.

Regarding the eradication programs, I have already stated that the Pan American Sanitary Bureau first tackled the problem of *Aëdes aegypti* eradication at the instigation of the Brazilian Government. I may also say that the Pan American Sanitary Bureau became interested in eradicating yaws in response to a proposal of a representative of the Government of Haiti. Today we are carrying on four eradication programs, and now when we talk about eradication we really do mean termination, elimination, extirpation. We have programs for the eradication of *A. aegypti*, yaws, smallpox, and malaria.

The eradication of malaria, and the situation regarding this disease, is a topic on our agenda. I am not going into the background of the problem here; I merely want to call attention to the fact that we have recently encountered the serious problem of resistance, in America, of *Anopheles albimanus* to the insecticide dieldrin. Fortunately that mosquito does not seem to have acquired at the same time resistance to DDT. But changing the programs from the use of dieldrin once a year to the once-every-three-months' use of DDT raises a difficult financial and administrative problem. I just want to add that in other parts of the world interest in eradication and in the organization of services to that end has been greater than could have been imagined three years ago. Recently there was a meeting of representatives of the South African countries—the Union of South Africa, Mozambique, Bechuanaland, Swaziland, and Rhodesia—and they agreed to start a joint campaign for the eradication of malaria throughout the southern part of the continent. We know from experience that once this objective is attained, those same countries will have to exert ever-greater pressure to bring about eradication in the north.

At the Eleventh World Health Assembly, held in Minneapolis this year, we noted with great satisfaction the initiative for international research and the action of the United States Government in offering funds to the World Health Organization for analyzing the situation and making suggestions for the future program, to the end that the studies and research in the field of medicine and public health throughout the world may be coordinated.

In that respect, we should point out that there is laboratory research, field research, and a third area of research that combines the two techniques. And in Brazil for many years the National Yellow Fever Service has had the good fortune to have within a single organization laboratories, field research, and the general responsibility for control of the disease. Knowing of the interest aroused by research, I should like to point out that this is a natural field for international cooperation, and that for the past 12 years or more the

Pan American Sanitary Bureau has worked for this cause.

For some years, through the Pan American Sanitary Bureau, intensive studies have been carried out in Guatemala on the problem of onchocerciasis, not only in the field of therapy but also in that of entomology, with the classification of vectors and related work. Also, in the same period (1946-57) in Guatemala, studies were made on venereal diseases, particularly the treponematoses, which have since served as the basis for the yaws eradication program in Haiti and elsewhere. We should make it quite clear that this collaboration program, these studies in Guatemala, were possible only through the collaboration of the United States Public Health Service and its National Institutes of Health, which have also collaborated with the Government of Brazil and with the PASB in the program of studies on molluscacides and on the schistosomiasis problem in Brazil.

In these observations we should refer again to the collaboration of the representatives of the United States National Institutes of Health, with us and with the governments of Central America, in the studies on the treatment of malaria; the studies made by the Institute of Nutrition of Central America and Panama on how to control goiter, and now on atherosclerosis and infantile pluricarencial syndrome problems, and other scientific problems relating to nutrition; studies for which the Bureau has given advice on yellow fever to the governments, in Rio de Janeiro, Bogotá, Central America, and St. Vincent; studies in Mexico in insecticide sorption on walls; studies on the use of live virus vaccine in typhus prevention; studies on foot-and-mouth disease; studies in the zoonoses centers and the present studies on the use of poliomyelitis virus. All these give an indication of the vastness of the field of collaboration for international organizations.

Gentlemen, I have attempted to refer to only a few points; I do not wish to continue this monologue. I am going to stop short right now, in order to hear your observations. I am ready to answer any questions, and shall try to dispel any doubts you may have.

PRESIDENT: * The Chair recognizes the delegate of Venezuela.

Dr. ARREAZA GUZMÁN (Venezuela): * First, I should like to thank Dr. Soper for the magnificent report he has given us. To Venezuelans this report, and the results shown in it, are especially satisfactory because they represent the culmination of work begun in our capital, Caracas, in 1947, and are justification for us and for the Hemisphere of the position taken at that time by the delegations of Brazil, Mexico, Venezuela, and the United States. This group of countries was, and in this you will excuse my lack of modesty, the one that urged the transformation of the Bureau into a truly active and truly influential agency in continental health. The results shown today by Dr. Soper, and expressed in the eradication campaigns, leading in practice to an end almost unknown in biology, are proof that the efforts we made and impetus we gave at that time were indeed justified. I only wish to say these few words because to us it has been moving to hear what Dr. Soper had to say at this time.

PRESIDENT: * The delegate of the Kingdom of the Netherlands—Surinam has the floor.

Dr. VAN DER KUYP (Kingdom of the Netherlands—Surinam): Allow me to make a few remarks with reference to the excellent quadrennial report of the Director.

On page 14 the statement is made that "*aegypti* is no longer found in many of the countries of the Americas, although final surveys for declaration of eradication have not been completed in a number of countries. The following areas are probably clean: Bolivia, Brazil, British Guiana, Chile, Costa Rica, Dutch Guiana," and so on. On page 29 it is indicated that the *Aëdes* eradication campaign in Surinam has not yet begun. The map on page 152 shows that Surinam is a zone without an eradication campaign.

On page 154 it is reported that in territories "such as the United States Virgin Islands, British Virgin Islands, Surinam, and some of the Netherlands Antilles, there are as yet no specific organized programs. According to available data, infestation of Surinam by *Aëdes aegypti* is widespread, but specific measures have not yet been taken for its eradication."

None of those four statements is correct. Several epidemics of urban yellow fever have occurrred in Surinam from the eighteenth to the twentieth centuries, the last one in 1908-09. According to the mouse-protection tests performed

since 1934 in the Rockefeller Laboratories in Rio de Janeiro and in Bogotá and at the Institute of Tropical Hygiene and Geographical Pathology in Amsterdam, jungle yellow fever is prevalent in the savanna region and in the interior, where *Haemagogus* species and monkeys are present. The immunity rate is especially high in the Amerindians near the southeastern border. Immunity among the adult male Bush Negroes is more frequent than among the adult females, while it is about equal in adult male and female Amerindians.

Since June 1948 the water containers in the capital city have been treated with DDT. In April 1949, DDT residual spraying of houses started. Since December 1949 all small, worthless water containers have been destroyed.

During 1953 and 1954 UNICEF and the Pan American Sanitary Bureau offered the Surinam Government assistance in eradicating the *A. aegypti*. Several areas are *A. aegypti* free at present, for instance, the main airport, the bauxite plants of Moengo and Paranam, and the rice cultivation project of Wageningen.

However, notwithstanding periodic treatment with DDT of the houses and water containers in the capital city, the *A. aegypti* rate, which had decreased from 42.1 per cent to 0.4 per cent, suddenly rose to 12.2 per cent in 1953. Laboratory tests proved that there are DDT-resistant *A. aegypti* in the capital city.

The first to seventeenth rounds of inspections from 1954 to 1958, covering about 22,000 houses and their yards, revealed infestation rates of 10.6 to 0.9 per cent. The rate in the eighteenth round, from 5 March to 30 August 1958, covering the minor dry period and the major rainy season, was 3.1 per cent.

In the capital city, perifocal spraying with gammexane is applied by the sanitary inspectors wherever they encounter potential or actual breeding places that cannot be eliminated.

The total-coverage spraying of the malaria eradication program in the suburbs of the capital city and in all inhabited rural parts of the country, which started in May 1958, is likely to support the anti-*aegypti* activities.

PRESIDENT: * The Chair recognizes the delegate of the United States.

Dr. HINMAN (United States): On behalf of the delegation of the United States, I should like to express our congratulations to the Director of the Pan American Sanitary Bureau for this magnificent report. The 11 years to which he has referred have been most productive ones. At least three of the delegates who are in this room recently attended the VI International Congress of Tropical Medicine and Malaria and learned something of what is going on in the world, particularly in the field of eradication.

I think we should be very proud of the impetus and guidance given by the Pan American Sanitary Bureau to the eradication programs, particularly against malaria. And Dr. Soper's name, of course, will always be associated with this work. I again wish to congratulate the Bureau and the Organization.

PRESIDENT: * The Chair recognizes the delegate of Mexico.

Dr. DÍAZ COLLER (Mexico): * I should like to refer to only one point of the Director's report, regarding the discussions that took place at the IX Meeting of the Directing Council in Guatemala in 1956. At that time, several of us who were there criticized, quite specifically, I think, some aspects regarding the Bureau publications, especially the *Boletín*.

I should like to state for the record that from that time to the present, the distribution of the *Boletín* has improved notably, the quality has improved even more, and its punctuality is as it should be. It is issued with the promptness for which we asked, because the observations we made on this point were taken into account. I should like to thank the Director most sincerely.

PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. SÁNCHEZ VIGIL (Nicaragua): * First, the delegation of Nicaragua wishes to extend its sincerest congratulations to the Director on the brilliant report he has presented to us, which stresses points of positive interest for the present and, above all, for the future.

With respect to this report, I should like to mention especially the reports on eradication work and to refer to the modified or attenuated viruses. In Nicaragua we have used smallpox vaccine since 1929 and 1930. There was a mass vaccination of almost the entire population; this vacci-

nation has continued since then, and not a single case of smallpox has been registered.

Later, in 1952 and 1953, yellow fever appeared. Using 17D yellow fever vaccine, we have completed vaccination, up to the present, of more than a million inhabitants, including those in rural areas especially and not omitting villages and mountainous regions where we had not been able to vaccinate successfully before; this we have done without the least trouble.

After implementing this campaign, which has been carried forward slowly and with special attention given to all persons coming from abroad, we encountered the problem of rabies, coming from our neighboring Republic of Costa Rica. It should be pointed out that there had never been a single case of rabies in Costa Rica since colonial times. To combat this problem, a meeting of ministers of public health and of agriculture was held in San Juan del Sur, attended by officials of the ministries of both Costa Rica and Nicaragua. At this meeting it was agreed to close the frontiers as far as 60 kilometers from the border, in order to prevent new cases of rabies infection. Costa Rica fulfilled its part scrupulously, as we also did in the north. We have carried out, in the city of San Carlos and in the mountainous and sparsely populated regions, an intensive program, which ended some two months ago and in which some 20,000 dogs were covered.

In this case we used the Lederle virus of the new attenuated strain. Not a single accident was registered, that is to say, vaccine from live attenuated virus proved to be absolutely safe.

The Nicaraguan Ministry of Public Health wants to carry out more campaigns of this sort, utilizing vaccines that have passed inspection to ensure the necessary scientific efficacy within our borders.

Since 1953 we have had the opportunity to visit the National Institutes of Health in Washington, as well as Pittsburgh, Philadelphia, and other places for the purpose of studying poliomyelitis virus. We have come to understand that at present we are dealing with a safe virus, that is, one that has passed the experimental stage. We are now at the demonstration stage, that of testing the efficacy of vaccine in producing antibodies and attaining a safe and constant level of protection.

At present we are using, for an over-all campaign in Managua, virus procured by the Pan American Sanitary Bureau. When I left there we had vaccinated 29,045 persons and by now that figure has risen to around 60,000. We are vaccinating approximately 4,000 children daily in the age groups from 4 months to 10 years. We have had no accident of any kind and we are using Type 2 virus, the Lansing. In my country the epidemics are generally of Type 1 or Type 3, but once the blood samples were taken and sent to the American Cyanamid Company, it was found that Type 2 was responsible for the cases in the small epidemic in Nicaragua. Inoculation with virus Type 2 has been concluded and as of yesterday we began to use virus Type 1. In this way, we shall try to complete this program in three weeks.

Of the many advantages of this vaccine, of which you are all aware, the principal one is the epidemiological advantage. That is to say, it precludes the possibility that once the avirulent virus is established in the intestine of a child a virulent virus can be introduced, which is not the case with the Salk vaccine. Another advantage is the duration of immunity, which, as you know, is much longer in all attentuated viruses than in a killed virus, such as the Salk vaccine; this is also very advantageous from the administrative and economic point of view.

Of course, there is no need to go on reactivating immunities each year. The method of administering the vaccine is oral; and there is no need for the large number of physicians and nurses required in a campaign using killed viruses of the Salk strains. In addition, the liquid has a very agreeable taste.

Therefore, I want to take it for granted that, as the laboratories go on working, as the other fields of immunity are developed, the Pan American Sanitary Bureau will perhaps have to think of continental activities for the eradication of poliomyelitis. The Ministry of Public Health of Nicaragua, with the aid of technical personnel sent by the Bureau, has prepared an organizational plan and a law has been enacted establishing a department, under the National Health Department, to undertake this work. In the Inter-American Cooperative Public Health Service (SCISP) a department has been created that is called "Special Studies Service." Through it, campaigns against polio or any other continental campaign can be implemented. In this way a certain

flexibility within the Ministry of Public Health is attained and clashes between divisions are avoided, and the special studies remain under the technical direction of the Director of the SCISP. We hope that this program will be really successful.

I wish to congratulate the Director once more on his brilliant report, hoping, as we always hope, that the Bureau, with its excellent administrative and technical staff, will continue to make progress in its undertaking.

PRESIDENT: * The Chair recognizes the delegate of Chile.

Dr. TORREBLANCA (Chile): * It gives me the greatest pleasure to join, on behalf of the Government of Chile, in congratulating Dr. Soper on his brilliant statement. The report distributed is a valuable information document for students of public health, medical schools, and schools of public health. The report emphasizes that substantial progress has been made in the problems with which the Bureau has been concerned. Throughout the report the primary consideration that has guided Dr. Soper in all his activities is evident —that of duly interpreting the wishes of the governments and recognizing the importance of health problems.

From our national point of view, may I stress the fellowship program, to which my Government accords special importance because it recognizes how valuable a well-trained technician is to public health progress. With respect to details of our work in health matters, they are contained in a booklet that we hope to distribute in due course to the delegates at the Conference.

PRESIDENT: * The delegate of El Salvador has the floor.

Dr. AGUILAR (El Salvador): * The delegation of El Salvador would like to congratulate Dr. Soper on his report and on the work that he has accomplished as Director. The success achieved in some eradication programs, as well as in some intercountry programs, is basically due to the decentralization of the Bureau—that is, to regionalization, which I think is perhaps one of the most important steps the Bureau has taken in recent years.

PRESIDENT: * The Chair recognizes the delegate of Colombia.

Dr. PATIÑO CAMARGO (Colombia): * On behalf of the delegation of Colombia, I wish to express my most sincere congratulations to the Director of the Pan American Sanitary Bureau for the splendid report he has presented this morning. You will forgive me, Mr. President, if I speak with emotion, because I have long been a witness to the way in which the Pan American Sanitary Organization has developed, expanded, and operated in these last few years. I was a member of the Colombian delegation to the X Conference, held in Bogotá, and I was later present and presided at the session at which the Pan American Sanitary Organization was created at the XII Conference, in Caracas.

Thus, I have had the privilege of seeing the transformation of this distinguished institution from the Pan American Sanitary Bureau to the Pan American Sanitary Organization. From an information bureau, it has come to be what we see today, and our Hemisphere is indebted to this Organization for the health conditions we have today and for the way in which some diseases that were the scourge of the Americas have been first controlled and, in some instance, eradicated. The work carried out by this Organization against parasitic diseases, yellow fever, yaws, and malaria makes it deserving of a debt of undying gratitude. I want to state for the record that the moving spirit behind this splendid state of affairs has been the present Director of the Bureau, the champion of universal health, Dr. Fred L. Soper. I congratulate the Bureau and the Director on this report.

PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * The delegation of Honduras wishes to add its congratulations to Dr. Soper, Director of the Pan American Sanitary Bureau, on the excellent report he has just presented to the Conference. The importance that he has given to the eradication programs undertaken in this Hemisphere and his special interest in the *Aëdes aegypti* eradication program are well known. In this connection, the delegation of Honduras has given the Secretariat a report to be distributed to the delegates of the Americas, which gives in detail the present status of *A. aegypti* in our country. The delegation of Honduras also wishes to take this opportunity to thank Dr. Soper for the interest he has taken in the health problems confronting our country.

PRESIDENT: * The Chair recognizes the delegate of Ecuador.

Dr. RAMÍREZ (Ecuador): * First, may I add my congratulations to Dr. Soper and the distinguished members of the Organization on the report and on its magnificent presentation. The document shows plainly the great work that has been accomplished by all the peoples of the Americas. When each of the countries reports on its health activities, I shall undoubtedly tax your patience by reporting on the outstanding health accomplishments of my country. I wish only to mention here the section of the Director's report on the International Sanitary Regulations, which begins on Page 73: "To facilitate application of the International Sanitary Regulations, the basis of which is the 'local area,' efforts have been made to obtain complete lists of such 'local areas' in every country."

In this connection, in January of last year we held a seminar on the International Sanitary Regulations in Maracay, and it was suggested to all the delegations present that they send to the Pan American Sanitary Bureau a more up-to-date version of the originally listed local areas, more in accord with actual health conditions and with the obligations that each country should have to prevent international traffic difficulties and to encourage business. Ecuador complied immediately with this request and sent the information to Zone IV for distribution. I would like to ask whether the new map of local areas in Ecuador has been distributed and whether the other countries that attended the seminar and agreed to do so have also reported their local areas. This, as the Director says, is of basic importance in international health relations.

PRESIDENT: * The Secretariat will obtain information on the matter and reply to the delegate of Ecuador. The Chair recognizes the delegate of the Kingdom of the Netherlands.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): I should like to make a few remarks on the subject of hydatidosis, page 50 of the report. It seems to be rather abstract, Mr. President, but very important. It is stated that the disease is a serious concern in Argentina, Brazil, Chile, Uruguay, northern Canada, and Alaska. Alaska is part of the United States, but Canada is represented here by an observer. The concern may be due to a remarkable development that has occurred in the epidemiology of sylvatic hydatidosis, a development that started in Canada. It has not been mentioned here before and deals, of course, first with sylvatic hydatidosis, as it has been discovered in Canada and, next, with the *Echinococcus multilocularis*, which, I have discovered, exists in Alaska. This might have interesting repercussions in countries situated in the Torrid Zone.

PRESIDENT: * The Secretariat will reply to Dr. Swellengrebel's question in due course. The Chair recognizes the delegate of Guatemala.

Dr. LÓPEZ HERRARTE (Guatemala): * The delegation of Guatemala wishes to add its congratulations to the many already extended to the Director of the Pan American Sanitary Bureau on his brilliant report. It is very gratifying to note that each year this report has been more complete and more explicit, to such a degree that the present report is truly a textbook. Guatemala appreciates the references made to its collaboration and will report on them at the proper time. We wish to mention especially Guatemala's pleasure at the importance the Director has given to environmental sanitation in the report. Environmental sanitation is, in our opinion, one of the foremost problems of our country.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina): * I should like to add my congratulations to those that Dr. Soper's report deserves. They are a recognition of his technical ability and his tenacity in effectively carrying out programs, the selflessness and sacrifice that the work entails, and the great sense of continental solidarity reflected in it. In addition to this praise, I should like to point out the satisfaction with which I have seen how emphatically Dr. Soper has stressed the work of the Pan American Zoonoses Center in our country. Argentina will, in due course, offer to be host to the next Conference and if the offer is accepted, I can say in advance that on the spot, with reference to the Zoonoses Center and its campaigns, you will be able to observe the great advances made there. To us one of the fundamental aspects of the Center is that it not only deals with human health but it also has great economic implications for our country, since the studies that are made on foot-

and-mouth disease will be of great benefit to us.

PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * Uruguay warmly seconds all the congratulations given Dr. Soper on the report presented. Obviously, this great work is worthy of all we have heard here. Consequently, Uruguay joins with all the sister countries in this expression of appreciation to Dr. Soper. In Uruguay he is held in great esteem. Sometimes his visits to our country have helped solve administrative problems; at other times, he has advised us in fatherly tones, but always with the character that should be shown in dealing with health problems. Having said this, I want to say too that the problems, or part of the problems, that are discussed in the report happily do not affect Uruguay—malaria, *Aëdes aegypti,* and smallpox, for example. We are fortunate in being able to say that these are no problem to us. But we do have the problem of poliomyelitis.

In Dr. Soper's report this is mentioned, and Uruguay wishes to state here to the other delegations, as a matter of information, that a committee on which all the active health groups in the country are represented has been appointed to carry out a wide antipoliomyelitis campaign by oral vaccination. This committee has drawn up a program of action that is at the disposal of any interested delegation.

As it is possible that within the next four years all the American countries will be devoting efforts to this same problem, I request that a topic be included on the agenda of the XVI Conference that might be entitled: "Evaluation of the results of oral vaccination against poliomyelitis." I hope that the Chair will take this motion by Uruguay into account, so that in four years there may be an exchange of opinions.

PRESIDENT: * The delegate of Paraguay has the floor.

Dr. PEÑA (Paraguay): * Mr. President, after having heard the report that the Director has presented, I too wish to join, on behalf of my country, in the congratulations already offered on this splendid document.

In matters of health, the Americas owe a great deal to Dr. Soper, and Paraguay in particular is greatly indebted to him. Perhaps this is the time to note here that in 1924 Dr. Soper began the first campaign against any disease in Paraguay, the campaign against schistosomiasis. Dr. Soper was at that time on the staff of the Rockefeller Foundation. His campaign later served as a model for our accomplishments in the field of public health. Therefore he can be considered as one of the great protagonists of public health in the Republic of Paraguay.

I also wish to emphasize that Paraguay has always attempted to comply fully with its international agreements in matters of public health. As for the eradication programs, one is finished, that against the *aegypti,* and I shall have an opportunity to present my country's report on this topic at a later time. The other two programs—smallpox eradication and malaria eradication—are well under way.

For the moment, I merely wish to express the very warm congratulations of the delegation of Paraguay to Dr. Soper on his report.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * The delegation of Panama wishes to offer its most enthusiastic congratulations to Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau, not only on his fine report but also on the brilliant statement he has just given.

Although the report obviously deserves a full discussion, I shall not discuss it now, since I shall have such an opportunity later when other points are taken up, such as *Aëdes aegypti* eradication, malaria eradication, the activities of INCAP, and the reports of the Member States on their present health conditions and the progress achieved in the last four years.

But I should like to call attention to the introduction to the report, because the present structure of the Pan American Sanitary Organization and its Bureau is clearly described there, and a summary is given of the work already accomplished and the future plans for our Organization are set forth. Moreover, and I consider this of great importance, it seems to us that this chapter reflects the true philosophy of preventive medicine.

PRESIDENT: * The Chair recognizes the delegate of Brazil.

Dr. DE MEDEIROS (Brazil): * The Brazilian dele-

gation wishes to add its congratulations to those that have been extended to Dr. Soper on the interesting statement he has given on the activities of the Pan American Sanitary Bureau. Dr. Soper is a sanitarian who has been in Brazil frequently in the last 22 years. The general structure of the health services of Brazil is in large measure due to him, the specialized services having been adopted later.

It is to him that we are mainly indebted for the battle against malaria that the Rockefeller Foundation began, a campaign that obtained the best results through the creation of a national service in 1942. The technical guidance was originally provided by Dr. Soper. We are also able to announce to this Conference that *Aëdes aegypti* has been completely eradicated in Brazil.

While serving as Minister of Health, from November 1955 to July 1958, I had the opportunity of knowing how great the collaboration of the Pan American Sanitary Bureau in the solution of health problems of my country has been. In that period a number of agreements were signed with the Bureau to seek solutions to problems that affected us directly. For example, in 1956 we signed an agreement in which the Pan American Sanitary Bureau agreed to install three smallpox vaccine laboratories. At present two of these laboratories are practically completed, and one is beginning operations. Brazil is committed to produce enough vaccine to provide aid to the various neighboring countries.

On the other hand, with the cooperation of a Point IV representative we are preparing a malaria eradication program in our country. As you know, we have been able to bring malaria under control, but because of the vastness of our territory we have not been able to eradicate it. This is a long-range problem that requires, in addition to national institutions, the authority and the influence of the Pan American Sanitary Bureau. This year we signed an agreement that will facilitate activities under the guidance provided by the Bureau.

We also have the cooperation of the Bureau in the campaigns to eradicate yaws; these campaigns were conducted efficiently, thanks to the lessons we learned. And I may say that it is very possible that within two years this disease will have been completely eradicated from the area in which it is predominant, that is, northeastern Brazil. At the beginning of this year we received from the Pan American Sanitary Bureau about 300,000 doses of Salk vaccine, and, as Minister of Public Health at that time, I can say that its distribution was made in several states, almost half a million persons having been vaccinated.

In the last three years the Pan American Sanitary Bureau fellowship program has been intensified to put special emphasis on the training of public health technicians, which is considered of major importance. In addition to these fellowships, technicians from the schools of public health established in my country have been assigned to us. When I left the Ministry, it had organized a committee to study the possibility of using vaccine against poliomyelitis. In spite of the size of Brazil, we are developing a very widespread activity, using antituberculosis vaccine. On the other hand we encountered resistance from the population to taking polio vaccine orally. Therefore, we have undertaken educational and publicity campaigns and we are trying to set up, in this connection, a committee to carry out the educational work, first on an experimental basis. then increasing its activities to include all the state of Brazil. We believe this to be the most effective way to attack the problem and that the use of oral vaccine will be very effective. Experiments have proven that very frequently children take the first and second doses, but we have encountered great difficulty in seeing to it that all the children come to take the third dose when they should do so.

May I conclude by saying that the observations that I have made are a tribute paid to the Pan American Sanitary Bureau, and Brazil owes a great debt of gratitude to this institution, which so fortunately was created for our Hemisphere. It is my great pleasure to express to Dr. Soper, in the name of my Government, the gratitude we feel for the cooperation he has given Brazil and our public health institutions. I also wish to join the other delegations of this Conference in congratulating him.

PRESIDENT: * The delegate of the United Kingdom has the floor.

Dr. GILLETTE (United Kingdom): The United Kingdom's delegation wishes to associate itself most fully with all the expressions of congratulations that have been offered to the Director of the

Pan American Sanitary Bureau and his staff. We are particularly happy over the sustained initiative that the Pan American Sanitary Organization has shown in health matters in the Americas, and also over the initiation of its eradication program.

With such an achievement before us, we in the Americas can look forward with confidence to the future. We wish to congratulate Dr. Soper and his staff, as well as his team of technical experts who assisted him in the production of this most excellent document.

PRESIDENT: * The delegate of Haiti is recognized.

Dr. NICOLAS (Haiti): * I wish to offer my deepest thanks to Dr. Soper for the enlightening report he has submitted to this Conference and for his contribution to the solution of health problems in Haiti.

PRESIDENT: * The delegate of France has the floor.

Dr. OLLÉ (France): * Mr. President, I do not wish to speak at any length on this report, since there will be ample opportunity to do so on a technical plane when we discuss the main chapters, which cover, for example, eradication of malaria and of yellow fever, and when the reports of various delegations on conditions in their countries in the last four years are presented. However, I cannot fail to take this opportunity to join in the congratulations that my colleagues have presented today.

It seems to me that this Organization, the Regional Office of the World Health Organization for the Americas, should consider itself fortunate to have at the head of the Bureau a man who is appreciated, particularly by the Government and the delegation of France, not only for his absolute competence but also for his judgment in international matters and for his unfailing courtesy. Aided by an exemplary Secretariat, he has presented to us a report on the last four years, as well as the report on the year 1957. We can all see that this is an extraordinary document, a source of information, and we could classify it as a sort of summary or handbook on public health administration.

This report reflects the activities of the Organization and gives a picture of the work that has been accomplished. We are all in agreement in recognizing that this work has been truly extraordinary. Who among us, 20 years ago, would have dreamed that diseases such as malaria, to give only one example, could be eradicated from an entire continent, and that such a dream would come true? I need not cite other examples, for this one in itself is sufficient to satisfy a whole generation.

All of us here have cooperated with the officers of the Bureau in carrying out this task, and the Government of France will continue to lend its support to this international activity, as it has done in the past.

PRESIDENT: * Dr. Soper has the floor.

Dr. SOPER (Director, PASB): * Above all I would like to extend personally, and on behalf of the entire staff of the Bureau, my thanks to the delegations for their congratulations on the report describing the activities of the last few years.

I wish to refer to the remarks of the delegate of the Kingdom of the Netherlands regarding the *A. aegypti* eradication program and the information on that program in the report. At times, we have difficulty in obtaining information and unfortunately we have not perfected the preparation of those reports to the point of excluding errors. I hope that at the next Conference it will be possible to present a perfect report, one that will merit remarks similar to those the delegate of Mexico made about the *Boletín*.

The delegate of Chile made reference to the fellowship program and to the education and training program in general, and I ought to explain that in presenting the document I did not make as much reference to this program as to many others only because of lack of time. This is an activity that has been constantly pursued by the Bureau and includes not only the program of education through fellowships but also the improvement of educational institutions in the American countries as well as the program of international seminars.

We are very much interested in having the delegates understand that a good portion of Latin American health personnel is today trained in Latin America itself. The time has passed when the great majority of fellowship recipients went to the United States or to other countries where different tongues are spoken. I should like to call the attention of the Conference to the statistics of the last years. The fellowships in the Americas have been 282 in 1954, 246 in 1955, 276 in 1956, and 432 in 1957, making a total of 1,236.

In addition to the fellowship holders from this Hemisphere we receive and have responsibility for placing and supervising fellows from other regions, the numbers being 69 in 1954, 93 in 1955, 114 in 1956, and 120 in 1957.

We consider participants in international seminars on the same plane as fellowship recipients. Of those there were 37 in 1954, 144 in 1955, 154 in 1956, and 92 in 1957. The total of fellows and seminar participants in the past four years is 2,059.

As to the information requested by the delegate of Ecuador, I wish to state that we have received the report on the delineation of the local areas of his country and of several other countries of the Americas. These reports have been submitted to the World Health Organization for consideration because this is a world-wide program and one that is to be considered by the Expert Committee on International Epidemiology and Quarantine at its next meeting, which is to be held in October of this year.

In reply to the observation of the delegate of the Kingdom of the Netherlands with respect to Canada, I can say that the fact that the program against hydatidosis was not mentioned is simply the result of an omission, because as we all know that country makes up a great part of North America. But I do wish to emphasize that there is an active cooperation with that country. Canada receives our fellowship students in their schools, and we have also the cooperation of their experts who serve as consultants and aid in our work. For example, at this time we have two Canadian collaborators of high rank who are working with us in the continental programs. It is true that Canada occupies a very privileged position with respect to certain diseases; but I wish to thank the delegate of the Kingdom of the Netherlands for once more calling attention to the need for covering the Continent completely. Canada has encountered not only the problem of hydatidosis but also that of rabies among foxes, and other problems. And I am very pleased that the hydatidosis problem has been brought up in the presence of our friend the observer for Canada.

I do not wish to give any more time to other points already discussed, but I would like to make a general statement on the problem of attenuated virus vaccine for poliomyelitis. There is as yet no vaccine that has been approved for commercial distribution. All the viruses employed up to now have been those prepared for research, tests, experiments, and demonstrations. In our opinion, the stage that has been reached is that of demonstrating this virus and there are, of course, two principal points that should be taken into account. Primarily, the problem is one of safety: the absence of danger in application of the virus, not only for the persons who receive it orally but also for contacts, i.e., the individuals who might be infected by the vaccinated persons. This is, in effect, a live virus, and experience has shown that it is a virus capable of spreading among other members of a family.

The second point is, naturally, antigenic value. What is the efficacy of this virus in protecting persons who receive the antipoliomyelitis vaccine?

Fortunately, we have laboratory methods for determining the degree of antigenicity of the different poliomyelitis viruses. But the final proof, of course, must come as the result of years of observation of vaccinated populations.

We consider that the experiments, the demonstrations made today, indicate that the live attenuated viruses existing today offer a good margin of safety. Certainly they do not represent a great danger for persons receiving them or for their family contacts. The results of the antigenicity tests vary under certain conditions; possibly this variation depends in part on the mode of application, but in part also on the presence of other viruses in the intestine of the vaccinated person that possibly bring about an interference contrary to the proliferation of the vaccine virus.

We should note that experience and safety are now much greater with regard to poliomyelitis virus than they were 22 years ago, when virus 17D became available for yellow fever. That substance was introduced in Barzil as a vaccine at a time when jungle yellow fever was invading highly populated zones and there was the possibility that a great number of people would be infected, as actually did occur. The test made in Brazil of vaccination against yellow fever in 1937 resulted in 40,000 vaccinations, and in 1938 more than one million persons were vaccinated in the area between Rio de Janeiro and Belo Horizonte.

We in the Bureau, in collaborating with the health authorities of the governments, have adopted an attitude with respect to vaccination

with live polio virus somewhat different from the position taken by the World Health Organization, but we believe that conditions in a great part of our Hemisphere justify our attitude. During the last 12 years we have seen how poliomyelitis, a problem once considered of relatively small importance in the Americas, except for the United States, grew into a problem whose importance has increased year by year. In 1937 we assumed the responsibility for introducing virus 17D in Brazil, the only protective measure against jungle yellow fever, which had invaded a highly populated area. The Bureau is also very much interested now in the possibility of using live virus vaccine for the prevention of poliomyelitis, particularly in Latin America, where, for various reasons, Salk vaccine has not been applied up to now on a scale large enough to offer protection. Thus the demonstrations made by the authorities of Colombia and Nicaragua are very important, not only for those countries but for all the Americas.

I am able to inform the Conference that for a year we have been in a position to collaborate with the authorities in the solution of this problem. I have personally visited several countries, offering our collaboration, and have been very satisfied with the interest being aroused by the idea and the general acceptance that was encountered.

Because of one circumstance or another, some countries have not been able to undertake a program, but in Colombia and in Nicaragua it has been possible to start a demonstration that has meaning for all countries, not only in this Hemisphere but in the entire world.

PRESIDENT: * Thank you, Dr. Soper. The session is adjourned.

*The session was adjourned at 12:35 p.m.*

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## FOURTH PLENARY SESSION

*Wednesday, 24 September 1958, at 9:00 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

*(Later)* Dr. ALEJANDRO JIMÉNEZ ARANGO (Colombia)

**Topic 10: Quadrennial (1954-1957) and Annual (1957) Reports of the Director of the Pan American Sanitary Bureau** *(conclusion)*

PRESIDENT: * The session is called to order. We shall continue with the examination of the report of the Director, begun yesterday. The official observer for Canada has the floor.

Dr. LAYTON (Observer, Canada): I should like to offer a few comments on the report and to express my congratulations to Dr. Soper and his staff on the excellence of this document.

Referring to the report itself, in the main it deals with health problems and programs among the Member States of the Pan American Sanitary Organization, and quite properly so. However, I note and interpret in its fullest sense the statement "International Health in the Americas" at the opening of the Director's review of the four-year period. I therefore feel it only proper that I identify myself with the unanimous sentiments expressed by the distinguished delegates who have already spoken and, if I may, Mr. President, I would like to think, in this context, not only of health matters *per se* but also of the many related aspects of the total picture, not the least of which is international cooperation.

In his remarks, Professor Swellengrebel commented on the prevalence of hydatidosis in northern Canada. The Director also mentioned that among other health problems there exists in my country a somewhat unique situation in respect to rabies. He also referred—and very kindly—to the cooperative effort that has been possible in matters of professional education and consultation. While this is numerically almost insignificant, it is gratifying that we can, in some small way, make a contribution to strengthen the efforts of our neighbors.

It would be inappropriate at this time for me to

dwell at further length on these or other items in the report. Such, I trust, will be possible on a later occasion. May I simply re-emphasize the commendations that have already been recorded and add my personal congratulations to Dr. Soper on this truly outstanding achievement.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * The delegation of Venezuela proposes that a resolution be drafted to the effect that the Conference approve the Director's reports and at the same time congratulate the Director and the staff of the Pan American Sanitary Bureau on the magnificent work carried out during the last four years, as shown in the reports.

PRESIDENT: * Is there any objection or comment? The delegate of Colombia is recognized.

Dr. PATIÑO CAMARGO (Colombia): * I wish to second the proposal of the delegate of Venezuela.

PRESIDENT: * If there is no objection, the proposal of Venezuela, seconded by Colombia, will stand approved and the Secretariat will be entrusted with the drafting of the pertinent resolution.

*The proposal was approved.*[1]

**Topic 20: Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIV and XV Pan American Sanitary Conferences**

PRESIDENT: * The Director has the floor.

Dr. SOPER (Director, PASB): * In presenting my quadrennial report at the previous session, I called attention to the importance of the summary of reports on health conditions in the Americas that we have before us today, *Scientific Publication No. 40*. I should point out that this is the third time we have drawn up a report of this sort. And I wish to thank the countries and the health authorities who have contributed to the improvement of the information and have thus enabled us to prepare a document that is an improvement over the previous ones. In this matter the countries have fulfilled Resolution XXIV of the XIV Conference, held in 1954.

As I said at the previous session, this report, this summary, is of much more importance than the reports of our Organization, because it presents a general outline based on the official information from the governments.

I should point out that this document is not really a work of the Bureau, but only a summary of the reports prepared and presented by the governments themselves.

We recognize the need for statistics and the necessity for them to be comparable. We should note that a short time ago a measure was introduced in the Congress of the United States suggesting that a special year be designated in order to focus the public's attention on health problems, in the same way that the International Geophysical Year has been celebrated. Very recently, on 18 September, I received a communication informing me that a delegation to the United Nations had proposed the organization of a special international health and medical research year. It is obvious that the organization of a year of this sort and all the attendant work depends, really, on a statistical evaluation of the conditions prevailing in the countries.

I referred at the previous session to the need for long-range planning, not only for the countries but also for the Bureau. And this is not possible unless we have at hand statistics on the health situation in the countries. To attempt to provide health services for a country without having these statistics is somewhat the same as trying to operate a bank without bookkeeping.

We believe that this summary has a special value. It gives each country the opportunity to make a comparison between its own conditions and conditions in other countries, and to learn of those situations in which radical health improvements can be made, possibly by adopting measures that have given satisfactory results in other countries.

In a meeting such as our Conference it is impossible to make a detailed analysis of the statistics presented. We have here a report that is not only for the consideration of this Conference. It is a reference document for the future and also a study document that can serve as a basis for preparing future reports and for planning services.

We should note the divisions of this report, beginning with general vital statistics, then maternal and child health programs, communicable diseases, sanitation programs, and a special chapter—Chapter V—on medical and health personnel. Chapter VI deals with budgets, services, changes in the organization of national health services, national

[1] Resolution II, p. 24.

health planning, and a summary of local health services. It is very interesting to note the differences that exist in the distribution of these local services and of administrative public health posts among the various countries. A chapter on hospital facilities completes the report.

It should be noted that there is still a high mortality rate in infancy as well as in the first years of life, and the great difference between the countries in the death rate according to age depends, to a great extent, upon what happens in the early years.

In 9 of the 16 countries that have presented information on this point, less than half of the deaths are certified by physicians. In the early years, from one to four, there is a variation in mortality from 1.1 to 42.7 per thousand inhabitants. This variation is largely due to the difference in the control of communicable diseases, especially intestinal diseases and diarrheas.

Considering the statistics and the problems of communicable diseases, we should note that it is precisely in this field of action that there is the most real necessity for international cooperation. Once some of the campaigns are completed—such as the eradication of urban yellow fever through the complete extinction of the *Aëdes aegypti* and the eradication of smallpox, yaws, and malaria—you will certainly try to find, among the other communicable diseases, those which can also be eradicated. There are several that we already know can be classified as subject to this technique.

With respect to environmental sanitation, the statistics are very difficult to obtain, and the information we have is inadequate. This is a field of action in which we all need to make a special effort during the coming years. It is a field of action that requires plentiful resources. It is useless to hope that the governments or international collaboration will secure the four billion dollars which we consider necessary to solve this problem, without the cooperation of the people themselves. We find we must accept the idea that water, like food is something for which the consumer must pay. It is not a service that can be given free to the public, because it is a service that requires expenses of maintenance and, with the growth of communities, also needs extensions and improvements. Experience has shown that only in those places where there is a system by which the consumers of water pay their share monthly does this program have a future.

I spoke yesterday about our Advisory Committee of Consultants for this program, which held its first meeting in April 1958, but I wish now to make special reference to the situation that exists here in Puerto Rico. I refer to what is being done and has been done here to organize the water services into one system that centralizes the technical side of supply for San Juan, for Ponce, for the whole island, in one basic organization, but of such structure that it can be financed by bond issues that New York bankers are willing to buy and that carry a very low interest rate.

Some time ago, when discussing the preparations for the Conference with our President and examining the questions that might be the subject of special interest, I suggested precisely the study of this public service of Puerto Rico. There will now be distributed a document on the organization and financing of the Puerto Rico Aqueduct and Sewer Authority. I believe that this is really the most important point for the future of sanitary administration.

From the figures in the section of the report on medical and health service personnel, you will see that in one country 71 per cent of all physicians and 82 per cent of all nurses are employed in the health services on a part-time basis only.

We believe it is very important to make full use of the physicians, full use of all personnel for certain functions in the dispensaries, when the dispensaries and clinics are run by the government; but also some countries do not yet have even a nucleus of sanitarians, a nucleus of career workers, a nucleus of professional staff, without whom public health work cannot progress satisfactorily.

On several occasions, both the Pan American Sanitary Conference and the Directing Council have made suggestions to the governments on this point, and I believe that this Conference should consider it and possibly again make new recommendations on it. Year after year, the Pan American Sanitary Bureau and the international cooperative services offer fellowships to professionals who receive advanced training, and when they return to their countries after one, two, or three years they find that employment which is part-time or subject to the vagaries of politics does not suit them. This represents a continual loss not only for the countries in which this occurs but for

all of us, since we are all working together for the health of the continent.

We have recognized the interdependence among the services of the different countries, and a country that already has an established public health service and conscientious personnel on its staff cannot remain satisfied while knowing that neighboring countries are not in the same position.

I am not going to discuss the topic and the problems of budgets and expenses, except to say that this is a question of constant interest to the governments, to know what a service is costing in other countries. Generally it is not possible to apply the calculations of one country to another since the conditions of employment vary; even so it is a question of much interest.

The objective of an organization of health services should be to cover the whole area and all the population centers with complete local services. This is the ideal and, therefore, we should constantly study the possibilities of approaching it, without necessarily insisting that all countries follow the same pace.

I believe that this Conference, after presenting its observations on the summary of the four-year reports, should consider recommendations it deems pertinent to the preparation of the report which will be presented to the XVI Conference in 1962.

PRESIDENT: * We shall go on to the presentation of reports by the countries. For the delegates who would like to report at this plenary session the General Committee recommended the limitation of speeches to ten minutes, which in exceptional cases could be extended to fifteen. It also recommended that the delegates use their own judgment about the use of the additional five minutes.

It was also recommended that the presentation follow as far as possible the order of precedence. I therefore invite the delegate of Brazil to take the floor first.

Dr. DE MEDEIROS (Brazil): * I have nothing to add at this time to my previous statements.

PRESIDENT: * The delegate of Nicaragua has the floor.

*Report of the Delegate of Nicaragua*

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * Taking advantage of the ten minutes so kindly offered us, I shall read only the report on the activities of INCAP, the First Field Unit of the Department of Nutrition, Ministry of Public Health, leaving the other reports that I brought for another occasion.

In February 1954 Nicaragua joined the Institute of Nutrition of Central America and Panama (INCAP) as an active member. Since that date, the Field Unit of the Ministry of Public Health, with the technical advice of INCAP, has been working on the training of specialized personnel in the field of nutrition; dietary surveys and clinical and laboratory studies in diverse groups of the population; surveys on the prevalence of endemic goiter in the Republic; anthropometric studies (weight and height) of well-nourished persons; and nutrition education. The Field Unit has been concerned with preparing specialized personnel capable of carrying out efficiently the national nutrition programs, and to this end it has made use of fellowships granted by international organizations.

At present the Field Unit has the services of a medical specialist in public health and nutrition; a dietitian; 2 assistants in nutrition; and 2 laboratory aids.

*Dietary Survey in San Isidro de Matagalpa.* This survey covered 29 families that made up a representative sample of the urban area of the town.

The conclusions drawn from this survey were the following: Corn, rice, and wheat-bread formed the basic diet, while the consumption of vegetables and fruits is extremely limited; milk and milk products are used in liberal quantities in spite of their high price, because of the large number of cows in the region.

With respect to calorie levels, total proteins of animal origin, iron, thiamin, and niacin, it was found that the diets were more or less adequate.

The intake of calcium is limited, but more than 70 per cent of it came from milk or milk products. A similar case is the intake of riboflavin, the major part of which is furnished by milk, but it does not cover more than 64 per cent of estimated normal requirements.

The most pronounced deficiency in the diet of the population is of vitamin A; also, many families show a diet inadequate in vitamin C.

Clinically and radiologically, a delay was dis-

covered in the growth and maturation of the children and adolescents included in the investigation, a retardation approximately equivalent to two chronological years. There was no especially high incidence of signs of a vitamin A deficiency.

Measurements of the thickness of subcutaneous cellular tissue were found to be slightly under those given for normal North American children.

It was considered that 30 per cent of the persons examined were in a poor nutritional state. Biochemical examinations were made for determination of total protein, riboflavin, vitamin A, carotene, and alkaline phosphatase in the serum. All these, with the exception of carotene, were found at normal levels.

*Dietary Survey and Clinical Nutrition Study in the San Luis Section of Managua.* The study covered a total of 30 families, who kept a record of the foods used daily during the seven-day period of the survey.

Upon comparing the average consumption of calories and nutrients with the normal requirements for such a population group, it was found that the vitamin C content in the diets was low and that they were very deficient in vitamin A. The diet was almost adequate with respect to nutrients and very satisfactory in the case of calories, proteins, and niacin.

The liberal use of milk and milk products was surprising, as was the almost total absence of vegetables and tropical fruits, excepting plantains, used in many cases as a substitute for bread or tortillas.

Microscopic examinations of feces for parasites were made, revealing that 97 per cent of the population is infested, with ascariasis and trichuriasis predominating. No less important was the frequency of *Endamoeba histolytica* with a rate of 25 per cent, and uncinariasis with more than 20 per cent.

No cases of severe malnutrition were found among the children examined.

*Survey on Endemic Goiter.* The survey on endemic goiter covered 76 urban and rural localities in all the departments of the country. It began in 1954 and ended in 1956; a total of 21,500 persons were examined, of whom 6,152 were found to have goiter, indicating an average of 28 per cent for the population of Nicaragua.

A draft law has been prepared to provide for iodizing all table salt used in the country, in accordance with the recommendations of the Second Conference on Nutrition Problems in Latin America, held in Caracas, Venezuela in 1953.

*Anthropometric studies (weight and height).* Since December 1957, the Field Unit of the Ministry of Public Health has been at work recording the weight and height of well-nourished persons. This study will cover 9,800 persons of both sexes, from birth to age 20. To date a total of 1,311 persons have been examined.

*Nutrition Education.* Since its establishment, the Field Unit of this Ministry has been preparing and reproducing materials for nutrition education. A monthly bulletin on nutrition education is issued by this Unit with a press run of 1,250 copies, which are distributed gratis to the medical profession, personnel of the health centers of the Ministry, schoolteachers, and any persons in any way connected with nutrition activities.

This unit also cooperates, by giving talks on nutrition, with other branches of the Ministry and with public schools and community groups that request them; for these purposes, various pamphlets on topics pertinent to these talks have been reprinted or prepared. Outstanding in importance are the series: "Problemas nutricionales" ("Nutritional Problems") and "Nuestros Alimentos" ("Our Foods").

The Ministry of Public Health of Nicaragua, through its IV Division, has in the years 1954, 1955, 1956, and 1957 developed the program of inspection of rural hygiene and health.

The Department of Inspection of Hygiene has as its function to stimulate, promote, and maintain hygiene in the home, in the handling of foods, etc.

In rural health the principal objective has been to combat intestinal parasitism by means of an educational campaign, building of latrines, fecal examination, and antiparasite treatment.

Both health officers and hygiene inspectors cooperate in the fight against rabies, by destroying or vaccinating dogs.

*General results.* The correct feeding of children has become in Nicaragua an important topic in nutriology, pediatrics, hygiene, and government programs, because of the effect it has upon health, growth, and development to achieve active adulthood and tranquil old age.

In some cases, and in families of low economic and cultural resources, it is indispensable to meet the serious problems of artificial feeding from the first days of the infant's life or during the first months. Sometimes this is because the mother dies or is gravely ill and there is an absolute contraindication of breast-feeding, and other times because the economic condition of the family does not permit the expense of a diet based on commercial milk.

When we achieve the correct feeding of infants from 0 to 1 year of age, the best results are obtained; but all the efforts exerted to correct the poor nutrition of the school-age child are almost entirely wasted when the nutritive needs of the preschool child, or the child from 1 to 6 years, are not treated with equal interest. Children of this age group are nutritionally more vulnerable than school-age children.

Observations made in various countries confirm that milk is superior to other foods for achieving the optimum body growth, harmonious development, both intellectual and physical, a greater capacity for work and learning, and a greater degree of immunity.

Recently it has been established that in the underdeveloped areas of the world the greatest nutrition problems affect the infant or the child of preschool age.

Since the primary cause of malnutrition is a deficiency of proteins capable of providing the necessary quantities and proportions of essential aminoacids, it should be clear that the only complete and permanent solution should consist in improving infant and child feeding in low-income groups. Nevertheless, it is almost certain that the prevalence and severity of protein malnutrition can be reduced by means of those measures of environmental sanitation that actually diminish the prevalence of the infectious diarrheas of infancy. However, although such measures could reduce the number of deaths, they would not correct general protein malnutrition, which is responsible for the retardation of physical growth and the low resistance to situations of stress that characterize the majoriy of these children in Central America and in many other regions of the world where similar conditions prevail.

The introduction of powdered dry milk has been an important contribution to infant feeding, and in particular, the efforts of UNICEF to stimulate the production of powdered milk for consumption in underdeveloped countries are becoming more and more effective. The large-scale distribution of powdered milk by UNICEF has likewise been of value, although the difficulties encountered in administering it to children of preschool age have permitted only a small proportion of needy children of this age group to receive the benefits of such supplementary feeding programs.

On 11 July 1954 the President of the Republic inaugurated the Milk Dehydration Plant, the first of its kind in Latin America, which was established with the cooperation of UNICEF.

Some families in our country can afford to consume the required quantity of milk, but the majority deprive themselves, and what is worse, deprive their children of this product, so that there are cases of children who arrive at school without breakfast, hoping for the glass of milk that the Government, through the Ministry of Public Health, gives to the children of the Republic.

The same thing happens with preschool children whom the Ministry helps through the milk distribution centers established in the various sections of the capital and in the rest of the departments. Children from 1 to 6 years of age come to these centers to drink milk they do not have at home, since in the diet of the majority of homes of the country, breakfast consists of *tiste* (a corn and cocoa drink) or black coffee with bread or tortilla,

Formerly, the Ministry distributed the powdered milk giving the mothers a week's supply at a time. However, through our visiting public health personnel, we found cases where the mothers used the powdered milk to make soft drinks or rice pudding which they sold, and then, with the money obtained, bought *tiste* and beans for the whole family.

Those examples showed us two real facts: (1) part of the Nicaraguan people lacked the resources to nourish themselves adequately; and (2) likewise, they did not have sufficient nutrition education to know how to take advantage of the help the Government gave them. This convinced us that it was not enough to refuse their quota of milk to those people who were betraying the objectives of our program, but that, simultaneously with the execution of the program or even before that, we should develop an educa-

tional campaign designed to assure that milk is properly protected and to make clear that this vital food must not be lacking in the home since it is indispensable for children and adults.

The neighborhoods in which the distribution centers should operate were chosen according to the addresses of the preschool children to whom milk was to be served. The public was informed of the program and of the importance of milk; interest in having a distribution center in each neighborhood was aroused; the persons who would prepare the milk daily were taught by practical demonstration, so that the milk would fulfill its beneficial function. And once all these preparations were made, the distribution of the skim milk began.

The operation of the mentioned centers is controlled by public health personnel, and in this way we make sure that the milk is prepared with the proper technique and that the children are actually benefited.

One positive result of this educational work is shown in all the distribution centers, where committees formed by the people of the community feel that the nutrition program is so much their own that they organize activities to improve the centers, providing furniture, wash basins, towels, etc., even taking an interest in obtaining a health center to take care of the children and mothers of the community. An average of between 300 and 400 preschool children attend each distribution center. Although it is difficult to determine to what extent the education offered is being absorbed, since this is a slow process that takes effect only over a long period and in which many factors are involved, in this case we can say that we have achieved a little of the eduction so necessary for improving our living conditions and achieving a brighter future with strong and healthy citizens.

We understand that in the school nutrition program problems have arisen due to the poor cooperation of teachers and parents; but we cannot blame them alone, since the Ministry of Public Health is responsible for interesting the various groups directly or indirectly connected with the public health work and for providing technical advice on the programs. However, this has not been done conscientiously because we have not had sufficient personnel to fulfill this commitment.

We are convinced, therefore, that with a sufficient number of persons to carry on the work of nutrition education, we would solve the problems that apparently give people the impression that benefits are not obtained from the nutrition program.

These children represent the adults of the future and constitute the basis of the coming generations; therefore they must not be abandoned.

PRESIDENT: * The delegate of Mexico has the floor.

*Report of the Delegate of Mexico*

Dr. DÍAZ COLLER (Mexico): * I shall be very brief. As a matter of general interest to those attending this XV Pan American Sanitary Conference, the Government of Mexico wishes to report that in the budget of the Ministry of Health and Welfare for 1958, which has been approved by the Ministry of Finance, 160 staff positions with full-time salaries are provided for; these are called graduate public health physicians, grades A, B, C, and D. This means that from 1958 the services of the Ministry of Health will employ four categories of public health physicians, with a Master's Degree in public health, who will be available at the national, state, and local levels. There are now 452 graduate public health physicians in the country, but up to now not all are working full time. This idea of full-time public health physicians, which is now becoming a reality in Mexico, was promoted by the Mexican Hygiene Society, which brings together more than a thousand health workers.

Another of the major concerns of the Ministry of Health is better preparation of the country's physicians in matters of public health and preventive medicine. Therefore, and as a sequel to the seminars of Viña del Mar and Tehuacán, organized by the PASO to provide guidance on the teaching of those courses in the medical schools, we have planned a series of round-table discussions among the professors of preventive medicine and public health, to make a thorough study of each of the functions of public health administration. The first report on the teaching of biostatistics is already in the hands of many of those here present, and is available upon request. It is the sincere belief of the Mexican health authorities that the best way to succeed in public health

programs is to secure the cooperation and collaboration of all the physicians of the community. One of the 20 schools of medicine we have in Mexico has transformed its sixth year of study into a course in public health, with the same curriculum and almost the same professors as the School of Public Health. We can imagine what this will mean in the philosophy and point of view of the physicians of the future.

The malaria eradication campaign continues on schedule and with the efficient aid of the PASO and of UNICEF. The cost of this campaign has exceeded what was anticipated, but the Government has made an effort and the pace of the work has been sustained.

The regional division of the country into 118 public health districts has been planned and is in execution. Each one of these districts will integrate and coordinate the work of public health and of medical and social welfare. For the first time there is full-time specialized public health personnel at levels lower than the state.

A recent creation is the national campaign for the prevention of non-occupational accidents, and next week we shall have with us Dr. Rafael Güell Jiménez, Director of that campaign, for the Technical Discussions during this Conference.

These are some of the new aspects which we thought it useful to present to you, apart from what is included in the document presented by the PASB on health conditions in the Americas.

PRESIDENT: * The delegate of Venezuela has the floor.

*Report of the Delegate of Venezuela*

Dr. ARREAZA GUZMÁN (Venezuela): * We shall limit ourselves to commenting on some points in our four-year report, leaving for the consideration of the Conference the others mentioned in the report presented by the Bureau.

In the first place, we wish to state that during the last four years the Venezuelan health organization has had an intensified feeling of integration, under one sole direction, of all services, both curative and preventive. This coordination and operation under one direction should make these services more efficient, avoid duplication, and reduce expenses.

The budget of the Ministry of Health and of all activities related to public health has been notably augmented, and this is a reflection of the Venezuelan Government's concern with national health; it has been raised from 300 million bolivars in 1953 to 400 million for 1957. Of these amounts, 161 million in 1953 and 184 million for 1957-58 were specifically for the Ministry of Health and Welfare. The rest applies to medical care and sanitation projects executed by the Ministries of Public Works, Military Health, Medical Services, Social Security, etc. For the fiscal year 1958-59 a new budget representing an increase of about 90 per cent went into force. This is the highest health budget our country has ever had.

The staff of the Ministry has also increased in the same proportion. From 13,556 members it rose to 21,319 in 1957. But the number is not the only important thing; equally important is the continuity of service of public health personnel in Venezuela. In a ceremony held in Caracas in November 1956, on the occasion of the First Venezuelan Congress of Public Health, and honored by the presence of Dr. Soper, Director of the Pan American Sanitary Bureau, with great satisfaction the Government presented commemorative medals to 46 employees who had worked in public health for more than 25 years, and to 210 with more than 20 years' continuous service. We believe that this example of continuity is very valuable, and we can almost say that it is one of the most exceptional in Latin America. Furthermore, the personnel has been given increasingly better training, and, in medicine, we maintain a standard of training organized on different levels. The physician who begins to work in public health takes a short initial course, which we call an orientation course, of from six to eight weeks; then, after a reasonable period of time, depending on his interest, he takes what we call the basic course in public health, of four months' duration; and finally, to those who have been really outstanding and who are qualified to occupy positions of leadership in the Venezuelan public health service, we give the course for public health physicians that carries a university diploma. The same type of training, with the same gradations is given to all personnel, from inspectors to nurses. For the latter, there are also advanced courses in public health, after which they occupy supervisory positions in the nursing field.

With regard to statistics, we wish to point out that since 1955 a Latin American Center for Classification of Diseases has functioned in Caracas,

under an agreement between the Government of Venezuela and the Pan American Sanitary Bureau. This Center commands great interest and has served to prepare a large number of personnel in this very important health activity. Although we are not yet satisfied with the results, we have succeeded in considerably diminishing the proportion of death certificates issued without diagnosis, which formerly was 66 per cent and today is only 46 per cent. Naturally, we hope to go on reducing this proportion more and more rapidly.

I shall not refer to the rates for communicable diseases, particularly in relation to smallpox, malaria, etc., because this will be the topic of other reports. In the case of poliomyelitis, it is worth pointing out the phenomenon observed in Venezuela, beginning with an epidemic we had in Caracas, the capital, in 1953. This was an epidemic of moderate intensity, 120 cases; but thereafter the endemic poliomyelitis level in Caracas and in the whole Republic has been almost four times higher than before. For example, in Caracas the normal endemic index of the disease was a maximum of one or two cases per month. At present the average we have is four or five per month. To try to combat and reduce this problem, since 1956 we have had an intensive program of vaccination with the Salk vaccine, which has been the only one used in Venezuela. More than 60,000 vaccinations have been given in the whole country.

Another serious problem that we still have in Venezuela is that of the diarrheas and enteritis. Venezuela presented a very complete report on this topic at a meeting in Chile in 1956. Also, this is a topic that has been amply discussed in all our scientific conferences on health and medicine, it being a question of great importance. We have come to the conclusion that, in spite of the measures that have been taken, particularly in the campaign against the fly as a basic factor in the transmission of the diarrheas and enteritis, we need to attack the problem from other points of view and in other respects, such as the social aspects and problems of ignorance, illegitimacy, and families with many children, because it is in these families and these social groups that the disease works its greatest havoc. We are beginning to concentrate the struggle against the disease not only in the direction of direct health action but also in the direction of social work, to the point that we have started a project of subsidies to families, by number of children, to help reduce the excessive mortality in this field.

There is a phenomenon I consider very interesting, which I know is not exclusively Venezuelan, although it has affected us greatly; namely, the changes that have taken place in the population. We have had a fairly large population growth, around 3 per cent annually, which is a very high figure, perhaps one of the highest in the world, but at the same time there has been a notable migration of the rural population to urban areas. This change has made our rural population now less than 50 per cent of the total, when a few years ago it represented almost two thirds. This has caused a whole series of social effects, such as the creation of unhealthful districts, problems of adaptation to new living conditions, social and moral problems such as juvenile delinquency and abandonment, which have really been widespread. Further, there has been an immigration of European population which, in this period, has reached more than half a million. All these phenomena are interesting and imply a new challenge for the Venezuelan public health administration. And here I would like to point out how helpful it would be to include topics in these conferences on population factors affecting public health, something on the order of the pamphlet Dr. Dunne of the United States Census Bureau presented to a meeting of public health officials, giving a panorama of the most important demographic factors in his country. I wish we could work up a similar description for the whole of the Americas and for each particular country, which would really reflect the extent of the changes that have taken place and call attention to their importance from the point of view of public health. They require a complete change in public health services, if we are to give better service to a population that is no longer content just to passively receive what is offered, but constantly demands better and more appropriate health services.

Finally, I would like to speak of the progress we have made in Venezuela in the matter of hospitals, in the construction of new ones, and in the establishment and improvement of existing care services. Venezuela now has 21,406 beds in general hospitals, a figure still lower than what we consider optimum, which would be around 30,000. Nevertheless, it means a great advance, because

it is a matter not only of the number of beds but of the quality of beds installed in the last few years. About 3,000 new hospital beds have been made available to the public in the limited period to which we have referred, with an improvement in their quality and in the kind of medical services given.

PRESIDENT: * The delegate of Colombia has the floor.

*Report of the Delegate of Colombia*

Dr. JIMÉNEZ ARANGO (Colombia): * In the course of the last few years, all classes of activity in Colombia were unfavorably influenced by three factors: an abnormal political situation, a grave economic crisis, and a situation of violence that has affected extensive and rich regions of the national territory. In the last few months a favorable change has taken place: the institutional political regime has been re-established, the economic situation is showing a trend toward stabilization and the sources of violence are rapidly diminishing.

Despite these unfavorable circumstances, we are able to present to this Conference the results of positive advances in public health matters. I must mention here that the continuity and stability of our public health programs are due in large part to the efficient and permanent collaboration of the international health organizations: the Pan American Sanitary Organization, the World Health Organization, the International Cooperation Administration of the United States Government, and the United Nations Children's Fund.

*Vital Statistics.* Colombia has an annual rate of population growth of 22.3 per thousand inhabitants, and its total population has increased from 12,111,260 in 1953 to 13,227,480 in 1957. According to recent partial studies, life expectancy at birth in Colombia is 56.8 years. According to the last census, 42.8 per cent of the population is less than 15 years old. Of the total population, 61.1 per cent is rural.

The birth rate has been rising progressively from 38.9 per thousand inhabitants in 1953 to 42.6 per thousand in 1957. The death rate has decreased slightly, from 13.5 per thousand in 1953 to 13.1 in 1957.

Infant mortality remains very high, although it has diminished somewhat in the past four years, from 111 per thousand live births in 1953 to 100.4 per thousand in 1957. Fetal mortality and mortality in the age groups 1-4, 5-9, and 11-14 years, as well as maternal mortality, unfortunately have not diminished to any significant degree. This indicates to us that one of the principal public health objectives in Colombia in the immediate future will be to give very special attention to this serious problem. Statistical clarification reveals that the principal causes of death in children are digestive and respiratory infections and deficiency diseases.

In all age groups we find that the principal causes of death are also digestive and respiratory infections.

*Communicable Diseases.* Regarding communicable diseases, I shall omit reference to yellow fever, malaria, and smallpox, which will be discussed in special sessions.

Yaws: In cooperation with the Inter-American Cooperative Public Health Service, the yaws eradication program was begun in 1950 by the house-to-house system, which was later adopted by other countries. This program has given admirable results: in 1953, in the treated area the incidence of the disease was 39 per cent. In the year 1957 this incidence had dropped to 0.3 per cent. In 1958 part of the personnel and equipment of the antiyaws campaign has been engaged in a program to control pinta in a zone where incidence is high. We estimate that there are 500,000 cases of this disease in the country.

Poliomyelitis: In February of this year an outbreak of poliomyelitis occurred in the town of Andes (Department of Antioquia). Under an agreement between the Government of Colombia and the Pan American Sanitary Bureau a campaign of vaccination with attenuated live virus has been carried on, as an extension of the studies that have been made in the State of Minnesota in the United States of America.

On 18 August 1958 the vaccination of 7,000 children under 7 years of age, with three types of virus, administered orally, was completed. By 22 September this program had been extended to the city of Medellín, where it is planned to vaccinate 150,000 children under 10 years of age in a period of six months. We feel that the conclusions to be drawn from this campaign, serological studies of which are pending, will be very important.

*Nutrition.* The National Institute of Nutrition

has continued work on various studies of the nutritional status of the population and on programs designed to improve it, especially the enrichment of foods.

One of the nutrition programs that has merited greatest attention has been the iodization of salt for the control of simple goiter. Between 1950 and 1956 the Institute operated a pilot iodization plant to demonstrate the feasibility of the process and the benefits of iodized salt. Finally, the Bank of the Republic, which is the concessionary of the salt mines, agreed to build a refining and iodizing plant, at a cost of 18,000,000 pesos to produce 90,000 tons annually, which represents 75 per cent of the total human consumption, plus 15,000 tons for animal use. This plant will begin to operate in January 1959.

*Industrial Hygiene.* This new department of the Public Health Ministry, under the control of the Inter-American Cooperative Public Health Service, was officially inaugurated in 1953, after a preliminary survey carried out in 421 national industries.

Colombia is rapidly becoming industrialized, and this department's principal objective is to study the health conditions not only of factories but of any group activity that could involve a danger to the workers, such as mining, the use of insecticides in the field, etc. The studies made and the preventive measures that have been recommended have been of great importance in providing security for laborers, miners, and agricultural workers.

*Curative Services.* Curative services have improved considerably with the construction and inauguration of operations of several important hospital centers. The number of hospital beds under federal aid has increased from 24,447 in 1954 to 29,756 in 1957, and the number of admittances from 4,477,775 to 7,790,481 in the same period. In like manner, budget allocations for aid increased from 44,506,989 Colombian pesos in 1954 to 72,685,446 pesos in 1957.

*Public Health Education.* All of the medical schools of the country have been radically revising their curriculum and teaching methods during the past few years. I should point out that important departments of preventive medicine have been established in all of them, in accordance with modern systems.

I should like also to call attention to the teaching activities at the School of Advanced Public Health Studies of the National University, which receives technical and material aid from the Public Health Ministry. Courses are given regularly for physicians, public health and obstetrical nurses, and environmental sanitation inspectors as an activity of the five-year plan of the pilot area to which I shall refer further on.

*Organization of Public Health Services.* In 1954 the Ministry of Public Health had a budget of 42,285,625.51 pesos, or 3.5 per cent of the national budget. In 1958 that budget amounts to 65,188,811.92 pesos, or 4.4 per cent of the national budget. The amounts devoted by the departments and municipalities of the country to public health are not included, nor are the amounts allotted to public welfare.

There are 688 local health organizations in 641 of the 832 municipalities of the country, and theoretically they cover 91 per cent of the total population.

In 1956 a planning and coordinating office was initiated on the basis of an agreement concluded between the Government of Colombia, the Pan American Sanitary Bureau, and UNICEF. The objectives of this office are to make recommendations for the reorganization and modernization of the Public Health Ministry and the development of a five-year plan in a pilot area including five departments of the country.

Modern public health techniques are now being applied in 11 pilot centers and will be extended later to other areas of the country.

*Colombian Participation in the World Health Organization.* For several years internal conditions did not permit a meeting of Congress, and Colombia for this reason has not yet ratified the Constitution of the World Health Organization, despite the constant desire of the Colombian Government and people to firmly join that important organization. Five years ago, when I was also Minister of Public Health, I had the honor of presenting to Congress the draft law ratifying that Constitution. Today I am able to report that Congress is meeting again and that we hope to have the Constitution of the World Health Organization duly ratified and sanctioned before the end of this year.

PRESIDENT:* I take pleasure in inviting Dr.

Jiménez Arango, chief delegate of Colombia, to preside at this session.

*Dr. Jiménez Arango (Colombia) took the Chair.*

PRESIDENT: * The delegate of Costa Rica has the floor.

*Report of the Delegate of Costa Rica*

Dr. VARGAS MÉNDEZ (Costa Rica): In the summary of the four-year reports you will find the statistical data on Costa Rica. However, I would like to amplify them in order that you may gain a better idea of our problems. The population of Costa Rica has been increasing rapidly, to the extent that its index of growth is one of the highest in the world. This has important economic and social repercussions for the future of the country and constitutes a basic consideration in evaluating the public health services and resources. We thus see that while we had 473,980 inhabitants in 1927, by 1956 we had 1,014,170, which means the population more than doubled in three decades. From a growth rate of 20.3 per cent in 1927 we have gone to 36 in 1956. We still have only 9.29 persons per square kilometer, however, so our problem is not one of crowding, but rather one of planning how to serve a growing population.

Costa Rica at present is characterized by an unusually high birth rate, as stated, and a reasonably low death rate. Our estimates indicate that we shall have double our present population in about twenty years. It is therefore necessary to prepare our public health services, and not only them but also our public education, public works, etc., in order to serve that double population in twenty years.

In the face of these population facts, our principal causes of death have remained more or less stable and, as in other countries, the first place is occupied by gastroenteritis. In second place are diseases of the circulatory system; in third, malignant and benign tumors; fourth, diseases of the nervous system; fifth, influenza or the grippe; sixth, premature births and diseases of early infancy; seventh, accidents; eighth, bronchitis; ninth, malnutrition, avitaminosis, and other metabolic diseases.

I have read these data to emphasize that tuberculosis is by now in eleventh place as a cause of death and no longer among the first ten. This brings us to an analysis of the morbidity and mortality data of these past few years, which reveal a serious situation, since almost 60 per cent of the total deaths occur in the age group of 15 years and under. The program that was begun in 1950, and briefly outlined at the XIV Conference, continued to develop with emphasis on the intensive training of personnel both in the country and abroad.

We now have a basic group of adequately trained personnel, under a civil service system that guarantees stability of employment, and a balanced program of in-service training. Yet despite these efforts, it was realized that with the traditional system of organization and an alarming budget cut, an evaluation of all public health services became imperative in order to have an inventory and be able to make plans for the future. To this end, the Government of Costa Rica requested the Organization to set up an evaluation committee, a request that was met by all the Bureau officers with great interest, thanks to which there came first to the country Dr. Joseph Willard, Director of Research and Statistics, National Department of Health and Welfare of Canada, who during a short visit reviewed the existing data and left a request for numerous documents and summaries which, upon his return at a later date, would permit him to draw up the plan of work and the forms for the committee.

The evaluation group arrived in Costa Rica during the month of August and was composed of Dr. Willard; Dr. Felipe García Sánchez, Director General of Coordinated Services in States and Territories of the Ministry of Health and Welfare of Mexico; Dr. Bogoslav Juricic, Assistant Director of Health Services of the Ministry of Public Health and Welfare of Chile; and Mr. Atahualpa Ruiz, consultant sanitary engineer of PASB, Zone III Office. Also, Dr. Oswaldo Costa, chief of Zone III, and Mr. Alvaro Aldama, statistical consultant of that Zone, collaborated efficiently with the group. We regretted that Mr. José A. Jovet, sanitary engineer from Venezuela, could not participate owing to reasons beyond his control.

The high technical caliber of each and every member of the group, added to their outstanding personal qualities, contributed greatly to the success of the report, which was factual, objective, simple, and full of constructive recommendations that will enable us to reorganize our public health structure and programs. If we wish to change the morbidity and mortality figures that have con-

tinued without major favorable changes down to the present time, it is necessary that we follow the standards indicated by the evaluation committee.

What are the advantages of the evaluation? I believe that when I first arrived at the Ministry in 1950 I committed an error in not requesting an evaluation at that time, so that I might have had a yardstick by which to measure the advances made and in addition an inventory of what we possessed, for orienting the programs. However, the evaluation has been made. With what advantages? They are numerous and we can cite a few.

The obligation of putting accounts and statistics scattered in many places into a single document is of importance. The intense participation of the entire Ministry staff makes them aware of the true status of the programs and of their failures. The compilation within a single publication of all data that have a direct or indirect influence on the public health of the country points up the severe problems to be faced in the near future and the important failures in our structure and system.

The evaluation has shown us things, some of which we suspected and others of which we knew, but which it was necessary to record and justify. For example, it was found that a total of 78,000,000 colons (our national currency, which has a stable rate of 6.60 per U.S. dollar) was being invested for various health activities of the Ministry of Public Health, the hospitalization system, Social Security Fund, municipalities, the Health Department, Banana Company hospitals and services, the Inter-American Cooperative Public Health Service (SCISP), the National Insurance Institute, and contributions of UNICEF and PASB/WHO. That means an investment of 75 colons a year per inhabitant. Unfortunately, only 7.6 of the 75 are being invested in preventive medicine. Moreover, although the national budget has increased year by year and although small increases in the public health budget have been achieved, we have really gone backwards. The percentage has been decreasing, and we thus have a lower rather than a higher percentage of investment for preventive medicine and health programs.

Costa Rica is extremely satisfied with the report presented by the evaluation committee. It is a report that came out on the last day of the committee's work. It is not one of those reports that take one to two years to reach the interested parties. It was sent to Washington for approval, and I have a copy in my possession. It contains no compliments. We did not expect them. We expected guidance with which to correct our errors and plan our programs, and that is why we requested of the Bureau that the committee be made up of a group that had broad field experience, one that had had, as we say, "its feet in the mud," had been through the school of public health in the field, and had made its career in action, not at a desk.

I wish to thank here, both personally and on behalf of my Government, all the governments that authorized their officers to form part of that committee, and to thank the officers of the committee itself and the Pan American Sanitary Bureau for the unlimited collaboration given in the evaluation.

We now have a yardstick. It will be up to us whether or not we advance, change our structure, and profit by the evaluation.

Before closing, I wish to mention two important events of the four-year period.

First, Costa Rica and Panama had been two islands in the Americas without canine rabies. In January 1957, however, canine rabies entered Costa Rica via the Pan American Highway, from the north. The PASB has given all the assistance necessary and has sent a public health veterinarian to the country. The Government of Costa Rica, for its part, has implemented a vigorous program for the eradication of canine rabies in the country.

The other important fact for Costa Rica was the reorganization of the Zone III Office in 1956, Dr. Oswaldo Costa, that distinguished and experienced public health worker, having been named chief of the Zone Office. With this change the relations between Costa Rica and the Zone III Office have returned to normal, for up to that time difficulties had been encountered. With Dr. Costa's appointment, we have restored the technical cooperation and close collaboration that forms the basis of the operations of the zone offices.

PRESIDENT: * The delegate of Ecuador has the floor.

*Report of the Delegate of Ecuador*

Dr. RAMÍREZ (Ecuador): * Very naturally, Ecuador has made great progress in the last four years, progress of great scope in comparison with

the previous situation. I am not ashamed, however, to say that in other respects we have retrogressed.

In this respect, I should like to refer to the statements of the distinguished delegates who have spoken before me, especially the delegates of Mexico and Venezuela. I was extremely pleased to hear the delegate of Mexico say that there are in his country many full-time public health specialists. In our country, a large percentage of the few who go abroad to specialize come back to a full-time public health job but nevertheless take it upon themselves to issue public announcements of professional practice in other specialties, along with their public health work. As far as public health budgets for the last four years are concerned, I share the concern expressed by the delegate of Costa Rica. For that reason it was also a great pleasure to hear the delegate of Venezuela speak of his country's budget. That is the way to handle public health! In this respect I should like to request the officers of the Pan American Sanitary Bureau to send to governments like mine, to congresses of countries that to such an extent neglect the budget for public health, a communication that would inform them particularly of these two examples: Mexico and Venezuela. By this I mean that other countries could influence mine.

Going on to the health conditions and advances made in public health in my country, I shall make only a brief summary, for the complete information is set forth in the document distributed.

I wish to point out that there are four eradication campaigns in progress; or rather, three, because we are going to have the satisfaction of announcing, along with other countries of the Americas, the eradication of the *Aëdes aegypti* mosquito. That eradication program is ended. Another that is about to be concluded, just as in Colombia—and it is especially at the Colombian border that this work is being done—is the treponematosis eradication program. It appears that the indices are extremely low in our country—a little lower than in Colombia—and that we can consider the program practically concluded.

The malaria eradication program is continuing, and the reports that you will see will surely show you the progress that has been made.

Finally, we have also started a smallpox eradication program, one that, as in the case of any program just initiated, has administrative defects and deficiencies; these are being corrected with the advice of the Pan American Sanitary Bureau.

With respect to yellow fever, as I am afraid I shall not be present on the day on which the document we shall present on this topic is discussed, I should like to emphasize now that urban yellow fever does not exist in my country because the vector does not exist. As regards jungle yellow fever, the reservoir disappeared in the epizootic of the year 1951, and, naturally, there has been no more jungle yellow fever since that time. Nevertheless, and I present this as a research problem, I call your attention to the fact that, during the verification of the eradication of the *Aëdes aegypti*, we found that in the provinces where we suspected that it might still exist if there were a reservoir, there was a series of jaundice cases that were fatal within a few days. The public health authorities took every precaution, made a complete epidemiological and clinical investigation and then an anatomopathological investigation, transmitting liver specimens to the National Institute of Hygiene and to the Institute at Bogotá.

The histological diagnosis was that this was a viral hepatitis. But I ask, why is the mortality index of this viral hepatitis, which is not high anywhere else in the world, so high and fulminating in that area? I have wanted this thoroughly investigated, and we are going to do it. One hypothesis, which I thought might be considered heresy, is that this is a special form of yellow fever in vaccinated persons. That is one of the suppositions I mentioned to the investigator. Naturally and logically, if there is no reservoir, if the perfect vaccine exists . . . but I know today that this does happen in this Continent as well as in others.

Another possibility is that this has something to do with the fact that the Province of Esmeraldas in Ecuador (and I am making a sort of presumptive diagnosis by elimination), where yellow fever also existed, is a province with a high percentage of Negro population, about 70 per cent. Is viral hepatitis perhaps much more severe in that race? Still another possibility is symbiosis or rather the association of two diseases: hepatic amebiasis added to viral hepatitis; or in other cases, forms of malaria associated in such a way as to provoke such a rapid hepatic disturbance. I just wished to tell you that we are in the process of investigating something of interest to pub-

lic health and which our neighbors in Colombia might like to know about.

As regards the other communicable diseases, tuberculosis control is in the hands of the Ecuadorean League against Tuberculosis, which has a health budget much higher than the national health budget. The League has established sanatoria throughout the country, but unfortunately, with the change in policy of tuberculosis campaigns this represents quite a great financial loss to us. It would be desirable for the international organizations to send an adviser to our country to make an evaluation of the antituberculosis campaign now being carried out, for in my opinion the policy now applied is not the one that should be followed in a tuberculosis campaign in Ecuador at this time.

Poliomyelitis has not been a problem in our country and recently the number of cases has been kept stable. As is being done in Colombia, however, a live virus vaccination program is being carried out with evident success. After sending to the Zone IV Office the data on infant mortality and polio incidence for the past years, we have asked the Zone to make a study to determine the advisability of carrying out mass vaccination in Ecuador.

As to plague, there are subrural areas in the country where the disease always exists, but I shall add nothing further on this subject here.

With respect to public health administration, one of the most important administrative aspects is the coordination of services and regionalization. Thanks to the advisory services of the Pan American Sanitary Bureau, we have sent to the Government a three-year plan that provides for regional autonomy in each area of the country, as a preliminary step toward the coordination of all the services. This plan is in the form of an agreement already signed by the World Health Organization, the Pan American Sanitary Bureau, and the Government.

With regard to maternal and child health, we have the same problems as the majority of Latin American countries: high infant mortality, with the same causes, and the need for intensifying health education and environmental sanitation work in all its phases.

We have studied infant mortality in our environment many times and at many meetings. There is no single cause for it; in my opinion, which I share with everyone, the causes are of a social, economic, and cultural nature. For this reason, a coordinated plan would have to be made with all the ministries. In the field of education, it is essential to raise the cultural level of the masses of our population, who are so superstitious or prejudiced that they would rather go to the medicine man than to the physician, and even prefer never to see the doctor, even though the child may die. Attention must be focused on the economy, because our fields lie idle, as they do in the greater part of Latin America. There is no water, there are no services and no money for public health or sanitary engineering works. And above all, we need a health education plan. We are now initiating such a plan, and I should like to mention it here, for it is one that will be given priority in our country.

I have always striven to promote a higher level of health education in my country. Despite the lack of funds, I have tried to give this plan all possible vigor and I hope that the results will show fairly soon, although it cannot be soon as regards infant mortality unless environmental conditions are improved. To improve these conditions, we have already appointed the staff for our Department of Sanitary Engineering, with the advice of the World Health Organization and the financial aid of ICA. Thus Ecuador, for the first time, is to undertake a survey and study of the problems of potable water, sewage disposal and sewer systems, etc., for we, as all the other countries of Latin America, face the problem of suburban districts overcrowded by the influx of rural inhabitants.

PRESIDENT: * The delegate of Paraguay has the floor.

*Report of the Delegate of Paraguay*

Dr. PEÑA (Paraguay): * In the few minutes granted me to speak, I wish only to emphasize some of the major improvements in public health we have achieved in Paraguay during the past four years.

Above all I want to point out that there is something that cannot be stated in the four-year report, or at least cannot be expressed in figures: it is the progress made in developing a consciousness

of public health in the population. This is an advance that cannot be shown by specific numerals, but that can be deduced from the figures given for certain special programs. The community has advanced considerably in its appreciation of health and the Government has given recognition to the fundamental priority of public health problems. For this reason, to the satisfaction of being able to report this modest progress may be added the certainty that in the years to come this progress will be greater and more swift.

One of the programs that has had and still has the greatest importance is the program for the protection of maternal and child health, which has brought about a considerable increase in government services in this field. Most important, maternal and child health centers have been improved in the capital and, above all, numerous new health centers have been established and the existing ones improved in the rural areas.

We might quote some figures to give an idea of the progress achieved. For example, as to personnel: there were 44 trained midwives in 1955, and in 1958, 163; nurses have increased from 16 to 36, and full-time physicians from 23 to 40. The figures on mothers and children attended may also give an idea of the advances made: the number of infants attended rose from 7,530 in 1955 to a figure of 10,220 for only the first quarter of 1958, while the number of expectant mothers given care increased from 10,890 in 1955 to 20,560 in 1957 and had reached 9,000 for the first quarter of 1958.

Other figures that might give an idea of the advances made are those for attended deliveries. In 1954 the figures were 73 per cent attended by lay midwives and 26.8 per cent by professional midwives. In 1958 the cases attended by lay midwives dropped to 58.8 per cent, and the births attended by professionals increased to 41.2 per cent.

The nutrition program was begun by our Nutrition Department, but for a long period thereafter that agency was somewhat neglected. On 1 June 1956 it resumed work on a new basis, under the guidance of an FAO nutrition expert. The Department's activities were focused principally on research, with surveys, anthropological censuses, preparation of dietary tables, and studies of the availability of food to the population, all according to the international standards of FAO. Plans were next made for surveys of food consumption, for purposes of nutrition education. All the work carried out is detailed in the report we have presented on public health programs in Paraguay (1954-57).

Another interesting point I wish to mention is the iodization of table salt. Endemic goiter is a serious problem in Paraguay. The surveys made four or five years ago showed an average of 28 per cent of the population affected. Salt iodization was therefore a basic problem, which was attacked by making the iodization of salt used for human consumption compulsory, by a decree of 25 April 1958. An iodization plant has been installed in our capital port of Asunción, where most of the salt comes in, and others will be installed in the other ports. This plant mixes one part of potassium iodate to 10,000 parts of salt. The cost of this procedure is charged to the consumer, and amounts to approximately 2 per cent of the total cost of the salt. This measure has been favorably received by the community.

Another program that has recently been developed deals with environmental sanitation. The Division of Environmental Sanitation was created in December 1954. Its principal objectives have been to train sanitary engineers, auxiliary inspectors, and specialized workers; to conduct experimental and demonstration programs in rural sanitation; and finally to incorporate this activity into the normal work of the local government services, health centers, and health posts. Seven sanitary engineers have been attached to the Division since its inception, four of whom have completed public health courses abroad.

The hookworm control program continues in what used to be the Asunción-Villarrica Area Program. About 50 to 60 per cent of the capital's population is at present affected by hookworm. That is the reason why this program must be continued.

In a suburban area near Asunción we have taken a small village in San Lorenzo as a test place for the environmental sanitation program, which is now being fully developed. Beginning in 1957, the health centers of the Republic have for the first time developed permanent environmental sanitation activities through health inspectors duly trained in planned courses given by the Sanitation Division. In addition, 30 former employees of the hookworm control campaign began working permanently in the local health services in 1958 as sanitation auxiliaries.

With regard to communicable diseases, I wish to call special attention to the campaign against tuberculosis begun under agreements concluded with the World Health Organization and UNICEF. Those agreements gave new impetus to this work, whose benefits were extended to the rural population for the first time.

I should also mention the mass BCG vaccination campaign. It was begun in August 1954 and ended 16 months later, on 31 December 1955. A total of 658,903 persons were examined, and 266,776 vaccinated.

In connection with rural control of tuberculosis, thanks to mobile units it has been possible to carry on surveys in various places in the interior. The cases discovered in these mass campaigns are given outpatient treatment with drugs and antibiotics supplied gratis by the Ministry of Public Health.

Simply to give you an idea of the importance of this problem, I should like to point out that the prevalence of tuberculosis, as gauged by the mass campaigns carried out in the interior, ranges from 0.6 to 1.9 per cent, with a 1.1 per cent average, in the population over 15 years of age.

Outstanding progress has been made in the campaign against leprosy from 1954 to date. Perhaps the following figures will give an idea: in 1954 the national budget devoted 876,572 guaranis to the campaign against leprosy. In 1958 the amount has increased to 3,175,550 guaranis. Since 1956 the technical and auxiliary staff has been constantly expanding.

As of May 1958 the Department had a medical director, 10 full-time leprologists, and 2 part-time leprologists, and in addition a series of officers such as histopathologists, etc.

A census of new cases might give an idea of the activities: 93 new cases were discovered in 1954; 99 in 1955; 628 in 1956, when the campaign was most intensive; and 678 in 1957.

The outstanding characteristic of the leprosy campaign in Paraguay is that it excludes compulsory isolation of contagious cases and is based on outpatient chemotherapy of all leprosy cases, whatever their clinical form. The results have been extraordinary. A detailed report on this program was presented at the recent Seminar on Leprosy Control held in Belo Horizonte, where Paraguay had the honor of being congratulated on its work.

The following figures may give an idea of the importance of the leprosy problem in Paraguay: of a total of 123,382 persons examined from 1955 to 1957, 381 positive cases, or 3 per thousand, were found in the capital. The proportion is much lower in the interior, ranging from 1.6 to 2.7 per thousand.

The venereal disease control campaign has been conducted with the valuable cooperation of the Pan American Sanitary Bureau and the Inter-American Cooperative Public Health Service (SCISP). Numerous intensive campaigns have been carried out. To give an idea of the results of this campaign, I might state simply that during 1957 only 180 active cases of contagious syphilis were recorded in the entire country.

An intensive international control program along the border has also been carried out in accordance with agreements concluded at Montevideo between Paraguay, Argentina, Brazil, and Bolivia.

As to the smallpox eradication problem, we might say the following: by law, smallpox vaccination has been compulsory in Paraguay since 1880. However, it has not been possible heretofore to conduct a massive campaign and it is for this reason that we periodically have small-scale epidemics of smallpox. From 1947 to date some cases and some isolated outbreaks of smallpox have been recorded.

In November 1957 the Government of Paraguay concluded an agreement with the Pan American Sanitary Bureau for the development of a smallpox eradication program, and since then this program has been carried out intensively. We shall report the data on this work in due time. We wish merely to point out that in order to make the techniques of application and interpretation of the vaccination uniform, we have given theoretical and practical short courses to nursing personnel of the campaign and in all health centers in Asunción.

As to malaria eradication, we shall have an opportunity to refer to it also in greater detail when that topic is taken up. I merely wish to indicate that the National Malaria Eradication Service has been organized for the program. The National Congress adopted the law for its establishment in September 1957, and the Service has the valuable collaboration of the Pan American Sanitary Bureau and UNICEF. I shall not quote any data but

just mention that since the month of January not a single case of *Plasmodium falciparum* has been found in Paraguay.

On its part, the Government of Paraguay has committed itself to contribute the sum of 81,500,000 guaranis, or almost 800,000 dollars, to the five-year plan.

This is the most important information I wish to report here. In conclusion I would like to give some figures to indicate to what extent we have progressed in Paraguay. At the present time the personnel of health centers and units includes 12 physicians specialized in public health; 34 medical directors; 3 epidemiologists; 100 specialized physicians; 35 dentists; 3 sanitary engineers; 120 sanitary inspectors; 50 graduate nurses; 219 midwives; and 585 nursing auxiliaries.

PRESIDENT: * The session is adjourned.

*The session was adjourned at 12:05 p.m.*

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## FIFTH PLENARY SESSION

*Thursday, 25 September 1958, 9:30 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

*(Later)* Dr. HÉCTOR VIRGILIO NOBLÍA (Argentina)

### Third Report of the Committee on Credentials

PRESIDENT: * Dr. Javier, Rapporteur of the Committee on Credentials, has the floor.

Dr. JAVIER (Honduras, Rapporteur): * The Committee on Credentials, composed of the delegates of Nicaragua, Mexico, and Honduras, held its third session in the Isla Verde Room on 24 September, at 5:00 p.m. The Committee examined the credentials of the delegation of Peru, which had been received in the Secretariat of the Conference, and recommended that the delegation be fully accredited to the Conference.

PRESIDENT: * If there is no objection, the report stands approved.

*The third report of the Committee on Credentials was approved.*

### Topic 21: Status of Aëdes Aegypti Eradication in the Americas

PRESIDENT: * Today's order of business includes Topic 21, Status of *Aëdes aegypti* Eradication in the Americas. The Director will present the document in question.

Dr. SOPER (Director, PASB): * The report on the status of *A. aegypti* eradication in the Americas is Document CSP15/8,[1] which is a summary of the situation drawn up by the Bureau staff working in this activity.

I would suggest that this document be presented by Dr. Octávio Pinto Severo, once the individual country reports have been submitted, but before that it might be worth while to give an historical account of the *Aëdes aegypti* eradication problem and its relation to yellow fever eradication.

As I stated at the third plenary session the First International Sanitary Convention, in 1902, recommended the study and investigation of the problem of the *Stegomyia* mosquito. During the first 15 years of this century it was observed, in every city where *A. aegypti* control was carried out, that with the reduction of indices to below 5 per cent, yellow fever had disappeared not only from the treated centers but also from the surrounding areas. It was thus that, after the first 15 years of anti-*aegypti* work, the experts became convinced that it would be possible to eradicate yellow fever without eradicating the vector mosquito. In 1915 the Rockefeller Foundation, in collaboration with the governments of the Americas, launched a campaign to eradicate, not *A. aegypti,* but yellow fever. The campaign was aimed at attacking the mosquito only during the period necessary for yellow fever to disappear from the treated centers and then also disappear, spontaneously, from the surrounding areas.

That program achieved brilliant success. The

[1] See Part V, Annex 2, pp. 465-472.

eradication of yellow fever in Guayaquil, in 1918 and 1919, freed Ecuador of *aegypti*-transmitted yellow fever and it has not reappeared in the Pacific area up to the present time. Later, in Central America, Mexico and finally in Brazil, yellow fever apparently disappeared and its complete eradication was foreseen for 1926 or 1927. In 1928, however, the disease reappeared unexpectedly in the city of Rio de Janeiro, after an absence of 20 years, and at a time when everyone—authorities and physicians included—had ceased to be concerned about yellow fever. By the time these cases were diagnosed in Rio, four foci were already present in four different parts of the city, each apparently independent of the other. In the following year, 1929, *aegypti*-transmitted outbreaks of yellow fever made their appearance in the town of Socorro, Colombia, a relatively isolated community in the interior, and also in Venezuela, in the towns of Guazapate and Tumoreno, two small communities rather isolated from any large center that could have served as the source of the virus infection.

In 1932 yellow fever was discovered in the State of Espírito Santo, Brazil, without the presence of *A. aegypti*. This was the first verification of jungle yellow fever, and almost simultaneously an epidemic of *aegypti*-transmitted yellow fever occurred in the city of Santa Cruz de la Sierra, Bolivia—in the heart of the Continent and completely isolated from all its large cities.

Discovery of the distribution of jungle yellow fever began at that time, and fortunately, more or less in the same period, 1932 to 1933, the eradication of the *A. aegypti* mosquito was observed in all the capitals of the north of Brazil, with one exception. We who took part in this first local eradication must confess that the eradication of *A. aegypti* was not the outcome of an eradication plan. How great was our surprise when we discovered that eradication was taking place! It was the result of certain changes in techniques, undertaken to improve the service but without the idea of achieving eradication.

It is fitting to recall that, some years before, Dr. Connell, Chief of the Rockefeller Foundation's Yellow Fever Service in Brazil, had made a serious attempt at eradication of that disease in the cities of Paraíba and João Pessôa, without success. But once the eradication of yellow fever was observed and the possibility of achieving it was discovered, it was found that the cities could not be left unprotected, nor the needed investment left unmade, because reinfestation from suburban areas and the interior of the country continued to occur. A study made at the time revealed that it was more economical to clean up the suburbs and then the interior, than to maintain control services permanently in the capitals; and little by little this program was extended, so that by 1939 *aegypti* had ceased to be present in six states and in the Federal Capital of Brazil.

At that time, when the National Yellow Fever Service was being reorganized, the Brazilian Government accepted as the principal aim of the Service the total eradication of *A. aegypti* from the entire country. I believe that this was perhaps the first time that a national service was given the objective of achieving the total eradication of a vector or of a disease. And the initiation of the yellow fever eradication campaign in the Continent, undertaken by the Rockefeller Foundation in 1915, was also an historic event.

The control campaign in Bolivia was organized following the appearance of yellow fever in that country. It was discovered that in 1932 and 1933 *A. aegypti* was still penetrating and invading the American Continent. Later studies showed that at the start of the campaign to eradicate this mosquito, which had originally come from Indo-Africa, there were still large areas in the interior of the Continent where it had not yet penetrated.

By 1941 Bolivia had already declared itself free of *A. aegypti*, and at the XI Pan American Sanitary Conference, held in Rio de Janeiro in 1942, that country proposed that a campaign be launched to eradicate the *aegypti* from the Hemisphere. This suggestion, made as it was during World War II, did not awaken great interest. But as time passed and as the campaign in Brazil progressed, the Yellow Fever Service of the latter country found it necessary to exert great effort to ensure protection against reinfestation from abroad: from Paraguay, French Guiana, and Peru. Subsequently, at the I Meeting of the PASO Directing Council, held in Buenos Aires in 1947, in which the Director of Brazil's National Yellow Fever Service participated, the delegation of that country proposed an *A. aegypti* eradication campaign for the entire Continent. The Conference approved a resolution of paramount importance, assigning to the Pan American Sanitary Bureau responsibility for the

solution of the urban yellow fever problem, based on the eradication of *A. aegypti,* and gave it the task of solving the administrative, legal, and financial problems that might arise in the campaign—and at a time when the Bureau really lacked financial resources.

You heard me speak two days ago of the reaction of the countries of the Americas to the threat posed by the *Anopheles gambiae*. What took place with respect to *Aëdes aegypti* eradication in 1947 was very similar.

After the afore-mentioned decision was taken, I made a visit to Paraguay, which was then the major source of reinfestation for Brazil, and which was still passing through a difficult political stage, at the close of World War II. The Paraguayan Government was very receptive to the suggestions made at that time and the Government of Brazil, represented by its National Yellow Fever Service, offered technical cooperation and a certain amount of supplies needed to organize the *aegypti* service. The Brazilian Government also lent the services of its exports and assumed the costs of transportation to the frontier and continued to pay the salaries of the workers assigned to that campaign. We in the Bureau contributed the costs of travel, per diem, and generally whatever we could to assist the service.

There was thus a basis for initiating the campaign in Asunción; but there was a complete lack of transportation facilities—cars and trucks. You will remember that at the time, immediately after the War, it was extremely difficult to obtain automobiles; it took at least nine or ten months to obtain one, and in Paraguay none at all were available.

Under those circumstances we returned to Buenos Aires, presented our problem to the national authorities of Argentina, and immediately received an offer, without further formalities, of the motorized units needed for this campaign. Only a few days later these units were already on the way, by land; they reached northern Argentina and crossed the river, again without formalities. During the first few years of the campaign in Paraguay the service was operated with the collaboration of the Pan American Sanitary Bureau, but also with the active financial cooperation of both the Government of Brazil and the Government of Argentina. It is in such a spirit of international collaboration that we have always found a source of encouragement and confidence for the future.

I do not wish to prolong this introduction, but I do wish to call attention to certain factors inherent in the concept of eradication.

In the first place, eradication must necessarily begin on a relatively large scale. It is not possible to achieve eradication of a mosquito within a square kilometer. We have to begin with a large population and with a rather large area, where infestation is not predominant in the periphery. It is also essential to note that eradication implies a peripheral expansion until the entire area affected by the problem is reached. There is really no point that can be considered a stopping place. Eradication is something that no one country or people can keep solely to themselves. In order to be of any value it must be extended to neighboring nations. I have always said that it is like a sort of religion, a sort of religious doctrine for the benefit of other human beings, but obligatorily so. It is something that cannot be kept to oneself.

Recently, in a discussion with friends on the malaria eradication problem, I said that if a country had the courage to refuse to eradicate malaria within its borders and maintained that attitude to the end, to the point where it became the only country in the world that had malaria, it could request whatever it wished of the other countries and those countries would surely pay for the right to take over the job of eradication.

There is one very important point to which I should like to refer, and that is this: once we enter upon a continent-wide eradication program, it is very important to complete that program as rapidly as possible in order to reduce costs and prevent reinfestation of localities already cleared. We should note that in an eradication program the countries that have not really attacked the problem as an urgent one have the same responsibility as the countries that have.

There have, for example, been certain countries that, not considering the yellow fever threat to be imminent, have been easily inclined to think that it was not important and simply let the others carry on. But those countries always represent a danger, and we must recognize that once an eradication campaign has begun the moral obligation is the same for all countries.

Eradication of *A. aegypti* is not easy. This is a

mosquito whose eggs can survive for many months without being discovered through the larvae or the adults. It is a vector that can stay for years in an isolated house, without the need to invade other houses, awaiting an opportunity to broaden its range of action.

*A. aegypti* eradication costs money, but I should like to conclude with the observation that many countries considered economically less favored and less developed have already completed eradication. As you will see by the reports to be presented here today, *A. aegypti* eradication is quite advanced, and it is highly advantageous that now, and in the next two or three years, all efforts be intensified and all the required financial resources mustered in order to bring to completion this first campaign of eradication in the Americas.

PRESIDENT: * The topic is before the Conference. We shall now hear the official statements by delegates of the countries that have completed eradication. Does any delegation wish to report? The delegate of Brazil has the floor.

*Report of the Delegate of Brazil*

Dr. DE MEDEIROS (Brazil): * Brazil will present its report on the eradication of *A. aegypti*. I take the liberty of requesting the Chair to permit Dr. Luis Lessa to report on the work in the *A. aegypti* eradication campaign completed during the last six years by the National Service. Under Dr. Lessa's direction, total eradication has been confirmed.

PRESIDENT: * Dr. Lessa has the floor.

Dr. LESSA (Brazil): * In order to present the report on eradication of *A. aegypti* in Brazil, I would ask for five minutes more than the allotted time, and request the indulgence of the delegates while I read the text of the report.

*Introduction.* Because of its vast area and its climate, Brazil was the country most highly infested with *A. aegypti* in all the Americas. Having combated the mosquito ever since its role in yellow fever transmission was established at the beginning of this century, Brazil became the pioneer in its eradication when it was made evident that only through that measure could full protection be provided against yellow fever and against the threat of an invasion of urban centers by the jungle virus.

At that time Brazil organized the largest campaign ever launched against a disease vector, and to its success we owe the anti-*aegypti* techniques established long before the insecticides of residual toxic action were discovered. During the period when petroleum was used as a coercive agent in destroying and preventing the recurrence of foci in water deposits for home use, working standards were established and a sense of dedication was created that was to lead to the total extinction of the mosquito throughout the country. DDT was to accelerate that victory by several years.

Brazil became a vast demonstration field that was able to show how the campaign could be conducted in other countries and, in fact, its "Manual of Technical and Administrative Standards" was eventually adopted by all countries that had the same problem to solve. The Rockefeller Foundation, which was responsible for the campaign in Brazil until 1939, succeeded in extending it to other countries, using Brazilian experts in several of them. Beginning in that year, the Government assumed full responsibility for the campaign in Brazil, convinced of the fact that, if it was to be completely successful, it had to be extended to all countries affected by the problem. With the advent of DDT and the approval of the Brazilian proposal at the I Meeting of the Directing Council of the Pan American Sanitary Organization in Buenos Aires in September 1947, the campaign was planned in continent-wide terms, with the Bureau as coordinating agency. As a consequence, Brazil signed an agreement to furnish experts to collaborate in organizing the activities in countries requesting such services. Following this decision, the campaign was extended to almost all the countries of the Continent, in many of which the *A. aegypti* either has been or is now being eradicated.

In order to evaluate the significance of the *A. aegypti* eradication campaign in Brazil, a brief retrospective description of the problem throughout the country must be given. The mosquito was spread in the northern part of the country mainly by river craft, penetrating to remote points, and great efforts were required in order to eliminate it from the vast area of the Amazon Basin. As for the southern region, because of geo-climatic conditions, infiltration was slight in the states of Rio Grande do Sul, Santa Catarina, and Paraná. It was much more intensive, however, in São Paulo,

where the mosquito appeared even in the capital, a large city situated 900 meters above sea level, an altitude not very conducive to the life of the mosquito.

In the central and western areas, the indices were generally low in the states of Mato Grosso and Goiaz owing to the sparce population density, but they were relatively high in Minas Gerais, including the state capital, situated at an altitude of almost 1,000 meters. It was in the east and northeast that the *A. aegypti* adapted itself best, undoubtedly because conditions were favorable to its existence there. It can be stated that one half of the problem in all Brazil was concentrated in those two areas, which, although much smaller than the others, had a greater spread of the species and where ovular resistance appeared most frequently.

When in 1947 DDT was first used in Brazil, the *A. aegypti* had already been eradicated in the northern, southern, central, and western regions. The problem in the east and northeast was at that time reduced to minimal proportions. Even so, a few years more were required to eliminate the mosquito through use of the new insecticide with the perifocal method, a goal that was reached in 1955, when the last focus was destroyed in the State of Bahia.

Repeated checks were made in all points recently infested and in those that, because of prevailing conditions, could harbor the mosquito. However, no further infestation has been found anywhere during the last three years.

With the results obtained after a long and arduous campaign, the time had come when Brazil could declare itself free of the *A. aegypti*, and for this purpose it called upon the Pan American Sanitary Bureau, the agency responsible for coordinating the activities in the Continent, for the final confirmation on which the criterion of eradication established by that international agency is based.

*Development of the Aëdes aegypti Eradication Campaign.* In the course of the campaign against the urban vector of yellow fever in Brazil (1931-57), we can distinguish several main stages of technical and administrative development.

Up to 1931, the fight against *A. aegypti* was based on the experience acquired in the campaigns of Oswaldo Cruz (1903-08) and Clementino Fraga (1928-29).

The elimination of foci was done by emptying or running off the water from the containers or by destroying useless deposits. Creolin, a product based on creosol, was also used to eliminate or prevent the formation of foci in stagnant waters. Larvivorous fish were used in wells, cisterns, dams, and artificial lakes. With the support of legislation in force, measures were imposed for the protection of water containers and large supply deposits. Only at the end of this period was the use of petroleum (diesel oil) begun for the destruction of foci in deposits for home use.

In 1932, with the approval by federal decree of the "Regulations of the Yellow Fever Prevention Service," a basis was established for organizing the campaign directed toward eradication of the *aegypti* mosquito. These regulations made it possible: (a) to spray with petroleum all deposits containing foci of mosquitoes; (b) to give general application to the services based on the provisions of the federal laws; (c) to eliminate immediately certain deposits, principally those found to have foci in more than one inspection; (d) to integrate into the regular operations of the field service supplementary methods designed to improve the efficiency of the work through application of procedures already used on an experimental basis, such as: (1) capture of adult mosquitoes by means of the apparatus devised by the Service; (2) organization of the work of the foci-investigation team to include the search for and elimination of foci of difficult access; (3) organization of the so-called special services: maritime and river services and those covering deserted houses, cemeteries, canals, drainage ditches, and forests.

From 1933 to 1937, with the improvement of the anti-*aegypti* measures and the establishment of strict administrative standards, there was organized in Brazil the vastest campaign ever undertaken against a disease vector.

These measures and work standards are set forth in the "Manual of Technical and Administrative Standards," published at that time and since then brought up to date several times.

Beginning in 1938, following the success of the campaign in the urban areas, it was observed that the problem was much more serious than had been suspected, since the *aegypti* had invaded the rural zones of a large part of the national territory. For the vector's complete extermination, the principle

of "contiguous and progressively increasing areas" was established; this meant the pursuit of the mosquito into whatever place it might be found. Taking the municipal district as a unit of reference, the entire area was divided into squares, locality by locality, without regard to its dimensions or its location. In this way a *Stegomyia* map of Brazil was completed, giving an exact picture of the problem, and it was possible to foresee, with a slight margin for error, the outcome of the campaign.

In 1940 there appeared, and most clearly in the northeast of Brazil, the phenomenon of the resistance of *A. aegypti* ova to desiccation. To meet this difficulty, it became necessary "to clean the walls of deposits with fire" in order to destroy the encrusted eggs. Later, in a region farther south (Nova Iguassú, State of Rio de Janeiro), the *aegypti*, changing somewhat its biological tendencies in this Hemisphere, began to breed at an alarming rate in holes in trees, obliging us to organize an emergency service to fill in the enormous number of cavities existing in orange trees. These were two serious obstacles that slowed the progress of the campaign. Another important occurrence was the frequent reinfestation of localities situated along the banks of rivers navigated by craft coming from countries that did not have anti-*aegypti* services. This development forced Brazil to install observation posts and showed, moreover, that the problem could no longer be approached from a national point of view. Aware of this situation, the XI Pan American Sanitary Conference, held in Rio de Janeiro in 1942, approved the following resolution:

> After considering the results obtained in Brazil, Peru, and Bolivia in regard to the eradication of *Aëdes aegypti*, the XI Pan American Sanitary Conference resolves to extend its congratulations for this sanitary achievement, which is a guarantee against the spread of yellow fever, and at the same time the Conference requests the governments of the countries where this vector is found to organize eradication projects based on the plans adopted in Brazil.

This was the first collective demonstration of the need to eliminate *A. aegypti* from the Americas.

From 1943 to 1946, a campaign based on the compulsory use of petroleum in deposits containing *A. aegypti* foci was efficiently extended throughout the entire national territory, quickly reducing the problem to the east and northeast regions of Brazil. This made it possible to foresee eradication of the mosquito in the whole country within a short period.

Late in 1947, after a period of trials, Brazil began to apply DDT by the perifocal method, that is, "applying a 2 per cent solution of the emulsifiable product by means of a small spraying apparatus, for the treatment of all domestic deposits, whether they contained water or not, and both the inside and the outside surfaces, as well as the walls nearest those deposits."

From 1948 to 1954, what was then the National Yellow Fever Service, used the perifocal method to spray large areas of the east and northeast regions several times with DDT, and succeeded in overcoming the ovular resistance, thanks to the residual potency of the insecticide, and in hastening the completion of the campaign.

In March of 1955, the last focus of *A. aegypti* in Brazil was found in the State of Bahia. Surveillance inspections were carried out in other parts of the country in the following year; and when three and a half years had passed after the discovery of the last focus, we had grounds for believing that the species had actually been eliminated from Brazil.

Twenty-seven years of intense struggle had passed, in which thousands of men and hundreds of vehicles had been employed. The effort, the perseverance, and the resources expended in the *A. aegypti* eradication campaign in Brazil are incalculable. But we have the great satisfaction of having fulfilled our duty of protecting a large part of the population of the country against incursions of the yellow fever virus, and of having, through our own experience, helped make it possible for other countries of the Americas to achieve the same success in a near future.

*Analysis of the Results.* To give a statistical account of the work done in combating *A. aegypti* in Brazil, and to permit a better appraisal of the results, we have presented a "Summary of the *Aëdes aegypti* Eradication Campaign in Brazil, 1931-57." Through this summary it is possible to obtain a more objective view of the scope of the problem, in the country as a whole and in the various states and territories, and of the volume of work done in first defining the extent of infestation by municipal districts, localities, or *fincas*, and then eliminating the mosquito through the

use of petroleum and DDT. This paper also gives a general total of the inspections of *fincas* and deposits that had to be made to verify the results and confirm eradication.

For the country as a whole, it is shown that the greater part of Brazil's territory, or 5,358,822 km², was an area presumed to be infested because conditions there were favorable for the breeding of *A. aegypti;* but as a measure of guarantee, an area of 8,270,297 km², or almost the whole of the country, was inspected. Of the 1,894 municipal districts into which Brazil was divided, a preliminary inspection was made in 1,882; in 1,187 of these, or 63 per cent, *A. aegypti* were found.

Of the 268,576 localities inspected in determining the index, 36,119 (13.5 per cent) were positive, and of the 4,720,439 *fincas,* 244,366 (5.2 per cent) had foci of *A. aegypti.*

The eradication work was based on the application of petroleum in 961 municipal districts (81 per cent) and of DDT in 226 municipalities (19 per cent). A total of 19,848 localities (55 per cent) were treated with petroleum, and 16,271 (45 per cent) with DDT.

To achieve eradication, a total of 617,021,537 house visits were made and 3,414,210,354 deposits inspected during the campaign.

The figures presented suffice to give an idea of the scope of the *A. aegypti* eradication campaign in Brazil. With the knowledge we now have of the distribution of this mosquito in the Americas, we can affirm that it devolved upon Brazil to resolve at least half of the continental problem.

*Final Verification.* To obtain definitive proof that the *A. aegypti* mosquito had been eradicated in Brazil, and to comply with the international standards in force, we requested the presence of the Pan American Sanitary Bureau, in its role as coordinator of the campaign to eradicate this mosquito in the Americas.

Since a total review of the previously infested regions was not possible, and in view of the period that had elapsed since the last focus was found and the number of checks already made in areas where the investigation had been less intensive, it was sufficient to check only certain areas of the eastern and northeastern regions where the problem had been most deeply rooted and widespread. The following plan was presented to the Pan American Sanitary Bureau, and was approved, for the final check of the aforesaid regions:

(1) To select in the states of Bahia, Pernambuco, Paraíba, and Rio Grande do Norte a certain number of municipalities from among those previously most highly infested and that were the last to be freed of the mosquito and, following the most rigorous techniques, proceed to ascertain the mosquito index through search for foci, making a careful and detailed search in the areas where conditions were most favorable to the mosquito, as is done in the search for breeding places; that is, inspecting also the deposits of difficult access. Where conditions so indicated, it was recommended also that mosquito captures be made in stretches most suspected of harboring *A. aegypti.*

(2) To begin the inspections in the municipal districts and then inspect the localities having more contact with those districts or with important localities in other districts; to extend the work to smaller localities and to stretches in the rural areas that at some time were found positive.

(3) To distribute the available personnel as advantageously as possible and according to long experience in identical activities, so as to obtain the maximum performance and facilitate effective supervision.

For the purpose of organizing the itineraries, a list was established, by municipal districts, to show the number of existing localities, the total number of *fincas,* and the approximate number of *fincas* to be inspected. Preference was given to the localities more recently investigated and to those that had not been subject to final verification in accordance with the present standards. Ports of international traffic, such as Salvador and Recife, which had been negative for a long time, were included in the program to confirm the effectiveness of the surveillance to which they had been subjected.

To carry out the above-described plan, the Government made available to the Pan American Sanitary Bureau 24 inspectors selected from among the most experienced ones, to form four teams, two for each region. Station wagons and the fuel necessary to facilitate rapid and efficient transportation of the teams were also furnished. The Pan American Sanitary Bureau, in turn, assigned two of its best expert inspectors to accompany and guide the teams. In charge of the implementation of the plan was Dr. Odair Franco, coordinator of the yellow fever campaign, assisted by Dr. Octávio Pinto Severo, PASB consultant, under the direction of Dr. Mario Pinotti, at that time Director

General of the National Department of Rural Endemic Diseases and at present Minister of Health of Brazil. The execution of the plan took from 15 April to 30 August 1958, and the results are recorded in a series of charts and maps that confirm the eradication of *A. aegypti* in Brazil.

To permit a better understanding of the results presented, we summarize in the following table the data on the final verification carried out in the presence of technical staff of the Pan American Sanitary Bureau:

*Aëdes aegypti Eradication Campaign in Brazil—Final Verification in Collaboration with the PASB*

| States | Municipal districts inspected | Localities inspected | Fincas inspected | |
|---|---|---|---|---|
| | | | Total | with *aegypti* |
| Bahia | 50 | 297 | 23,078 | — |
| Paraíba | 9 | 204 | 11,561 | — |
| Pernambuco | 35 | 570 | 31,872 | — |
| Rio Grande do Norte | 8 | 94 | 5,967 | — |
| Total | 102 | 1,165 | 72,478 | |

The work described above, done by competent personnel and following rigorous techniques, has confirmed once more the elimination of *A. aegypti* from those areas of Brazil in which there could have remained any doubt about the presence of the mosquito.

*Comments and Conclusions.* The report we have just presented to the Conference has described the development and results of a long and difficult campaign to combat the vector of urban yellow fever.

*Aëdes (Stegomyia) aegypti,* because of its biological characteristics and because of the harm it has wrought on mankind, has been one of the most dreaded of mosquitoes ever since Finlay identified it as the vector of yellow fever. If we think of dengue and of certain viruses that this mosquito is also capable of transmitting, we can see that the mere presence of *A. aegypti* in any place whatever should be a source of concern to all of us.

It was therefore with good reason that in 1947 the Pan American Sanitary Bureau, complying with the decision of the Directing Council, took the initiative of stimulating and prosecuting the campaign against this vector in the Americas.

Looking back, we can see what great battles were waged against this mosquito:

The first, under the aegis of Oswaldo Cruz, at the turn of the century, laid the basic techniques inspired by the work of Gorgas in Havana. The second battle, fought between 1928 and 1929 under the direction of Clementino Fraga, succeeded in staving off another powerful invasion of the yellow fever virus. The campaign of 1931 to 1957, which culminated in the eradication of *A. aegypti,* had in its organizational stages (that is, until 1940) the valuable cooperation of the Rockefeller Foundation. At the head of that organization in Brazil was the same man who years later, as Director of the Pan American Sanitary Bureau, was to make possible, through his enthusiastic and firm support, the expansion of the work to almost all countries of the Americas, inspired as he was by the unshakable conviction that *A. aegypti* could and should be wiped out in the Hemisphere. To Fred L. Soper, and to his able collaborators D. B. Wilson, E. Rickard, J. Crawford Smith, J. A. Kerr, and others, we owe a great part of the success of this campaign, for it was they who were the initiators and protagonists of the idea that this mosquito could be eradicated.

The tables and maps we have presented give an idea of what the *A. aegypti* eradication campaign in Brazil was like. It is enough to say that each and every inhabited area had to be inspected, and that those inspections showed that practically every region had been invaded by the mosquito. One need merely glance at a map of Brazil to see what the real scope of the campaign was. Between 1940 and 1957, under the sole direction of the Government, Brazil's medical officers, guided by Sérvulo de Lima, Waldemar Antunes, and Luis Lessa, who successively assumed the direction of the Yellow Fever Service of the country, maintained and accelerated the pace of the work that had been under way from the start of the campaign. During more than a quarter of a century, thousands of men dedicated themselves with all intensity to this task. They were, most of them, humble and self-sacrificing workers, recruited from all parts of the country and obliged often to work under very adverse conditions. To the heroes of this exploit, who take pride in being called "mos-

quito killers," we owe an important part of the victory achieved.

It is therefore a source of well-earned satisfaction to be able to report to this Conference on the effort expended to protect a large part of the population of South America against the threat of invasion of the yellow fever virus in urban zones. If to what was done in Brazil we add what has been achieved by other countries and territories now free of *A. aegypti,* we can take real pride in the momentous task accomplished to stave off the yellow fever menace. At this moment, when Brazil and other countries of the Americas are presenting the results of the work done and the proof of eradication of the *A. aegypti* mosquito in their territories, it is fitting to urge other countries that have not yet reached this goal to accelerate their campaigns and thereby enable us to relax the vigilance we are obliged to exercise in order to avoid possible reinfestations that could cause the loss of all that has been achieved up to now. No time would be more appropriate than now, when we have before us what has been achieved for the benefit of the whole Continent and when, more than ever, the necessity and value of Pan Americanism is proclaimed, to raise the hope that this campaign, already so advanced, may soon accomplish its long-pursued end for the well-being and security of the Americas.

PRESIDENT:* The delegate of Ecuador has the floor.

*Report of the Delegate of Ecuador*

Dr. RAMÍREZ (Ecuador):* Guayaquil, principal port of Ecuador in colonial days, was famous for invasions by pirates and invasions by yellow fever. It is, therefore, with great satisfaction that I am able now to declare that this epidemic problem has ended, and I have the honor of reading the most pertinent parts of my country's report, since the Director of the Bureau has already referred to the broader aspects of the matter.

In accordance with the request of the Pan American Sanitary Bureau that a final verification be made of all the Ecuadorean seaboard provinces as a measure preliminary to declaring *A. aegypti* officially eradicated from the country, and considering the fact that the inspection work conducted in the last few years had indicated continuing negative results, we began the work of final verification in the middle of May 1958.

With the collaboration of Dr. Octávio Pinto Severo, of the Pan American Sanitary Bureau, we proceeded on 15 May to outline the program of work. On the following day sketch maps were prepared, the general itinerary was laid out, and 36 localities in 5 provinces were selected for check. This was established as a minimum work program, taking into consideration special technical data (localities according to their initial status; localities with the least number of inspections and the least recent inspections; river ports, airports, or maritime ports, etc.). In these localities a minimum of 10 per cent of all houses had to be covered. We also selected for inspection at this time a few localities that were initially negative. Special care was to be taken in the border localities, north as well as south.

Three and a half months' time was allotted for the completion of this work, including the preparation of this final report. We also set up a control of service personnel and gave the necessary instructions for beginning the work by 19 May.

Throughout this work we had the cooperation and supervisory services of Mr. Alipio Maximiano, inspector from the Pan American Sanitary Bureau.

The personnel of our Service includes a chief medical officer, a chief inspector, a supervisor, six inspectors, and a driver.

Prior to the organization of the anti-*aegypti* campaign, the similar section of the National Public Health Service was known as the "Antilarval Service" and had responsibility for the control of mosquitoes in general.

In 1944, with the collaboration of the Rockefeller Foundation, antilarval work for the control of *A. aegypti* was begun. In January 1946 the organization of the *A. aegypti* Control Service was undertaken in Guayaquil. At the end of 1946 the National Yellow Fever Service launched the *aegypti*-control program in Guayaquil, using a new method based on the larvicidal properties of DDT. In 1948, with the collaboration of the Pan American Sanitary Bureau, the *A. aegypti* eradication campaign for Ecuador was begun, in fulfillment of the agreement concluded for that purpose between the Ministry of Health and Welfare and the Pan American Sanitary Bureau. In August 1944, a plan was presented for the anti-*aegypti*

service along the Ecuadorean coast, with special reference to Guayaquil, for it became essential to initiate the activities of the service in that port city, despite the fact that experience and accepted techniques indicated that work should be undertaken first in the smaller localities and later extended to the large cities, utilizing staff trained in those smaller localities. This plan was based on statistical data furnished by the Bureau of Statistics of the Municipal Council and on the *aegypti* survey made by the Service in the same month in 2,116 houses of the city in seven-day cycles, with fairly well trained personnel. The data obtained were the following: total houses in the city, 8,772; city blocks, 900; *aegypti* index, 10.80 per cent.

On this basis an over-all plan was presented, comprising two sections: an anti-*aegypti* section, in Guayaquil, for the control of urban yellow fever in the coastal communities; and a vaccination and epidemiology section, for the study and control of jungle yellow fever, with an office in Quito. The first section began operating in Guayaquil in January 1946.

The data obtained in a survey made in Guayaquil in April 1946 were as follows: total houses, 12,621; houses inspected, 10,747; houses with *A. aegypti* foci, 1,015; *aegypti* index, 9.4 per cent.

At the start of the campaign, petroleum was used for the treatment of water deposits. Application of the control plan based on DDT (manual application of a solution of DDT in kerosene in water deposits) began, as we said, in July 1946. The index, which had remained at about 10 per cent, dropped to 4 per cent in December of that year.

During 1947, using mechanical spraying equipment, trials of DDT as a larvicide, in 5 per cent solution in kerosene, were made on boats, beginning in January, and in houses, beginning in March.

The results were completely satisfactory, technically as well as financially. The index remained under 0.1 per cent after August 1947 and by dint of continued work dropped even more, the first *zero index* having been achieved in November 1948.

The last positive results in inspections in Guayaquil were recorded on 28 October 1948, when two houses were found with *aegypti*. The total number of houses inspected up to that date was 13,744, and on 30 November 1948 the first *zero index* was reported for Guayaquil. That index has been maintained to this day. The total number of houses inspected to date is 13,845.

The experience gained in Guayaquil alone, during 1946 and 1947, revealed the impossibility of securing absolute reduction of the *aegypti* index in that city without simultaneously extending the service to localities connected with Guayaquil through river and maritime navigation, railroads, highway traffic, etc.

The relative resistance of the index in Guayaquil was due, in large part, to "reinfesting nuclei," which constituted the source of dissemination of the species from infested localities. Another factor was the deficient supply of potable water in the city.

In the report we have presented a series of tables showing, by provinces, the positive and negative localities, together with other tables indicating the scale of operations.

From the start of the *A. aegypti* eradication campaign in Ecuador, DDT in a 5 per cent oily solution (kerosene) was used, employing a Dobbins-type G-44 sprayer of two and a half gallons' capacity for the large deposits, and a 250-cc jar carried by the inspector, to apply directly in the deposit a quantity of 4 cc per square foot of surface. Since the end of 1949 this procedure has been replaced by the application of 75 per cent DDT wettable powder to water deposits in the theoretical proportion of 5 ppm.

Since 1950 the perifocal method has been applied, with special sprayers for this type of work, and this method has been completely successful. Localities treated in this way have not required more than one or two treatments. The DDT used was 75 per cent wettable powder, in a 5 per cent aqueous solution.

Beginning in 1952 a *zero index* was obtained on the Ecuadorean coast. In 1954 only one small infested locality was found in Los Corazones, in the island of the Jambelí Archipelago off the southern coast of the country. Since then, and during the four subsequent years, the results have been constantly negative.

The houses covered at that time totalled 109,258 in the coastal area, with 73,917 houses inspected in 337 localities which were initially positive.

As we have stated, the final verification was begun on 19 May and was directed exclusively

to Guayaquil. This city was considered as a special case in which it was not necessary to cover 10 per cent of the existing houses (approximately 31,000) for various reasons, among them the fact that this locality had had continuous surveillance service and had shown negative results for 10 consecutive years.

Preference was given to the port zones, as much to Rio Guayas, which is to the east, as to the estuary of the Salado, which bounds the city on the west, and to the region around the airport and entrances to the city via land. A total of 898 houses were inspected, with negative results.

The work outside the city, begun on 26 May, covered first 16 localities in the Province of Guayas; later, on 16 June, 6 localities in the Province of Los Rios, and on 23 June 16 localities in El Oro; and in July, 19 localities in Manabí.

Beginning on 29 July the Province of Esmeralda was inspected, 17 localities having been covered by 13 August; during this period visits were also made to Santo Domingo de los Colorados, in the coastal area of Pichincha Province.

Since time permitted, we proceeded to cover seven other localities in the Province of Guayas and two in Los Rios Province, and the work was completed on 24 August.

In all, 85 localities of the coastal area were inspected, of which number 65 had been positive in the initial survey, and a total of 11,011 houses and 70,983 deposits were inspected. This was more than double the number of localities indicated as a minimum, and in the greater part of these the percentage of houses inspected was greater than the required minimum. Our purpose in doing this was to obtain the most exact data on the situation.

In all localities we have obtained a negative index for *A. aegypti*.

Contained in the final part of our report are sketch maps of the localities where the work has been done, including those that were at first positive and those that have always been negative. With this information, plus the maps we have mentioned, we have presented to you the report of the Yellow Fever Department of Ecuador.

PRESIDENT: * The delegate of Paraguay has the floor.

*Report of the Delegate of Paraguay*

Dr. PEÑA (Paraguay): * As our Director, Dr. Soper, has stated, the Directing Council of the Pan American Sanitary Organization, at its I Meeting in Buenos Aires in 1947, recommended as a final solution to the *aegypti* problem that the measures necessary for its eradication be taken, considering the fact that the modern insecticides had made it possible to attain that new goal in public health.

The Government of Paraguay signed with the Pan American Sanitary Bureau an agreement for the eradication of *A. aegypti* in its country. Under the terms of that agreement, Paraguay assumed the commitment of financing the campaign, while the Bureau agreed to contribute technical personnel and transport. Thus the campaign began in December 1948.

*Organization.* With respect to the first trial plan, discarded in 1936, practically nothing remained. Only a few forms which, fortunately, had continued to be useful, could be redeemed.

The new administrative machinery was patterned after that of the National Yellow Fever Service of Brazil, an organization of much greater experience. The simplicity of the campaign, its small volume as to amount of personnel and funds, did not justify a more complete organization. The campaign developed and culminated with the same initial organizational structure.

*Personnel.* As for personnel, the Pan American Sanitary Bureau sent from Brazil's National Yellow Fever Service a physician who directed the service until June 1950. Paraguay contributed the services of a malariologist, who acted as assistant. Five inspectors selected from Brazil's National Yellow Fever Service collaborated in the training of personnel. Within the country, we were able to recruit only one of the first four inspectors who were trained in the initial program. The campaign began with 30 men, who were not always permanent because of the low salaries we were forced to pay for lack of funds. By 1949 we had built up a staff of 60 men, a number that again was reduced to 30, then to 15, and finally to 10 in the last year of the campaign.

*Transportation.* The campaign had only three vehicles, which were used to cover the whole country, for the survey as well as for later needs. These vehicles had been obtained from the Argen-

tine Government through a loan negotiated by the Pan American Sanitary Bureau.

*Finances.* The approved plans had called for an estimated annual contribution from the Government of Paraguay of 120,000 guaranis (at that time equivalent to about US $38,000) during the two years estimated for the campaign. It should be mentioned here that some deficits were amply made up by the Pan American Sanitary Bureau and the National Yellow Fever Service of Brazil, the Bureau contributing special funds to pay the travel expenses and per diem of national personnel, and the Brazilian Service supplying technical advice and equipment—a complete set of vaccination equipment, for example.

The expenditure made between 1948 and 1950 totalled 982,000 guaranis, distributed as follows: the Pan American Sanitary Bureau contributed 46.5 per cent; the Government of Paraguay, 37.2 per cent; and the National Yellow Fever Service of Brazil, 16.3 per cent.

*Development of the Campaign.* Data on the first attempts were very scarce. The work done since 1944 along the Paraguay River, on the Brazilian border, had revealed some positive localities, which Brazil's National Yellow Fever Service continued to control. It was necessary, naturally, to make a total survey of the whole country.

The month of December 1947, when the campaign really began, was devoted to the training of personnel.

Certain early techniques were abandoned for reasons of policy and practicability. Instead of starting the campaign in areas whose localities had already been covered, we preferred to begin it in the large cities, such as Asunción, Concepción, Villarrica, Pilar, etc. First, it was necessary to demonstrate the importance of the problem from the viewpoint of intensity of *aegypti* infestation, since the disease itself had never been a public health problem. Secondly, these large cities serve as focal points for the regional economies and are strategically located to serve as sources of infestation to neighboring zones. Thirdly, the facilities for supervision were adequate to permit proper training of the personnel.

*Surveys.* When the campaign began, a survey had already been made of 90 localities situated on the Brazilian border, which were canvassed by the Mato Grosso sector of Brazil's National Yellow Fever Service.

The first locality surveyed by the Paraguay Service was Asunción, followed by Concepción, Villarrica, Encarnación, and Pilar. The indices of infestation obtained were: Asunción, 32 per cent; Concepción, 33 per cent; Villarrica, 13 per cent; Encarnación, 20 per cent; Pilar, 15 per cent.

Up to December 1950 a total of 1,476 localities had been examined, of which 98 showed positive results, with an over-all index of positivity of 7 per cent. A total of 127,038 houses were covered, and of this number 22 per cent were found positive for *Stegomyia.*

The number of localities in the country is greater than the number surveyed, but experience had adequately demonstrated that infestation in the rural zone did not spread beyond a radius of five kilometers from the positive locality. Thus, in districts where the principal city was not positive, no survey was made of the rural areas of that district, and in cases where the principal city was positive the survey extended only as far as the localities included within a radius of five kilometers.

*Techniques.* The idea of eradication was perhaps not so new, but it was very far from being realized. It was obviously the new insecticides that brought the possibility of achieving this goal.

The substitution of DDT for petroleum was not a simple change of method; it necessitated a total and complete change in techniques. If on the one hand the change made possible a reduction in personnel and saving in time, it was, on the other hand, necessary to predict exactly the semiannual, quarterly, or weekly controls required according to the minimum fixed time that DDT remained effective. It must also be remembered that mass DDT applications in water containers had a strong impact on the residents, especially in localities without running water.

Paraguay was an experimental field in this sense. The techniques, the methods, the controls, and the results were totally new. From the beginning, the so-called perifocal method was adopted; this consisted in the total spraying of all receptacles that contained or could contain water, without regard for the presence or absence of larvae. It was calculated that the residual action of DDT would last for three months, and the spraying cycles were scheduled accordingly.

*Results.* The results obtained varied owing to numerous circumstances. There was violent resistance on the part of the public, who had not had the benefit of any previous health education program. There was, moreover, a great difference between petroleum, which had been used only where there were foci, and DDT, which was applied indiscriminately. The fear of poisoning and of the loss of water obtained at high cost, and with great difficulty in the summer, were factors that conspired against a favorable result. The public's resistance was enormous, and we had to resort to any and all means to see that no deposits were left untreated. This problem was much more serious in Asunción and other important cities.

Other local factors also contributed to the fact that the work could not be completed in the allotted two years.

By June 1950, negative results had been obtained in 96 of the 98 localities. Between 1950 and 1954, however, some localities again became positive, owing to special circumstances. The last positive locality was Asunción (May 1954). Since then it has been found negative in five checks made.

The 98 localities were again examined between 1956 and 1957 and not one was found infested with *aegypti.*

In localities that had been found to be positive in the survey made by Brazil's Yellow Fever Service in 1944 and that were later found negative in 1948, a total of three verifications were made (one locality). In other localities that became negative after the first spraying, four verifications were made (seven localities). The time between the first and last verifications varied from 13 to 84 months.

*Summary.* Of a total of 1,476 localities inspected, 98 were found to be positive.

The last positive locality has been found to be negative in five consecutive checks, made in accordance with the standard time limit and techniques established by the Pan American Sanitary Bureau and the World Health Organization in the *Guide for the Reports on the Aëdes aegypti Eradication Campaign in the Americas,* published in January 1956 (*Miscellaneous Publication No.* 27).

Paraguay considers that it has fulfilled to the letter its international commitments and desires that it be officially established that *A. aegypti* has been eradicated from its territory.

In conclusion, I wish only to express our country's deep appreciation to the Pan American Sanitary Bureau, which with such interest and concern has helped Paraguay achieve the status of a country free of *aegypti.* I wish also to take this opportunity to thank the Government of Brazil for the valuable cooperation given by its National Yellow Fever Service, as well as the Government of Argentina, which, as our Director has stated, assisted us in difficult moments in solving the transportation problem.

PRESIDENT: * The delegate of Peru has the floor.

*Report of the Delegate of Peru*

Dr. MUÑOZ (Peru): * I wish to say only a few words to tell you that Peru, having fulfilled its international commitments, considers that *A. aegypti* has been eradicated in its territory. To verify this fact, it was decided that a special committee of the Pan American Sanitary Bureau should make a complete survey of 191 localities. That committee completed its work a month ago, and an index of zero was found in all those localities. Our country has thus succeeded in eradicating the *A. aegypti* mosquito, in fulfillment of its international commitments, and this fact is shown in the documents presented to the Pan American Sanitary Bureau.

PRESIDENT: * The delegate of Chile has the floor.

*Report of the Delegate of Chile*

Dr. HORWITZ (Chile): * The 44 localities formerly infested in Chile showed negative results in inspections made from 1954 to 1955. In conformity with the standards set by the Pan American Sanitary Organization, a visit was made in May 1958 to our country by an expert of the Bureau, Dr. Solón Veríssimo, to confirm the eradication of *A. aegypti.* Unfortunately, one positive locality was found in a zone that had previously been infested. This obliged us to instruct the health center in that zone to intensify the measures for achieving eradication and thereby receive the favorable report of the Bureau. To this I wish to add the conviction of the delegation of Chile that an undertaking of such magnitude, pursued with

such effort and such success, should be carried to completion. The excellent reports we have just heard confirm this conviction, particularly those given by our Director and by the delegation of Brazil, with its stirring final words. I can assure you that the delegation of Chile will do all that it can to ensure the success of this great enterprise.

PRESIDENT: * The delegate of Guatemala has the floor.

*Report of the Delegate of Guatemala*

Dr. LÓPEZ HERRARTE (Guatemala): * During the first year of the anti-*aegypti* campaign, 1950, two Brazilian specialists sent by the Pan American Sanitary Bureau undertook the task of guiding the preliminary phases of the work, and an international inspector was assigned to supervise the activities during the first two years. In 1950 the program became part of a cooperative plan for insect control, conducted under the administrative and technical direction of the National Department of Public Health.

In February 1955 the technical and administrative organization of the Malaria and Yellow Fever Division was completed.

The last presence of *A. aegypti* was reported in November 1953 in the city of Retalhuleu, capital of the Department of the same name. The positive localities found at higher altitudes were Palín and the *finca* of Los Sujuyes in the Department of Escuintla, situated at 4,000 feet above sea level.

From May 1957 until April 1958, the campaign was supervised by the Pan American Sanitary Bureau. Under its control, the last two confirmation checks of the 138 initially positive localities were carried out. The first of these checks was made house-by-house, and in the second, 33 per cent of the existing houses were inspected. The results were negative for *A. aegypti,* but foci of other species were found: *A. allotecon* and *A. argyrites,* in the Department of Santa Rosa; *Limatus durhami,* in the Departments of Suchitepéquez and Escuintla; and *Joblotia digitata,* in the Department of Suchitepéquez.

On 1 July 1958 the final verification was begun to confirm eradication by means of intradomiciliary capture of adult mosquitoes. In view of the fact that the campaign had passed the required stages of inspection, an itinerary was prepared according to the following standard: verification by house-to-house inspection of deposits; verification by capture of adult mosquitoes in sleeping quarters; and verification by capture in all maritime ports, on both coasts.

In conclusion we can say that, at the moment, the evidence indicates that the *Aëdes aegypti* mosquito has been eradicated in Guatemala, as a result of a campaign begun in 1949 and completed in October 1958. The eradication of *A. aegypti* in Guatemala appears to have resulted from three decisive factors: (1) poor adaptation by the mosquito; (2) low and localized incidence of the vector; and (3) focal treatment of deposits and spraying of walls with DDT.

There is no evidence that *A. aegypti* has shown behavioristic changes or signs of resistance to DDT, the only insecticide used since 1955.

PRESIDENT: * I should like to ask Dr. Noblía, Vice-President of the Conference, to take the Chair for the remainder of the session.

*Dr. Noblía, Vice-President of the Conference, took the Chair.*

PRESIDENT: * The delegate of Uruguay has the floor.

*Report of the Delegate of Uruguay*

Dr. BERTOLINI (Uruguay): * The first steps in the campaign against the *Stegomyia* in Uruguay were the measures taken by the Department of Public Health in Montevideo early in 1929 on the occasion of the yellow fever epidemic that began in Rio de Janeiro in May 1928.

At that time the first squads were organized for the control of foci, and these undertook the antilarval work, based on application of petroleum. This antilarval service, which grew out of the alarm created by the neighboring yellow fever epidemic, went out of existence in April 1930, when the epidemic and the risk of its spreading were believed to have disappeared.

The next step in the nation's efforts to control *A. aegypti* was taken in 1943 by the Municipal Health Service of the Department of Rivera which borders on Brazil. With the collaboration of Brazil's National Yellow Fever Service, a team of eight sanitary inspectors was organized, equipped, and trained under the technical guidance of that Service. The *aegypti* was eradicated in that border de-

partment in a campaign that was a model of organization and technique.

This was the first chapter in a vast national program that was to culminate, ten years later, in the eradication of the *A. aegypti* mosquito from all of Uruguay, within the framework of a cooperative public health effort on the broad level of continent-wide eradication.

The I Meeting of the Directing Council of the Pan American Sanitary Organization, held in Buenos Aires in September-October 1947, and the Regional Sanitary Agreement of 1948 laid the bases for the continent-wide campaign to eradicate *A. aegypti* from the Americas.

Our health authorities lent the fullest support to the international agencies in their aim of eradicating from all the Americas the dreaded vector of urban yellow fever. It was thus that an agreement was signed between the Ministry of Public Health of Uruguay and the Inter-American Cooperative Public Health Service (SCISP) for the implementation of a program, called Project 28, for the specific purpose of eradicating *A. aegypti* from Uruguay and of complying with the pertinent provisions of the Regional Sanitary Conference of 1948.

It was first necessary to train the personnel, and this was done in the Departments of Artigas and Rivera, which border on Brazil, with the assistance of the municipal sanitary inspectors of those localities and with the technical guidance of an instructor from Brazil's National Yellow Fever Service. Subsequently, the municipal vector-control services were added, making a total of 75 units for these activities.

Because of the small area of our country, its geographic characteristics, and its communication and transportation facilities, we were able to ensure the basic centralization and technical unification required for the efficient organization, coordination, and control of the field activities in the anti-*aegypti* program.

It was considered advisable to carry out the campaign in two successive phases: in the interior of the Republic and then in the capital city. In the interior, the first field activity undertaken was a preliminary survey, a basic prerequisite for determining the true scope of the problem and for planning adequately the work of perifocal treatment in positive localities. These preliminary surveys were planned in detail, a selection being made of population centers which, owing to ecological conditions, topography, or extensive traffic with initiallly positive localities, were likely to become *aegypti*-positive localities. In other cases the standard procedure applied was to ensure protection by establishing a peripheral belt to safeguard negative localities from the initially positive ones, endeavoring thus to consolidate, in breadth and depth, each new phase in the eradication program. The eradication of the *A. aegypti* mosquito in the interior was achieved, to all intents and purposes, in the year 1954. The chronological and technical sequence of steps in the program of eradication in the 132 localities initially found positive out of a total of 1,007 covered, is outlined in the document we have presented.

From the epidemiological viewpoint, it can be said that the degree of infestation in our country generally was low. This fact was corroborated in practice, for in over 75 per cent of the localities eradication was achieved with a single correct perifocal application of DDT. Although the number of deposits examined in the preliminary surveys in positive areas was very high, the index of infestation was very low. Our climate, with three months of low temperatures, is not very propitious for the larval development of *A. aegypti,* and it is only exceptionally that high indices are found. Nevertheless, the nine months of favorable temperatures and the volume of transportation, especially by river and railway, have made possible the spread of the species throughout the country. Generally speaking, therefore, it can be said that the *A. aegypti* problem in Uruguay was basically a problem of dispersion in breadth, not in depth. The availability of potable water, the customs of the people, and the climate of our country evidently did not offer the optimum ecological conditions for the creation of a micro-climate favorable to the breeding of the species.

The afore-mentioned ecological conditions, the size of the positive localities (mainly small and medium), and the constant work of the vector control services in periodic cycles, made it possible to achieve eradication in the interior of the country within a reasonable period and in accordance with the technical standards set by the PASB for this type of activity.

On 15 March 1950, when the first stage was already far advanced, activities were begun in Montevideo, where the problem was much greater

in volume than the rest of the country; and this task was undertaken without any proportional increase in personnel or vehicles.

For this second stage, use was made of the national inspectors originally assigned for eradication work in the interior of the country, and the activities in those areas thus came practically to a standstill.

The initial support of 12 municipal inspectors supplied by the Montevideo Departmental Council—a number reduced to 6 in 1951 and to 3 in 1952, raised to 6 in 1955, and finally stabilized at a team of only 7 inspectors—proved completely inadequate.

To the 107,000 dwellings in infested areas in the interior were added 160,000 additional houses in positive areas in Montevideo, a fact that inevitably lead to imbalance in the operations and prevented the campaign from being terminated according to plan. The disproportion between the enormous volume of work and the shortage of personnel made it necessary to approach the problem of eradication in Montevideo with an original technique based on partial and discontinuous cycles. For that purpose, Montevideo was divided into 14 areas totalling 118 districts. The initial survey showed 232 positive houses out of a total of 76,734 inspected, with 13 of the 14 areas covered being positive.

For the bio-ecological reasons pointed out repeatedly in this report, the eradication work in Montevideo followed a strictly seasonal pattern, and consisted of a combination—sometimes alternating, sometimes simultaneous—of inspections and of treatment with DDT. During the months favorable to the breeding of the insect, the cycles of inspection (search for foci or capture of adults) were carried out; and the winter months, which offered unfavorable ecological conditions for the insect, were used to consolidate the work already done and to support future inspections by new applications of DDT.

This technical heterodoxy was more apparent than real and, in the final analysis, reflects the flexibility and adaptability that every public health program should have to cope with varying local biogeographic conditions and make maximum use of available equipment and personnel. This special technique made it possible to achieve eradication in Montevideo with a team of only 25 sanitary inspectors, by taking full advantage, in a manner adapted to local circumstances, of the exact data on the number and distribution of positive city blocks, and scheduling carefully the partial cycles of treatment or inspection in each of the positive areas.

After the fourth year of work, Montevideo was still found to be positive in the partial inspections made; 99 dwellings were positive out of a total of 205,575 inspected, and 20,000 had not received a first application of DDT.

With the treatment of these 20,000 remaining houses, the first coverage with DDT was completed on 15 October 1954, following the above-described method of partial cycles, which afforded the only means of covering 187,041 houses with the scant personnel available. This careful and thorough supplementary application of DDT in dwellings that had a large number of artificial deposits, although it did not increase the general results to an appreciable extent, did accomplish the specific aim of providing a solid basis for confirming uninterrupted negativization in future inspections.

On completion of this work, the first total verification of results was begun immediately. On the basis of a careful study of the situation in the 15 initially positive areas, it was decided that the shortest and safest way to achieve negativization was to concentrate the work in areas that either continued to show positive results in partial inspections or had not yet undergone any inspection.

This first cycle of total verification covered 7 areas, with 64 districts, and 20,697 dwellings were inspected with negative results. This first negative cycle, completed on 29 December 1954, attained a significance over and above the simple description of negative. In effect, two special factors contributed to this situation: (a) these were, for the most part, areas with a precarious supply of potable water, and conditions were ecologically favorable for the development of *aegypti* because of the large number of deposits of the type preferred by this species; and (b) the field personnel were kept under strict and continuing supervision by national and PASB staff, and the high number of foci of other species that was recorded gave indirect proof of the technical efficiency of the work.

In February 1955 the second total verification was undertaken, through search for foci, in 3 areas

with a total of 34 districts, and 18,842 houses were inspected with negative results. This was followed immediately by the third cycle of total verification, covering 5 areas with 55 districts, in which 29,739 houses were inspected with negative results.

In accordance with the technical suggestions of Dr. Pinto Severo, the PASB consultant, on completion of the third cycle of negative verification by means of search for foci, a special fourth cycle was begun on the basis of 33 per cent inspection with simultaneous captures (100 per cent of the houses in the blocks initially positive); this work was completed on 27 February 1958 after covering a total of 53,882 houses with negative results. With this final cycle, which covered almost the entire positive area, the species was considered to have been eradicated in the capital city and, consequently, in the entire national territory, since the *aegypti* had been considered eradicated in the rest of the country as of 1954.

On completion of the eradication work on 27 February 1958, the Minister of Public Health immediately informed the Director of PASB that the national authorities considered the *A. aegypti* mosquito eradicated in Uruguay.

In March a team of selected national inspectors carried out the final check work proposed by PASB, through search for foci, on a sampling basis, in five localities in the interior of the country, and through adult captures in 2,961 dwellings in the city of Montevideo. The results of this final check, entrusted by the PASB to a team of national inspectors, fully confirmed the eradication of *A. aegypti* in the entire national territory.

I wish to express to the Pan American Sanitary Bureau and to the Government of Brazil our appreciation of the collaboration they gave us in all stages of this campaign.

PRESIDENT: * The delegate of Colombia has the floor.

*Report of the Delegate of Colombia*

Dr. JIMÉNEZ ARANGO (Colombia): * In Colombia, studies made before the eradication campaign by national and foreign investigators (Dunn and Hanson, Kerr and Patiño Camargo) had shown that the *A. aegypti* mosquito had entered the country through the seaports and spread via the large rivers. The infestation in the Caribbean ports spread to approximately 100 kilometers below the source of the Magdalena River, covering all the towns and rural zones in the valley of that river. The infestation in the Pacific ports penetrated through the San Juan River to the Chocó, and via the railroad to the entire Cauca River Valley. In both cases the mosquito infested areas at altitudes of up to 1,250 meters above sea level.

According to Kerr and Patiño Camargo, the infestation in the Norte de Santander and Santander Departments, spreading to the Magdalena Valley and to areas bordering on Venezuela near Lake Maracaibo, reached much higher altitudes —1,600 meters in Lebrija. Indices in the Caribbean area and the Magdalena Valley were as high as 96 per cent in El Banco; in the Cauca Valley they reached 62 per cent in Palmira; in the Atrato Valley, 90 per cent in Quibdó; and in the Santander zone, 36 per cent in Ocaña and 52 per cent in El Carmen.

With relation to pre-eradication programs, I wish to recall the case of Cúcuta, where Dunn and Hanson, in 1923, found an index of infestation of 90 per cent. That area was worked between 1927 and 1931 by Patiño Camargo, largely through the use of larvivorous fish and application of petroleum, and an investigation conducted by Kerr and Patiño Camargo in 1932 showed an index of zero.

The eradication of *A. aegypti* was begun in 1950, under the terms of an agreement between the Colombian Government and the Pan American Sanitary Bureau. Nine tenths of the program's area has now been covered, or 258,000 km² out of the total of 280,000 presumed to be infested.

The present status of the campaign is as follows:

(1) The eradication of the mosquito may be considered as completed in the Departments of Antioquia, Atlántico, Bolívar, Boyacá, Caldas, Córdoba, Cundinamarca, Chocó, Huila, Magdalena, Norte de Santander, Santander, and Tolima, as well as the *Comisaría* of La Guajira.

(2) The work done in the districts of Meta and Caquetá gives grounds for the belief that those districts, as well as the *Comisarías* of Amazonas, Arauca, Casanare, Putumayo, Vaupés, and Vichada, were never invaded by *A. aegypti;* and if they ever had been, the infestation was only slight and very easily stamped out.

(3) In the Department of Valle, which in 1923 showed high indices of infestation, the work done under the program, after repeated sprayings for malaria in over 50 per cent of the area,

revealed the presence of *aegypti* only in the cemetery of Palmira.

(4) Still to be covered are the Pacific coast areas of the Departments of Chocó, Valle, Cauca, and Nariño, where there are indications that the infestation indices were once high, but where our work will be reduced to verifying the mosquito's eradication, or completing it wherever the vector is sporadically encountered. In short, these areas have already been covered in the antimalaria campaign, and the results of the initial survey that we shall conduct will be similar to those obtained over large areas of the Caribbean zone that were worked after having been repeatedly sprayed with DDT for malaria.

Finally, I should mention that in Cúcuta, in 1957, in studies made in cooperation with the United States Public Health Service, we found a strain of *A. aegypti* that is resistant to DDT and other insecticides. It was there that perifocal treatment with dieldrin was carried out for the first time in the Americas. After the second verification, it was found that the index had dropped from 106 to 0.0.

In closing, I wish to express, in the name of my Government, our thanks to the Pan American Sanitary Bureau for the unfailing cooperation it has given us in the eradication of *A. aegypti.*

PRESIDENT: * The delegate of Panama has the floor.

*Report of the Delegate of Panama*

Dr. BISSOT (Panama): * The final report on the eradication of the *A. aegypti* mosquito in the Republic of Panama, with its annexed tables and maps, has already been distributed to the meeting, and I shall therefore confine myself to giving a summary of that report at this time.

Yellow fever has been known in Panama since the last century. One of the reasons for the failure of the "French Canal" was the presence of endemic yellow fever until 1900. It was after 1905 that Dr. Gorgas began the first campaigns against *A. aegypti* in Panama, based on mechanical and chemical measures for the protection of stagnant water deposits and on the destruction of adult mosquitoes. The Gorgas attack system was established in 1905 and used thereafter as a routine practice. This led to a marked reduction in new cases, as shown by the decrease in the *aegypti* index to minimal proportions between 1906 and 1919. Only 17 cases of yellow fever were recorded during that period—a fact that undoubtedly facilitated the construction of the Panama Canal by the United States of America.

The outbreak of jungle yellow fever that occurred in 1948 prompted the authorities to join in the continental plan for the eradication of *A. aegypti,* which the Pan American Sanitary Bureau was organizing in conformity with a resolution of the I Meeting of the PASO Directing Council, held in Buenos Aires in October 1947.

The eradication campaign in Panama was begun in 1949, with the collaboration of the Pan American Sanitary Bureau and of the Health Department of the Canal Zone. The work progressed in two stages, the first with the cooperation of Bureau consultants. As an initial step, a survey was made of the area of the Canal Zone and of the two terminal cities, Panama and Colón.

In 1949 the reports on the presence of *aegypti* were positive for Panama City and negative for Colón. These rather inconsistent results may have had something to do with the use of DDT in a 5 per cent solution in kerosene and with the focal method which, from 1947 on, had been used persistently in those two cities and in the entire Canal Zone.

During the second stage, the survey was extended to the rest of the country, beginning in the provincial capitals in areas that had presumably been attacked by the *A. aegypti* mosquito. The indices by provinces were not found to be high, probably because the houses of many communities had been treated repeatedly with residual insecticides during the antimalaria campaign, which had been in progress for several years. All the provinces except Bocas del Toro were surveyed. That province was covered in 1951 and *A. aegypti* were found there, but this was the mosquito's last appearance in Panama.

From that date until 1958, the work was extended to non-inspected areas and 2,853 localities were covered; of these, 44 proved positive and 2,809 negative.

Of Panama's total area of 74,470 km² (excluding the Canal Zone) the area presumably infested originally in the country has been estimated at 56,246 km², after taking the following two factors into account: the high regions of the Central Moun-

tain Range, a branch of the Andes; and second, the jungle areas of the Provinces of Panama and Darien, where, ecologically, the reproduction of *A. aegypti* is all but impossible. These regions comprise approximately 18,224 km².

The initial infestation was regarded as being moderate, distributed throughout the country, but in each province concentrated in the population centers connected by roads and coastwise shipping.

As we have stated, it is presumed that the extent of this original infestation was determined by the earlier campaign of residual intradomiciliary spraying against malaria begun in 1947, since the malarious area coincides with the area presumably infested initially with *A. aegypti*, in practically the entire country, except for the jungle regions of Panama and Darien.

The PASB consultant arrived early in 1956 to begin the final verification of the results. After he had studied the situation with us as of that date, a work itinerary was prepared to cover 44 localities that had originally been positive, plus 26 negative localities closely connected with positive zones. These last localities were inspected in view of the fact that, because of their proximity to zones initially positive, they were considered to be vulnerable to reinfestation from a distance and because they had never been protected by DDT. All the positive localities showed negative results in the second consecutive verification, and the only remaining operation was confirmation of these results through intradomiciliary captures of adult mosquitoes in accordance with the standard procedures established for the campaign.

There are 61,679 houses in those 70 localities. Inspections were made in 18,113 with negative results, but 6,724 foci of other species of mosquitoes were found. This fact leads us to believe that the *A. aegypti* strain that existed in Panama was genetically very susceptible to DDT.

On the basis of the foregoing, we can conclude this report by affirming that *A. aegypti* has been eradicated in Panama, according to the final confirmation made by specialists of the Pan American Sanitary Bureau and by the staff of our National Malaria Eradication and Yellow Fever Control Service. We therefore request that the XV Pan American Sanitary Conference officially declare Panama to be a country free of *A. aegypti*, in conformity with the established international health legislation.

PRESIDENT: * The delegate of El Salvador has the floor.

*Report of the Delegate of El Salvador*

Dr. AGUILAR (El Salvador): * The campaign against *A. aegypti* in El Salvador began in 1919, when an outbreak of yellow fever occurred in the city of La Unión. Dr. Charles Bailey of the Rockefeller Foundation was in the country at that time.

Later, in 1920, the last outbreak occurred in the city of Sonsonate, and a corps of sanitary inspectors was organized. The campaign to eradicate the *aegypti* was begun in 1949, under an agreement with the Pan American Sanitary Bureau. A total of 989 localities, with 147,314 houses, were investigated; 190 localities were found to be infested, but by the end of 1956 not one of these was positive for *aegypti*.

The final verification is now being carried out by the Pan American Sanitary Bureau. Thus far, the entire western zone has been found free of *A. aegypti*.

PRESIDENT: * The delegate of Argentina has the floor.

*Report of the Delegate of Argentina*

Dr. OUSSET (Argentina): * To fulfill the international commitments assumed, Argentina set up the National Yellow Fever Service in December 1950. A number of administrative difficulties, however, slowed the pace of the work. During 1952 and 1953 only 93,000 km² were covered out of a total of 1,500,000 km² presumably infested by *aegypti*. About 200 localities were inspected and treated.

On 30 September 1954 a letter-agreement was concluded between the Ministry of Welfare and Public Health and the Pan American Sanitary Bureau, setting forth a plan of operations for the eradication of the *A. aegypti* mosquito. This cooperative agreement was extended for another two years in 1956, and the extension expires on 30 September 1958. A further extension has already been requested.

For the purposes of the campaign, and as detailed in the report already distributed to the del-

egates, the area presumably infested has been divided into six sectors, which are shown in the two maps included in the report.

Under the terms of the letter-agreement and the plan of operations, the program is administered by the Ministry of Welfare and Public Health, through the Malaria and Yellow Fever Department, with the technical advice of the Bureau.

The program operations are carried out by the Yellow Fever Division of the Malaria and Yellow Fever Department, with a field staff—chief general inspectors, chief inspectors, and inspectors—devoting full time to the campaign.

According to the established procedures in the anti-*aegypti* services, all these workers are selected, instructed, and trained for the specific work and must pass an examination before being assigned to the teams.

The campaign's administration is in the hands of a medical director of the Malaria and Yellow Fever Department; a medical chief of the Yellow Fever Division; and a medical chief of the Regional Office, who attends to all of Sector II. Sector I is administered directly by the Department, through the chief of the Division. In Sector II there is a medical officer who heads the service; that service has already practically completed the work in the sector adjoining Paraguay and has therefore been transferred to Sector III, to cover the additional two Provinces of Santa Fé and Entre Ríos. The Littoral Regional Office will henceforth deal with all activities connected with malaria eradication, and the specialized personnel has been transferred to Sector III. A chief medical officer for the south, with headquarters in the federal capital, is responsible for the program in Sectors V and VI. All of the above-mentioned workers are nationals. In addition, a medical adviser has been assigned to the program by the Pan American Sanitary Bureau.

The work procedures conform to the techniques established by the Pan American Sanitary Bureau.

As for the work accomplished, out of a total area of 1,500,000 km$^2$ presumably infested, 380,000 km$^2$ have already been covered.

In Sector I an initial survey was made in 912 localities, of which 87 proved positive. Of these, 29 are considered free of *aegypti;* final verification has yet to be completed in 34, and the remaining 24 were treated during the past winter. The work in this sector is therefore well advanced.

The initial surveys have been completed in the four provinces comprising Sector II. Out of the 959 localities inspected, 47 proved positive. In 31 of these the mosquito has been eradicated; final verification is still to be completed in 6, and the first verification has yet to be made in the remaining 2. The work in this Sector is already in its final stage.

In Sector III the first stage of the work has begun; 170 localities have been surveyed, 9 of them having been found to be positive. This is perhaps the Sector that has thus far shown the greatest possibilities of infestation.

The work in Sector V, which includes the federal capital, is also in the initial stage. Surveys have been completed, with negative results in one fifth of the area of the city of Buenos Aires. Two localities in Greater Buenos Aires are positive.

No work has as yet been done in Sectors IV and VI.

To summarize the present status of the work, and to outline the problem, the data as of 31 August 1958, by provinces, have been plotted on the map included with our country's report, which shows the zones that were negative from the start, those that are now negative, those still infested, and those not yet inspected in areas presumably infested in Argentina.

The zones already surveyed and worked contain approximately 500,000 houses, in 191,559 of which *A. aegypti* were found.

It was estimated that the presumably infested area not yet covered contains 2,500,000 houses and that the total number of positive houses will come to approximately 800,000. When the results of the initial survey in the south and in the higher regions near the cordillera are available, it is quite probable that the estimated average number of houses will be reduced appreciably.

On the basis of the work accomplished and the commitments assumed, and taking into account the situation in adjacent countries—Bolivia, which has already eradicated the *aegypti,* and Brazil, Paraguay, and Uruguay, which have just announced the eradication of the vector in their respective territories—the Republic of Argentina will accelerate its campaign with a view to reaching the

same goal in its own territory within the next three years.

Toward that end, there is now under study a plan of work drawn up by the Malaria and Yellow Fever Department with the technical advice of the Pan American Sanitary Bureau. That plan calls for a considerable budget increase, both for personnel and for operating costs and equipment. As compared with the total of 7,957,410 Argentine pesos now spent annually, the program under study contemplates an expenditure of 28,123,410 pesos for the first year, and of 26,323,410 pesos each, for the second and third years, bringing the total for the campaign to 80,770,230 pesos.

We have stressed this last point in order to show what is being done to speed up the campaign. We believe that we shall accomplish much as soon as the basic work is begun in the areas where malaria is endemic. Regular cycles of intradomiciliary spraying have been carried out in 120,000 km². We expect, very shortly, to report a fairly large area in which no *aegypti* exist. We can say this now because a study made in two departments in the Province of Tucumán, historically noted for their high malaria morbidity, as well as in two departments of the Province of Salta, have already shown clearly the absence of the *aegypti* mosquito.

PRESIDENT: * The delegate of Venezuela has the floor.

*Report of the Delegate of Venezuela*

Dr. BERTI (Venezuela): * With regard to the status of *A. aegypti* eradication in Venezuela, I should like to supplement the information on our country appearing in the report presented by the Bureau.

In compliance with the resolution adopted by the PASO Directing Council at its I Meeting in Buenos Aires in 1947, Venezuela launched its *A. aegypti* eradication campaign in 1948 with the technical advice of the Bureau.

The campaign was begun in the western State of Táchira, in part because its communities were nearer to and in closer contact with the infected jungle regions, and in part because it adjoins the sister Republic of Colombia. The campaign was then extended fanwise toward the center of the country where, 1,000 kilometers from the Colombian border, the capital city of Caracas is located, with a population of 1,200,000.

An outbreak of jungle yellow fever, described in the report, appeared in 1954. One victim of that outbreak was brought from the jungle area to Caracas by airplane. The resulting alarm prompted the Government to make special funds available, and the campaign was begun in the capital city. Despite the fact that this campaign has not progressed with the desired speed, since the special appropriations were discontinued when the index fell to non-dangerous points, the results may be judged from the fact that the index, which was 37.5 per cent in 1954, had dropped to below 0.2 per cent in most districts of the city during the fourth coverage in 1958.

Simultaneously with this special campaign, based on the use of DDT as a larvicide, extensive parts of the country were cleared of the mosquito through residual antimalaria sprayings with DDT and dieldrin.

One development worthy of note was the reinfestation observed in several localities that had been clean for some years, as happened in the States of Miranda, Táchira, and Zulia. Another interesting phenomenon was the appearance of strains resistant to DDT, discovered by us in mosquito larvae originating in Caracas and Carúpano, and the resistance reported later by Colombia in the border region of Cúcuta.

It should be noted that the development of resistance has been observed in localities where the insecticides were applied simultaneously as larvicides and adulticides, of necessity or by coincidence, at certain points, in the residual antimalaria sprayings and perifocal anti-*aegypti* treatment.

These circumstances have led us to apply residual spraying with dieldrin, or to use that insecticide for perifocal treatment where there is no danger from such use. For perifocal treatment where it is not possible to use dieldrin, we are using BHC or a mixture of lindane with 75 per cent DDT in the proportion of 1 to 5.

As an example of solidarity and international collaboration, I am pleased to mention the conversations held in the Colombian frontier city of Cúcuta between Colombia's Minister of Public Health and Venezuela's Minister of Health and Welfare, to establish the bases for a border health agreement to permit the coordinated development

of the *aegypti* eradication campaigns and of other campaigns in that region.

As the speaker for the Venezuelan delegation on this occasion, I am greatly pleased to announce that the Government of my country, during the first months of this year, concluded an agreement with the Pan American Sanitary Bureau that calls for a budgetary increase for *A. aegypti* eradication, already in effect since 1 July, from 1,400,000 to 5,033,000 bolivars, or the approximate equivalent of $1,500,000.

The Bureau, for its part, has agreed to give technical assistance to the campaign, cooperation that we are already receiving, to our entire satisfaction.

The technicians of the Bureau and of Venezuela's Ministry of Health believe that with the funds assigned, with the technical experience of the two agencies, and with the sense of dedication and optimism that we all have, the eradication of the mosquito from our land, so ardently desired by us, will very soon be an accomplished fact.

Before closing, I wish also, in the name of the delegation of Venezuela, to take the opportunity afforded by this Conference to express our gratitude to the Pan American Sanitary Bureau for the technical assistance that it has constantly given us since the campaign's beginning.

PRESIDENT: * The delegate of Honduras has the floor.

*Report of the Delegate of Honduras*

Dr. ZEPEDA (Honduras): * In addition to the report that has been distributed to the delegates, I wish to give a summary of the anti-*aegypti* campaign in the Republic of Honduras.

The campaign was begun in the year 1949, and the initial survey showed 53 localities to be positive; the rest of the investigated localities proved negative. The last positive locality was found in 1952.

The zone presumably infested initially in the country is estimated at 64,929 km², of which 54,029 have by now been covered. There remains to be inspected an area of 10,900 km² in the Departments of Colón, Gracias a Dios, and Olancho, especially regions along the navigable rivers in those departments. The three departments are very sparsely populated.

The most intensive work was carried on along the border with Nicaragua, as the wave of jungle yellow fever invaded that country and threatened also to invade our territory—as did happen later.

The final inspection was begun in April 1958, with technical assistance from the Pan American Sanitary Bureau, which has supplied us with an inspector and is carrying out the verification. In the work done so far it has been found that all the localities originally positive have remained negative for several years. As shown in the report, this verification was made in 22 localities, and since the report's preparation it has been completed in 9 more localities.

As a safety measure, in addition to the originally positive localities now being verified, final verification is also being carried on in localities that were originally negative but that adjoin positive localities. As of the present moment it is believed that *A. aegypti* does not exist in Honduras; there is no evidence of the mosquito's presence. But as I have said, we are now making the final verification in order to be able, too, to declare the mosquito to be eradicated in our country.

PRESIDENT: * The delegate of the United Kingdom has the floor.

*Report of the Delegate of the United Kingdom*

Dr. KELLETT (United Kingdom): The United Kingdom delegation, speaking on behalf of the Federation of the West Indies and the two mainland territories of British Guiana and British Honduras, is not yet in the happy position to declare all its constituent members as having completely eradicated *A. aegypti*. We hope to join very soon the happy band of countries that have done so this morning, and to them we offer our sincere congratulations.

There are 10 islands and 2 mainland territories on whose behalf we report. The following places have completely eradicated *A. aegypti*: British Guiana, British Honduras, Grenada, Nevis, and St. Vincent.

The following brief report concerning the stages of *aegypti* eradication in the other areas is now presented:

*Antigua*. The preliminary survey was carried out in 1955, and of the 50 localities surveyed 4 were found to be negative. The indices for the remaining 46 localities varied from 25 to 60 per cent. The eradication program commenced soon

after and there has been steady improvement. The last verification, which was made in June 1958, showed that 36 out of the 50 localities were negative. Eradication was dependent on perifocal work using from 1-5 per cent DDT suspension.

*Barbados.* A preliminary survey was carried out in 1954 and all of the 95 localities inspected were found to be positive, the indices ranging from 1 to 5 per cent. Operations commenced in November 1954 in the main town and suburbs, and by November of that year the index had fallen from 15 to 1 per cent. Unfortunately, Hurricane Janet completely disorganized this campaign and it was not possible to recommence work until November 1955, when it was decided to replace residual spraying by perifocal methods. Work has continued very satisfactorily since November 1955, and only 5 localities are now positive. In these, foci appear from time to time and there seems to be some difficulty in treating closed houses.

*British Guiana.* This country is regarded as *aegypti*-free, and the same is true of *British Honduras.*

*Dominica.* The eradication program commenced in 1955 with the residual spraying of houses with DDT. One complete cycle of residual spraying was carried out in 1955 and the second cycle was well on its way in 1956. At this stage only 15 positive localities were found out of the original 56. The Medical Department was advised to change from residual to perifocal methods, and this work was begun in 1957. Unfortunately, owing to lack of funds, this program closed down on 31 March 1957, but work is being continued on a limited scale by the various local health authorities of the island.

*Grenada.* This island is now *aegypti*-free.

*Jamaica.* Residual spraying was carried out in 1954 in Kingston and St. Andrew, and in 1955 the first extensive residual spraying cycle was started. In 1957 the *aegypti* index in Montego Bay was found to be zero and the contiguous localities had an over-all percentage of 0.06. At the beginning of 1958 Jamaica started a dieldrin campaign and it is hoped that the *aegypti* index will soon fall.

*Montserrat.* The preliminary survey was carried out in 1957 and indices were found to vary from 10 to 30 per cent. The program commenced with a combination of residual and perifocal treatment in October 1957, and this first cycle was completed in March 1958 with satisfactory results. The second cycle is now in progress.

*St. Kitts—Nevis—Anguilla.* The preliminary survey began in 1957 and all of the 33 localities inspected were found to be positive, the indices ranging from 1 to 20 per cent. The present position is that St. Kitts is negative, but Anguilla still has a 14.6 index. The chief difficulty is lack of funds, which has caused work to be slowed down considerably. It is hoped to resume activities as early as possible.

*St. Lucia.* This program commenced in 1954 and by the end of 1955 there were only one or two localities in the main city of Castries found to be positive. The rest of the island was negative. In June 1956, the town of Laborie became reinfested, but this problem was dealt with immediately by residual spraying with DDT, and the town has been negative since. At present, with the exception of one or two foci that appeared in the southwest suburbs of Castries in spite of intensive treatment, both perifocal and residual, the rest of the island is negative.

*St. Vincent.* This island is negative.

*Trinidad and Tobago.* A small control program was started in December 1950 along the heavily populated Eastern Main Road, extending east from the main city of Port-of-Spain. Prior to this, an island-wide index was obtained and rates varied from 15 to 100 per cent. The index along the Eastern Main Road varied from 30 to 66 per cent. The dosage recommended was one part wettable powder per million. Within a short while it was found that this dosage was not producing results, and accordingly it was stepped up to nearly 22 ppm. These limited operations continued until 1952, when owing to lack of funds the pilot program ceased. In 1954, following an outbreak of yellow fever in Trinidad, a full-scale island-wide program was commenced and again it was recommended that 1 ppm was sufficient. The first cycle over the entire island produced no results and again it was necessary to raise the dosage of DDT. Despite this, it was not possible to kill larvae in many localities and therefore experiments designed to test their resistance to DDT formulations were started in the laboratory.

It is interesting to recall that, with respect to *A. aegypti* at that time, mention of resistance was regarded either as a heresy or as an anathema, and the Trinidad Division published in its annual report of 1954 suspicions that in 1956 and 1957 were confirmed by facts, *A. aegypti* in Trinidad having been found to be 1,000 times more resistant than the normal strain. A switch was therefore made from DDT to gammexane powder. The gammexane killed *aegypti* larvae in concentrations of 1 ppm, but the short residual-action hindered eradication. It was possible to bring the indices to zero or near zero levels but it was not possible for an area to be held negative. A further complication was met, and that was a rising index of *aegypti* found in tree holes in many rural and semirural areas.

In the town of Arima, for example, a total of 8,045 trees were examined, 2,472 of which were found with holes containing water and for which an index of 4.7 per cent was found. These positive holes varied from 3 to 35 feet above ground and 80 per cent of them were 6 feet above ground level. It was also found that this same situation was occurring in others parts of Trinidad and Tobago. A paper was written on this subject of tree-hole breeding, and this study was commented upon by Trapido at the recent WHO Seminar on the Resistance of Insects to Insecticides held in New Delhi, from 27 February to 7 March 1958. At this stage it was apparent that perifocal methods of treatment would not meet with the results that had been anticipated.

In June 1957 residual spraying with dieldrin was instituted both as part of the malaria eradication program and as a final assault on *A. aegypti*. Since the institution of the use of dieldrin against the *aegypti* the whole situation has changed entirely, and eradication is now a definite possibility. In areas where it was not possible to use perifocal methods because the perifocal teams were tied up by short successive cycles, the indices fell immediately to zero after treatment with dieldrin and the areas have remained negative since. Dieldrin therefore is now extremely satisfactory. The island of Tobago is nearly negative and toward the end of this year or early in 1959 we shall be in a position to declare that Trinidad and Tobago have eradicated the *A. aegypti*.

PRESIDENT: * The delegate of Nicaragua has the floor.

*Report of the Delegate of Nicaragua*

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * Having no time to read my country's report, because of the late hour, I shall confine myself to recalling the verbal report given by Dr. Soper.

All the delegates have already received the special report, in which they can find the information on Nicaragua. For our part, we can state that yellow fever has been eradicated in our country. Close to 1,000,000 persons have been vaccinated, and the vaccinations are continuing as a precautionary measure. I merely want to add, in the name of my country and my delegation, our sincere thanks to the Pan American Sanitary Bureau for all the efforts made, and to Dr. Soper for the interest—almost personal we might say—that he has shown in my country.

PRESIDENT: * With the statement of the delegate of Nicaragua, the fifth plenary session will be adjourned.

*The session was adjourned at 12:10 p.m.*

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## SIXTH PLENARY SESSION

*Friday, 26 September 1958, at 9:25 a.m.*

PRESIDENT: Dr. GUILLERMO ARBONA (United States)

### Report of the Committee Appointed to Study Article 53 of the Rules of Procedure of the Conference

PRESIDENT: * The session is called to order. The first item is the report of the committee appointed by the Conference to study Article 53 of the Rules of Procedure. Dr. Allaria, Chairman and Rapporteur of the committee, will present the report.

*Dr. Allaria (Argentina, Rapporteur) read the report of the committee appointed to study Article 53 of the Rules of Procedure (Document CSP15/47).*[1]

PRESIDENT: * The report of the committee has been presented. Does any delegation wish to support it or comment thereon? The delegate of Argentina has the floor.

Dr. NOBLÍA (Argentina): * Argentina supports the report read by Dr. Allaria, Chairman and Rapporteur of the special committee appointed to study Article 53. The chief of the Argentine delegation, in his capacity as Minister of Welfare and Public Health, ratifies with special emphasis his express reservation to recognition of the right of European countries over their territories in the Western Hemisphere.

PRESIDENT: * The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): I am not even sure that my delegation has the right to take part in the discussion of this document. Still it is necessary to make a comment on a certain part of it, because if the delegation did not do so it would certainly incur the serious disapproval of my Government.

My comment is the following: the last paragraph of item 1 of the text says, and I read in Spanish: *El Delegado de la Argentina, como en otras oportunidades, expresa su reserva al reconocimiento del derecho de los países europeos sobre sus territorios del Hemisferio Occidental.* I wish to make it clear that this statement incorrectly describes the relations between the three associates, one in Europe and two in the Western Hemisphere, which together, and on perfectly equal terms, constitute the Kingdom of the Netherlands. None of these associates can be described as having any right over any of the others.

PRESIDENT: * The delegate of Guatemala has the floor.

Dr. LÓPEZ HERRARTE (Guatemala): * The delegation of Guatemala supports the reservation expressed by the delegate of Argentina to recognition of the right of European countries over their territories in the Western Hemisphere. It expressly reserves the legitimate rights of Guatemala over the territory of British Honduras in the consideration of this report and in any interpretation or resolution adopted by the Conference, and respectfully requests that this statement be placed on the record.

PRESIDENT: * The delegate of Panama is recognized.

Dr. BISSOT (Panama): * First, I wish to congratulate the committee that has worked so assiduously on the interpretation of Article 53 of the Rules of Procedure of the Conference, but before my delegation takes a definite stand in the voting on this matter, I should like an explanation on one point. The second paragraph of item 2 of the text states: "The committee made it clear that a valid vote is understood to be a vote cast in favor of an eligible candidate; a null and void vote is one on which any other writing appears; and a blank vote, a ballot on which nothing is written." First, I have been able to find nothing in either the Constitution of the Pan American Sanitary Organization or in the Rules of Procedure of the Conference that defines an eligible person. Moreover, my delegation has been under the impression that the voting for the election of the Director was secret and that any delegate was perfectly free to choose any candidate for that post. According to the way in which the point under discussion is worded, that freedom would be impeded.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * I wish to explain to the delegate of Panama that I believe I have interpreted correctly the meaning of his statement, but in no way did the committee, in drafting the text and referring to eligible persons, define what persons were eligible; it merely established the condition of eligibility, which is given by membership in the Organization, and this is what opens the possibility of being a candidate, that is, being eligible for the post of Director of the Bureau, to any one of the representatives of the 21 countries that are members of the Pan American Sanitary Organization.

PRESIDENT: * The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I have

[1] See Part V, Annex 12, pp. 532-533.

some general remarks to make, but I would like to pursue now the question that has just been raised, because I know of nothing in the Constitution or in the Rules of Procedure that says that we must vote for a delegate from a Member Country. As far as I understand the Rules and the Constitution, we can vote for anybody that any government wants to vote for.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * The reservation expressed by the delegate of the United States demonstrates once more that our basic documents constitute an assemblage of errors in wording and of difficulties in interpretation. I understand that our Organization lacks a regular legal advisory body. That is the reason why the report of the committee stressed the fact that the meaning of each one of the terms of our statutes should be studied by a special subcommittee. Moreover, I should like to point out, in reply to the delegate of the United States, that yesterday during the session of the Committee on Administration, Finance, and Legal Matters, a concrete proposal was made by the delegate of Costa Rica, and seconded by the delegate of Cuba, that a permanent legal subcommittee be formed.

PRESIDENT: * The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I would like to propose a drafting change to cover this point; namely, to replace the phrase "an eligible candidate" by "a person." The committee made it clear that a valid vote is understood to be a vote cast in favor of a person.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * Would Dr. Hyde repeat the proposed amendment?

Dr. VAN ZILE HYDE (United States): Mr. President, I propose that the paragraph under discussion read as follows: "The committee made it clear that a valid vote is understood to be a vote cast in favor of a person." I make this proposal because, as you know, a blank vote is a vote. So I am referring in this case to a vote cast for a person.

PRESIDENT: * Is there any comment on the amendment proposed by the delegate of the United States? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * The paragraph in question reads: "The committee made it clear that a valid vote is understood to be a vote cast in favor of an eligible candidate; a null and void vote is one on which any other writing appears; and a blank vote, a ballot on which nothing is written." This is merely a paragraph intended to explain the possible nature of the ballot paper on which a vote has been cast.

The first objection comes from the delegate of Panama, who has rejected the term "eligible" because he deems, rightly so, that this classification of "eligible" and "not eligible" does not appear as such in any part of our Constitution.

It has not been the intention of the special committee to establish a classification that is lacking in the Constitution. It intended only to clarify the *modus operandi* of the voting. Let us clearly state an example. This is not the first time, or it would not be the first time, that in an international organization, with all its seriousness of purpose, at the time a secret ballot was being taken some joking or droll spirit were to introduce into the voting a question completely alien to the purpose of the debate and to its ultimate aim. If this were the case before us, if some delegate were to write the name of a famous performer from screen or circus, on his ballot for electing the Director, that gentleman obviously would not be eligible, regardless of whether this was or was not spelled out in the Constitution. The intention and the explanation of the term "eligible," therefore, has been solely to reduce eligibility to the broad natural limits within which a candidate can be chosen. So much for the clarification requested by the delegate of Panama.

As for the amendment requested by Dr. van Zile Hyde of the United States, this would be very dangerous and ill-advised, for if it were accepted it would have a positive influence on the computation of the number of votes required for election.

What the full Conference should understand clearly and without a doubt is that when a vote is called for in the Conference at the time of the election, the persons present, in their capacity as representatives entitled to elect—which is the main consideration—cast their ballots expressing their choice. It is not a matter of a vote by show

of hands or a roll-call vote in which the choice of the voter is expressed aloud; instead, the voter is restricted to the use of a ballot paper on which he writes his choice. That document is the vote, *vote* without an adjective: *a vote*. That vote, on the basis of an examination of it, can be considered either valid or null and void. It will be valid when there is no *legal* flaw to invalidate it, and it will be null and void when there is a legal fault to invalidate it. There are many examples. Dr. van Zile Hyde knows them well, since he is quite a veteran in this kind of contention and a man of unquestionable training. For example: do we not know that at the World Health Assembly, when the election of countries authorized to designate persons to serve on the Executive Board is to be held, it is necessary to submit to a set procedure by voting for exactly the required number of candidates? Do we not know perfectly well that in the WHO the Rules of the Assembly state that any ballot containing more or less than the number of candidates equal to the number of seats to be filled shall be null and void? If an inexperienced person, or someone who became distracted or made a mistake, instead of putting "X" members on his ballot put "X" less one, his ballot would then be null and void; or, if instead of putting "X" members he put "X" plus one, it would also be invalid. But there is still another concept of nullification. If this voter includes on the final ballot he deposits in the ballot box names that do not appear in the official list of nominees approved by the General Committee, then the vote is also null and void.

I cite the above merely as clear and decisive examples of invalid votes. The fact that a vote is cast in favor of this or another individual does not render the vote valid. A vote is a vote, and the quorum is determined by the number of votes, no matter in whose favor they are cast.

If on the day of the election the plenary session of the Conference is composed of the 24 representatives who can, as a maximum, form the quorum, theoretically there would be 24 ballots and the figure 24 would be the basis for calculating the two thirds; the procedure would be similar if the representatives numbered 22, 21, 19, or 18, and on down the line, so long as the number did not fall below the required quorum for the session, in which case there could, of course, be no vote. Therefore, specifications can be made not on qualified votes but on votes in general.

Under these circumstances, gentlemen, I take the liberty of urging this plenary session to reject any amendment that is strictly counter to this report, which has been inspired by juridical precepts, and at the same time by a desire to provide a practical clarification for the voters.

PRESIDENT: * The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I am perhaps more concerned than ever because our distinguished friend Dr. Hurtado implied, as I understood it, that there might be such things as candidates and a list of candidates that would be limitative. Now, it is true that in the World Health Organization there is a nominating procedure, that the candidate is put before the Assembly, and that there is not a wide-open election on this point. However, in our Constitution, in our Rules of Procedure, there is no procedure for establishing the status of candidates. Therefore, any government—and we are all representing responsible governments—can put in the ballot box the name of any person that government sees fit to vote for. I am sure that Dr. Hurtado will agree that none of the governments represented in this room would be so irresponsible as to vote for someone who is not qualified for this position, and therefore in the English text we should not use the word "candidate." Since there are no procedures for nomination or for establishing candidacies, it seems inappropriate to speak of candidates, for we are free, all of us, to vote for anyone.

As for the word "eligible," there are no rules or regulations or descriptions or documents of any sort in the Pan American Sanitary Organization that establish eligibility for this position. I notice that the Spanish text says *persona elegible* (eligible person), and it does not bring up the issue of candidates. Therefore, again, we are involved in semantics and philology, which is too bad, but is something we cannot escape. So, I think that I would urge more strongly than ever that we make the text say "a person" in English and *una persona*, I guess it is, in Spanish, without any implication that the governments are limited in any way from exercising their responsibilities in voting for someone they think would make an excellent Director.

So, I feel that I must press the point that the words "eligible candidate" be superseded by "a person."

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I should like to explain to Dr. van Zile Hyde that I am not opposed to the clarification requested by the delegate of Panama and that I recognize that the Constitution does not mention candidates, whether eligible or not.

That is why I explained that this paragraph was simply an elucidation on the election mechanics. I should like to ask my friend Dr. van Zile Hyde the following, with all the respect due a delegate of any government. Supposing that Dr. van Zile Hyde were one day to be designated by the Chair to serve as a teller and were to find the name "Clark Gable" written on a ballot. I realize that this supposition carries my hypothesis to a totally improbable extreme, but let us look at the facts, human facts, which can refer even to the physical state of the individual when he voted. This supposition of mine does not affect the honorableness, the seriousness, or the distinction of the delegates of the governments. But let us, for a moment, accept the physical factor. Dr. van Zile Hyde is teller: he opens a ballot and finds the name "Clark Gable" written on it. Where would he put it on the teller's form? Does he record there that Mr. Clark Gable had one vote? Or does he classify that vote as null and void? That is my question. I sincerely believe that the most elementary discretion and tact would require that this vote be declared null and void, because such a vote could not be counted. What I have stated is merely an explanation of the electoral machinery, and there is no constitutional provision that covers it. Therefore, I would have no objection to the deletion of the word "eligible," but I have wanted to explain the concept and the reason why this kind of comment was made.

Practically speaking, there can be no more than three possibilities: a ballot may have written on it the name of a candidate, that is, of a person who can be elected; second, the ballot may contain no name, the vote being blank, physically blank; and finally, the ballot may be invalid because it contains something written, a series of names or things that are not within the purpose of the election.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * I again enter the debate to inform the delegate of the United States that—to follow what in some disciplines is called the philosophy of history, which here could be defined as history of intention—it can be explained that the proposal originated with two or three delegates and was later defined by one of the members of the committee. The report states that "the committee made it clear," and not "the committee established." This wording does not set a law. It clarifies an explanatory introduction and in no way can the phrase "made it clear" be considered as a declaration of certain conditions of eligibility. It is true that these requirements are in the minds of all of us, for we all accept tacitly that no one but a person who has a connection with health problems and with the Pan American Sanitary Organization could be Director of the Bureau.

PRESIDENT: * The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I was very pleased that Dr. Hurtado accepted the proposal that the word *elegible* be dropped in the Spanish text, and I would further propose that in the English text we drop "eligible" and change the word "candidate" to a proper translation of *persona*, which would be "person."

Now I should like to refer to the hypothetical case that was put before me. I would like to say in that respect, and make it absolutely clear, that as far as we can see this matter any name of a living human being that is put on the ballot by one of the responsible governments here should be considered a vote.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. PRÍNCIPE (Venezuela): * The delegation of Venezuela believes that the replacement of the word "eligible" by "qualified" would resolve the problem.

PRESIDENT: * The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * In the report pre-

sented by the committee to the plenary session for consideration, there are two points that have been the motive of a debate today. It is stated in the report that the delegate of Argentina has expressed his reservation to the right of European countries over their territories in the Western Hemisphere. The inclusion of that statement in the report appears to me to be perfectly useless. It is a political declaration that has no place in a health assembly such as this one. Therefore, I believe that no mention should have been made of this point, which has given rise to statements such as those of the delegate of Guatemala and of another country, I cannot recall which. The second point concerns the explanations given by the committee on what should be considered a valid vote in one form or another. I agree fully with the delegate of the United States that, since there is no definition in any of the basic documents of the Pan American Sanitary Organization with reference to eligibility, the adjective "eligible" is restrictive. In the absence of a definition, it could even happen in a vote of the Conference that a person who received the two-thirds majority could be considered as not eligible. I believe, therefore, that the proposal of the delegate of Venezuela to the effect that the word "eligible" be substituted by "qualified" is adequate to allow for a more precise definition and fulfill the objectives of the committee.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * My delegation wishes to second the modification proposed by the delegate of the United States. We insist on the fact that the term "eligible" restricts the freedom of the delegations present here to choose in secret their candidate for the post of Director of the Pan American Sanitary Bureau.

There is no doubt that the delegates present here, in casting their votes, will choose a qualified person who can fulfill his function as Director of this international agency. Consequently, we do not believe that we can state in the document that we are debating the word "qualified," as has been suggested by the delegation of Venezuela. It would be too much to ask the committee of tellers to decide which persons were qualified for the position of Director and which were not. Very possibly a country might present as its own candidate a person well-known at home but perhaps not equally well-known by the other countries represented here. I therefore second the motion of the United States delegate and suggest that reference simply be made to a person, without adding the adjective eligible or qualified.

PRESIDENT: * The delegate of the United Kingdom has the floor.

Dr. GILLETTE (United Kingdom): The United Kingdom delegation has been very happy to participate in this Conference, where such a magnificent spirit of friendship and camaraderie has prevailed and where we have learned much from the discussions that have taken place. It is therefore, to our mind, all the more regrettable that an international technical forum should be chosen for raising a purely political question, and I have therefore to state that the United Kingdom Government have no doubt as to their sovereignty over the territory of British Honduras and I wish formally to reserve that right on this question.

PRESIDENT: * The delegate of Paraguay is recognized.

Dr. PEÑA (Paraguay): * With reference to the report just read and under debate, I wish to put forth some ideas that may perhaps help clarify what we are trying to leave on record. As I understood it, the concept of eligibility of a person evidently refers to that person's being a representative of a Member State. In all sincerity, I could also cite the following hypothetical case: supposing there were a vote in favor of a known expert in public health from India. I would ask whether that vote was valid or not valid, because it is my understanding that what is sought here is to vote for a person representing a Member State. Is that the spirit of the matter? Each Member State has the right to propose candidates. It seems to me, then, that perhaps it would be better to have the text read as follows: "A valid vote is understood to be a vote cast in favor of a person representing a Member State." The term qualified or not qualified, eligible or not eligible, is then implicit. A person is qualified and is eligible from the moment he represents a Member State, for the simple word "qualified," as has been proposed by my distinguished colleague from Venezuela, could be applied also to an eminent sanitarian from India, Pakistan, or Egypt, for example.

PRESIDENT: * The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * The delegation of Mexico wishes to express its disagreement with what has been stated by the delegate of Paraguay, for this would imply that one of the two persons whom all of us here present are considering seriously would not have the right to be a candidate inasmuch as he does not represent a Member State; and I understand "representing" to mean representing a country in this Conference. Now undoubtedly, the delegate of Paraguay meant to refer to a person native of a state of the Americas. However, since there are no statutes that establish limitations, there is complete freedom in the matter. I agree with the interpretation of Dr. van Zile Hyde to the effect that, at present, a vote can be cast in favor of any person. Surely such a person will not be elected on the basis of one vote, or of two, but the interpretation given by the delegate of the United States is, I think, the most correct one and my delegation seconds his motion.

PRESIDENT: * The delegate of Paraguay has the floor.

Dr. PEÑA (Paraguay): * I wish simply to make it clear that when I referred to a representative of a Member State I meant a person belonging to a Member State, or a candidate proposed by a Member State and a native of a Member State.

PRESIDENT: * Gentlemen, we have before us a motion calling for the elimination of the word "eligible" from the paragraph under discussion and a change in the English version from "an eligible candidate" to "a person." We also have the proposal of the delegate of Venezuela that the term *calificado* or *persona calificada* be used in the Spanish version, which I presume would be "qualified" in English. In addition, we have the proposal of the delegate of Paraguay that it be specified that the person be a citizen of one of the Member States. The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): My delegation considers, and I suppose the other territories do likewise, that this is a constitutional matter, so we are not voting on this point.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * A point of order, Mr. President. Before the voting proceeds, my delegation wishes to know whether the modification presented by the delegate of Venezuela and that proposed by the delegate of Paraguay are or are not constitutional. In our opinion, they are unconstitutional.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * I would ask that Dr. Bissot explain further the reasons for his concern, since at the moment we do not understand his point of view clearly. As the person responsible for the drafting of this report, I would like to see whether I might be able to help clarify the situation.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * In the opinion of our delegation, the modification proposed by the delegate of Venezuela as well as that presented by the delegate of Paraguay imply marked restrictions to the right of delegations here present to freely choose their candidate for the position of Director of the Pan American Sanitary Bureau, pursuant to the mandate given in the Constitution of the PASO, which does not set forth either of the two restrictions that these delegates proposed to introduce in the document under discussion.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * I would like it clearly understood that the document under discussion is the report of a committee to the full Conference, and that the paragraph which has given rise to this concern does not imply more than a problem of style. Whether to put "eligible" or "qualified" is merely a style problem.

As member and Chairman of the committee, I have no objection to the deletion of the word "eligible," because we did not establish in that paragraph a point of policy. We included an explanatory paragraph that does not affect the juridical substance of the Constitution or the regulations and that does not set a precedent. Therefore, I would ask the delegates to take into account that the discussion is now centered around the use of the word "eligible."

As for the political problem that the delegate of the United Kingdom pointed out as being raised inopportunely, I wish to remind him that the committee states the following in its report: "It was believed that this is not the proper time to introduce changes on this point." In other words, the committee reiterates what has been stated by the delegate of the United Kingdom, namely, that this is not a political body but a technical one. Once this point is clearly understood, it will be seen why the committee does not consider it advisable to discuss it at this time or in this place.

PRESIDENT: * The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): * There is one point that perhaps should be taken into consideration. The person elected as Director of the Pan American Sanitary Bureau must also be a candidate to the position of Regional Director of the World Health Organization, and the Constitution of WHO does not set forth geographic conditions with respect to regional directors. In the World Health Organization, with the one exception of Africa (where, it can be said, a special situation exists), all the regional directors come from the respective regions. As for the advisability that the Director be from the Americas, it is very difficult to imagine at this moment that the governments of the Americas would cast two thirds of their votes in favor of a person from another region. We should remember, however, that in the preparation of the Constitution at the XII Conference in Caracas in 1947, as well as in the approval of that document at the I Meeting of the Directing Council held in Buenos Aires in October of that year, this question was discussed with reference to the other officers of the Bureau, and the following clause appears in item B of Article 18: "Whenever possible, the widest geographic distribution shall be followed in regard to the recruiting of the personnel." We believe that it would be self-defeating to introduce a note of regionalism in the regulations, since we should be in a position to be able to lend personnel to other regions of the world. Moreover, the Pan American Sanitary Bureau and the countries of the Americas have a marked interest in the rest of the world. For example, at the VI International Congress of Tropical Medicine and Malaria, held in Lisbon 15 days ago, the delegate of Venezuela, in explaining the problem of reinfestation in his country in zones where malaria has been eradicated, mentioned the importation of malaria cases from Africa. I believe that all the restrictions that have been mentioned here derive automatically from the two-thirds majority required for election. It is, therefore, unnecessary to specify in the documentation a norm that might be misinterpreted in the other regions of the world and even in the World Health Organization.

PRESIDENT: * I propose that we vote on the amendment presented by the United States delegate to the effect that the word "eligible" be eliminated before "person" and that the English text be changed to replace "an eligible candidate" by the words "a person." The delegate of Venezuela is recognized.

Dr. PRÍNCIPE (Venezuela): * The delegation of Venezuela withdraws its proposal.

*The vote was taken on the amendment proposed by the United States, with the following results: 20 votes in favor, 0 against, and 1 abstention.*

*The amendment was approved.*

PRESIDENT: * This part of the discussion is closed. The document as a whole is up for consideration by the Conference. Is there any other comment? The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I think that everyone is familiar with the position of the United States, because that position is clearly stated in the last paragraph of item 2 of the report of the committee. I think here again that the difficulty has been one of semantic philology and legal considerations by people trained perhaps in something else, not philology or law, and I find myself in a state of some confusion. But I think that there is full agreement that the whole reason for having a special provision covering the election of the Director was to assure that the Director has very wide support among the members of this Organization. We want to be certain that the procedures that are adopted are such as to cover the point listed in item 4 of the report, because it gives an opportunity to clarify these issues. It gives an opportunity for a craeful, dispassionate review of both the English and the Spanish texts, which, as we just saw a moment ago, give rise to difficulties

in translation at times. Item 4 suggests that the proper study be made, and I am glad to see that it says that the Executive Committee should do so "with the advice of such legal counsel as is necessary." The two documents to be studied are the Constitution and the Rules of Procedure of the Conference, and account must be taken not only of language differences but also of intent, because the intent, as it was set forth both in Caracas and in Buenos Aires and as the document shows, was to obtain a wide support for the Director.

We are not concerned about what will happen in this election that we are facing because we know that there is sufficient interest and that the group here will want to vote. Everyone here will want to exercise his right in this matter, I am sure; but we should be sure that the procedure allows that to occur at all times. So we are really more interested, I think, in the first paragraph of item 4 and what it promises for future clarification of this issue, which has occupied so much time and concern during this Conference. We are, however, concerned about prejudging the issue. If we ask the Executive Committee to go through all the work, with legal counsel, of analizing this matter, we should ask them to put all the issues before us, so that we may deal with them clearly. We should not prejudge the issue that we are asking the Committee and its legal counsel to study. We would also meet with the difficulty of attempting to cope, without proper advice, with the task of drafting the text in two languages. I therefore propose the elimination from item 4 of the clause "and that he will therefore have to obtain the votes cast by two thirds of the countries present at the Conference, and in no instance a number of votes less than one half plus one of the countries participating in the Pan American Sanitary Organization." This clause prejudges the issue, and should not, therefore, be referred to the Executive Committee.

PRESIDENT: * Any other observations or comments on the proposal of the delegate of the United States? The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * I apologize to the delegates for my repeated interventions, but I would like to inform them that the spirit of the paragraph under discussion was warmly applauded by Mr. Wilson, the United States delegate on the committee, for he understood that the delegation of Argentina, which proposed this clarifying statement, was offering the delegation of the United States the highest guarantee that the committee did not for one moment believe that anyone could be elected Director if he lacked wide support. Therefore, the phrase whose deletion is now requested, following the words "should necessarily be elected by the largest possible number of delegations," reinforces what the committee meant by "the largest possible number of delegations." And what better procedure for ensuring election by the largest possible number of delegations than to specify a number of votes not less than one half plus one of the countries participating in the Organization? That is, when the delegation of Argentina introduced this clarifying statement, it considered that this would reinforce completely the decision, intent, and wish of all the committee members, including the United States delegation, that the Director be elected by the largest possible number of delegations. This explanation is given, Mr. President, so that the delegate of the United States will understand that this final clause does not interfere with or detract from the preceding clause. On the contrary, it strengthens it by clarifying the concept of the largest possible number of delegations.

PRESIDENT: * The delegate of the United States is recognized.

Dr. VAN ZILE HYDE (United States): I appreciate the clarification given by Dr. Allaria. I only say that the United States would prefer to have this matter referred to the Executive Committee without this further clarification because, as I read it, it does not entirely clear up the question to my mind. I understand clearly the first part of the sentence, and I must say that, without very careful thought and comparison of the two languages by competent authorities, I would not be certain of all the implications of this rather complicated statement. So, since we all agree that what we want is the largest possible number of delegations to participate in the election, and that is what we are asking the Executive Committee to study, I think it is quite feasible and proper to drop this clarification for consideration by the Committee. The Committee can consider this statement, of course, but it will not be an instruction from the Conference at this time.

PRESIDENT: * Is there any other comment? The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile): * The delegate of Chile on the committee that prepared this report completely supports the position of Argentina with reference to the paragraph objected to by the delegation of the United States. The spirit that inspired us was that referred to by Dr. Allaria. We believe it indispensable that the Director elected have the greatest possible support of the delegates to the Conference. We believe that this final statement in item 4 reaffirmed that wish, which is the wish of all members of this Conference, as it should be. That was the principle that led our delegation to support clearly and decidedly the position of the delegate of Argentina.

PRESIDENT: * Is there any other comment or observation? The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * I believe, Mr. President, that this is a question of a redundancy, since it is to be presumed that the Director of the Pan American Sanitary Bureau will obtain the majority vote required by the Constitution. I believe, and I agree with the delegate of the United States, that perhaps the phrase under discussion does not clarify the question sufficiently. I believe, then, that this phrase should be sufficiently clarified, drafted in other terms, or eliminated.

PRESIDENT: * Any other observation?

*The proposal of the United States delegation was put to a vote with the following results: 15 votes in favor, 4 against, and 3 abstentions.*

*The amendment was approved.*

PRESIDENT: * Is there any other comment or observation on the document as a whole? Any objections to the adoption of the document? The delegate of the United States has the floor.

Dr. VAN ZILE HYDE (United States): I would like in connection with the report of the special committee to abstain from supporting it on the basis of the U.S. reservation clearly stated in item 2 of that report with respect to Article 53 of the Rules of Procedure of the Conference. All the delegates are thoroughly familiar with our position. I wish to record the fact that my delegation has abstained from accepting part of this report for the reasons given.

*The report of the committee was approved with the amendments agreed on.*

PRESIDENT: * The approval of Article 53 of the Rules of Procedure, as proposed by the special committee appointed by the Conference, is now up for consideration. The committee recommended that Article 53 of the Rules be retained with the same wording as that it had in the Rules of the XIV Pan American Sanitary Conference, as follows:

Article 53. In accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting. Acting as Regional Committee of the World Health Organization, and in conformity with Articles 49 and 52 of the Constitution of the World Health Organization, the Conference shall submit the name of the person so elected to the Executive Board of WHO for appointment as Regional Director.

Any objection to the approval of Article 53 in the way it is drafted?

*Article 53 of the Rules of Procedure was approved, with the delegation of the United States abstaining.*

PRESIDENT: * In view of the fact that all the articles of the Rules have been approved, the approval of the Rules in their entirety is in order. Any objection? None?

*The Rules of Procedure of the Conference were adopted.*

## Topic 22: Report on the Status of Malaria Eradication in the Americas

PRESIDENT: * The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB): * I shall leave the detailed presentation of the VI Report on the Status of Malaria Eradication in the Americas (Document CSP15/16)[1] to Dr. Alvarado, but before that I should like to make some comments on the report and on the general situation with reference to malaria eradication.

We should point out that the document presented is to a large extent a summary of what has happened in the Americas since the action taken at the XIV Pan American Sanitary Conference at

[1] See Part V, Annex 1, pp. 429-465.

Santiago, Chile, when a top-priority program was created for the eradication of malaria, one previously approved in principle by the XIII Conference in 1950. During the past four years true enthusiasm has been awakened throughout the Americas in the endeavor to carry out the decision of the Conference.

We were given the opportunity, administrative and financial, to take action, and we have seen the interest with which nearly all the governments of the Hemisphere have collaborated in this program.

It can be said that in large measure the idea, the acceptance of the concept, of malaria eradication is already a fact. The problem we now face is that of carrying the plan to completion and of evaluating what has already been done.

The document presented does not set forth statistics as such or a detailed summary on all the work the countries have done. Nor does it contain statistics on the results achieved since the start of the campaign. Those reports, naturally, will have to be made, will have to be prepared by the governmental services, but we are now practically at the point of organization and execution of this program. Nearly all the Hemisphere has reached the phase of expansion and of consolidation of activities.

What we have seen up to now forces us to accept the idea of a period for the execution of malaria eradication in the Americas longer than that originally foreseen. During the first few days of this month, Dr. Alvarado and I attended a meeting of the Executive Board of UNICEF, whose financial and administrative collaboration in this program have been most important. We have already presented, for future consideration, the idea that UNICEF's collaboration and financial participation cannot and should not cease as early as had been planned.

I believe that it is very important for all the governments and all the organizations to recognize that, owing principally to administrative considerations in the various countries, the execution of this program cannot be as rapid as was theoretically believed possible. We should take this fact into account, without, however, failing to recognize that this goal must be attained as quickly as possible.

Recently, the development of resistance to insecticides in some anophelines has once again shown the urgent necessity of finishing the work before these resistant strains invade the places where the vectors are still susceptible.

I wished merely to mention this problem and to point out the need for making plans to continue giving support to this program for a longer period of years than was originally foreseen.

At the VI International Congress of Tropical Medicine and Malaria, held in Lisbon, we observed an ever-growing interest in the possibilities of eradication. Among the experts present at that meeting 15 days ago, we found no pessimism as to the ultimate result in any part of the world. On the contrary. A number of difficulties met with in certain regions were mentioned, but among the experts there is general optimism with respect to the eradication of malaria throughout the world.

Mr. President, I would request that Dr. Alvarado be given the opportunity to present the document on malaria eradication in the Americas.

PRESIDENT: * Dr. Alvarado has the floor.

*Statement by the Chief, Malaria Eradication Office*

Dr. ALVARADO (Chief, Malaria Eradication Office, PASB): * As the Director has just stated, the idea of malaria eradication was born in the Americas, but the program is now world-wide in scope. But the idea that originated in the Americas and the decision first taken at the XIII Conference in Ciudad Trujillo in 1950, and then strongly reiterated at the XIV Conference in Santiago four years ago, has not been left merely as a matter of words in the texts of resolutions. The VI Report on the Status of Malaria Eradication in the Americas, presents the facts to show how the countries of the Continent have fulfilled the commitments they reciprocally assumed at the Conference of Santiago.

I shall not read the document, because it is too long, and there is no need to do so for it is in the hands of the delegates, in English and Spanish. But I do think it worth while to single out certain major facts in a brief résumé.

The first part of the document describes the status of malaria eradication programs in the Americas. The second part shows the role played by the Pan American Sanitary Bureau pursuant to the mandate given it in Resolution XLII of the

Santiago Conference to intensify, coordinate, and give technical and financial assistance, wherever possible, for strengthening malaria eradication programs in the Western Hemisphere. A reading of this document enables one to judge how the countries have answered the appeal made at the historic meeting of Santiago that they convert their control programs to eradication campaigns as quickly as possible, and how the Bureau has complied with the instructions given to it at that time.

I should like to request the delegates to follow my explanations during the presentation of this document, by referring to the figures and tables I shall mention.

Figure 1 contains a map showing the status of the programs as of 31 July 1958. It can be seen that all the countries, with the exception of four, had either eradicated malaria, brought their programs to an advanced stage, or had already undertaken the active attack phase, that is, total coverage. As of that date, four countries were in the stage preparatory to total coverage: Brazil, Colombia, Haiti, and Nicaragua.

It is with satisfaction that we are able to state that one of those four countries, Haiti, began total coverage on 1 September, and a second, Colombia, is preparing to initiate it on 29 September. That leaves only Nicaragua, where it is expected that total coverage, previously begun but interrupted because of various difficulties, will be resumed before the end of the present year; and Brazil, whose tremendous territory and enormous problems have been the subject of study and a special plan, and which, we are informed, anticipates initiating this gigantic program in January 1959. There would thus be only one country remaining to join in this drive for eradication throughout the Western Hemisphere.

In Table 1 it can be seen from the last column at the right that by 1962, theoretically at least and if things develop as planned, the majority of the countries of the Continent will have reached the stage in which malaria will have practically been eradicated, once the attack phase has been completed. They will enter into the consolidation phase, which should last three years, at the end of which eradication can be declared a fact if no indigenous cases are found.

On repeated occasions mention has been made of the seriousness with which countries have worked out their malaria eradication programs, preparing carefully studied plans that describe the operations to the last foreseeable detail. These plans of operation have made their way to all parts of the world and at this moment are serving as an example of how an eradication program should be planned.

Table 3 shows the countries and other political units where malaria has been eradicated: Chile, United States of America, Barbados, Martinique, and Puerto Rico, where a total population of forty-five million inhabitants previously living in malarious zones are at present living in areas free of malaria. For those who still doubt that the eradication of malaria is a feasible or an attainable goal, this figure of forty-five million gives a clear answer as to what can be done when the will is there to do it.

Tables 4 and 5 show the extent of the problem in the rest of the countries, by area and by population. Some countries have already achieved eradication in part of their malarious areas. Venezuela is responsible for the greatest part of this achievement, the area of eradication there, inhabited by some 3,065,000 persons, being the largest area from which the disease has been eradicated in the tropics. With reference to areas under surveillance, that is, where malaria is considered to have been eradicated but where the required number of years have not elapsed to permit confirmation of eradication, it can be seen that Argentina has the area with the largest population (711,000 inhabitants).

Table 6 contains a general summary of the status of malaria eradication in the Americas. The figures at the end of this table show that in the American Continent only an insignificant part of the total area (0.8 per cent) and of the population (1.7 per cent) are not protected by a malaria eradication program that has operations under way or already planned.

Table 7 describes the present organization of the various national malaria eradication services. It is interesting to note in the third column, which shows the administrative position of the service, that two countries have described their services as being autonomous, that is, directly under the minister of public health; and that 15 report their services as having primary status, that is, directly under the national director of public health. It is

important to compare this situation with that of four years ago, when in 12 countries the malaria control services had only secondary status.

Table 8 contains a comparative study of antimalaria legislation in the Americas. It is gratifying indeed to be able to declare that, with reference to malaria eradication, no region of the world has more compact and advanced legislation than the Americas. It would require going into too much detail to refer to all the advances made in the health provisions contained in this legislation. The most relevant note is the introduction of the concept of "eradication" in place of "control" in the legislation of 15 countries. Some laws have very advanced provisions, such as the obligation to report on the construction or renovation of dwellings and on migratory movements; the obligation to request authorization for painting or washing of sprayed walls; and the prohibition against occupancy of unsprayed premises. It is also significant that the majority of countries have changed the manner of reporting malaria cases as well as the forms used for doing it, making malaria a disease notifiable within 24 hours after discovery of a case, suspect or confirmed.

Table 10 shows the professional and technical personnel at present employed in eradication programs. The top line gives the totals of 178 physicians, 90 engineers, 20 entomologists, and 88 entomology aides. When we say physicians or engineers we mean professionals who work full time and are specialized in this field. It is interesting to compare these figures with the data for 1954, when generally speaking the total of these professionals barely reached half of the present total. Moreover, this table does not yet include Brazil, a country that, on initiating its campaign, will no doubt put into service a group representing as much as half again the figures presented here.

Tables 13 and 14 present the financial aspects of malaria eradication programs. The last four columns at the top of Table 14 show the total international contribution to eradication programs for the fiscal year 1958. That of our Organization, including the Special Malaria Fund, is shown to be $1,060,470; that of WHO/Technical Assistance, $235, 367; that of UNICEF, $5,956,900; and that of ICA, $3,012,000—making a total of more than $10,000,000 of international contributions for the malaria eradication programs in the Americas for a single year.

We should explain that the figures appearing in this table for PASO and WHO/TA include only the participation in country projects; all the remaining funds invested in technical personnel and fellowships are shown separately in the report.

Table 15 also contains valuable illustrative data. An examination of the last column at the right, giving the percentage of the total national public health budgets assigned specifically for antimalaria activities, shows that several countries, such as Costa Rica, Ecuador, Mexico, Nicaragua, Paraguay, and Venezuela, assign more than 10 per cent of the total to antimalaria programs.

The situation in Ecuador is particularly interesting and should be singled out because that country assigns 27.1 per cent of its total health budget to this program. It is also interesting to see how malaria budgets have increased as compared to prior years. For example, the budget of Haiti, which was 1.7 per cent in 1954, rose to 8.9 per cent in 1957; Mexico increased its budget from 1 per cent in 1955 to 13.6 in 1957; and Paraguay, from 3.5 in 1954 to 11.8 per cent in 1957. These data reveal not only the conscientiousness with which the countries of the Americas have assumed the responsibility of eradicating malaria within their own boundaries, thereby contributing to eradication throughout the Hemisphere, but also the extraordinary effort and even sacrifice that many of them have had to make to fulfill their commitments.

Table 19 contains the first available data—still incomplete, as Dr. Soper has stated—on the situation with respect to case-finding in areas where malaria has been eradicated, areas under surveillance (consolidation phase), and areas where malaria has not yet been eradicated.

A most significant fact illustrated in this table, and one that should be stressed, is the value and productivity of the workers listed under the title "voluntary collaborators." The active participation of the community in malaria eradication programs in the Americas is, indeed, one of the most notable features of the campaign. The educational work and public relations carried out to incorporate the entire community into the eradication program has already begun to produce tangible results. A comparison of the different figures reveals that the number of cases reported by voluntary collaborators represents a considerable proportion of the total, and often even a

higher number than the cases reported or found by the service personnel themselves, and this at a considerably lower cost.

A provisional estimate made quickly on the cost of these operations in El Salvador indicates that the finding of one case by service personnel in house-to-house visits costs 10 times more than the finding of a case by voluntary collaborators. This fact will undoubtedly have a tremendous significance in forthcoming years, not only on the development of malaria eradication programs in the stage of evaluation operations, but also on public health activities planned for the future, since it will have left an indelible mark that will stimulate community participation in public health programs and lead to considerable improvement in the services for reporting and registration of cases.

We now come, gentlemen, to the part of the report referring to the role of international organizations and the activities of PASO. The delegates of Member Countries may judge for themselves how our Organization complied with the mandate given it at the Conference of Santiago. We wish only to point out some very significant facts. First is the creation of training centers, and in this connection we express our deep appreciation to the countries that so unselfishly and actively have contributed to this activity, particularly Mexico, Jamaica, and Brazil, through their centers in Mexico City, Kingston, and São Paulo. These have joined efforts with the traditional center in Venezuela, with its well-known school at Maracay, which has been actively maintaining the flame of interest in antimalaria programs for many years (since 1944).

As far as I recall, in no part of the world are there centers operating on the same active and permanent basis as the four centers in the Americas that I have mentioned. This fact demonstrates the seriousness with which our countries have taken the responsibility of placing the fate of the eradication program in qualified and responsible hands, and the financial sacrifice they have made to maintain that program.

The international advisory services have been organized at three levels. At the country level a team composed generally of a malariologist, a malariology engineer, and a variable number of sanitary engineers, is responsible for giving day-to-day operational assistance. The second level is represented by the zone office, which is responsible for assistance in political and administrative aspects of the program. As all the delegates know, it is the function of the zone representatives to handle the international aspects of projects, and that of the zone office to handle the principal part of promotion and organization of projects insofar as our Organization is concerned. The third level is represented by the central unit in Washington, which as part of the Office of the Director is responsible for preparing technical standards, establishing international coordination, and maintaining technical contact with UNICEF, ICA, and with Geneva headquarters.

The number of international personnel engaged in the malaria eradication program in the Americas as of 31 August 1958 can be classified in six groups: medical officers, 32; engineers, 20; entomologists, 4; sanitarians, 41; administrative consultants, 4; and others, 4, including advisers in health education, parasitology, transport, and statistics. Of the total of 105, 95 are in active service and 10 are in training. It is interesting to compare this figure with that of four years ago, when the Organization had only 8 international consultants to handle the problems and the demand for programs of malaria eradication or control in the Continent. This comparison of the figures of 8 and 95 indicates the extent of the effort expended in this connection.

I also believe it of interest to comment briefly on the way the Organization has worked. As is known, a specific "malaria eradication" unit operates in Washington. But I should explain that this unit has played only a partial role in the full effort made by the Pan American Sanitary Bureau to promote and coordinate eradication programs.

In the field, the zone offices have also played a decisive role, and all the offices of headquarters—Office of the Director, Division of Public Health, Division of Education, Division of Administration—have worked actively in the day-to-day activities. And I can state—and I do so now, in these last days of my service in the Organization—that what we might call the ME (Malaria Eradication) unit is not a unit composed of a few experts confined to two rooms in the headquarters office; it is all the offices of the Washington headquarters.

It is thus with deep sincerity, gratitude, and admiration that I can make this statement, with which I wish to show how in our Organization we have molded a single spirit, a single conscience,

to carry out that mandate given us four years ago by our supreme governing body in Santiago.

Finally, gentlemen, I take the liberty of reading the last paragraph of the report, which states:

> In closing, it is fitting to recall the last words of the IV Report presented eight years ago at the XIII Pan American Sanitary Conference in Ciudad Trujillo, which, in summarizing the possibilities of achieving malaria eradication in the Western Hemisphere, stated: "The Americas have the answer." This present report, in setting forth the facts, spells out the answer of the Americas, where eradication is no longer a mere possibility but a job being done. However, to say that we are wholly satisfied would be both premature and dangerous. In an eradication program there can be but one of two alternatives: success or failure. While the decision to undertake eradication was firm and unanimous and is justly a source of pride to the countries of the Americas, we must not forget that this is only the beginning and that we must not let up until the job is done.

PRESIDENT: * The Director, Regional Office for the Americas, UNICEF, has the floor.

*Statement by the Director, Regional Office for the Americas, UNICEF*

Mr. DAVÉE (Director, Regional Office for the Americas, UNICEF): * Mr. President, I appreciate the opportunity given me to speak here, among eminent sanitarians, on the problem of malaria. It is for me, as always, an honor.

I should like to say that, although on this occasion I shall speak exclusively on malaria, this is not the only topic that I should like to touch upon. I would be happy if at some given moment it were also possible to discuss some of the other topics of concern to UNICEF—nutrition, tuberculosis, training of personnel—which are of such paramount importance to child problems.

I shall limit myself to the problem of malaria, which is the topic for today. From Table 14 in Dr. Alvarado's excellent report it can be seen that the contribution of the Pan American Sanitary Organization for malaria eradication in the three-year period 1956-58 was higher than $1,500,000; that of Technical Assistance funds through the World Health Organization amounted to some $600,000; UNICEF contribution was $10,600,000; and that of the U. S. International Cooperation Administration was some $3,000,000. These figures would have to be amended with reference to UNICEF because they do not include, for example, the allotments approved during the recent session of the Executive Board held in September, amounting to slightly over $5,000,000. This means that from the UNICEF point of view we are very near to having fulfilled the promise we made at the beginning of this planning, when we said that we were certain we were going to spend some $20,000,000, divided over four or five years.

Words of sincere recognition should be expressed to the Pan American Sanitary Bureau because these figures do not give a clear indication of the work it has undertaken. One must take into account an element that is not reflected in dollar figures, and that is the quality of personnel. There is no doubt that this campaign, as Dr. Alvarado has stated, would not have been possible without the eminent advice of all who work in the Bureau.

On the other hand, I think that special mention should be made also of the participation of the U.S. International Cooperation Administration, a mention more special than these figures would seem to justify because, above all, as is known, part of the funds we handle are due to the generosity of the American people, and as a European I am very pleased to make that statement.

It has been very useful to have succeeded in correcting certain errors in planning that we, because of lack of resources, would not have been able to correct. For example, the eradication programs in Guatemala, Nicaragua, Honduras, Colombia, Ecuador, and Bolivia owe much to the supplementary participation of the ICA. As is also known, the recent decision of ICA to give its support to a gigantic program, that of Brazil—which we could not assist because it was too expansive— has made possible the global definition of this continent-wide planning.

I shall not insist further on what I feel to be the significance—momentous from the historical point of view—of this example of enormous, tremendous, continental planning.

I wish merely to point out the advantage of this mechanism of international assistance. There is the fact, for example, that as the result of the flexibility of our administration, we have been able to undertake commitments limited not to one year but to four. And the fact that we have also been able to meet target dates with reference to the purchase of insecticides has given these international campaigns an element of stability

that in reality is new in the history of world-wide programs. We know that in these international campaigns there have been critical moments, but it was possible to overcome them because there was the guarantee that supplies would be forthcoming or because an international agreement meant a commitment that the government could not refuse. This has been an element that none of us can forget, for as all this machinery of international assistance is improved in the future—and I believe we are going in that direction—it will remain as an example and as a precedent.

Within this topic, I should like to emphasize two points. One is that it is gratifying indeed to see agreements such as the one concluded recently in Cúcuta between Venezuela and Colombia. The fact that bilateral border health agreements such as these are possible leads to the hope that in this American Continent, where there is a same language and a same mentality, greater groupings will be possible in the future; I do not mean political groupings, but at least ententes in the technical field, or possibly in the economic field. Agreements like the one at Cúcuta also constitute a precedent.

Within this planning, this international coordination, there is one development that is not yet officially confirmed. With reference to malaria, Argentina had still to solve the border problems (I refer especially to the Brazilian states of Mato Grosso and São Paulo). According to news I received here from the Minister of Public Health of that country, Argentina may within a short period of time be included among the countries that have signed this type of agreement.

With respect to UNICEF, the figures at present show that in 1958 we have spent one third of our total budget for malaria eradication in the Americas. We have spent exactly 44 per cent, which means nearly half of the total budget we assign to malaria eradication throughout the world. With my usual frankness, I shall now discuss the most serious aspect, which is the future.

Dr. Soper, speaking at the UNICEF Executive Board meeting, indicated that the ground had been laid for UNICEF to consider continuing its efforts. This we had already done within our administration, as well as in contacts with members of the Board. Without a doubt there is a favorable climate for considering this possible need with receptiveness, and justifiably so, I would say; but the point in question is: Up to what extent?

I recall that the doctrine of malaria eradication was based on two concepts. One was that the *Plasmodium* would disappear at the end of three years after the start of interruption of transmission of malaria. The other concept was that, in the supposition that the operations were really carried out correctly, this interruption would begin after completion of the first year of total coverage, and that this interruption would begin to be visible, let us say, 18 months after total coverage commenced.

It was on the basis of these two suppositions that the financial planning of eradication was done, for a campaign of total coverage to extend over a period of four years. It is obvious, however, that the critical point in this logic, in this reasoning, is to know when the interruption of transmission begins and what the volume of that interruption is, in order to be able really to assume that three years of the extinction of malaria are commencing.

At present there is no program, except the one in El Salvador, that can give us the answer to these two very serious points. In the case of El Salvador the interruption did not occur; rather, something to the contrary occurred: resistance.

It would be exaggerated to reach a pessimistic conclusion from an isolated example. For instance, there are at present other data on the evolution of the program in Mexico, which is really following a very optimistic course. Several days ago in a report of WHO I found certain figures from which it can undoubtedly be deduced that the evolution of the epidemiology is the one we were anticipating. This means that the basic requisites for achieving eradication are operations as near perfect as possible, and I wish to state here that in this respect Mexico will set, and is setting already, an eminent example for America and surely for the entire world.

We cannot at the moment state what the policy of UNICEF will be beyond a certain period. What we can say is that we shall keep our promise; we shall fulfill our agreements; we shall fulfill our commitments. And I repeat, we shall do so within our agreements, which means within the period of four years of the campaign. There is no doubt about that.

We have already adapted our plans to the changing situation. There have been cases when it has been necessary to change from dieldrin to DDT. We have done this despite all the disadvantages this represents: inconveniences in purchases, in commitments with the firms that furnish insecticides, complications with shipments, complications from the fact that sometimes this insecticide had to be accepted and it was necessary to send it elsewhere. We are willing to consider any proposal that WHO may make to us on possible changes in insecticides. We have never been niggardly with materials. Not long ago we expressed the wish to assist governments in the maintenance of vehicles in the hope that those already furnished would last longer. At present, therefore, there is no danger. After Dr. Soper and Dr. Alvarado spoke at our Executive Board meeting, the opinion was unanimous that in consultation with WHO, which we hope will be possible in September 1959, a joint evaluation will be made of results. We shall then know much better where we are in this respect and we shall have an approximate idea of where we are going.

Here I would like to make a purely personal comment. Our organization does not take any decision until it is first analyzed completely and until the comments of competent persons are heard. It is also our rule to ask the opinion of technicians, to discuss the matters in this area particularly with our colleagues of the World Health Organization and the Pan American Sanitary Bureau. I also wish to state that our Board, although not composed completely of sanitarians or physicians, follows these problems with great attention, with much consideration, and it is with them, with the experts, that the final decision lies.

Therefore, I repeat, what I am going to state is a purely personal opinion, a kind of intuitive conclusion derived from the fact that I have been somewhat engrossed in the malaria problem for several years. That opinion is that I do not believe that UNICEF can continue this effort much beyond a reasonable period once the date of our agreements has expired.

I do not think that it can because I do not believe that it is just for an organization such as ours to use, indefinitely, a third of its funds exclusively for the eradication of malaria in the Americas. Nor is it entirely just that we should spend half of our resources, indefinitely in this field.

On the other hand, I have become deeply convinced that either this eradication campaign will succeed within the limits fixed, or it never will. I am deeply concerned about the resistance phenomenon. I am convinced—and I repeat once more that I speak only on a personal basis and not as a technician—that wherever it is necessary to continue spraying for an unlimited period there will almost certainly arise a resistance that will neutralize our efforts. From that it can be deduced, and in my opinion without question, that we have within the financing of this program, and insofar as UNICEF is concerned, a wide margin of security because the dates I have mentioned take us at least to 1961-62. This means that we still have ample time to see the trend of things and to take, if necessary, precautionary measures for the future. But this also means that in this lapse of time, and here I refer to Dr. Alvarado's conclusion, the governments face an almost dramatic need to carry out the eradication programs as perfectly as possible. Here, I repeat, Mexico is setting an example. On these bases I believe we shall attain victory. Otherwise, serious consequences could occur.

Mr. President, before concluding I should like to say a few words more, for I do not believe I shall have another opportunity to speak at a plenary session of this Conference. I, for one, am disinclined to address Dr. Soper as if this were the last time he was to participate officially in our deliberations. But if it is God's will and that of the Conference that it be so, I should like to state here, and for the record, that we in UNICEF, and I particularly, feel great respect and esteem for Dr. Soper. If we have sometimes fought it has been usefully so, I think, at least for me, but I wish to state that in these years of experience and of common work with him I have reached the conclusion that Dr. Soper belongs to history. But if he belongs to history it is because of his genius, his vigorous intelligence, and his exceptional traits of character, because of his ability to form ideas, his creative imagination, and his perseverance of will. For all these qualities, Dr. Soper has, I repeat, my respect and my sincere and affectionate esteem.

PRESIDENT: * With the statement of Mr. Davée, the sixth plenary session is adjourned.

*The session was adjourned at 12:20 p.m.*

## SEVENTH PLENARY SESSION

*Friday, 26 September 1958, at 3:20 p.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

*(Later)* Dr. ALEJANDRO JIMÉNEZ ARANGO (Colombia)

### Meetings of the Governing Bodies

PRESIDENT: * The session is called to order. The Secretariat will report on the presentation of a new topic.

DR. GONZÁLEZ (Assistant Director, PASB): * At its meeting held today the General Committee received Document CSP15/48, containing a draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina on meetings of the governing bodies of the Organization.

The General Committee felt that the presentation of this document should be considered as a proposal for a new topic on the Conference agenda. The Committee therefore agreed to transmit it to the plenary so that it may take whatever decision it deems appropriate. If the plenary accepts the General Committee's opinion that the draft resolution be considered a new item of the agenda, reference should be made to Article 25 of the Rules of Procedure which reads as follows: "Supplementary items may be added to the agenda during any session of the Conference if two thirds of the delegations participating and entitled to vote approve."

PRESIDENT: * The General Committee's suggestion is that the plenary approve the inclusion of this topic on the agenda and submit it to Committee II so that the latter may prepare a recommendation. Is there any objection to that procedure?

*It was agreed to include on the agenda the draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina.*

### Topic 22: Reports on the Status of Malaria Eradication in the Americas *(continuation)*

PRESIDENT: * The discussion of Topic 22 will now be continued. The delegate of Brazil has the floor.

*Report of the Delegate of Brazil*

Dr. DE MEDEIROS (Brazil): * Brazil was one of the last countries to join the malaria eradication campaign organized by the Pan American Sanitary Bureau. This does not mean that the problem was not extremely important to us; on the contrary, malaria is one of Brazil's most serious and severe problems. All the governments have been interested in the campaign against this disease. In 1941 a special service was created specifically for the purpose of combating malaria. One need only look at the map of Brazil to see immediately that there are extensive forest and jungle areas and that there are therefore many areas where bodies of stagnant water are to be found. On the coast, too, there are many places where the mosquito vectors can reproduce; consequently it is understandable that Brazil has suffered from malaria for many years.

In 1941 services were established and antimalaria work was begun by means of sanitary engineering measures, using the most suitable methods for killing larvae and resorting also to house inspection, until it was possible to use residual-action DDT. It was then possible to effectively free the urban areas of this disease, as well as the most important economic areas, and to study them and subject them to inspection and surveillance. In 1954, immediately after the last Pan American Sanitary Conference, this National Malaria Service received instructions to enter into an agreement with the Pan American Sanitary Bureau and to receive from it all the assistance necessary to achieve eradication. Unfortunately, certain difficulties, which were in reality of a bureaucratic nature, prevented this agreement from being concluded immediately. In March 1956, the service was incorporated into a national department responsible for combating all the rural endemic diseases, and as a result it ceased to be an independent service. The malaria service was integrated, together with the other services of the campaign against endemic diseases, in the new National Department of Rural Endemic Diseases. The ICA and the Pan American Sanitary Bureau required that, in order to draw up an agreement,

an agency be set up specifically charged with the eradication of malaria. We encountered these bureaucratic difficulties during all of 1956, but since mid-1957 these difficulties have been gradually overcome as a result of an organizational change in the Department of Rural Endemic Diseases. It was then possible to establish a special working group there, devoted exclusively to malaria eradication, thus meeting the requirements of the Pan American Sanitary Bureau and ICA.

The decree creating this special agency was issued in February 1958; then the agreement was signed with the United States Government through the mediation of the ICA and with the assistance of the Pan American Sanitary Bureau. During the current year, this agency was formed and all the plans were prepared so that this tremendous malaria eradication campaign could be initiated.

We cannot consider ourselves completely free of malaria. We have vast areas under control and when small epidemic outbreaks occur in any of them, they can be rapidly combated. But in the entire area of the Amazon jungle, with its very sparse population living in small villages, practically on the river banks, this being essentially a river zone, it is impossible to use any combative measure against mosquitoes because the dwellings do not have walls suitable for the use of DDT. Since it is not easy to apply the usual measures on a general scale, it was necessary to study the situation and divide Brazil into different zones in order to carry out a program of action that is gradually being extended throughout all these zones.

From the map contained in the report we presented, it can be seen that Brazil has been divided into six zones. The first is the Amazon region; the second, the State of Maranhão, in the northwest; the third, the northeast; the fourth, the western zone; the fifth, the southern zone; and finally, the sixth, the central zone of Brazil. Once this division was made, it was necessary to decide how the campaign was to be carried out. Two agreements were signed. The first established the central national direction of the malaria eradication campaign. This agreement was signed with representatives of the Pan American Sanitary Bureau and also of ICA.

Later, the State of São Paulo, which has an antimalaria service that functions very satisfactorily, expressed the wish to participate in this campaign, so that we had to coordinate this service with activities of the central group operating under the National Department of Rural Endemic Diseases, An agreement was then signed, not with ICA but with the Pan American Sanitary Bureau and with the assistance of the Ministry. The public health units of São Paulo became subordinated to the organization and plan of the campaign prepared by the working group. This is the principal agency—the national agency —responsible for eradication.

It was therefore not possible to begin what might be considered the preparatory phase until this year, 1958. These activities will be initiated shortly. Zones 2 and 6 will also enter the preparatory phase in 1959, and zone 4 in 1960. Once this first preparatory phase has been completed, and that of zones 1, 3, and 5 next year, we shall enter into the attack phase proper. In 1960 this attack phase will be extended to zones 1, 3, 5, 2, and 6. We therefore foresee that this attack will be continued until 1964 and from 1965 to 1967. We shall then enter into the surveillance phase in all the zones into which the country was divided. We cannot, as we had wished, set a date for the eradication of malaria because of the broad expanse of our territory and the very different conditions prevailing in each of the zones. We therefore cannot commit ourselves to eradication within a 4-5 year period, but we are extending this period to almost 10 years.

We are training personnel in the center in Mexico and in the one in São Paulo. As Dr. Alvarado indicated, those are two centers which are real schools where competent personnel can be trained in field work for eradication. In the Amazon areas, that is, in that whole expanse of jungles and impenetrable virgin forests covering a very vast area of the country, we agree with the Pan American Sanitary Bureau that an attempt should be made to achieve eradication by means of the internationally-accepted Pinotti method, that is, adding chloroquine to common salt for human consumption.

As for the other zones into which the country has been divided, experiments will be made with residual-action insecticides. It does not seem difficult, or at least not impossible, that we might be able to adopt the insecticide method for these other zones, for no mosquito resistance to insecticides has been observed in Brazil up to the present time.

The species have been examined and still maintain non-immunity to DDT. Only one behavioristic change has been noted: when these mosquitoes are imported they are no longer fooled, they do not rest on walls, but proceed directly to bite a human being because they know that if they alight on walls sprayed with DDT they will perish. That is the only behavioristic change observed in these malaria vectors.

Brazil is expending considerable effort on the problem of the effect of residual-action insecticides. We regret that circumstances have prevented our collaborating earlier, but our technicians already demonstrated their ability and tenacity in the anti-*aegypti* campaign. We are convinced that once the attack phase is begun next year we shall really be able to implement the plan prepared for the various attack operations, followed by surveillance, so as ultimately to achieve the eradication of malaria in Brazil in 1967.

These are the data which I am pleased to present, regretting that they are only promises and not concrete realities. That is due to circumstances which are completely beyond our control and which are the result of changes undergone by the Brazilian National Malaria Service.

PRESIDENT:* I shall now ask Dr. Jiménez Arango to take the Chair for the remainder of the session.

*Dr. Jiménez Arango (Colombia) took the Chair.*

PRESIDENT:* The delegate of Mexico has the floor.

*Report of the Delegate of Mexico*

DR. DÍAZ COLLER (Mexico):* I do not wish to repeat statements already made by Dr. Alvarado, so I shall merely report that the Government of Mexico wishes to express its gratitude for the assistance given to its malaria eradication program by the Pan American Sanitary Organization and by UNICEF. My Government is very grateful for this aid, which will enable it ultimately to announce the complete fulfillment of the objectives of the program.

PRESIDENT:* The delegate of Venezuela has the floor.

*Report of the Delegate of Venezuela*

Dr. BERTI (Venezuela):* Before commenting on the report, I should like to express my warm congratulations to the Pan American Sanitary Bureau, and particularly to Dr. Alvarado for his outstanding report.

What I am going to say should be taken as supplementary information rather than as comments on that report, which, as I have said, I consider to be highly valuable and of excellent quality.

In the introduction, the document refers to two very important events in the international history of malaria eradication: the resolution adopted at the XIII Pan American Sanitary Conference (Ciudad Trujillo, 1950) and that approved later at the XIV Conference (Santiago, Chile, 1954). As Dr. Soper explained so clearly, this report does not contain detailed information on the work in the individual countries; but I do think that those of us representing those countries should add something to complete the history of the anti-malaria campaign, particularly with reference to this stage of eradication on which we are now embarking.

Table 1 of the report shows that Venezuela began its conversion period in 1945 and completed it in 1950, when the period of total coverage began. I cite this date in order to associate it with the date of the XIII Pan American Sanitary Conference, held that year at Ciudad Trujillo, where the first resolution was adopted.

The second date referred to in the report is 1954. I wish to state at this point that at the National Congress of Medicine held in Caracas in 1954, Dr. Gabaldón and I presented a paper, which has now been published in the proceedings of that Congress. That paper reported that Venezuela had eradicated malaria in an area of 180,000 km² according to the established criterion, that is, that in a period of three years of intensive search not a single primary indigenous case had been found.

That same year, and during the XIV Conference, Dr. Gabaldón made the same announcement, which appears in the proceedings of that Conference;[1] on that occasion Dr. Gabaldón again announced the eradication of malaria in 180,000 km² of Venezuela. So much for the historical aspect of the problem.

I now wish to comment on other aspects: I should like to refer to Table 3. That table shows the various fortunate countries and regions that

[1] *Official Document PASO* 14, 349.

have already eradicated malaria: Chile, United States of America, Barbados, Martinique, and Puerto Rico. Since the two large countries of this Hemisphere that are shown as being free of malaria are Chile and the United States, which are not located in the tropics, and since the other areas where malaria has been eradicated are insular, our colleagues from the tropical countries may well have some reservations, particularly after the difficulties that have been mentioned regarding the possibility of achieving the ultimate objective of eradication. For the purpose of giving greater encouragement, if possible, through the faith that we, the representatives and public health workers of the tropical countries, should always have, I should like to refer to certain details concerning the problem in Venezuela and the manner in which we have carried out the eradication work there.

In Venezuela, before the campaign, the malaria picture was as follows: the country has an area of 900,000 km², two thirds of which (600,000 km²) were malarious. At that time, the population was four and a half million and the number of malaria cases was estimated at one million; that is, 20 to 25 per cent of the population was exposed to this scourge. The number of deaths was estimated at 7,000. In terms of rates the average mortality was 164 per 100,000 inhabitants; in some states it was as high as 1,000 per 100,000. The birth rates were, of course, lower in the malarious areas than in those free of the disease, and the vital indices were frequently negative.

During the first three decades of this century the vital indices were negative in the entire region of the Venezuelan plains, an area of 300,000 km². Losses were estimated at 15 per cent of the national income for that period; in terms of dollars, this amounted to approximately $70,000,000 annually.

On the other hand, Venezuela, decidedly a tropical country, was, as has been said, a crossroads for anophelines in the Americas, to such an extent that nearly all the vectors of the Hemisphere are found in Venezuela. There are thirty species of anopheles, six of which are vectors and several are also vectors elsewhere in the Hemisphere. Among them are *Anopheles darlingi, A. albimanus, A. albitarsis, A. aquasalis,* and *A. nuñez-tovari.*

Malaria was undoubtedly the major problem in Venezuela both from the viewpoint of public health and because of its socio-economic repercussions. However, though it may be interesting to know the results already presented, it might be even more interesting to know what is taking place in the area where the disease has not yet been eradicated.

I am, of course, referring to these achievements without any presumptive claims. I do so merely with the idea of enhancing further, if possible, the optimism which all of us working in malaria eradication in tropical countries should have.

Of 542 initially malarious municipalities in Venezuela, there are still 76 infected municipalities in an area of 190,000 km², as shown in Table 4. In that same table Venezuela appears as having an area of 372,000 km² where eradication has been achieved and where three or more years have gone by without indigenous cases. If these figures are compared with the total area reported with malaria eradicated in that same table (407,744 km²) it can be seen that 90 per cent of that area is in Venezuela. There are 3,065,000 inhabitants in the area of Venezuela where malaria has been eradicated. In addition, 36,464 km² are shown as being under surveillance.

Table 19 shows case-finding in malaria eradication programs in 1957. If the total positive cases in the three areas listed are added together, the figure for Venezuela is seen to be 899 registered cases in 1957, as compared to one million that existed before the campaign.

As Dr. Alvarado has stated, the number of deaths is not shown in this report, but in the *Summary of Four-Year Reports on Health Conditions in the Americas (Scientific Publication No. 40)* 12 deaths were shown for the year 1956, as compared to 7,000 before the campaign.

Summarizing briefly, the persistence of residual malaria in the infected municipalities may be attributed to the three following factors:

One is principally anthropological, affecting 83 per cent of the area still infected—the most sparsely populated of the country—and that is the problem of nomadic tribes. There are native tribes constantly on the move from one place to another, and the problem lies in the difficulty of locating them.

New houses constructed in the intervals between sprayings also present a problem, and still another aspect to be considered is the fact that the

two planned annual sprayings are not sufficient, because in carrying out the work it was found that in Venezuela transmission occurs after the five months of spraying in the aforesaid area, the principal vectors being *A. darlingi* and *A. albimanus*.

A second area that constitutes a problem is a very small zone representing barely 1 per cent of the infected territory and 4 per cent of its population. The problem is created by *A. aquasalis*. These anophelines are both intradomiciliary and extradomiciliary in their biting and resting habits. Consequently, the intradomiciliary application of the insecticide has not produced the expected results. That is, there was a marked reduction in malaria attributable to the effect of the insecticide against the intradomiciliary biters and resters, while residual malaria, attributable to the same anophelines which are extradomiciliary biters and resters, remained.

Another problem exists in the western part of the country involving 34 per cent of the still-infected malarious area and 15 per cent of its population. That is the area where *A. nuñez-tovari* is active. This mosquito has the same habits as the *A. aquasalis*, but it is the more cunning of the two. It responds well to insecticides in the non-forest areas, that is, in pasture lands and agricultural zones. However, in the forests or in areas of certain other types of vegetation, such as bananas, it appears that the jungle and the prevailing conditions create a microclimate that enables it to survive the effect of insecticides applied by the intradomiciliary method.

What is being done to resolve these problems? With regard to the first—the fact that two sprayings are insufficient—we have shortened the cycle to three or four months. As for the problem of nomadic tribes, an intensive search for their new locations is made through *baqueanos* (Indians belonging to the same tribes) and also through the use of small airplanes, a method that is just now being tried. We consider this to be a typical problem in which the Pinotti method can be applied to good advantage. We are therefore studying the possibility of using chloroquine added to common salt, as recommended by Pinotti, because we believe that conditions in this region are the same as in Brazil's Amazon area.

With respect to the *A. aquasalis* problem, we have been forced to resort to the use of drugs. During the past year, we carried out a program of weekly administration of pyrimethamine, for six months, to the entire population, which is very small in number. Six weeks after treatment with pyrimethamine was suspended, certain relapses were observed in this area. To cases that still occur, and to these relapses, we are administering a complete 14-day treatment with primaquine.

In one part of this same *A. aquasalis* focus, and taking advantage of favorable topographic conditions, it was possible to apply kerosene supplied through a local cement factory. To use the engineers' term, we "relapsed" into the use of kerosene as a larvicide, and after this substance was applied for some time transmission was interrupted. Naturally, we cannot speak of eradication, since the required three years have not yet passed. The rest of the region, of course, continues under the system of therapeutic treatment with drugs.

Finally, there is the western zone, where *A. nuñez-tovari* is the vector. In addition to sprayings every six months, or even every three months in some of these areas, we have for some time used the system of family distribution of chloroquine. A rural worker visits certain settlements every two or three months and leaves the chloroquine. Pyrimethamine was also administered weekly for six months, in the same manner as in the *A. aquasalis* zone.

I should also like to refer to the paragraph of the report where Dr. Alvarado refers to the strategic importance of evaluators. The services of these evaluators, whom we call *visitadores rurales*, are used from the beginning of the campaign, even before insecticides are applied. They take blood smears, capture anophelines, give treatments, and supervise the individuals who distribute the drugs. The result is a type of worker who is extremely valuable and necessary in every phase of the eradication programs. We consider them to be extremely important.

With reference to the statements in the report concerning the use of insecticides, we in Venezuela have consistently used these same insecticides, except that we apply dieldrin every six months at the rate of 1 gram per square meter, instead of 0.6 gram. I might also add that we continue using DDT in areas where malaria is the only problem, and dieldrin where Triatoma and *Aëdes aegypti* also exist.

I would now like to refer to Table 19 concerning

the parasitological aspects. In the area where malaria has been eradicated, the 83 cases that occurred are not enough to mar the record for that area. Eight of those cases, or 10 per cent, were caused by *Plasmodium malariae*. In areas where malaria has not been eradicated but where spraying is carried out regularly, out of a total of 751 cases only 4 cases, or 0.5 per cent, were due to *P. malariae*.

This means that the increase in the percentage of *P.malariae*—and the parasitic change evidenced by that increase—is indicative of eradication, since it is well known that *P. malariae* has the longest life span of the three plasmodia of epidemiological importance.

I would like to refer also to the international malaria courses offered for the past 15 years by the Venezuelan Government at the Public Health Ministry's Division of Malariology in Maracay. During that time, 300 experts including physicians, engineers, and other professionals have received training. These courses are still given annually and for them the Venezuelan Government offers 25 fellowships each year, made available to the Pan American Sanitary Bureau for distribution according to need. I take this opportunity to state that the Bureau will award these fellowships in due course.

As can be seen, Dr. Alvarado in his report has reflected a high opinion of the School of Malariology in Maracay, although it would seem that this reputation has fallen somewhat of late, if one is to judge by his statement to Professor Medeiros to the effect that the medical centers in Brazil and Mexico are the only ones considered to be adequate for training personnel.

PRESIDENT: * The delegate of Colombia is recognized.

*Report of the Delegate of Colombia*

DR. PATIÑO CAMARGO (Colombia): * Malaria has been a major public health and socio-economic problem in Colombia. For that reason my country has expended great effort in launching the campaign to eradicate this disease. In the recent past, malaria ranked first as a cause of morbidity and seventh as a cause of death. The average annual number of cases reported in the past five years was 76,596. Despite the fact that a control program has been in force for many years, the figures for last year still reached totals of 76,596 cases and 1,572 deaths.

Of Colombia's total area of 1,138,338 km², 90.2 per cent is malarious, because in all parts of the country from sea level up to an altitude of 1,600 meters, conditions are favorable for the spread of the disease, which is present in 515 of the country's 832 municipalities.

Of Colombia's estimated population of 13,000,000, 72 per cent are exposed to malaria.

The economic loss suffered as a result of this disease in recent years is estimated at 57,390,000 Colombian pesos yearly, since the country is well suited for the breeding of anopheline species of the neurotropical regions. Of the 66 species existing in those regions, 34 (or 52 per cent) are found in our country, and 9 species of the sub-genera *Nyssorhynchus* and *Kerteszia* are vectors. There are vectors in the lowlands such as *A. darlingi* and others, like *A. pseudopunctipennis*, inhabit the temperate-climate slopes of the inter-Andean valleys.

This is the reason why the eradication work has been undertaken. I am able to inform the Conference that geographic reconnaissance has been completed in the 20 zones into which the country has been divided for the frontal attack, except for a few sparsely-populated jungle areas in the eastern region. These will be covered simultaneously with the spraying operations, which will be initiated in these 20 zones on Monday, 29 September.

I wish to thank the organizations which are collaborating in this work in Colombia. These are UNICEF, which is making available $2,800,000 for the years estimated for the eradication campaign; the U.S. International Cooperation Administration (ICA), which is contributing $500,000; the Pan American Sanitary Organization, which is furnishing five technical advisers as well as antimalarial drugs valued at 1,800,000 Colombian pesos, and fellowships for the training of personnel.

I should also like to thank the Governments of Venezuela and Mexico for their cooperation in the important task of training personnel, and to congratulate the Pan American Sanitary Bureau and Dr. Alvarado on the excellent report on malaria.

PRESIDENT: * Since it may be that not all the delegates wish to participate in this discussion, I would ask that all who wish to report on malaria

eradication be good enough to raise their hands. The Secretariat will take note and speakers will be granted the floor according to the established order of precedence. The delegate of Costa Rica has the floor.

*Report of the Delegate of Costa Rica*

Dr. VARGAS MÉNDEZ (Costa Rica): * The first year of total coverage, begun on 15 July 1957, was successfully completed on 8 August 1958. The spraying was done with DDT; Costa Rica has never used dieldrin in its campaign.

Administrative problems were encountered during the campaign but these have been overcome. I repeat what I said in another meeting to the effect that the proper beginning of any good campaign is perfect administrative organization. A fair administrative organization is unacceptable; it must be perfect.

The process of case notification, with laboratory confirmation, has improved during the campaign. The use of voluntary collaborators has been extremely important to the program.

With reference to health education, Costa Rica does not use the term in the classical sense, since there would not be time to change public thinking in the few years the campaign will last. We call this service "information to the public," and we believe that a good deal of the success achieved is to be attributed to continuous information to the public.

In this campaign Costa Rica has believed that coordination with neighboring countries is indispensable. You are no doubt aware that at the III Meeting of Public Health Ministers of Central America and Panama, held in San José, Costa Rica, 28 February-4 March 1958, recommendations were adopted which were published in the Pan American Sanitary Bureau's bimonthly pamphlet *Erradicación de la Malaria,* which is widely distributed to all the countries. These recommendations included facilities for border transit for NMES personnel, exchange of information on spraying operations and epidemiological evaluation in border areas, coordination of activities, and border meetings of NMES officials.

To conclude this brief statement, the Government of Costa Rica wishes to thank UNICEF and the PASB/WHO for all the assistance rendered, in the latter instance through the excellent adviser sent to our country. My Government also wishes to thank those countries which, like Mexico and Venezuela, are assisting in the training of its personnel.

PRESIDENT: * The delegate of Ecuador has the floor.

*Report of the Delegate of Ecuador*

Dr. RAMÍREZ (Ecuador): * An important development in my country is that the tripartite agreement between the Government of Ecuador, PASB/WHO, and UNICEF is now to include financial aid furnished from the ICA special fund. Since this amendment has been made effective this year, it has been necessary to change the malaria-eradication agreement to include this new agency that is cooperating in the eradication program.

One point I should like to emphasize is that mentioned by Dr. Alvarado this morning with regard to the malaria budget, which in Ecuador represents 27 per cent of the total public health budget.

As for the campaign's progress, the first total coverage has been completed and the second spraying cycle has been started. Evaluation operations have also been initiated.

In addition to expressing appreciation to the cooperating agencies for their complete support in the program, we wish to call attention to a special situation that arose last year. At that time the first evaluation of the work—or valorization, as the Mexican malariologists call it—was made by all the organizations cooperating in the program. This made possible an appraisal of certain administrative deficiencies, and steps were taken immediately to correct them.

The deficiencies inherent in any large-scale campaign cannot be overlooked. We do not count ourselves among the pessimists, but neither do we believe we should be over-optimistic. We know of certain technical deficiencies, besides the administrative ones, which we must take into account in order to look ahead and take steps in advance to avoid a prolongation of the campaign and the development of resistance in anopheles, which would mean a reversion of our eradication campaign to a control program—and we know that control work alone can never exterminate the anopheles. There is this other matter which the delegate of Costa Rica perhaps wished to call

special attention to when he stated that spraying with dieldrin is not carried out in his country.

For economy reasons, and in agreement with the international organizations, we in Ecuador are spraying with DDT and also with dieldrin, and as of this year we are thinking of carrying out the spraying work almost exclusively with dieldrin, in which case sprayings would be applied once a year. This procedure would be more acceptable financially, especially for spraying operations in remote and almost inaccessible places. Nevertheless, I would like to hear the opinion of the officers of the PASB Malaria Eradication Office as to the possibility of increased resistance of anopheles to dieldrin, because we have a large stock of that residual-action insecticide on hand.

In addition to administrative deficiencies, the lack of health education has greatly hampered our program. Unwillingness on the part of some home owners to have their houses sprayed, especially among the upper classes, has been an obstacle to the treatment of a certain number of houses. I do not recall the exact proportion offhand, but the number is large enough to lead to serious gaps. However, we are taking the measures to cope with this problem. We believe that public health should be persuasive rather than punitive, but as a last resort we shall act according to what is prescribed by the codes and legislation in force.

In addition to considering the resistance aspect, our country is studying the specific behavior of the various anophelines, since malariologists believe that there may be some among them that bite outdoors and whose habits are not nocturnal.

As for the other aspects, I believe that the campaign is progressing efficiently. The officers who were directing the present campaign have transferred to other agencies, but we are working with renewed enthusiasm with new directors for our malaria eradication work.

PRESIDENT: * The delegate of Peru is recognized.

*Report of the Delegate of Peru*

Dr. MUÑOZ (Peru): * In our opinion, the report on malaria eradication presented by the Director of the Pan American Sanitary Bureau sets forth certain significant facts that should be taken closely into account.

First, it shows that the majority of the Organization's Member Countries have carried out the terms of the resolution adopted at the XIV Pan American Sanitary Conference in Santiago, Chile. This means that the governments of those countries are willing to abide by the public health agreements, and it constitutes an important and decisive step toward health progress in the Hemisphere. This fact should be emphasized because it indicates great comprehension on the part of the government authorities, who have been obliged to allocate considerable sums to these programs. In addition, it has opened up heretofore unsuspected possibilities for other new continent-wide programs.

Secondly, the Pan American Sanitary Bureau has presented a well-conceived technical plan. Its Director, Dr. Soper, deserves great recognition and the highest esteem because he has known how to awaken the interest of all the countries in obtaining sufficient funds and the proper organization needed to carry out these programs. In this respect, the Bureau's technical program also merits applause.

Thirdly, it has also been shown that when there is a well-directed purpose, sufficient financial help can be obtained. In this connection, I should like to join the speakers who preceded me in calling particular attention to the collaboration of UNICEF, which has assigned such a large share of its resources to give assistance in this program, and to the cooperation of the United States Government, which has contributed substantially to the campaign. Finally, we should state that in the various countries of the Americas—in some more so than in others—the public has welcomed the program's activities with real satisfaction. Some localities have perhaps been more enthusiastic than others, since in some malaria is not so great a problem. Nevertheless, the public in general has understood the magnitude and the significance of a continent-wide campaign.

This fact indicates the promise which the future holds for programs of continent-wide scope in which—as in the malaria campaign—all the countries join forces in a common cause which uplifts the peoples' spirit and creates true bonds of fraternity. This has been seen in the cases of Mexico and Venezuela, which have so unstintedly given their assistance in the training of key personnel.

I wish to touch briefly upon a few details of the plan carried out in Peru, and I shall cite only a few figures.

In 1947, we had 51,000 cases of malaria. In 1957, we had 8,721. One point I should like to stress in connection with the problem referred to by the delegate of Ecuador is that the reluctance of some home owners to permit spraying of their houses varies according to zones. We have found that one of the best ways of obtaining collaboration is to utilize the local health services. Through them, the national malaria eradication services have been able to reduce considerably this resistance on the part of home owners. In this process we have found that in certain parts of the country the number of houses left unsprayed reached 18.5 per cent, while in others the figure was only 5.1 per cent. This fact shows that when the communities have been well prepared in advance and when the local health services have provided active assistance, better cooperation has been obtained.

Up to the present, two zones of our country have been sprayed. In the western zone, 6,687 localities (360,000 houses) have been sprayed and a total of 1,809,000 inhabitants protected; 152,000 kilos of DDT and 9,360 kilos of dieldrin have been used. We reiterate that dieldrin has been used in certain areas because it not only protects against anopheles but also aids in the fight against the Triatoma, vector of Chagas' disease. Dieldrin was used in the southern part of the country where the presence of Triatoma was confirmed.

Finally, to summarize much of what has been stated here, I should like to present a motion incorporating the decisions which, in our opinion, the Conference could adopt on this topic. I would therefore propose that the Conference congratulate the Director of the Bureau on the report presented, expressing its satisfaction at the diligent work carried out by the technical staff; express its deep appreciation for the assistance provided by UNICEF, reiterating the hope that this cooperation will continue until the total eradication of malaria in the Americas has been achieved; express its appreciation to the governments that have made voluntary contributions to the PASO Special Malaria Fund; recognize the importance of international collaboration for the success of the malaria eradication program, and of the participation of the United Nations Technical Assistance Program; express its appreciation to Brazil, Mexico, Venezuela, Guatemala, and Jamaica for their effective cooperation in the training of personnel for the campaign; and finally, recommend that the Member Governments continue their eradication programs in accordance with the technical plans outlined and establish all possible coordination for the development of their campaigns in border areas.

PRESIDENT: * The proposal of the delegate of Peru will be considered by the full Conference, once the reports of all the delegates have been presented. The delegate of Paraguay is recognized.

*Report of the Delegate of Paraguay*

Dr. PEÑA (Paraguay): * Since full information on the malaria eradication campaign in Paraguay is contained in the report of the Pan American Sanitary Bureau, I shall not go into the details. I merely wish to point out certain data which may be important.

The first spraying cycle will be completed on 15 October 1958, 15 days prior to the target date set in the schedule of operations. The entire "strategic barrier" bordering on Brazil has been covered, and coverage of the corresponding area along the Argentine border is now being completed.

By 31 August, 107,683 houses had been sprayed. Of the total of some 126,000 houses included in the plan, only 19,219 remained to be treated. However, the latest censuses have revealed an increase of some 9,000 houses over the number originally estimated.

The organization and execution of epidemiological and evaluation operations are continuing at an accelerated pace. By 31 August, 9,167 blood smears had been examined, 431 being positive. Not a single case of *Plasmodium falciparum* has been found since January.

Activities for the recruitment and training of collaborators are progressing well. As of 31 August, the campaign had 552 voluntary collaborators, aside from official reporters and private physicians. There are, in all, 745 sources of information.

The laboratories have been located strategically throughout the country and are working intensely on the examination of blood smears.

Epidemiological investigations in the Chaco and in some areas of the eastern region are being completed, and the final results will be reported in due course.

The campaign's administration has taken all necessary steps for vehicle maintenance. The only remaining problem is the relation between the strength and durability of the vehicles and the performance demanded of them in the field. A repair shop for the campaign vehicles will be completed by the end of this year with the cooperation of ICA. Spare parts are being received from UNICEF.

Funds are furnished regularly and the campaign has suffered no interruptions on that account.

In concluding, I should like to express my country's deepest appreciation for the valuable technical and financial cooperation and assistance received from the international organizations. First, of course, our thanks are due to the Pan American Sanitary Bureau: then to UNICEF, whose important financial contribution has made the campaign possible; and finally, to ICA, which has solved one of our serious problems, that of proper maintenance of the numerous vehicles we use, a service for which we needed a repair shop of our own.

I wish to reiterate the fact that without this international collaboration it would have been completely impossible to carry out this campaign. And this, perhaps, is the most eloquent proof of what can be achieved with international collaboration.

PRESIDENT: * The delegate of the United Kingdom has the floor.

*Report of the Delegate of the United Kingdom*

Dr. KELLETT (United Kingdom): The British Caribbean territories consist of widely scattered units of varying sizes. I should point out that since the last Conference, ten of the British Caribbean territories have formed themselves into The West Indies Federation, with temporary capital in Port-of-Spain, Trinidad. The population of these ten territories amounted to about 4,000,000 persons at the end of 1957, including British Guiana and British Honduras.

There is a diversity of creeds, races, and politics in the British Caribbean territories and all these factors make the problem of malaria eradication a complex one. The scattered territories have different vectors, the most important being *A. darlingi, A. aquasalis, A. albimanus, and A. bellator*. The various racial groups tend to influence the type of parasite found.

Practically all the territories have had some malaria control program in the past. In those where malaria has persisted the control programs have been converted to malaria eradication.

St. Vincent, St. Kitts, Montserrat, Barbados, and Antigua are malaria-free. In 1953 and 1955 single cases of malaria were reported from Antigua, but these were imported cases.

*British Guiana* had a malarious area of 83,000 square miles in which 480,000 people lived. In view of the fact that just over 90 per cent of the populace live on a coastal strip only 1,900 square miles in area, and that the vector *A. darlingi* is a domestic type in British Guiana, eradication in this sector has been achieved and residual spraying has been discontinued. Further inland, an area of 7,600 square miles with a population of 34,000 is sprayed regularly. The rest of the country, 74,500 square miles in area, has a very small population of 3,000 and residual sprayings have not been carried out there.

Areas in which eradication has been accomplished and those being sprayed have had a system of surveillance for some years. In 1957, two cases of malaria were reported from the malaria-free area, one *falciparum* and one *vivax*. One of these was an imported case; the origin of the other is unknown. One single *vivax* was found in the sprayed area. It is difficult to assess the malaria status of British Guiana. The coastal strip and adjoining land contain 99.4 per cent of the total populace. The remaining 0.6 per cent is scattered over 43,000 square miles, that is, one person to 24½ square miles. Is it economical to attempt eradication in this vast, sparsely-populated area? It is worth noting that British Guiana has common frontiers with Venezuela, Surinam, and equatorial Brazil. In the final analysis the answer must therefore be yes, for if malaria is to be permanently eradicated from the Americas, every focus of infection must be destroyed.

*British Honduras*. The conversion from control to eradication occurred at the beginning of 1957. Two cycles of residual spraying with dieldrin 50 per cent wettable powder have been completed and a third cycle commenced in July this year. Approximately 97 per cent of all houses were sprayed with about 0.6 grams per square meter;

the remaining 3 per cent are in the process of being treated.

Surveillance is being carried out. In 1957, areas shown as malaria-free had no cases of malaria. In the remaining areas, 2,132 blood slides were taken, of which 212 (10 per cent) proved positive. Fifty-seven per cent of those were *P. falciparum* infections, 25 per cent *P. vivax*, and the remaining 18 per cent *P. malariae*. Up to the end of June of this year 103 blood smears have been found positive. Their distribution is similar to the figures already quoted. This program is going satisfactorily.

*Grenada.* The malarious area covers 61½ square miles with a population of 26,500. Conversion from control to eradication started in February 1957. DDT, both in solution and in its wettable form, is being used. Two cycles of spraying have been completed and a third started in January this year. A surveillance system is in operation. A total of 3,043 blood smears were taken, of which 134 were found positive (4 per cent). These were all *P. falciparum*. In addition, over 8,000 house-to-house visits were made. Fever cases are treated with chloroquine and pyrimethamine.

*St. Lucia.* The malarious area was estimated at 201 square miles with a population of 68,000. Conversion commenced in July 1956; 12,800 houses were planned for spraying and 12,200 actually sprayed. DDT as a solution and wettable powder is being used.

Surveillance is in operation. In 1957, 3,219 blood smears were examined and only 19 found positive (0.6 per cent). Sixteen of the 19 slides were *P. falciparum* and 3 were *P. malariae*. Over 3,000 house-to-house visits were made; patients found with parasites were treated.

*Jamaica.* The malarious areas are estimated at 10,000 square miles with a population of 1,300,000. At the end of 1957, 60 per cent of this area was being sprayed regularly. Conversion to the eradication program started this year in January; it is planned to spray 140,000 houses yearly. DDT technical powder as a solution was used in 1957, but it is planned to use dieldrin emulsion concentrate during 1958.

A surveillance service is in operation. Nearly 9,000 blood smears were examined in 1957, of which 265 were found positive (3 per cent). One *vivax* and 13 *malariae* infections were found; the remaining 251 were *falciparum*. Eight thousand house-to-house visits were made in 1957 and this accounted for 200 (80 per cent) of the positive slides. This program is running to schedule.

*Trinidad and Tobago.* In Trinidad the malarious area was estimated at 1,864 square miles with a population now of about 720,000.

Conversion was to begin in January this year, but began in the *A. bellator* areas in June 1957. In 1957, 103,000 houses were sprayed once and 5,000 houses twice. Briefly the position is this. Malaria is transmitted in the coastal areas by *A. aquasalis* and in the northeastern quarter of the island by *A. bellator*, and *A. homunculus* plays a supporting role. There are areas where both *A. aquasalis* and *A. bellator* transmit at the same time. The *Kerteszia* species are completely arboreal in Trinidad, breeding in the axes of bromeliads. They are outdoor feeders and continuous searches have shown that only in very isolated cases do they enter houses. Biting, however, may occur on the verandas of houses. The *modus operandi* for many years has been the spraying of bromeliads with copper sulfate (0.5 per cent) solution which destroys these epiphytes. This method, although laborious and slow, has proved extremely effective.

After numerous consultations with WHO and PASB experts it was agreed that malaria eradication would commence this year by:

(1) Spraying of the *A. aquasalis* areas once a year with dieldrin at the rate of 0.6 grams per square meter, and the *A. bellator* areas twice a year at 0.5 grams per square meter. All verandas and the outside of houses are to be sprayed as well in the *A. bellator* areas.
(2) The institution of mass drug treatment.
(3) The continuation of bromeliad spraying.

This plan would operate for a year and the whole position would be re-evaluated. I might say at this stage that we have always felt that the spraying of bromeliads, although slow, was a better answer than the problematic effects of dieldrin and drugs. Nevertheless, we have accepted the advice of the experts and carried out our side of the agreement.

Surveillance was commenced in June last year and from about half a dozen evaluators this staff has grown to over 30 in Trinidad and 10 in Tobago.

In 1957, 13,000 blood smears were examined, of which 747 were found positive. About 85 per cent of these were *P. falciparum,* and the rest *P. vivax.* Six-hundred and eighty-five slides were taken from areas regarded as malaria-free and all were negative. Nearly 10,000 house visits were made.

The evaluators are concentrated at the moment mainly in the *A. bellator* areas. Since the beginning of this year, 40,000 blood smears have been taken, of which 435 have been found positive. Normally, July and August are months of maximum transmission, and the figures for this year so far show a maximum in June with a fall in July and August. It would appear that the concentrated efforts in the *A. bellator* area have prevented the normal peak from occurring at that time of the year. It is also significant that bromeliad spraying commenced in a particularly endemic area about the beginning of June.

After two sprayings of dieldrin in the *A. bellator* areas and two thirds of the *A. aquasalis* area, what is the present position?

(1) There are strong indications that dieldrin may not be as efficient as DDT against *A. aquasalis.*

(2) *A. bellator* has been confirmed as an outdoor feeder.

(3) Bromeliad spraying causes a dramatic fall in *A. bellator* densities.

(4) The administration of drugs in localized areas has had a beneficial effect.

It is regretted that certain reports have been made regarding the malaria position in Trinidad. Some of these are not only misleading but erroneous; that is, it has been stated that "*A. bellator* frequently enters houses." There has been one occasion, or perhaps two, on which this has occurred, but more than hundreds of observations show this to be a chance occurrence.

It has also been said that "but for the spraying of dieldrin, a severe epidemic of malaria would have occurred in northeast Trinidad." There is not the slightest basis for this statement.

At a recent meeting in Trinidad of some of the malaria chiefs, the Government malariologist had occasion to point out the error of similar statements. I wish to reiterate that all statements of this nature should be based on a sufficient number of observations and be put to statistical tests.

The comments made on the effects of dieldrin on *A. aquasalis* are based on the Busvine-Nash technique and wall tests. The situation is being carefully watched.

Malaria eradication in *A. aquasalis* areas will succeed provided an efficient insecticide is used and all cases of malaria are treated efficiently. The problem of *A. bellator* malaria has not an easy solution. The spraying of bromeliads, the use of drugs, and residual spraying will solve the problem.

All three efforts may be needed, and at this state there should be no diminution whatsoever of the program of bromeliad spraying. The other two methods will certainly hold transmission down, and as the total acreage of cocoa in the frank *Kerteszia* area can be dealt with in a relatively short period of time, say five years, if a sufficiency of equipment is available, the prospects of complete malaria eradication in Trinidad are much more rosy than would appear from a mere cursory examination of the problem.

To repeat, therefore, the following territories are now completely free of malaria: the coastlands of British Guiana, Tobago, St. Vincent, St. Kitts, Montserrat, Barbados, and Antigua.

PRESIDENT: * The delegate of the Kingdom of the Netherlands is recognized.

*Report of the Delegate of the Kingdom of the Netherlands—Surinam*

Dr. VAN DER KUYP (Kingdom of the Netherlands—Surinam): Surinam, previously called Dutch Guiana, is situated in the wet tropics on the northeastern coast of the South American Continent, between French and British Guiana.

Its area is estimated at about 143,000 km². It is nearly five times as large as the Netherlands, but most of its area is uninhabited, dense virgin jungle.

The population is about 270,000 and is composed of mulattoes, Negroes, Hindustani, Indonesians, Bush Negroes, Amerindians, Chinese, Europeans, and others.

For malaria epidemiological purposes, Surinam may be divided as follows:

*The coastal zone.* The number of new cases of malaria in this zone as reported by the district physicians was 13,788 in 1931; 7,034 in 1941; 1,013 in 1951; 769 in 1953; and 288 in 1957. This means that malaria is disappearing gradually in the coastal zone. This zone may be further subdivided into:

(1) The capital city of Paramaribo, which is free from malaria. About 37 per cent of the population live here.

(2) The western districts of Nickerie and Coronie. These are also malaria-free, although *Anopheles aquasalis* abounds there. About 7 per cent of the population reside in these districts.

(3) The remaining rural coastal agricultural area, which holds about 40 per cent of the population. Malaria prevails here mainly in benign forms at a very low rate. *A. aquasalis* is the responsible vector.

*The savanna zone,* south of the coastal zone, subdivided into:

(1) The Para settlements south of the capital city, which are free of malaria. The main airport is situated in this region.

(2) The area in and around the Moengo bauxite plant, which is kept free from malaria by periodic residual house-spraying.

(3) The remaining savanna areas where *Plasmodium falciparum* malaria is hyperendemic in the Amerindians, owing to the presence of *Anopheles darlingi.*

*The interior zone,* south of the savanna zone, subdivided into:

(1) The interior where the Bush Negroes live. In this part of the country, where *Anopheles darlingi* is prevalent, malaria is holo-endemic. While showing a tolerance to *Plasmodium falciparum,* the adult Bush Negroes preserve this parasite and therefore seriously endanger other people. A survey in the beginning of 1958 revealed a parasite rate of 61 per cent in 347 school children, 6-14 years old. Eighty-nine per cent of the positive smears showed *P. falciparum.*

(2) The hinterland where Amerindians live. Malaria is hyperendemic in children as well as in adults. *Anopheles darlingi* is the responsible vector.

The development of malaria control in Surinam may be divided into seven stages: (1) from the beginning of this century, when mosquito bed-nets and house-screens were taken into use on a larger scale than before; (2) prior to World War II, when the treatment of malaria cases was confined to the use of quinine, plasmoquine, and atabrine; (3) from World War II, when the modern antimalarial drugs were taken into use; (4) from 1949, when the Insect Control Service instituted residual-DDT house spraying; (5) from 1953, when with the aid of UNICEF and the Pan American Sanitary Bureau the insect control program was converted into expanded insect control and *Aëdes aegypti* eradication; (6) from 1957, when with the aid of UNICEF, the Pan American Sanitary Bureau, and the Planning Bureau, the expanded insect control and *Aëdes aegypti* eradication program was converted to malaria eradication; (7) from 1958, when total-coverage spraying of the malaria eradication program started.

The full-scale malaria eradication program was originally planned to start as of 1 January 1957. On fuller consideration, however, it was felt that additional training of key personnel and a complete remapping of the country would be desirable.

The chief of the campaign and the chiefs of spraying and evaluation operations were trained under PASB/WHO fellowships. All other staff were trained locally in courses completed in the early months of 1958.

Through the cooperation of the Government Surveyor's Office, aerial photographic maps of the malarious area were prepared. Over the period from November 1957 to April 1958, ground reconnaissance teams numbered 32,722 rural houses in the coastal zone and completed details of these basic maps. On the basis of this reconnaissance, the houses to be sprayed are now estimated at 34,900 in the coastal and savanna zones, and 4,150 in the interior zone. In the savanna and interior zones, where houses are relatively scattered and difficult of access, the final figure of houses to be sprayed will not be confirmed until completion of the first spraying cycle.

The total-coverage spraying commenced in the coastal and savanna zones on 5 May 1958, using DDT in two cycles of spraying annually. In the interior zone, where dieldrin is being used in annual spraying cycles, the spraying was started on 7 July 1958.

Antimalarial drugs will be given to all persons encountered in the savanna and interior zones.

There are six evaluation technicians operating in the field and an additional three are planned for 1959. The services of 23 district medical posts, 8 hospitals, and about 100 voluntary collaborators at information posts will be used for collection of blood smears from fever cases. Antimalarial drugs will be given to all fever cases. During the first

cycle of spraying, the evaluators will take blood smears in all localities. The results of the blood examinations will provide pre-eradication base data.

So far, 14,163 houses have been sprayed, 4,108 blood smears taken, and 19,301 persons treated (1 September 1958).

Provision is made by the Surinam Government for personnel costs, supplies, equipment, transport operation and maintenance, office space, laboratory, storage facilities, etc.

A full-time malariologist and a public health sanitarian are resident in Surinam as WHO advisers to the program. A WHO malariologist and a WHO sanitary engineer visit Surinam regularly. Fellowships, antimalarial drugs, and protective clothing for workers using dieldrin are being provided by PASB/WHO. UNICEF provides insecticides, vehicles and spares, spraying and laboratory equipment, freight, etc.

The following funds (U.S.$) have been budgeted for the program in 1958: Surinam Government, 129,475; Pan American Sanitary Bureau and Special Malaria Fund, 35,232; UNICEF, 22,300.

PRESIDENT: * The delegate of Haiti is recognized.

*Report of the Delegate of Haiti*

Dr. NICOLAS (Haiti): * Dr. Alvarado, in the excellent account he gave this morning, mentioned the fact that the malaria eradication campaign has also been initiated in Haiti. It was inaugurated on 1 September, and the population has received it with enthusiasm. We hope to be able to report soon on these activities. On this occasion we wish to express our appreciation to the World Health Organization, the Pan American Sanitary Bureau, UNICEF, and to the Member States that have helped us launch this campaign, which is extremely important to the country.

PRESIDENT: * The delegate of the United States has the floor.

*Report of the Delegate of the United States*

Dr. WILLIAMS (United States): Our report will be very brief. I should just like to say that the malaria situation in the United States is essentially the same as it has been for the last few years. Perhaps there have been a small number of cases of malaria that cannot be traced to imported sources from malarious areas. The total number is considered more or less negligible, and we still consider that malaria has been eradicated from the United States. However, I should like to congratulate Dr. da Silva and Dr. Alvarado on the preparation of what our delegation considers to be really quite an outstanding report. There is a great deal of extremely valuable information in this report on malaria eradication, and it will be very useful to us, both in informing our people of the progress of this campaign and in making the necessary reports to our Congress, which of course is extremely interested in supporting the campaign. There is a great deal of public interest in this malaria eradication campaign in the United States, and this report would be of great value to us in maintaining it.

PRESIDENT: * The delegate of Guatemala is recognized.

*Report of the Delegate of Guatemala*

Dr. PADILLA (Guatemala): * I shall point out only a few facts concerning the report on malaria. In October 1954 the XIV Pan American Sanitary Conference recommended that the American countries convert their control programs into malaria eradication programs as rapidly as possible. Guatemala was one of the first countries to comply with that recommendation. In February 1955 it created the Malaria Division, which later, under Congressional Decree-Law 1080, became the National Malaria Eradication Service, operating directly under the Ministry of Public Health.

The malaria problem in our country may be summarized as follows: the malarious area covers 80,360 km$^2$, or about 74 per cent of the country's total area; the population at risk totals approximately 1,650,000 persons. The malarious area has 17 inhabitants per km$^2$; the non-malarious area has 70. According to the most recent estimates some 200,000 cases occur per year, and official statistics show malaria to be the second cause of death in Guatemala.

Of the country's 22 departments, 20 are included in the malarious area. Only the Departments of Totonicapán and Suchitepéquez are non-malarious. From studies made, it can be estimated that malaria causes Guatemala a loss in production amounting to 100,000,000 quetzals annually.

Agricultural production, which has averaged 125,000,000 quetzals in recent years, could easily be raised to almost double that figure in a few years once malaria eradication has been completed.

A major consideration in the present situation is the change in insecticides. Like the Republic of El Salvador and other countries, Guatemala, through its own personnel and PASB/WHO staff, is confirming resistance to dieldrin. WHO teams are being used for testing the susceptibility of the vector to insecticides. Results of the first tests show that *A. albimanus,* the principal vector in Guatemala, is demonstrating marked resistance to dieldrin. Susceptibility to DDT is perfectly normal. We have continued the tests in the Department of Petén and in the basins of the Chermai and Polochic Rivers in the Department of Alta Verapaz. This state of emergency calls for an immediate change in insecticides and a readjustment in the plan of operations, to appear as an amendment to the tripartite plan. The situation is alarming and measures must be taken to assure the continued progress of the malaria eradication campaign in Guatemala.

I do not wish to close without expressing our recognition of the patient, long, and unrelenting work of Dr. Soper, who is, for me, the champion of health in the Americas. Our thanks go also to PASB, WHO, and UNICEF, and to the Government of the United States, which has made available considerable financial and scientific resources to the cause of health and well-being in the Continent and the entire world.

PRESIDENT: * I apologize to the delegate of Chile for not having offered him the floor earlier. I failed to do so when it was his turn by order of precedence, because I was not aware that he wished to participate in the debate. The delegate of Chile is recognized.

*Report of the Delegate of Chile*

Dr. HORWITZ (Chile): * Thank you, Mr. President. I shall be very brief. No cases of indigenous malaria have been registered in our country since 1944. Consequently, the antimalaria campaign was converted in 1946 into an anti-anopheles campaign, and beginning in 1953, with the adult mosquito already under control, the program was limited to maintaining vigilance over watercourses to prevent the appearance of larval foci. Unfortunately, since the middle of last year we have noted the vector's reappearance to an increasing degree in the Yuta and Azapa Valleys in the Arica region. As a result the health centers, particularly that in Arica, have been obliged to again intensify the campaign in order to eliminate the vector. That is the present situation in our country.

Our delegation wishes once again, as it did in Guatemala, to reiterate our purpose of collaborating in this continent-wide campaign for the eradication of malaria, for we recognize the extraordinary scope and importance of the problem. It is a problem that merits all the attention and priority that the Member Governments are giving to it, as reflected in the reports we have heard.

What has been done and, above all, what remains to be done—a task made more difficult by the obstacle of resistance that nature has set in the way—justifies our doubling, if possible, the efforts expended so far to achieve eradication of malaria from the Hemisphere at the earliest possible date.

PRESIDENT: * The delegate of Panama is recognized.

*Report of the Delegate of Panama*

Dr. BISSOT (Panama): * The Bureau's report on the status of malaria eradication in the Americas is very thorough and very interesting. I therefore wish to extend my heartfelt congratulations to Dr. Alvarado and to Mr. Davée on their excellent presentations at this morning's session.

With respect to my country, I wish to state that Panama has joined the nations that have carried out the terms of the resolution of the XIV Pan American Sanitary Conference, aimed at eradicating malaria from the Hemisphere. In 1956, my country drew up the eradication plan which served as the basis for the tripartite agreement entered into with PASB/WHO and UNICEF. During the period mid-1956 to mid-1957 the former control campaign was converted to the present eradication program.

The first total-coverage operations, consisting of house-spraying with dieldrin, were begun on 19 August 1957 after the malarious area had been delineated (92 per cent of the country's total area, or 68,497 km$^2$, containing 96 per cent of the popu-

lation) and once the geographic reconnaissance was completed and most of the personnel-training and administrative problems were solved. This operation was completed in mid-August 1958; a total of 156,614 houses in 7,947 localities were sprayed. The only dwellings left unsprayed were in jungle regions inhabited by native Indians, whose hostility prevented the work from being carried out in about 600 houses.

After certain basic administrative problems had been solved, and after a brief period of retraining of field personnel, the second coverage cycle was begun on 25 August 1958, with the aim of spraying 160,000 houses, calculated on the basis of population growth.

The Epidemiological Evaluation Section was organized at the start of the campaign, and its planned activities took into account all aspects of the work. The Section has a parasitology laboratory, an entomology laboratory, and a reporting service. These functions, as well as those related to the implementation of the drug plan, continue to receive constant attention.

Data obtained on malaria morbidity indicate that approximately 67,000 parasitological tests were made in the country in 1957, of which 7,550 (11 per cent) were positive for malaria. Of these, 64 per cent (4,796 cases) were due to *P. vivax,* 33 per cent (2,565 cases) to *P. falciparum,* 1 per cent (61 cases) to *P. malariae,* and 2 per cent (128 cases) to mixed forms.

Statistical data for the period January to July 1958 are as follows: examinations made, 45,229; positive samples, 4,382 (9 per cent). Of the positive cases, 3,137 were due to *P. vivax* (71 per cent), 1,133 to *P. falciparum* (26 per cent), 65 to *P. malariae* (1.5 per cent), and 47 (1.1 per cent) to mixed forms.

Reporting has improved this year as a result of a better understanding with the medical services and better community collaboration. That cooperation has made possible the recruitment of voluntary collaborators, whose help is very valuable for blood sampling of all suspect cases and for the distribution of drugs. Through their work, more than 900 collaborators, the large majority of whom are schoolteachers, are contributing to the improvement of the reporting system. In August they sent more than 5,000 blood samples to the central NMES laboratory. Other sources of reports include, in addition to 20 NMES evaluators, 43 official medical services and 14 hospitals and private laboratories.

Special attention has been given to spraying and evaluation operations in the areas bordering on Costa Rica and Colombia. During the first year of coverage, 209 localities were sprayed in the area adjoining Costa Rica; these are included in the total given above. Also, six NMES evaluators were assigned to the region to make systematic and frequent searches for febrile and nonfebrile cases for the purpose of taking blood samples for parasitological tests.

Moreover, senior officers of the NMES of Costa Rica and Panama have held two border meetings to coordinate eradication activities along the frontier of the two countries.

The financing of the malaria eradication program required an increase in the budgetary allotments for 1957, aside from UNICEF's generous contribution of supplies.

Net expenditures for the first year's operations were as follows: contribution of the National Government, $456,052; UNICEF's contribution (vehicles, insecticides, laboratory equipment, etc.), $130,827.05. To this must be added PASB/WHO's contribution of antimalarial drugs (about $8,000), protective equipment for spraymen (about $3,000), and services of technical personnel.

Executive Decree No. 769 of 24 August 1956 established the standards and regulations for the malaria eradication campaign in Panama. Thanks to that legislation, we have had unlimited assistance from the national and municipal authorities in support of every activity related to eradication.

The technical assistance given by the Pan American Sanitary Bureau from the beginning has been very valuable. The personnel assigned by that agency to Panama for eradication work is doing a splendid job. Also, the assistance furnished by UNICEF in the form of supplies and equipment has played a part of primary importance in the success of this program. Without it, the campaign could not have been implemented.

Two amendments have been introduced recently in the agreement between Panama and those two organizations. The first refers to the development of a plan for administration of drugs which have been furnished by PASB/WHO (chloroquine, primaquine, and pyrimethamine). The second refers to the establishment of a transport sec-

tion, UNICEF being responsible for the delivery of tools and various implements.

In addition, and thanks to the cooperation of the Pan American Sanitary Bureau and of the Governments of Mexico, Venezuela, and Guatemala, it has been possible to train a large part of the national personnel.

In closing, I wish to state my own concern over the fears expressed here by some of the delegates regarding the use of dieldrin in malaria eradication campaigns.

PRESIDENT: * The delegate of Nicaragua is recognized.

*Report of the Delegate of Nicaragua*

Dr. SÁNCHEZ VIGIL (Nicaragua): * I have, in fact, little to add to the excellent report presented by Dr. Alvarado.

My country was perhaps one of the first to make use of DDT. It employed this insecticide very successfully from 1949 to 1951, with the result that our harvests of grain, cereal, and coffee crops were made regularly.

When yellow fever activities were begun, malaria operations were interrupted for a time, but the seventh, eighth, ninth, and tenth cycles were renewed in March 1954. We carried out these coverage operations not for malaria eradication but for control purposes. Recently, we undertook the task of malaria eradication under the terms of a special agreement. The major problem, however, has been administrative. Budgetary procedures are not very flexible and in order to overcome the difficulties resulting from them, the entire Ministry of Public Health was reorganized this year. Under the new system, the funds received by the division which we call Special Public Health Projects are not incorporated with other budget resources, but are deposited in the bank for use in these special campaigns.

In this way, I believe that the problems can easily be overcome. And not only are we ready for the continent-wide assault on malaria, but this procedure is applicable also to any other continent-wide campaigns, such as those against polio, rabies, etc.

This legislative procedure, which has been approved by our Congress and enjoys full rights and privileges, is one that might well be put in practice in other countries, since it greatly facilitates the administrative work. Malaria eradication programs, and even antirabies activities, require speed of action; for however well the operations are planned, interruptions or delays in the work can have serious consequences.

Finally, I should like to join in congratulating our Director, Dr. Soper, as well as Dr. Alvarado and all the Bureau's outstanding personnel who are working in malaria. I express also my sincere thanks to UNICEF and to all the organizations that have taken an interest in our problems.

PRESIDENT: * The delegate of France has the floor.

*Report of the Delegate of France*

Dr. OLLÉ (France): * All the facts and figures relating to the French Departments in the Americas are contained in the Director's report. On this occasion, however, I wish to mention some points of special interest.

In Guadeloupe the incidence of malaria has decreased constantly since 1950, as have the anopheles indices, to the point where mass chemoprophylaxis measures have been abandoned. As in Martinique, the antimalaria campaign has been combined with the anti-*aegypti* campaign. It can be said that this campaign benefits from the fact that there is a general campaign, and that we have the services of a WHO expert. This expert has available whatever supplies and equipment he requires and he therefore works under the best conditions. In this way, the work has progressed from year to year. In order not to tire you with too much detail, I shall cite only two figures here.

In 1956 we treated 8,500 houses, and in 1957 more than 32,000. The results were as expected. In 1955, 12 cases of malaria were recorded in Guadeloupe, and in 1956, none. Nevertheless, we must wait some time before we can be certain that eradication has been achieved. In fact, we did have one case in 1957, and consequently we cannot speak in terms of complete eradication. But in any event, the situation in this Department is very satisfactory.

The situation in French Guiana is less satisfactory, for of the three French Departments in the Americas, this one has always been the most affected by malaria. But as I stated last year, from an average of about 800 cases annually in 1946, 1947, and 1948, the number dropped to 57 in 1954,

59 in 1955, 29 in 1956, and 15 in 1957. It is significant to note that of the latter 15 cases, 7 were imported, and we therefore consider the results to be quite good. Sprayings have increased since 1949 and, as everyone knows, we are dealing here with a very difficult area. Nonetheless, we have succeeded in reducing malaria cases from 800 in 1946, 1947, and 1948 to 8 last year.

With regard to Martinique, I shall merely recall what was stated last year, namely, that malaria eradication should be regarded as an accomplished fact, for no cases of indigenous malaria have occurred there since 1952. However, we continued our activities in 1954, 1955, and 1956, after which the situation improved to the point where we relaxed our efforts and in 1957 we entered the surveillance stage, which is continuing at present. We carried out antilarval work as well as operations with insecticides. What is of special interest is that not only do we believe that we have eradicated malaria, but also we have come near to eradicating the anopheles mosquito. The following figures can be cited: in 1956 in 1,441 searches we found five anopheles; in 1957 we made 1,736 searches and found one anopheles. Therefore, although we cannot claim to have eradicated the anopheles completely, we can say that we have eradicated malaria.

I should like to add, at this point, some details that do not appear in the Director's report. As an outcome of conversations held with officers of the Pan American Sanitary Bureau, I have attempted this year to make the positive test of this eradication. The negative test is given by the fact that we have no reports to indicate that there are still any malaria cases. What we must do is to verify that such cases do not exist. Therefore, I have initiated a process for evaluating the former campaigns, and this year the work extended over a period of three months, from 13 January to 12 April.

For this work we selected several different types of places. First, we selected two hospitals, one with 400 beds and the other with 170. During the three months of evaluation, blood samples were taken systematically from all patients in these hospitals—not only from fever patients but from each and every patient admitted, whether febrile or not. There, in the endemo-epidemic area, we examined 544 cases in one, and 342 in the other hospital, as well as 37 cases from other sources, making a total of 923 hospitalized cases. Secondly, we selected an elementary school in the principal commune of an infested area, knowing that, since malaria affects children particularly, it was more probable that cases would be found in such a school. A total of 765 pupils were examined. Thirdly, we systematically took blood samples of the entire population of a small village (205 inhabitants), from the youngest to the oldest.

All these tests were made and were examined personally by the Director of the Pasteur Institute. None of the samples were entrusted to anyone but specially qualified persons and we are therefore absolutely certain of our results. To summarize: 923 hospitalized cases and 970 non-hospitalized cases, making a total of 1,893 examined, none of which were found positive. These data were not included in this year's report because I thought it best to continue the study in the same region, in a school in another village and perhaps in two or three large districts in an urban center, so as to be able to present definite proof of malaria eradication.

PRESIDENT: * The delegate of Honduras is recognized.

*Report of the Delegate of Honduras*

Dr. ZEPEDA (Honduras): * Mr. President, the delegation of Honduras wishes first to congratulate Dr. Soper and Dr. Alvarado on the excellent report on the status of malaria eradication in the Americas. I shall refer at this time to certain aspects of the campaign in Honduras.

The malarious area of Honduras covers 87,383 km$^2$, or about 78 per cent of the country's total area. In the malarious area there are 213,651 houses, distributed in 6,570 localities, with approximately 1,282,000 inhabitants.

The National Malaria Eradication Service has four departments: Evaluation, Spraying Operations, Administration, and Vehicle Control and Maintenance. Coverage operations in the malarious area were initiated on 21 January 1958 and it is gratifying to be able to report that during the first seven months of these activities, up to 21 August, 172,631 houses were sprayed, representing 80.8 per cent of the total number in the area.

We have made preparations to spray the entire malarious area in less than one year (nine months) so as to complete this operation before the period of highest malaria incidence in our

country. This is our plan, and for next year we propose to shorten the period to six months, if possible, before the arrival of the season of high incidence. However, as you have heard, certain problems have arisen in connection with the resistance of anopheles to dieldrin (which is the insecticide we use) in the neighboring countries of El Salvador and Guatemala. For that reason, I cannot affirm that we shall be able to carry out this work as planned until a detailed examination is made to determine whether or not there is resistance to the insecticide.

The Evaluation Department has organized a network of voluntary collaborators. In addition to the cooperation of the medico-public health services in the country, the help of these volunteers has been very valuable. We have come to the conclusion that approximately 70 per cent of the blood samples sent to the central and the regional laboratories are submitted by these voluntary collaborators. As far as these workers are concerned, the evaluators simply give them training and supervise their work.

I also wish to mention that in April-May 1958 a Workshop on Vehicle Management and Maintenance in Malaria Eradication was held in Tegucigalpa, with participants attending from many countries of the Caribbean area.

In addition, a Seminar on Administrative Methods and Practices in Malaria Eradication will be held in Tegucigalpa at the end of October. This seminar, sponsored by the Pan American Sanitary Bureau, will again bring together representatives of the countries of the Caribbean area.

In conclusion, and on behalf of my Government, I wish to express our thanks to the various organizations like WHO, PASB, UNICEF, and ICA, which have rendered such valuable assistance to the malaria eradication campaign, and to the Governments of Venezuela and Mexico, for their constant assistance in the training of our personnel.

PRESIDENT: * The delegate of El Salvador is recognized.

*Report of the Delegate of El Salvador*

Dr. AGUILAR (El Salvador): * As you know, El Salvador is a small country of 20,000 km², of which 19,000 km² are regarded as malarious.

Total coverage was begun in July 1956 and three cycles have been completed to date. The budget, which was 640,000 colons in 1954, totalled 1,250,000 colons in 1957.

I shall not refer to the routine activities of the antimalaria campaign because you all know about them, but I should like to mention certain facts taught to us by experience.

First, because of the population's habit of covering walls with calendars, religious figures, and decorative prints—which provide additional resting places for the mosquito—and also because of the growing number of new houses in the rural zones, amounting to about 3 per cent of the total, it was decided that after a squad finishes its spraying work one special sprayman should be left behind to do additional spraying in houses with such wall hangings, new houses, or freshly-painted houses.

In 1949, after learning that in Venezuela drugs were distributed through persons known as "voluntary distributors," we instituted the same practice in my country, inasmuch as medical care services were lacking in the entire rural zone of the malarious area. For some reason unknown to me this program was suspended, but it was resumed in 1955 and the persons participating in it were called voluntary collaborators. After being selected, these voluntary collaborators are trained to take blood samples from all fever patients, to administer drugs, and to submit their reports.

Through the regional directors, an attempt has been made to enlist the cooperation of all staff of the local services in the activities of the antimalaria campaign. Thus, all physicians, nurses, inspectors, and laboratory workers are made to realize that the program is a national one and that they have a part to play in it, for it is they who will have to investigate malaria cases in the future.

El Salvador has a good reporting network operating through 14 hospitals, 65 local services, physicians, and 460 voluntary collaborators. This network was responsible for calling attention in 1957 to a high incidence of *P. falciparum* malaria in zones that had been sprayed with dieldrin during the second cycle. At first it was thought that spraying was not being done correctly, but after it was found that the spraying had been carried out properly, it was necessary to seek assistance from the PASB experts, who discovered that *A. albimanus* is resistant to dieldrin in the entire Pacific coastal zone. That zone is planted with cotton and has been under insecticide treatment

by airplanes, using aldrin, dieldrin, and BHC. Paradoxically, the cotton planters always told us that it was they who were eliminating malaria.

To complete the investigation, captures have been made in the other areas where dieldrin was applied and where no sprayings have been applied by airplane, that is, the region bordering on Guatemala and Honduras. Unfortunately, it was shown that there, too, *A. albimanus* was resistant to dieldrin.

We believe that this discovery, made through our reporting network, might be useful to the other countries and to the international agencies. This appears to be the first proven case of resistance to dieldrin in Latin America, and this should be a warning to all the countries. I particularly believe that we should consider the reporting aspects, because without this we could never know what is happening to fever cases.

In view of this situation the Government has granted a subsidy of $35,000 to increase the squads and begin spraying operations with DDT in areas where dieldrin is used. Moreover, in the coastal zones, where more malaria cases have been reported, parasitological surveys of the entire population are being made, through nurses and sanitary inspectors.

The first of these surveys was completed a month ago in the municipality of La Libertad. Fifty-six hundred persons were investigated and 2 per cent of them were found to have malaria. All patients are being treated with pyrimethamine and primaquine. Treatment with primaquine is controlled by the nurse and the sanitary inspector, who are supervised by the director of the local service, who in turn reports to the Antimalaria Division. At present, another survey is being made in the municipality of Acajutla, through personnel of the Sonsonate Health Center.

In closing, I wish to express the warmest thanks to the Pan American Sanitary Bureau, WHO, and UNICEF for their assistance in the antimalaria campaign and for their special interest in our present emergency.

PRESIDENT: * The delegate of Argentina is recognized.

*Report of the Delegate of Argentina*

Dr. OUSSET (Argentina): * First, and at the express wish of the chief of our delegation, I wish to extend our congratulations on the excellent report presented by the Director of the Pan American Sanitary Bureau and by Dr. Alvarado, who heads the malaria eradication program in the Hemisphere.

I believe that a brief explanation of our situation should be made, to explain why the Republic of Argentina has not, in all these years, succeeded in totally interrupting transmission or in completing the eradication program in the country. It may be regarded as an example of something that certainly will not be repeated in Argentina and possibly will not occur in the rest of the countries.

As in the case of other countries that presented their reports, the malaria control campaign was started in 1947 with the use of residual-action insecticides. Subsequently, in 1950, total coverage was reached in the endemic area of 120,000 km², with the aim of eradication already in mind. However, on the basis of the excellent results achieved, the National Ministry of Public Health converted the Malaria Department into a General Services Department that was assigned responsibility for general health problems—hospitals, nursing, maternal and child health, tuberculosis, malaria, etc. —with the serious consequence that the malaria service was gradually reduced and suffered a considerable loss in personnel, equipment, installations, vehicles, etc.

In 1955, the country experienced a political upheaval at the very moment when it had been decided to go back and reorganize what is today known as the Department of Malaria and Yellow Fever. Up to now, and despite all our efforts, this recovery has not been total, although there has been no letup in our determination. We have continued to work so intensely that, as stated in the Pan American Sanitary Bureau's report, our program is among those in the advanced stages. In fact, out of 9 provinces that were under regular and cyclical treatment with residual-action spraying, these operations have been suspended in 7, which are now in the surveillance phase, and malaria is considered to have been eradicated from 4 of them. Thus, spraying activities have been suspended in 49,600 km² out of the 120,000 km² comprising the endemic area; malaria is considered to have been eradicated from 26,600 km² and transmission interrupted in 23,000. Some 70,800

km² still remain, but within this large area there are already numerous localities that show no indigenous cases of malaria. Operations are continuing systematically, since it cannot be considered that the work in this area has been completed in the sense of having succeeded in interrupting transmission.

As is to be assumed, Argentina's Division of Malaria and Yellow Fever has at all times adjusted itself to the technical standards laid down by the Pan American Sanitary Bureau. It has made a point of participating in all the meetings convoked by the Bureau in order to conform to the recommended methods and techniques.

I wish to conclude by stating that my Government is firmly determined to complete this program, in view of the dangers we face from the anopheles mosquito, and to carry through with the work that has been under way for the past 11 years. I can report that the Government intends to increase the appropriations for this program, and thus an estimated 130,000,000 pesos would be invested in a four-year plan.

In the program being developed by the Malaria and Yellow Fever Department, it has been decided to incorporate the epidemic zone, an area covering some 150,000 km². To explain this fact, we should state the reason why this area has not undergone regular and cyclical treatment. It is an area which includes the Provinces of Formosa, Chaco, and Corrientes, on the rainy northeastern coast, where the epidemic outbreaks occur in cycles of approximately eight to eleven years, with an extraordinary variation as regards both localities affected and number of cases.

The Republic of Argentina cannot carry through, with its own financial resources, this plan to accelerate and expand the work. Therefore, as was indicated this morning by Mr. Davée, Argentina has made an official request for collaboration from UNICEF and from the Pan American Sanitary Bureau, which has recently sent experts to cooperate in the development of the plan.

Before concluding, I should like to express our profound thanks to PASB for the facilities made available for the training of our technical staff. Likewise, I wish to thank Venezuela and Mexico for their recent assistance in training our personnel, as well as the Government of Brazil, which has received our technicians for training in entomology.

PRESIDENT: * On behalf of the Pan American Sanitary Bureau, Dr. Alvarado will now comment on the reports presented.

Dr. ALVARADO (Chief, Malaria Eradication Office, PASB): * I believe that only a technical question asked by the delegate of Ecuador remains to be answered. He has asked our opinion as to the advantage of continuing to use dieldrin, and the possibilities that resistance to this insecticide may appear elsewhere.

Studies made in various parts of the world have shown that the phenomenon of resistance is a complex matter and is related to a number of different factors. The first of these concerns the mosquito itself. Every species, and specifically every species of anophelines, has its own special behavior in reaction to insecticides. Thus it was noticed that when dieldrin was used there were certain species, like *Anopheles gambiae,* which showed signs of resistance from the start, from the first spraying. In other words, speaking genetically, in the normal anopheline population there are, permanently, certain individuals that already have in their genetic mosaic a gene that enables them, as individuals, to survive the insecticide.

Not all species of anopheles have this genetic structure. There are many that do not have this gene permanently in their genetic mosaic, and this possibility may occur only as the result of a mutation, a well-known phenomenon in genetics. That is what appears to have happened in the case of *A. albimanus.* According to known laws of statistics and of probability, when this phenomenon appears in one locality there are many possibilities that it will occur in others. Resistance, then, spreads in this manner. It does not result from an invasion by the resistant strain; rather, this phenomenon begins to appear simultaneously, and at times explosively, in different places. It is nevertheless impossible to predict that this situation may arise anywhere or everywhere. For instance, we have no word that resistance of *A. albimanus* to dieldrin has been clearly confirmed in Venezuela, where this insecticide has been used intensively for many years. It may also be that such is not the case in Ecuador.

The other factor is related to the insecticide. For reasons yet unknown, dieldrin, to offset its excellent toxic powers, has an indisputably greater tendency to develop the possibilities of resistance

in the insect vectors. What happens with dieldrin is similar to what happens with an exceptionally valuable antimalarial drug used in the chemotherapy of malaria. That drug is pyrimethamine, which is well-known for the relative facility with which it produces resistance in plasmodia, as compared with the 4-aminoquinolines, chloroquine, or camoquin, with which at no time and in no place has resistance in plasmodia been found.

Fortunately, as regards the future and the possibilities of counteracting this phenomenon, it has been observed that resistance to dieldrin is not accompanied by a corresponding resistance to DDT, and that for a certain length of time, perhaps the time required to complete the eradication work, it is possible in cases where dieldrin has been used and resistance has appeared to change to DDT and successfully continue the operations.

In the special case of El Salvador there has been observed, at the same time, a certain amount of resistance to DDT, but this is a special situation caused probably by the fact—so well explained by the delegate of El Salvador—that the area where most of this resistance has appeared is the cotton area, which has been treated intensively for many years with all the chlorinated insecticides to combat insects that plague the cotton crop.

It will suffice to mention the fact that one cotton-growers' cooperative has a fleet of 83 airplanes for spraying powdered insecticides in the cotton area, to give an idea of the extraordinary selective pressure which the insecticide must have had to exert to produce resistance in the anopheline vectors. But in addition to the advantages of being able to use DDT when a resistance to dieldrin has been demonstrated, there are also other insecticides belonging to other chemical families—the so-called organophosphorus compounds—which can be used.

Unfortunately, although at the moment we have excellent laboratory studies and field experiences, these are still too limited to permit practical recommendations for field application. However, our Organization has this program under study and has prepared a plan of action which, if developed within the next few months, would give us a practical answer to an emergency situation that might arise, such as simultaneous resistance to dieldrin and to DDT.

The one remaining problem is that of cost, the increased local labor costs involved in changing from one yearly spraying with dieldrin to two sprayings with DDT, and the increased cost of the insecticide. Up to now the organophosphorus insecticides, among them malathion, are still too expensive. Malathion is regarded as the most promising for use in the antimalaria campaign because of its higher residual power and its low toxicity. However, it is believed that, in the event these insecticides have to be used on a larger scale, the cost would certainly become more reasonable as the result of larger production.

In closing, I also wish to say that at one of its recent meetings the WHO Expert Committee on Malaria recommended to the Director-General that studies be promoted to search for new insecticides of new chemical families and for new and more active antimalarial drugs in order to meet emergency situations that might arise in the malaria eradication programs.

PRESIDENT: * With the presentation of this report, the afternoon session will be adjourned.

*The session was adjourned at 6:30 p.m.*

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## EIGHTH PLENARY SESSION

*Monday, 29 September 1958, at 9:25 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

### Welcome to the Director-General of the World Health Organization, Dr. M. G. Candau

PRESIDENT: * The session is called to order. We take great pleasure today in welcoming Dr. Candau, Director-General of the World Health Organization.

*Applause.*

Dr. CANDAU (Director-General, WHO): I

should like only to say that it is a great pleasure for me and a great honor to have this opportunity to be here and to meet many of you again a short time after our Assembly in Minneapolis. I should like to express the wish that the Conference will meet with the best success and that your meeting will help improve the programs and the conditions of work of our Organization in the Americas and all over the world.

## First Report of Committee I (Technical Matters)

PRESIDENT: * We shall now study the first report of Committee I. Mr. Olivero, rapporteur of Committee I, has the floor.

Mr. OLIVERO (Guatemala, Rapporteur): * I have the honor to inform the XV Pan American Sanitary Conference that at the first, second, and third sessions of the Committee, held 23, 24, and 25 September 1958, Topics 11-A, 11-B, 11-C, 23, and 15 were studied and it was agreed to recommend that the Conference adopt the following draft resolutions:

*Topic 11-A: Program and Budget of the Pan American Sanitary Organization for 1959*

The XV Pan American Sanitary Conference

RESOLVES:

1. To approve the Program and Budget of the Pan American Sanitary Organization for 1959 contained in Document CSP15/9, including the additional projects listed in Part B of that document.

2. To appropriate for the financial year 1959 an amount of $3,600,000 as follows:

| *Purpose of Appropriation* | |
|---|---|
| Part I: Pan American Sanitary Organization | $ 217,162 |
| Part II: Pan American Sanitary Bureau—Headquarters | 1,276,464 |
| Part III: Pan American Sanitary Bureau—Field and Other Programs | 2,106,374 |
| Total- All Parts | $3,600,000 |
| *Less:* | |
| Estimated miscellaneous income | $64,714 |
| Contributions of France, the Kingdom of the Netherlands, and the United Kingdom | 35,286 |
| Total | 100,000 |
| Total for Assessment | $3,500,000 |

3. Amounts not exceeding the appropriations noted under paragraph 2 shall be available for the payment of obligations in accordance with the Financial Regulations of the Bureau incurred during the period 1 January to 31 December 1959, inclusive.

4. The appropriations as noted above shall be financed by contributions from Members Governments according to Article 60 of the Pan American Sanitary Code; from contributions of France, the Kingdom of the Netherlands, and the United Kingdom, according to Resolutions XV and XL of the V Meeting of the Directing Council; and miscellaneous income accruing to the Pan American Sanitary Bureau.

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

PRESIDENT: * If there are no objections to this draft resolution, it will be considered approved.

*Approved.*[1]

Mr. OLIVERO (Guatemala, Rapporteur): * The second draft resolution reads as follows:

*Topic 11-B: Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960*

The XV Pan American Sanitary Conference,

Having examined *Official Document No.* 24, submitted by the Director of the Pan American Sanitary Bureau and containing the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960; and

Bearing in mind that the aforesaid Proposed Program and Budget is submitted to the Conference, as Regional Committee of the World Health Organization, for review and transmittal to the Director-General of that Organization so that he may take it into consideration in the preparation of the proposed budget of the WHO for 1960,

RESOLVES:

1. To approve the transmittal of the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960, and to request the Regional Director to transmit it to the Director-General of that Organization so that he may take it into consideration when preparing the WHO budget for 1960.

2. To recommend that in future programs special attention be given to the activities of public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis.

[1] Resolution III, p. 24.

PRESIDENT: * Are there any objections or comments concerning this draft resolution? If not, it stands approved.

*Approved.*[1]

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution reads as follows:

*Topic 11-C: Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960*

The XV Pan American Sanitary Conference,

Having examined *Official Document No.* 24, submitted by the Director of the Pan American Sanitary Bureau and containing the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960; and

Taking into account the fact that the provisional draft, when approved, will serve as the basis for the preparation of the 1960 Proposed Program and Budget of the Pan American Sanitary Organization, to be submitted to the 37th Meeting of the Executive Committee for consideration, and to the XI Meeting of the Directing Council in 1959 for final approval,

RESOLVES:

1. To take note of the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960.

2. To recommend that, in the preparation of future programs and budgets, special attention be given to the activities of public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis.

PRESIDENT: * If there are no objections, the draft resolution stands approved.

*Approved.*[2]

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution reads as follows:

*Topic 23: Status of Smallpox Eradication in the Americas*

The XV Pan American Sanitary Conference,

Bearing in mind that smallpox is still an important public health problem in some countries of the Americas;

Considering that it is essential to eradicate this disease in all countries, as a guarantee for the safeguard of the peoples of the Continent; and

Taking into account the resolutions on this subject adopted by the governing bodies of the Pan American Sanitary Organization and the World Health Organization, especially Resolution WHA11.54 of the Eleventh World Health Assembly,

RESOLVES:

1. To declare the eradication of smallpox to be a public health necessity that urgently requires the attention of all countries of the Americas.

2. To urge that the governments of the countries where smallpox still exists carry out nation-wide plans for the eradication of this disease.

3. To request the cooperation of the Member Governments in supplying smallpox vaccine and technical advice, with a view to achieving eradication on a continent-wide scale.

4. To recommend that the Pan American Sanitary Bureau take all necessary measures to reach this goal, including collaboration in the production of vaccine, advice in the organization of nation-wide campaigns, and the holding of intercountry meetings for the purpose of coordinating activities in this field.

5. To request the Pan American Sanitary Bureau to undertake the necessary studies to establish a definition of eradication suitable for uniform application to the different countries.

PRESIDENT: * Are there any comments or objections? If not, the draft resolution stands approved.

*Approved.*[3]

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution reads as follows:

*Topic 15: Rules for Technical Discussions in the Pan American Sanitary Conference and the Directing Council*

The XV Pan American Sanitary Conference,

Having examined the draft rules for Technical Discussions in the Conference and the Directing Council,

RESOLVES:

To approve the rules for Technical Discussions at meetings of the Pan American Sanitary Conference and of the Directing Council.[4]

PRESIDENT: * Any comment or objection to this draft resolution? If not, it stands approved.

*Approved.*[5]

PRESIDENT: * With respect to the report as a whole, is there any comment or objection to its approval by the Conference? The delegate of the United States is recognized.

Dr. WILLIAMS (United States): I should like

[1] Resolution IV, p. 25.
[2] Resolution V, p. 26.
[3] Resolution VI, p. 26.
[4] For text of the Rules, see Annex 4, p. 478.
[5] Resolution VII, p. 27.

to call attention to two parts of the resolutions that we have adopted this morning: paragraph 2 of the resolution on the WHO regional program of work for 1960; and paragraph 2 of the resolution on the provisional draft estimates for the Pan American Sanitary Organization program and budget for 1960. These paragraphs recommend to the Director that in the preparation of future programs and budgets, special attention be given to certain activities in public health. Our delegation voted for these resolutions when they were presented to Committee I, and we believe that the thinking embodied in them is extremely sound.

I should like to say for the record, however, that our delegation considers that the adoption of these resolutions by the Conference is, in effect, the reaffirmation of the principle established and adopted by the Directing Council at its VIII Meeting held in September 1955, when it approved the General Program of Work that was presented to that meeting. In order to avoid any confusion or conflict, which might be encountered by the Director's staff in the preparation of future budgets, we should like to say that, in our opinion, these paragraphs constitute a reaffirmation of the excellent principle adopted at that time.

PRESIDENT: * The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): I would like to point out that the action taken by the Directing Council in 1955, to which the delegate of the United States has referred, was, I believe, related specifically to the program for long-term planning covering the period 1957 through 1960. I presume that this Organization will desire to have once more on its agenda—probably in 1959 or at the latest 1960, but it should be done, I would think, next year—the matter of long-term planning beyond 1960, at which time these items and others could be given more specific attention than has been possible at this particular meeting of the Conference.

PRESIDENT: * Any other comment? Any objection to approving the report as a whole?

*The first report of Committee I was approved.*

## First Report of Committee II (Administrative, Financial, and Legal Matters)

PRESIDENT: * The next item on the order of business is the first report of Committee II. Dr. Bissot, Rapporteur of Committee II, has the floor.

Dr. BISSOT (Panama, Rapporteur): * I have the honor to inform the XV Pan American Sanitary Conference that Committee II, at its first and second sessions, held 23 and 24 September 1958, examined Topics 12, 13, 14, and 16, on which it agreed to recommend to the Conference that the following resolutions be approved:

*Topic 12: Financial Report of the Director and Report of the External Auditor for 1957*

The XV Pan American Sanitary Conference,

Having examined the Financial Report of the Director and Report of the External Auditor for 1957 (*Official Document No.* 26); and

Bearing in mind that the Executive Committee approved the aforesaid reports at its 34th Meeting (Resolution IV),

RESOLVES:

To approve the Financial Report of the Director and the Report of the External Auditor for 1957.

PRESIDENT: * Are there any comments or objections concerning this draft resolution? If not, the resolution stands approved.

*Approved.*[1]

Dr. BISSOT (Panama, Rapporteur): * The second draft resolution is as follows:

*Topic 13: Report on Collection of Quota Contributions*

The XV Pan American Sanitary Conference,

Bearing in mind that the External Auditor, in his report for the fiscal year 1957 (*Official Document* No. 26), pointed out the danger that the Pan American Sanitary Bureau might encounter serious financial difficulties if its Working Capital Fund is not maintained at an appropriate level; and

Considering that Resolution VI, adopted by the Directing Council at its X Meeting, authorized the establishment of the Working Capital Fund at a level of 60 per cent of the budget approved for the fiscal year,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions contained in Document CSP15/14.

2. To express the concern of the Conference at the condition of the Working Capital Fund as reflected in the report of the External Auditor for the fiscal year 1957.

3. To point out that it is desirable for the quota

[1] Resolution VIII, p. 27.

payments to be made as early as possible within the year they are due.

4. To request the Member Governments that, bearing in mind the need to maintain the Working Capital Fund at the level established by the Directing Council at its X Meeting, and to the end that the work of the Pan American Sanitary Organization will not be hampered, they endeavor in every way to make the payment of their arrearages as promptly as possible.

PRESIDENT: * Are there any comments or objections concerning the adoption of this draft resolution? If not, it stands approved.

*Approved.*[1]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 14: Emergency Revolving Fund*

The XV Pan American Sanitary Conference,

Having examined the report presented by the Director on the Emergency Revolving Fund (Document CSP15/11), in which an account is given of the activities in connection with the Fund,

RESOLVES:

1. To take note of the report presented by the Director on the Emergency Revolving Fund.

2. To express its satisfaction at the way in which the governments reimburse the sums advanced from the Emergency Revolving Fund, and at the efficiency with which the Pan American Sanitary Bureau has taken action in the urgent cases that have required its services.

PRESIDENT: * Are there any comments or objections to this draft resolution? If there are none it stands approved.

*Approved.*[2]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 16: Amendments to the Staff Rules of the Pan American Sanitary Bureau*

The XV Pan American Sanitary Conference,

Acting pursuant to Article 12.2 of the Staff Regulations,

RESOLVES:

To take note of the amendments to the Staff Rules of the Pan American Sanitary Bureau, approved by the Director and confirmed by the Executive Committee at its 34th and 35th Meetings, which appear in Document CE35/2, Annex 1.

[1]Resolution IX, p. 27.
[2]Resolution X, p. 28.

PRESIDENT: * If there is no comment or objection the draft resolution stands approved.

*Approved.*[3]

PRESIDENT: * The report as a whole is now submitted to the Conference. Is there any comment or objection concerning the adoption of this report in its entirety?

*The first report of Committee II was approved.*

**Topic 24: Report on the Organization and Work of INCAP**

PRESIDENT: * The next item on the agenda is Topic 24, Report on the Organization and Work of INCAP. The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): * There are three aspects of the organization known as the Institute of Nutrition of Central America and Panama (INCAP) that I should like to mention before Dr. Scrimshaw presents the report on INCAP and its work.

I should state first of all that INCAP is an innovation, a type of international agency that 10 years ago was completely experimental. Its structure was such as to allow first three and then all six Central American countries and Panama to cooperate in a joint project to solve the problems of nutrition that might arise.

This cooperation was to a great extent made possible by the existence of the Pan American Sanitary Bureau, which was able to assume the responsibility of administering INCAP and serve as a center for its organization and continuation of this project.

It should also be pointed out that an agreement was concluded among the member countries by virtue of which each of them makes a financial contribution and participates in the Council of the Institute, the body that deals with INCAP's programs, budgets, and administration.

In 1957 only about a third of the budget of the resources available for the Institute's work came from the member governments; the remainder was made up of the participation of the Bureau, the contributions of the Kellogg Foundation, and funds from other sources interested in certain research programs.

[3]Resolution XI, p. 28.

I repeat that this is an example of a new type of international collaboration, and I believe that it is only here, in the Americas, that it has been tried. Other problems have been considered that may, in the future, be dealt with along the same lines—for example, the Pan American Foot-and-Mouth Disease Center in Brazil, the Pan American Zoonoses Center in Argentina, and, for a later date, the solution of the problem of pharmaceutical products, etc. But such international action will be possible only through a cooperative organization, with the direct financial and administrative participation of the countries concerned. There is also under consideration an Institute of Biological Products for Central America.

I should like to point out that in the next few months the governments of the Americas will have an opportunity to consider what they should or can do with respect to the Pan American Zoonoses Center in Azul, Argentina. This problem will possibly be more complicated than the nutrition problem, although not much more so. And in any case, if the nutrition problem is also of interest to ministries of agriculture, then the zoonoses problem should be of interest to them as well as to the ministries of health.

The second feature of INCAP that I wish to mention is that it is not an isolated research center. It does carry out highly scientific research in the laboratory, but it also conducts programs in the field and knows how to combine the two types of investigation, and at the same time applies its program through the public health services of the member governments. INCAP is not, I repeat, an isolated agency, but one that works in collaboration with professional groups of each of its member countries.

At a time when the possibility of organizing world-wide collaboration and coordinating field surveys and investigations in medicine and public health throughout the world is attracting so much attention, it is very important for us to state here, for the consideration of the Director-General of the World Health Organization, what INCAP is and how it has worked, for up to now the WHO has had nothing similar.

Now that the WHO is interested in coordinating and promoting field investigations, it is fitting to recall that the Pan American Sanitary Bureau, for the past 15 years, has been collaborating in studies on penicillin therapy for veneral diseases, in studies on molluscacides, in the problem of schistosomiasis, in research related to malaria treatment, in dried smallpox vaccine production, in the use of live virus vaccine against typhus, in studies on yellow fever, and lately, as we had occasion to mention a few days ago, in studies on the possibility of immunization against poliomyelitis with live virus.

The third point I wish to mention briefly is the importance of the nutrition problem. It has always been important, but today it is even more so for the public health organizations, precisely because today there is a possibility of improving nutrition and doing something useful in this field for all peoples. An ever-increasing interest can be seen in UNICEF, FAO, and all other international organizations interested in the problem.

It is for this reason that the presentation today, at this Conference, of a report by Dr. Scrimshaw on the history and activities of INCAP is of such great importance.

PRESIDENT: * Dr. Scrimshaw is recognized.

*Statement by the Director of the Institute of Nutrition of Central America and Panama*

Dr. SCRIMSHAW (Director, INCAP): * I very greatly appreciate the privilege that the Director has given me of telling you in person of the development of the Institute of Nutrition of Central America and Panama—better known as INCAP—because it enables me to discuss with you the problem of malnutrition in the Americas and the ways in which the Pan American Sanitary Bureau is cooperating with these countries to overcome these problems or can cooperate with them if the needed personnel and funds are made available.

In 1946 the Central American countries and Panama, recognizing that nutrition was one of the major public health problems in the region, agreed to pool their resources in order to set up a regional institution under the auspices of the Pan American Sanitary Bureau. This agency was to serve three closely related functions. First, to determine the nutrition problems of the member countries; second, search for practical solutions to the problems; and third, attempt to ensure prompt practical benefits from its work by helping the appropriate agencies within the countries to apply these solutions.

When the Institute was inaugurated in 1949, we

did not have available fully trained technical personnel from Central America, but the Institute began its work with a small group that had had a year of advanced training in the United States, made possible by fellowships. From the beginning INCAP adopted a conscious policy of developing a professional staff as well-trained and experienced as those anywhere in the world. It was obvious that the tremendous technical problems confronting the so-called underdeveloped areas of the world required a high level of training and competence. It was felt that to give key technical personnel only superficial training would be a misguided and ineffective policy that in the long run would be detrimental. It was recognized that, for training purposes, personnel for immediate program needs must often be sacrificed for benefit of the future. The policy of personnel development followed by the Pan American Sanitary Bureau in administering INCAP has resulted in a superb Central American technical staff, and not a single person has failed to return from study to rejoin INCAP.

It is these persons, all from the Central American countries and Panama, who make INCAP an effective instrument of service to its member countries and who ensure that INCAP will continue to provide all possible assistance in the fields of public health, nutrition, and related sciences.

The academic training cited above gives INCAP a fine potential but does not in itself prove INCAP to be a successful venture; only the scientific importance and practical significance of its work can be valid criteria. On these latter points, INCAP is judged by the scientific world, by its member countries, and by the Pan American Sanitary Bureau. The record speaks for itself.

Some of the record can be expressed in statistics. Thus, insofar as educational activities are concerned, more than 1,000 students or fellows have spent varying periods of time in INCAP to take specialized training or have participated in courses in which INCAP personnel have actively assisted. These technicians have come not only from 19 of the 20 Latin American republics, but from 25 other countries representing every continent.

With respect to field investigation, INCAP, in cooperation with the staff of the health departments of its member countries, has examined in those six countries more than 300,000 persons to determine the seriousness of the endemic goiter problem in the area, and more than 10,000 to ascertain the clinical nutritional status. Dietary habits have been determined for nearly 2,000 individuals or family groups; 10,000 blood samples from various population groups and 5,000 animal blood samples have been examined for one or more nutrients, and 15,000 fecal samples have been examined for intestinal parasites and 100,000 for pathogenic bacteria.

To disseminate the results of its investigations as widely as possible, INCAP has published more than 200 scientific papers, and 300,000 copies of INCAP nutrition education material of various sorts have been distributed regularly for use by member countries.

But the work of INCAP cannot be fully evaluated solely on the basis of quantitative data of this sort, since it is necessary to judge the activities also by their quality. Of necessity, much of INCAP's work, because of its broad scope, combines with that of other organizations and of national programs and cannot be separated from the whole. However, mention should be made of the importance of certain activities carried out principally by INCAP, such as the preparation of a food composition table for use in Central America and Panama; the studies carried out for the purpose of highlighting the prevailing dietary deficiencies of quality protein, vitamin A, and riboflavin; the demonstration that ascorbic acid and vitamin-D deficiency are not problems; the work undertaken to demonstrate the reciprocal relation between infection and malnutrition; the research to reveal the differences in the nutritive value of the corn and bean varieties upon which the area relies for its staple foods; and the assistance in the development of improved poultry rations and animal feeds through cooperative programs to demonstrate the value of new forages.

I can best explain the practical way in which INCAP functions by two illustrations: the work on endemic goiter, and that on protein malnutrition in children.

The initial clinical surveys of INCAP suggested a high incidence of endemic goiter in the area. For the population of each member country, a sample as representative as possible was selected and survey examinations were carried out to determine the prevalence of endemic goiter associated with a relative deficiency of iodine. These

revealed endemic goiter to be a serious public health problem in each of the six member countries, and in two of them, Panama and Guatemala, approximately one third of the population was found to have endemic goiter.

Thus the problem was defined and it was necessary to combat it. The classical method of preventing goiter is iodization of salt, but existing techniques for doing so could not be used with the crude, moist salt commonly sold in Central America. To solve this problem, INCAP initiated field trials in Guatemala and El Salvador, carried out with the valuable cooperation of personnel of the respective health departments. This work demonstrated that the goiter of young persons responded promptly to iodine administration, in either the form of less stable potassium iodide commonly employed or the non-hydroscopic potassium iodate. Laboratory trials suggested that the latter could be stable even when added to crude salt. In view of these results, a pilot plant was then set up to demonstrate the practicality of potassium iodate. At this point the solution to the problem of endemic goiter had been found. Member countries were then assisted in the preparation of suitable legislation, purchase of iodization equipment, and standardization and enforcement of control measures. The result has been that three of the six countries have enacted legislation to require that all salt sold for human consumption shall be appropriately iodized. In other words, the member countries had been helped in applying the measures recommended for the solution of the endemic goiter problem.

I shall refer now to another phase of INCAP's activities. INCAP studies gradually revealed that the major nutritional problem of Central America was improper feeding of the young child after weaning. Examination of vital statistics revealed that approximately 50 per cent of all deaths in one of the member countries were in children under 5, and that from 33 to 50 per cent of all children born alive died before reaching 5 years of age. It was observed that mortality of children under one year was approximately triple that in the United States, but mortality in the age group 1-4 years was nearly 30 times greater than in the United States or Western Europe. A personal investigation of every death during a period of two years in four representative villages of the country showed that approximately 40 per cent of children 1 to 4 years of age die with edema, skin lesions, apathy, and anorexia, i.e., with infantile pluricarencial syndrome.

The statistics show that another 40 per cent die from acute infectious episodes that would not ordinarily have been fatal to well-nourished individuals.

INCAP studies have shown the drastic way in which diarrhea results in a net loss of protein, and this fact helps explain why infantile pluricarencial syndrome so often follows diarrheal disease. Similarly, the demonstration that nearly all children of preschool age in lower economic groups in Central America are suffering from protein malnutrition sufficient to retard their growth and development helps explain their poor resistance to infectious diarrhea and other infections. Thus malnutrition and infection working synergistically were found responsible for the more serious health problems in the Central American area.

Having defined the problem, INCAP set to work to help the countries solve it. It was soon evident that, even if everything possible were done to encourage the increased production of milk and other animal sources of high quality protein, this effort would fall short of solving the problem in the foreseeable future for reasons of cost, capacity for storage, and prejudice against the use of these protein sources in feeding the sick child. Accordingly, INCAP set out to develop a very low-cost effective mixture of all-vegetable origin that could be used by mothers who could not afford to give milk to their children. I am very happy to say that INCAP Vegetable Mixtures 8 and 9, prepared as one approach to meeting the problem, have proved to be acceptable, safe, and fully comparable in protein value to foods of animal origin such as milk and meat. They have been successfully fed as the sole source of protein to children for periods as long as three months, and nearly a dozen children with acute infantile pluricarencial syndrome have been completely cured through the use of one or the other of the vegetable mixtures. Arrangements for the production and distribution of the cheaper of them, INCAP Vegetable Mixture 9, are now being made. This measure should have great significance in improving the health of young children in Central America and in reducing the high mortality observed in this vulnerable population group.

INCAP has also made a number of specific and

practical contributions to increase agricultural production of foods of relatively high nutritive value. It has highlighted the value of a number of indigenous forages and shown that young Ramie can be a particularly valuable forage for tropical areas, capable of playing a role similar to that of alfalfa in temperate regions. It has also shown the existence of specific mineral and vitamin deficiencies limiting animal production that can readily be corrected by the incorporation of mineral mixes and leaf meal in animal rations. In cooperation with agricultural agencies in all the member countries, it has helped select varieties of corn and beans of high nutritive value as well as higher yield. Its Laboratory of Agricultural and Food Chemistry is actively continuing an investigation of regional food resources and means of increasing or improving them.

Atherosclerosis and associated ischemic heart disease fortunately are not a public health problem among the lower-income groups that make up the vast bulk of the population of Central America and Panama. However, among business and professional men, this is a leading cause of death, just as it is in the United States and Western Europe. INCAP studies have shown that the more severe lesions of aortic atherosclerosis begin to develop in U.S. populations in the early 30's and in Central America ordinarily not until the 50's. The basis for this difference is being studied and it has already been shown that dietary manipulation without other changes will substantially change the levels of cholesterol. These, in turn, are believed to be important indicators of a tendency to develop atherosclerosis. Fat appears to be involved and INCAP studies are serving to define both the lower and upper desirable limits for fat in the diet for the peoples of Central America.

As in other fields of public health, progress is hindered by shortage of trained personnel in nutrition. Particularly needed are capable nutritionists as well as auxiliary workers. For the proper organization and administration of dietary services in hospitals and other institutions, there is also an urgent need for well-trained dietitians. In the countries of Central and northern Latin America there is a lack of suitable facilities at the university level for training in dietetics, either for hospital work or for public health nutrition, and physicians desirous of taking advanced studies in nutrition are encountering the same problem.

In view of this situation, and to give assistance in this serious problem, INCAP is already making the necessary plans to initiate a new training program. This will include a four-year course to provide well-trained nutritionists and dietitians who can serve as leaders and assume responsibility for future programs for the training of professional and auxiliary personnel in their own countries. Until there are sufficient professionals to carry out the work INCAP will also continue to give short-term training courses for teachers of primary schools, nurses, social workers, and others who are involved in the development and promotion of nutrition programs.

INCAP is also developing a special program for the training in applied nutrition of physicians who have already received basic training in public health to M.P.H. level. They will be given field experience in clinical surveys and in the nutritional aspects of health-center activities. The training of suitably prepared persons in the conduct of dietary surveys and in various phases of laboratory work of importance to nutrition programs will continue actively.

It would have been quite impractical for any single member country to have established a nutrition service to provide the benefits and services that they have derived from INCAP. Furthermore, the international approach has given the Institute a stability transcending the political and economic problems that might exist in these countries and has attracted outside financial support.

The regional pattern established for the creation of INCAP has served as an example and stimulus in Central America for the establishment, at the political level, of the Organization of Central American States; at the economic level, of the Central American Economic Integration Scheme; and at the industrial and technological levels, of the Central American Institute for Industrial Research and Technology. The pattern has proved itself to be workable and effective, and the assistance given by the Pan American Sanitary Bureau to INCAP has served as an example and has benefited not only the participating countries but all of those in Latin America, thanks to the education and training offered its staff. The success of the INCAP pattern has led the PASB to study carefully the possibility of having this approach serve as a guide in tackling other major public health problems.

It is already being tried in the field of animal diseases through the Pan American Zoonoses Center, recently established in Argentina. Another area in which the resources of individual countries are likely to prove inadequate is that of the control of foods and drugs. As the current revolution in food processing, packaging, and marketing extends to the countries of the area and increasing varieties of prepared foods are consumed, the problem of intentional additives to commonly used foods will grow swiftly more complex. Already there are hundreds of compounds in use and the number of additives is increasing daily, and some of these are known as potentially dangerous toxins. One or more regional institutes to extend the advantages of a modern food and drug service will be increasingly needed in Latin America. Similarly, in the field of infectious disease the discovery of many obscure viruses, the recognition of our virtual ignorance of factors affecting resistance and immunity to infections, and the high prevalence of enteric infections, all give importance to the proposal for a regional institute for the study of infectious disease.

Although nutrition problems are unquestionably of great significance to the public health of the countries of Latin America, nutrition has not in the past received the support in funds and personnel that its importance as a health problem warrants. The reasons are several. Among them is the failure of the schools of public health to include sufficient nutrition training in their M.P.H. and D.P.H. programs. Also, there is a lack of suitably trained personnel in public health nutrition.

The problem is further complicated by the fact that national vital statistics do not directly reveal the importance of malnutrition or the difficulty and cost of nutrition programs. The time has come, however, when none of these reasons should be allowed to become an excuse. The Director, therefore, considers that the Pan American Sanitary Bureau should now assume a more active role of leadership in other countries of Latin America outside the INCAP area.

You all know that, while the situation varies from country to country, the problem of high mortality in the preschool years is a common one in Latin America. As I have already mentioned, this is due to the synergistic action of infection and malnutrition. Some of the infection is preventable by improved environmental sanitation and vaccination campaigns, but the malnutrition can and should be prevented not only to reduce the high mortality in this vulnerable age group but also, and even more important, to promote health. Added to this toll among preschool children, in which nutrition is so directly involved, must be the nutritional deaths during the first year of life and the adverse effects of malnutrition in the mother on her own health and that of her child.

The Pan American Sanitary Bureau needs not one regional adviser in nutrition but several who together will represent the different aspects of public health nutrition. The PASB advisory staff in nutrition should be sufficient to give advice not only regarding the incorporation of nutrition measures in public health programs at the local level, but also in clinical surveys, training of dietitians, nutritionists and physicians, and in institutional food management. Nutrition must be recognized by PASB and the countries as a necessary and integral part of any balanced health program. Nearly every type of public health specialist and administrative division should share in the responsibility for combating malnutrition, and the limited number of nutrition specialists available today should be used in stimulating, training, and guiding the other health department personnel in the planning and development of nutrition aspects of public health programs.

In conclusion—although the fact is revealed only indirectly by vital statistics—there is no more important single public health problem in most of the Latin American countries than nutrition. Modern nutrition institutes and research centers like INCAP have defined the nature of the problems and suggested ways in which they may be tackled even within the economic and social conditions prevailing throughout Latin America.

Both the need and the opportunity now exist for an expanded program in nutrition. The Organization must rise to this added challenge and responsibility or it will fail to carry out fully its purpose of helping the countries meet one of their gravest public health problems.

PRESIDENT: * The delegate of Guatemala is recognized.

Dr. LÓPEZ HERRARTE (Guatemala): * I should like first to congratulate Dr. Scrimshaw on his splendid report on the work of INCAP.

Several of the delegates have asked me how we

in Guatemala evaluate INCAP's work and services, and I want to reply now that we consider them invaluable and judge INCAP as perhaps the top international agency among those operating in Guatemala.

Through the work of INCAP we have come to realize, without minimizing our other problems, that the primary cause for the high infant mortality in our country is undoubtedly due to malnutrition among our children, particularly in the 0-4 age group.

Being aware of this problem, thanks to INCAP's investigations, we have given—or I should say we are now giving—priority to it in Guatemala. In collaboration with INCAP, a pilot plan has been prepared for the experimental treatment of 3,000 undernourished children with INCAP Vegetable Mixture 9, which fortunately brings good results within a relatively short time, according to the investigations that have been made. We are now awaiting the results of this program in order to intensify the work of health education, because we have come to realize that malnutrition in our child population is more a matter of education than an economic problem. Its principal cause is ignorance and lack of health education.

The Central American Institute for Industrial Research and Technology is now seeking in my country a method for producing INCAP Vegetable Mixture 9 in sufficient quantities to carry out our pilot plan, which will begin immediately and on which we hope to report in the near future.

With respect to my statement that ignorance is the main cause of our malnutrition, it was interesting to note in Dr. Scrimshaw's report the problems that INCAP encountered with the lack of trained personnel. In this connection, I am very pleased to report that the Republic of Guatemala, complying with its commitments, is about to begin construction of the School of Nutrition that will be operated in conjunction with INCAP. It is expected that this school will serve as a training center not only for Central Americans but also for workers from all the countries, and we are hopeful that in the entire world, and particularly Latin America, the problems of nutrition will soon be given all the attention they deserve.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * We wish to express, first of all, our pleasure and deep satisfaction on hearing the report on INCAP presented by Dr. Scrimshaw, a report that shows clearly the important and splendid services that this cooperative intergovernmental agency is providing for the improvement of public health in Central America.

It is evident that, after the experience of INCAP, no one can doubt the usefulness of recommending similar institutes to cover the various areas of the Hemisphere. It is also important to point out the advisability of establishing coordination with other institutions active in the nutrition field. In this connection, I would like to call the attention of the Conference to the work being done by the former American International Institute for the Protection of Childhood, now called Inter-American Child Institute, which is embarking on a new phase of intense activity in nutrition.

The Inter-American Child Institute has just held, in close cooperation with the Unitarian Service Committee, two very successful symposiums on nutrition: one in Cali, Colombia, and the other in Bolivia. At these meetings, a committee of highly competent experts, among them Professor Levin of Cornell University, New York, and María Luisa Saldún de Rodríguez, the outstanding Uruguayan educator, gave a splendid example of how much can be accomplished in a short time in giving orientation in education.

Dr. Scrimshaw in his report has stated how essential it is to train experts in the nutrition field. This is an indisputable fact. At the same time, however, one cannot lose sight of the central overall concept of child care, the direction of which is, of course, incumbent on pediatrics, essentially pediatrics within the framework of what is today better described as social pediatrics. It is important to note this new approach in dealing with these matters, an approach due mainly to the inspiration of Professor Roberto Debrey, whose dedicated work is known to all of us. And I can predict to this Conference that the Inter-American Child Institute will embark on an all-out campaign in the field of social pediatrics emphasizing, above all, the practical aspect of nutrition: the training of the nutritionist, educating him in this speciality with a view to obtaining, as INCAP has done, certain formulas of specially prepared foods to make up for deficits in production that may exist in a given area.

I wish, moreover, to congratulate Dr. Scrim-

shaw, because for the first time at this type of international meeting the speakers have not overwhelmed us with the term "kwashiorkor" in speaking of the pluricarencial syndrome, which is naturally the only name we accept, completely rejecting that other strange term that has no etymological meaning and gives no idea of what the syndrome is. Dr. Scrimshaw has done well to refer to nutritional deficiency states in the child, to the multiple nutritional deficiencies, strictly by the well-known and classical term "pluricarencial syndrome."

The mixtures developed by INCAP also deserve some comment. Of course, and I feel certain Dr. Scrimshaw will agree with me, this is something temporary, transitional, until such time as the country can produce sufficient natural, fresh foods without any mixtures or supplements of an industrial type, however acceptable these may be to cover the shortages of natural production. They are also absolutely essential to compensate for certain deficits in industrial production in insufficiently developed countries, especially as regards food preservation, which is often inadequate because of insufficient refrigeration.

To sum up, the delegation of Cuba extends its congratulations to INCAP, to its technical directors, and to its technicians, headed by that outstanding expert, Dr. Scrimshaw; and at the same time offers congratulations on the great political understanding displayed by the countries that subscribed to the multilateral agreement that made it possible to create INCAP as an effort of the governments, of the countries, with the guidance and advice of the Pan American Sanitary Bureau.

I wish again to stress the importance of the system of coordination, of joint effort, strengthened by contact with technicians of other agencies engaged in similar work, as a means of achieving complete success. In this instance, I speak in my capacity as representative of the Inter-American Child Institute, an international organization specifically devoted to the protection of the child. Each and every problem in the nutrition field is a concern of this Institute.

PRESIDENT:* The delegate of Peru is recognized.

Dr. MUÑOZ (Peru):* Dr. Scrimshaw's documented and precise report shows clearly how a problem common to a group of American countries has been approached on a technical basis. This presentation has indicated that the state of nutrition in these Latin American nations has been the object of an efficient study. The precise manner in which Dr. Scrimshaw has developed his program—first investigating the problems, next finding ways to solve them, and then attempting to implement these solutions on a realistic basis—affords an example that could well be followed by the majority of our countries.

This is not the only merit of Dr. Scrimshaw's report. He has also presented in realistic terms a problem that in our country, in particular, is of great public importance. We refer to endemic goiter, a problem that unfortunately affects many countries of the Americas.

Dr. Scrimshaw has told us how this problem has been approached, and I am happy to state that in our country also effective steps are being taken to solve it.

We are able to report that suitable legislation has been enacted to make the use of iodized salt compulsory, and that the various regional suppliers of iodized salt in all parts of the country now have all the means and facilities needed for salt iodization, so that practically 90 per cent of the salt consumed in Peru is iodized.

But we have seen how serious the goiter problem is; we have studied it in its various aspects, investigated it personally, and we are convinced of the need for the Pan American Sanitary Conference to sound an alert to all the countries so that this problem may be solved.

Four years ago, at the International Pediatrics Congress held in São Paulo, I pointed out this same fact, but the surveys we have made show that in a large number of American countries little has been done in these past four years toward solving the problem. We believe it advisable that the Pan American Sanitary Conference, with the authority it possesses and with the representation of all the countries, sound the alarm in order that this problem may be solved once and for all. And since I wish to offer something practical and concrete, I shall take the liberty of reading two draft resolutions that I shall submit to the Conference, to serve as a guide in leading us to take concrete decisions that will reflect the thinking and feeling of the delegates with respect to common problems affecting the lives and health of the children and the peoples of America.

The draft resolutions I submit are as follows:

The XV Pan American Sanitary Conference,

Having taken note of the report presented by the Director of the Institute of Nutrition of Central America and Panama (INCAP), on the organization and work of that institution, which is an outstanding example of the success of coordination among countries for the study and solution of their most important public health problems,

RESOLVES:

1. To congratulate the Director of INCAP on the effective work accomplished by the Institute.

2. To consider nutrition as a fundamental public health problem in the countries of the Americas.

3. To recommend to the Director of the Pan American Sanitary Bureau that regional plans for the study of nutrition problems in countries with similar conditions be prepared and that the necessary technical advice be provided.

4. To recommend to the governments of the Member Countries of the Organization that they intensify their surveys on nutritional conditions, the enrichment of foods, and the exchange of basic food products, in such a way as to make it possible to overcome the chief nutritional deficiencies existing in the countries of the Americas.

5. To recommend to the governments of the Member Countries that in the curricula of medical schools and in postgraduate studies in the field of public health, nutrition be considered a basic subject and that it be given the importance that is its due, bearing in mind its great significance to the individual and to society.

6. To express appreciation to UNICEF and to the Cooperative for American Remittances to Everywhere (CARE), for their collaboration in the programs of supplementary feeding in the various countries, and to express the hope that this valuable aid will be continued.

The second draft resolution is the following:

The XV Pan American Sanitary Conference,

Considering that endemic goiter is still a grave problem that must be solved in a number of countries in the Americas,

RESOLVES:

1. To recommend to the Director of the Pan American Sanitary Bureau that surveys on the incidence of endemic goiter be promoted in those countries of the Americas in which they have not yet been made, and that the solution of this problem be facilitated through the preparation of adequate plans, the provision of technical advice, and the enactment of special laws.

2. To recommend to the governments of the Member Countries of the Organization that have not carried out campaigns for the prevention of endemic goiter, that they carry them out on an over-all basis, in view of the seriousness of this deficiency disease to the individual and to society.

I believe that in this way the delegation of Peru is reflecting the sentiments and wishes of the members present here in relation to the important work reported by Dr. Scrimshaw, who has brought up at this Conference a problem of vital importance to all the countries of the Hemisphere.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * The delegation of Argentina joins in the congratulations addressed to Dr. Scrimshaw and to the Institute he directs. At the same time, I should like to report briefly on the work being done in our country by the National Institute of Nutrition, which for many years has been favored with the presence of fellowship students from various countries of the Americas who come to take courses in dietetics.

The National Institute has in recent years followed closely the work done by Dr. Scrimshaw, and I understand that in conversations held between Dr. Boris Rothman, the Director of our Institute, and Dr. Scrimshaw, programs have been planned in cooperation with the World Health Organization and the Pan American Sanitary Bureau for conducting dietary and nutrition surveys, and that a consultant in this type of activity, Miss Emma Reh, is already participating in the project in Buenos Aires.

For such activities, plans are to be drawn up for regional seminars on food and nutrition, and through these our country hopes to contribute to the fulfillment of the wish expressed by the Director of INCAP that the knowledge of nutrition problems be advanced to the farthest extent possible.

We also wish to state that at the end of last year the Inter-American Child Institute, in cooperation with FAO and the Unitarian Service Committee, held a workshop in Buenos Aires for the discussion of various phases of nutrition problems in children. In its desire to participate in all activities conducted in the Americas in connection with this problem, our Government will also send specialists from our programs to the forthcoming seminar on school diet to be held in Colombia.

Finally, we trust, as Dr. Soper has stated, that on the basis of the experience in INCAP our Government will succeed in promoting the activities of the Pan American Zoonoses Center and be able to show, at a future Pan American Sanitary Conference, what real benefits coordinated programs of cooperation among governments can bring to the Member Countries.

PRESIDENT: * The delegate of Chile is recognized.

Dr. HORWITZ (Chile): * On behalf of the Minister of Public Health, the delegation of Chile would like to join in congratulating the Institute of Nutrition of Central America and Panama on its work. The advances being made are followed closely in our country through the literature published regularly on this subject in the *Boletín* of the Pan American Sanitary Bureau.

We in Chile believe that diet and nutrition are public health problems in which there is a wide gap between knowledge available and its practical application. We believe that experimentation has led to very significant findings that are not being translated into fact through substantial improvement of the diet in our communities, especially in the low-income families. We are convinced that the filling of this gap between new ideas, new knowledge and their application is a lengthy process that covers food production, with all the attendant financial implications and measures for food preservation and protection, distribution marketing, and consumption—a whole series of steps in a complex process that ends (if you will pardon the oversimplification) in a reduction of the real amount of nutrients that reaches the mouths of children and adults.

We therefore believe—and I repeat this is an over-simplification, though questions put the most simply are usually the most complex—that in nutrition the time has come to think and act in concrete terms of endeavoring to improve the quality and quantity of the family's diet within its present budget.

We all know that in our Continent the purchasing power of our families is below their needs. But in our country a series of small experiments has shown that the people, for lack of knowledge, spend huge amounts of money on food of no value whatever, and an excessive amount on alcohlic beverages. This means that within the normal structure of our health centers, with proper technical guidance and using the regular staff (particularly nursing and social service personnel) it is possible through properly organized educational work to improve the diet of the family with its present budget. And as I have said, our small tests have shown this to be possible.

Therefore, it is our opinion that any initiative of this kind on the part of international organizations to translate these ideas into facts in the matter of diet would be extremely beneficial and make of nutrition a real and concrete function of public health. The delegation of our country is anxious to obtain from the Pan American Sanitary Organization the technical advisory services necessary to that end.

We recognize that in Chile the most urgent nutrition problem is that affecting children. We profoundly regret to report that our infant mortality still ranges around 115 deaths under one year of age for every 1,000 live births. It has been clearly shown that normal diet, sanitation, education and early diagnosis and treatment all have a bearing on this problem, and all are equally important. This fact was clearly demonstrated at the seminar on infant diarrheas held in Santiago in 1956 under the sponsorship of the Pan American Sanitary Bureau.

Long experience has shown that there is a direct relation between the family's income level and the reduction in severe diarrheas. Among our well-to-do classes toxicosis is practically non-existent. So that if these general ideas that we have described begin to be applied at the health-center level as a normal and regular activity, in the same way that communicable disease control, sanitation programs, and others are applied, then we feel sure that we public health technicians will be able to contribute adequately to a substantial advancement of our communities and our countries.

PRESIDENT: * The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): As an example of the world-wide importance of INCAP, I may tell you that a member of the staff of our Institute in Amsterdam recently visited INCAP and has derived great benefit from this visit. As Honorary Joint Director of the Amsterdam Institute, it is fitting that I should take this opportunity to thank the Director of INCAP for his great help.

PRESIDENT: * The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * The delegation of Ecuador has heard the report of the Director of INCAP with great satisfaction, for an accomplishment of this type represents a considerable step forward for the peoples of the Americas. INCAP has already become one of the model nutrition institutes of the world. Inasmuch as conditions per-

taining to diet, nutrition, and economic problems are similar in Latin America, INCAP's program is one that benefits us all, and very soon we shall surely witness a reduction in infant mortality and an improvement in diet that will result in better living conditions for our peoples and stronger generations in the future.

I should like also to recall that the National Nutrition Institute of Ecuador (INNE) was established several years ago with the support of the Kellogg Foundation and at present is operated with the advisory services of WHO and FAO. The INNE has had a fairly modest development, but it is now broadening its activities in our country and satisfactory results will certainly be achieved very soon. The Institute is headed by a director who was trained in Paris and who recently went to INCAP to complete special studies. It also has the collaboration of an adviser from FAO and one from WHO/PASB. One novel feature of INNE's work stems from the fact that Ecuador is divided into two distinct regions—one the Andean plateau and the other the seacoast, both densely populated—in which nutrition cannot be the same. For that reason, we took steps last year to have INNE establish a subsidiary branch in Guayaquil.

Last year, the program of INNE and its Guayaquil branch included a health survey of preschool-age and school-age children and, secondly, a survey of endemic goiter areas, undertaken for the purpose of approaching these two aspects according to the guidelines of the plans and programs being carried out in the Hemisphere.

We trust that the National Nutrition Institute of Ecuador will always find in INCAP a model to follow and that our technicians will go there for specialization. For all this we thank and congratulate INCAP.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. MÉNDEZ CASTELLANO (Venezuela): * On behalf of the delegation of Venezuela, I too congratulate Dr. Scrimshaw on the excellent report he has presented and, above all, on the practical course he has followed. In analyzing this problem of nutrition, which is of such interest and so widely discussed, particularly in Latin America, we see that in our country, as may be the case in some other Latin American countries, it is perhaps the basic problem on which all other public health problems hinge. We have developed, as other countries have, our technical studies and analyses of nutrition conditions, through our National Nutrition Institute. We have conducted information campaigns through the Division of Health Education and the Ministry of Public Health, as well as campaigns against endemic goiter. But to my mind, everything cannot be planned only on the basis of technical studies and educational programs.

The mass of the population in every Latin American country basically lacks sufficient financial means to be able to heed the scientific and technical recommendations of the ministries of public health. In that connection, I take the liberty of proposing to the Conference that a recommendation be made to the governments of all interested countries for the purpose of promoting a study that will lead to exact information on the financial means a family requires in order to arrive at an adequate and balanced diet. In other words, that a minimum salary be arrived at according to the needs in each interested country. This appears to me to be of importance from the practical point of view, because in the absence of an adequate salary all technical recommendations, all recommendations of an educational nature, are for naught.

PRESIDENT: * The delegate of Haiti is recognized.

Dr. NICOLAS (Haiti): * My delegation takes great pleasure in joining in the congratulations expressed to the Director of INCAP on the splendid report he has presented to the Conference. Nutrition problems are also very important in my country, and I take this opportunity to state that, thanks to INCAP and to other interested agencies, a Nutrition Service will begin to function very shortly in Haiti, and from it we hope to obtain very constructive results. We are pleased to be able to cooperate with these agencies and with all the Member Countries of this Organization in giving practical application to this program.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. ABAD GÓMEZ (Colombia): * The delegation of Colombia wishes to add its congratulations to the Director of the Bureau and the Director of INCAP on the very excellent report presented. I should like to underscore two points that I consider to be of great significance.

First is the emphasis that has been placed on mortality in children under five years of age. For our less developed countries, it is of great impor-

tance to analyze mortality not only in infants up to one year of age, but also of children up to five, so as to cover completely problems of greatest concern to us: malnutrition and infectious diseases.

Second is the importance of giving wide distribution to Dr. Scrimshaw's report in all our countries. I suggest, specifically, that the publications in which it appears be sent in as large a quantity as possible to the ministries so that they may forward them to health centers and regional public health offices and thus assure that the report will have the wide distribution its importance warrants. Above all, it should be sent to schools of medicine, where professors of preventive medicine may disseminate these important facts among future physicians. I am certain that the mixtures described, such as Vegetable Mixtures 8 and 9, can help considerably to improve our nutrition conditions, until such time as food production is increased.

We in Colombia have witnessed, especially in the Department of Antioquia, how dietary supplements based on skim milk—which we received in huge quantities, thousands of tons, from the American institution CARE—have reduced in large part the incidence of certain diseases and cut down the number of sick children registered at our various health centers.

Finally, I should like to repeat that Colombia, as already stated in the four-year report, has made compulsory—and has put into practice—the use of iodized salt throughout the country, and is now testing a program for the addition of soya flour to bread, which we consider to be an important means of increasing the quantity and quality of proteins in this essential food item.

I extend again my congratulations to the Bureau and to the Director of INCAP on this splendid report.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * I, too, wish to warmly congratulate Dr. Scrimshaw on the excellent report just given on the operations of INCAP.

There is no doubt that when we first thought of founding this Institute we could barely visualize the success it would achieve and the value it would have for the Central American countries and Panama. Although we were aware that serious nutrition problems existed in our country, the nutrition and clinical surveys that were conducted revealed the situation to be even more grave than we had supposed. One of those problems, endemic goiter, was mentioned in Dr. Scrimshaw's report, and I am pleased to report that legislation making the use of iodized salt compulsory is already in force in Panama and we are now in the final stages of installing salt iodization plants. INCAP has also cooperated with us in the preparation of legislation on the enrichment of wheat flour. This problem was approached from two angles: the use of enriched flour in bread was made compulsory, and tariffs on non-enriched flour were raised.

We are at present working on enrichment of rice. But rather than take up too much time, I shall merely emphasize here the valuable assistance we have received from the Institute for the strengthening of our local nutrition services. Not only has it given us technical advice and guidance but it has also made its headquarters facilities available for the training of our national personnel. It gives me pleasure to remind the delegates that these facilities are at the disposal of all the countries, and that if the plans for founding the School of Nutrition are carried through, the training and assistance that can be offered to all countries of the Americas will be even greater than that available today.

PRESIDENT: * The delegate of El Salvador is recognized.

Dr. AGUILAR (El Salvador): * One of the practical results of INCAP surveys is the information given by the food composition tables in each of the Central American countries. In El Salvador, these tables are being used in the elaboration of diets for workers, taking into account their financial status, and for health centers and child nurseries.

A meeting to be held in October 1958 in El Salvador's Demonstration Area will be attended by experts from INCAP. This will be a round-table discussion on nutrition by nurses, physicians, auxiliary workers, and sanitary inspectors, at which emphasis will be laid not so much on technical and scientific points as on financial and practical aspects, and an attempt will be made to cancel out the idea that arose during the war that an individual every day had to eat something of everything—meat, eggs, beans, and vegetables. That will be the first step. Further round-table meetings are to be planned with other groups such as pediatricians, etc.

With respect to nutrition from the public health viewpoint, the orientation on that can be given by the pediatrician who still represents a problem, for

generally he has been trained abroad and the diets he prescribes can be followed only by the well-to-do. We endeavor, therefore, to acquaint the pediatricians with these food composition tables and especially with the financial aspects, so that they may better guide the diet of the people they see in hospitals and local health services.

In view of the fact that the highest mortality is in the 1-4 age group and the highest incidence of diarrheas and deficiency diseases occurs in that same group, the local services are now changing their methods to reduce the emphasis on care of infants under one year, because these are better cared for by the mother and they at least have the protein of the mother's milk. Greater emphasis will be given instead to care of children from 1 to 4, through the nursing and medical-care services.

I wish to congratulate Dr. Scrimshaw, the Pan American Sanitary Bureau, and also the Rockefeller Foundation on the assistance they are giving in the program of INCAP.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. BERTI (Venezuela): * In congratulating the Pan American Sanitary Bureau, INCAP, and especially Dr. Scrimshaw, on the interesting description of the work and achievements of the Institute, I take the opportunity to refer to a point that is mentioned only in passing in the report, and that is the comparison between infant mortality in the countries under study and infant mortality in the United States. Infant mortality in the four countries studied was three times greater than in the United States. The age group 1-4 years has a mortality 30 times higher in the countries studied than in the United States. The mere mention of this fact is a challenge to Latin American sanitarians to develop vigorous activities in behalf of that age group. Although the point is but briefly mentioned in the report, it should not pass without comment and without submitting it to the consideration of all health departments in Latin America.

With regard to what can be done for this group, in addition to nutrition measures, there is one other activity to which little attention has been paid in the Americas: the control of flies. When the child on reaching one year of age leaves the favorable microenvironment of the mother and the also favorable influence of the fairly advanced health services available for children under one year, it is exposed to the general conditions of the environment. Our campaign should therefore include both the nutrition and the environmental aspects, and I believe that if we direct our attention toward the problem of the fly we shall find an easy weapon of attack for protecting children aged from 1 to 4 years.

PRESIDENT: * The delegate of Honduras has the floor.

Dr. ZEPEDA (Honduras): * The delegation of Honduras wishes to congratulate Dr. Scimshaw on the valuable report he has presented to us.

Honduras, as a member of INCAP, has availed itself of the services of the Institute, malnutrition being one of the major health problems in our country. With the technical assistance of INCAP, investigations have been carried out on endemic goiter, a disease present in fairly high proportions in some areas, and at the same time an attempt is being made to improve our people's diet, either by recommending the use of native foods of high nutritive value or through enrichment of foods consumed daily by the population.

PRESIDENT: * The delegate of the United Kingdom has the floor.

Dr. GILLETTE (United Kingdom): We in the United Kingdom delegation certainly wish to join with all the various countries that have offered such deserved congratulations to Dr. Scrimshaw, Director of INCAP, on the wonderful work that has been done there. We were particularly impressed by one or two specific factors. First, INCAP has, to our minds provided a very wonderful example of group national cooperation, an idea that we would certainly like to see spread widely throughout these Americas to which we belong. Secondly, we were particularly struck by the various detailed tables of food values that are mentioned in this report and, above all, by the very close integration of laboratory and field work that was carried out in these studies.

Our interest in INCAP and the work that is being done in the national institutes of nutrition in the Americas has recently been demonstrated in a very concrete manner. The British Medical Research Council, which is the organization responsible for the coordination of research throughout the British Commonwealth, has established at the University College of the West Indies in Jamaica, a Tropical Metabolism Unit, and very recently the Director of the Unit spent some time with Dr. Scrimshaw examining and learning from the work that is being done at INCAP.

We also hope that the Bureau, within a not-too-distant future, will perhaps undertake a consolidation of the findings of the various national institutes of nutrition in the Americas. We feel that such a consolidation of the various findings, between which we sometimes are unable to find a correlation, would be of great benefit to us.

We again wish to thank Dr. Scrimshaw, the Bureau, and their team of workers for the wonderful work that is being done at INCAP.

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * The delegation of Costa Rica joins the other delegations which have preceded me in praising the work being done by the excellent group of experts in INCAP, under the leadership of Dr. Scrimshaw.

At one time, when our brain-child was first born and began to function, we had our doubts—more financial than technical. Later, we realized that the Institute was growing too fast and because of this rapid growth might get out of hand again, financially. However, through a program of stabilization devised by the Council of INCAP and the Director, this growth is now more or less under control and the financial support given has undoubtedly been the finest recognition that the technical group in INCAP, under the direction of Dr. Scrimshaw, has received from the countries, which have not hesitated in increasing their quota contributions. The quota of Costa Rica to INCAP is larger than any of our other international quota contributions. At the present time each of the INCAP member countries is contributing $17,500, and this has been done despite the drop in coffee prices, a factor that we must take into account for the future, since it affects our national incomes. In view of the past success, however, I do not believe that there will be great difficulty in obtaining still another increase to support one of the activities that has been planned, namely, the establishment of the School of Nutrition.

PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * I too wish to express, in the name of my country and my delegation, our most sincere appreciation to Dr. Scrimshaw for his excellent report.

It gives me great pleasure to see that the delegates of the other Latin American countries have given Dr. Scrimshaw's report the importance it deserves, and I would hope that they too will unite their efforts, will, and knowledge and add them to the work now being developed in Central America and Panama in behalf of Latin American health.

PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * On behalf of the Government of Uruguay, I also wish to express congratulations to the Pan American Sanitary Bureau on having presented this interesting topic. The warmest congratulations of all, of course, are extended to Dr. Scrimshaw for the splendid report he has presented to the Conference. Uruguay shares the concern of all the other American States, for it has a nutrition problem that is more or less acute, and one of its leaders in this field, Dr. Saldún de Rodríguez, has travelled to practically all parts of the Americas to study the problem.

There are two points I should like to mention. First is the fact that for the past three or four years a special committee has been evaluating the development of goiter in all parts of Uruguay, and the final report of that committee will soon be published. Secondly, although Uruguay has a School of Dietetics, we would be very pleased to have INCAP receive, within the limits of its possibilities, some fellowship students from our country.

On the basis of all that has been said, Uruguay warmly supports the draft resolutions presented by the delegate of Peru in relation to this topic.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * The delegation of Mexico joins in praising Dr. Scrimshaw for the work being carried out at INCAP, as reflected in his report. I also congratulate the countries of Central America and Panama on the magnificent example of collaboration and cooperation they are giving to the Hemisphere and the world. It is through this kind of unity in developing joint programs that the health and other problems afflicting humanity will eventually be solved.

PRESIDENT: * We have before us the draft resolutions proposed by the delegate of Peru in connection with Dr. Scrimshaw's report. Are there any comments or observations on them? The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): * Before the draft resolutions are discussed, I believe that it

might be advisable to point out, as a matter of information, that almost all countries of the Americas have conducted investigations—partial at least—on the distribution and incidence of goiter in their territories, and a relatively large number of countries already have laws of iodization, and some of these are already being applied.

In certain other instances, these laws have been neglected and it is very important, for the benefit of the peoples, that such legislation be actively enforced. For this reason, the text of the resolution should perhaps be limited to recommending that we take advantage of what we already have, rather than requesting additional investigations.

Before concluding, I should like to inform the delegate of the United Kingdom that it is planned to make a study in commemoration of the ten years of work of INCAP, which will have been completed in September 1959. This will be a study, a summary, of all that has actually been done with respect to the problem of nutrition in Latin America in the past ten years.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * There are two draft resolutions I have presented: one on the work of INCAP and the nutrition problem, and the other on the problem of goiter. I agree with Dr. Soper that real progress has been made with regard to the goiter problem in recent years, but the study we have made on the surveys in several countries shows that there is still much left to be done.

I believe that one of the important things this Conference can do is to encourage precisely those countries that have not yet done so to undertake such surveys and complete them. The text of the draft resolution has been changed slightly to indicate that this recommendation is directed solely to the countries that have not yet carried out a campaign. We believe that the Conference should go on record to state that it is necessary to complete this campaign in view of the social importance of the goiter problem.

Fellow delegates, you know that goiter is a disease perhaps as severe as smallpox, and to my mind even more serious. If smallpox leaves its stigma on the face—and today the disease has been or can be combated easily—goiter leaves its stigma on the souls of children, leaves cretins and deaf-mutes who are rehabilitated only with great difficulty. It leaves behind helpless beings who live like outcasts in society and who give tangible evidence of the lack of concern on the part of the governments and the people.

I believe that this Conference will fulfill its duty nobly, with dignity, by encouraging the governments to take action, so that not a single country will be left in the Americas where goiter can exist or where those helpless individuals remain as sad reminders of the fact that public health did not fulfill its duty.

PRESIDENT: * Is there any other comment? Will Dr. Muñoz please read the draft resolution on INCAP again?

*Dr. Muñoz (Peru) read his draft resolution on the organization and work of INCAP.*

PRESIDENT: * What is the opinion of the Conference regarding this draft resolution? Is there any proposal? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I consider the draft proposed by the delegate of Peru to be very clear. He has penned it very brilliantly. I therefore suggest that the proposal be voted on immediately, and I of course endorse it.

PRESIDENT: * The delegate of Ecuador is recognized.

Dr. RAMÍREZ (Ecuador): * I second the motion of the delegate of Cuba.

PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. SÁNCHEZ VIGIL (Nicaragua): * It is my pleasure to support the draft resolution of the delegate of Peru.

PRESIDENT: * The delegate of Colombia is recognized.

Dr. PATIÑO CAMARGO (Colombia): * I should like to ask Dr. Muñoz if he would agree to add FAO to the organizations mentioned as giving assistance, for I believe it is not included.

Dr. MUÑOZ (Peru): * There is no objection.

PRESIDENT: * The draft resolution has been amended to include the name of FAO among the organizations mentioned as giving assistance. Any other comment? The draft resolution on INCAP is approved.

*Approved.*[1]

*Dr. Muñoz (Peru) then read his revised*

[1]Resolution XII, p. 29.

*draft resolution on the problem of endemic goiter in the Americas.*

PRESIDENT: * Are there any comments on this draft resolution? Any objections? The delegate of Colombia is recognized.

Dr. ABAD GÓMEZ (Colombia): * I wish merely to propose a change, in accordance with Dr. Soper's remarks. The existing laws are numerous but many of the countries do not apply them. Therefore, we could perhaps add the words "that they establish legislation and those countries that already have it ensure its effective application," which appears to be what is most lacking in the majority of countries.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I believe that both aspects are covered in the way the draft resolution is worded. On the one hand, the Bureau is encouraged to make the recommendation to countries that have not yet carried out campaigns or do not have legislation; and on the other hand, countries that have laws are encouraged to enforce them. I believe that both aspects, as Dr. Abad Gómez sees them, are well covered.

PRESIDENT: * Is there any comment? If not, the draft resolution on the problem of endemic goiter in the Americas stands approved.

*Approved.*[1]

**Topic 22: Reports on the Status of Malaria Eradication in the Americas** ***(conclusion)***

PRESIDENT: * We shall now take up Topic 22, the discussion of which was suspended at the last plenary session. Does any delegation wish to speak on this topic? The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): I wanted to submit to the attention of the Conference one point that has not been brought forward. At one of the meetings of the WHO Expert Committee on Malaria, the problem was raised of how eradication teams could be employed once they were thrown out of work by the success of their own efforts. It was suggested that they might usefully be employed in general public health work. Although I am not aware that any of the governments here represented are faced with this problem at the present moment, I wish to discuss the point of why these eradication teams should be considered capable of carrying out that kind of work.

The first question to be answered is what was the intention of the Expert Committee. The published records leave us in the dark on that score. So I shall have to figure out an answer on my own account. This answer is the following:

Extensive rural areas where malaria has become eradicated are likely to be left in a situation, greatly improved no doubt, but still far below desirable health standards.

Moreover, inhabitants of rural areas (and it is only those I have in mind) are likely to display considerable resistance to the penetration of modern health measures and modern health ideas, notably those regarding housing and nutrition in the widest sense of these words.

This resistance can only be overcome if the public health administrator has at his disposal auxiliary personnel composed of individuals well acquainted with the rural population in its most intimate surroundings, i.e., inside the house.

Persons of that description, working singly or in teams, will be the antennae that the public health administrator projects to get into touch with the population, in order to know their feelings, their errors, their prejudices, and be able intelligently to overcome these obstacles.

Assuming that these are the persons the Expert Committee had in mind, the second question to be answered is: Why should the members of the eradication teams be particularly qualified to carry out general public health activities as defined above? Here again I shall have to find my own answer, since the published records give me no clue.

To begin with, I wish to remind you of the fact that the most striking feature of malaria eradication is the field on which the battle is fought. This field no longer is the ditch, the pool, the swamp, the watercourse where larvae are to be killed, but the human habitation, where infected mosquitoes are to be destroyed by spraying, and the human body, where a residual parasite population is to be extinguished by drugs.

Malaria control by antilarval measures could be carried out, in a manner of speaking, without a single inhabitant being met by a team not interested in the local population, not speaking their language, and devoid of any tact. Thus malaria was an activity that might be termed "non-human."

Malaria eradication, on the other hand, is "hu-

[1] Resolution XIII, p. 29.

man." It faces man in his most private and intimate environment: his house and his body. The members of the eradication team are required to possess tact and subtlety to a high degree. During the years their work is to last, they are being subjected to a continuous and implacable selection: all individuals failing to come up to the highest standards will have been dismissed long before the task is finished. When, finally, that moment arrives, they will be far more than teams that might "usefully be employed in public health work." They will be *the teams* that the public health administrator stands in need of if he is to continue his work. And these teams could never have reached that high degree of efficiency if they had not been trained in that exacting "school"—if I might use that word—of malaria eradication.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * I should like to describe a modest experiment we carried out in northern Peru on the best way of diagnosing malaria cases. We are convinced that, under a malaria campaign executed with proper techniques and good direction, the time will come when we shall have to be able to tell whether we have a malaria case before us or not, so that we may treat it properly and thus really achieve eradication in the Hemisphere.

The adrenalin injections that in some cases have been used to determine the presence of hematozoa in the circulatory system have not always given the desired results. Dr. Von Braun and I conducted an experiment in 140 doubtful cases in the north of our country in a group of children who showed varied febrile pictures and diverse symptomatology, in some cases very diverse, since there is really very little uniformity in malaria in children. There were a number of clinical pictures of malaria and in these we administered an intravenous dose of 1 gm of ascorbic acid for five consecutive days. In 64 per cent of the cases studied a clinical picture exactly like the classical malaria picture (chills, fever, etc.) was produced.

We do not believe that this experiment was sufficiently extensive, but I mention it to the delegates so that at the time when the number of malaria cases decreases and it becomes necessary to evaluate those cases, this method may be tried in order to show whether it is effective or not. In our opinion, the use of ascorbic acid in high dosages and administered intravenously might possibly facilitate correct diagnosis. This small-scale experiment could be repeated and observed in larger numbers of cases. We would be very pleased if some of the delegates were to have it tested in the future, so as to determine whether it gives or does not give good results.

PRESIDENT: * We have before us the draft resolution presented by the delegate of Peru at the last plenary session. I would ask Dr. Muñoz to read it again.

Dr. MUÑOZ (Peru): * With regard to the malaria problem, we have attempted to interpret the views and hopes of the delegates at this Conference, and have summarized them as follows:

The XV Pan American Sanitary Conference,

Having examined the report of the Director of the Pan American Sanitary Bureau on the status of malaria eradication in the Americas:

Taking into account the considerable efforts, both technical and financial, being made by the Member Countries of the Organization to achieve the eradication of this disease; and

Taking into account the resolutions adopted by the governing bodies, especially Resolution XLII of the XIV Pan American Sanitary Conference, and Resolution WHA8.30 of the Eighth World Health Assembly,

RESOLVES:

1. To congratulate the Director of the Pan American Sanitary Bureau on the documented report presented, and to express the satisfaction of the Conference at the diligent work carried out by the technical staff of the Bureau in the development of eradication programs.

2. To express the deep appreciation of the Conference for the assistance provided by UNICEF for the development of the continent-wide eradication program and to reiterate the hope that this cooperation will continue until the total eradication of malaria in the Americas has been achieved.

3. To express the appreciation of the Conference to the Governments of Venezuela, Haiti, the United States of America, and the Dominican Republic for their voluntary contributions to the Special Malaria Fund of PASO.

4. To recognize the importance of international collaboration for the success of the malaria eradication program, and of the participation of the United Nations Technical Assistance Program in the plan of activities that the Pan American Sanitary Bureau and the various Member Governments are jointly carrying out in this field.

5. To express the appreciation of the Conference to Brazil, Mexico, Venezuela, Guatemala, and Jamaica for their effective cooperation in the training of personnel for the campaign.

6. To recommend that the Member Governments

continue their eradication programs in accordance with the technical plans outlined and establish all possible coordination for the development of their campaigns in border areas.

PRESIDENT: * Are there any comments on the draft resolution proposed? The delegate of Honduras has the floor.

Dr. ZEPEDA (Honduras): * I wish merely to request, if the delegate of Peru has no objection, that in the draft resolution, in addition to expressing appreciation to UNICEF for its financial assistance, reference also be made to the United States International Cooperation Administration, which is furnishing the same assistance to several countries of the Americas.

PRESIDENT: * The delegate of Guatemala is recognized.

Dr. LÓPEZ HERRARTE (Guatemala): * I would suggest the addition of a paragraph calling for the intensive investigation of resistance now developing, or that may in the future develop, to the various insecticides.

PRESIDENT: * Are there any other comments? The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * We have no objection to the amendments proposed by the delegates of Honduras and Guatemala. A new paragraph can be added in the sense that research be promoted not only on the problem of resistance but also on the possibility of preparing new insecticides of more intensive action.

We do not believe that the amendments suggested in any way alter the spirit of the resolution and we accept them with pleasure.

PRESIDENT: * What is the feeling of the Conference? The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * I propose that a vote be taken on the draft resolution of the delegate of Peru.

PRESIDENT: * The delegate of Venezuela is recognized.

Dr. BERTI (Venezuela): * I would merely suggest that we recommend also the investigation of new drugs, as well as of new insecticides.

Dr. MUÑOZ (Peru): * There is no objection to accepting the proposal of the delegate of Venezuela.

PRESIDENT: * It is my understanding, then, that there is no objection to taking a vote. Is there any objection to the draft resolution with the proposed amendments? None? Then the resolution is approved. The Secretariat will draft the definitive text.

*Approved.*[1]

**Amendments to the Rules of Procedure of the Conference**

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * I should like to propose a motion whose approval may possibly require a two-thirds majority.

In the Conference, the signing of the Final Act is a tradition. It is more a traditional than a functional procedure. With the progressive development of international meetings this document has been supplanted by a final report that is forwarded later to the Member Countries and to the organizations represented at the Conference.

I should like to propose that in the Rules of Procedure two small amendments be introduced in Articles 54 and 55 to eliminate the signing of the Final Act. Article 54, which now states that the General Committee shall prepare the Final Act, would read instead: "The Final Act shall include all resolutions adopted by the Conference." After all, the Final Act is a collection of the resolutions approved in the plenary sessions. Article 55 now reads: "At the closing session the delegates and the Director shall sign the Final Act." I propose the following text: "The President and the Secretary ex officio shall sign the Final Act." This would be a simple matter and, if you agree, I would ask that we take this step so as to obviate the need for signing a final act at PASO meetings.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * The delegation of Cuba is in agreement with the spirit of the amendments the delegate of Costa Rica wishes to introduce. To facilitate this change, I would ask Dr. Vargas Méndez to amend the text to state "report" rather than "act." By eliminating the word "act" the difficulty is overcome, because an "act" requires signature and the same is not true with the report, which merely contains all the decisions already adopted by the Conference. I therefore recommend that the

[1] Resolution XIV, p. 30.

respective amendments be made in Articles 54, 55, 56, and 58.

PRESIDENT: * Are there any other comments? Dr. Vargas Méndez accepts the suggestion of the delegate of Cuba. This, then, constitutes an amendment to the Rules of Procedure of the Conference. Article 60 reads: "These Rules of Procedure may be amended by resolution of the Conference on 24-hour notice or by a two-thirds majority vote at any time."

Dr. RAMÍREZ (Ecuador): * I propose that the amendments be put to a vote.

PRESIDENT: * Any objections? The proposed amendments to the Rules of Procedure will be put to a vote.

*A vote was taken with the following results: 18 in favor, 0 against, and 4 abstentions.*

*Approved.*[1]

PRESIDENT: * This concludes the plenary session of this morning.

*The session was adjourned at 12:35 p.m.*

[1]For the text of the Rules, see p. 9.

## NINTH PLENARY SESSION

*Wednesday, 1 October 1958, at 9:15 a.m.*

*President:* GUILLERMO ARBONA (United States)

PRESIDENT: * The session is called to order. I take pleasure in introducing Dr. William Sanders, Assistant Secretary General of the Organization of American States, who brings a message to the Conference. Dr. Sanders has the floor.

### Address by Dr. William Sanders, Assistant Secretary General of the Organization of American States

Dr. SANDERS (Assistant Secretary General, OAS): * I arrived last night and, knowing that the Conference is at this moment about to consider a matter of much importance, I shall be brief.

It gives me much satisfaction to be with you and to say a few words on behalf of the General Secretariat of the Organization of American States. I bring warm greetings from the Secretary General, Dr. José A. Mora. He asked me to convey to you his most cordial congratulations on the fine accomplishments of the Pan American Sanitary Organization, and his best wishes for the future. I sincerely join him in these sentiments.

I would like to refer to the circumstance which has prevented Dr. Mora from attending this Conference and which will explain my own late arrival. As you all are aware, an informal meeting of Ministers of Foreign Affairs of the American Republics has just been held in Washington. This was an historic event in the development of inter-American unity and solidarity. I say this for several reasons, among them the fact that a strong sense of solidarity and mutual understanding prevailed, and that conclusions were reached which undoubtedly will have beneficial results for the future of our American unity.

It was also an historic occasion because it established important precedents for the future: it was a meeting attended by all the Ministers of Foreign Affairs of the American Republics, and this for the first time; it was the first occasion on which the Foreign Ministers met informally simply to exchange points of view and to get to know one another personally; and finally, for the first time, the Council of the Organization of American States met with the participation of the Foreign Ministers, that is, with all the Ministers of Foreign Affairs of the American Republics representing their respective countries on the Council. There is great significance for the future in these developments.

Having only recently returned to the Pan American Union after many years, I find myself recalling the time when the personnel of the Pan American Sanitary Bureau and the Pan American Union shared a single building. I mention this historical detail only because it points up the essential unity of purpose of our two agencies in the service of the American peoples and governments. The two are

also similar in origin. Both organizations sprang from the same series of conferences—the International Conferences of American States. Both in their early days were concerned with the improvement of international trade, for one of the purposes of the Pan American Sanitary Bureau in 1902 was to aid in the improvement of public health in the Member Countries with a view to eliminating communicable diseases and thus facilitate trade among them. But our unity is not purely symbolic nor merely historical. The truth is that, our present physical separation notwithstanding, recent developments have brought us closer together than when we were lodged in the same building.

The Charter of Bogotá, which recognized and consolidated the accomplishments and trends of our regional system, grouped us in a single legal structure. We of the General Secretariat appreciate the wisdom of those who drafted our basic instrument. They provided that the specialized organizations, of which the PASO is the oldest of the six, were to be integral parts of the Organization of American States. This means that the other organs of the OAS are now in the fortunate position of having direct access to the experience, knowledge, and resources of six highly specialized and effective partners in attempting to serve the will of the Member Countries.

The Pan American Sanitary Organization is a unique institution within our regional system. It is both a specialized organization of the OAS and the regional agency of the WHO in the Western Hemisphere. The highly original formula incorporated in your agreement with the World Health Organization, by which you are able to bring together and coordinate the total public health effort of the international community in the New World without detriment to your status as a technically autonomous agency of the inter-American system, is a sound and happy response to the special requirements in the public health field in the region.

Needless to say, it is our wish and our purpose in the General Secretariat of the OAS to work in close cooperation with the Pan American Sanitary Bureau. In this connection I should like to voice certain reflections and comments.

The Meeting of Executive Heads of Specialized Organizations, convened at the Pan American Union in May of this year, is an example of constructive trends in the right direction. As the first of such meetings, its basic significance is that it provided an opportunity for a preliminary exchange of information concerning the programs of the specialized organizations and of the General Secretariat. If these meetings develop from the stage of general discussion and exchange of views to a phase of concrete planning for the coordination of programs, much good can result.

There are several possibilities for the establishment of helpful and constructive relations between the Pan American Union and the Pan American Sanitary Bureau in the promotion of their common objectives. For example, one is the system of intern fellowships maintained by the Pan American Union. Through that system officials of the American republics, particularly from the foreign ministries, are brought to the Pan American Union for a period of intensive training and study in the structure, procedures, and activities of the OAS. Might it not be possible to conduct such a program, on an exchange basis, among the agencies of the inter-American system? The results could well mean a closer coordination of programs and thus a more effective achievement of our common purposes. The services of the Pan American Union to the specialized organizations have in the past been modest. We look forward to developing other forms of cooperation. For example, a systematic exchange of personnel for stipulated periods could be arranged. A concrete step has already been taken in this direction through the exchange of personnel for conference secretariat services.

The new fellowship program of the General Secretariat is another source of potential cooperation between the Pan American Union and the PASB. As stated in the "General Policy for the Program," approved on 15 January 1958 by the Council of the Organization, "the Secretary General shall take advantage of the experience of the specialized organizations . . . and to that end he shall promote the adoption of measures necessary to ensure the proper cooperation of the said organizations with the activities developed under the program." It is to be expected that, as time goes on and the program is placed on a firmer footing and improved, the activities of the General Secretariat in this field can greatly benefit from cooperation with the Pan American Sanitary Bureau in the field of medical and public health training.

The nuclear energy program of the OAS is another sphere of activity in which coordination

of our efforts would seem to promise fruitful results. Surely nothing could be more logical and desirable than for the Pan American Sanitary Organization to be acknowledged as the technical arm of the program in medical and public health matters. In fact, such recognition is entirely in keeping with the functions assigned to your Organization and ours in Recommendation XXIV of the Inter-American Committee of Presidential Representatives.

The General Secretariat of the OAS is in the process of reorganizing and reorienting its programs and offices in such a way as to place increasing emphasis on the concept of service. Service to the Member Governments and service to the Organization of American States as a whole, with respect to specific problems of a practical character, will be given priority. While our programs of centralized information and research will be continued, the role of direct technical assistance will be greater. In this we are following in the footsteps of the Pan American Sanitary Bureau, whose program of decentralization, with emphasis on field activities, has produced noteworthy results. This converging trend in theory and practice should give momentum to the planning and execution of joint undertakings.

At the present stage in inter-American affairs, in which there have been spectacular achievements in political cooperation, the American nations are seeking similarly effective approaches to their urgent economic problems. Doubtless you are aware of the communiqué issued by the Ministers of Foreign Affairs of the American Republics, which met in Washington last week. In the communiqué the Ministers declared that "in keeping with the aspirations and needs of the peoples of America expressed on numerous occasions, action to promote the greatest possible economic development of the Continent must be intensified." The communiqué adds that the Ministers "are certain that a harmonious and carefully planned joint effort to that end will contribute enormously to strengthening the solidarity of the Hemisphere and to the well-being of all Americans."

The public health and sanitation programs of the Pan American Sanitary Organization are fundamental to this development effort, since, apart from humanitarian considerations as well as those of self preservation, it is self-evident that to improve man's environment and to free him from endemic and epidemic diseases is to release human energy for productive endeavors. The fight against malaria is an example.

Mr. President, I am glad to have this opportunity to assure you that we at the Pan American Union are most anxious to maintain close cooperative relations with the officials and secretariat of the Pan American Sanitary Organization. In the past we have worked side by side with you in the Program of Technical Cooperation and in certain phases of other activities. This route, this road, is useful and fruitful. We count ourselves fortunate that, as provided by the terms of the agreement with the Pan American Sanitary Organization, we are to "consult the Pan American Sanitary Organization on all matters of public health and medical care . . . " Where else could we find better counsel?

It is a source of deep satisfaction to me to have this opportunity of assuring you, on behalf of the Secretary General and in my own name, that we look forward with pleasure to continued cordial relations with the Pan American Sanitary Bureau in the pursuit of our common endeavor to serve the Americas. To my good friend, Dr. Fred L. Soper, my warmest congratulations on his accomplishments during his years as head of the Pan American Sanitary Bureau. Much is due to his creative imagination, his vigor, and his widely recognized ability. The beneficial results of his labor in this Hemisphere will endure for a long time.

PRESIDENT: * Thank you, Dr. Sanders. Let me express once more the great pleasure of the Conference at having you among us.

### Topic 29: Election of the Director of the Pan American Sanitary Bureau, and Nomination of the Regional Director of the WHO for the Americas

PRESIDENT:* Let us now turn to Topic 29, Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas.

In this connection, and as a guide to today's proceedings, I have prepared a note—which will be distributed now among the delegates—outlining the rules and election procedure that should be followed in the discussion of this topic if the Conference so agrees. I would now ask Dr. Wegman to read the note.

*Dr. Wegman (Secretary General, PASB) read the note of the President on the election of the Director of the Pan American Sanitary Bureau.*[1]

PRESIDENT: * That is the proposal of the Chair. Are there any comments? The delegate of Colombia is recognized.

Dr. PATIÑO CAMARGO (Colombia): * May I ask whether there will be nominations.

PRESIDENT:* There is nothing standing in the way of nominations.

Dr. PATIÑO CAMARGO (Colombia): * Then I ask for the floor to make a nomination.

PRESIDENT: * I shall first give the floor to the delegate of Costa Rica, who had requested it.

Dr. VARGAS MÉNDEZ (Costa Rica): * In no part of this very detailed and timely document do I find a suggestion that the session be private. It appears to me that when we do establish methods and procedures in writing—and we all regret that there are none yet—one of the provisions that should be included is that the election of the Director be held in closed session, precisely as envisaged by Article 51 of the Rules of Procedure of the Executive Board of the World Health Organization, according to which the nomination and election of the Director-General takes place at a private meeting.

I take the liberty of asking the plenary session if it would not be advisable, as is always the custom when it is a matter of electing individuals, for the session to be private.

PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * Mr. President, I should like to ask whether there is any legal provision to determine what constitutes a null and void vote.

PRESIDENT:* Any other questions? The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I believe that the proposal of the delegate of Costa Rica is extremely sensible. We are certain that nothing will happen in the election that might attract the attention of the press, for example; but for reasons of orderly procedure it would, in our opinion, be better for the session to be private—that is, with only the delegates present, so as to leave the impression of the constant unity of our countries of the Americas and show that the candidate who is elected on his merits will have the unanimous support of the American countries in the task of solving health problems. Through this statement, I support the proposal of the delegate of Costa Rica.

My second question refers to the procedures suggested by the Chair in point 8-f of his note, which reads:

> The President will read the results appearing on the form signed by the tellers, and if any person has obtained the necessary two-thirds vote, he will declare that person elected. Otherwise, the President will call for a new vote, which will follow the same procedure as the previous vote.

But there is nothing about a third vote. I believe that it should be stated that the voting will continue until the necessary number of votes is attained.

PRESIDENT: * Exactly. That was the intention. With reference to the query of the delegate of Costa Rica, Article 21 of the Rules of Procedure states that unless otherwise determined, the sessions of the Conference shall be public. The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I disagree with the proposal that the session be private. There is no justification for a closed session. The argument that bases the request for a private session on a comparison with the regulations of the World Health Organization is not applicable for a very simple reason: the election of the Director-General of WHO is not comparable to the election of the Director of the Pan American Sanitary Bureau, because in Geneva the background and qualifications of the candidates are examined, and that is the reason for the secret nature of the session. The Director-General, meeting with the Executive Board, reports on the names of the candidates, on their *curriculum vitae,* their qualifications, and so forth. In other words, he makes a confidential report to the Board on each candidate, something that is not done here. Here it is a question of a direct election; there it is not. There the Executive Board meets, the names of candidates are mentioned, and favorable or unfavorable comments may be made concerning each of them. That is the procedure in Geneva. Here, no, because here we do not yet have any special rules

[1] See Part V, Annex 13, p. 534.

for governing these procedures. Up to now our procedure is not deliberative. It is simply a matter of action, in which each delegate of a country freely exercises the right to vote, indicating on a ballot the name of the person whom he is supporting for Director of the Pan American Sanitary Bureau.

For these reasons a private session is not to be recommended. It always gives the general impression of some serious and delicate matter or discussion which should not be made public. Consequently, I am opposed to having this plenary session declare that the session at which the Director is to be elected will be private.

PRESIDENT: * Does any one else wish to speak on this question? The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * I should like to know what precedents there are from previous elections, and whether there ever has been an election in closed session. I agree that the procedure followed at WHO meetings is different. Nevertheless, I should like to know what happened at previous elections for this same post.

PRESIDENT: * The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): * The elections at the XII, XIII, and XIV Pan American Sanitary Conferences were elections in plenary session, open to the observers and the public.

PRESIDENT: * The delegate of the United States has the floor.

Dr. BURNEY (United States): I would like to ask what Dr. Vargas Méndez means by a closed meeting or what the President interprets as a closed meeting. Does that include all members of the delegations, or does it exclude all but the chief delegates?

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * At a closed session the delegations are represented by the chief delegate and all his advisers; the representatives of international organizations with a right to be present, like the World Health Organization in this case, the Organization of American States, etc.—we would have to study each case—are also present, but not the nongovernmental organizations or the public, the press, the secretariat staff, or interpreters. I take this opportunity to say that although I believe it would be advisable in the future to provide for a closed (though not exactly secret) session when it is a matter of electing individuals, I am not interested in imposing my point of view in this election. If it is desired to follow tradition, I withdraw my question, which was not a motion.

PRESIDENT: * The delegate of Costa Rica withdraws his question.

In connection with the inquiry of the delegate of Honduras, the report of the committee appointed to study Article 53 of the Rules of Procedure states: "The Committee made it clear that a valid vote is understood to be a vote cast in favor of an elegible candidate; a null and void vote is one on which any other writing appears." Is there any other question?

Let us verify the quorum. Will Dr. Wegman please call the roll.

*Dr. Wegman (Secretary General, PASB) called the roll and announced that the delegations of 22 Member Countries were present.*

PRESIDENT: * The quorum has been verified. The Chair wishes to designate Dr. Peña of Paraguay and Dr. Bissot of Panama as tellers. Will they please come to the rostrum. The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * I should like to know, since there are 22 delegations voting, what constitutes the two-thirds majority required for election.

PRESIDENT: * The determination of the two-thirds majority is made after the ballots are deposited, since it is two thirds of the ballots cast. I shall be able to answer the question of the delegate of Ecuador when the time comes. The delegate of Nicaragua has the floor.

Dr. CASTILLO RODRÍGUEZ (Nicaragua): * I propose that, instead of having the ballot papers handed to each delegation, these be placed on the table where the ballot box is placed, so that each delegate may go and write the name of the candidate of his choice, rather than write it at his seat.

PRESIDENT: * Is there any objection to the pro-

cedure proposed by the delegate of Nicaragua? The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * I think that this would cause an unnecessary delay in the voting. If each delegate receives a ballot paper he could write in the name at his seat. This is a much more rapid procedure than for a delegate to go to the rostrum, sit down, fill in the ballot, and then deposit it in the ballot box. For that reason, I do not support the proposal of the delegate of Nicaragua.

PRESIDENT: * Is there any other delegation that wishes to make a statement on this point? The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * Not exactly on that point. I understood the Chair to say in reply to the delegate of Ecuador that once the votes were placed in the ballot box they would be counted and the two-thirds majority would be determined before the results are announced.

PRESIDENT: * That is the procedure to be followed. What is the pleasure of the Conference with reference to the proposal of the delegate of Nicaragua? The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * What Dr. de Medeiros said appears to me to be correct: that the ballots be passed out and that each of the delegates be called by the Chair in the established order of precedence. I believe that this is the normal procedure in all types of elections.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * We support the proposal of the delegation of Nicaragua. We believe that in this way we can guarantee, among other things, one of the things called for in the Rules, that is, the secret ballot.

PRESIDENT: * The proposal of the delegate of Nicaragua will be put to a vote.

*A vote was taken and the proposal of the delegate of Nicaragua was rejected by 5 in favor, 10 against, and 6 abstentions.*

PRESIDENT: * Had the delegate of Colombia asked to be recognized in order to make a proposal?

Dr. PATIÑO CAMARGO (Colombia): * Yes, Mr. President.

PRESIDENT: * That is now in order. The delegate of Colombia is recognized.

Dr. PATIÑO CAMARGO (Colombia): * On behalf of the delegation of the Republic of Colombia, I am honored and happy to place in nomination the name of Dr. Carlos Luis González.

Dr. González was born in Independencia, State of Táchira, Venezuela, on 12 May 1916. He studied medicine at the Central University of Venezuela, where he received the degree of Doctor of Medicine on 30 June 1938. While still a medical student he began in 1937 to work for the Venezuelan Ministry of Public Health and Welfare as a laboratory technician in the Luis Razetti Institute in Caracas, and upon graduation he became Laboratory Director of the Psychiatric Hospital. He held the post of chief of the public health unit in the following cities: San Antonio del Táchira, at the Colombian border, from 1939 to 1941; Trujillo, from 1941 to 1942; San Cristóbal, Táchira, from 1942 to 1945; and Maracaibo, State of Zulia, from 1945 to 1946.

While in service he took a special course in Caracas in the bacteriological analysis of water in 1941, and in August and September 1945 he made studies on yellow fever in Bogotá and Villavicencio, Colombia, under the auspices of the Rockefeller Foundation. Under a fellowship from the Rockefeller Foundation he began specialized studies in the United States in 1946 at the Johns Hopkins University in Baltimore, Maryland, where he received the degree of Master of Public Health in June 1947. The Venezuelan Ministry of Public Health arranged for him to continue specializing in epidemiology, and he received the degree of Doctor of Public Health from Johns Hopkins in 1948.

Upon his return to Venezuela he was appointed chief of the personnel training section of the Ministry of Public Health and Welfare, and in that capacity he directed the course for public health physicians until 1949. On 1 August of that year he was named Director of Public Health, a post he held until 1953. From June to September 1952 he was Acting-in-Charge of the Ministry during the temporary absence of the incumbent.

On 16 August 1953 the Pan American Sanitary Bureau, Regional Office of the World Health Organization for the Americas, called him to Washington to fill the post of Chief of the Division of Public Health. He was appointed Assistant Director on 1 May 1954.

He was still in that international post when on

24 January 1958 he was named Minister of Public Health and Welfare by the Governing Junta of Venezuela; he took the oath of office in Caracas on 27 January. He held this post until 28 May, and as of 1 June was again appointed Assistant Director of the Pan American Sanitary Bureau.

Dr. González has represented Venezuela at many international health meetings: delegate to the First, Third, Fourth, and Sixth World Health Assemblies, held in Geneva, Switzerland, from 1948 to 1953; representative at the meetings of the Executive Committee of the Pan American Sanitary Organization in Lima in 1949, in Washington in 1950, and in Ciudad Trujillo in 1950; representative at the following meetings of the Directing Council of the Organization: III (Lima, 1949), IV (Ciudad Trujillo, 1950), V (Washington, 1951), and VI (Havana, 1952), at the last of which he was elected Chairman of the Council. In 1950 he headed the delegation of Venezuela at the XIII Pan American Sanitary Conference in Ciudad Trujillo and was elected Vice-President of the Conference. He also attended the First Inter-American Congress of Public Health in Havana, 1952. In 1949 he went to Ecuador as chairman of the Venezuelan Relief Mission on the occasion of the earthquake that struck that country.

In his capacity as an international official he attended all the meetings of the governing bodies of the Pan American Sanitary Organization between 1953 and 1957, serving as Secretary at several of them, and attended the annual sessions of the Executive Board of the World Health Organization. He has also been a member of the WHO Expert Panel on Public Health Administration, and between 1950 and 1952 was a member of the Executive Board of that Organization, by appointment of the Government of Venezuela.

Dr. González has taught anatomy, pathology, bacteriology, and parasitology at the School of Medicine in Caracas, and has also held a number of technical and administrative positions in Venezuelan hospitals. He is the author of various works in the field of public health administration, epidemiology, and tropical medicine, published in scientific periodicals in Venezuela and other countries. He is a member of the following associations: Venezuelan Society of Public Health, Argentine Association of Hygiene and Social Medicine, American Public Health Association, American Society of Tropical Medicine and Hygiene, American Academy of Social and Political Sciences, Society for the Promotion of Health in Great Britain, and the Tropical Medicine Society of Washington, D.C.

He has been awarded the following decorations: Order of the Liberator, with the rank of Commander, and Order of Francisco Miranda (Venezuela), Carlos J. Finlay National Order of Merit, with rank of Officer (Cuba); and Order of Merit, also with the rank of Officer (Ecuador).

That is the record of service of the candidate presented by the delegation of Colombia for consideration by the sanitarians of the Hemisphere.

PRESIDENT: * The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica): On behalf of the delegation of Costa Rica, I nominate for the post of Director of the Pan American Sanitary Bureau Dr. Abraham Horwitz of Chile. He is well known to all of us and, to save time, I shall not refer in detail to his *curriculum vitae*.

PRESIDENT: * The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * In the name of the Venezuelan delegation, I wish to express publicly to our sister Republic of Colombia our appreciation for the brilliant speech placing our compatriot, Dr. Carlos Luis González, in nomination. I have full authorization from the Government of Venezuela to declare our complete support of the candidacy of Dr. González, whom we consider one of the most brilliant sanitarians of our nation, a person with a great capacity for work, and one to whom the gates of his country are always wide open for positions of the greatest possible honor in the national administration.

Several months ago, Dr. González was called upon to take charge of the Ministry of Public Health and Welfare in Venezuela, where he worked briefly but brilliantly during one of the most intense and difficult periods in our history, when the people stirred up against one of the fiercest tyrannies the Americas have ever known. His task was to prepare and plan many of the projects which we are at present trying to carry through. Lastly, I wish also to declare, in the name of my Government, that whatever the result of the election, we stand always behind the Pan American Sanitary Bureau, supporting it to

the best of our ability in behalf of health in our Hemisphere.

PRESIDENT:* The delegate of Chile has the floor.

Dr. TORREBLANCA (Chile):* In the name of my Government, I express my sincere thanks to the delegation of Costa Rica for having placed in nomination the name of our compatriot, Dr. Abraham Horwitz.

All the delegates are thoroughly familiar with the accomplishments of Dr. Horwitz, and we Chileans know what highly valuable and constructive work he has done in organizing the School of Public Health of Chile, in reorganizing the National Public Health Service, and in representing our country at numerous international congresses.

We are also aware of his outstanding performance in all the courses taken by him abroad, where he achieved the highest honors. We should like to state, as did the delegate of Venezuela, that our country will continue, whatever the result of the election, to collaborate with the Pan American Sanitary Bureau with the same enthusiasm it has shown since the Bureau's establishment.

PRESIDENT:* The Chair invites the delegates to come up to the rostrum and deposit their ballots, as the names of their respective countries are called out by Dr. Wegman.

*A vote was taken.*

*Dr. Wegman (Secretary General, PASB) called up the delegations in the established order of precedence: Brazil, Nicaragua, Mexico, Venezuela, Colombia, Costa Rica, Ecuador, Peru, Paraguay, Uruguay, United Kingdom, Cuba, Kingdom of the Netherlands, Haiti, United States of America, Chile, Guatemala, Panama, France, Honduras, El Salvador, and Argentina.*

Dr. WEGMAN (Secretary General, PASB):* Mr. President, all the countries that answered in the roll call for the quorum have responded to the invitation to vote.

PRESIDENT:* The tellers will now open the ballot box and count the ballots cast, in order to determine what number constitutes two thirds.

*The tellers reported to the President the total number of votes cast.*

PRESIDENT:* There are 22 ballots in the box. Two thirds of 22 are 14.7; consequently, 15 votes will be necessary for the election of the Director.

Dr. PATIÑO CAMARGO (Colombia):* I would ask that the votes be read one by one, so that we may follow the result of the voting.

Dr. VARGAS MÉNDEZ (Costa Rica):* I would ask that no innovation in the procedure approved earlier be introduced at this time.

PRESIDENT:* It would be better to procede as we agreed earlier.

*The tellers informed the President of the result of the voting.*

PRESIDENT:* The result of the voting is as follows: number of ballots cast, 22; number of valid ballots, 22; number of void ballots, 0; number of blank ballots, 1; two-thirds majority needed for election, 15; votes for Dr. Horwitz, 13; votes for Dr. González, 8. On the basis of this vote, neither of the candidates nominated has been elected. We shall proceed to a second vote. The Secretariat will distribute the ballots. The same procedure will be followed. I invite the delegates to cast their votes in the order in which they are called up by Dr. Wegman.

*A second vote was taken and the tellers informed the President of the results.*

PRESIDENT:* The result of the second voting is as follows: ballots cast, 22; valid ballots, 22; void ballots, 0; blank ballots, 0; two-thirds majority needed for election, 15; votes for Dr. Horwitz, 12; votes for Dr. González, 10. Neither of the candidates having been elected, we shall take a third vote.

*A third vote was taken and the tellers informed the President of the results.*

PRESIDENT:* The result of the third vote is as follows: ballots cast, 22; valid ballots, 22; void ballots, 0; blank ballots, 0; two-thirds majority needed for election, 15; votes for Dr. Horwitz, 12; votes for Dr. González, 10. The result of the voting is exactly the same as in the second ballot; neither of the candidates has obtained the required majority. The Chair suggests that the session be recessed for half an hour.

*The session was recessed for half an hour. When it was resumed, a fourth vote was taken and the tellers informed the President of the results.*

PRESIDENT: * The result of the fourth vote is as follows: ballots cast, 22; valid ballots, 22; void ballots, 0; blank ballots, 0; two-thirds majority needed for election, 15; votes for Dr. Horwitz, 13; votes for Dr. González, 9. No one has been elected, so we shall proceed to take another vote.

*A fifth vote was taken and the tellers informed the President of the results.*

PRESIDENT: * The result of the fifth vote is as follows: ballots cast, 22; valid ballots, 22; void ballots, 0; blank ballots, 1; two-thirds majority for election, 15; votes for Dr. Horwitz, 12; votes for Dr. González, 9. The required majority has not been obtained. What is the pleasure of the Conference—to continue, or to adjourn the session? The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I would ask the Conference for a recess of one or two hours.

PRESIDENT: * The delegate of Ecuador has the floor.

Dr. RAMÍREZ (Ecuador): * I would suggest, in order not to waste time, that we vote now for the countries to fill the vacancies on the Executive Committee and again take up the election of the Director at the afternoon session.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * I would propose the same thing.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * We second the proposal of the delegate of Ecuador.

PRESIDENT: * In that case we shall postpone the election of the Director and take up Topic 30, referring to the election of the three Member Countries to serve on the Executive Committee.

**Topic 30: Election of Three Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Bolivia, Cuba, and Nicaragua**

PRESIDENT: * Dr. Wegman has the floor to present the document on this topic.

Dr. WEGMAN (Secretary General, PASB): * Document CSP15/2 [1] states that Article 13-A of the Constitution stipulates that the Executive Committee shall be composed of seven Member Governents elected by the Council for overlapping terms of three years. A Member Government that has completed its term shall not be eligible for re-election to the Executive Committee until one year has elapsed. The countries that will remain on the Committee are Mexico, Venezuela, Peru, and Guatemala.

PRESIDENT: * The delegate of Guatemala has the floor.

Mr. OLIVERO (Guatemala): * The delegation of Guatemala wishes to nominate its sister Republic of Honduras as a member of the Executive Committee. Honduras is a Central American country that is collaborating persistently and efficiently in the work of INCAP and in the solution of our problems in Central America, and it has never been a member of the Executive Committee.

PRESIDENT: * The delegate of the United States has the floor.

Dr. BURNEY (United States): I would like to concur in the nomination of the Republic of Honduras. That country has a very distinguished public health program and has taken a most active part in the activities of the Pan American Sanitary Organization. To my knowledge, at least, this distinguished Republic has never been on the Executive Committee.

PRESIDENT: * The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica): * The delegation of Costa Rica, in supporting the candidacy of Honduras, wishes to make a statement concerning the number of years various countries have been absent from the Committee. Honduras has never been a member of the Executive Committees; Costa Rica has not been for nine years; Uruguay for eight; El Salvador, six; and the Dominican Republic and Chile, five; Ecuador has been away from it for four years; Brazil, Haiti, and Panama, three years; Argentina and the United States, two years; and Colombia and Paraguay, one year.

Although there is no system of rotation or a reasonable period of absence that will afford the right for a country to become a member of the Executive Committee, I believe it fitting to call

[1] Mimeographed document.

the delegates' attention to the number of years the various countries have been away from the Executive Committee. I hasten to add that Costa Rica is not suggesting its own candidacy.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * The delegation of Cuba seconds with great satisfaction the nomination of the Republic of Honduras as a member of the Executive Committee. But, in addition, it recommends to this plenary session that the United States of America be included among the candidates. Notwithstanding the explanations given by Dr. Vargas Méndez the problem is not merely one of time. To be or not to be on the Executive Committee is a fact worthy of attention, but it is not the whole story. The United States generally is on the Executive Committee. It has, of course, never tried to be re-elected immediately because, in the first place, that would be unconstitutional in this Organization; but no one will doubt the great advantage of having that country on the Executive Committee as often as possible. We cannot apply to the United States the strict concept that it was a member two years ago and that it should wait some more. It is now two years since the United States has been a member of the Executive Committee. On several occasions I have stated that one day, when our regulations permit, I shall vote in favor of the permanent membership of the United States on the Executive Committee, and I recommend that at this time one of the three vacancies go to the United States of America.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. PATIÑO CAMARGO (Colombia): * The delegation of Colombia supports the nomination of the Republic of Honduras to the Committee and, in addition, nominates Brazil and Uruguay.

PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * The delegation of Uruguay warmly supports the nomination of Honduras but would like to go a little further into this topic, begging pardon that our inexperience in these Conferences has caused us to present a document that perhaps could have better been presented at the proper moment in the pertinent committee.

As stated in the document in question, Uruguay maintains that all countries of the Americas, large or small, powerful or not powerful, are on a plane of equality at this Conference. It therefore believes that a more just, more equitable system should be sought in consideration of the fraternity of the American peoples. All the countries of the Hemisphere have not only equal obligations but also the same equal rights, and consequently, the delegation of Uruguay has drafted a proposed amendment to the Constitution which, I repeat—and I beg pardon for the fact—was not presented at the proper time; I wanted to do so yesterday but there was no time to discuss it. If this plenary session believes that the matter should be kept in mind for later, I would suggest the possibility of amending Article 13-A of the Constitution to provide for a system of rotation for filling vacancies whereby the various countries may again become members of the Executive Committee, and that a period of at least three years be established for eligibility for re-election so as to make it possible for all the countries of the Hemisphere to have served on the Executive Committee within a period of 10, 12, or 15 years.

If the Chair will permit, I can hand over this document; otherwise I shall leave it for a better opportunity.

PRESIDENT: * the delegate of Paraguay has the floor.

Dr. PEÑA (Paraguay): * I asked for the floor simply to place Brazil in nomination for one of the vacancies on the Executive Committee. The delegate of Colombia has already done so, but at any rate I am happy to second the nomination.

PRESIDENT: * The delegate of Guatemala has the floor.

Dr. LÓPEZ HERRARTE (Guatemala): * The delegation of Guatemala wishes to second Cuba's motion on nominating the United States as a member of the Executive Committee.

PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * My delegation is highly honored that our country has been nominated as a member of the Executive Committee and I wish to express our appreciation to Dr.

López Herrarte, the distinguished delegate of Guatemala, to Dr. Burney, the delegate of the United States, to Dr. Vargas Méndez of Costa Rica, to Dr. Hurtado of Cuba, to Dr. Patiño Camargo of Colombia, and to Dr. Bertolini of Uruguay for having so favorably placed in nomination Honduras as a member of the Committee.

I take the liberty at this time, bearing in mind the geographic distribution of representatives on the Executive Committee, of proposing the United States and the Republic of Argentina as candidates for membership on the Committee.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I should like to express my support of the nomination of the Republic of Honduras, because it has never yet been represented on the Executive Committee. We believe that it is no more than just to elect Honduras at long last. We also believe that it is an act of justice to have nominated the United States of America, whose contributions toward advancing the progress of public health in the Hemisphere has been outstanding. The United States today is contributing perhaps more than ever to the progress of public health. Through its cooperative services, through the ICA, through special grants, through fellowships, through its technical personnel, the United States is carrying out a new policy, one that we should take note of, a new policy for raising the level of health of the peoples in the recognition that America is one and indivisible. For that reason I wish to go on record as supporting the nomination of the United States.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I wish merely to state that this exchange of opinions, which is very pleasant, agreeable, and useful, is of a completely informal nature, because there is no rule in which it fits. We are, to be sure, using the term "candidate," which is not correct. The nominations are completely unrestricted. It is simply a question of recommending a country for election to membership on the Executive Committee, but any of the Member Countries of the Organization, whether they have or have not been recommended by this plenary session, are completely eligible, with the sole constitutional exception that no country may return to the Executive Committee before one year has elapsed after it has served its term.

I therefore reaffirm my proposal that the United States be elected and my support of the nomination of Honduras, bearing in mind the circumstances just explained. But I would ask the Chair to explain to the plenary session at the proper time, when the voting begins, that it is not a matter of candidacy; it is simply a question of recommendations. We are free to put any names we like on the ballot.

PRESIDENT: * The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * The delegation of Brazil thanks the delegates of Colombia and Paraguay for their support of the candidacy of Brazil for membership on the Executive Committee. It applauds Cuba's action in recommending the United States of America for membership, for the well expressed reason of the benefits to be derived from the presence of that country on the Committee.

We must also consider that we are going to elect a Director to replace a great sanitarian from the United States, who has directed the Pan American Sanitary Bureau with such great ability; and since we shall be electing someone other than a citizen of the United States, that country should be represented on the Executive Committee, because it is the country that contributes most to the maintenance of the Pan American Sanitary Bureau.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * I should like to express my gratitude to the delegation of Honduras for having nominated the Republic of Argentina as a member of the Executive Committee of the Pan American Sanitary Organization.

PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * To make up for an omission, I should like to thank the delegation of Colombia for nominating Uruguay as member of the Executive Committtee.

PRESIDENT: * In connection with the proposal of the delegate of Uruguay, the Chair believes it well for the Conference to take into account his statement on the possibility of amending the Constitution with reference to the system to fill the

vacancies on the Executive Committee, but it does not believe that it would be in order to take up that proposal now.

I shall ask Dr. Wegman to read Article 44 of the Rules of Procedure of the Conference relating to the election procedure.

*Dr. Wegman (Secretary General, PASB) read Article 44 of the Rules of Procedure of the Conference.*[1]

PRESIDENT: * The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * Mr. President, where Article 44 speaks of a majority, is that an absolute majority or a relative majority? I should like this point clarified.

PRESIDENT: * The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * I requested the floor only to explain that a reading of the documents of the previous Conference, held in Santiago, Chile, suggests that it refers to an absolute majority; that is, half plus one. That is the way it was in Chile.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * More specifically, in the present plenary session 12 votes would be required for election to the Executive Committee.

PRESIDENT: * It is half plus one of the countries voting. The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * If 22 vote, the majority will be 12; if 20 vote, the majority will be 11, and so forth. In other words, it is half plus one of the countries voting, not of those present.

PRESIDENT: * Any other observation or comment on this point? Then let us proceed to a vote.

I would remind the delegates that they should write the names of three countries. I shall ask Dr. Peña of Paraguay and Dr. Bissot of Panama to again serve as tellers. Will the delegates please deposit their ballots as they are called by the Secretariat, according to the established order of precedence.

*A vote was taken and the tellers informed the President of the results.*

[1] See p. 12.

PRESIDENT: * The result of the vote in the elections for the Executive Committee is as follows: ballots cast, 22; valid ballots, 22; void ballots, 0; blank ballots, 0; majority needed for election, 12; votes for Honduras, 22; votes for the United States of America, 17; votes for Brazil, 13; votes for Uruguay, 8; votes for Argentina, 6.

*The Chair declared Honduras, the United States, and Brazil, elected to the Executive Committee.*

PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * The delegation of my country, which I have the honor to head, wishes to state to the XV Pan American Sanitary Conference that it is highly honored and gratified by the opportunity given the Republic of Honduras to serve on the Executive Committee of the Pan American Sanitary Organization. I believe that this high distinction carries with it great responsibilities, which our country will try to carry out as effectively as possible. Let me direct my vote of thanks particularly—as I did not have the opportunity to do so before—to Dr. Muñoz of Peru, for supporting the candidacy of Honduras.

PRESIDENT: * The delegate of Guatemala is recognized.

Mr. OLIVERO (Guatemala): * The delegation of Guatemala wishes to congratulate very warmly the three countries that have been elected to fill the vacancies on the Executive Committee. At the same time, my delegation wishes to express its most sincere appreciation to Nicaragua, Cuba, and Bolivia, the three countries now leaving the Committee. Speaking for myself, I should like to express the satisfaction with which we observed the work of Dr. Félix Hurtado of Cuba and Dr. Manuel A. Sánchez Vigil of Nicaragua, who lent all their knowledge and goodwill in behalf of the Organization.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I support the proposal of the delegate of Guatemala that the Pan American Sanitary Conference pass a vote of appreciation for the effective collaboration rendered by Nicaragua, Cuba, and Bolivia as members of the Executive Committee. I am particularly attached by ties of friendship, esteem, and affection, and by

profession and specialty to Dr. Félix Hurtado, who is one of the pioneers in public health in the Americas. We are all cognizant of his activity, his drive, and his unceasing effort to enhance the prestige of the Pan American Sanitary Organization and help place its work on a sound basis and make its accomplishments solid ones. I wish to place on the record my vote and my sentiments.

PRESIDENT: * The delegate of Ecuador is recognized.

Dr. RAMÍREZ (Ecuador): * I ask the delegates of Guatemala and Peru to allow me to associate myself with their statements.

PRESIDENT: * The resolution on this topic will record the appreciation of the Conference to the representatives of Nicaragua, Cuba, and Bolivia for their service to the Organization during their terms on the Executive Committee.

## Topic 32: Place and Date of the XVI Pan American Sanitary Conference

PRESIDENT: * We shall now examine Topic 32. Dr. Wegman will present the background document.

Dr. WEGMAN (Secretary General, PASB): * As stated in Document CSP15/6 [1] on this topic, Article 7-A of the Constitution provides that the Conference shall normally meet every four years in the country determined by its immediately preceding meeting, on a date fixed by the host government after consultation with the Director. No two successive meetings may be held in the same country. Pursuant to Resolution IX of the XIII Conference, the XVI Conference is to take place in 1962. To facilitate a decision by the Conference, the annex to the document lists the places and dates of the previous fourteen Conferences. The Director is at the disposal of the delegations to give any supplementary information on the organization of the Conferences.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * My country is greatly honored to extend for consideration by the delegates of the sister countries of the Americas a cordial invitation to come to the Republic of Argentina to hold the sessions of the XVI Pan American Sanitary Conference in the city of Buenos Aires.

Our delegation thus states officially what it announced informally several days ago. The Republic of Argentina, again taking the most determined and sound stand in defense of the rights of man and the security of our peoples, wishes through this offer to serve as the site of the XVI Conference so as to demonstrate once again the permanent interest with which the country, its people, and its Government continue to follow the work of the Pan American Sanitary Bureau and the way in which those activities have contributed and will continue to contribute toward forging stronger and more firm bonds of solidarity among all countries of the Americas.

*Applause.*

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * The applause of this plenary session convinces me that my motion is going to be passed unanimously. It refers to the offer of the delegation of Argentina, in the name of its Government, to have the city of Buenos Aires serve as the site of the XVI Conference. I have no doubt whatsoever that this invitation has been received with genuine joy and deep emotion by all the delegates of the governments present here, and in that spirit I recommend to this plenary that it be accepted by acclamation.

*The invitation of the Government of Argentina was accepted by acclamation.* [2]

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I should like to express my pleasure at the invitation of Argentina because it truly reveals the great desire of that Government, that democratic Government, to have the Pan American Sanitary Conference meet in its country, which is undergoing a really prodigious transformation, not only in public health matters but also in its cultural and social affairs. I believe that it is very gratifying for those countries that had the support of the great men of Argentina in the establishment of their freedom, to applaud this gesture in behalf of Pan American solidarity in matters of public health.

[1] Mimeographed document.

[2] Resolution XVI, p. 31.

PRESIDENT: * The delegate of Uruguay has the floor.

Dr. BERTOLINI (Uruguay): * I asked for the floor in order to affirm the strong, warm, and friendly support of my delegation and my Government of the motion to have Buenos Aires serve as the site of the next Conference. We could not feel otherwise, as a younger brother of the Republic of Argentina.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * It is difficult for me to conceal my emotion in having to translate into parliamentary language my pleasure as an Argentinian at hearing the applause of our brothers of the Americas. I believe that, in circumstances in which emotions overpower one's thoughts, there is a phrase that allows one a graceful escape, and that is, Argentina says: Thank you very much.

PRESIDENT: * The session will now adjourn.

*The session was adjourned at 12:50 p.m.*

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## TENTH PLENARY SESSION

*Wednesday, 1 October 1958, at 3:15 p.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

**Topic 29: Election of the Director of the Pan American Sanitary Bureau, and Nomination of the Regional Director of the WHO for the Americas** *(continuation)*

PRESIDENT: * The session is called to order. The voting for election of the Director, suspended at the morning session, will continue and a sixth vote will be taken. I would request Dr. Peña of Paraguay and Dr. Bissot of Panama to serve again as tellers and to take their places on the rostrum. Dr. Wegman will take a roll call to determine if there is a quorum.

*Dr. Wegman (Secretary General, PASB) took the roll call and announced that there were 22 delegations present. He then called them up, in the established order of precedence, to deposit their ballots in the ballot box. When the voting was completed, the tellers informed the President of the number of ballots cast.*

President: * There are 22 ballots in the ballot box; 15 votes are therefore required to elect the Director.

*The tellers informed the President of the result of the voting.*

PRESIDENT: * When the count was made, the tellers found that one of the ballots contained an illegible name. The Chair therefore declares that vote null and void. The result of the sixth vote is the following: ballots cast, 22; valid votes, 21; votes null and void, 1; blank votes, 0; two-thirds majority required for election, 15; votes cast in favor of Dr. Horwitz, 13; votes cast in favor of Dr. González, 8. In view of the fact that neither of the candidates obtained the required number of votes, we shall proceed to another vote.

*The seventh vote was taken and the tellers informed the President of the results.*

PRESIDENT: * The result of the seventh vote is the following: ballots cast, 22; valid votes, 22; votes null and void, 0; blank votes, 0; two-thirds majority required for election, 15; votes cast in favor of Dr. Horwitz, 13; votes cast in favor of Dr. González, 8; votes cast in favor of Dr. Soper, 1. The required majority has not been obtained. The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * We have completed the seventh ballot in an effort to obtain the two-thirds majority in favor of one of the candidates. This has not been obtained in any of the seven. There have been small fluctuations in the votes, and now a vote has been cast in favor of a new candidate.

I propose a brief recess so that a committee composed of the delegates of Colombia, Costa Rica, Venezuela, and Chile may meet. The first two proposed the names of the candidates who are

figuring in this election; the second two are delegates of the countries of origin of the candidates. These four delegates, presided over by the President of the Conference, would constitute a committee of five members, and the candidates in the contest for the required majority should also be invited to attend the meeting. Possibly at such a meeting some solution may be found so that in an immediate voting we may conclude the election of the Director. This is a formal proposal which I present to this plenary for the purpose of resolving the matter.

PRESIDENT: * Is there any comment, observation, or objection to the proposal of the delegate of Cuba? Dr. Soper is recognized.

Dr. SOPER (Director, PASB): Since my name has come into the discussion at this point, I feel that I should make a statement. I am in the room and have continued in the room thus far, because I am not a candidate. I have had the honor and the privilege of serving this Organization for three terms, and in the Conferences of 1950 and 1954 my election was by acclamation. Under certain pressures some months ago, I did admit that I might under certain circumstances be willing to carry on during a longer period, but I believe we should all recognize that this Organization is not only a technical organization, but also a political one. After I had laid down to certain individuals that I might under certain conditions agree to carry on, my own Government took the decision not to support me in continuation as Director of the Bureau, because of considerations which I am sure have nothing to do with the technical operation of the Bureau. In any case, I wish to reaffirm at this time that I believe it would be a mistake for anybody to be elected to this position without the firm support of the great majority of the Member Governments, and particularly without the full support of his own Government. At the present time, then, I wish it firmly understood that I am not, repeat, not a candidate.

PRESIDENT: * The delegate of Brazil is recognized.

Dr. DE MEDEIROS (Brazil): * The proposal of the delegate of Cuba is very interesting, but I do not believe any definite result will be obtained from it alone. Having heard Dr. Soper's sincere, loyal, and frank explanation, it seems to me that the Conference will not have further difficulties. Dr. Soper's experience would certainly again make him a worthy candidate, but the Pan American Sanitary Bureau is also a regional office of a world organization, whose Constitution establishes an age limit. Under these circumstances, and for that reason only, my Government did not take into account the possibility of renewing Dr. Soper's term of office. In studying all the votes taken we observed the following: we all know that this kind of election, because of its political nature, is the result of certain international commitments among our countries. For this reason, we have been consistent in our voting. We have seen how the delegates have not felt authorized to change their stand. If we compare the results of the different ballots, we can see that there are two or three delegations that perhaps have no instructions from their governments and that they therefore change their stand; they vote in favor of one candidate at one moment and for another later. It might be useful for this committee proposed by the delegate of Cuba—which I believe would be a useful one—to converse with the heads of all the delegations so that we may obtain a definite result. We see that one candidate has won 13 votes, but he has lacked two more to obtain the necessary two thirds. Therefore, I ask the delegations present here to reach an agreement, so as not to limit the problem to the level of an understanding between the delegations of Chile and Venezuela, which are the countries of origin of the candidates, but rather allow the participation of all those who have voted. Under those conditions I would fully support the proposal of the delegate of Cuba, so that an understanding may be reached. If, on the contrary, we go on taking votes, always obtaining the same results, we shall reach the end of the Conference without having been able to elect a Director.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * I would like to be exact enough in my statements to reflect some of the awkwardness of this afternoon's session. Two eminent sanitarians of two sister republics are in the contest until one is elected Director of the Bureau.

I should like to think that I interpret the feelings of every one of the delegates by saying that, in this spirit, we accept the proposal of the dele-

gate of Cuba. However, I would like to suggest as another possibility that this session be suspended and that a private meeting be held of chiefs of delegations exclusively, with their respective advisers, at which, on a plane of cordiality, we might arrive at the desired agreement, referred to so aptly by the delegate of Brazil.

This would be another possibility, and I would like to propose it as such to the plenary, which can decide on the time when this meeting should be held. In my opinion it might be advisable to hold it immediately.

PRESIDENT: * The delegate of the United States has the floor.

Dr. BURNEY (United States): I would suspect that most of us have participated and observed some dramas which have not had nearly the dramatic impact that this afternoon and this morning's voting has had. And I think, too, that the fact that there has been every evidence of continued good will among the group, despite all the emotions and tensions of the moment, reflects the very high caliber and intelligence of the members of the delegations here.

I think also that we are all very much concerned with the election of a new Director, and at the same time with maintaining, within our own range, as well as for those who may be observing this or hearing about it later on, the dignity of this Organization. It is for these reasons that I would, with some reluctance, oppose the suggestion of the distinguished delegate from Cuba. I think his suggestion has merit, but I would also believe that all of us have a real interest and concern in resolving this situation for the benefit of the Organization as a whole, and as I say, in order to maintain our dignity as a group. For that reason, I would support the suggestion of the honorable delegate from Argentina, but would like to suggest, in order that this proposal might be most effective, and because it would be easier to discuss this within a smaller group, that the meeting be composed only of the chiefs of the delegations and, at the most, not more than one adviser for each country.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * The proposal of the delegate of Argentina, supported and modified by the delegate of the United States, would perhaps make it possible for us to find an effective solution to the problem. It would be a private meeting following which the voting could be held.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I wish to emphasize the fact that my proposal calls for a meeting of a private nature where all constitutional provisions would be complied with along general lines.

A meeting of the chiefs of delegations, each with an adviser, would be tantamount to a plenary session, except for the special circumstance that it would be private. It is a numerous gathering, which in itself implies the difficulty of finding a rapid solution that would have the concurrence of the group.

My personal impression, judging from my experience in elections in other international meetings, is that the attempted solution would not be reached in this private meeting of the chiefs of delegations, for as pointed out so rightly by the delegate of Brazil, it is very difficult for a delegate to change his stand at the time of voting. It is a known fact that some delegates may have special voting instructions from their ministries of foreign affairs. One even comes to the point of using the term "commitment." Under certain circumstances, one may hear from one or another: "I have a diplomatic note from my Ministry." Words are sometimes spoken that have nothing to do with the discussion.

The countries request support according to the contemporary international procedure frequently used, though not always successfully or justifiably. Frequently the ministries, and this is particularly true of recent times, establish a dangerous procedure. In my opinion, the interchange of votes is self-defeating. Perhaps a delegate is strictly fulfilling the instructions of his ministry, which ordered him to vote. If we delve into the intention of the ministry, we may find that we are trading a vote of our country at the wheat conference, for example. This is the procedure recently instituted with the development of diplomatic exchange in agencies of this kind.

One then arrives at the point of application within the debating chamber, where the ministry cannot change the regulations. The Rules of Procedure stipulate a secret ballot, and consequently,

this procedure is followed, as has been done here. I do not believe that an open declaration of instructions can actually be made at this meeting of the chiefs of delegations, because however secret that meeting, the dignity of the mandate must be maintained. If we transfer into the field of strict diplomatic procedure, in which governments ordinarily issue instructions, these are given in general terms because the diplomatic representatives are not mere mechanical agents who carry out instructions; rather, they apply them with due respect and with flexibility. When they have difficulties, they turn to their ministry and the appropriate consultation is established.

In the meeting proposed, only four key persons would participate with the President as moderator. Two are the delegates of the countries which essentially put forth the candidacies for the post of Director and which have certainly taken the pertinent diplomatic steps; and two are, for us, those who officially nominated the candidates. We have not been informed at this plenary that this or that government has arrived at the XV Pan American Sanitary Conference with a definite candidate to propose to the Chair. These nominations have been presented by the delegates of two countries, in this case Colombia and Costa Rica. Of course, there are two official representatives of the governments of the candidates' own countries who have supported the nominations made by Colombia and Costa Rica and who naturally made their declarations of praise. Finally, the candidates themselves will also attend the meeting. No one can doubt that the candidates personally play an important role in that meeting. This can facilitate the solution. Hypothetically and theoretically, there could be many solutions. To achieve the election of the Director by the largest possible majority is what we all want and this fulfills the spirit and the letter of our regulations. What have we seen from the repeated counts that have been taken? Two candidates stand out; I do not refer to the fortuitous inclusion of Dr. Soper in the last vote. Practically speaking, there are two candidates, who have a natural and logical stature in the minds of the gentlemen who supported them with votes in the ballot box. If the seven ballots taken were studied, it would be seen that a selective procedure has been followed in presenting the two candidates. It is clear that one of them has maintained a majority vote although he has not obtained the majority required by the Rules. But he has the majority vote. The other has the minority vote. At one moment, in good electoral tradition, there was a wavering movement when it looked as though some votes might change. No real balance has been achieved at any one moment among the votes cast up to now. Therefore, this is a good time to come in contact with the candidates.

An electoral expert of any of the candidates in this contest would already be conferring with his candidate and analyzing the significance and psychological effect of these seven ballots. There could be an appraisal by the candidates themselves, an amicable exchange between them, and a private decision which would then be brought before the Conference and lead, we would hope, to a unanimous vote for Director of the Bureau.

I have no faith in the efficacy of a meeting of the chiefs of delegations and their advisers because that is tantamount to discussing again in plenary session a question in which many aspects would not be presented as we would wish. The meeting of five proposed by my delegation, with attendance by the candidates, would be much more frank, intimate, and flexible than would be the meeting of the chiefs of delegations. Nevertheless, as is natural, the plenary will decide.

PRESIDENT:* Any other comment? If not, we have two proposals before us. The furthest removed from the original will be put to a vote. Those in favor of the proposal of the delegate of Argentina that the chiefs of delegations and their advisers hold a private meeting, please raise your hands.

Dr. HURTADO (Cuba):* Mr. President, a point of order.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* In this case, although the intent is similar, I do not believe that the rule of the proposal furthest removed from the original is applicable. Between the proposals of the delegations of Argentina and Cuba there are no distances because there are no points of reference. That would be applicable if there were a proposal in a document officially presented on the agenda. Then there could be a departure from an original proposal. The proposals presented, and those which could be presented by any other delegation,

would be more or less removed from the original. The logical course would be to follow the order of presentation because there is no point of reference, for in this case there is no original proposal.

PRESIDENT: * The Chair understood that the delegate of Cuba proposed a private meeting of a certain number of persons. We understood that the delegate of Argentina was proposing a private meeting with the heads of all delegations present. This was the point of departure. The delegate of Brazil is recognized.

Dr. DE MEDEIROS (Brazil): * With reference to the proposal of the delegate of the United States, we accept in principle the idea of a secret meeting, but only with the chiefs of delegations. This would reduce the number of persons attending the meeting. On the other hand, I should like to point out that generally, in parliamentary procedure, proposals are put to a vote in the order in which they were presented. The first proposal presented was that of the delegate of Cuba. This should be put to a vote first, to be followed by the proposal of the delegate of Argentina.

PRESIDENT: * Is there any observation on the point of order raised by the delegate of Cuba and the statements made by the delegate of Brazil?

The Chair accepts the point of order and submits first to a vote the proposal of the delegate of Cuba to the effect that a private meeting be held of the chiefs of the delegations of Venezuela, Colombia, Costa Rica, and Chile, the two candidates who have received the greater number of votes, and the President of the Conference.

*The proposal of the delegate of Cuba was put to a vote with the following results: 12 votes in favor, 1 vote against, 5 abstentions.*

*Approved.*

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * Mr. President, with all due respect, I would like to point out that the second motion should be put to a vote. The only thing confirmed by this first vote is the result of one motion, but we should vote on the second because the two are not opposed to one another.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * Mr. President, once again a point of order. Exclusory motions cannot be considered. This motion has been approved and therefore no other on the subject can be considered since we must comply with the motion approved by the plenary. What would happen in the plenary if, by some extraordinary hypothesis, the motion of the delegate of Argentina were approved? Which one of the two would be carried out? The plenary has already decided that a small committee shall meet. The matter is settled. These are motions that cannot be considered in the manner proposed by the delegate of Argentina.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. ALLARIA (Argentina): * Notwithstanding the cordial esteem we have for Dr. Hurtado, I beg to differ with him, because I use as bases the ones he used when he pointed out that motions should be voted on in order of presentation, since one was not opposed to the other, and since there was no point of reference. Since they are *not* exclusory motions, I wish to maintain my former position that a vote should be taken on the second motion.

PRESIDENT: * The delegate of the United States has the floor.

Dr. BURNEY (United States): I agree with the delegate of Argentina, although one always hesitates to disagree with the delegate from Cuba, whose proposals are usually very intelligent and who is right most of the time. May I suggest, however, that we follow the consensus of the session at the present time. We could reconcile the motion of Dr. Hurtado, which has been approved, with the proposal of the delegate of Argentina, in order that the committee of five might report the result of its study to a private meeting attended only by the heads of delegations and an adviser of each country, rather than report to a plenary session.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * I believe that the proposal just made by the delegate of the United States completes Dr. Hurtado's proposal. In reality, one does not exclude the other. After this group has fulfilled its mission, it can meet with the rest of the delegations privately. Therefore, I wish to support Dr. Burney's proposal, which I believe would be a suitable one.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * I cannot but acknowledge the fortunate intervention of the delegate of the United States, whose proposal should bring us out of this impasse.

PRESIDENT: * Is there any objection to the proposal of the delegate of the United States? None? It stands approved.

*Approved.*

PRESIDENT: * The session is adjourned. The small group will meet now and later report to a private meeting of the chiefs of delegations.

*The session was adjourned at 4:45 p.m.*

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## ELEVENTH PLENARY SESSION

*Wednesday, 1 October 1958, at 11:30 p.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

**Topic 29: Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the WHO for the Americas** *(continuation)*

PRESIDENT: * The session is called to order. In the closed session just held, Dr. Abraham Horwitz was elected Director of the Pan American Sanitary Bureau by a majority exceeding two thirds of the members present and voting. The delegate of Guatemala is recognized.

Mr. OLIVERO (Guatemala): * On behalf of the delegation of Guatemala, I wish to express to Dr. Abraham Horwitz our warmest congratulations on his election tonight as Director of the Pan American Sanitary Bureau, and in those congratulations we include the delegation of Chile. We share also the gratitude and affection expressed to Dr. Soper by the delegates in the closed session.

PRESIDENT: * The delegate of Haiti has the floor.

Dr. NICOLAS (Haiti): * In the name of the delegation of Haiti, I sincerely congratulate Dr. Horwitz on his election as Director of the Pan American Sanitary Bureau. We are convinced that Dr. Horwitz will measure up to the confidence we have placed in him.

We would not fail, either, to extend our most sincere congratulations to Dr. Soper, in whom—as the delegate of Uruguay stated in the closed session—we recognize a man of great merit, an illustrious citizen of the Americas who will live always in the memory of Haiti. Thanks to him, my country has taken a great step forward in the field of public health.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * A few minutes ago, when Dr. Horwitz was elected in closed session, I was happy to express my great satisfaction. Now, in his presence, I wish to reiterate my pleasure and applause. I know the personal qualities of Dr. Horwitz; I know well the honorable man that he is; I know of his interest, his enthusiasm, his ability. I know also that he will carry out very well indeed the responsibility that now rests on him. I am certain that he will be a credit to the Latin American countries that now inherit from Dr. Soper the responsibility of directing the Pan American Sanitary Bureau. We have had the opportunity of seeing how, in our own countries, Dr. Horwitz shared with us the same concern, the same anxieties, experienced the same problems, and endeavored to further the cause of public health. It is thus that we are convinced that, at the head of the Pan American Sanitary Bureau, he will be a man who will devote himself to the task completely, representing not his own country alone but all the Americas, so that the Americas may be one in health and one in finding favorable solutions to their problems. For these reasons I now renew my very sincere congratulations and wish him the greatest success, which we know he will attain because of his exceptional personal qualities.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * My delegation warmly congratulates Dr. Abraham Horwitz on his election by this Conference as Director of the Pan American Sanitary Bureau.

It is true that this honor carries with it great responsibilities, not only because Dr. Horwitz is the first Latin American to occupy that post but also because he is replacing one of the world's best known figures in the field of international health. Knowing Dr. Horwitz, we are certain, as the delegate of Peru has said, that he will carry out his functions to the satisfaction of all the countries here represented.

My delegation also joins enthusiastically in the various proposals presented in the closed session to pay tribute to Dr. Soper. Because we have had the pleasure and the good fortune to have Dr. Soper live among us for a long time, we have always considered him as one of us and shall continue to do so. I therefore wish to state that I shall support the resolution that will be presented officially tomorrow, as well as the motions presented for approval tonight.

PRESIDENT: * The delegate of Argentina is recognized.

Dr. ALLARIA (Argentina): * There are moments in the life of peoples that are measured by the greatness of the men who represent them and by the accomplishments of those men. A happy and, I feel, undeserved circumstance has made it possible for me, personally, to be the one who, on behalf of the Republic of Argentina, should comment on an episode that is taking place along two different lines:

On the one hand there is the departure from an absolute certainty: the certainty of efficiency, the certainty of the man who knows thoroughly the public health problems of the Americas, and the certainty of the example of an untiring fighter by the name of Fred L. Soper. And on the other hand, a great hope makes its appearance, a great hope that will be borne by a person who carries with him not only the hopes of his own country but the hopes of a tradition, a culture, a philosophy that is different, a mode of life different from that represented by the previous Director of the Pan American Sanitary Bureau. We expect and trust that this great hope will be transformed within the forthcoming years into another certainty. This hope has been entrusted not only to Dr. Horwitz but also to the peoples of Latin America, who believe that they see in him, as I am sure they would have seen in Dr. González, the possibility of accomplishing, perhaps with a different perspective, differing feelings, but with the same objectives, the effective union of all our peoples through the most cherished of all desires—that of the attainment by all peoples of the highest possible level of health. Dr. Horwitz goes accompanied by the obligation that all of us assumed when we supported and applauded his election, the obligation of assisting him and of making this great hope a great reality.

PRESIDENT: * We have before us a motion by the delegate of Peru presented at the private session. What is the opinion of the Conference with respect to the election of Dr. Soper as Director Emeritus? The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * Actually, there is a motion announced by the delegate of Cuba, but I believe that at this emotion-filled moment the motion I have proposed could be approved by acclamation, in recognition of Dr. Soper's exceptional merits.

PRESIDENT: * Is there any comment or objection? The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * I should like to ask Dr. Hurtado, the delegate of Cuba, if he has the text of his proposal at hand, so that it could be read to enable us to approve the two motions simultaneusly at this impressive moment.

PRESIDENT: * The delegate of Cuba is recognized.

*Motion of the Delegate of Cuba*

Dr. HURTADO (Cuba): * You will recall that the delegation of Cuba warmly and enthusiastically supported the motion presented at the private session by the delegate of Peru to declare Dr. Soper Director Emeritus of the Pan American Sanitary Bureau. The motion of the delegation of Cuba, supporting that designation, reads as follows:

The outstanding figure of Dr. Fred L. Soper, who has headed the Pan American Sanitary Bureau since 1947, needs no extolling by the delegation of Cuba. His executive ability is his best credential and his work inspires profound admiration.

Yet we who have been the closest witnesses to his tireless activity and his constant devotion to the work of the Pan American Sanitary Organization must not fail to record, at this Conference, our acknowledgement of his great ability and lofty spirit. Dr. Soper has been one of the most effective workers in intercontinental and world-wide collaboration in matters of public health, and he has contributed brilliantly to the advances made in this field by the peoples of the Americas during these past few years.

With singular determination he has devoted himself unceasingly during the 12 years of his tenure to strengthening the purpose of the leaders of the Hemisphere, making it clear that unity is essential if positive results are to be achieved. As proof of the firmness of his resolve in fulfilling the mission entrusted to him when he was appointed to direct the work of the Pan American Sanitary Bureau, it suffices to cite two simple facts: From the initial budget of $50,000 assigned to the Bureau in the Sanitary Code, we have attained a figure of $3,600,000 for 1959, and a sum of slightly over $4,000,000 is envisaged for 1960. The small nucleus of personnel that made up the Bureau in 1947 has become a staff of over 700 technical and administrative workers.

Dr. Soper, with great foresight, and convinced of the advisability of keeping the Bureau in close contact with the milieu in which its work was being carried on, decentralized the services of the Bureau and created the zone offices, through which it has been possible to maintain continuous contact with the Member Governments of the Organization. Although the Organization's work has been carried out by our governments, as Dr. Soper always reminds us, it is only just to acknowledge that his contribution to that work has been constant and in many ways decisive. That same period of 1947-1959 saw the establishment of INCAP, of the Pan American Foot-and-Mouth Disease Center, and of the Pan American Zoonoses Center. Eradication has advanced on its various fronts: *Aëdes aegypti*, malaria, yaws, and smallpox. The work of training technical personnel has been tremendous. The Bureau's fellowship program today covers the entire Hemisphere.

On the occasion of his leaving the direction of the Bureau, we are hopeful that he will continue at our side, giving us the benefit of his counsel and guidance. To future generations the name of Dr. Soper will serve as an incentive and an example of what intelligence and perseverance can do for the welfare of our peoples in the Americas.

The text of the draft resolution, which has not yet been prepared, will be submitted at tomorrow's plenary session. But we cannot and should not wait until tomorrow to acclaim Dr. Soper Director Emeritus of the Bureau. I have no doubt whatever that the feeling of gratitude toward Dr. Soper is in the mind and in the heart of every member of this Organization. It is therefore in order—and I would urge that not another minute be lost—that we give the acclamation proposed by the delegate of Peru by a decisive round of applause of this plenary session.

*Applause.*

PRESIDENT: * The delegate of Uruguay is recognized.

Dr. BERTOLINI (Uruguay): * Mr. President, I wish merely to recall that I, too, presented a motion. We should, if only symbolically, declare Dr. Soper a "Citizen of the Americas."

PRESIDENT: * The delegate of Nicaragua has the floor.

Dr. SÁNCHEZ VIGIL (Nicaragua): * Now that the excitement of the election is over and the eminent Dr. Horwitz has been elected Director of the Pan American Sanitary Bureau, allow me to devote a few heart-felt words to the present Director, Dr. Fred L. Soper—words prompted by my sincere affection and personal regard for him.

It has been said, though not with full justification, that we now have our first Latin American Director. Those who say this must certainly be unaware of the long career of Dr. Soper, one which he has dedicated almost exclusively to the interests of our own Latin America. In Brazil, for more than 20 years, and in Paraguay, for two or three, he worked tirelessly in behalf of public welfare, distinguishing himself as enemy No. 1 of yellow fever and implacable foe and conqueror of *Anopheles gambiae*. Thus, in a way, Dr. Soper has been claimed by us, and through his knowledge of Portuguese and of the musical Guaraní tongue, he has identified himself with us even further. With the Rockefeller Foundation, he exterminated urban yellow fever in Brazil, and with it also, he initiated the work to vanquish jungle yellow fever, employing modified live-virus vaccine 17D. He was the first to take responsibility for using this vaccine on a large scale, without ever wavering in his purpose, and he thus opened up new hopes for other peoples of the world. Later came the malaria campaign, and now the one against polio—both of them envisioned by Dr. Soper and both now firmly launched. And at this point, when these new goals of eradication are finally seen to be within grasp and the peoples of the Americas are placing their faith and hopes in achieving them, our Champion

of Public Health is, unexpectedly, departing . . .

We trust that the spirit of that first era of the Pan American Sanitary Bureau—once housed in the Pan American Union and led by the well-loved and venerable Dr. Cumming, the gallant Dr. Ernst, and the so-aptly-named Aristides Moll—and later broadened in scope and efficiently developed and expanded under the magnificent leadership of Dr. Soper, first on Connecticut Avenue and later at Dupont Circle—this, we hope, will serve always as a guide to those who are to follow in carrying out this task. For what is really praiseworthy in this Bureau, over and above the great intellectual resources it has, is its willingness of spirit, its genuine continentalism, and its drive to achieve new and greater goals. In this institution, this Bureau, with the staff that it has, there are none but noble sentiments and a great devotion to the peoples of America and to the citizens of the world.

Another of Dr. Soper's talents as Director is his ability to select and keep his staff, and he has done this so effectively that the Pan American Sanitary Bureau in Washington today has won the esteem and full confidence of all other organizations throughout the world.

By maintaining close communication with such institutions as the National Institutes of Health in Washington, the Wistar Institute in Philadelphia, and others of the kind, he has established channels for obtaining immediate advice on new advances in dealing with virus problems and other problems of direct concern to us.

Moreover, he has been able to develop in his staff the will to progress and the know-how so important in an institution of this kind, as well as the *esprit de corps* that is so essential to all well-grounded organizations.

Permit me now to make special mention of a distaff member of our institution, that is, Juliet Soper, the gracious wife of the Director of the Bureau.

She, like her husband, is truly a citizen of the Americas, having endeared herself to all Latin Americans. And she, since her early married life, has followed and watched over her husband and has known how to keep her votive lamp of unlimited affection and sacrifice trimmed and ready. She stood by trustingly and believing at all times in the ultimate success of her husband's experiments and activities, never once wavering in the face of any of life's vicissitudes. She shared with him the anxieties connected with the work against yellow fever and the arduous struggle against *Anopheles gambiae*. Above all, she has been and continues to be a solicitous wife who gives constant thought to the welfare of her husband.

Like Mrs. Soper, there are many other women of great dignity, wives of Bureau staff members, who bear with patience and courage the numerous absences of their husbands, those workers who travel throughout the Americas demonstrating, teaching, and holding high the banner of public health science. I would ask for all of them a vote of sincere appreciation, and for Dr. and Mrs. Fred L. Soper, the designation of "Citizens of the Americas."

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I believe there is a great deal of merit to Dr. Bertolini's motion. Dr. Soper's great merits, his worth, his accomplishments in the various countries of the Hemisphere, the way in which he has devoted himself to the various peoples, the stimulus our countries received from him, the example which we should give to the generations to follow—all these truly justify Dr. Soper's being considered a "Citizen of the Americas." But that is not within our competence; it is beyond our authority, so I ask that a decision be taken to request the Organization of American States that Dr. Soper be considered by that Organization itself as "Citizen of the Americas for 1958." I believe that to be the proper procedure, for it is the OAS that should give recognition to those merits and qualities. I ask that this proposal of the delegate of Uruguay also be greeted by an affectionate and sincere round of applause for that eminent sanitarian, Dr. Fred L. Soper.

*Applause.*

PRESIDENT: * I take great pleasure in introducing the new Director, Dr. Abraham Horwitz.

Dr. HORWITZ (Chile): * Mr. President and delegates, I wish to thank you for the great honor you have bestowed upon me by electing me Director of the Pan American Sanitary Bureau. It is an honor that carries with it two serious responsibilities: on the one hand, to continue to carry out the purposes of our Organization; on the other, to succeed an illustrious predecessor.

To prevent disease, to prolong life, and to contribute to the mental and social well-being of the people are among the highest objectives of humanity. To achieve them requires solid knowledge and experience as well as a profound moral conscience based on unconditional respect for the dignity of human beings.

For scientific advances actually to be put at the service of mankind, they must be subjected to the values of a universal humanism, which is possible over and above the differences of ideologies, races, religions, and nations. That is revealed by the achievements in public health throughout the world and particularly in our Hemisphere. There still exists a broad field of action for old and new ideas, whose success will depend on the intellectual, spiritual, and moral caliber of those who have these great responsibilities. It is the objective of our universities to train and perfect our technicians for these noble objectives. From here stems our profound conviction that the destiny of our national and international health organizations lies to a large extent in the education and training of our university professionals. With them, it is possible to attack and progressively resolve all the problems whose solution is demanded by the communities through the established organizations. And all this can be accomplished with due consideration to the way of life and the culture of each human group.

Gentlemen, illustrious are those whose ideas become broad realities. Such an illustrious man is Dr. Soper. His name is already firmly established in the history of international collaboration in the health field, and particularly in the history of our organizations. The concept of eradication of communicable diseases and the concrete confirmation that it can be done are a result of his creativeness and his enterprise. The basic meaning of that concept is expressed in that chapter of his quadrennial report entitled "Medicine in a New Dimension." The comparison he makes with the most notable advances attained by the mind of man in the last few years is surprising and moving. In addition to proven knowledge and solid experience, eradication requires creative imagination, will power, perseverance, and daring—qualities which are not to be found in many. Because the programs being developed are so important for our Hemisphere, we shall expend every effort to carry them to completion.

In closing, permit me to speak in a personal vein. To the School of Public Health of Johns Hopkins University, through the opportunity afforded me 15 years ago by the Rockefeller Foundation, I owe my knowledge of the principles of public health, medicine's other side which looks after communities and seeks the welfare of the individual through the welfare of many. To the Pan American Sanitary Bureau, and thanks to the generous opportunity given me by Dr. Soper, I owe my knowledge of the field of international collaboration and its significance. Both these stages in my life stirred in me a natural inclination to serve, without regard to special interests or conventionality. If one were to add what I learned from my studies, my meditation on the problems and their consequences, and my intensely-lived experience, the sum total is what I am intellectually. Gentlemen, as of today, I humbly put that at the service of our peoples, through your worthy governments and the governing bodies of the Organization.

*Applause.*

PRESIDENT: * The delegate of the United States is recognized.

Dr. BURNEY (United States): Mr. President, may I add my comments to those that have been stated so well and much better than I could state in as many words. I would like to say that, in addition to the praise and commendation that our new Director merits and well deserves, we should also give him a little bit of sympathy, because he is stepping into some very large shoes which many of us would have some reluctance to try to fill. I shall not try to add to the accolades that have been given to our good friend, Dr. Soper, except to say that few have achieved first world-wide recognition as a scientist and then world-wide recognition as an administrator in public health, as Dr. Soper has done. And I think that the suggestion made here tonight, which my Government certainly supports fully, to make Dr. Soper a Citizen of the Americas, might even quite properly be enlarged to make him a Public Health Citizen of the World, because his contributions certainly have not been limited, either in his scientific achievements or in his administrative abilities, to the Americas where he has made his greatest impact. I would also say that one of the great attributes of a leader is not only what he does on the

outside but—which is many times not so apparent—what he achieves on the inside of his organization. There are many men who are very prominent as of themselves, but I think one of the great attributes of our Director, Dr. Soper, has been his ability to attract outstanding people to his staff. He has not been afraid of competition, as many administrators are, in having good men on his staff to work with him. And another outstanding attribute, which I think is a very genuine reflection of the fine character of our Director, is the loyalty of that staff. This to me is one, if not the prime, requisite of any group of individuals working in an organization. Dr. Soper, as you all know, has been firm at times when firmness has been demanded. He has been gentle where gentleness has been needed, but over and above everything has been his real dedication to the cause of improving the health of the peoples of the Americas, those whom we serve as public servants and whom he has served so well as an international public servant throughout these many years. And to Dr. Soper as my fellow-countryman, I have great humility in expressing my personal as well as my Government's gratitude for his outstanding contribtuion, and in wishing him well in many years of useful service in the future.

I am sure that we shall all give to Dr. Horwitz, our new Director, the same loyalty, the same support, the same understanding, and also the same constructive comments from time to time, that we have given to Dr. Soper. With this loyalty, this frankness, and the overriding dedication that each of us has—or we would not be in our present jobs—we give our devotion to improving the health of all the people of the Americas, and actually of all the peoples of the world. So I look forward to seeing under Dr. Horwitz' very able and experienced direction continued progress in improving the health of the Americas. We can all be very proud of the tremendous progress that has been made in the Americas and the fine example that this has set for the rest of the world. I pledge my country's support and loyalty to Dr. Horwitz, our new Director, in the years to come.

PRESIDENT: * Tonight's session will now come to a close.

*The session was adjourned at 11:50 p.m.*

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## TWELFTH PLENARY SESSION

*Thursday, 2 October 1958, at 9:25 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

PRESIDENT: * The session is called to order. We shall read two communications received in the Secretariat.

### Communications from Dr. Miguel E. Bustamante and from the International Society for the Welfare of Cripples

Dr. GONZÁLEZ (Assistant Director, PASB): * The following cable has been received from Dr. Bustamante, the former Secretary General of the Bureau:

On the occasion of the Anniversary of the Constitution of the Pan American Sanitary Organization and Conference, I beg you and the delegates to accept my sincere wishes for the strengthening of the Organization and the success of the Conference. With greetings to my former colleagues in Pan American public health. Cordially, Miguel E. Bustamante.

The following letter has also been addressed to the President of the Conference:

Dear Dr. Arbona:

I have been delegated by the International Society for the Welfare of Cripples to serve as their representative to the Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization. Dr. Benigno Fernández, Resident in Physical Rehabilitation, San Patricio, VAH, also has been appointed a delegate from this organization.

We should appreciate it if you will announce to the delegates and representatives to these meetings that the Fourth Inter-American Conference on Rehabilitation, sponsored by the Commonwealth of Puerto Rico and the International Society for the Welfare

of Cripples, will be held in San Juan, Puerto Rico, from 20 to 23 May 1959.

Concurrent with this meeting, the local chapters of the American Physical Therapy Association, American Occupational Association, American Psychological Association, and Pan American Affairs Committee of the World Council for the Welfare of the Blind, will hold their meetings. The most outstanding leaders in the field of physical medicine and rehabilitation have accepted invitations to participate in these reunions as well as in the Conference.

On behalf of the Executive Committee, I should like to extend an invitation, through you, to all assembled delegates to note the date and to send their representatives to this most important meeting on rehabilitation problems. Further inquiries may be addressed to me personally.

Thank you very much for your cooperation. I remain, sincerely yours, Herman J. Flax, M.D.

## Designation of Dr. Fred L. Soper as Director Emeritus of the Pan American Sanitary Bureau

PRESIDENT: * The first item of business is the designation of Dr. Fred L. Soper as Director Emeritus of the Pan American Sanitary Bureau. As announced at the previous plenary session, the delegation of Cuba has prepared a draft resolution on this matter. I would therefore ask Dr. Hurtado to read the resolution.

Dr. HURTADO (Cuba): * The draft resolution reads as follows:

The XV Pan American Sanitary Conference,

Bearing in mind the work done as head of the Pan American Sanitary Bureau by Dr. Fred L. Soper, who will remain as a constant example of willing service and noble devotion to the cause of the health of the peoples of the Americas; and

Considering that Dr. Fred L. Soper's term of office will expire on 1 February 1959 and that his work deserves the gratitude, affection, and admiration not only of the Pan American Sanitary Organization but of all the countries of the Hemisphere,

RESOLVES:

1. To declare Dr. Fred L. Soper Director Emeritus of the Pan American Sanitary Bureau.

2. To recommend to the Executive Committee that, in an official ceremony at its 37th Meeting, it present to Dr. Fred L. Soper a scroll in which that designation is recorded.

3. To present to Dr. Fred L. Soper a gold medal, the obverse of which will bear his likeness and the reverse will bear an inscription reading "Fred L. Soper, Director of the Pan American Sanitary Bureau, 1947-1959," in the center, encircled by the words "In recognition of his work in behalf of continental health."

4. To authorize the Director of the Pan American Sanitary Bureau to make the necessary funds available, within the budget, for carrying out the above decision.

PRESIDENT: * The delegate of Panama is recognized.

Dr. BISSOT (Panama): * At last night's plenary session, I declared myself in agreement, in principle, with the draft resolution to be presented today. The document in itself has been very well prepared and I agree with it. However, I should like to make an amendment in the second operative paragraph of the draft resolution we have before us. My delegation would be pleased if it were at the XI Meeting of the Directing Council that the gold medal were to be presented to Dr. Soper, since on that occasion almost all the representatives of the Americas would be present, something that would not be true of the meeting of the Committee.

PRESIDENT: * Any other comment? Does the delegate of Cuba accept the amendment proposed by Dr. Bissot?

Dr. HURTADO (Cuba): * With great pleasure. I agree.

PRESIDENT: * Any other comment? The draft resolution presented by the delegation of Cuba, and amended by the delegate of Panama, stands approved.

*Approved.*[1]

PRESIDENT: * Dr. Soper is recognized.

Dr. SOPER (Director, PASB): I cannot let this occasion pass, as I did last evening, without offering a few remarks. I did not speak last evening, following some of the very kind and considerate comments made by friends at this Conference, because of the emotion of the moment and because the occasion was one in which our interests were centered on the new Director rather than on the old.

On this occasion, I would thank my friends and colleagues for their expressions of appreciation and, at the same time, impose on your good nature long enough to comment on one or two points in the history of the public health movement as related to the Pan American Sanitary Bureau over the past 40 years.

Just before sailing for Brazil in 1920, I met in Baltimore Dr. Paula Souza and Dr. Borges Vieira,

[1] Resolution XVII, p. 31.

the first two persons from outside the United States who were given fellowships by the Rockefeller Foundation to study public health in the United States. These two fellows were the first of hundreds of foreign students to go to the School of Public Health at Johns Hopkins, which had been founded in 1916.

I mention this because so many of you have spoken of the fellowships that you personally have enjoyed, fellowships given by the Rockefeller Foundation for study at schools in the United States. Let us remember that these first Brazilian fellows were setting a pattern of international training and that the school itself was very, very new. The whole pattern of modern public health education was being set at that time.

Between these first fellowships and the First Inter-American Congress of Public Health in Havana, in 1952, where professional workers in all fields of public health from all the Americas participated on equal terms, there was a relatively short period of 32 years. For me, this Congress was an impressive demonstration of the coming of age of the public health profession of Latin America.

In 1920, there was no real international health activity other than a very minor activity of the *Office International d'Hygiène Publique* (Paris) related to quarantine matters. The Pan American Sanitary Bureau had been relatively quiescent during the entire period of World War I. The Health Section of the League of Nations had not yet been created, and the International Health Board of the Rockefeller Foundation, with its relatively small staff, represented essentially the entire field of international public health. In connection with the proposal to call our organization the Pan American Health Organization, it is interesting to note that the Rockefeller organization had changed from the term "Sanitary" used in the name of the Rockefeller Sanitary Commission (1909) to the term "Health" in the case of the International Health Board of the Rockefeller Foundation, as early as 1913.

I felt highly honored, when I became the Director of the Pan American Sanitary Bureau, to be permitted to attempt to carry on the tradition that Surgeon-General Cumming, my predecessor, had established during his long period of service. I would also like to point out the tremendous influence that the relatively small operations of Dr. John D. Long and his co-workers on the west coast of South America in the control of plague had in the development of the program of the Bureau. And it should not be forgotten that already in 1947 the Bureau had zone offices in Lima and in Guatemala and a field office in El Paso, Texas, on the border between Mexico and the United States. These three offices have continued to the present time.

This traditional activity, small in scope, low in financing, was expanded during World War II, becoming much greater than the budget limitations would suggest. I want to take just a moment to point out some of the changes that have occurred in staffing.

It was emphasized by some of the participants in last evening's discussion that the direction of the Pan American Sanitary Organization, which from now on will be known as the Pan American Health Organization, was passing into the hands of a Latin American. I can assure you that I am proud, as a Pernambucano from the north of Brazil, of having served as the link between the period when the Pan American Sanitary Bureau was essentially a stepchild of the United States Public Health Service and now. We should remember that in 1947 practically the entire staff—field staff and technical staff at headquarters—had either been seconded from the United States Public Health Service with their salaries, or were being paid their salaries from extrabudgetary funds received from the United States.

One of the first problems we faced then was the question of how the Bureau should be staffed, and there has been during the past 12 years a very sincere effort to staff the Bureau with the best individuals who could be obtained for a particular post at the time.

I cannot fail to repeat here a conversation that occurred 16 months ago in Geneva. I had been invited to an official luncheon given by the Minister of Health of one of the American countries. One or two ambassadors were there; the Consul General of the country was there, and we were all having a delightful time together, when the Consul General spoke from down the table and said: "Dr. Soper, how many nationals of my country are working in your organization?" At that point I raised my voice so everybody at the table could hear the answer clearly and said: "I do not know. The official records will show; but I am not

interested in discussing with you the question that you have raised, and I can assure you that if there are any nationals from your country occupying any position that I have been responsible for filling, it is because those individuals seem to be the best-fitted individuals for the position at the moment." And then, gratuitously, I took up another point that he had not raised, but which is another point, I believe, of great importance to the future of this Organization. I said further: "I am not interested in discussing with you or with anyone from your country the total amount of money that is being spent in your country, nor the relationship of that sum to the total budget, nor the relationship of that sum to what is being spent in other countries, nor the relationship of that sum to our total budget. For me, the international health organization that we have must look at the problem from the standpoint of the over-all picture in the Region, rather than from the standpoint of the individual country or the relationship of contribution to what the country can get directly and immediately at any given time from it."

From the period in 1947 to the present time, when we have a truly inter-American and international staff—because our staff has not been drawn entirely from the Americas—there has been a great change in the Organization.

It has been mentioned that the Organization has been decentralized. During the meetings we have had here at this Conference there has been practically no mention of the zone chiefs; but I do want to point out that our zone chiefs are the individuals who more and more are carrying the load of the Organization. They are the individuals who can come in contact with the individual country authorities and with continued planning. And it is through them that we are able to make a success of the Pan American Sanitary Organization, the Regional Office of the World Health Organization—you notice I did, finally, mention the World Health Organization. But it is through the zone chiefs that we are able to make our work with the countries a factor in the continuity of planning and the continuity of operations, and the development of health programs within the country.

There are those who have rather favored the policy of having the international health organization simply be a service organization from which the national health service could get, on demand, a given type of consultants or a given type of supplies. This has not been our concept of the function. Through the zone chiefs we have insisted that there should be a continuing relationship of planning together for the future development of the health work of the country and, at the same time, of the group of countries for which the zone chief is responsible.

We are proud of the zone chiefs we have and have had. And I want to emphasize the fact that the Director must at all times take full responsibility for what the zone chiefs do. He gets the credit for it if they do good work, and he must be ready to assume the blame if they do not, and not subject the individual to being on call for comments.

Most of the zone chiefs that we have in the Organization have been at their posts for a considerable number of years. We feel this is very important; there should be considerable stability in this Organization. And if it has been possible to do something during the past 12 years, I believe it has been in large part due to the fact that the Director has been able to remain in his post during these 12 years. At the end of the first four years a new Director coming in would probably have found very little on which to build.

In paying tribute to the zone chiefs, I do want to make it clear that they are the victims this year of the efficiency of our new planning section. We had expected to have the zone chiefs here for this meeting, but owing to the careful day-to-day and week-to-week planning for the spending of all funds as they became available, when we came up to the time of the Conference there simply were no funds in the budget to finance the coming of the zone chiefs here. But I do want to pay tribute to them in their absence.

I do want to emphasize the fact that during these 12 years there has been no preference given to nationals of any country. We have had citizens of practically all the countries working in the Organization, working under the direction of citizens of other countries, and I want to tell you that it has been a very thrilling experience to see this international team develop and work.

In closing, I want to thank once more the representatives of the countries for the support they have given during the development of this Organization. There have been some periods when it has been difficult for countries to understand the reason for certain expenditures. Fortunately, we have come to a period in which some of the earlier expenditures are beginning to pay off, and I want to thank the countries for the support that was given

the Organization during this period. I want to thank you also for the support that was given to me during some of the difficult periods of the Organization.

The remark that a Director leaving an organization has to hear is, of course, that things won't be the same after he is gone. I would hope that they would not be the same. They are not the same this year as they were last year; and they should not be the same next year as they have been this year.

We must remember that everything that is alive is changing. I want to repeat, for the benefit of this group, the same statement that was made by representatives of various countries last evening—that the new Director of the Organization does have my personal support and will continue to have it in the future.

As a final word, one of our good friends of my generation was facing retirement a year or so ago, and was attending a meeting where considerable regret was being expressed and where he was being told: "Well, things won't be nearly so good after you are gone." His answer was one that I would like to repeat here. He said: "There is the general saying that nothing succeeds like success," so I want to change that for you. It is: "Nothing succeeds like successors." And my successor has all of my best wishes for the coming period. I thank you.

PRESIDENT: * Thank you, Dr. Soper.

## Second and Third Reports of Committee I (Technical Matters)

PRESIDENT: * We shall now take up the second and third reports of Committee I. I would request Mr. Olivero, the Rapporteur, to come to the rostrum to present them.

Mr. OLIVERO (Guatemala, Rapporteur): * I have the honor to report to the XV Pan American Sanitary Conference that at the fourth and fifth sessions of the Committee, held 29 September 1958, Topics 18, 27, 31, 36, 35, and 38 were examined, and it was agreed to recommend to the Conference that it adopt the following draft resolutions contained in the second report:

*Regional Projects to be Implemented in 1959 with Funds of the United Nations Expanded Program of Technical Assistance*

The XV Pan American Sanitary Conference,

Having examined the regional projects under the United Nations Expanded Program of Technical Assistance, which appear in *Official Document No. 24* of the Pan American Sanitary Organization,

RESOLVES:

To approve the regional projects that will be financed in 1959 with funds from the aforesaid Expanded Program and that are to be submitted to the United Nations Technical Assistance Board.

PRESIDENT: * Is there any objection to approving this draft resolution? Since there is none, it stands approved.

*Approved.*[1]

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution states thus:

*Topic 18: Fellowship Program*

The XV Pan American Sanitary Conference,

Having examined the report on the fellowship program, presented by the Director of the Pan American Sanitary Bureau in compliance with Resolution XV adopted by the Directing Council at its X Meeting,

RESOLVES:

1. To express to the Director of the Bureau the congratulations of the Conference on the content of the report presented on the fellowship program.
2. To recommend to the Pan American Sanitary Bureau that it continue broadening the fellowship program and coordinate it effectively with similar programs of other organizations.
3. To recommend to the Director of the Bureau that he study the possibility of considering special types of fellowships for high officials in the fields of health and teaching, which will include greater facilities and be in keeping with the rank of such officials.
4. To recommend to the governments of the Member Countries of the Organization that they draw up their fellowship programs in advance, in accordance with national needs; that they adopt the most appropriate procedures for the proper selection of candidates; that they make available to the fellows the necessary means to enable them to complete their studies effectively and without anxiety; and that, on completion of their training, they be given an appropriate position that will ensure the utilization of their knowledge in the best interest of public health.
5. To recommend to the Director that he put into practice the necessary measures for a continuing evaluation of the fellowship program.

PRESIDENT: * Is there any objection to this draft resolution? If not, it stands approved.

*Approved.*[2]

[1] Resolution XVIII, p. 32.
[2] Resolution XIX, p. 32.

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution states:

*Topic 27: Inter-American Congresses of Public Health*

The XV Pan American Sanitary Conference,

Having examined the proposal concerning the holding of Inter-American Congresses of Public Health,

RESOLVES:

1. To accept, in principle, the desirability of holding Inter-American Congresses of Public Health once every four years.

2. To instruct the Executive Committee to study, with the assistance of the Director, the procedures for holding such congresses, keeping in mind the desirability that they take place before each quadrennial meeting of the Pan American Sanitary Conference, replacing the Technical Discussions at those meetings.

3. To instruct the Executive Committee to give special attention to: (a) the costs of such congresses and their distribution between the Pan American Sanitary Organization and the host country; (b) the nature and duration of the proposed discussions; and (c) the establishment of rules of procedure for the congresses.

PRESIDENT: * Any objection or observation on this draft resolution? None? It stands approved.

*Approved.*[1]

Mr. OLIVERO (Guatemala, Rapporteur): * The following draft resolution states:

*Topic 31: Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers*

The XV Pan American Sanitary Conference,

Having examined the report of the Director on the work performed by the Technical Committee of Experts assigned to prepare a manual containing recommended minimum standards of sanitation in hotels, restaurants, transportation facilities, and tourist centers,

RESOLVES:

1. To take note of the report presented by the Director, in which it is stated that the Technical Committee of Experts has completed a draft of the manual and that once it has been reviewed, the manual will be transmitted to the Member Governments and to interested organizations for information and whatever action they deem appropriate.

2. To express to the members of the Technical Committee its appreciation of the valuable collaboration they are rendering in this task.

[1]Resolution XX, p. 32.

PRESIDENT: * Any comment or objection to this draft resolution? None? It stands approved.

*Approved.*[2]

Mr. OLIVERO (Guatemala, Rapporteur): * The following draft resolution reads:

*Topic 36: Advertising of Medicinal Products*

The XV Pan American Sanitary Conference,

Having examined Document CSP15/35, presented by the delegation of Panama, on the advertising of medicinal products,

RESOLVES:

To instruct the Director of the Pan American Sanitary Bureau to include on the agenda of the XI Meeting of the Directing Council a topic on the problems arising from the advertising of medicinal products.

PRESIDENT: * Any comment or objection to this draft resolution? If not, it stands approved.

*Approved.*[3]

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution reads as follows:

*Topic 35: Resolutions of the World Health Assembly and the WHO Executive Board, of Interest to the Regional Committee*

The XV Pan American Sanitary Conference,

Having seen Document CSP15/18 in which the Director has submitted to the Regional Committee for the Americas Resolutions WHA11.42, WHA11.16, WHA11.54, EB22.R23, EB21.R48, and EB21.R53; and

Bearing in mind that the Conference has adopted specific resolutions on the eradication of malaria, the eradication of smallpox, WHO participation in the Expanded Program of Technical Assistance, and the review of salaries, allowances, and benefits,

RESOLVES:

To take note of Resolutions WHA11.42 (Malaria Eradication Program), WHA11.16 (Malaria Eradication Special Account), WHA11.54 (Eradication of Smallpox), EB22.R23 (Organizational Study on Regionalization), EB21.R48 (WHO Participation in the Expanded Program of Technical Assistance), and EB21.R53 (Review of Salaries, Allowances, and Benefits).

PRESIDENT: * Is there any comment or objection to this draft resolution? If not, it stands approved.

*Approved.*[4]

[2]Resolution XXI, p. 33.
[3]Resolution XXII, p. 33.
[4]Resolution XXIII, p. 34.

Mr. OLIVERO (Guatemala, Rapporteur): * The next draft resolution reads as follows:

*Topic 38: Study of the Diabetes Problem in the Americas*

The XV Pan American Sanitary Conference,

Having considered the interesting paper on diabetes, presented by the delegation of Uruguay (Document CSP15/33); and

Bearing in mind that the number of diabetes cases tends to rise with the increase in life expectancy and from causes that are not well defined,

RESOLVES:

To recommend to the governments of the Member Countries of the Organization that they draw up, in their plans for preventive medicine, programs to intensify early diagnosis of diabetes and encourage the use of public and private resources for the proper treatment and care of diabetics.

PRESIDENT: * Any comment or objection to this draft resolution? It stands approved.

*Approved.*[1]

Mr. OLIVERO (Guatemala, Rapporteur): * The third report of Committee I contains only one draft resolution which reads as follows:

*Topic 34: Drug Registration and Related Problems*

The XV Pan American Sanitary Conference,

Having taken note of the document on the topic "Drug Registration and Related Problems," presented by the delegation of Venezuela, and the supplementary information submitted by the Director (Document CSP15/20); and

Considering the proper control of foods and drugs to be of the utmost importance to public health,

RESOLVES:

1. To express the satisfaction of the Conference at the establishment of a food and drug control program in the Pan American Sanitary Bureau.

2. To recommend that countries that export pharmaceutical products, and whose legislation permits, adopt the pertinent measures to control the quality of those products.

3. To recommend that the Member Governments of the Organization take the necessary measures for the control of foods and pharmaceutical products, and that they authorize the importation of only such foods, drugs, and therapeutic products as have been authorized for domestic consumption in the exporting countries.

4. To recommend that the Director of the Pan American Sanitary Bureau attempt, in future programs, to give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that a larger number of fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.

With this draft resolution Committee I has completed the examination of the topics assigned to it by the General Committee.

PRESIDENT: * Is there any comment or objection to this draft resolution? There is none.

*Approved.*[2]

PRESIDENT: * The second and third reports of Committee I are up for consideration by the Conference. Is there any objection to the adoption of the reports in their entirety? If not, they stand approved.

*The second and third reports of Committee I were approved.*

**Second Report of Committee II (Administration, Finance, and Legal Matters)**

PRESIDENT: * The next item of business is the second report of Committee II (Administration, Finance, and Legal Matters). Will Dr. Bissot, Rapporteur of the Committee, come to the rostrum to present his report.

Dr. BISSOT (Panama, Rapporteur): * I have the honor to report to the XV Pan American Sanitary Conference that at its third, fourth, and fifth sessions, held 29 and 30 September 1958, the Committee examined Topics 25, 26, 33, 37, and 17, as well as the draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, the United States of America, Guatemala, Panama, and Argentina on meetings of the governing bodies. It was agreed to recommend that the Conference adopt the following draft resolutions.

*Topic 25: Name of the Organization*

The XV Pan American Sanitary Conference,

Bearing in mind that the word "Sanitary" in the name of the Pan American Sanitary Organization does not express fully or accurately the character of the Organization or its functions in the broad field of health, as established in Article I of the Constitution;

Considering that the substitution of the word "Health" for "Sanitary" in the name of the Organiza-

[1] Resolution XXIV, p. 34.

[2] Resolution XXV, p. 34.

tion, in the four official languages (in English, *Pan American Health Organization;* in French, *Organisation panaméricaine de la santé;* in Portuguese, *Organização Pan-Americana da Saúde;* and in Spanish, *Organización Panamericana de la Salud*); would correct this situation and, by promoting a better understanding of the Organization's activities, would gain greater support on the part of the general public; and

Considering the provisions of Article 25 of the Constitution,

RESOLVES:

To replace the name "Pan American Sanitary Organization" by "Pan American Health Organization" in Articles 1, 2-A, 3, 19-B, and 21-A of the Constitution.

PRESIDENT: * Is there any comment or objection to this draft resolution? If not, it stands approved.

*Approved.*[1]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 25: Titles of the Senior Officers*

The XV Pan American Sanitary Conference,

Considering that the present titles of the senior officers of the Pan American Sanitary Bureau are ambiguous and do not reflect accurately the functions and activities of those officers;

Considering the advisability of adopting generally accepted titles that will be self-descriptive insofar as the responsibilities of the particular post are concerned; and

Considering the provisions of Article 25 of the Constitution,

RESOLVES:

To introduce the following amendments in the Constitution of the Organization:

(a) The text of Article 4-E is revised to read: "The Conference shall elect the Director of the Pan American Health Organization by a two-thirds vote of the countries represented and with the right to vote. The Director shall be the chief technical and administrative officer of the Organization and the legal representative thereof. In case of the resignation, incapacity, or death of the Director between meetings of the Conference, the Directing Council shall elect a Director who shall act *ad interim.*"

(b) The text of Article 18-A is revised to read: "The Pan American Sanitary Bureau shall be headed by the Director designated in accordance with the provisions of Article 4, paragraph E. In the event of the resignation, incapacity, or death of the Director, the Deputy Director shall assume his duties until the next meeting of the Council."

(c) The words "of the Pan American Sanitary Bureau" (or "of the Bureau") after the title "Director" in Articles 4-B, 8-B, 8-C, 9-D, 10-B, 10-C, 12-A, 12-C, 14-A, 18-C, 20, and 24-A are deleted.

(d) The first sentence of Article 18-B is revised to read: "There shall be a Deputy Director and an Assistant Director appointed by the Director with the approval of the Executive Committee."

(e) The following sentence is added at the beginning of Article 17: "The Pan American Sanitary Bureau is the General Secretariat of the Pan American Health Organization."

PRESIDENT: * Any observation or objection to this resolution? The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * In the first operative paragraph, the word "ambiguous" is used. I believe that the word is somewhat inadequate and could be changed to "incomplete" or "not precise." The word "ambiguous" may agree with the actual sense, but it is not a word that sounds well. And so I would suggest that it be replaced by some other expression. In addition, item (a) of the operative part states the following: "The text of Article 4-E is revised to read: 'The Conference shall elect the Director of the Pan American Health Organization . . .' " I believe that the Pan American Health Organization has no Director; rather, there is a Director of the Pan American Sanitary Bureau. The Pan American Health Organization is governed by an Executive Committee, which has a specific structure, or by a Directing Council. I believe that the text has perhaps been badly worded, or that the thinking of the delegates who attended the session of the Committee has changed.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * The opinion expressed by the delegate of Peru was the same that I expressed when presiding at the session of the Committee when this matter was discussed. At that time we read Article 3 of the Constitution, which states that the Pan American Sanitary Organization shall comprise: (1) the Pan American Sanitary Conference; (2) the Directing Council; (3) the Executive Committee; and (4) the Pan American Sanitary Bureau.

I shared the view of the delegate of Peru, but the vote decided otherwise, the position being taken that the Organization of American States functions in a form similar to that indicated in the text now proposed.

In reality, the Pan American Sanitary Organi-

[1] Resolution XXVI, p. 35.

zation—to call it by its old name—should not, in my opinion, have a Director. The Organization is composed of various elements, but it is the Pan American Sanitary Bureau that should have a Director. If the Organization of American States has a special nature that is congruent with the wording of this article, perhaps it would be proper to accept the wording as proposed, but I personally agree completely with the delegate of Peru.

PRESIDENT: * The delegate of Panama has the floor.

Dr. BISSOT (Panama): * I simply want to explain that the text appearing in this draft resolution was the original text referred to this Conference by the Executive Committee in the respective document. No changes were made by Committee II and it was accepted just as it was.

There were some, among them myself, who noted the fact that the Director of the old Pan American Sanitary Bureau would now appear as the Director of the Pan American Health Organization, not of the Bureau. However, my attention was called to the similarity between our Organization and the World Health Organization, where the Director-General is the Director-General of the World Health Organization, but not of the Assembly, which in our case would be the Conference or the Directing Council. The Director-General acts as Secretary but not as Director-General of the Assembly, although he is Director-General of the Organization. Here it would be the same. The Director would be Director of the Pan American Health Organization, but he would be only the Secretary of the Conference and of the Council in their meetings.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * It is my understanding that this plenary cannot accept the wording read to us by the Rapporteur. Naturally, it is not a question of discussing whether the Executive Committee approved it or did not approve it. In the final analysis, the decisions of the Committee have to come before the full Conference.

The wording is not acceptable because it substantially changes the spirit behind the Organization we have set up. We cannot accept the references to either the Organization of American States or to the World Health Organization. You will recall that we have repeatedly opposed an absolute incorporation, basing our opinion on the unique characteristics of the Pan American Sanitary Organization as an American instrument of international public law, one that is governed, as the delegate of Mexico has explained so well, by its own directing bodies. The supreme governing authority is the Pan American Sanitary Conference, forum of the whole Organization. Next in line is the Directing Council, to which the Conference delegates all its power in the intervals between its regular quadrennial meetings. The Directing Council in turn delegates a permanent fraction of its authority to the Executive Committee, where, finally, as its name indicates, the work goes on of charting the implementation of the decisions arrived at by the other governing bodies.

Now then, the Pan American Sanitary Organization has purposes to fulfill. How does it do this? Through the execution of projects, putting into practice its own decisions. For this it requires a strong administrative organ, which is the Pan American Sanitary Bureau. The Director is Director of the Bureau. How shall we suddenly transform the essential structure of our Organization, raising this Director of the Bureau to the category of Director of the Organization? This idea is totally unacceptable.

Now, a small comment with respect to the World Health Organization and the Organization of American States.

The World Health Organization started out with a unique system of organization. In the World Health Organization, the Secretariat acquired extraordinary functions. If we ask ourselves what is the governing system of the WHO, we would say that it is the Secretariat system. And there the Director *is* the Director-General of the World Health Organization, although if you analyze the WHO more carefully you will find this paradox: government in the hands of a Director-General of the Organization. However, respecting the ultimate authority of the World Health Assembly, this Director-General merely becomes the Secretary of the Assembly when it meets. He is not the Director of the Assembly, he does not govern the Assembly, and he is not the supreme authority of the Assembly; he is merely the Secretary of the Assembly.

The Organization of American States is governed by the Council of the Organization of American States, which has its Chairman of the Council, who is not the same as the Secretary General

of the OAS (they have no title of Director). The Secretary General is the administrative director of the executive offices, but the Organization of American States is governed by its Council, with a Chairman periodically elected by the diplomatic representatives who make up that Council. The Secretary General is an administrative chief; he is not the director, he is not the supreme or absolute authority of the OAS. The authority of the OAS is the Council. The Secretary General is an administrative authority who implements the decisions of the Council.

In conclusion, I propose that this plenary not accept the terminology contained in the recommendation read to us, and that it be very clearly defined, to avoid future erroneous interpretations, that the Director is the Director of the Bureau, the man who has the responsibility of directing and of carrying out what is decided upon. But he cannot be elevated to the functional category of Director of the Organization, because this would imply an authority in the Organization that cannot be given the Director, however broad and high a level is assigned to the post of Director of the Bureau. That is my proposal.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * It appears that there has been some mistake, and the fact that my question was pertinent has been sufficiently borne out by the explanations given by the delegate of Mexico and by the delegate of Cuba. I believe that if items (a) and (b) were reviewed, an absolute contradiction would be apparent. Item (a) states: "The Conference shall elect the Director of the Pan American Health Organization . . ." Item (b) states: "The text of Article 18-A is revised to read: 'The Pan American Sanitary Bureau shall be headed by the Director . . .' " There is a contradiction between the two items. Consequently, I agree with the proposal of the delegate of Cuba that item (a) be cut out entirely.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. PATIÑO CAMARGO (Colombia): * Since the first discussions on the constitutional amendments that began with the change of the name Pan American Sanitary Organization to Pan American Health Organization, and in view of the consequences to be expected from these changes, I was thoroughly and finally opposed to these amendments, and throughout the whole discussion I have made clear my negative vote. And now we see, by the arguments just advanced by the delegates, that we have come to a situation that could have been foreseen. Therefore, I persist in casting my vote against these amendments.

PRESIDENT: * The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * The delegate of Peru, with whom I have been in complete agreement, has stated—and here I do not agree—that it appears that there has been some mistake. No, there was no mistake. I stated that I had voted against the proposal, but that Committee II had voted in favor of it in the terms approved also by the Executive Committee. This is not an error. But it does not mean that, because the proposal was approved by the Executive Committee and because Committee II voted for it, this plenary has to accept it.

I completely agree with what has been stated by the delegate of Peru and the delegate of Cuba, and all I did was read, as I did when I presided at the session of Committee II when this problem was discussed, Article 3 of the Constitution, as follows: "*Organs:* The Pan American Sanitary Organization shall comprise: (1) the Pan American Sanitary Conference . . . (2) the Directing Council . . . (3) the Executive Committee of the Directing Council . . . and (4) the Pan American Sanitary Bureau." All these constitute the Organization.

If the intent of the change is to make the Director the Director of the Organization, then he would be over the Conference, over the Directing Council, and over the Executive Committee, and of course he would continue to be Director of the Pan American Sanitary Bureau. Therefore, the acceptance of item (a) implies that, because of similarity (this was the argument) with the Organization of American States and the World Health Organization, we are going to accept a change in the Constitution, a change with which, I repeat, I do not agree.

We have studied and discussed this many times. If matters were not to receive the final decision here in plenary session of the Conference, it would not be worth while discussing them. It could be said that, since the proposal has already been approved by the Executive Committee and by Com-

mittee II, it could be approved here. However, I believe the problem to be of great importance because to give the Director the status of Director of the Organization would place him, I repeat, above the Conference and above the Directing Council and the Executive Committee, and I do not believe that this is the approach to adopt in this matter. Consequently, along with the delegates of Peru, Cuba, and Colombia, I would also oppose the acceptance of item (a).

PRESIDENT: * The delegate of the United States is recognized.

Mr. WILSON (United States): I would like to advance a few reasons why our delegation has supported these changes. Before doing so, I wish to make it quite clear that we would have no great objection to retaining the title Director of the Pan American Sanitary Bureau. To us this is mainly a matter of title, a question of nomenclature. In addition, there is every reason why this plenary session should discuss the merit of this case, and not merely accept, with our objections to so doing, the recommendations of the Executive Committee, and of Committee II of this Conference.

It has been argued that comparisons to other organizations are not valid because their structure is different. Without attempting to make too much of these comparisons, I would simply like to draw attention to the fact that in the case of the Organization of American States itself a system of nomenclature similar to, or in fact, the same as that now proposed to this Conference, has been in effect since 1948, when the Charter of the OAS was adopted.

Article 79 of that Charter states that "there shall be a Secretary General of the Organization." And Article 80 provides that this Secretary General directs the Pan American Union. Merely by virtue of this title "Secretary General of the Organization" the Secretary General of the OAS does not become the supreme authority of the OAS. On the contrary, the Charter explicitly provides that the Inter-American Conference is the supreme organ of the OAS. In the same way, the Constitution of PASO provides that the *Conference* is the supreme authority of the Organization. Therefore, giving the title Director of the Organization to the Director, from a juridical standpoint, in no way places him above the other organs of the Organization. I repeat, to us it is simply a matter of an appropriate title.

I think that, if the matter is viewed in this fashion, the members who have difficulties in accepting what seems to them to be a substantial change, a restructurization of the hierarchy of the Organization, might be convinced that this is desirable simply for uniformity of nomenclature.

In Committee II it was explained, very properly I think, that the change in the name of the Organization was desirable, but that a change in the name of the Bureau is impossible without modification of the Pan American Sanitary Code of 1924, which is a treaty; and therefore, to make the best of this situation, the name of the Bureau is continued. The Bureau is defined, in amendments to follow, as the Secretariat of the Organization and the Director is given the title Director of the Organization.

The United States delegation believes that these changes are desirable and have no implications of such a drastic nature as that suggested by other delegations here. If we could see in these changes any such implications, you may be sure that we would not have supported them.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. ABAD GÓMEZ (Colombia): * I believe that at this session very powerful reasons have been put forth in opposition to the change from Director of the Pan American Sanitary Bureau to Director of the Pan American Sanitary Organization. It is a question of titles that, in Spanish at least, are very different. Director and Secretary General have two very different meanings in Spanish.

I believe we would all agree if it were to be stated that the Organization should have a Secretary General to direct the Pan American Sanitary Bureau, but we cannot agree that there should be a Director of the Pan American Sanitary Organization.

I should like to point out that the Secretary General of the Organization of American States has that title as head of the Pan American Union, but his title is appropriate and he directs the executive offices, the Secretariat. If the Director-General of the World Health Organization has that title, it is simply an indication that the title is inadequate. He should be called Secretary

General of the World Health Organization because he heads the offices of the Organization and its activities. I would merely propose that the article be modified to read that the Director shall be the Director of the Pan American Sanitary Bureau and not of the Pan American Sanitary Organization.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * If item (a) of the draft resolution were eliminated, the text would be analogous to that of the present Constitution, which reads: "The Conference shall elect the Director of the Pan American Sanitary Bureau." In other words, we need only eliminate item (a). I believe that this would clarify the matter completely. It is not merely a change of titles but a change of functions, of the over-all structure. To change the title of Director of the Pan American Sanitary Bureau to Director of the Pan American Health Organization as has been proposed, means a total change in another sense. Consequently, it would be necessary to amend the entire Constitution.

I therefore believe that there are many reasons for postponing a decision on the matter, taking into account what has been pointed out by the delegates of Cuba, Mexico, and Colombia. Perhaps at some future meeting a study can be made of an over-all revision of the Constitution of the Pan American Health Organization. In such a case, there would be no objection to recommending that the Executive Committee study the possibility of a complete change of the Constitution. At this time, the most practical step would be to eliminate item (a), and I request that this point be put to a vote.

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MENDEZ (Costa Rica): * If item (a) is eliminated, it will be necessary to eliminate item (c) as well, for otherwise the latter would be incongruous. We have reached a point where, in our desire to coordinate our terminology with that of other organizations, we ought to have an explanation as to what advantages such a change would bring in our Organization.

I share the delegate of Colombia's view that the correct title would be Secretary General of the Organization. The title of Director of the Organization would be unacceptable to us. And since these difficulties exist, perhaps the solution would be that proposed by the delegate of Peru and other delegates, to the effect that item (a) be eliminated, with my added suggestion that item (c), which also has a bearing on this matter, be deleted.

PRESIDENT: * The Rapporteur of Committee II has the floor.

Dr. BISSOT (Panama, Rapporteur): * As Rapporteur of Committee II, I reiterate the statement made by the Committee Chairman that no error was made in the drafting of this resolution. Moreover, it received a large majority vote in its favor. If I recall correctly, there was only one vote against the motion. The plenary, of course, has the right to change the document at any time it wishes, but what has been written is the majority opinion of Committee II.

I should now like to call attention to the fact that if the suggested amendment to item (a) were approved as well as the suggestion made by the delegate of Costa Rica that item (c) also be deleted, item (b) would also be superfluous.

During the meeting of Committee II, I pointed out in my capacity as delegate of Panama—and I was the first to do so—that the proposed amendment would mean the disappearance of the Pan American Sanitary Bureau. The explanations given me clarified the matter somewhat, but not enough to induce me to vote. My delegation abstained from voting. I think it would be interesting to hear the views of the Director of the Bureau.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * With reference to this problem, I believe that items (b), (c), (d), and (e) all hinge on item (a). In other words, perhaps it is not a question of a redrafting, but simply a problem centering around item (a) to which the others are related. The problem, then, is to decide whether to accept item (a); if that is eliminated it will not be necessary to keep either (b) or (c). It might therefore be well to consider whether it is really necessary to appoint a working party to study the matter, or whether we shall decide here and now what is to be done.

PRESIDENT: * The delegate of the United States is recognized.

Mr. WILSON (United States): I wish to take the floor very briefly to point out that it is all very well for those who are not pleased with this suggested change to say that there have been enough arguments on the question and to repeat that they are not in any way strongly interested in making this change. But so far in this discussion I have not heard mention of the second sentence of the proposed new text of Article 4-E, which is a new provision and a useful one. I quote: "The Director shall be the chief technical and administrative officer of the Organization and the legal representative thereof."

Naturally, if the title of the Director remains Director of the Pan American Sanitary Bureau the word "Organization" would be changed. But leaving this question of the title to one side, I believe that this new provision is a useful one. As far as I can find, it does not appear elsewhere in the Constitution, with reference to the Director, and therefore leaves a gap in the present Constitution.

I bring up this point to emphasize this provision in case a working group is appointed to work out new language for these provisions. I think it is unfortunate that the plenary does not have before it a complete text of the paragraphs in which these new provisions appear, but only a sentence here and there. Perhaps before this matter is finally approved we can have the complete text of at least the paragraphs in which these various changes appear. I should think that it would be safer to proceed in that fashion.

In mentioning the Organization of American States, I in no way wished to imply that this Organization should copy the OAS Charter or attempt to model its own structure or nomenclature after that of other parts of the OAS. It is simply a good example of the kind of change that is being proposed in this instance. I can see the point, made here this morning, that there is a difference in the literal meaning of the word "Director" and the words "Secretary General" and that this precedent of the OAS Charter may, therefore, not be so applicable. On the other hand, I wish to repeat that the mere name of the top officer does not carry with it any authority, any new scope of functions, that is not specifically granted by the Constitution itself. If this had been the case, the United States delegation certainly could not have supported a change that in any way implied that one individual, the Director of the Organization, be given the power to direct the supreme organ of the Organization, that is, the Conference. That just does not make sense.

PRESIDENT:* The Secretariat has an explanation to make.

Dr. GONZÁLEZ (Assistant Director, PASB):* The annexes to Document CE34/7[1] contain the complete texts, present and proposed, of the articles under discussion. This might satisfy, in part at least, the request of the delegate of the United States.

PRESIDENT:* The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB):* We should note that Document CE34/7 also contains the alternative text presented by the Director to the Executive Committee for consideration, which reads as follows: "The Conference shall elect the Secretary General of the Pan American Health Organization by a two-thirds vote of the countries represented and with a right to vote." However, the Executive Committee adopted the following text: "The Conference shall elect the Director of the Pan American Health Organization by a two-thirds vote of the countries represented and with a right to vote."

We should note that there is perhaps a difference in the general meaning of the words *Oficina* in Spanish, *Bureau* in English, and *Repartição* in Portuguese. The truth is that the Director of the *Repartição Sanitária Pan-Americana* in Portuguese, indicates an officer of a rather low echelon, and the same is true in English. A "bureau" is a governmental department of a rather low category. I believe that it would be preferable if the Director elected yesterday, with the functions he has, the relations he maintains with other organizations, and with the Organization's present extensive program, could be given a title that in part reflects these responsibilities where other organizations are concerned: Director of the Organization, or Secretary General of the Organization. I repeat that the idea was not to give greater authority to the post but rather, as indicated by the delegate of the United States, to establish the fact that the Director shall be the chief technical and administrative officer of the Organization and the

[1] Mimeographed document.

legal representative thereof. The amendments proposed in the articles in no way change the relationships between the Director of the Organization and the governing bodies. The relationships are exactly the same, but we should recognize that our Organization today is not a "bureau" of any other agency, and the Director is not in a subordinate position within the Organization, but is directly answerable to the Conference, the Directing Council, and the Executive Committee.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * It is necessary to give a short background summary in order to arrive at the proposed amendment. In reality, the proposed amendment to Article 4-E came up in connection with the doubtful interpretation of the expression "present and voting"—that is, when the problem of the Director's election came up a number of interpretations of semantic origin arose in the minds of some delegates. An attempt was made to correct this defect.

Some time ago we witnessed—I shall say so very frankly—a conflict with reference to the Secretary General of our Bureau, his functions, and his position. Ever since Ciudad Trujillo, several representatives of governments had been anxious to define more clearly the position of the Secretary General of the Organization. We understood then, and continue to understand, that he was not Secretary General of the Bureau but Secretary General of the Organization. Because he was the latter, his appointment was a matter for decision by the full Conference or the Council, and not a mere designation by the Director.

The Director was always opposed to this interpretation, so much so that he became more emphatic in expressing the desire that the Director should act as Secretary of the meetings of the Conference, of the Council, and of the Executive Committee.

If you refer to the proceedings and the debates on this matter, you will find that they record my firm opposition. I have always opposed and I voted against the proposal, up to the last ruling obtained by the Director, by majority vote of this body, whereby he could, as Director of the Bureau, assume the Secretaryship of these deliberating bodies. And thus did the Director begin to absent himself from the Secretary's position on a certain number of occasions, using the services of an acting Secretary, giving us as Secretary the Assistant Director of the Bureau—who certainly performed the function well—until we arrived, legally, at the procedure now in force: that the Director shall be Secretary of these meetings and that he may delegate these functions.

This has had a bearing on the proposed amendment of radical dimensions that has now come before us after being approved by the committee presided over by Dr. Díaz Coller.

Another important antecedent is that related to some of the statements made by the delegate of Argentina. It is true that each time we go more deeply into the matter of procedure we find more contradictions and obscurities in the letter of our present Constitution. It is true that our Constitution is in need of a review and, in due course, of revision.

But we have also stated that at the moment we were not ready to undertake a complete revision and we recommended that a special subcommittee on legal matters be named to review the Constitution, the Rules of Procedure, and other provisions, and to give an opinion on the matter.

This would be, first, a study from the organic point of view as such, and then an attempt to ensure perfect equivalence of meaning in the different texts. That is where we are headed, and we are in complete agreement with Mr. Wilson, of the United States, on this point.

Therefore, what should be done in this particular case is for the Conference, with all due respect to Committee II, to reject the amendment and leave the article as it is at present in the Constitution. If you so wish, we could recommend to the subcommittee on legal matters that it study the present texts and make suggestions on how to correct the existing defects. But under no circumstances should the plenary revise the Constitution now, at this time, for that would entail profound changes—first among them, the transformation of the organic structure of the institution in general. This is not the time to accept similarities with the Organization of American States or the World Health Organization.

These are very important and interesting points and I respect them and believe they should be studied by this subcommittee with the advice of jurists, but this should not be done now because

what is involved is a very radical amendment that changes the spirit of the Pan American Sanitary Organization. It took much effort—Dr. Díaz Coller himself led the debates—to obtain the approval of the Committee, and now that of the Conference, to amend the Constitution with reference to the name of the Organization. But beyond that, not a step, not one step, because the next step has not been sufficiently studied. What is lacking and required is a thorough study of the question in its full meaning, in substance.

It is not a mere question of form. I have a high respect for the Director of the Bureau, and I refer to the Director, the present Director and the Director-elect. I consider them both to be on exactly the same plane. But whether it be Dr. Soper or Dr. Horwitz, I shall always be opposed to assigning to the Director this category within the Organization.

It is one thing to state—and this is a constitutional amendment—that the Secretariat of the Organization will be the responsibility of the Director of the Pan American Sanitary Bureau. The Secretariat yes, but I can never accept in the over-all regime of what is called the Pan American Sanitary Organization, and what it is now agreed to call Pan American Health Organization, the idea of having the Director of the Bureau represent the integral juridical personality of the Organization. I accept only the traditional regime.

When the mechanical action of signing a contract takes place, when the legal personality is required to constitute a litigant in a tribunal, it is obvious that the full Conference cannot present itself; that is when the delegation of powers occurs, with express authorization.

For example, if there is a contract to be signed, a transaction to complete, we authorize the Director of the Pan American Sanitary Bureau in the name of the Organization to subscribe to it, but we cannot assign permanently the integral, juridical personality of the Organization to any Director, whoever he may be, whatever his title.

That, then, is my point of view, and in order not to tire the delegates I shall close at this point by recommending that the amendment be rejected completely. That is my proposal.

PRESIDENT: * The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica): * In Committee II the delegation of Costa Rica at first took the position of rejecting any and all amendments to the Constitution and was of the view that these modifications should be studied carefully by a subcommittee. However, in a moment of compromise, it accepted the change in the name of the Pan American Sanitary Organization to Pan American Health Organization. From then on, the delegation of Costa Rica considered, and so stated for the record, that any other amendment should be the object of very careful study, even though the amendments to be introduced were not changes in meaning or in substance of the text, but merely changes for purpose of coordination, interpretation, or translation into other languages. Therefore, I maintain this position and express the reservation that I believe the title Secretary General to be hard to interpret, difficult to fit into our Organization, and think that it might perhaps be worth while to attempt to change that title of Secretary General. With these reservations, I am completely in agreement with the delegate of Cuba that we should accept the first change, that in the name of the Organization, and that from there on the matter be referred to a subcommittee that would make a legal study of the situation.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. PATIÑO CAMARGO (Colombia): * As I stated in the beginning, the delegation of Colombia has been opposed to the constitutional amendments. I therefore agree with the delegate of Cuba, with the statements he made, but I shall go beyond that and say that the delegation of Colombia opposes any constitutional amendment at this time.

PRESIDENT: * The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * I wish merely to point out to the delegates that there are some common sense aspects that should be given thought before accepting any other modification. The next topic we shall be discussing is the amendment of another article of the Constitution. It is impossible that we should fail to abide by what is stated in the Constitution and it is also impossible for us to accept what is prescribed in Article 15.

I refer simply to the fact that the Constitution

states that at each meeting the Executive Committee shall elect a Chairman and a Vice-Chairman. The proposed amendment in the next draft resolution, on Topic 26, is, I repeat, a matter of common sense. The amendment states that the Executive Committee, at the first meeting following the election of its new members, shall elect a Chairman and a Vice-Chairman for one year until their successors are elected. I would urge the delegates to consider certain points before saying that not one more step be taken in matters relating to constitutional amendments. With respect to the titles of the senior officers, I am completely in agreement with what has been stated by the delegate of Cuba, but on the other hand I believe that we can consider certain possibilities of making amendments.

PRESIDENT: * The delegate of the United States has the floor.

Mr. WILSON (United States): I wish to support the comment made by the delegate of Mexico and to point out that in addition to the provision about the election of the Chairman of the Executive Committee, there is another small but very important proposed change under Topic 26, concerning Article 12-C of the Constitution, which to my knowledge has not yet been discussed and which I would ask the other members of the Conference, therefore, not to reject sight unseen. I believe that perhaps the time has come for further comments to be reserved until this discussion is resumed in a working party, and I ask whether this is to be the case or whether we are to continue discussions in the plenary.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I wish simply to call attention to the fact that I have limited myself to discussing Topic 25, and have not referred to Topic 26. If I have made comments against constitutional amendments, I have done so as an argument, but what I ask concretely and shall continue to demand here is that we reject the draft resolution on the titles of the senior officers, apart from the discussion of Topic 26. When this topic comes up we shall have an opportunity to consider it and hear the arguments of the case.

PRESIDENT: * Is there any objection to taking a vote on the draft resolution on the titles of the senior officers? The delegate of the United States has the floor.

Mr. WILSON (United States): I would like to suggest a vote in two parts. It appears to me that almost all the discussion here this morning has concerned the undesirability, in the minds of some delegates, of providing that the Director be Director of the Pan American Health Organization. I can understand the concern that is felt by persons who read into the word "Director" more than I believe would be its effect from a juridical standpoint. Our delegation is not interested in pressing for this change, in view of the comments that have been made. Moreover, it does not think that retention of the old title of Director of the Bureau would cause too many problems to the Bureau. However, the remainder of the changes suggested under Topic 25 concern a matter that, to our knowledge, has been very confusing, and that is the confusion between the titles of Director, on the one hand, and Secretary General, on the other. It is disappointing to find so much opposition to a mere adjustment of some terminology that has become confusing.

In the present day the title of Secretary General is used, as everyone knows, in the case of the UN and the OAS as well as in other organizations, for the chief officer of the Organization. In the Pan American Sanitary Bureau, under its present Constitution, the Secretary General is apparently a third officer. We see no great problem in simply modernizing the terminology in the Constitution. Neither do we believe that this modernization has any effects on the functions; that is, since the Organization needs a Secretariat for meetings, which I believe already exists in the Office of Conference Services, it can have such a Secretariat, with or without a high officer bearing the title of Secretary General. Therefore, I would ask that the second portion of these changes—which begins, if I am not mistaken, with item (d) of the proposed resolution on Topic 25—be voted on separately from the first portion, which relates to the title of the Director.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I wish to state my proposal categorically. I explained that I was referring to the full and complete text of the proposed resolution on the titles of the senior officers, and

I recommend that this plenary reject it in its entirety. The explanations will be very important. All of that can be retained as recommended points for eventual study by the subcommittee on legal matters, but what this plenary should do is to vote on the whole of the proposed resolution, and I recommend that we vote against it.

PRESIDENT: * The Chair proposes that the session be recessed for half an hour.

*The session was recessed at 11:20 a.m. and resumed at 11:50 a.m.*

PRESIDENT: * The session is resumed. The proposed resolution on the titles of the senior officers is up for consideration. The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I move that the proposed resolution that has been read be put to a vote, and I announce that I shall vote against it, which implies that I do not accept any amendment or addition thereto that might be considered. I urge that the plenary not accept the content of this document and I recommend that it be referred to the special legal subcommittee for study.

PRESIDENT: * The delegate of the United States has the floor.

Mr. WILSON (United States): I have suggested and wish again to suggest that the proposed resolution presented by Committee II on the titles of the senior officers be voted on in two parts. As I said before the recess, it appears to me that most of the delegates present here today who have expressed concern are worried about the first part, whereas the second part has not occasioned as many objections. I believe that under Article 45 of the Rules of Procedure a motion, a request for a voting by parts, takes precedence.

With respect to the first part, the second sentence of which states that the Director shall be the chief technical and administrative officer of the Organization and the legal representative thereof, the comment has been made and the concern has been expressed that this would seem to place the Director over the representative bodies of the Organization, such as the Conference or the Directing Council. I have attempted, apparently without being very convincing, to explain that, at least in our view, this could not possibly be the case unless the provisions elsewhere in the Constitution so provided.

In order to make this relationship entirely clear, I would like to ask whether the delegates here today could consider an addition to that sentence, which I think would clarify the problem. The addition could provide: "Under the authority of the Conference and the Directing Council, the Director shall be the chief technical and administrative officer..."

PRESIDENT: * Could the delegate of the United States clarify a point? His proposal is that a vote be taken on two parts. Could he explain which parts he is referring to?

Mr. WILSON (United States): I have suggested a vote in two parts, as follows: first part, items (a), (b), and (c) (and will the Secretariat please correct me if I am wrong); second part, items (d) and (e). In addition, with respect to the first part, which I assume will be voted on first, I am suggesting that perhaps the delegates here who have some concern about the second sentence of paragraph (a) might find that concern lessened if this new language were added, showing that the Director is not over the Conference and the Directing Council merely by virtue of the title Director of the Organization.

PRESIDENT: * Dr. González has the floor.

Dr. GONZÁLEZ (Assistant Director, PASB): * I wish only to assist in the discussion. The Secretariat understands that what the delegate of the United States wishes is that the proposed resolution in question be divided into two parts: one that would include items (a), (b), and (c) of the operative part; and the second to include items (d) and (e). The delegate of the United States is assuming that the first part would be voted on first, and in that understanding suggests that the following clause be added to item (a): "Under the authority of the Conference and the Directing Council, the Director shall be..."

PRESIDENT: * Are these explanations clear? The delegate of Guatemala has the floor.

Mr. OLIVERO (Guatemala): * Before the voting begins, and merely for the information of the delegates, I should like to refer to the part of the Final Report of the 34th Meeting of the Executive Committee which contains a summary of the discussion held during that meeting on the titles of the senior officers. That document states that the Constitution of the Organization provides for both

a Director and a Secretary General of the Pan American Sanitary Bureau. This is confusing, since in other international organizations such as the Organization of American States and the United Nations, the Secretary General exercises functions equivalent to those of the Director in the Bureau, both as chief administrative officer and as legal representative of the respective organization. The Report went on to say that, to avoid this confusion, it was proposed that the Executive Committee consider presenting to the XV Pan American Sanitary Conference possible changes in the titles of the senior officers. The following alternatives were indicated: (1) that the title Secretary General be used to designate the chief technical and administrative officer of the Organization and the legal representative thereof, in which case the officers designated as Assistant Director and Secretary General would have the titles of Deputy Secretary General and Assistant Secretary General, respectively; or (2) that the title Secretary General be eliminated, in which case the title Director would be used to designate the chief technical and administrative officer of the Organization and the legal representative thereof, and the officers designated under the Constitution as Assistant Director and Secretary General would have the titles of Deputy Director and Assistant Director, respectively. The Report states that the Committee then studied the titles of the other two senior officers and decided that those titles would lead to confusion insofar as distinguishing the functions of the respective posts was concerned. Finally, the Report sets forth the resolution adopted by the Committee on this topic, which is essentially the one being discussed now upon recommendation of Committee II.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* We are in the process of going further into the debate on the substance of the question, and the more we discuss the substance the more clearly the constitutional nature of the amendment stands out. I understand that there is a tacit agreement that we should not at this time go into constitutional amendments, except for those that are absolutely necessary and can be recommended because they do not cause any great imbalance in the rest of the articles, precisely for the reason that they change only very little. That is the criterion we have tacitly adopted. I insist that the debate has already been very extensive and that the same arguments are being repeated.

We would request of the Chair that the voting that was begun and interrupted be concluded, and that this voting take into account the proposal of the delegation of Cuba to the effect that a vote be taken on the whole proposed resolution before us. I would also urge the delegates to vote against it, record their nonacceptance, but with the explanation to those who defend it that we are rejecting it because it is a matter of procedure, for reasons already stated. This does not mean that a negative vote cannot be accompanied by a recommendation to the Director that he submit all this documentation, including the minutes of this debate, to the special subcommittee on legal matters that the Conference may wish to designate with a view to one day achieving a constitutional revision, but a correct and complete one, properly coordinated and prepared in an orderly manner, without juridical contradictions and without contradictions in the different languages. For that reason I continue to insist on a vote on the whole proposal and I again urge a vote against this proposed resolution.

PRESIDENT:* Dr. Hurtado has asked that this proposed resolution be put to a vote. The delegate of the United States has requested that the vote be in two parts. Pursuant to Article 45 of our Rules of Procedure, parts of a proposal shall be voted on separately if any Member so requests. We shall therefore vote on the first part, which includes items (a), (b), and (c) of the proposed draft resolution under discussion.

*The vote was taken with the following results: 2 votes in favor, 9 against, and 2 abstentions.*

*Items (a), (b), and (c) of the proposed resolution were rejected.*

PRESIDENT:* A vote will now be taken on the second part, that is, on items (d) and (e).

*The vote was taken with the following result: 3 votes in favor, 10 against, and 2 abstentions.*

*Items (d) and (e) of the proposed resolution were rejected.*

PRESIDENT: * The suggestion has been made by the delegate of Cuba that this document, together with the minutes, etc., be submitted to the special subcommittee on legal matters. Is there any objection to this proposal? Dr. Muñoz is recognized.

Dr. MUÑOZ (Peru): * I would suggest that, since the subcommittee on legal matters has not yet been established, this material be submitted to the Executive Committee, which could decide whether to refer it to a subcommittee or to resolve the matter itself.

PRESIDENT: * The delegate of Cuba accepts the modification. Is there any objection to Dr. Hurtado's proposal? None?

*Approved.*

PRESIDENT: * The delegate of the United States is recognized.

Mr. WILSON (United States): I wish to state and make clear for the record that the United States delegation, in supporting the proposed amendment to Article 4-E of the Constitution recommended by Committee II, does not commit the United States to the portions of this same article referring to the election of the Director, inasmuch as these other portions have been the subject of a separate recommendation contained in the report of the special committee appointed to consider Article 53 of the Rules of Procedure of the Conference.

PRESIDENT: * The Rapporteur will now continue with the presentation of his report.

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 26: Amendment to Article 15 of the Constitution*

The XV Pan American Sanitary Conference,

Considering Resolutions I and III adopted by the Executive Committee at its 29th and 34th Meetings, respectively,

RESOLVES:

To amend Article 15 of the Constitution of the Pan American Sanitary Organization to read as follows: "The Executive Committee shall elect from among its members a Chairman and a Vice-Chairman, who shall hold office until their successors are elected. The election shall take place each year at the first meeting of the Executive Committee following the election of its new members."

PRESIDENT: * Is there any comment or objection to this resolution? None?

*Approved*[1]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution reads as follows:

*Topic 26: Amendment to Article 12-C of the Constitution and of the Corresponding Articles of the Financial Regulations*

The XV Pan American Sanitary Conference,

Bearing in mind that Article 12-C of the Constitution lists among the functions of the Executive Committee that of preparing, with the cooperation of the Director of the Pan American Sanitary Bureau, the proposed program and budget;

Bearing in mind that it would be advisable for the Director, in addition to cooperating with the Executive Committee, to be able to present on his own part the proposed program and budget that he deems most appropriate in each instance; and

Considering that this procedure is already established in Article 55 of the Constitution of the World Health Organization with respect to the Director-General of that Organization,

RESOLVES:

1. To amend Article 12-C of the Constitution to read as follows:

Article 12-C. To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable.

2. To make the corresponding changes in Article III of the Financial Regulations of the Pan American Sanitary Bureau, which will read as follows:

*Article III*

3.1 The proposed annual program and budget shall be prepared by the Director of the Pan American Sanitary Bureau.

3.2 The estimates shall cover expenditures for the financial year to which they relate, and shall be presented in U.S. dollars.

3.3 The annual budget estimates shall be divided into parts, sections, chapters, and articles, and shall be accompanied by such information annexes and explanatory statements as may be requested on behalf of the Conference or the Directing Council, and such further annexes or statements as the Director may deem necessary and useful.

3.4 The Director shall submit the proposed annual program and budget to the Executive Committee for examination.

3.5 The Executive Committee shall examine the Director's proposed program and budget and shall make such recommendations thereon as it deems appropriate.

[1]Resolution XXVII, p. 35.

3.6 The Director shall submit to the Conference . . . [Pardon, there is an error on the part of the Secretariat. Item 3.6 begins:] The proposed program and budget shall be submitted to the Conference or the Directing Council for consideration, together with the recommendations made thereon by the Executive Committee. The proposed program and budget shall be transmitted to all Member States at least thirty days prior to the meeting of the Conference or of the Directing Council.

3.7 The budget for the following financial year shall be adopted by the Conference or the Directing Council.

3.8 Supplementary estimates may be submitted by the Director when and as he may deem necessary.

3.9 The Director shall prepare supplementary estimates in a form consistent with the annual estimates and shall submit such estimates to the Executive Committee for examination and recommendation. The Director shall submit to the Conference or Directing Council for consideration the supplementary estimates, together with the comments of the Executive Committee.

PRESIDENT: * Is there any comment or objection to this draft resolution? The delegate of the United States is recognized.

Mr. WILSON (United States): I noticed that the Rapporteur made a small correction in the Spanish text concerning a matter that I find a little difficult to understand, as regards the coordination between the proposed change in Article 12-C of the Constitution and item 3.6 of the Financial Regulations. This is really a very simple matter. It is the question of how the budget is submitted to the Conference or to the Directing Council. Article 12-C of the Constitution states that the Executive Committee is to consider and to submit to the Conference or to the Directing Council the proposed program and budget prepared by the Director. Item 3.6 of the Financial Regulations, as proposed, states: "The proposed program and budget shall be submitted to the Conference or the Directing Council," without specifying by whom it shall be submitted.

It seems to me that to carry out the intention of this amendment, the wording ought to be altered slightly to make it clear that it is not the Executive Committee that submits the proposed program and budget, but that these documents are submitted through the usual channels, without specifying the Director, as did the Spanish version of item 3.6 before being corrected. I shall read what I would consider a draft text to cover this point and ask the indulgence of the members of the plenary for having brought it up at this juncture. We had not seen the conflict between the Financial Regulations and Article 12-C of the Constitution until this moment. My suggestion is that the Article 12-C read: "To consider the proposed program and budget prepared by the Director, which shall be submitted to the Conference or Directing Council together with such recommendations as the Executive Committee deems advisable." I repeat that this is merely a matter of coordinating the two texts and establishing a uniform channel.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * I would have no objection to what has been proposed by the delegate of the United States, but I would like to make a brief observation. When topics, together with draft resolutions, reach the Conference, they have been studied by the Executive Committee, by working committees, and have been really quite thoroughly processed. When an objection is raised to one of them, usually a vote in favor or against the text is sufficient. But when we are presented with a completely new recommendation, one that often may seem very good, as is the case at the moment, the matter generally has not been discussed too much and has not gone through the process of screening in the Executive Committee or in working parties, where small imperfections are sometimes found. I would ask the delegates to take this point into account when they propose amendments to draft resolutions presented to the plenary. When it is a question of editorial changes, I do not believe there is any problem. In the present instance perhaps there is none, but generally speaking draft resolutions are presented for either approval or rejection. That is my understanding, at least. When changes in the text are proposed and are approved because they seem very appropriate at the moment, they may have some faults that are discovered only later. I simply wish to make that observation without any other comment.

PRESIDENT: * The delegate of Guatemala is recognized.

Mr. OLIVERO (Guatemala): * In the last paragraph, item 3.9, referring to supplementary estimates, the text states "... to the Executive Committee for examination and recommendation."

The following sentence states: "The Director shall submit to the Conference or Directing Council for consideration the supplementary estimates, together with the comments of the Executive Committee." I would merely suggest that the words "and recommendations" be added so that this sentence will agree with the previous statement.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * The last comment of the delegate of Guatemala involves merely an editorial change that in no way alters the presentation procedures. The change proposed by the delegate of the United States is somewhat more on the substantive side. I agree with the delegate of Mexico that, since there is nothing of absolute importance in the change, we proceed along the lines he suggested: that the plenary either approve the draft or reject it, in which case there is no other alternative but to follow the traditional channel of returning the text to the bodies that proposed it. Under these circumstances, the delegation of Cuba believes that the draft resolution before us should not be changed and recommends its approval by the Conference.

PRESIDENT: * The delegate of the United States is recognized.

Mr. WILSON (United States): I certainly do not wish to delay this meeting unduly, but it seems to me that there is a complete lack of coordination between the various procedures set up by the amendments to Article 12-C of the Constitution and to the Financial Regulations. I would like to give one more illustration of this. The delegate of Guatemala has proposed a constructive small amendment to the last sentence of item 3.9 of the Financial Regulations. This sentence provides for the Director to handle the supplementary estimates in precisely the manner in which my suggested amendment would provide for him to handle the basic regular budget. I would think that these points ought to be a little better coordinated, and I regret having to come to this conclusion here in the plenary. I do not see what is of substance in this small change. We all know how these things work in practice. Simply for the sake of consistency, I hope that the Conference will give some consideration to this small drafting change.

PRESIDENT: * Is there any other comment on this proposal? If not, it will be put to a vote. The delegate of the United States is again recognized.

Mr. WILSON (United States): I am sorry to take the floor again. I expected that the Secretariat might have some comments on this drafting suggestion. If they can perceive any objections to it, I would certainly withdraw it.

PRESIDENT: * Dr. González has the floor.

Dr. GONZÁLEZ (Assistant Director, PASB): * I do not believe that the Director of the Bureau would have any objection to the proposal of the delegate of the United States. On the contrary, I think Article 12-C would be more in keeping with the provisions of the Financial Regulations.

PRESIDENT: * The delegate of Chile is recognized.

Dr. HORWITZ (Chile): * In view of the provisions of Article 12 of the Constitution, which describes the functions of the Executive Committee, I think it unnecessary to add, as has been proposed by the delegate of the United States, another reference to the Executive Committee in Article 12-C, whose amendment is now under discussion. Article 12 refers specifically to the functions of the Executive Committee. The inserted phrase "with such recommendations as it deems advisable" implicitly refers to the Executive Committee.

Therefore, I believe that the text as approved by Committee II is the one that should be adopted because it is perfectly clear in Spanish. I do not know whether the meaning changes in the English text.

PRESIDENT: * Is there any other comment? If not, we shall proceed with the voting.

*A vote was taken and the President announced that the amendment proposed by the delegate of the United States had been rejected by a majority of votes.*

PRESIDENT: * The delegate of Guatemala has suggested that the words "and recommendations" after the word "comments" be added in the last phrase of item 3.9 of the Financial Regulations. Is there any objection to this proposal? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I declare that I vote against the amendment.

*A vote was taken with the following result: 2 in favor, 8 against, with 3 abstentions.*

*The proposal of the delegate of Guatemala was rejected.*

PRESIDENT: * Is there any objection to the approval of the draft resolution as presented by Committee II? None?

*Approved.*[1]

PRESIDENT: * The Rapporteur of Committee II will continue with the presentation of the report.

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 33: Buildings and Installations for Headquarters*

The XV Pan American Sanitary Conference,

Having noted the critical need for permanent headquarters accommodations for the Pan American Sanitary Bureau and the requirements for zone office accommodations,

RESOLVES:

1. To take note of the action of the Director in obtaining zone office accommodations.

2. To instruct the Director to continue negotiations with the United States Government with the objective of solving at the earliest possible time the matter of a site for the headquarters of the Bureau; to prepare suggestions on the financing of, and construction plan for, the permanent headquarters building; and to report thereon to the 37th Meeting of the Executive Committee, so that a proposal may be submitted to the XI Meeting of the Directing Council for consideration.

PRESIDENT: * Is there any comment or objection to this draft resolution? None?

*Approved.*[2]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 37: Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau*

The XV Pan American Sanitary Conference,

Considering that neither the Constitution of the Pan American Sanitary Organization nor the regulations in force establish a clear and detailed procedure for the election of the Director, and that they do not set forth the terms and duration of his post;

Bearing in mind that the Member Governments have encountered difficulties of interpretation in consulting the Constitution and the regulations, and that, as may be seen from the report of the committee appointed to study Article 53 of the Rules of Procedure of the XV Conference, the need to clarify the texts of these documents has become apparent; and

Considering that a method for selecting and nominating candidates should be adopted sufficiently in advance of a Conference,

RESOLVES:

To recommend to the Executive Committee the establishment of a working party that, with legal counsel, will make a study of the problems inherent in the election of the Director, and present, after consultation with the Member Governments, a proposal to the XIII Meeting of the Directing Council, so that it may adopt a specific procedure governing the election of the Director.

PRESIDENT: * Is there any comment or objection to this draft resolution? The delegate of the United States is recognized.

Mr. WILSON (United States): My delegation is wholeheartedly in support of the purposes of this draft resolution and has no suggestions to make with regard to the text as presented. We wish merely to make clear our understanding of the fact that the Conference is supreme under the Constitution and that therefore a procedure adopted by the Directing Council could not, in fact, govern in the literal sense of the word, the Conference in its actions with respect to the election of the Director.

PRESIDENT: * Any other observation or objection?

*Approved.*[3]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution is as follows:

*Topic 17: Proposed New Conditions of Employment*

The XV Pan American Sanitary Conference,

Considering that, in order to assure uniformity of conditions of employment, the Pan American Sanitary Bureau has, since 1949, adopted essentially the staff rules and regulations relating to salaries, allowances, benefits, and other conditions of employment of the World Health Organization;

Considering that full realization of efforts to establish uniform and equitable conditions of employment for the staff of the international health agencies has not been achieved, notably in the matter of minus

[1] Resolution XXVIII, p. 36.
[2] Resolution XXIX, p. 37.
[3] Resolution XXX, p. 37.

post adjustments, which have not been implemented by the Director of the Pan American Sanitary Bureau, this decision having been confirmed by the Executive Committee at its 31st Meeting (Resolution XIII) and the Directing Council at its X Meeting (Resolution XIX);

Considering that present salaries, allowances, benefits, and other conditions of employment are no longer adequate to attract many health workers to appointments in the international health agencies;

Considering that the conditions of employment should facilitate the policy of rotation of professional staff;

Considering that the Director-General of the World Health Organization has invited the X Meeting of the Regional Committee to express its views on the subject of suitable staff regulations on salaries and allowances adapted to the needs of international health organizations; and

Considering that the 34th Meeting of the Executive Committee, in Resolution V, recommended approval and implementation through negotiation with the Executive Board of the World Health Organization of the principles contained in Document CSP15/12 as a general guide for the development of an improved system of personnel administration for international health agencies,

RESOLVES:

1. To approve the statement of basic principles contained in Document CSP15/12, Rev. 1,[1] with the exception of the statement on family allowances, which was rejected by the X Meeting of the Directing Council, as a general guide for the development of an improved system of personnel administration for the Pan American Sanitary Bureau, and to recommend these principles for adoption by the World Health Organization.

2. To recommend that the World Health Organization adopt a policy of non-implementation of minus post adjustments, like that applied by the Pan American Sanitary Bureau and confirmed by unanimous vote of the Directing Council.

3. To recommend prompt action in increasing salaries of professional personnel of the World Health Organization and the Pan American Sanitary Bureau, in order to attract the best qualified public health workers.

4. To recommend that the World Health Organization and the Pan American Sanitary Bureau devise means for facilitating rotation of professional personnel.

5. To authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the implementation of these principles through the adoption of revised Staff Rules and Regulations based thereon.

6. To recommend that the World Health Organization invoke, if necessary, Staff Regulation 3.2 so as to permit any deviation from the United Nations scale of salaries and allowances that may be necessary for the requirements of the World Health Organization.

[1] See Part V, Annex 10, p. 524.

PRESIDENT: * Is there any comment or objection to this draft resolution? If not, it stands approved.

*Approved.*[2]

Dr. BISSOT (Panama, Rapporteur): * The next draft resolution reads as follows:

*Meetings of the Governing Bodies*

The XV Pan American Sanitary Conference,

Recognizing that a high degree of mutual respect and understanding has developed among the health leaders of the Americas, which facilitates the conduct of business in meetings of the governing bodies of the Pan American Sanitary Organization;

Considering that the Pan American Sanitary Bureau has won the full confidence of the members of the Organization;

Considering that efficient conference techniques have now become well established and facilitate the dispatch of business;

Considering the desirability of maximum economy in the administration of meetings;

Considering that Article 14-A of the Constitution of the Pan American Sanitary Organization provides that the Executive Committee shall meet at least every six months; and

Believing that a saving in time and expense can be made in future meetings by improved scheduling,

RESOLVES:

To instruct the Director that, when he convokes the Conference, the Directing Council, and the Executive Committee, he plan the meetings so that they will be held with the fewest possible sessions, of the shortest possible duration, and with the greatest economy possible, within limits compatible with the requirements of their respective agenda.

PRESIDENT: * Is there any comment or objection to this draft resolution? None?

*Approved.*[3]

Dr. BISSOT (Panama, Rapporteur): * Mr. President, with these resolutions, Committee II (Administration, Finance, and Legal Matters) has completed the study of topics assigned to it by the General Committee.

PRESIDENT: * We should now approve the report as a whole, taking into account the decisions of the Conference on some of the resolutions. Is there any objection?

[2] Resolution XXXI, p. 37.
[3] Resolution XXXII, p. 38.

*The second report of Committee II was approved.*

PRESIDENT: * Dr. González is recognized.

Dr. GONZÁLEZ (Assistant Director, PASB): * The name Pan American Sanitary Organization has been mentioned several times throughout the resolutions adopted by this Conference. Since the Conference has adopted a resolution changing this name to Pan American Health Organization, the Secretariat will do everything possible to change the name in all these resolutions, but I wanted to have the approval of the Conference in this respect. Because of insurmountable difficulties this cannot be done in the mimeographed documents, but we shall take care to see that the changes appear in the definitive proceedings and other documents of the Conference.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I regret to differ with the Secretariat's interpretation. The XV Conference agreed to change the name of the Organization, but that is for the future. The documents of the XV Conference should carry the terminology used in the Constitution up to the present. There is therefore no need to change the documentation of the Conference.

Dr. GONZÁLEZ (Assistant Director, PASB): * The procedure suggested by the delegate of Cuba would be much better for the Secretariat.

PRESIDENT: * The session is adjourned.

*The session was adjourned at 1:05 p.m.*

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## THIRTEENTH PLENARY SESSION

*Thursday, 2 October 1958, at 3:15 p. m.*

PRESIDENT: Dr. GUILLERMO ARBONA (United States)

PRESIDENT: * The session is called to order. The Secretariat will inform the delegates on two draft resolutions approved by the General Committee, which will be submitted to the Conference for consideration.

### Topic 29: Election of the Director of the Pan American Sanitary Bureau, and Nomination of the Regional Director of the WHO for the Americas *(conclusion)*

Dr. GONZÁLEZ (Assistant Director, PASB): * The first draft resolution refers to the election of the Director of the Pan American Sanitary Bureau and reads as follows:

The XV Pan American Sanitary Conference,

Bearing in mind Article 4-E of the Constitution of the Pan American Sanitary Organization, which provides that the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with a right to vote;

Bearing in mind that the XII Pan American Sanitary Conference adopted a resolution which provides that the term of office of the Director of the Pan American Sanitary Bureau shall be four years; and

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Sanitary Organization, and Articles 49 and 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of the Regional Director of the World Health Organization,

RESOLVES:

1. To declare Dr. Abraham Horwitz elected Director of the Pan American Sanitary Bureau for a period of four years to begin 1 February 1959.

2. To apprise the Executive Board of the World Health Organization of the above designation of Dr. Abraham Horwitz, for appointment as Regional Director for the Americas.

PRESIDENT: * Is there any comment on this resolution? None?

*Approved.*[1]

### Improvement of the Texts of the Basic Documents of the Pan American Sanitary Organization

Dr. GONZÁLEZ (Assistant Director, PASB): *

[1] Resolution XXXIII, p. 39.

The second resolution refers to the improvement of the basic documents of the Organization. This draft resolution was prepared as a result of the recommendation made by the committee appointed to study Article 53 of the Rules of Procedure and of proposals made by several delegates at previous plenary sessions. The text approved by the General Committee reads as follows:

The XV Pan American Sanitary Conference,

Bearing in mind the suggestion contained in paragraph 4 of the report of the special committee appointed by the Conference to consider Article 53 of the Rules of Procedure (Document CSP15/47),[1] to the effect that the Executive Committee make a study, with legal advice, of the texts of the Constitution and the Rules of Procedure of the Conference, for the purpose of achieving greater clarity of expression and adequate equivalence of meaning between the English and the Spanish texts; and

Considering that the discussions at this Conference have brought to light the need for those texts to be more adequate for their own objectives,

RESOLVES:

1. To instruct the Executive Committee to undertake, with legal advice, a thorough study of the Constitution of the Organization and the Rules of Procedure of the XV Conference, in order that it may prepare suggestions (a) to improve their clarity and the equivalence of meaning between the English and the Spanish texts of these basic documents, and (b) to the end that the said texts may be more adequate for their own objectives.

2. To suggest to the Executive Committee that it consider the advisability of naming a subcommittee to make the said study.

3. To instruct the Executive Committee to request the opinion of the governments with respect to its suggestions, and thereafter to submit its recommendations to a future meeting of the Directing Council for appropriate action.

PRESIDENT: * Is there any observation or objection to this draft resolution? If not, it stands approved.

*Approved.*[2]

## Topic 21: Status of Aëdes Aegypti Eradication in the Americas *(conclusion)*

PRESIDENT: * We shall now take up Topic 21, on which some countries have not yet presented their reports. The delegate of the Kingdom of the Netherlands is recognized.

[1]See Part V, Annex 12, p. 532.
[2]Resolution XXXIV, p. 39.

*Report of the Delegate of the Kingdom of the Netherlands—Netherlands Antilles*

Dr. LINSCHOTEN (Kingdom of the Netherlands—Netherlands Antilles): Because of the little time we have left, I should like to limit myself to a brief statement on the progress of the *Aëdes aegypti* eradication campaign in the Netherlands Antilles, which started in 1952.

Eradication has been completed in Aruba. In Bonaire, after intensified action was started in January of this year, for which a technician was provided by the Pan American Sanitary Bureau, the index is also 0. In Curaçao, the index is still fluctuating between 0 and 0.5.

On the three Windward Islands, St. Martin, Saba, and St. Eustatius, the campaign is in action at this moment. St. Martin is divided in two parts: the north belongs to the French Department of Guadeloupe, the south to the Netherlands Antilles. The two Governments concerned in this island have coordinated their action after negotiations between our Public Health Service and that of Dr. Ollé. Spraying with DDT alone did not prove to be successful. The combination of DDT with dieldrin seems to be necessary in order to accomplish eradication. This is probably due to DDT resistance of the mosquito.

PRESIDENT: * The delegate of the Kingdom of the Netherlands (Surinam) is recognized.

*Report of the Delegate of the Kingdom of the Netherlands—Surinam*

Dr. VAN DER KUYP (Kingdom of the Netherlands—Surinam): Anti-*Aëdes aegypti* activities began in Surinam in June 1948. In 1953 and 1954 UNICEF and the Pan American Sanitary Bureau aided the Surinam Government in the eradication of *aegypti*. Several areas are *aegypti* free at present, for instance the Main Airport, the bauxite plants of Moengo and Paranam, and the rice cultivation project of Wageningen. In the interior, which is very thinly populated, *aegypti* is either absent or its incidence is very low. However, the campaign has been hampered because of the presence of DDT-resistant *aegypti* in the capital city. Even ten times the normal dose of DDT in breeding places is ineffective. There is practically no difference between the survival rate of *A. aegypti* exposed to panels sprayed with DDT and those not exposed.

From the first to the eighteenth rounds of inspections from 1954 to 1958, covering about 22,000 houses and their yards in the capital city, it was observed that infestation rates fluctuated with rainy and dry seasons from 10.6 to 0.9 per cent, the last one being 3.1 per cent.

At present, perifocal spraying with gammexane is applied in potential and actual breeding places which cannot be eliminated, and at the same time the malaria eradication activities will have a beneficial effect on the anti-*aegypti* campaign.

PRESIDENT: * The delegate of Haiti is recognized.

*Report of the Delegate of Haiti*

Dr. NICOLAS (Haiti): * Although the last yellow fever epidemic in Haiti ended recently, the problem continues to be a serious one. As can be seen from the report presented by the Bureau, 2,377 localities have been inspected, of which 603 were found to be positive. In the latter, negative results have been obtained in 408 of 435 localities examined after treatment was applied. A decrease in the infection rate has been registered. We hope that the campaign will be intensified even more with the steps that have been taken to eradicate the disease, and that very soon we shall be able to make a more complete report on the eradication campaign in Haiti.

PRESIDENT: * Does any other delegation wish to report on the status of the anti-*aegypti* campaign? The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB): * The first eradication campaign carried out by the Pan American Sanitary Bureau is of such interest that it deserves some comment by the Director.

We should note that the anti-*aegypti* eradication campaign in Brazil was begun with petroleum and was almost completed before residual-action insecticides came into the picture. In the report of that country, mention is made of the Brazilian perifocal method, but we should note that the first use of DDT on water deposits in an *A. aegypti* eradication campaign, as far as we know, was made in Ecuador in 1946.

At the beginning of 1950, Brazil did not have a single *aegypti*-infested area. In subsequent investigations made at frequent intervals, one or another isolated case was found, up to March 1955. Practically speaking, however, it can be stated that since 1950 the country's authorities did not know of any area of infestation that was not being rapidly eliminated. One can see from the Brazilian report that the eradication program actually began in that country after the integration of the National Yellow Fever Service with the service organized by the Rockefeller Foundation, and through a combination of the techniques of the two services. They were not only the techniques of the Rockefeller Foundation. The National Department of Health contributed a great deal toward the modified techniques that have made possible the eradication of *A. aegypti*.

The main point I should like to mention at this session is the evaluation problem in eradication programs. To verify the eradication of an insect or a disease, it is necessary to make observations over a certain period and in an entire area. These observations must be made with maximum care so as to be able to arrive at the conclusion that negative results have in fact been achieved. We have already observed in Brazil that the authorities had for eight years been convinced that eradication could be declared, but before making that declaration they began to discover new foci. Only after three and a half years had passed without discovering any foci, and after close collaboration between the Pan American Sanitary Bureau and the Government of Brazil, did the Ministry deem that the disease could be considered eradicated in the country.

In Bolivia, there was an impression that the country was completely free of *A. aegypti* during the period 1941 to 1942. In 1948 *A. aegypti* appeared again in a relatively isolated area. It is not known exactly if that represented a reinfestation from abroad or an increase in an infestation that had never been eliminated in the country. Whichever it was, the presence of this mosquito was again verified after a period of seven years.

In Chile, where the program is theoretically relatively simple, we have been surprised on two occasions to find a persistent infestation at the very time we were trying to confirm eradication. These incidents happened in Tocopilla, in 1948, and in Matilla, in 1958.

Colombia achieved *aegypti* eradication in Barranquilla many years ago, but the city has become reinfested as a result of the river traffic.

We have mentioned the *A. aegypti* eradication program without calling attention to the already

obvious benefits being derived from this campaign.

In Ecuador, for example, where eradication, which began with the application of DDT in 1946, was well advanced, jungle yellow fever appeared in an area on the Pacific coast. Infectious cases reached population centers which several years previously had been highly infested with *aegypti*. But Ecuador went through this experience in 1951 without registering any urban cases. Panama and Central America have also had an interesting experience during the ten years when the yellow fever virus has travelled through the forests of Panama as far as Guatemala, without invading a single town and without there being any reason to believe that the virus had been carried by human beings from one country to the other or from one part of the Continent to another.

One very important thing is the absence of urban infections. Only on one occasion during the past 12 years have we had the need to declare a population center infested because of transmission by *A. aegypti*.

British Guiana, which had freed itself of *A. aegypti*, has been reinfested. We believe that it is a case of reinfestation from the outside, although perhaps we have to admit that after an apparent six-year absence, reinfestation might have come from the interior in some way.

Thus, we should not consider that eradication has been achieved merely because a program of the type has been completed, for a rigorous evaluation must first be made.

The resistance problem has been mentioned and it is very possible that there are subspecies of *A. aegypti* in different parts of the Hemisphere that are genetically different. This may result in the reappearance of resistant *aegypti* in some parts of the Hemisphere and not in others. We should note that not a single case of resistance to DDT has been found in Brazil, Paraguay, Uruguay, Peru, Ecuador, Colombia, all of Central America, and Panama. In Venezuela and in Argentina, however, a slight resistance has been observed, although more so in Venezuela. Cuba, the Dominican Republic, and Haiti had another experience which has already been reported here. There is, then, very important evidence of a resistant strain. In Colombia, the invasion of the region of Cúcuta, on the Venezuelan border, by the species resistant to DDT, has been observed. In studies made along the frontier, *A. aegypti* have been discovered to be moving from Venezuela in the direction of Cúcuta. The problem in Venezuela has been resolved by applying dieldrin, by the perifocal method, instead of DDT.

We should always consider the possibility that the resistant *A. aegypti* may move and spread throughout the Hemisphere, if the eradication campaign is not intensified as quickly as possible.

I regret that Dr. Pinto Severo, who has worked for so many years with the *A. aegypti* eradication program in Brazil, and later, for the last 12 years in the Pan American Sanitary Bureau, has had to leave before this topic was again discussed in the plenary. However, he has left me some notes which I shall read rapidly.

First, he has suggested that the delegates be congratulated on the reports presented, that the Conference be informed that the Pan American Sanitary Bureau has thoroughly examined these reports, and that the following conclusions can be reached:

(a) The following countries and territories can be declared free of *A. aegypti*, in accordance with the standards established by the Pan American Sanitary Bureau: Bolivia, Brazil, British Honduras, the Canal Zone, Ecuador, French Guiana, Nicaragua, Panama, Paraguay, Peru, and Uruguay;

(b) The campaign is in the final phase of verification in: Chile, Colombia, Costa Rica, El Salvador, Guatemala, and Honduras;

(c) Eradication campaigns are under way in: Argentina, Cuba, the Dominican Republic, Haiti, and Venezuela.

Dr. Pinto Severo also suggests that attention be called to the comments appearing in the final part of the Bureau's report [1] with respect to resistance to DDT and the fact that the funds allotted in the budget are insufficient to permit the campaign to be finished within the next four years.

Mr. President, the *A. aegypti* eradication campaign is so far advanced that it is very important, for the protection of the countries and of the funds already invested, that the countries that have not completed their campaigns give due consideration to the recommendation that this first eradication campaign in the Americas be completed as quickly as possible.

[1] See Part V, Annex 2, p. 465.

PRESIDENT: * The delegate of Brazil has the floor.

Dr. DE MEDEIROS (Brazil): * We have heard all the reports on the *aegypti* eradication campaign, which have been presented at this Conference. We have just heard a most brilliant statement by Dr. Soper, who was one of the initiators of this campaign. We have also seen that some countries can already be declared free of *Aëdes aegypti*. Fortunately, my country, Brazil, as well as Paraguay, Peru, the Canal Zone, and other countries and territories, are included in that list.

Therefore, taking into account the reports presented and the comments made during the discussion of this topic, the delegation of Brazil proposes that the Conference consider the following draft resolution:

The XV Pan American Sanitary Conference,

Bearing in mind that the reports presented at this Conference on the status of the eradication of *Aëdes aegypti* for Bolivia, Brazil, British, Honduras, the Canal Zone, Ecuador, French Guiana, Nicaragua, Panama, Paraguay, Peru, and Uruguay, according to which those countries and territories are declared to be free from *Aëdes aegypti*, after satisfactorily meeting the standards on which the criteria established by the Pan American Sanitary Bureau for this purpose are based,

RESOLVES:

To accept the reports that have been presented, in which it is declared that Bolivia, Brazil, British Honduras, the Canal Zone, Ecuador, French Guiana, Nicaragua, Panama, Paraguay, Peru, and Uruguay are free from *Aëdes aegypti*, and to appeal to the other countries and territories that are still infested, to intensify their anti-*aegypti* activities under the terms of the resolution approved at the XI Pan American Sanitary Conference at Rio de Janeiro.

PRESIDENT: * Is there any observation or comment on this draft resolution? The delegate of Colombia has the floor.

Dr. ABAD GÓMEZ (Colombia): * With reference to this draft resolution and to Dr. Soper's statements, I should like to comment on the map appearing at the end of the Bureau's report on the status of *A. aegypti* eradication in the Americas.

I should like first to ask the meaning of the areas shown in white on this map. I see that black denotes areas not yet inspected or still infested; the somewhat lighter color refers to areas that were freed of *aegypti* between January 1948 and June 1958; and the areas free of *aegypti* since before 1948 are shown in a dotted design. However, there is no key to indicate what the white means.

PRESIDENT: * The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB): * We should explain that the regions appearing in white are those in which *A. aegypti* apparently has never existed; because of geographical conditions or special circumstances, the mosquito has not been found in these areas when investigations were made. It can be noted, for example, that the entire section of the Colombian plains is completely white, and on the other hand, that the interior of Brazil up to the border is shown as a once-infested zone. This is due to the fact that it has been necessary to take the municipalities or administrative divisions more or less as the basis for the map.

It is very interesting to observe that *A. aegypti* has not yet invaded many areas favorable to its development, although it should be pointed out that in the Amazon Valley area it almost always had been found below the waterfalls. But at the uppermost waterfall, where it was necessary to transfer cargo from one little steamer to another, the *A. aegypti* had not gotten through. Therefore, this mosquito has never been found in this zone of the Colombian plains.

PRESIDENT: * The delegate of Colombia is recognized.

Dr. ABAD GÓMEZ (Colombia): * As I understand it, the reply to my question is that the white zone is that where *A. aegypti* probably has never existed or has not been found, because of geographical or other conditions. In that case, I am right in my doubts about total eradication in Brazil.

Looking at this map from the immense frontier that covers the southern part of Venezuela, passes along all of the Brazilian border with Colombia, along the entire border with Peru, and continues along the northern part of Bolivia down to the southern part of that country, I find that the color equivalent to areas free of *A. aegypti* since before 1948 in Brazil coincides exactly with the geographical border. There is nothing else on the map, let us say, mountains or rivers, but everything coincides exactly with the political boundaries of Brazil's enormous frontier from Venezuela to Bolivia. I ask myself how it is possible that this

can happen, that a river or a simple political boundary can demarcate the presence or absence of *A. aegypti*. I do not have, as I stated, a logical explanation for this since I am hardly an expert on this matter, but it strikes me as somewhat odd that the political boundary alone could be the dividing line between the existence or nonexistence of *A. aegypti* in such an enormous area as the one I have pointed out.

PRESIDENT: * The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): * The question that the delegate of Colombia has raised again is the one that I have attempted to answer. On the map of Brazil, for example, wherever *A. aegypti* was found within a given county or within a political unit, that entire unit was shaded. Now, in the Amazon Valley practically all of the population and all of the *aegypti* are localized right along the rivers and the line of traffic. In the particular case that is referred to here, on the frontier between Brazil and Bolivia, you will notice that there are areas in Bolivia in which *aegypti* was cleared out.

A very interesting situation existed in this area, on which an explanation may be in order. On the frontier there is an area known as Río Madeira-Marmoré, of which you have probably heard. This is a very famous area where an important waterfall prevents traffic from Bolivia down into the Amazon Valley. Many years ago, the Governments of Brazil and Bolivia entered into a treaty by which the Brazilian Government agreed to build a railway around the fall, and this is the famous Madeira-Marmoré Railway.

Now, we are certain that previous to the time this railway was built, *A. aegypti* had never been in Bolivia and, as you will see from the map, although the entire eastern part of Bolivia presents conditions suitable for *aegypti*, at the time yellow fever occurred in Santa Cruz de la Sierra, in 1932, the mosquito was so limited in its distribution that it was comparatively simple to carry out eradication within the limited areas shown. It may interest you to know that at the start of the *aegypti* work in the city of Santa Cruz de la Sierra, the people in the city told us that this mosquito had recently appeared in the city and that previous to 1919 they did not have this mosquito. In talking with them further, the elder people in the city told us that this was a mosquito that had come with the electric lights—that the electric lights, in lighting up the city, had brought in this mosquito from the swamps. What apparently happened was that immediately after World War I, equipment for the installation of the electric lighting system in Santa Cruz was imported into Bolivia, but was imported by way of the Amazon Valley, with the machinery and the cases coming up and with direct transportation of everything into Santa Cruz de la Sierra. And it is entirely probable, if we put any reliance at all in what the people said, that this mosquito was introduced as recently as 1919 to 1920 with the equipment for the installation of the electric lighting system. And, I would repeat again that the map of Argentina, for example, showing an enormous area completely black, does not mean that *aegypti* is or has been spread all over that area.

On the other hand, the heavily shaded area of northeast Brazil does represent areas in which there was once 100-per-cent infestation. I hope I have made this clear, I do not want to take too much time on it, but the map varies because of the way the records were received.

PRESIDENT: * The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): I am dealing with a subject with which I have nothing whatever to do; I am only interested in it, and that is British Guiana. I am very astonished to find that among countries that are free from *Aëdes aegypti* I do not see British Guiana. I cannot understand it, because *A. aegypti* has been eradicated from the coastal zone where 450,000 people are living. Furthermore, it has been eradicated from the brooks and plants in the interior and from the savanna area in the southwest. But nothing is known of the rest of the country because it is either completely uninhabited or inhabited in such a way that it is practically impossible to know what is going on there. I am almost sure—perhaps I am wrong—that in some of the countries mentioned here as being free of *A. aegypti*, such unknown parts of the country also do exist. I think it gives an inaccurate impression to leave out British Guiana, which is really a country where both *Aëdes aegypti* eradication

and *Anopheles darlingi* eradication have been carried out with great perfection.

PRESIDENT: * The Director of the Bureau has the floor.

Dr. SOPER (Director, PASB): I shall point out for the delegate of the Kingdom of the Netherlands that this list that we have here is based, in part, on the completion of check work by the Pan American Sanitary Bureau. This list that has been presented, for example, has left out, you will notice, a considerable area in Central America. Those of us who have been following this are convinced that *aegypti* is out in that area and that it has been out for some time. Based on the observations of our own staff or on long-term observations, we have reasons to believe that there is no further *aegypti* in these areas. We do not intend to make this an exclusive list, but we have held off and not asked for official approval, until there is reason to believe that all of the areas that can possibly be infested have been checked and are free. Now we must admit, for example, with regard to Brazil, that there are areas in Brazil, at some distance from some of the rivers, that have never been checked; but the areas that have been checked under those conditions and the experience that has been accumulated during all of the years *aegypti* work has been carried out, make it almost impossible that there should be anything there. But this is the list that we are proposing as having come up to the standards set by the Bureau and we are willing to go on record before the world to declare them free of *aegypti*.

PRESIDENT: * Is there any other observation or comment? Is there any objection to the draft resolution presented by the delegation of Brazil? If not, it stands approved.

*Approved.*[1]

Dr. ABAD GÓMEZ (Colombia): * I should like to record the abstention of the delegation of Colombia in the voting on the draft resolution just approved.

PRESIDENT: * It shall be so recorded.

**Cable Received on the Malaria Eradication Program in Colombia**

PRESIDENT: * The Secretariat will read a cable from Colombia.

[1]Resolution XXXV, p. 40.

Dr. GONZÁLEZ (Assistant Director, PASB): * The delegation of Colombia wishes to inform the delegates of the text of a cable received from its Government, which reads:

Pleased to announce insecticide sprayings began today in all malarious areas of the country. All field personnel duly trained and propose to follow through execution of work as per established plans.

**Topic 20: Reports of the Member States on Public Health Conditions and Progress Achieved During the Period Between the XIV and XV Pan American Sanitary Conferences** *(continuation)*

PRESIDENT: * We shall now continue the discussion on Topic 20 so that the delegates who have not done so may present their oral reports on health conditions in their respective countries. The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I simply wish to request the Chair that the delegations be given the choice of making these oral reports or not, since the countries have transmitted to the Bureau reports from which a summary has been prepared. In this way, only those delegates who believe it necessary to add to their written reports would make oral ones.

PRESIDENT: * That is understood to be the procedure. We shall follow the order of procedure. The delegate of Uruguay is recognized.

*Report of the Delegate of Uruguay*

Dr. BERTOLINI (Uruguay): * I shall refer to the advances made in public health in Uruguay during the last four years. I do not propose to be lengthy, since almost all the delegates already have a supplementary statistical report forwarded in advance to the Pan American Sanitary Bureau. In it they will find pertinent information on all the significant changes that have taken place in public health in my country.

As for achievements, I should like to point out that we in Uruguay—a small nation of South America that enjoys what we might call a privileged location in the Continent—do not have great public health problems. Therefore, we shall speak particularly on one point we think should be emphasized because it deals with a program of international and national cooperation for the improvement of rural communities. I refer to the

rural public health program that has been in operation for two and a half years.

Before taking up this subject, I should say that among our important achievements are the eradication of *Aëdes aegypti*, already referred to; the diabetes program, on which our delegation has already presented a document; a rehabilitation program for the handicapped, which will be started this year; and a training course for social workers, which has been given for four years and which has already graduated two classes.

Referring to the rural public health program, I should like to state first that in the decade 1940-1950 the Inter-American Cooperative Public Health Service installed, in collaboration with our Government, five health centers in several departments in the interior. These centers developed statistical and environmental sanitation services, in addition to providing dental care and services for the control of tuberculosis and of venereal diseases. During a ten-year period, approximately 15 persons were sent abroad for training, were graduated as sanitary inspectors, and were assigned to the different departments.

In 1954, the Ministry of Public Health signed an agreement with the WHO and UNICEF for the development of a public health program calling for maternal and child care, communicable disease control, environmental sanitation, and health education in another five departments of the interior. Once international collaboration is withdrawn after a certain period, this program will be carried out exclusively with national resources and the Government of Uruguay will assume the responsibility for its continuation.

The principal objective is to bring public health services to the majority of the population of the selected departments, to attend to the medical and health needs, concentrating the work on maternal and child care, communicable disease control, health education, environmental sanitation, and improvement of vital and health statistics.

These objectives should be attained through a plan for the training of professional, technical, and auxiliary personnel in community organization and in coordination of resources and activities of official, semiofficial, and private institutions.

The plan of action is being developed in five departments with a total population of 375,000, for the purpose of carrying out the following activities: a public health survey of the selected areas; the organization of communities to obtain their active and permanent participation in the plan; the organization of preventive and curative services, using as a basis the existing services of the Ministry of Public Health and other official, semiofficial, and private organizations. These services, to be established or reorganized, should encompass as a minimum adequate prenatal and postnatal care and hygiene; child care and hygiene; environmental sanitation; control and prevention of communicable diseases; and the improvement of nursing services, statistics, health education, and laboratory services. Later we are planning to establish other centers in the rest of the Republic.

For the improvement of sanitation and environmental conditions—and this is one of the most important aspects—the program envisages drilling 200 wells to supply drinking water in the five departments; the establishment of shops for the manufacture of latrines or sanitary installations for places lacking a public sewage system; and the development of environmental sanitation plans that will include food control, garbage collection and disposal, insect and rodent control, and improvement of housing. In addition, the program calls for the training of professional, technical, and auxiliary personnel.

The organization and administration are under the direction of the Ministry of Public Health.

What commitments do the international organizations have with our Government? The World Health Organization has three consultants in my country; a public health administrator, a sanitary engineer, and a public health nurse. It will also make available the necessary fellowships for the training of professional personnel.

UNICEF provides equipment for the maternal and child clinics and for the sanitation program, which is already in progress in our country, the value of its contribution amounting to $130,000. For the maternal and child health program, UNICEF has furnished some equipment for the installation of 5 departmental centers and 15 rural auxiliary centers, and equipment for the Health Education Department. This equipment consists of station wagons, equipment for maternal and child clinics, scales, medical supplies, teaching material, refrigerators for vaccines, typewriters, microscopes, etc. For the Health Education De-

partment, UNICEF also has provided such articles as multigraph machines, sound recorders, electric generators, motion-picture projection equipment, etc.

And what does our Government contribute? The sum of 200,000 pesos per year has been allocated in the budget exclusively for this program. As I said, the Ministry of Public Health is responsible for the organization of the services.

With respect to the training of personnel directly or indirectly related to the project, the World Health Organization has granted a number of fellowships to technical and professional workers of the country, and in the period 1955 to 1958 the following were sent abroad: 7 physicians, 10 nurses, 2 engineers, 2 veterinarians, 2 statisticians, and 5 environmental sanitation workers.

One of the most important parts of the program is that being carried out with official national agencies. First there is the agreement between the Ministry of Public Health and the Central Council of the Family Allowance Fund, signed 19 August after three years of negotiations. It provides that the Ministry of Public Health will offer preventive and medical care services to the beneficiaries of the Family Allowance Fund in the maternal and child health centers of those five departments. The Fund may furnish or acquire premises where more adequate care can be given, and the Ministry of Public Health will make available personnel and the necessary administrative and technical facilities for providing the best care to the expectant mother and to the child, with particular attention to childbirth. For this purpose, the Central Council of the Family Allowance Fund may advance up to 500,000 pesos to meet these needs, and provide 120,000 pesos for the installation of the centers.

In addition, agreements have been entered into between this program and the Departmental Councils. One of these is with the Department of Rivera, where the first maternal and child centers of the rural public health program was established. The Councils undertake to organize a shop for the manufacture of sanitary equipment in the Department, to furnish local personnel, to collaborate with the center staff following a single environmental sanitation program in the entire Department. They are also committed to draw up and enforce the legal provisions on environmental sanitation in connection with this plan. They will also allot a monthly sum for materials or supplies for the construction of latrines and sanitary installations, for the payment of wages, for collaboration in providing drinking water to suburban and rural zones, and for granting fellowships to health officers, etc.

Finally, there is an agreement with the National Sanitation Authority and the Geological Institute of Uruguay, which are responsible for constructing the wells previously mentioned.

The training of personnel and the signing of the afore-mentioned agreements will permit the continued organization of health centers in all the departments of my country. These centers will be immediately responsible for the maternal and child care established in the agreement with the Family Allowance Fund, and for serving the families and the groups of selected communities in the urban, suburban, or rural areas. In this way, it will be possible to put into operation immediately the sanitation plans for water supply and waste disposal. The sanitation plan will shortly require the establishment of the Department of Sanitary Engineering, under a sanitary engineer soon to be appointed, and the strengthening of the Department of Sanitary Units, which will organize and supervise the established centers. The success in the organization of these centers will depend on the interest of the local public health authorities, the local physicians, and the communities.

This is an extremely interesting program that Uruguay hopes to complete in two and a half years so as to later extend it to the rest of the country.

Before concluding, I should like to again express our appreciation to the specialized organizations of the United Nations (UNICEF and WHO) for all the support they have given this program.

PRESIDENT: * The delegate of the United Kingdom is recognized.

*Report of the Delegate of the United Kingdom*

Dr. SLINGER (United Kingdom): First, I should point out that since the last Conference ten of the British Caribbean territories have formed themselves into a federation known as the Federation of the West Indies, with temporary capital in Port-of-Spain, Trinidad. The population of these ten

territories, British Guiana, and British Honduras amounted to about 4,000,000 persons at the end of 1957.

There has been a steady improvement in health in the area and this is reflected in a continuous decline of the crude annual death rates and infant mortality rates in all territories. The crude death rates in 1957 ranged from 14 per 1,000 in Saint Lucia to 9.1 per 1,000 in Jamaica. In all but two territories the infant mortality rates were below 100 per 1,000 live births, the lowest being in Jamaica (54), Trinidad (56.6), and Antigua (66.3), and the highest being in Montserrat and Dominica, both with 107.02.

On the other hand, fertility in the area continues very high, as is reflected in the annual birth rates. The lowest birth rate was that of Montserrat (25.99 per 1,000 of population) and the highest was that of St. Kitts-Nevis (47.8 per 1,000). All of the remaining territories had rates over 30 per 1,000.

In *Antigua,* enteric fever is endemic but is not a serious problem. Tuberculosis has a mortality between 20 and 50 per 100,000. Venereal diseases are treated free at the health centers, and there were 23 cases of yaws in 1957, which is not a serious problem.

There is much to be done here on environmental hygiene. Dr. A. G. Friend, WHO consultant engineer, carried out a survey in 1957 with a view to providing every house with a satisfactory latrine in a five-year program. The project will, however, cost the Government of Antigua more than it can afford at present.

The diet is somewhat deficient in protein and there is probably a certain amount of subclinical malnutrition in Antigua. During the last four years, the Government has assisted in modernizing the fishing industry and this has resulted in a steady increase in the quantity of fish caught, representing a consumption of 25 lbs. per capita in 1957. If this improvement continues as is expected, the problem of a protein-deficient diet will cease to exist.

UNICEF milk has been distributed since 1955, and it is the general opinion that it has made a considerable difference in the health of the population. There is also difficulty in finding satisfactory storage space for the large shipments of milk received at one time, and considerable quantities have spoiled as a result of unsuitable storage.

A new public health ordinance came into operation in 1956. A workman's compensation ordinance was also introduced the same year. A new health center was opened at St. Johns in 1955, and two dispensaries and three nurses' quarters were built.

In *Barbados,* the most important development has been the extension of health center services in the St. Peter, St. Michael, and St. Philip parishes. Health education is a primary activity of the centers. A venereal disease clinic provides free treatment and there are prenatal and infant clinics where an immunization program for infants is being carried out against diphtheria, tetanus, whooping cough, and smallpox.

One of the centers has a very efficient tuberculosis clinic with X-ray facilities and is the headquarters for the island-wide BCG campaign. There is also a public health laboratory which has received equipment and technical assistance from WHO and which undertakes work for tuberculosis and VD clinics, as well as water bacteriology, helminthology, parasitology, and serology.

A new public health act and a public assistance act have been passed, and a supervisor of public health nurses and midwives has been appointed.

WHO fellowships have been awarded to one doctor for an M.P.H. degree, 2 nurses for training in Trinidad in pediatrics and in tuberculosis, 3 public health nurses, and 2 laboratory technicians for training in Trinidad and Jamaica.

Four nurses or public health inspectors obtained scholarships annually from local government training schemes for training at the Public Health School in Jamaica.

The WHO consultant engineer, who advises on matters relating to environmental sanitation, water, etc., has his headquarters in Barbados.

In *Dominica,* the maternal and child welfare staff has been increased and reorganized. Grand Bay and Portsmouth, like Roseau, are now being served by qualified and experienced health nurses.

An intensive antiyaws campaign, with the assistance of WHO and UNICEF, was launched in March 1957. The first stage was a mass inoculation campaign planned to cover the island of Dominica in six months. Owing to difficulties en-

countered, only 27,762 persons were treated, or 51.3 per cent of the population. The program is now in progress, with more funds now being available.

In *Grenada,* in 1954 an island-wide BCG campaign was undertaken with assistance from WHO and UNICEF, in which 32,400 persons were treated, and 20,291 of these were vaccinated. Emphasis is now placed on the vaccination of infants and selected groups of school children, the follow-up of discharged patients, and the X-ray investigation of contacts. The tuberculosis sanatorium has been reconditioned and expanded to hold 60 beds.

The UNICEF milk-feeding scheme started in 1954, and now the beneficiaries include 7,000 school children, 3,000 preschool children, and 1,200 expectant and nursing mothers. There has been an appreciable gain in weight and general improvement in the health of children since the scheme has been in operation. Nutrition education is directed at the home, and the public is taught in groups, clubs, and clinics by lectures, films, and demonstration on how to improve the diet and make the best use of available foodstuffs.

In 1956, a WHO/UNICEF-assisted program was started for the control of venereal disease and the eradication of yaws by the administration of penicillin by injection to the entire population. The territory was covered twice and about 90 per cent of the inhabitants were treated.

With the improvement of work following hurricane damage to water supplies in 1955, chlorination of major supplies has been introduced as a permanent measure, and periodic treatment of other supplies is undertaken when bacteriological findings indicate the necessity.

The public health engineering unit has carried out drainage work in breeding areas of *A. aquasalis,* and has manufactured precast latrine fittings for sale at cost or free where necessary.

Five public health inspectors were trained at the Public Health School in Jamaica, so that all inspectors are now qualified. In addition, another completed specialized training in the inspection of meat and other foods.

In *Jamaica,* the Falmouth and the Princess Margaret Hospitals were opened in 1954, replacing smaller outmoded wooden buildings. An isolation ward at Kingston Hospital and a rehabilitation center at Mona were established for cases of poliomyelitis. A senior medical officer for industrial health was appointed. In 1955 a new health center and a new prenatal and child welfare clinic were opened. In 1957 a free Commonwealth Development and Welfare Grant (162,000 pounds) was approved to assist in the extension of the health center program and a new center was opened.

Following the close of the BCG campaign in 1953, a follow-up program was started in 1954 together with classes for training public health nurses in school work.

In 1956 there were three experienced medical officers working on the tuberculosis control program and cases in institutions benefited by adequate drug therapy and other forms of treatment. The outstanding result was the sharp decrease in the number of deaths, the improvement in the morale of hospitalized cases, and the steady flow of patients, who received treatment quickly and were ultimately discharged.

The mobile health (yaws) units operated in four parishes in 1954 and made satisfactory progress in the treatment of yaws. This work continued in the following years and plans were made for undertaking an island-wide yaws-eradication and venereal-disease-control campaign.

Two complementary schemes in field nutrition research were approved in 1955.

Fellowships in administration of public health nursing services and in malariology and insect control were granted by WHO.

In 1956 the first meeting of the Standing Advisory Committee for Medical Research in the British Caribbean Territories was held at the University College of the West Indies.

In 1957 the West Indies School of Public Health was housed in a new and modern building, a sanitary engineer was appointed to the staff of the Ministry of Health, and the post of epidemiologist was created and filled.

In *Montserrat,* yaws, which used to cause a considerable amount of disability, was reduced from 293 cases in 1954 to 20 cases in 1957. There has also been some reduction in the number of patients attending Government venereal-disease clinics, as a result of intensive health education work.

Dried skimmed milk powder, furnished by UNICEF since 1955, has been invaluable, not only

in providing important supplementary food factors but also as an incentive to regular attendance at clinics.

Ophthalmic treatment and the provision of free spectacles to children attending Government schools and to paupers were commenced in 1957.

In *St. Kitts* a latrine construction program is providing about 400 latrines a year in private premises. Owners pay $6.00 for making the bore hole and are supplied free of charge with concrete seats and plates made by the Health Department.

Dried milk powder supplied free by UNICEF is distributed to infants and nursing mothers at all health centers. Vitamin A and B complex, calcium and iron pills, and cod-liver oil are also given. There has been a general improvement in the health of infants, and deaths from nutritional disorders in this age group have fallen from 22 in 1954 to 8 in 1957.

The campaign for clean food has made steady progress. Food handlers must now have a certificate of satisfactory medical examination and must report for medical inspection every three months. Food shops are regularly inspected and are required to have adequate hand-washing and latrine facilities.

In *Saint Lucia*, dried skimmed milk supplied by UNICEF has been distributed since 1955 to school children up to the age of 8 years, as well as to expectant and nursing mothers and preschool children in medical institutions and clinics.

An expanded treponematosis campaign was started in November 1957 with the assistance of WHO and UNICEF. It is aimed at the eradication of yaws and the control of venereal diseases.

In *Saint Vincent*, an expanded treponematosis campaign was started in 1955 with the assistance of WHO and UNICEF. About 90 per cent of the population were injected with penicillin during the mass-treatment stage. The operation appears to be remarkably successful, since compared with the estimated 5,420 cases of infectious yaws present at the start of the program, only four cases could be found in a four-week survey carried out in October 1957.

A five-year pertussis prevention program was started in 1955. Immunization against diphtheria and tetanus is given at the same time by the use of a triple vaccine.

A milk-feeding program, with milk supplied by UNICEF, began in 1954. Five thousand school children, 1,000 preschool children, and 1,000 expectant and nursing mothers benefit under the program.

Pulmonary tuberculosis patients are treated at the Extension Hospital for Tuberculosis (40 beds) at Montrose. There has been considerable improvement in the past four years in combating the disease.

Enteric fever is endemic and small outbreaks occur each year. There were 34 cases in 1957.

In *Trinidad and Tobago*, since the close of the BCG campaign in 1954, there has been intensification of case-finding. A mobile X-ray unit has been introduced and BCG vaccination is carried out in selected population groups, including infants and school children in their first and final years. There has been a noticeable decline in the number of cases notified and in the number of deaths.

In Port-of-Spain a comprehensive venereal-disease service, including laboratory facilities, is available to the general public six days a week. Free advice and treatment are also available at 13 clinics in Trinidad and Tobago. Contact investigations are also carried out. The efforts of the Venereal Disease Division have resulted in a marked decrease in the incidence of yaws. In November 1957 a yaws campaign was started with the assistance of WHO and UNICEF for the complete eradication of the disease.

The death rate for enteric fever has steadily fallen since 1945, and in 1956 was 1.6 per 100,000, the lowest figure ever reached. The incidence of the disease has also fallen. Improved sanitation, a more efficient system of fecal disposal, early investigation of suspected cases, and prompt application of preventive measures have all contributed to the satisfactory measure of control achieved.

In 1955, the Sisters of Mercy left the leprosarium on completion of their contract, and were replaced largely by local nursing staff. A lay superintendent and an assistant matron with experience in leprosy work abroad were appointed to the staff. A senior health visitor was seconded to the Leprosy Division in 1956 to do follow-up work on discharged patients, and as a result the tracing of contacts has been more effective. Efforts at rehabilitation of patients have met with fair success.

There were outbreaks of poliomyelitis in 1954 (189 cases) and in 1957 (274 cases). Fortunately, the manifestations were mild and few deaths were recorded. A limited quantity of Salk vaccine was obtained after the last outbreak for the protection of selected population groups. Some 29,355 vaccinations were given during that year.

The UNICEF milk-feeding program started in February 1955. The beneficiaries in 1957 were 2,251 preschool children, 2,000 expectant and nursing mothers, and 32,975 school children.

Nine new health offices were erected and ten prenatal and child welfare clinics were established.

Two assistant medical officers were appointed in 1957 and this resulted in a satisfactory increase in the amount of school medical work carried out.

A preliminary survey of the public health and medical laws of Trinidad and Tobago was carried out in 1957 by the Chief of the Legal Division of the Department of National Health and Welfare of Canada, who came at the request of the Government, through WHO, to advise on the revision, modernizing, and codification of these laws.

The acute housing situation has made it necessary for the Government to embark on vigorous campaigns to build more houses. In addition to encouragement and incentives to private enterprise, substantial advances have been made in the fields of slum clearance, aided self-help, loans to persons to build houses, and the provision of land for houses.

In *British Guiana,* with the assistance of UNICEF, a supplementary feeding scheme was instituted to combat malnutrition among school children. About 20 per cent of the children (nearly 20,000) received a snack of milk and yeast-enriched biscuits on each school day. The results have been remarkable in the removal of overt signs of malnutrition and in the increase of energy, alertness, and application of the pupils to their school work.

In 1955 a pilot scheme was commenced to determine the efficiency of Banocide as a chemotherapeutic agent in eradicating microfilariae from the peripheral blood of humans. The preliminary examination showed that about 25 to 30 per cent of the inhabitants in the selected areas were infected. Repeated blood examinations after treatment revealed a disappearance of the microfilariae from the blood in nearly 100 per cent of the cases treated. The scheme has been extended to several areas. It is intended in due course to organize a colony-wide campaign.

A mass BCG-vaccination program was started in 1954. Since then, 227,534 persons have been tested and of these 118,138 (52 per cent) were found to be tuberculin-negative and have been vaccinated.

In *British Honduras* a BCG vaccination program, with aid from UNICEF, was carried out in 1955, during which 48,900 persons were treated and 23,000 people received BCG vaccination.

All children were offered immunization against smallpox, diphtheria, tetanus, pertussis, yellow fever, typhoid, and tuberculosis.

The mobile health service was started in 1955 and serves 54 centers in the country, travelling by van along the roads and by launch along the coast. Some 2,700 children receive free milk at these centers.

The Central Board of Health was revived in 1954.

The public health nursing staff has now been separated from curative functions and acts solely in a health advisory capacity.

The first health education workshop was held in 1956 and is being made an annual affair. Teachers, public health nurses, and public health inspectors take part, and the results have been greater attention to health education and closer cooperation among these officers throughout the year.

*The session was recessed at 5:00 p.m. and resumed at 5:20 p.m.*

PRESIDENT: * The delegate of the Kingdom of the Netherlands (Surinam) has the floor.

*Report of the Delegate of the Kingdom of the Netherlands—Surinam*

Dr. VAN DER KUYP (Kingdom of the Netherlands—Surinam): Surinam, previously called Dutch Guiana, had a population of 270,000 at the end of 1957. The death rate was 11.2 and the birth rate 39.5 per 1,000 inhabitants. The infant mortality was 53.0 per 1,000 live births in 1957.

There are 137 physicians, that is, one per 2,000 inhabitants. About 55 per cent are in government service; 28 per cent are medical specialists.

At present, there are 350 persons employed by the Bureau of Public Health, which was established in 1944. A new building is being modified to accommodate and centralize most of the divisions of the Bureau.

The Public Health Division of the Surinam-American Technical Cooperative Service (International Cooperation Administration) started to operate in the beginning of 1955. At present the American team of advisers consists of a medical officer, a sanitary engineer, a health educator, and a public health nurse. It is setting up demonstration health programs in rural areas and is assisting with training the needed personnel through programs in Surinam and abroad.

UNICEF and the Pan American Sanitary Bureau have assisted Surinam in the eradication of *Aëdes aegypti* and in conducting a mass BCG immunization campaign. They are now assisting in the eradication of malaria and in providing USA surplus dried skim milk.

Nine fellows of the World Health Organization stayed some time with the Leprosy Service in Surinam to study the leprosy problem.

A dietary survey of 4,605 persons, according to race and various income groups, revealed the following data per capita, per day, and in percentages according to the standards of the US National Research Council: calories, 2,442 (119 per cent); animal proteins, 12 grams; total proteins, 57 grams (95 per cent); calcium, 0.4 grams (44 per cent); iron, 17 milligrams (150 per cent); vitamin A, 2,820 international units (69 per cent); thiamine, 1.4 milligrams (123 per cent); vitamin C, 56 milligrams (85 per cent).

*Escherichia coli* has never been found in the public tap water of the capital city. The number of bacteria has been 1-6 per ml. Last year there was not sufficient water, as numerous new houses have been built in the suburbs.

To supply this deficiency, a new filtration plant in the town was put into use a few months ago. With the aid of the International Cooperation Administration the water supply in many rural areas has been improved.

The new building legislation, which came into force in the beginning of 1957, guarantees adequate new houses in the future and avoids overbuilding in the capital city.

The tuberculosis mortality per 10,000 inhabitants was 7.2 in 1940, 1.9 in 1953, and 1.6 in 1957. With the aid of UNICEF and the Pan American Sanitary Bureau a mass BCG immunization campaign was conducted in 1955-56. Mantoux tests were performed in nearly 108,000 persons and read in 95,042 (88 per cent). Some 55,521 persons were vaccinated with BCG. The percentages of positive Mantoux tests were: 8.2 in persons 1-6 years of age; 30.3 for the ages 7-14 years; and 69.4 in persons over 14 years.

Owing to the treatment with DDS, the number of patients in the three leprosaria has dropped from 509, four years ago, to 268. The government leprosarium has been modernized. The school for children suffering from tuberculoid leprosy and for suspect cases, which was opened in 1931, was closed in July 1958 as only six children were registered.

The number of new cases of malaria in the coastal zone was 13,788 in 1931, 769 in 1953, and 288 in 1957. On the other hand malaria is holoendemic in the interior and hyperendemic in some parts of the savanna region. With the aid of the Pan American Sanitary Bureau, UNICEF, and the Planning Bureau, the malaria eradication program started in Surinam in 1957 with training of personnel and re-mapping of the country by aerial photography and ground reconnaissance.

The total-coverage spraying commenced in the coastal and savanna zones in May 1958, using DDT in two cycles of spraying annually. In the interior, where dieldrin is being used in annual cycles, the spraying started in July.

In 1949 a mass filariasis control program was started. A total of 50,861 inhabitants of the capital city were examined from 1949 to 1951. Of this number 17.4 per cent had *Microfilaria bancrofti* in their blood. After mass treatment, provision of mosquito bed-nets to patients and carriers, and also residual spraying of the houses, a second examination in 45,191 persons from 1954 to 1956 showed a decrease to 6.1 per cent. The parasite rate in the *Culex quinquefasciatus* mosquito dropped from 25.6 per cent in 1949 to 1.6 per cent.

Schistosomiasis *(mansoni)* is endemic in the coastal swamp, where there are shell ridges. The worms are found especially in the Hindustani inhabitants, who are rice farmers. The disease is not found in the savanna region or in the interior, as the intermediate snail host *(Australorbis glabratus olivaceus)* is absent there.

With the aid of the ICA a survey was made in

nearly 4,000 persons in an endemic area in 1957; 9.9 per cent had *Schistosoma mansoni* eggs in their feces and 13.5 per cent had a positive skin test. As more and more roads are being built in the coastal region, schistosomiasis will become one of the most serious health problems in Surinam.

PRESIDENT: * The delegate of the Kingdom of the Netherlands (Netherlands Antilles) has the floor.

*Report of the Delegate of the Kingdom of the Netherlands—Netherlands Antilles*

Dr. LINSCHOTEN (Kingdom of the Netherlands—Netherlands Antilles): The Netherlands Antilles consist of six small islands with a population of 200,000 and a total area of nearly 1,000 km²; the population is therefore surveyable. The number of physicians is considerably large, 1 per 1,500 inhabitants. There is free medical treatment for indigents and medical attention is easily available. Consequently, communicable diseases can easily be traced and so have little opportunity to spread.

During the last four years, infant mortality has not been exceeding 21 per 1,000 live births and the crude death rates have not been above 5 per 1,000 population.

Tropical diseases constitute no problem. None of the six quarantinable diseases have occurred in the period under review.

Malaria is not indigenous. Yaws has not been reported for many years. Leprosy has a low incidence. Not more than 30 cases are registered, half of which are released but kept under supervision. Suspect cases are reported and examined by a special committee. If the diagnosis is confirmed, compulsory isolation is carried out in the Government's leprosarium in Curaçao. Up to a few months ago, patients were released after they remained non-infectious and laboratory examinations continued negative for two years, but now this period will be reduced to six months.

Poliomyelitis is not a disease that affects our country every year. The last epidemic occurred in 1956, with 25 cases reported. After this, about 98 per cent of all children between 6 months and 12 years of age were vaccinated free of charge with Salk vaccine.

Diarrheal diseases, in particular shigellosis caused by Flexner's bacillus, linked as they are with environmental sanitation, constitute one of the most important public health problems. There are still many slums without piped water supply and sewerage. However, the Government has initiated a large program of building adequate low-cost houses. In Curaçao, 1,500 of those houses are being constructed at the moment. In this connection, health education of the public is essential.

A great problem is the supply of drinking water. Rainfall is small and most of this water disappears very quickly either into the sea or deep in the rocky soil. The Government is engaged in building more factories for the distillation of potable water.

Venereal diseases occur more frequently than we know. A difficulty in the registration is that notification of those diseases is not compulsory. Prostitutes are registered and they are examined and treated weekly by our Public Health Service, but this seems not to be sufficient to bring venereal diseases under control.

Mental health problems are very important in our country. Owing to the establishment of oil refineries about 30 years ago, economic conditions improved suddenly, and as a result—as everywhere in modern society—the problem of social and mental adaptation arose. Unfortunately, shortage of qualified personnel has impeded an adequate implementation of activities required in this connection. We should point out, on this subject, that in 1957 the First Caribbean Congress on Mental Health was held in Aruba.

The Government has to face the problem of a fast-growing population, a situation which is also due to improved health conditions. In the last 30 years the population has tripled.

Much attention has been given in the period under review to maternal and child care. The visits to our consultation dispensaries for such care are increasing rapidly. Several health centers have been opened in the last four years. In the near future, special attention will be given to hygiene of tourism.

Fellow delegates, many of your health services are faced with enormous problems, and compared with them the difficulties of the Public Health Service in the Netherlands Antilles are of minor importance. I wish to express my admiration for the enthusiasm and the energy with which the

health problems are dealt with in your countries.

PRESIDENT: * The delegate of Haiti has the floor.

*Report of the Delegate of Haiti*

Dr. NICOLAS (Haiti): * I wish to take advantage of this opportunity to inform the Conference of what has been done in Haiti during the last few years. I shall speak first of yaws. As you know, yaws has always been endemic in Haiti, and although we do not have the exact statistics, we can say that more than 70 per cent of the population once suffered from this disease. As an outcome of the campaign organized in 1951, Haiti now leads in yaws eradication. The campaign was carried out through the use of penicillin, which was administered at the centers and supplied to all persons. As the campaign progressed, it was obvious that all the expected results were not being obtained since certain cases were escaping control. Therefore, it was necessary to implement a more comprehensive campaign.

At the most recent meeting held in Port-au-Prince, we were able to confirm the good results achieved. I should like to point out that through this campaign, which is still under way, we have reduced yaws incidence to an extremely low figure. We could not, therefore, let this opportunity go by without expressing our gratitude to the World Health Organization, the Pan American Sanitary Bureau, and all the organizations that have collaborated with us in this campaign.

In addition to yaws, we still have other very important health problems in Haiti, such as malaria. As was stated at a previous session, malaria is endemic in Haiti and the campaign for its eradication was inaugurated on 1 September 1958, with official ceremony. According to the first reports we have, the campaign has been very warmly received and we therefore hope to obtain the best possible results. The *Anopheles albimanus*, which is the mosquito we have in Haiti, is not resistant to dieldrin.

As we stated, the yaws campaign is continuing, and we cannot yet speak of total eradication because there are still some isolated cases. But the personnel responsible for this work is at the same time carrying out a smallpox control program, and therefore the possibilities of finding more cases are greater. The population of nearly all the coastal villages has received smallpox vaccine. The campaign continues according to schedule and we expect to be able to report on the results at a later date.

Our Nutrition Institute will begin to operate this month and we expect that it will achieve very constructive results. In Haiti the economic levels are relatively low and our inhabitants are not able to enjoy an adequate diet. In reality, they lack the basic resources to obtain it. We hope, therefore, that this new Nutrition Institute will help improve the situation.

In addition to the programs mentioned, we have initiated an extensive rural medicine campaign. The President of the Republic has studied all the aspects of this campaign and the population is aware of its importance and is giving its collaboration.

These health problems rank among the first in the country's budget. We have allocated the sum of $6,000,000 for those activities and we hope that satisfactory results may be obtained from this investment.

A law has been enacted that would require all medical graduates—young doctors who in general are not interested in the rural centers—to spend, on completion of the medical course, either a minimum of two or three years in a hospital for purposes of specialization, or else two years in the rural public health services.

Unfortunately, training in public health has not been adequate, nor is it now. In any event, we have tried to give special attention to the rural medicine problem, and we have obtained some good results. We want to improve conditions and to introduce public health as such into the various campaigns. I must confess that for us this task is extremely difficult because we lack personnel. Our financial resources do not really permit us to approach the problem on an over-all basis. However, we have done a certain amount of planning and we hope at least to cover the whole country, to supply the necessary physicians, and to introduce the health concepts that have been lacking in rural areas up to the present.

What, then, are the problems in the rural areas? They are more or less the same as those persisting in tropical countries where the economic situation is not too satisfactory. The problems involve intestinal parasites, lack of health education, and the persistence of poor sanitary condi-

tions. Moreover, housing conditions are far from satisfactory.

For all these reasons, we wish to face the problem and to solve it. We have such a shortage of personnel that we very much regret that the project included originally in the Organization's budget for 1959 will not be implemented. This project would have made available the services of a new consultant, a sanitary engineer, a public health nurse, and another officer for Haiti. In any event, we hope this project will be carried out in 1960. We shall do everything in our power to improve conditions.

Thanks to the U.S. International Cooperation Administration, we have been able to carry out a pilot project in the northern section of the country, where the Government of Haiti wishes to bring about full development of that region. If this project materializes, and I sincerely hope it will, that section will serve as a good demonstration and research field. It will probably be a project similar to that of El Salvador; for instance, we could train personnel and obtain experience there.

With respect to the different methods that should be applied in the rural zones, if this program is carried out we believe that we may achieve the desired results in the entire northern zone, particularly if we consider the time we have devoted to this task and the great hopes we have for its successful completion. Thanks to the collaboration of the Pan American Sanitary Bureau, we are studying the possibility of reorganizing the Medical School of Haiti with the aim of overcoming the shortage of personnel. We know from the budget approved in principle for 1960 that we shall have two consultants to work on that reorganization. While that is very little, we are quite pleased, since this is a good beginning. We hope that we shall continue to benefit from the valuable collaboration of the World Health Organization and the Pan American Sanitary Bureau, which are assisting us in the training of our personnel and in the solution of our public health problems.

PRESIDENT: * The delegate of the United States is recognized.

*Report of the Delegate of the United States*

Dr. BURNEY (United States): May I express the personal appreciation of our delegation, as well as that of my Government, for the very excellent report, *Summary of Four-Year Reports on Health Conditions in the Americas*, which has been referred by our Director and his very excellent staff. May I give special commendation to Dr. Soper, whom I know has given a great deal of thought and effort in making this report. It is a complete and stimulating report to all of us. And as we listen to the reports from the other countries of our Organization, I think we can all take a great deal of pride in the tremendous progress that has been made in the last four years. I am sure that none of us is satisfied with the progress, but that is the way we should feel. We should never feel complacent, but I think in viewing the situation in a little more objective manner, we can take pride in the efforts, the activities, and the results that have accrued from our efforts in serving the peoples of our countries.

This report also allows each of us to view his own country in the perspective of the whole Hemisphere and to see not only what has been done in the past, but also what we might be doing and where we should be going in the future. In my country, as in most, if not all of yours, there have been some very dramatic population changes which have had a real effect upon both the planning and the operation of our health programs. We have had a continued high birth rate since World War II. In the years following World War I it was found that the birth rate declined. This did not occur in the United States following World War II, and as a result we are having, as I recall, over four million births each year in the United States.

At the same time, largely as a result of public health and medical care programs in our country, we are finding that more people are living longer, so we are having a very great increase in the number of aging people; we find ourselves looking toward the future with a larger population in the age group 0 to 15 years and in the group over 65. For example, we have now about 15 million people over 65 years of age, and the statisticians estimate that by 1970 we shall have approximately 20 million people over 65. Life expectancy at birth, as a result of our success in the control of communicable diseases, and of better prenatal care, better infant care, and better medical care in general, has increased to about 70 years.

It should be pointed out, though, that life expectancy above 50 years of age has increased very little in the last 50 years. For example, the life expectancy of a man 50 years of age is only about three years greater today than it was in 1900. In other words, we have succeeded in controlling the diseases of childhood, but we have not made much progress in our efforts to prevent or to cure the diseases of the aged and, as a result, we have not prolonged life expectancy in the older-age groups to a large degree.

We have had some other changing characteristics in the population of my country, which I am sure are common to most, if not all, of the other countries in our Organization. The population of my country has become an urban and a suburban population, in contrast to a primarily rural population. Only about 15 or 20 years ago, about 55 per cent of our population lived in urban communities; 45 per cent lived in rural communities. Now, as I recall, over 60 per cent of the population live in urban or suburban communities, and less than 40 per cent in rural communities. Our economy has changed from a rural to an industrial one. And all of these changes, as I know you are aware, create certain health problems which face us in the years to come and make us realize that we cannot become completely satisfied with the progress that has been made.

Certainly, the childhood diseases in my country have not been eradicated, and one would doubt if they ever will be. But they are largely under control, although it is a little disconcerting every once in a while to have a diphtheria epidemic or a whooping cough epidemic occur in one of our communities, largely as a result of the complacency of the parents in failing to obtain well-known, accepted immunization procedures. I think this is one of the things we all shall have to guard against, particularly as we tend to place more emphasis on some of the newer health problems. I recognize that with the limited finances and manpower available to each of us, it is difficult to place a proper priority on some of these problems. In our National Government, as well as in our state and local health services, there are pressures to use our personnel and our resources on the newer problems, such as chronic diseases, aging, accident prevention, and others. But at the same time, we have to maintain certain services for what we shall call the more orthodox procedures. These certainly include environmental sanitation, as well as communicable disease control.

We have been very pleased with the results of the Salk vaccine as a preventive against paralytic poliomyelitis. At the present time we are having a slightly higher incidence of paralytic polio than we had last year. This incidence, however, is occurring primarily in two or three areas, one of which is Wayne County, Michigan, where the city of Detroit is located. The last report I had indicated that there were some 400 plus cases of poliomyelitis in that area. But in one way it was gratifying to learn from the health authorities that despite the large number of paralytic cases—as I recall, about 35 per cent have been paralytic, and there have been 10 deaths—in none of those paralytic cases and in none of those deaths had the individuals had the full course of the Salk polio vaccine. On the other hand, I think it is a reflection upon us in public health that such an epidemic could have occurred in this area, and in other areas, when we have the means of preventing most of the cases. We still believe, on the basis of our several years of experience with the Salk vaccine, that if all three injections are given over a seven-month period 75 to 85 per cent of the paralytic cases can be prevented. So, here we have the means to prevent a severe lifetime of disability, and yet we find that we have not been successful in obtaining the universal acceptance and the universal use of this very desirable procedure.

I would not blame those of us in public health entirely for this situation. One would have to expect some motivation and some action by parents and others themselves. But it does remind us that perhaps we ought to examine some of our health education activities, our community organization activities, and perhaps bring in some of the outside disciplines to help us take a look at how we are utilizing the people that we have, how we are using educational techniques. I would suspect we may learn a great deal from them and perhaps do a much better job in persuading the public to take advantage of some of these lifesaving measures.

Last year, as you know, we had the epidemic of Asian influenza. I would like to say that the facilities of the World Health Organization, through its regional offices, made it possible for us in the United States and for those in many

other countries to predict what was coming before the disease actually appeared in our countries and to be prepared to meet it with the vaccines and other procedures that were helpful. I would like to say that full credit was given in the press, radio, and television of the United States to this very major contribution of the World Health Organization, and that this was pointed out as another example of the desirability—even the absolute necessity—of international cooperation in health affairs.

In the United States we were able, with the cooperation of our Medical Association, the American Hospital Association, and a number of other groups, including the pharmaceutical industry and the Army Medical Center, to secure the new influenza strain, to get the vaccine in production, and actually to have vaccine ready for sale before the first case had appeared in the United States. This would not have been possible without the fine intelligence from WHO and the excellent cooperation of all of these groups. So, I would like to pay my credit to the World Health Organization for that very great help.

We still have considerable encephalitis in our country in various areas. We still have rabies in many areas, despite the fact that we know that with control and vaccination procedures rabies can be prevented. We do not have many deaths no, but a great many people have suffered the pain and the inconvenience of having to take the Pasteur treatment, with the cost running up into millions of dollars each year. And here again is an example of faulty educational procedures, perhaps, and the complacency of the public. I think we must take our due responsibilily to see that these two problems are solved and that we apply more successfully the knowledge that is available.

Tuberculosis is not nearly the problem in the United States that it has been. In the last 15 years we have made a very intensive effort in case-finding, placing these people under treatment and providing follow-up through public health nursing services. As a result, the incidence of tuberculosis has decreased tremendously, except in certain population groups.

The Tuberculosis Division of the Public Health Service has been conducting some studies relative to the prophylaxis of tuberculosis in primary contacts of cases, using isoniazid. I cannot report that these studies are positive at the present time, but indications are that isoniazid is an effective way to decrease the contact type of tuberculosis, particularly where you have the infectious or other cases as well as the old fibrous type of tuberculosis, where the infected individual can live with the disease but can infect a great many other people. But again I think we cannot lessen our efforts in this particular area.

Venereal diseases in the United States, as a result of the impact of the war and the necessity of doing a better job, were reduced to a very low extent almost throughout the country. And now, as a result of reassignment of people to other activities and lessening our case-finding and case-holding activities, we have found in the last two years that both syphilis and gonorrhea are becoming problems again in certain areas of the United States. These are not massive increases; they are localized outbreaks. But they still remind us that the infectious diseases have not been eradicated. They are not completely under control and, even with the newer pressing problems upon us, we must still continue our maintenance activities in many of these other areas.

I know of no better example of our complacency than the fact that, while we pride ourselves on conquering the environment and on man's supremacy over this environment and over microorganisms of all kinds, we have the emergence of staphylococcal infections in hospitals. This is becoming a very serious problem in the United States, so much so that at the request of several of the national health groups the Public Health Service convened a group of about 125 experts from all areas at our Communicable Disease Center, just about 10 days ago, to determine the issues in this emergent health problem. What are accepted practices in hospitals which can decrease the possibility of staphylococcal infections? What areas are unknown? Where should research be centered in order to find the answers to some of the problems with which we are faced? These were some considerations.

We found that to be a most satisfactory conference. We had some very definite agreement about what should be done in hospitals to prevent staphylococcal infections and we also had some definite ideas as to the lack of knowledge and the need for research in these areas. The proceedings of that conference will be available, I think, around October 15, and I shall be glad to see that

copies are supplied you, through the Pan American Sanitary Bureau, if you would like to have them.

Aging and chronic disease, of course, are among our tremendous problems and I think we recognize, as we get into some of these newer health problems, at least in my country, that we in public health do not have the total contribution to make, as we had in some of the older and more orthodox health activities. Here we are only one of a group of individuals or officials or volunteers, each contributing his own definite share. In some of the health needs for the aging, for example, our only contribution may be leadership to stimulate a community to assess its needs and to do something about them. We are conducting, of course, a great deal of research in this area at our National Institutes of Health and through the grants that are made to universities and research foundations. To cite an example of how we recognize the contribution that many professions and many disciplines can make in these areas, we have recently made a large grant to Duke University and one to the Albert Einstein College of Medicine. At Duke University, for example, the grant is made for the use of all the departments of the University that have anything to contribute, not only the Medical School but also the School of Social Work, the Department of Psychology, and the community services around Duke University including the Health Department. The same thing is true for the grant made to the Albert Einstein College of Medicine in New York City. Again we recognize that this is not purely a medical problem. It is an economic, social, and recreationa problem and it has many other facets as well.

Again we are confronted, as we have been in the case of the infectious diseases, with the difficulty of applying available knowledge to prevent the occurrence of chronic diseases and also to prevent their further progress when they are already present. Here is an area, I think, in which those of us in public health must exert leadership as well as provide services.

With the increase in the number of the aged in our population, we are also finding concurrent long-term disabilities. The provision of hospital care or of domiciliary care for these persons is becoming a serious financial burden to the families as well as to the communities. In many hospitals that have been surveyed, for example, we find that about one third of the patients have long-term disabilities. Hospital care, in general throughout our country, costs about $20 to $25 a day. Construction costs per bed in a general hospital today are about $17,000.

With this tremendous and continued increase in the number of the aged and their concurrent long-term disabilities, unless we can find more economical, as well as equally efficient and perhaps even more efficient methods of caring for these long-term disabled people, we are going to price ourselves out of the prepaid voluntary insurance program. We are going to continue to build up like a pyramid a tremendous backload of people with these chronic diseases and long-term disabling illnesses, and we shall never be able to stop this tremendous growth. So, that is one of our very important projects now in the Public Health Service—to try to learn, to compile studies and demonstrations of other ways of caring for long-term disabled patients, either in facilities adjacent to the hospital, in nursing homes of various kinds, or preferably in their own homes, but to be sure that they have nursing services, that they have restorative and rehabilitative services available. We must be sure that when the person has a stroke, is paralyzed, and goes home he does not become a bed-fast patient for the rest of his life. And this again demonstrates the need for combining services for medical security.

Water pollution, with the tremendous growth in industry, the tremendous growth in population, has become a very serious problem in our country. We have about the same amount of water and yet we have increasing population needs and we have increasing industrial needs. Also, many of our pollution problems are not those of biologic waste, but are those of industrial and chemical waste and we do not have the knowledge to treat these adequately and effectively, so research has to be done on that. Air pollution has become a very serious problem in many of our largest cities as a result of the tremendous industrial growth.

Radiological health, which has been mentioned here, is a problem in which public health agencies have a real contribution to make. We must take an active role and must not wait until the problem is here before we train some people to assume our responsibility in this particular activity. We do not have to wait for military testing; there are

enough radiological health problems from the peacetime uses, from the uses of X-rays and radioisotopes, to keep us busy for a number of years. We must be careful, however, in trying to get into these areas until we have competent personnel. And here again we see new disciplines entering to help the patient—the geneticist, the physicist, the biophysicist, and all of those individuals who are rapidly becoming members of the public health family. We find our country now is interested in the amount of radioactive materials in its water supply and in its milk supply. Fortunately we in the Public Health Service have developed a small staff in radiological health. We have established sampling stations throughout the country and have developed some techniques for gathering these samples. So we were able to reassure the public that the amount of ionizing radiation had not reached what is at least considered the permissible limits. I am sure, however, that if we had not been able to do that there would have been considerable public hysteria and a lack of confidence in the radiological health program of our country.

Manpower is one of the serious problems in my country just as it is, I am sure, in many other countries. I would like to emphasize a point that is well known to each of you: people, in our activities, are the most essential element that we have. If we do not have well-trained, well-qualified, experienced people, with imagination and dedication, it does not matter how much knowledge we have, for it would not be applied properly.

Our Congress has been most sympathetic to all of our health programs of research and has also been aware of the need for manpower training. Three years ago Congress passed some legislation providing funds for scholarships for public health personnel and for graduate nurses. During the first two years of this program, 1,000 public health workers and 1,800 graduate nurses have been trained as a result of these scholarships. The nurses are given scholarships for training in administration and in teaching with a view to fulfilling our need for more nurses. In order to train more nurses we need more people to do this particular training.

I would like to say that there are distinguished colleagues here doing the same things in their countries through their own health departments.

At our Communicable Disease Center and at our Sanitary Engineering Center we are giving short courses also in radiological health, in milk, food and water pollution, and in other activities, recognizing that our health departments and all of us need some in-service training and some extramural training from time to time.

In conclusion, Mr. President, I would like to say that this distinguished body recognizes that change is inevitable. We also recognize, as mature individuals, that change does not always mean progress. To make progress requires that those of us, in our field at least, provide the kind of leadership that will direct this change into desirable levels. We are going to have to look at some of our organizational and administrative patterns, at least in my country. We have been going along in the same old way with the same organization and administration and we are going to have to take a good look to be sure that we are spending as efficiently as we can the sums that the taxpayers are giving to us. We are going to have to bring into our areas some of the other competencies from outside of public health. We are going to have to be willing to accept, and even to encourage, the utilization of other professional categories of personnel, and recognize that the physician and the nurse and the sanitary engineer are not necessarily the key people in meeting the health problems of the future.

May I go back just a second to the subject of radiological health. It is my understanding that our Organization has planned a course in radiological health here in Puerto Rico within the next week, in cooperation with Dr. Arbona and with the other countries. This, I think, is an example of how those of us in this Hemisphere can contribute to each other's knowledge and training in this area.

Let me say, too, in mentioning Dr. Arbona, that all of us are proud of the tremendous progress that has been made in Puerto Rico and the Virgin Islands. We should give credit where credit is due to the very fine leadership and initiative that Dr. Arbona and Dr. O'Neill have given in their respective areas.

We can be very proud, as a family of health people, of the fabulous past gains that have been made in the Member Countries of the Pan American Sanitary Bureau. We can also look forward to a very challenging future, as indicated by some of the things that have been said here by the

various countries and some of the discussions that have taken place.

Prevention of disease and disability and the promotion of health require international as well as national action. My Government has been interested in this for all of these years, as you know. Early participation in this Organization is a good example. President Eisenhower on several occasions—and the most recent one is the United Nations speech—has emphasized the importance of nations working together to relieve the ravages of disease throughout the world. Here is a common denominator in which various peoples, regardless of their cultural background, can work together for something that is important even though they may differ in their political ideology.

I would also state that it is going to require in all of us, in our staffs, a great deal of imagination and ability to accept some new ideas and not be too inflexible in our procedures or in our methods of approach. And again, we must recognize the extreme importance of people in our activities and the importance of giving the highest priority to the training of personnel.

Let me say, finally, that in all honesty and sincerity, we have a great deal to learn. We have learned. Let me put it this way; in the past we have had a great deal to give to each other and a great deal to learn from each other. I think in meeting some of the challenges in health problems of the next four years, we again shall have much to give each other and much to receive from each other. I look forward with a great deal of pleasure to the continued fine rapport existing among all our countries and to profiting from our personal relationship as well as our professional relationship.

PRESIDENT: * This afternoon's session will now come to a close.

*The session was adjourned at 6:45 p.m.*

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## FOURTEENTH PLENARY SESSION

*Thursday, 2 October 1958, at 9:15 p.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

PRESIDENT: * The session is called to order. We shall continue with Topic 20. The delegate of Chile is recognized.

### Topic 20: Reports of the Member States on Public Health Conditions and Progress Achieved During the Period Between the XIV and XV Pan American Sanitary Conferences *(continuation)*

*Report of the Delegate of Chile*

Dr. HORWITZ (Chile): * I wish to join the delegate of the United States in congratulating the Bureau, its Director, and Dr. Puffer on the excellent summary report on health conditions in the Americas.

I regret that the time factor prevented our discussing this document at the moment when it was so well presented by the Director. We also regret that, owing to the same circumstances, a resolution could not have been approved to urge our countries to continue improving the quality of the information that translates into figures the substantial progress made, figures arranged in accordance with the Bureau's suggestions to us. I personally would be gratified if such a resolution could be approved, because of the practical results it could have in the future.

At the XIV Pan American Sanitary Conference, the delegation of Chile had the honor of presenting a report on the bases and structure of the National Health Service, which at that time had been in existence for one year. We have now compiled the results of its first five years of work. These results are contained in a pamphlet which summarizes what has been done during this period and which is available to anyone interested. I shall read the introduction, which is very brief, and comment on it, since it summarizes the Service's most important achievements during this period. This Service is unique in our country and has no parallel on the Continent. It was founded

on perfectly rational public health bases essentially with the purpose of integrating preventive and curative measures through a single unit which we call the health center. This introduction reads as follows:

On 8 August 1952, Law No. 10,383 went into effect, creating the National Health Service. During its first five years, the new institution carried out the extraordinary task of organizing, integrating, standardizing, and improving its activities.

The process of adapting the Service to the principles, purposes, and objectives set forth in the law and in its regulations was completed under difficult circumstances. Among the most important difficulties was the irregular receipt of funds allocated for its operation. This was due to the inflation suffered by the country, and the dissimilarity of the structures and administrative procedures of the institutions that were merged. As for this last situation, it is appropriate to recall that this Service, unlike others, was not able to give itself time to study and establish, without haste, its juridical-administrative foundations. It had to do this without neglecting its fundamental functions for one instant, that is, providing medical care to the ill and pursuing its preventive activities.

The magnitude of the task may be appreciated if one considers that the process of founding an organization, establishing a policy of action, and defining functions and regular activities was carried out in more than 600 establishments throughout the country, and among more than 30,000 employees of diverse juridical and professional status, with different rights established by Law 10,383 itself.

On the other hand, it should be pointed out that the Service does not represent the result of a formal integration or an institutional coordination. It is actually a fusion of several institutions making up an entity which is absolutely new and original in its concepts and methods of action, one that has no precedent and has never been tried in Chile or abroad.

I should like to emphasize that we were fortunate to have had a first-hand knowledge of the organization of activities of the National Health Service of Great Britain and to become acquainted with other national health services in various countries, which were, of course, very different from our own.

In these five years—the report then goes on to say—the Service has definitely become incorporated into the national life; it has achieved a unity which is constantly being strengthened; it has fulfilled its specific legal obligations insofar as the accessible population of the country is concerned [I emphasize this because obviously we are far from fulfilling our obligations in the rural areas, which in Chile still represent 40 per cent of the population]; and it is progressively consolidating and systematizing its organization and methods of work.

In this way, the medical profession has been able to devise a service to satisfy the most exacting requirements of public health administration and the needs of medical, economic, and social progress in our environment. It has also demonstrated its ability to manage and operate this service despite the adverse conditions and almost insurmountable problems of the early days.

Although the period from the Service's establishment to date is very brief, there are sufficient data and records to indicate definite progress in the attainment of its general and specific objectives.

In broad terms, the record of achievement can be found, from the technical point of view, in the continuing downward trend of morbidity and mortality rates for communicable diseases; in the constant decline in the mortality figures; and in the improved quality and increased quantity of curative and preventive medical care.

The pamphlet gives the country's statistics compiled from 1917 to 1956, the last year covered by the report. If the last two five-year periods are compared, it can be seen that morbidity rates have continued to decline, and in this respect two important factors should be considered: the heavy loss in the purchasing power of our currency and the spiral growth of the population, a population that demands services.

Worth emphasizing—the introduction states—is a fact that reflects the better quality of the care given and the judicious utilization of medical resources. From 1952 to 1957 the rate of occupation of hospital beds continued to increase, while at the same time the average time of hospitalization decreased.

As for the administrative aspect, bases have been laid for the systematic functioning of the entire structure and for the methodical and normal development of the technical activities. Among these, mention should be made of the establishment of policy-setting and operational structures, with a clear pattern of centralization in policy-making and decentralization in the execution of the work; the unification and classification of administrative procedures, considered as the means of achieving the objectives of integrated medical care; determining the guidelines of the Service's activities; and recognizing that the field project is the basic tool of action.

In addition to the report, we have distributed a bulletin showing the standards used in formulating the programs for health centers and their operating budgets.

I should like to point out that many of these ideas were the outcome of the excellent technical

meetings we attended in Guatemala and in Washington, where our President was the expert appointed by the Organization to present the topics.

Today the Service has programs for every health center, and the 1959 budget, which is up before the National Congress, has been prepared on the basis of functional estimates. In this way, as experience is acquired and as it reveals how the application of this administrative technique can be improved, we seek to obtain as thorough a knowledge as possible of what is really needed in terms of preventive and curative care in order that the Government, the legislature, and the general public may have a full knowledge of the specific purposes behind the investments and may understand why any reduction in the funds requested by the Service will result in a proportionate decrease in the services that can be offered in each part of the country.

The report then deals with the classification of some 30,000 employees and the study of systems of efficient administrative practice and proper coordination among the different structures. For this purpose, the Service has had the cooperation of the School of Economics of the University of Chile. Five economists of the School have been advising us during the last two and a half years on the systematization of all the administrative structures at both the national and the local levels.

In the five-year period 1952-1957—states the report—very appreciable advances have been made in reducing the risks of disease and of death to which the country's population is exposed, as well as in consolidating the organization, improving the structure, and defining the functions of the Service. The prospects are even more favorable, provided one solves the problem of the Service's financing, which is assured by the law that created it.

We regret—and I believe this situation is common to all countries in which the social security systems are closely involved in the financing of public health activities—that public health is not given the priority it deserves. It is lamentable that to economists in general, man counts in his capacity as a consumer, and not in his capacity as a source of creative energy. It is a psychological problem that we doctors must help solve. I insist that economists rarely consider that it is public health that releases human energy for the production of capital, of consumer goods, and of services, and for the formulation of creative ideas. With this outlook, I repeat, the social security systems—in Chile at least—have not been assigning public health functions the priority they should have, but rather have been giving preference to economic benefits that are usually minimal in relation to the harms they try to remedy. Hence our insistence on expressing the hope that in the future the Service's financing may be stabilized by allocating social security funds, which are plentiful, in the first place to public health activities, and secondly to other benefits of an economic nature; that in the allocation of funds the tremendous social significance of the operation of the Health Service be given the priority it deserves; and that the process of integration continue to develop, transcending the limits of the formal and becoming, in the conscience of each employee, an attitude and a mode of thinking and of acting according to principle.

I should like to point out, as I did before, that the Service, although it represents a continuity in the evolution of medical thought in the country over the last 30 or 40 years, emerged under difficult circumstances. The majority of the university professionals, particularly those specializing in the biological sciences, were not trained by the university to work in an integrated system, so that the large professional group working today in the Service has had to go along progressively adapting its thinking, its methods, and its technical practices to the central thesis that inspires the whole conduct of the Service. We in Chile have insisted that it is the responsibility of the university to modify the basic techniques and doctrines for the education and training of professionals so as to ensure that they will be conscious of the fact that prevention cannot be dissociated from cure, because the human being is a single and indivisible entity and is at the same time an historic being. Until this is achieved, we shall have great difficulties in transforming the doctrine of the Service into a growing reality.

The end results achieved by the Service—concludes the report—will depend also on acceptance of the fact that this institution renders technical assistance in the solution of health problems, but that its action should be complemented by the efforts of the state and the community to elevate the standards of living and of culture of the population, with unlimited collaboration given to achieve this goal.

A retrospective look at the factors and situations that gave rise to the National Health Service enables us to make a favorable comparison with the past and

to appreciate the fact that Chilean public medicine has continued to progress, always with the goal of improvement, offering the services most appropriate to each phase and each moment of our nation's history.

The details on what has been accomplished in this five-year period are set forth clearly in this document. Much of this background material, though not all, was forwarded in due time to the Bureau for inclusion in the general report.

In conclusion we venture to assert today that in our countries—be it on the local or the national level—when environmental conditions so justify and when the professionals and the general public are so prepared, it is possible to carry out preventive and curative activities on an integrated scale. We hold the conviction that this is the rational approach to medicine and to public health, and at the same time the conviction that this is what will produce the best results with the least resources and the least effort.

PRESIDENT: * The delegate of Guatemala has the floor.

*Report of the Delegate of Guatemala*

Mr. OLIVERO (Guatemala): * Rather than going into details on my country's report, I take this opportunity to make some brief, general comments on the *Summary of Four-Year Reports on Health Conditions in the Americas.* In referring to this publication, I shall give some additional details on Guatemala.

First, I wish to join Dr. Burney and Dr. Horwitz in congratulating the Pan American Sanitary Bureau on the valuable report presented to us, and to compliment also Dr. Puffer on her enthusiasm and dedication, which are deserving of special mention.

This report undoubtedly represents a great improvement over the one we had at the XIV Conference in Santiago, Chile. Unquestionably, also, a greater cooperation has been obtained from the Member Countries in submitting their data. We believe that this report should serve not only as a record of our accomplishments and as a document on which we can congratulate ourselves, but also as a guide to us in determining the priorities to be assigned in the Pan American Sanitary Bureau's future programs, according to the gravity of the problems and their repercussions.

At this Conference we have already adopted specific resolutions on certain subjects, as a result of the unanimous opinions expressed on data in this report.

In the report Table 7, entitled "First Five Principal Causes of Death with Rates per 100,000 Population in the Americas, 1956," gives data on 18 Latin American countries, and what do we find in those figures? In 15 of these 18 countries there is a common denominator, and that is that the group of diseases classified as "gastritis, enteritis, etc.," appear among the five main causes of death. Moreover, of these 15 countries 7 list this group of diseases as the first cause. This fact brings us to the logical conclusion that the Bureau should give special attention to programs designed to intensify and orient action against this cause of morbidity and mortality.

In connection with the foregoing, I should point out that Guatemala is very much interested in programs of basic sanitation and particularly—for obvious reasons—in the program to supply pure drinking water to communities. It is in this direction that our Government hopes for broader guidance and collaboration from the international organizations in carrying out our programs. At this point, and as a comment on the data for my country, I should point out that it may seem paradoxical that, while our delegation expresses an interest in this work, my country did not submit the data requested in Tables 54 and 55, referring specifically to water supply and sewage disposal. In this connection, I wish to state that Guatemala is aware of the magnitude of the problem in the country but is unable at this time to present exact figures on its dimensions, even though we have made partial studies and additional ones are being carried out with much interest. Moreover, it is our impression that the blanks sent to us by the Bureau on the water problem could be open to different interpretations.

In conclusion, we hope that the programs I have referred to will, in the future, be given the importance they deserve. In this connection, I should like to quote a statement contained in the preface of the Spanish text of the report, which reads: "Through a coordinated program, efforts should be concentrated on the elimination of major health hazards, especially those related to environmental conditions."

PRESIDENT: * The delegate of Panama is recognized.

*Report of the Delegate of Panama*

Dr. BISSOT (Panama): * In the time allotted to us, I shall confine myself to discussing only certain aspects of my country's general public health program. The statistical data and other pertinent information are included in the *Summary of Four-Year Reports on Health Conditions in the Americas*, prepared by the Pan American Sanitary Bureau.

The Government of Panama, which carried out economic studies jointly with the International Bank for Reconstruction and Development, assigned Dr. I. S. Falk, an internationally-known public health consultant, to make a study in our country on this important field of activity. It is a source of great pleasure to me to deliver here officially to the Director of the Pan American Sanitary Bureau a copy in Spanish and another in English of Dr. Falk's report to the Panamanian authorities.

One of Dr. Falk's recommendations, which we have already put into effect, is the decentralization of the Department of Public Health, in a form similar to that of the Pan American Sanitary Organization. In effect, we have divided the country into three regions classified as western, central, and eastern. The first includes the Provinces of Chiriquí and Bocas del Toro; the second, Veraguas, Coclé, Herrera, and Los Santos; and the third, Panama, Colón, Darien, and La Comarca de San Blas.

In addition there is a national bureau organized by the Department of Public Health and two suboffices, one for preventive programs and the other for hospital programs. All these offices are under the general direction and supervision of the Department Director and, through him, of the Minister.

The national bureau has responsibility for the establishment of general policies, for planning and administration, and for giving professional and technical direction and guidance.

The direction of all the local services in cities, villages, and rural areas is entrusted to the regional directors and their staff, assisted by technical officials of the national bureau.

At the same time, the Government has taken an important step in beginning to recruit long-term, full-time professional and technical personnel who devote all their time to the activities of the Public Health Department.

We shall comment briefly now on the work against certain communicable diseases. Panama is continuing to carry forward its malaria eradication program. When this topic was discussed at the seventh plenary session, we reported that the first year of total coverage was completed in August. Urban yellow fever is no longer a problem, since we have succeeded in eradicating the vector, *Aëdes aegypti*. This Conference has just officially declared Panama to be a country free of *A. aegypti*.

As for jungle yellow fever, we have continued intensive vaccination in the rural areas, particularly in communities near the forest.

Syphilis has continued to decrease in the country, to the point where cases of congenital syphilis are no longer found.

Smallpox has been eradicated in Panama. However, about two months ago four cases of alastrim arrived from another American country, causing the subsequent appearance of four additional cases among Panamanians in the area where they landed. Fortunately, vaccination against smallpox had been carried out extensively in the area where those cases occurred and the situation was brought rapidly under control.

Tuberculosis continues to be a problem. BCG vaccination has continued, as has the search for new cases through mass X-ray services. As was to be expected, tuberculosis mortality has declined as the result of the modern therapy being applied today. At present, a number of simple wards are being constructed for the hospitalization of chronic or terminal cases.

In 1956 there was an epidemic outbreak of poliomyelitis. We had 144 cases, with a rate of 16.3 per 100,000 inhabitants. Little change has been registered from then to now. The use of the Salk vaccine was begun in Panama in August 1956 and has brought good results. Nevertheless, we are awaiting the results of mass vaccination undertaken in various countries with attenuated live virus since its cost, apparent effectiveness, and ease of administration give rise to hope for the eradication of poliomyelitis in the near future.

The incidence of yaws, typhus, leprosy, typhoid fever, and diphtheria is low in Panama, and not one of these diseases represents a problem for the country.

Plague and canine and human rabies are not present in Panama. To keep the country free of rabies, a mass program for the vaccination of dogs

and cats has been initiated and a strict quarantine system has been instituted, based on a four-month isolation of such animals arriving from abroad.

Let us now take a quick look at some of the services of the Public Health Department. One of the environmental sanitation problems has been the lack of water supply in many communities. Even the capital has had to face that problem, since the rapid population growth and the appearance of many new suburban developments and housing projects have made the existing installations inadequate. Fortunately, improvements in the water-distribution service are now being made with the aim of furnishing a sufficient supply to the city. At the same time, studies made years ago on sewerage extension are being reviewed for the purpose of starting that work as soon as the studies are completed.

In the rural areas the program for the drilling and construction of wells has been accelerated with the cooperation of the health centers. This program is being carried out by first preparing the communities, setting up local health committees, and requiring the construction of latrines in all houses in the locality.

As for statistics, this service is being reorganized for the purpose of assuring collection of reliable data and their compilation and study at the central level.

Emphasis has been given to strengthening the health education service through the intensive training of professional health educators. We hope in this way to reap great benefits within the general public health plan, at a relatively low cost.

In the field of maternal and child health, we have continued our efforts to reduce infant mortality. We have also continued with the reorganization of health centers with a view to giving better and more care to mothers and children. I shall merely mention the fact that the maternity annexes, which are already operating in some health centers, have been very well received by the communities and are giving the expected results.

Finally, I should like to state to the Conference that, despite financial difficulties and the budgetary limitations to which it is necessary to adjust, my Government is vitally interested in that binomial so essential to the nation's progress: health and education. In fact, we have allotted approximately 50 per cent of the current budget to the improvement of health and the education of Panama's people.

Before closing, I wish to congratulate the Director, Dr. Puffer, and the rest of the staff of the Pan American Sanitary Bureau on the excellent report presented. This is a very valuable document and it gives us a clear and precise idea of what is happening in the health field in the Hemisphere. I wish especially to mention the chapter on medical and health personnel, which is more complete than it was formerly, and the chapters on health services and hospital facilities, which are new and of great interest.

PRESIDENT: * The delegate of France is recognized.

*Report of the Delegate of France*

Dr. OLLÉ (France): * All of the general and statistical information appears in the report presented by the Bureau and I shall therefore merely refer to certain facts that may be of special interest and cite a few examples.

We shall begin with some vital and health statistics. We face a very important demographic problem, one that exists in most Latin American countries. The rate of population growth, especially in Martinique and Guadeloupe, is enormous. It results from two factors: first, a decrease in death rates and, second, an increase in births. There is one very interesting fact that I should like to cite with reference to Martinique. During the last year of this quadrennial period there were 9,814 births and 2,395 deaths. This represents a population increase, for that single year, of 7,419 inhabitants on an island with a total of only 265,000 inhabitants. As for the rates per 1,000, these come to 38.7 for births and 9.4 for deaths, representing an annual increase of 29.3 per 1,000. That is an enormous figure, one similar to that mentioned by our colleague from Mexico, a country where the birth rate is also extremely high. This gives rise to a serious problem, for when the national territory is large an attempt can always be made to industrialize the country to meet the needs of the growing population. In Martinique and Guadeloupe, however, the area is very limited, the islands are small. Martinique has no more than 432 km² and 265,000 inhabitants; we are therefore densely populated and are confronted by a truly dramatic problem.

I want to stress this point because population growth in a country that can exploit natural resources no farther, poses an enormous problem that affects us from the viewpoint of nutrition, sanitation, medical care, and consequently from the standpoint of the physical and moral well-being of the population.

With reference to statistics, I wish to mention the very important effort we have made toward compiling exact data on causes of death, and this task presents difficulties of which you are all well aware.

As for maternal and child protection, the figures I have given show that we have done much. The birth-rate increase and the mortality decrease reflect accurately an important change in infant mortality. The factors contributing to this improvement are many and I shall describe them here, but I might refer to our clinics as an example. In Martinique there are 57 dispensaries, some of them very complete and others very limited, but they all give more or less similar services. Also of interest is the fact that during this four-year period we have opened a number of specialized centers, such as the one at Fort-de-France, inaugurated several months ago. Moreover, we have succeeded in building six maternity clinics in Martinique, each able to accommodate 20 patients. Also in Fort-de-France we have a home for mothers and children, equipped with pediatric services for about 200 patients. Mention should also be made of the improvement in medical and surgical pediatric services in the main hospital of Pointe-à-Pitre.

The problems connected with communicable diseases are becoming less serious. I shall not refer to malaria or yellow fever, since I have already discussed these. The most important problems are those related to leprosy, tuberculosis, and typhoid fever.

With reference to leprosy, you may be surprised to learn, in studying the statistics in the report presented, that the number of cases is high in our departments. That is due, not to the fact that the incidence is particularly high, but rather to the fact that our statistical services are very accurate and efficient. In this connection, I would call attention to the work of the Pasteur Institutes of Martinique and Guadeloupe, which have established thoroughly complete laboratory and diagnostic services. In addition, we have supplemented them with hospital services. These hospital services are very good in Fort-de-France, where special wards with a capacity for 120 patients were opened four years ago, and in Guadeloupe, where a leprosy colony was opened three months ago. I wish also to state that these leprosy hospitals, these leprology services, are not what they were formerly, that is, closed services. They are open services that form part of the general hospital, or else special settlements that are practically open, even though in rural regions. We are endeavoring, through psychological and educational action, to eliminate the erroneous impression that the population once had in regarding the leper as a savage animal. From the social standpoint, we are trying to improve the situation of the individual and help him find his place in the environment. It is now known that leprosy is less contagious than tuberculosis, and yet those suffering from tuberculosis calmly wander about the city and the country. We must therefore eliminate this incongruous social prejudice.

In this field it is also interesting to mention the decentralization effected through the recent creation of rural clinics. In Martinique, instead of relying on one clinic, we have established a dozen consultation centers, more easily reached by the sick since the distances are much smaller.

For the control of tuberculosis, the methods followed are those used in any other country in the world. I would like to point out the increase in the number of tuberculosis beds in hospitals and the establishment of a surgical service. In Martinique we have chest surgery services as well as specialized surgeons who go to Guadeloupe, which is quite close, to attend the patients there. Plans for the construction of a sanatorium in Guadeloupe are being completed. In the next report we hope to be able to say that this hospital has been built and is in operation. The number of diagnosis centers and clinics has also been increased and this has helped us greatly.

Typhoid fever presents a more delicate problem. In Guadeloupe the situation is quite serious, but there is less of a problem in Martinique. Vaccination is obligatory, and as all of you know, extensive vaccination has to be carried out in order to achieve immunity of the entire population. Actually, the typhoid fever problem in our countries is one of vaccination and of potable water supply.

Small outbreaks appear occasionally, but these are not serious enough to be classified as epidemics.

The currently-accepted preventive methods are being used, but despite this work the danger still arises from time to time. The health programs invariably include plans to combat typhoid, and we hope that within a few years the situation may be improved even more.

In Martinique we are pursuing the construction of water-supply systems, to the point where automobile traffic in the city has become very snarled because of the amount of work that is going on. We are establishing a complete network of dams and we expect that an ever-growing number of people will benefit from this water-supply system. In Martinique the services are already quite complete in the southern area, and we expect to start new projects in the northern region next year. In this respect, I shoud like to mention that in Table 54 of the report presented by the Bureau no reference is made to water-supply services in Martinique, but I wish to emphasize the fact that a large proportion of the population in the northern part of the island benefit from water-supply services.

I would now like to say a few words about our medical and medico-social personnel. The health departments have sufficient doctors in Martinique and Guadeloupe. The situation is similar to that in France or other European countries. The number of physicians is growing almost constantly and there are many who come from France to Martinique and Guadeloupe to practice medicine. Regarding nurses, we have the same problems as those encountered by most of the other countries of the world. It is interesting to see how those problems appear to be the same in the advanced countries and in the less developed ones. We do not know whether this is due to the sudden increase in needs in both types of countries, or whether the shortage of nurses results from the lack of teaching facilities. We have three schools for nurses, and these turn out a good number of graduates every year. Nevertheless, there is still a shortage of graduate nurses and we have to use the services of nursing auxiliaries. As for training in public health nursing, we do have a school but it is located in France. This situation complicates our work considerably, but we have been able to bring such auxiliaries from France.

In addition to the increase in personnel, I should mention another fact of even greater importance, that is, what we have called the coordination of social services. In one of the Departments, Martinique, we have succeeded in grouping all the services of a social character and in establishing coordination among them, in such a way that in every sector or in every kind of activity a single social worker can assume responsibility for assisting the family or the community. In the city of Fort-de-France, with 66,000 inhabitants, we have succeeded in establishing services of double importance and double effectiveness, without increasing the personnel, and if the personnel is increased then, clearly, the quality of the work improves that much more.

I should like to refer also to mental health problems, which concern us greatly. As you well know, these problems are very important in many countries at this time, and in the Caribbean area I believe that they are as serious as in more developed countries. The number of psychiatrists has grown. There are three in Martinique, as compared to two four years ago; there are two in Guadeloupe, where previously there was only one. The capacity of the psychiatric hospitals has also been increased considerably. In the past two years, we have built four new wards, with a capacity of 280 beds, in the psychiatric hospital in Martinique, and plans are being made for further expansion of this hospital and of the one in Guadeloupe. As for French Guiana, new wards have already been constructed but have not yet been opened, owing to local circumstances.

As far as clinics are concerned, an attempt has been made to decentralize the services. Our hospital policy is reflected in the reports, charts, etc., that appear in the working documents. From these you will see that there has been improvement in the existing services.

Before concluding, I wish to call attention to the truly tremendous effort we have made in the field of medical care. In our Departments in the Americas, as is the case in most countries of the Continent, there is a large number of inhabitants who should be classified as transients. They are persons who do not work, not because they are vagrants, but because of lack of employment opportunities. In Martinique a large percentage of the population works only during several months of the year because there is not sufficient work for all. This population must be cared for from a public health point of view. In our Departments, approximately 80 per cent of the population is receiving medical

care, either at home or in hospitals, and the inhabitants also receive free pharmaceutical products. This represents an expenditure of several billion francs a year. It is an enormous effort in which the medical and pharmaceutical professions participate. We have established a control system to avoid abuses that easily could occur. The majority of the population is receiving care without charge, and it is perhaps this fact that accounts for a large part of the improvements achieved.

Finally, I should like to recall that these islands, France's oldest colonies, have for the past 12 years been French Departments or provinces, with the same status as the departments or provinces in metropolitan France. In any type of administrative, political, social, or economic listing, there is no difference between Martinique, Guiana, Guadeloupe, or Réunion Island in the Indian Ocean and any other Department in France itself.

We have been working on these campaigns for approximately nine years. Without wishing to show too much pride, I believe that we can voice satisfaction with the work done. Our administration is the same as that in France, which is based on very solid foundations with which you are already familiar. The budget, for example, has been doubled in the last four years in Martinique. For current activities alone, without taking into account the construction of hospitals and wards, very large sums of money have been spent. The best conclusion I can offer is that the results obtained in these French Departments are highly tangible and visible, and that France will continue her work.

PRESIDENT: * The delegate of Honduras has the floor.

*Report of the Delegate of Honduras*

Dr. JAVIER (Honduras): * My delegation wishes first to fulfill the mission entrusted to it by the Constitutional Government of the Republic of Honduras: to present in the name of the Government and the people of Honduras a cordial greeting to the representatives of the Americas who are meeting at this XV Pan American Sanitary Conference to discuss the great public health problems of the Continent and of the island nations.

The Government of Honduras also presents, before this Conference, its vote of admiration and recognition to Puerto Rico for its outstanding achievements in all aspects of public administration, and especially in the field of public health, and for the generous reception it has offered the American nations as host to this important event. Having fulfilled this mission, I shall go on to give a brief account of public health conditions and advances made in the Republic of Honduras.

One of the major events in the period covered by this report was the creation of the new Ministry of State for Health and Welfare (now Ministry of Public Health and Welfare), by Executive Decrees Nos. 8 and 9 issued 24 December 1954. Public health activities were formerly assigned to the Ministry of Interior and Justice.

The establishment of this Ministry has led since that date to substantial advances in the various activities connected with public health. And to this we should add that the Ministry has had the decided and valuable cooperation of international and inter-American organizations such as the World Health Organization and its Regional Office for the Americas—the Pan American Sanitary Bureau—the United Nations Children's Fund, the U.S. International Cooperation Administration, and the Inter-American Cooperative Public Health Service, with which the Ministry has concluded fruitful agreements that have given great impetus to the development of health activities. The budget of expenditures for the public health and welfare branches has been greatly increased, rising from 4,290,759.80 lempiras in the fiscal year 1953-54 to 8,416,575.76 lempiras for 1958. This increase has made possible the fulfillment of commitments assumed by the Government of Honduras to implement different activities of nation-wide scope, as well as the establishment of new public health centers in areas formerly without protection. Nevertheless, it must be stated that we are very far from achieving the optimum level for meeting our real public health requirements. In our country almost 70 per cent of the population lives in rural areas and for this reason it has been the concern of the Government to increase the public health and sanitation activities in those areas. A general survey of the country has been undertaken and a rural public health program has been organized with the cooperation of WHO, PASB, and UNICEF.

Under agreements with these organizations, the project entitled "Rural Public Health Services" was set up with the following goals: (a) technical

and administrative reorganization of public health services in Honduras, with emphasis on maternal and child health, school hygiene, environmental sanitation, and communicable disease control; (b) training of temporary and auxiliary personnel, both through organized courses within the country and through the award of fellowships for study at universities abroad; and (c) preparation of general and specific plans of public health, according to existing needs.

As a result of the cooperative arrangements between the Government and the international agencies, a model health and training center was constructed in one of the suburban sections of the capital and has yielded its first fruits with the training of 13 nursing auxiliaries and 13 sanitary inspectors in its first year of work in 1957. The second training course is scheduled to begin in October 1958. Through this service a health census has been undertaken, commencing with certain selected areas of the capital. This work will later be extended to other areas of the country.

National and international technicians have under study a national plan for covering the whole country through a network of seven health districts, which will be developed progressively. The study of two of these districts has already been completed and work has begun for the construction of the health centers which will begin functioning in 1959.

The model health center, called Las Crucitas, was inaugurated on 21 April 1958 and is fulfilling very successfully the purposes for which it was established. In addition to serving as a training center, it is offering maternal and child care services, conducting epidemiological work, preparing sanitation projects in its area of operations, and undertaking work on vital statistics to orient its own activities as well as those of other less important centers in the country.

In addition to executing this program, the National Department of Public Health has organized health squads that bring services to the rural population at points distant from the existing health centers, carrying out curative and preventive activities. The country has 13 of these squads, operating under the supervision of an officer-in-charge who regulates their work.

Executive Decree No. 164 created, in October 1957, the National Children's Fund, financed by funds obtained from the National Welfare Lottery. Through this new service, the Ministry of Public Health and Welfare is improving the present standards of maternal and child care. One of the provisions of Decree No. 164 calls for the construction of a maternal and child hospital.

I shall not refer here to the campaigns for eradication of malaria and *Aëdes aegypti,* for they have already been amply described.

The campaign against tuberculosis in Honduras has been accelerated since our Government enlisted the technical assistance of international agencies. The WHO has assigned a physician specialized in BCG vaccination and UNICEF is contributing the material required for the campaign. BCG vaccination commenced on 10 June 1957 and by 30 August 1958 685,150 tuberculin tests had been given, 373,905 of which proved negative. A total of 373,829 persons were vaccinated; in other words, more than 98 per cent of the tuberculin-negative population surveyed to date has been protected. To these data we should add the vaccination of 1,207 newborn infants in hospitals.

In addition to this preventive campaign, a tuberculosis sanatorium for women has been opened near the capital. This center, like the one established previously, has been rendering very effective service for women patients. Dispensaries are also being outfitted in various parts of the country to carry out investigation and ambulatory control of incipient cases or cases not requiring hospitalization.

Recently a mobile unit for mass investigation has been put into service. The work of this unit has been started in Tegucigalpa and will be extended, progressively, to the rural areas. It is proposed to set up two additional mobile units to cover the northern and western regions of the country, and approval of the budgetary appropriation for this purpose is now pending.

The tuberculosis campaign in Honduras is aided appreciably by a private organization known as the National League against Tuberculosis, which is taking an interest in the construction of wards for tuberculosis patients in the sectors most needing them.

As for smallpox, we are gratified to state that in the four-year period referred to in this report not a single case has been registered in our country. On several occasions the civil authorities of certain towns and villages where there are no doctors have reported cases of this disease; but

the health authorities, on going out to control the cases, have invariably found these to be false alarms, for they were actually outbreaks of chickenpox.

Vaccination programs have been carried out against smallpox, yellow fever, typhoid fever, whooping cough, diphtheria, tetanus, and poliomyelitis. The vaccination against poliomyelitis is being conducted in selected areas, taking into account the epidemic foci found in previous years and the risk to several areas of the country close to Nicaragua, a nation recently afflicted by an outbreak of poliomyelitis. Up to September 1958, 22,000 children had been vaccinated with Salk vaccine and there is now under way a program designed to immunize 40,000 children in the age group 1-10 years.

As for environmental sanitation, the health authorities of our country are greatly concerned with the provision of drinking water for all our communities and facilities for the disposal of wastes. In a gradual and sustained program, conducted with the technical assistance of the Inter-American Cooperative Public Health Service and the economic support of ICA, the Government has installed during the four-year period covered in this report 41 water supply systems and 1 sanitary sewerage system. In addition, 30 complete studies for water supply systems have been finished and the construction of some of them has been started. In Tegucigalpa a plant has been set up to manufacture latrines for distribution to rural areas of the country.

With respect to hospital services, two additional general hospitals have been put into service in the last three years, one in the city of Choluteca and the other in Santa Barbara. Each has a capacity of 100 beds. The Santa Rosita Tuberculosis Sanatorium, mentioned earlier, is another of the achievements made. At present a maternal and child hospital is under construction in the city of Tegucigalpa.

For the purpose of coordinating all the activities undertaken and of advising the Ministry of Public Health and Welfare and its various branches, a Public Health Planning Board was set up in 1957, by Executive Decree.

In concluding, the delegation of Honduras wishes to express to the Pan American Sanitary Organization, to its governing bodies, and to all the staff, its appreciation for the support our nation has received from this worthy institution in the development of its public health programs.

PRESIDENT: * The delegate of El Salvador has the floor.

*Report of the Delegate of El Salvador*

Dr. PINEDA (El Salvador): * The report that the delegation of El Salvador had the honor to distribute to you describes a series of factors and activities affecting health conditions in our country, such as the economy, agriculture, industry, commerce, transportation, education, housing, water supply, etc. The information being given now supplements the data on El Salvador appearing in the four-year summary prepared by the Pan American Sanitary Bureau, and also includes data for 1957 not appearing in that summary.

With respect to the report of the Pan American Sanitary Bureau, which gives the over-all picture of public health in the Americas, the delegation of El Salvador considers this to be a useful document. Undoubtedly, it is an important text for consultation and future reference, and we sincerely congratulate the Director and all the personnel of the Bureau on its preparation.

We shall describe briefly some events of the period 1954-57 that we think important to the health of our people.

In the National University, the School of Engineering has established the chair of sanitary engineering and the School of Dentistry has set up the chair of public health dentistry. The School of Medicine has reorganized its curriculum and has 14 full-time professors who teach the following subjects: anatomy, physiology, microbiology, biochemistry, pharmacology, and preventive medicine and public health. Instruction in this last discipline is given from the beginning to the end of the medical course.

The budget of the School of Medicine, which in 1954 was $120,000, rose to $584,000 in 1957, thanks to contributions from the Ministry of Public Health and Welfare, the Rockefeller and Kellogg Foundations, and ICA, as well as the Society for Medical Education, an association of physicians and other persons interested in medical education in the country. The School of Medicine, in cooperation with the Health Ministry, has organized, through the National Department of Public Health, a "Public Health Teaching Center," annexed to

the School of Medicine, which will offer services in preventive and curative medicine, sanitation, and health education in one sector of the capital. This center proposes, as a basic program, to give training to students who are in their last year of the medical course.

Since 1954, the National Department of Public Health has put into practice: (a) regionalization, with the objective of decentralizing operations and delegating functions and responsibilities to the regional directors of public health; (b) integration of preventive and curative services, of sanitation and health education, with a view to offering care to the family unit under a system of structural unity and unity of command and discipline.

The local services of the National Department of Public Health are grouped administratively into seven regions. Each is headed by a full-time physician specialized in public health. The operating programs are planned by the technical divisions and discussed with all the regional directors, who in turn discuss them with the directors of the local services, before they are executed.

In the Health Demonstration Area there was previously only one public health station served by one physician and one inspector who worked two hours a day. Since the end of 1957 the Area has been served by 7 health units and 9 rural posts. This program has unquestionably fulfilled one of its objectives, namely, the preparation of personnel, for it has already trained 27 nurses, 85 sanitary inspectors, 34 nursing auxiliaries, 15 medical students completing their social-service practice, and 6 dentists. In addition, training has been given to nurses and inspectors from other Central American countries and Panama. During 1957 the Health Demonstration Area received one foreign visitor every three days. In fulfillment of the international agreements with WHO and PASB, the evaluation of this program was begun in August 1958.

As for environmental sanitation, the National Department of Public Health has created a Rural Sanitation Division and a special budget for the supply of pure water to the rural population of the country. This is a cooperative program between the rural communities and the National Department of Public Health. The rural population contributes 10 per cent of the costs, in either materials or days of labor. From 1954 to 1957, 180 drinking water supply services were installed, together with laundry troughs and water troughs for cattle. This program offers great promise for the future, since the organized family groups are eager to collaborate in all such work for health improvement.

With respect to international collaboration, the Ministry of Public Health and Welfare wishes to express its satisfaction with, and gratitude for, the assistance received from the Pan American Sanitary Bureau, the World Health Organization, UNICEF, ICA, INCAP, the Rockefeller Foundation, and the Kellogg Foundation, in the struggle against the common enemy of disease. And knowing that bacteria, viruses, and parasites respect neither language, religion, flag nor race, the Ministry of Public Health wishes to reiterate its firm resolve to collaborate with all the countries in seeking to curb the diseases that so greatly affect the well-being of the inhabitants of America.

PRESIDENT: * The delegate of Argentina has the floor.

*Report of the Delegate of Argentina*

Dr. OUSSET (Argentina): * This delegation takes the floor, not for the purpose of reviewing the public health advances of the last four years, already made manifest, in respect to our country, in the excellent report of the Director of the Pan American Sanitary Bureau, but rather to reiterate the general outlines of its public health programs, outlines previously set forth at the Eleventh World Health Assembly held recently in Minneapolis.

The new public health administration in Argentina has decided to approach the problem of public health with the clearest possible concepts of what its activities for the protection, promotion, and restoration of health should be, and in doing so have been guided by the idea that the budget supporting those activities is a financial investment and not an expenditure.

The delegates have studied the summary of four-year reports presented by the PASB. We have incorporated in it a corrigendum for the sole purpose of reconciling the lists of data for a single year. In this document our country has set forth various figures reflecting a status of public health that we have decided to approach along various lines.

Among the principal problems is that of malaria. A report on the malaria eradication program in Argentina has already been distributed to the

delegates at this Conference, and we have dealt with the matter extensively when the topic was discussed at a previous session. That program, like the one for the eradication of *Aëdes aegypti,* will be given preferential attention in the over-all plans, in order to attain the highest level of health and well-being for great sectors of our population, thereby assuring their full participation in the country's economic and social development.

Under another heading, the Argentine Government will promote the development of the Pan American Zoonoses Center and attempt to strengthen, through it, fraternal relations with the American countries in a united and determined effort to investigate and help solve the problems connected with these diseases. I am pleased to announce now that early next year we shall hold at the Zoonoses Center a meeting of the countries participating in the program and the authorities of PASB.

We in Argentina have already formulated the policy lines governing the structure of our preventive and curative services, and we hope to continue having the efficient cooperation of a PASB consultant to improve and systematize those services.

An important plan of action will be carried out, in cooperation with the universities, in the training of personnel. A course in sanitary engineering conducted in association with the School of Engineering of Buenos Aires is already fully under way, and we are also studying ways of establishing close connections between our Department of Environmental Sanitation and other technical and university schools.

The Minister of Welfare and Public Health has undertaken to set up the School of Public Health of Buenos Aires, a project on which a national committee and a consultant of PASB are now at work, and has assumed personal direction of this task. Programs of nursing education are also in active operation, and plans are being prepared for university specialization in social pediatrics, an activity that will be connected with the field projects of the Department of Maternal and Child Health. For this program cooperative activities will be planned with other international agencies such as the Inter-American Child Institute and UNICEF.

An ambitious mental health program is already in its first stages of execution. This, together with the improvement of our vital statistics services, constitute objectives of unquestionable importance that decidedly must be achieved.

On the other hand, diseases such as Chagas' disease, brucellosis, and leprosy will be dealt with by national services. It has been decided to request, for some of these programs, the collaboration of the Pan American Sanitary Bureau. Of equal interest is the program of rehabilitation in general and in relation to poliomyelitis, which is to be intensified next year.

With respect to communicable diseases, our technicians have, on the basis of investigations in a recent epidemic, isolated a virosis previously designated as *mal de los rastrojos,* data on which will shortly be reported officially to the academic and public health organizations.

The campaigns against tuberculosis, hydatidosis, and rabies will be well-supported activities. We propose to maintain the most efficient possible system for the control of rabies.

The present authorities, in assuming the responsibility for public health administration in Argentina, have studied and clarified the causes of lack of participation by public health personnel in the plans of the Ministry. In this regard, the national administration will promote and carry out an effective educational program so that its professional and auxiliary staff will participate actively in this work. For this purpose, present structures must be reorganized to free them of their heavy bureaucracy.

Our plan covers also the policy we have called "repatriation of technicians," designed to assure these workers active participation in the work of our country, which for many years chose to ignore them and foolishly facilitated their leaving.

The programs of evaluation will be maintained on a permanent basis as a means of assessing the true effectiveness of the planned activities.

The foregoing brief statements do not describe an isolated plan. The entire undertaking forms part of an integrated scheme that ranges from the economic to the cultural. The new national administration in Argentina is inspired by a social concept focused on man, to whom we acknowledge the full possession of his liberties, and to whom we trust we can offer the most useful socio-economic and cultural tools with which each person may freely build his own way of life and his own security. We shall encourage everything that will

enable him to achieve a better state of health and well-being.

In their future planning the health services, in close coordination with the social welfare services, hope to contribute toward the attainment of this goal, seeking to achieve, according to our own cultural patterns, the various benefits that social security programs are offering in other countries.

Finally, may we point out that special attention is being given to the levels of development that our country is able to attain, particularly at a time of basic economic change, so as to assure that the economic advances will be accompanied by the development of public health structures and programs capable of adequately maintaining the state of health of our population.

In this connection, I wish to state that we listened with the deepest interest to the statements of Dr. Burney, who so forcefully brought to our attention the public health problems that already have or will in the near future come as a consequence of the modern civilization and the accelerated age in which we live.

It will not be long, we are sure, before the international health organizations begin to discuss and formulate plans in preparation for eventualities that undoubtedly will arise.

PRESIDENT: * The delegate of Peru is recognized.

*Proposals of the Delegation of Peru*

Dr. MUÑOZ (Peru): * Since the delegates are undoubtedly tired, I shall not enlarge upon the data on my country contained in the four-year report. However, there is a series of important facts that, because of the brevity of the report, have not been and cannot be considered—among them, the change in the structure of the Health Ministry, the operation of new hospitals and of new medical centers, the establishment of two schools of medicine that are in operation, and various campaigns against communicable diseases. I shall take the liberty of sending a summary of all these points to be included in the record of the meeting, because I believe that it may be useful to the delegates as a reference in the future. Nevertheless, I should like to submit at this time for consideration a statement that could be taken as a synthesis.

We believe that the Pan American Sanitary Conference ought to present a summary of what has been said, a synthesis reflecting not only the progress made in public health in the various countries, but the anxieties, and the worries common to all of us who have participated in this important meeting, so that the peoples and the governments will know of these concerns, which are not ours alone but those of all the sister countries of America.

The delegation of Peru therefore takes the liberty of presenting to this plenary for consideration three documents on the topic discussed. The first of these is as follows:

*Health Charter of Puerto Rico*

The XV Pan American Sanitary Conference,

Having heard the reports submitted by the Member Countries of the Organization on the progress achieved in health during the period 1954 to 1957; and

Having taken note of the discussions, which also reflect the status of health in the Americas,

Establishes the present document, entitled "Health Charter of Puerto Rico," in the nature of a general conclusion, in which it

AFFIRMS:

That there has been marked progress in health in the countries of the Americas resulting from the campaigns against infectious and preventable diseases, as well as in various aspects of prevention and care;

That there are still many health problems that affect the lives of the peoples of the Americas, causing an appreciable loss of human potential;

That there are serious deficiencies in many countries with respect to environmental sanitation, which obviously afflict the lives and the health of the inhabitants;

That there are appreciable deficiencies in the organizations and means for the promotion, protection, and restoration of health, and that in many countries these facilities do not reach all the people;

That the financial resources made available for public health by the countries are insufficient, disproportionate to population numbers, and in many cases not in harmony with the nation's total resources;

That even in the programs of economic development, the protection of health is not given preferential consideration;

That the number of specialized professionals, technicians, and auxiliary workers is insufficient for the growing needs and demands of the health organizations; and

In view of these facts, and in the sincere desire to advance solutions,

DECLARES:

1. Health is a prime obligation of governments and peoples; it should be within reach of all the inhabit-

ants of the Americas as an effective means for attaining social well-being for the individual and the family;

2. Health is the essential basis of democracy and is an inalienable first right of a country's entire population, without exception;

3. Health is an expression of the cooperative efforts of the individual, the family, and the State;

4. Health takes preferential place in all programs for the economic development of societies;

5. Health is the result of a balance between a healthful environment and the individual;

6. Health is an index to the economic, cultural, and social conditions of the individual and the community;

And as a general means of attaining the highest level of health for the people of the Hemisphere,

RECOMMENDS:

1. Increase in resources for promoting, protecting, and restoring the health of the American peoples, with preference over other activities, since this means the safeguarding of the peoples' vital capacities;

2. Improvement of the individual's general working conditions, including proper environment, adequate remuneration for work performed, and hygienic living quarters;

3. Formulation of national health plans, with strict priorities, to cope with health problems, including the essential matter of environmental sanitation;

4. Full cooperation and mutual assistance among the various countries for the progressive solution of health problems;

5. Preparation and proper training of professional, technical, and auxiliary personnel, according to the needs of the health plans;

6. The continuing exchange of experience, information, and results among the various American countries;

7. The assignment of preference to health programs in any plan for national economic development.

The XV Pan American Sanitary Conference further affirms that the ties of solidarity between the countries of America and the world are growing constantly stronger in matters of health, but that in this Hemisphere, through the Pan American Sanitary Organization and its executive organ, the Pan American Sanitary Bureau, stronger cooperative efforts must be made, based on the desire of governments and peoples to fight for a healthier, more prosperous, and happier life for all the inhabitants of the Americas.

The delegation of Peru also wishes to submit the following draft resolution to the Conference for consideration:

*Continental Plan for Water Supply and Sewage Disposal*

The XV Pan American Sanitary Conference,

Bearing in mind that one of the problems common to the various countries of the Americas is the deficiency in systems of water supply and sewage disposal;

Considering that this problem represents a real hazard to health, as reflected in the high morbidity and mortality rates of many diseases; and

Taking into account that the Organization should seek a solution of problems that are common to various countries,

RESOLVES:

1. To affirm that water-supply and sewage-disposal systems are essential to the progress of health in the Americas.

2. To request the Director of the Pan American Sanitary Bureau to prepare a continental plan for water supply and sewage disposal, to include: (a) conduct of a survey in the different countries of the Americas; (b) standardization of water-supply and sewage-disposal procedures; (c) preparation of a pilot project; (d) formulation of a continental water-supply and sewage-disposal plan.

3. To authorize the Director of the Pan American Sanitary Bureau to take measures to promote the interest of the governments and of international cooperation agencies in the progressive development of the continental water-supply and sewage-disposal plan.

Finally, the delegation of Peru presents the following draft resolution to the Conference.

*Continental Plan for Tuberculosis Control*

The XV Pan American Sanitary Conference,

Considering that the mortality and morbidity rates of tuberculosis are high in a number of countries in the Americas;

Considering that the progress of therapeutics permits the suitable control and early treatment of cases and the prevention of the spread of the disease among contacts;

Considering that the Expert Committee of the World Health Organization has drawn up definite recommendations for planning large-scale experiments that will make possible the proper evaluation of the results; and

Taking into account that it is the duty of the Organization to deal with health problems that are common to various countries and in which promising results can be obtained,

RESOLVES:

1. To affirm that tuberculosis is one of the primary unsolved health problems in many countries of the Americas.

2. To instruct the Director of the Pan American Sanitary Bureau to formulate a continental plan for tuberculosis control that will include:

(a) a large-scale trial project, in a particular zone or country, in order to develop specific plans suitable for use in all the countries;

(b) enlistment of the cooperation needed for carrying out the pilot project; and

(c) development of a continental plan for tuberculosis control, based on the results of the trial project.

3. To authorize the Director of the Pan American Sanitary Bureau to take measures to promote the interest of the governments and of international cooperation agencies in the progressive execution of the continental plan for tuberculosis control, without prejudice to the programs of eradication already under way.

These are the modest contributions that the delegation of Peru submits to the full Conference for consideration, with the conviction that they will receive its full attention because they are designed solely to promote the common interests of all the countries and are the fruit of the experience of all sanitarians.

PRESIDENT: * The delegate of Peru has presented a series of draft resolutions of great importance. I should like to know the plenary's opinion regarding them. The delegate of Venezuela has the floor.

Dr. ARREAZA GUZMÁN (Venezuela): * I consider the draft resolutions presented to us by the distinguished delegate of Peru to be of the greatest importance, but precisely because they are so important it will be necessary, before they can be approved and issued officially by this Conference, that they be subject to careful and thorough study in all their details. It should be borne in mind that a resolution adopted by this Pan American Sanitary Conference will have an importance that is not only continent-wide but world-wide as well. It is for this reason that I consider it to be absolutely essential that the proposed resolutions be studied at length, and I take the liberty of recommending that they be transmitted to the next meeting of the Executive Committee, for subsequent presentation to the Directing Council at its meeting next year.

PRESIDENT: * Any other comment or suggestion? The delegate of Colombia is recognized.

Dr. PATIÑO CARMARGO (Colombia): * I second the proposal of the delegation of Venezuela.

PRESIDENT: * The delegate of Venezuela has proposed that the draft resolutions presented by Dr. Muñoz be referred to the Executive Committee so that it may study them and make its recommendations to the Directing Council. Is there any objection to this proposal? None?

*Approved.*

PRESIDENT: * The delegation of Colombia will present a report on the poliomyelitis program in that country.

*Application of Attenuated Live-Virus Poliomyelitis Vaccine in Colombia*

Dr. ABAD GÓMEZ (Colombia): * Early in 1958 an outbreak of poliomyelitis occurred in the township of Andes (Antioquia), Colombia, 21 paralytic cases and 1 death from the disease having been recorded. The Ministry of Public Health therefore sought the collaboration of the Pan American Sanitary Bureau, which sent to the Public Health Service of the Department of Antioquia a consultant on poliomyelitis, the new vaccine that had been used on a small scale in the State of Minnesota, United States, and the necessary vehicles to carry out a vaccination campaign with attenuated live poliomyelitis virus of types I, II, and III.

The vaccination was carried out by an epidemiologist in charge of the program, an assistant medical officer, a public health nurse, and seven nursing auxiliaries, who made house-to-house visits in the urban area and the most densely populated rural settlements and administered the vaccine in the form of capsules or diluted in sugared water, by mouth.

The township of Andes has 7,000 urban and 43,000 rural inhabitants, and its health conditions are substandard. Vaccination was begun in May 1958. First, 7,352 children between the ages of two months and seven years were vaccinated with attenuated live virus, type I; four weeks later, 7,248 of those already vaccinated with type I were given attenuated live virus, type II; three weeks later, 6,994 of the children already vaccinated with types I and II were vaccinated with type III. Before the vaccination with the first type was started, blood samples were taken from 751 children under ten years of age, and three weeks after the last vaccination, blood samples were taken from 595 of the children from whom samples had been taken the first time.

After vaccination with attenuated live virus, type I, had begun in the urban and rural areas of the township of Andes, five more cases of paralytic poliomyelitis occurred in rural settlements where vaccinations had not been carried out. No more cases occurred among the persons vaccinated or in their families after the first vaccination with the

type I virus. During the whole vaccination period and two months after the last vaccination with attenuated virus type III, no case of poliomyelitis occurred either in the persons vaccinated, in the contacts, or in any other inhabitant of the town. This can be said with certainty, because this township was under careful observation by the medical officers directing the program, the other physicians residing in the area, the nurses, and the nursing auxiliaries.

The incidence of diseases in the vaccinated groups was carefully checked, and it was found that there was no indication of any reaction to the vaccine and no case in which there was even a suspicion of any nervous disorder after this experiment. This experiment makes it possible to give assurance of the effectiveness of the oral vaccine of the attenuated live-virus type in curbing an epidemic outbreak, and this, futhermore, with absolute safety. The analyses of the area taken before and after vaccination are being made by the laboratories of the American Cyanamid Company, to confirm the levels and classes of antibodies in a representative sample, before and after vaccination.

In view of the good results of the demonstration in the township of Andes, on 22 September 1958 mass vaccination was begun in the city of Medellín, capital of the Department of Antioquia, Colombia, by a staff consisting of 3 directing medical officers, 3 nurses, and 30 nursing auxiliaries, who are undertaking house-to-house vaccination with attenuated live virus, type II, in liquid form of all children in the city under ten years of age, the number of whom is estimated at between 150,000 and 200,000. They will be given types I and III later.

The experiment in the township of Andes in Antioquia, Colombia, is the first carried out in the Americas on so large a number of individuals with the use of the three types of attenuated live virus and with adequate supervision by physicians and nurses, and the results made it possible to assert that the poliomyelitis vaccine prepared with attenuated live strains of the virus of that disease is effective in controlling an epidemic outbreak and, moreover, is safe.

PRESIDENT: * Dr. González has the floor.

Dr. GONZÁLEZ (Assistant Director, PASB): * Although it is really very late, I should like to express the wish of the Director and the staff of the Bureau to hear all the comments or criticism the delegates may wish to make with regard to the type of information appearing in the report presented, which summarizes the data furnished by the Member Governments.

As you all know, no summary can be of more value than the raw data furnished by the Member Governments, but these raw data are naturally influenced, to a large extent, by the type of questionnaire that is sent to the Member Governments. For this reason, any constructive criticism or suggestions would be of great help to the Secretariat.

In view of the late hour, it will perhaps not be possible to do this at the moment, but it is respectfully requested that all the delegates send us their comments in writing as soon as possible, particularly in view of the need to begin now to plan for the preparation of the next four-year report to be presented to the XVI Conference. That report will also serve the Member Countries of the Pan American Sanitary Organization in carrying out the terms of the resolution of the Eleventh World Health Assembly, which requested the Member Governments of WHO to furnish information for the second report on the world health situation. Hence the information supplied by the governments for the four-year report will be useful also for the report to be drawn up by WHO.

To conclude, Mr. President, there are before the Conference two draft resolutions. One of them, previously distributed, is entitled "National Health Services Personnel" and was presented by the delegations of Barzil, Mexico, Venezuela, the United States, Chile, and Panama. The other, which has just been presented by the delegation of Venezuela, refers to the preparation of the reports for the XVI Pan American Sanitary Conference. I am not sure whether you wish me to read these texts now or at some other time.

PRESIDENT: * It is now 11:00 p.m. The Chair proposes that the session be adjourned until tomorrow, when the last plenary session could be held from 9:00 to 10:00 a.m. At that time we could take up these two draft resolutions, the report of the Rapporteur of the Technical Discussions, and any other pending matters. This would then enable the delegates to keep their appointments with the local authorities.

*The session was adjourned at 11:00 p.m.*

## FIFTEENTH PLENARY SESSION

*Friday, 3 October 1958, at 9:00 a.m.*

*President:* Dr. GUILLERMO ARBONA (United States)

**Topic 20: Reports of the Member States on Public Health Conditions and Progress Achieved During the Period Between the XIV and XV Pan American Sanitary Conferences** *(continuation)*

PRESIDENT: * The session is called to order. The Secretariat will report on two draft resolutions proposed in connection with Topic 20.

Dr. GONZÁLEZ (Assistant Director, PASB): * The first draft resolution was presented several days ago by the delegations of Brazil, Mexico, Venezuela, United States, Chile, and Panama and reads as follows:

The XV Pan American Sanitary Conference,

Considering that the XII Pan American Sanitary Conference in 1947, the XIII Pan American Sanitary Conference in 1950, and the VIII Meeting of the Directing Council in 1955 recommended to the Member Countries that had not already done so, that they adopt a system of full-time employment for their technical personnel, guaranteeing them stability of employment, promotion on a merit basis, and adequate compensation;

Considering that the *Summary of Four-Year Reports on Health Conditions in the Americas* shows that there are still many countries that have not followed these recommendations, and that in those countries many physicians who work in the health services are employed on a part-time basis;

Bearing in mind the fact that the financial resources of governments and of the Pan American Sanitary Organization and the World Health Organization are not advantageously used when spent for fellowships and for training of part-time public health staff; and

Considering that all countries in the Americas have an interest in the establishment of adequately staffed health services in every country because of the interdependence of countries in matters affecting the health of their populations,

RESOLVES:

To recommend to those Member States that have not already done so to establish a system of full-time employment for specialized public health personnel ensuring: (a) security of tenure in a career service; (b) selection and promotion of adequately trained personnel on a merit basis; and (c) adequate compensation.

PRESIDENT: * Is there any objection or comment on this draft resolution? The delegate of Argentina is recognized.

Dr. OUSSET (Argentina): * I regret that I do not have the draft resolution before me, but I would appreciate a clarification on whether other professionals are also included. We have the problem of engineers, for example.

Dr. GONZÁLEZ (Assistant Director, PASB): * The draft resolution I have just read refers to professional public health personnel, who, as I understand it, include not only physicians but also all others who have degrees and who participate in public health activities. After all, these entail team work; it is a multiprofessional activity.

PRESIDENT: * The delegate of Argentina has the floor.

Dr. OUSSET (Argentina): * Thank you, Dr. González. Your explanations are accepted.

PRESIDENT: * Is there any other observation or objection to this draft resolution? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I believe I heard the term *apremiar a los Estados Miembros.* I would request that this term *apremiar* be changed because I do not believe it to be an appropriate expression for the Organization to use when addressing governments. The Organization can make recommendations, requests, but it cannot press the governments.

PRESIDENT: * What word would the delegate of Cuba suggest?

Dr. HURTADO (Cuba): * *Recomendar* or *referir,* but not *apremiar.*

Dr. GONZÁLEZ (Assistant Director, PASB): * The text would then read as follows in Spanish: *Resuelve recomendar a los Estados Miembros,* etc.

PRESIDENT: * Is there any other observation or objection to this draft resolution? The draft resolution is approved with the modification proposed by the delegate of Cuba.

*Approved.*[1]

[1] Resolution XXXVI, p. 40.

Dr. González (Assistant Director, PASB): * The second draft resolution was presented to the Conference by the delegation of Venezuela and it reads as follows:

The XV Pan American Sanitary Conference,

Considering that the *Summary of Four-Year Reports on Health Conditions in Member Countries of the Pan American Sanitary Organization,* prepared for the XV Pan American Sanitary Conference, represents an obvious advance in providing data for the planning of national and international public health programs;

Considering that, for the preparation of a report of the same nature to be presented at the XVI Pan American Sanitary Conference, it will be very useful to have available, from all the countries, the most complete information possible, which would include the greatest number of data concerning vital and public health statistics; and

Considering that the Eleventh World Health Assembly, in Resolution WHA11.38, has invited the Member Governments to present reports on the period 1957-1960, in order to prepare its second report on the world health situation,

RESOLVES:

1. To recommend to the Member Countries that they take the necessary measures to have their reports on health conditions, which they will prepare for the XVI Pan American Sanitary Conference, include complete information in the various fields of vital and health statistics.

2. Likewise to recommend to the Member Countries that they improve the information presented, with a view to making it possible to determine what the problems are and to know what resources are available—factors essential for the most effective planning of national and international health programs.

3. To request the Pan American Sanitary Bureau to collaborate by providing technical services to aid the countries in obtaining the statistical information that they will have to prepare for the four-year report to be presented to the XVI Pan American Sanitary Conference and for the second report on the world health situation.

President: * Is there any comment or objection to this draft resolution? The delegate of Peru is recognized.

Dr. Muñoz (Peru): * Only an editorial point. In the first paragraph, the word *sanitaria* appears three times in Spanish. The text could be changed so as to improve the wording.

President: * Dr. González has the floor.

Dr. González (Assistant Director, PASB): * Perhaps the disadvantage pointed out by the delegate of Peru might be overcome if the three words "Pan American Sanitary" were deleted before the word "Organization," and instead of saying "The XV Pan American Sanitary Conference," that it read "for this Conference."

Dr. Muñoz (Peru): * My comment also referred to the operative part of the resolution.

Dr. González (Assistant Director, PASB): * The Spanish could read *sobre sus condiciones de salud.*

Dr. Muñoz (Peru): * And eliminate *y sanitarias* after *estadísticas vitales.*

Dr. González (Assistant Director, PASB): * Generally speaking, in public health we use the phrase "vital statistics" to register a type of data and "health statistics" to register another type. Vital statistics resemble more what are usually known as "demographic statistics." Health statistics are really statistics of services, resources, etc.

President: * Would it be acceptable to change *condiciones sanitarias* to *condiciones de salud,* and to leave *estadísticas vitales y sanitarias*? The delegate of Cuba is recognized.

Dr. Hurtado (Cuba): * It would be preferable to say "statistics in general" in English, *estadísticas en general* in Spanish, which comprise all kinds of statistics.

Dr. González (Assistant Director, PASB): * To avoid the repetition of these words another solution might be to say: ". . . include complete information in the various fields of statistics" or "include complete statistical information in the different health aspects."

President: * The delegate of Peru is recognized.

Dr. Muñoz (Peru): * I believe that is something for the Secretariat to take care of. The problem is not of sufficient importance to warrant delaying the plenary session, since it is only an editorial matter.

President: * Is there any other comment on this draft resolution? Then it stands approved, with the suggested editorial changes to be introduced by the Secretariat.

*Approved.*[1]

[1] Resolution XXXVII, p. 41.

## Topic 19: Technical Discussions on the Prevention of Accidents in Childhood

*Report of the Rapporteur*

PRESIDENT: * According to the order of business the Rapporteur of the Technical Discussions will now present his report.

*Dr. Abad Gómez (Colombia) read the Report on the Technical Discussions.*[1]

PRESIDENT: * Thank you, Dr. Abad Gómez, for the presentation of this report. Is there any comment? If not, it stands approved.

*Approved.*[2]

PRESIDENT: * The delegate of Uruguay is recognized.

## Tribute to Dr. Fred L. Soper

Dr. BERTOLINI (Uruguay): * I should like to remind the Chair that the delegation of Uruguay, supported by the delegation of Peru, suggested at the eleventh plenary session held two days ago that, in connection with the motion proposing that Dr. Soper be declared a citizen of the Americas, a communication be sent to the Organization of American States. As I was informed that the motion was not yet available in writing, I should like to request permission to read a draft resolution which I submit to the delegates for consideration.

The XV Pan American Sanitary Conference,

Bearing in mind the excellence of the performance of Dr. Fred L. Soper during the twelve years he served as Director of the Pan American Sanitary Bureau;

Taking into account the efforts which Dr. Soper, that eminent worker, made to advance the cause of health in the Continent;

Recognizing his as the exceptional case of a scientist who has carried out a practical task in behalf of the peoples of an entire continent, and even of the entire world, with insuperable skill; and

Considering that these facts and circumstances merit the highest recognition by the governments and the peoples,

RESOLVES:

1. To declare by acclamation Dr. Fred L. Soper, citizen of the Americas, as a symbol of continent-wide progress in health achieved to the present day.

2. To forward this resolution, together with the minutes of the sessions at which it was proposed and adopted, to the Organization of American States with the request that it study the possibility of giving solemn and concrete expression to the unanimous wish of this Conference.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * At the time that the delegate of Uruguay made the motion, the delegation of Cuba naturally seconded it enthusiastically, a position we still maintain. Now we simply wish to refer to a question of procedure, a clarification which Dr. Muñoz of Peru himself made. We can for our part consider Dr. Soper as an eminent citizen of the Americas, and each and every one of us in our own countries can, unquestionably, consider him as a fellow citizen. However, this forum is not empowered to legalize the proposal since it is a problem incumbent upon the countries as political units. And since there is an organization that unites us politically, the Organization of American States is the one that should take the action. The problem of procedure can be solved through a resolution of the XV Pan American Sanitary Conference acclaiming that Dr. Soper "symbol of continent-wide progress in health achieved to the present day" is deserving of the title of citizen of the Americas, and so inform the Organization of American States so it may proceed in accordance with its internal regulations. The problem is simply to place on record how we feel about this recognition; but we are not the juridical body able to make this declaration.

PRESIDENT: * Does Dr. Bertolini accept the amendment proposed by the delegate of Cuba?

Dr. BERTOLINI (Uruguay): * Yes, Mr. President.

PRESIDENT: * The delegate of Peru is recognized.

Dr. MUÑOZ (Peru): * I think this motion was voted by acclamation; it lacked only its transmittal through proper channels. However, I do not believe it necessary to repeat the voting which took place at the previous session.

PRESIDENT: * Is there any objection to amending the draft resolution of the delegate of Uruguay according to Dr. Hurtado's suggestion? If not, it stands approved.

*Approved.*[3]

[1] See Part V, Annex 4, p. 499.
[2] Resolution XXXVIII, p. 42.
[3] Resolution XXXIX, p. 42.

**Topic 28: Selection of the Topic for Technical Discussions during the XI Meeting of the Directing Council**

PRESIDENT: * Topic 28 is now up for discussion. The Secretariat will present the corresponding document.

Dr. GONZÁLEZ (Assistant Director, PASB): * In order to assist the delegates in their decision on this topic, the Bureau has prepared Document CSP15/21[1] containing some facts and recommendations presented by the Director on the selection of the topic for the Technical Discussions during the next meeting of the Directing Council.

The document mentions the fact that topics of special interest in this Hemisphere are highlighted in the *Summary of Four-Year Reports on Health Conditions in the Americas*. That report indicates fields in which activities need to be expanded and services provided for a much greater proportion of the population. The following topics are cited as examples:

In the field of maternal and child health, mortality is excessive in infancy and early childhood as a result of high prevalence of gastrointestinal, respiratory, and communicable diseases. In this connection, the application of known methods for the prevention of this excessive mortality through the activities of the health services in the Americas could be profitably discussed.

In addition to the activities for eradication of certain communicable diseases, means for the prevention of other communicable diseases are readily available and deserve greater attention and discussion.

The prevention of many deaths would be possible through the extension of environmental sanitation and especially through the provision of water supplies. The Advisory Committee on Environmental Sanitation has recommended a concerted program of tremendous scope for the provision of water supplies to all urban communities. The technical, financial, and administrative aspects of this problem could also be a topic for the Technical Discussions.

Toward the end of this document, the Director has pointed out that on the basis of these considerations, the Conference may wish to select the topic: "Technical, Financial, and Administrative Aspects of the Provision of Water Supplies," as the subject of Technical Discussions in 1959. However, the Director has also included other topics that the Conference may wish to consider as follows: (1) Methods for the Expansion of the Maternal and Child Health Program; (2) Methods for Strengthening the Prevention of Communicable Diseases; (3) Extension of Coverage and Content of Local Health Services; and (4) Education and Training of Personnel Needed for National Health Services.

This document also includes a list of topics discussed by the governing bodies of the Pan American Sanitary Organization since 1953 and a list of topics discussed by the World Health Assembly since 1951.

PRESIDENT: * The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica): * Mr. President, we have before us the statistics of the Four-Year Report, which point out that a common problem is a high infant mortality and that gastrointestinal diseases are a principal cause of death.

It would appear that this is a determining factor in selecting the topic for the Technical Discussions. In order to change those statistics it is necessary to concentrate on environmental sanitation. Since the key factor in environmental sanitation is drinking water, the delegation of Costa Rica would support a motion to the effect that the topic for the next Technical Discussions be drinking water, with all the inherent administrative, technical, and financial aspects of this serious problem in the Americas.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I agree that gastrointestinal diseases are highlighted in the quadrennial report as being one of the causes of high morbidity and mortality in children, as the delegate of Costa Rica has pointed out. But as for the topic for the next Technical Discussions, I would recommend that it be assigned another title. Dr. Vargas Méndez suggested "Drinking Water." My recommendation would be: "Water as an Essential Factor for the Maintenance of Public Health."

Such a topic would have a broader meaning from the technical point of view. Drinking water is but a fraction of the topic "Water": water as a factor of universal life; water that flows in and out; piped water supply services, as they are

[1]Mimeographed document.

called in some countries, aqueducts, as they are called in others. The potability of water, as referred to by Dr. Vargas Méndez, is unquestionably a very important factor in health. But the study, maintenance, and control of drinking water is equally important, as is the later drainage of water that has been put to a thousand uses and that must be given outlet and treatment because water that flows in can be a danger factor as a carrier of disease. But much more dangerous as an etiopathogenic source of gastrointestinal diseases is water that flows out untreated. I refer to deficient drainage, lack of sewerage. This is enormously important as a cause of complex etiopathogenic conditions.

Generally speaking, the possibility that the etiological factor will be present in drinking water is very remote. On the other hand, drainage water is normally full of all the factors or of thousands of etiopathogenic factors of disease.

In addition, if the purpose—praiseworthy indeed—is to protect the child in all matters where water is concerned, it is essential to study water in the child's whole environment. The child must be considered as a factor in intimate contact with water conditions, that is, water as a natural dissolvent, as a vehicle in which all the nutritive substances of the individual are maintained.

In a word, there would be many arguments for keeping the important topic of "Water" in its broadest sense as a topic for the Technical Discussions during the next meeting of the Directing Council. Therefore, I reiterate that a more adequate title would be: "Water as an Essential Factor for the Maintenance of Public Health."

PRESIDENT: * The delegate of Nicaragua is recognized.

Dr. SÁNCHEZ VIGIL (Nicaragua): * The delegation of Nicaragua wishes to go beyond the ideas expressed by the two delegates who preceded me, and to propose the following topic: "Nutritional Studies in the Countries, as a Fundamental Basis for Health Care."

Special mention should be made of the comprehensive studies carried out recently at INCAP in Guatemala. They show that malnutrition and a protein deficiency can cause a syndrome similar to kwashiorkor, responsible for 50 per cent mortality among children of less than five years of age.

Therefore, nutrition is fundamental to the health of the peoples. Water is one element, but one must not overlook the fact that properly planned diets, with sufficient and controlled water, are the basis for the fight against diseases. It is such a necessary basis that several years ago the Rockefeller Foundation went beyond the public health, preventive, educational, and other services, in order to concentrate particularly on problems of agriculture and nutrition and on those of medical science education. Since we do have this Institute where such valuable work has been carried out in the field of nutrition, it might be advantageous to present to the Directing Council a worth-while program and study that could be of use to all the Americas. I am certain that when the governments become aware of this, INCAP will no longer be just INCAP but an institute belonging to all of Latin America. The problem of nutrition is so serious and far-reaching in our countries that the infant mortality, the diarrheas, and the sources of infections it causes, practically speaking leave the child with no defense. In Guatemala, the plump but flatulent child has been studied and although he seems in good health he is practically at death's door. In Guatemala, 50 per cent of these children die before they reach the age of five as a result of bad and deficient nutrition.

I believe that, in the majority of our countries this mortality is no lower. Therefore, even though the topic related to water is included, I would ask that my country's proposal be considered because we believe the subject to be fundamental.

PRESIDENT: * The delegate of the United States has the floor.

Dr. WILLIAMS (United States): I should like to add the opinion of our delegation to the words spoken and the opinions expressed by Dr. Vargas Méndez and Dr. Hurtado in support of the subject of water supply for the Technical Discussions next year. It appears to me that this subject is, beyond any doubt, the number one problem of health physicians throughout the Western Hemisphere. Not only has this been mentioned many times during the last few days, when the officials of the health ministries have been reporting on progress during the last four years, but there are many other evidences of very great and very sustained interest in the problem of diarrheal disease and water supply as a solution to these problems. Let me just recount

some of them as a matter of interest. I am sure you are all familiar with these events.

Last year the Inter-American Committee of Presidential Representatives discussed this problem and adopted a resolution recognizing diarrheal disease as a major problem in the Americas, and recommending an aggressive program of water supply development as a probable solution to this problem. The World Health Assembly meeting in Minneapolis last May spent a considerable amount of time discussing this same matter again and adopted a strong resolution, urging the Director-General to study the water supply problem. There will convene in Geneva within the next few weeks, a meeting of experts to study this problem very carefully, and we are hoping that a constructive and serious program will come out of these discussions. We are sure that they will.

I have noted that during the last few days, when we have been discussing the reports of countries, almost every delegate here has mentioned water supply as a major public health problem and has indicated that his country plans to put major emphasis on its development within the next few years, particularly on the water supply programs in small towns and rural areas.

I have noted also that the delegate of Peru has introduced a resolution, which has been referred to the Executive Committee, calling for a careful and intensive study of water supply problems.

To our delegation, this is a strong evidence of the very great interest in this problem and strong evidence of the recognition that this major problem does exist, first the widespread prevalence of diarrheal disease, and second, that the essential program which must be undertaken to solve this problem involves the provision of safe water, safe drinking water, and safe water for personal hygiene purposes for all people. We therefore strongly support the proposal made to consider this during the Technical Discussions next year.

PRESIDENT: * The delegate of Mexico is recognized.

Dr. DÍAZ COLLER (Mexico): * Without overlooking the importance of what the delegate of Nicaragua has said, I should like to call attention to the fact that in 1953 the topic for the Technical Discussions during the PASO Directing Council meeting was "Nutrition Programs in Public Health Services." While I do believe that the nutritional problems are fundamental, as can be seen from the *Summary of Four-Year Reports on Health Conditions in the Americas,* all the countries of the Americas have a water problem. I should like merely to support the opinions expressed by the delegates of Costa Rica, Cuba and the United States.

In connection with the document read by Dr. González, we see that the Secretariat of our Organization, of our Bureau, has studied that summary and is of the opinion that the topic "Technical, Financial, and Administrative Aspects of the Provision of Water Supplies" might be of greater interest at the moment. I would not insist on the title, but rather would insist on the study of two important aspects: the urban and the rural.

I have also seen Annex I of Document CSP15/21, showing all the subjects dealt with in the Technical Discussions at meetings of the Pan American Sanitary Organization and the World Health Organization, and none of them have dealt with the topic "Water."

Article 7 of the Rules for the Technical Discussions[1] states that the Conference or the Directing Council will select the topic or may delegate the selection to the Executive Committee.

I believe, Mr. President—and I would so suggest to the delegates—that if the general topic "Water" were chosen, perhaps the Executive Committee could be entrusted with deciding on the complete title for this topic, determining whether the technical, financial, and administrative aspects should be studied, or whether the topic suggested by the delegate of Cuba, "Water as an Essential Factor for the Maintenance of Public Health," should be selected. The topic "Drinking Water," proposed by Dr. Vargas Méndez of Costa Rica, is quite broad. Perhaps in many places the problem first centers around having water and then having a supply of drinking water. There are many aspects that could be studied by the Executive Committee. But I do think that this Conference could select the general topic "Water," on the condition that the Executive Committee make the final decision on the title. In the opinion of the persons who prepared the summary of the quadrennial reports and who have studied this matter—an opinion based on the considerations on those reports contained in

[1] See Part V, Annex 4, p. 478.

that summary—the Conference may wish to select a topic related to water, and I therefore support this suggestion.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * We have been interested in Dr. Sánchez Vigil's statements on this subject. When referring to these diseases in the future, I would naturally like Dr. Sánchez Vigil to consider the technical guidance of pediatricians. In conclusions reiterated at the Pan American Congress of Pediatrics, pediatricians have completely rejected the use of the term kwashiorkor. From now on, the term "pluricarencial syndrome" will definitely be used as, the Director of INCAP, Dr. Scrimshaw, has used it here.

I share the argument put forth by the delegate of Mexico on nutrition. Nutrition is life, nutrition is everything. If we had time to plan a course for nutritionists, well and good. But we are discussing the selection of a topic for discussions at the Conference or the Council which must perforce be limited and of a set duration. Therefore, I insist that "Water" provides the opportunity for developing the technical topics within the general lines we have established for these Discussions.

I would concur if the Conference resolves to select merely the term "Water," but I do not think that anyone entrusted with the study of water, from the technical point of view, can limit himself to potable water, although this is a broad chapter within the topic "Water." Rather, a general approach would have to be made on water, from its source to the point of its disposal.

Therefore, I support the amendment proposed by the delegate of Mexico, so long as the Conference clearly defines that the essential topic for the next Technical Discussions should be "Water." I am certain that, if such is the case, water must be studied from all the health aspects.

PRESIDENT: * The delegate of Venezuela is recognized.

Dr. BERTI (Venezuela): * Next to man, water is perhaps the second natural resource. Unfortunately, misuse has been made of this important resource, particularly in one of the phases where it could render a greater service to humanity, such as its proper use to combat one of the great scourges of the tropics: gastrointestinal diseases. Despite the importance of water, we should remember that when we started discussing this topic, we arrived at it because of the gastrointestinal diseases.

Owing to the great and strategic importance of these diseases, as our reports show, they must be attacked on all fronts. Naturally, we should think of the other means of combating these diseases, and I think also that it is about time we thought of fly control. When I say fly control I do not refer to the basic fly-killing activity with insecticides or something like that. I refer to a broader aspect of environmental sanitation as a fundamental measure with respect to garbage collection and disposal and, of course, to the application of insecticides that might be developed in the future to combat flies.

Therefore, completely supporting the health policy with reference to water, I believe that the basic objective is the fight against diarrheal diseases and enteritis. The topic should be expanded in such a way as to cover all the aspects needed for an integral frontal attack. I would therefore expand the topic and call it, for example, "Environmental Sanitation as a Means of Combating Gastrointestinal Diseases." We would therefore maintain for water the high priority we know it to have without omitting any of the other means we have at hand to combat these diseases. I would therefore propose that the title of this topic be expanded to include water as well as the other aspects pertaining to the diseases that interest us so much.

PRESIDENT: * The delegate of the Kingdom of the Netherlands is recognized.

Dr. SWELLENGREBEL (Kingdom of the Netherlands): I should like to come back to Dr. Hurtado's original proposal. I am not quite sure whether he does maintain it or not, but I take it that he does: *El agua como factor esencial en el mantenimiento de la salud.*

I must say I am charmed with that proposal. It is so simple and it is so broad. It is, if I may say so, philosophical, and therefore well adapted for a technical discussion, if we take the word technical in the widest sense, meaning really scientific.

For that reason, I would sincerely like to support that formula which was presented by Dr. Hurtado though I am not quite sure whether he still maintains it. If he does not, I make the proposal. If he does, I support the proposal.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * I wish to support the topic proposed. As Dr. Williams has already recalled, the delegation of Peru considered it of such importance that it presented a draft resolution on this subject, which has been referred to the Executive Committee.

We believe the fundamental problem to be that of sanitation in the fullest sense of the word, but it must begin with water and sewerage. I therefore support the selection of the basic topic "Water," including the phase of sewage disposal systems.

PRESIDENT: * The delegate of Honduras has the floor.

Dr. JAVIER (Honduras): * If we carefully analyze the contributing causes of infant diarrheas, we must come to the conclusion that these diseases are produced basically through contamination, not only of water but also of all the food that reaches children's mouths. Water, which is a life-giving element, can also be a death-causing factor. The same holds true for other foods. Milk, one of the essential foods for children, is another of the foods that frequently becomes contaminated. Anyone who has ever visited our markets in some of the Latin American countries will recall that fruit juices and various other dishes constitute still another source. Pineapples, oranges, watermelons, etc., are cut open and placed on display in the markets and, as Dr. Berti pointed out, the fly is all too frequently a means of contamination.

Thus, without minimizing the great importance of pure water as a means of preventing infant diarrheas, I believe that environmental sanitation, and especially excreta disposal, should be included. As Dr. Berti has pointed out, environmental sanitation is absolutely essential to ensure the purity of water. To my mind, it would be of no avail to make enormous investments in drinking water installations if the other factors that produce diarrheas remain. The installation of water systems will not purify milk or the fruits sold in the open market in our countries.

Therefore, while seconding the splendid proposal presented first by the Chair, followed by the suggestions presented by the delegates of Costa Rica and Cuba, I would add this other factor of environmental sanitation. Otherwise, water purification would be cancelled out because purification is not to be found in the rest of the environment.

PRESIDENT: * The delegate of Colombia has the floor.

Dr. PATIÑO CAMARGO (Colombia): * The delegates seem to agree that the topic should be "Water," but there appears to be a difference of opinion as to the title. Personally, I prefer the title suggested by the delegate of Cuba because it is very descriptive; however, it is obvious that the title is no longer under discussion, but the topic is. I therefore believe, Mr. President, that the suggestion just made by the delegate of Mexico might be taken into account, that is, to select the topic "Water," and to leave the selection of the definitive title to the Executive Committee at its next meeting. Since opinions have been expressed by most of the delegations, a vote on the topic for the forthcoming Technical Discussions could now be taken.

PRESIDENT: * Is there any objection to the proposal of the delegate of Colombia? The delegate of Venezuela is recognized.

Dr. BERTI (Venezuela): * It is not to raise an objection, but to state that I believe a recommendation should be made to the Executive Committee that the title not be established at random, but rather taking into account the various discussions held here on the subject. Of course we all agree on the topic "Water" but some of us have suggested that the title of the topic be expanded.

PRESIDENT: * The delegate of El Salvador is recognized.

Dr. PINEDA (El Salvador): * The delegation of El Salvador agrees that the topic "Water" be selected and supports the proposal of the delegates of Cuba, Mexico, and the others who have spoken before me.

I do not consider it advisable to add more to the topic "Water" because then we would have to discuss everything related to sanitation, including housing, food, garbage disposal, etc. The topic "Water" alone is more than ample for the Technical Discussions. I believe the Chair should submit this matter to a vote.

PRESIDENT: * The delegate of Cuba has the floor.

Dr. HURTADO (Cuba): * I believe we should define our position and decide on the topic of the Technical Discussions, that is, "Water."

It is not my intention to have my version of "Water as an Essential Factor for the Maintenance of Public Health" accepted as the title. I agree that the Executive Committee should improve it, change it, or find a better one, it does not matter. However, I would like to add the following before a vote is taken on this matter.

As I understand it, if my interpretation is correct, if the vote in favor of the topic "Water" for the next Technical Discussions is not unanimous, the result will at least be a majority vote in favor. The Rules for these Discussions already contain specific provisions, one of which authorizes the Director of the Bureau or the Executive Committee to select a well-known expert on the topic. I would therefore request the Director of the Bureau that for the discussion of this topic two rapporteurs, or two experts, be chosen instead of one, as was the case with the Technical Discussions held last Tuesday on the "Prevention of Accidents in Childhood." One of these experts should be a sanitary engineer and the other a sanitarian. I would suggest that the presentation have a dual purpose, because no matter how experienced the sanitary engineer may be, he will be reflecting his interest in establishing sources of water, in the search for water, and in the method and system of purification, etc. I am certain that our sanitary engineers are very much up-to-date on these matters. But there are still other considerations regarding the health aspect, the effect of water that flows in and out, its characteristics as carrier of etiopathological factors. That is where the role of the sanitarian, the physician, the bacteriologist, the epidemiologist, etc., begins.

I therefore insist that both aspects should be considered in that presentation and the persons responsible for it be a sanitary engineer and a public health physician.

PRESIDENT: * The delegation of Mexico and Colombia have proposed that the general topic be "Water" and that the Executive Committee determine the different aspects of the topic to be studied during the next Technical Discussions. Is there any objection to this proposal? None?

*Approved.*

PRESIDENT: * The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB): Now that you have chosen the subject "Water," I just want to call your attention to the fact that a trip has been arranged for tomorrow to the installations of the Puerto Rico Aqueduct and Sewer Authority. I would call particular attention to this program that has been arranged, because considering what Puerto Rico might show of value to this Conference, and in discussing the matter with our President several months ago, I made a special request that we should have an opportunity to see and know about the system of water supplies and water supply management and financing here in Puerto Rico. I have been told that a considerable effort has been made to entertain a rather large group, so I would urge all of you who can to make the trip there.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * I would ask the President to ascertain the opinion of this plenary on the recommendation we have drawn up in the sense that two experts be designated to present the introductory statement of the next Technical Discussions: one a sanitary engineer, the other a public health physician. I merely wish to know the opinion of all the delegates with respect to this proposal.

PRESIDENT: * Does anyone wish to comment on Dr. Hurtado's suggestion? The delegate of Mexico has the floor.

Dr. DÍAZ COLLER (Mexico): * I second the motion, Mr. President.

PRESIDENT: * I would suggest that this recommendation be transmitted as a suggestion of the Conference to the Executive Committee for consideration since it has been entrusted with the discussion and preparation of the topic.

Dr. HURTADO (Cuba): * Mr. President, that is a decision of the Conference. The Conference agrees on the topic "Water" and the second decision concerns the persons responsible for the presentation of the topic, that is, an expert engineer and an expert physician. Within these indications, the Executive Committee will give the topic form and title, but these are the Conference's decisions.

PRESIDENT: * Is there any objection? If not, the proposal of the delegate of Cuba to have two experts present the topic at the next Technical Discussions, is approved.

*Approved.*

PRESIDENT: * The delegate of Venezuela is recognized.

Dr. BERTI (Venezuela): * I should like to ask the Chair whether it would be possible to suggest an addition to Dr. Hurtado's proposal, already approved, in the sense that an engineer and a physician be designated to present the introductory statement for the next Technical Discussions. The purpose is not to change the resolution by any matter of means, but rather to add something that might make it more complete.

PRESIDENT: * There is no objection.

Dr. BERTI (Venezuela): * Since the administrative and financial aspects of the water problem are of primary importance, I would suggest that an economist be added to the group already proposed.

PRESIDENT: * Does the delegate of Venezuela wish this to be a suggestion to the Executive Committee or a decision of the Conference?

Dr. BERTI (Venezuela): * As a decision of the Conference to the effect that there be three, instead of two, experts designated by the Director.

PRESIDENT: * Is there any objection to the proposal of the delegate of Venezuela to include an economist among the experts designated to present this topic?

*Approved.*[1]

**Topic 20: Reports of the Member States on Public Health Conditions and Progress Achieved During the Period Between the XIV and XV Pan American Sanitary Conferences** *(conclusion)*

*Proposals of the Delegation of Peru (conclusion)*

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * Mr. President, last night I had the pleasure to present three resolutions. Naturally, since it was very late, the delegates were tired, and the resolutions were not printed, it was not possible to consider them. They have been distributed today in printed form. Without wishing to alter the agreement reached yesterday and because time is running short, I would merely request that the Conference approve these resolutions in principle and transmit them to the Executive Committee for amendment or better wording. Thus the intent and good will of the delegates, as expressed yesterday on these two resolutions, would be on the record.

PRESIDENT: * As I understand it, that was more or less the decision taken at last night's plenary session, in other words, the resolutions will be transmitted to the 36th Meeting of the Executive Committee for consideration.

Dr. MUÑOZ (Peru): * Forgive me, Mr. President, but I believe no decision was taken last night except that the resolutions will be transmitted to the Executive Committee. The Committee could study them at that meeting. I believe that, because of its ideological content and the fact that it bears the name of Puerto Rico, the Health Charter could be approved in principle. A recommendation could be made to the Executive Committee that the text be studied, changed, or improved, and in this way the Executive Committee could study all three of these resolutions at leisure.

PRESIDENT: * Are there any comments or observations? None? Then the Executive Committee shall be informed that these proposals have been approved in principle by this plenary.

*It was so agreed.*

**Votes of Thanks**

PRESIDENT: * The delegate of Panama is recognized.

Dr. BISSOT (Panama): * Ever since our arrival at this beautiful island, the authorities and the people of Puerto Rico have entertained us very splendidly. On the other hand, the Organizing Committee and the Pan American Sanitary Bureau Secretariat have facilitated our work to such an extent that we have been able to satisfactorily conclude the study and the discussion of a long and interesting agenda. Since I know that it is the wish not only of the delegation of Panama but of the other delegations as well, to place on the record their expression of appreciation, I have the honor to propose the following votes of thanks:

The XV Pan American Sanitary Conference

Expresses its appreciation to the Honorable Luis Muñoz Marín, Governor of the Commonwealth of Puerto Rico, to the Government of the United States of America, and to the authorities of Puerto Rico, particularly to the Secretaries of State and of Health, for the generous hospitality accorded the delegations

[1] Resolution XL, p. 43.

and the staff of the Conference, and for the facilities provided to ensure the success of the meeting;

To Her Honor the Administrator of the Capital; to the Rector of the University of Puerto Rico; to the Aqueduct and Sewer Authority; to the Public Health Association; to the Medical Association of Puerto Rico; and to the public institutions and voluntary agencies that have offered so many courtesies to all the delegations;

To the members of the committee appointed to collaborate with the Pan American Sanitary Bureau in organizing the Conference, and particularly to the Undersecretary of State of the Commonwealth of Puerto Rico, for their valuable collaboration both before and during the Conference; and to the Committee of Women for the attentions shown to the wives and daughters of the delegates;

To the press and to the radio and television broadcasting stations of Puerto Rico for the excellent publicity given to the activities of the Conference; and

To the staff of the Secretariat and to the interpretation service for their effective work, which made it possible for the Conference to perform its activities successfully.

PRESIDENT: * The delegate of Cuba is recognized.

Dr. HURTADO (Cuba): * We all agree unanimously and share with genuine satisfaction the proposal presented by the delegate of Panama.

PRESIDENT: * The delegate of Peru has the floor.

Dr. MUÑOZ (Peru): * Mr. President, I propose that this resolution be adopted by acclamation.

Dr. BERTOLINI (Uruguay): * I was about to propose the same thing.

*The proposed votes of thanks were approved by acclamation.*[1]

Dr. GONZÁLEZ (Assistant Director, PASB): * Before the Conference closes, I wish to announce that the Director, in agreement with the Chairman of the Executive Committee, convokes the 36th Meeting of that body for 5:00 p.m. today. In accordance with the Constitution of the Organization, the governments not represented on the Executive Committee are entitled to send observers.

**Closure of the Conference**

PRESIDENT: * Gentlemen, we have completed the work of the XV Pan American Sanitary Conference.

On behalf of the Governments of the United States and of the Commonwealth of Puerto Rico, I wish to thank you once more for the honor bestowed upon us in your choice of Puerto Rico as the site of this Conference. The honor of presiding over this learned body is an experience I shall always remember. I thank you very much.

I shall now ask Dr. Arturo Morales Carrión, Undersecretary of State of the Commonwealth of Puerto Rico, to speak on behalf of the Governments of the United States and of Puerto Rico, on the occasion of the closure of this XV Pan American Sanitary Conference.

Dr. MORALES CARRIÓN (Undersecretary of State of Puerto Rico):* Mr. President, gentlemen, I should like to reiterate, in the name of the Organizing Committees of both the United States and the Commonwealth of Puerto Rico, our satisfaction that all of you were able to attend this Conference in San Juan; that you gave us this opportunity to offer you our hospitality and that of our people; and that we were able to show you some of the efforts Puerto Rico is making to improve its living conditions.

At the same time, I wish to tell you that the people of Puerto Rico have followed your deliberations with great interest and have marveled at the enthusiasm that inspires the various countries of the Americas in undertaking the tremendous task of improving the health conditions of their peoples.

This Conference has served as an inspiring lesson to Puerto Rico since we, who are not technical experts in the matter, have learned much from these discussions, have become cognizant of these programs you are carrying out—programs that have so much to offer for the welfare of our Hemisphere.

I should like also to state that we, here in Puerto Rico, are deeply interested in keeping up this channel of interchange with the other countries of the Hemisphere through our services of technical cooperation and of cultural and educational exchange. As a result of this Conference, and as a result of the work you have carried out here, we would wish to strengthen these ties, to receive more experts, more professionals, and more persons interested in these subjects, so that they may share our experiences, observe what we are doing, give us the benefit of their constructive criticism, and at the same time keep us abreast of the development of public health programs in the Continent.

[1] See Final Report, p. 43.

As a parting word to the Conference, I wish again to offer the hospitality of the Government and the people of Puerto Rico to all the people of the countries you represent who may wish to visit us, either to observe at first-hand our public health programs or to see any other aspect of our national life. Thank you all very much, and the best success to all of you.

*Applause.*

PRESIDENT: * With this, gentlemen, I declare the XV Pan American Sanitary Conference closed.

*The session was adjourned at 10:45 a.m.*

# PART III

# PRECIS MINUTES OF THE GENERAL COMMITTEE AND OF THE MAIN COMMITTEES

# GENERAL COMMITTEE*

## FIRST SESSION

*Monday, 22 September 1958, at 5:00 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

The CHAIRMAN called the meeting to order and offered the floor to Dr. Wegman (Secretary General, PASB), who read Article 35 of the Rules of Procedure of the Pan American Sanitary Conference.[1]

*Amendment to the Program of Sessions*

Dr. NOBLÍA (Argentina) said that it was his understanding that several of the ministers would have to leave San Juan before the date on which Topic 29, concerning the election of the Director of the Pan American Sanitary Bureau, would be considered, according to the program of sessions. It would therefore be advisable to ask the special committee appointed to study Article 53 of the draft Rules of Procedure of the Pan American Sanitary Conference to present its report on Wednesday, 24 September.

Dr. DÍAZ COLLER (Mexico) proposed that this topic be considered in plenary session on Friday, the 26th.

Dr. WEGMAN (Secretary General, PASB) stated that the special committee, appointed earlier in the day, had already exchanged ideas and would probably meet the next morning.

*It was agreed* to approve in principle the proposals of the representative of Argentina and of the representative of Mexico, subject to the presentation of the report by the committee appointed to study Article 53 of the Rules of Procedure of the Conference.

*Consideration of Topics 22, 23, and 24*

Dr. SOPER (Director, PASB) stated that a particularly important topic on the agenda is the one referring to the organization and work of INCAP. The Director of the Institute, Dr. Scrimshaw, is at present taking a public health course at Harvard University, and it would be desirable to permit him to present his report in plenary session on Monday morning, the 29th, which would enable him to return to his studies at the University immediately.

*It was so agreed.*

Dr. SOPER (Director, PASB) went on to say that Topic 21 (Status of *Aëdes aegypti* Eradication in the Americas) and Topic 22 (Report on the Status of Malaria Eradication in the Americas) are also very important, and it would therefore be advisable to consider them in the course of the present week. He said that several of the countries are now in a position to announce that they have eradicated *A. aegypti* and since work on this important task has been going forward for the past ten years, every consideration should be given to the reports of the countries in order to give encouragement to the countries that have not yet achieved *A. aegypti* eradication.

*It was agreed,* tentatively, that Topics 21 and 22 be taken up at the plenary sessions on Thursday, the 25th, and Friday, the 26th, respectively.

*Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIV and XV Pan American Sanitary Conferences.*

Dr. GONZÁLEZ (Assistant Director, PASB)

*The original text of the précis minutes is in Spanish.

[1] See p. 11.

stated that, in previous Conferences, delegations had been assigned a limited period of time for the oral presentation of their reports.

Dr. JIMÉNEZ ARANGO (Colombia) suggested that a proposal be made to the Conference in plenary session to the effect that each delegate's statement should not exceed 15 minutes.

Dr. ARREAZA GUZMÁN (Venezuela) proposed that only 10 minutes be allotted to each delegate, a proposal that was seconded by Dr. BISSOT (Panama).

*It was so agreed.*

*Topics to be Examined by the Conference in Plenary Session*

The General Committee *agreed* that the following topics should be discussed in plenary session: 20, 21, 22, 24, 28, 29, 30, and 32. Topic 19 (Technical Discussions) was assigned for Tuesday, 30 September.

*Topics Assigned to Committees I and II*

The CHAIRMAN asked the Committee to assign the topics to be examined by Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters).

*It was unanimously agreed* to assign the following topics to Committee I: 11, 15, 18, 23, 27, 31, 34, 35, 36, and 38.

*It was unanimously agreed* to assign the following topics to Committee II: 12, 13, 14, 16, 17, 25, 26, 33, and 37.

The CHAIRMAN stated that, in view of the importance of Topic 11, most of the representatives would probably wish to be present when the total budget figure is being discussed. Since that topic had been assigned to Committee I, it would be advisable to invite Committee II to hold no meeting at the time this topic is discussed, so that its members might participate in the debates of Committee I.

*It was so agreed.*

*Second Session of the General Committee*

*It was agreed* to hold the second session of the General Committee on Tuesday, the 23rd, after the third plenary session.

*The session was adjourned at 5:50 p.m.*

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## SECOND SESSION

*Tuesday, 23 September 1958, at 12:40 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Reports of the Member States*

Dr. WEGMAN (Secretary General, PASB) reported that some of the delegations had stated that 10 minutes is a very short time for the presentation of the reports of the countries and that they would prefer that 15 minutes be allowed for each country, with 5 additional minutes if needed.

Dr. BISSOT (Panama) explained how helpful it would be to increase to 15 minutes the time allowed each delegation to report to the plenary session of the Conference and to grant 5 additional minutes when it was so requested by the delegates.

Dr. ARREAZA GUZMÁN (Venezuela) proposed that the Committee uphold the decision reached the previous day to limit the time to 10 minutes, with 5 additional minutes allowed when needed. He also thought it well to advise the speakers, automatically, when they had used up their oral-explanation time.

Dr. DÍAZ COLLER (Mexico) said that this was really a question of presenting brief comments on some of the aspects of the countries' respective reports, especially in relation to new achievements that deserve to be singled out. The presentation of a complete report would undoubtedly require several hours.

At the proposal of the Chairman, *it was agreed* to uphold the decision taken at the previous session to allow 10 minutes to each delegation for the

presentation of its views, with an additional 5 minutes granted when needed.

*Date for Discussion of Topic 29*

Dr. ALLARIA (Argentina) announced, from his own information, that the committee assigned to study Article 53 of the Proposed Rules of Procedure of the Conference had resolved to recommend to the Conference that the text of Article 53 of the Rules of the XIV Pan American Sanitary Conference be retained. The Argentine delegation had requested that the date for the election of the Director of PASB be advanced, but it did not wish to insist on the suggestion and therefore it left to the General Committee the determination of the date on which the Conference would hold that election.

Dr. ARREAZA GUZMÁN (Venezuela) was of the opinion that the decision adopted in principle at the previous session should be maintained, to the effect that the election of the Director take place at the session on Friday of the present week.

Dr. BISSOT (Panama) said that, although it was the General Committee's function to propose to the Conference the dates for presenting the agenda topics, it would be advisable to await the receipt of the report from the special committee appointed to study the wording of Article 53 of the Rules of Procedure, before deciding upon the date on which the question of the election of the Director would be considered.

Dr. ALLARIA (Argentina) said that it did not seem fitting to suggest the date for the election of the Director of the Bureau before the General Committee had had an opportunity to study the special committee's report. Since the Conference was to meet the next day—before the General Committee—it would not be possible to present the afore-mentioned report at Wednesday's plenary session.

*It was agreed* to await the special committee's report before recommending to the Conference the date for the discussion of Topic 29.

*Order of Business*

*It was agreed* that the fourth plenary session would consider Topic 20 (Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIV and XV Pan American Sanitary Conferences).

Dr. GILLETTE (United Kingdom), speaking as Chairman of Committee I, reported that he would suggest that this Committee examine the topics assigned to it in the following order: 11, 23, 18, 15, 27, 31, 34, 36, 35, and 38.

Dr. DÍAZ COLLER (Mexico) stated that, as Chairman of Committee II, he intended to propose that the topics assigned to the Committee be discussed in the following order: 12, 13, 14, 16, 37, 25, 26, 33, and 17.

Dr. BISSOT (Panama) suggested that it would be helpful to have the Secretariat prepare a document showing the order in which the two main committees would take up the topics they were assigned by the General Committee, which the Chairman of those committees had just mentioned.

*It was so agreed.*

*Third Session of the General Committee*

*It was agreed* that the third session of the Committee would be held on Wednesday, the 24th, at 12:00 noon.

*The session was adjourned at 1:20 p.m.*

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## THIRD SESSION

*Wednesday, 24 September 1958, at 12:15 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Date for Consideration of Topic 29*

Dr. DÍAZ COLLER (Mexico) stated that, inasmuch as the report of the special committee appointed to study Article 53 of the Rules of Procedure of the Conference had not yet been re-

ceived, it would be appropriate to recommend to the Conference a definite date for consideration of Topic 29, concerning the election of the Director of PASB. He suggested that it be proposed that the Conference consider that topic at the plenary session on Wednesday, 1 October.

*It was so agreed.*

*Date for Consideration of Topic 30*

Mr. OLIVERO (Guatemala) proposed that the Conference also be requested to consider at its plenary session of Wednesday, 1 October, Topic 30 (Election of Three Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Bolivia, Cuba, and Nicaragua).

*It was so agreed.*

*Date for Discussion of Topic 32*

Dr. DÍAZ COLLER (Mexico) proposed that the full Conference be requested to include on the order of business at the plenary session of Wednesday, 1 October, Topic 32 (Place and Date of the XVI Pan American Sanitary Conference), in addition to Topics 29 and 30.

*Date for Presentation of Topics 21 and 22*

Dr. ARREAZA GUZMÁN (Venezuela) stated that, to his knowledge, experts in *Aëdes aegypti* and malaria eradication were attending the Conference as members of some of the delegations, among them that of Venezuela, for the express purpose of participating in the discussion of Topics 21 and 22. However, they have to return to their respective countries to resume their important activities. He therefore suggested recommending to the Conference that Topics 21 and 22 be considered at the earliest possible date, preferably on Friday, the 26th.

Dr. SOPER (Director, PASB) stated that Mr. Robert L. Davée, Director of the UNICEF Regional Office for the Americas, had already been informed that Topics 21 and 22 would probably be discussed on Friday, the 26th, and that Mr. Davée had therefore made arrangements to be present at the plenary session of that date. Taking into account the important contribution of UNICEF to eradication activities, he considered it highly advisable that Mr. Davée be present at the session at which those topics were to be presented to the Conference.

*It was agreed* to suggest to the Conference that it study Topic 22 at the plenary session of Friday, 26 September.

*Fourth Session of the General Committee*

*It was agreed* to hold the fourth session of the Committee on Thursday, 25 September, at the close of the plenary session.

*The session was adjourned at 12:35 p.m.*

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## FOURTH SESSION

*Thursday, 25 September 1958, at 3:00 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Order of Business for Friday, 26 September*

Dr. SOPER (Director, PASB) stated that, according to his information, Dr. Pinto Severo would take the floor at the sixth plenary session to summarize the reports on *Aëdes aegypti* presented by the delegations, and that a representative of the Kingdom of the Netherlands wished to speak also on the same subject at that session.

The CHAIRMAN proposed that the first item of business on Friday, 26 September, be the presentation of the report of the special committee appointed to study Article 53 of the Rules of Procedure of the Conference. Next, and in conformity with the decision reached at yesterday's session, the subject of malaria eradication could be taken up. Following that might come Topic 21 (Status of *Aëdes aegypti* Eradication in the Americas). If

the consideration of these topics were concluded before twelve noon, the presentation of the Member States' reports on their public health conditions could then continue.

*It was so agreed.*

The CHAIRMAN considered it advisable to remind the Chairmen of Committees I and II that, as their respective committees approve reports or resolutions, they should transmit them to the General Committee for consideration, pursuant to Article 40 of the Rules of Procedure, so as to accelerate the work of the Conference.

*It was so agreed.*

*Report of the Committee Appointed to Study Article 53 of the Rules of Procedure*

Dr. ALLARIA (Argentina), as Chairman of the afore-mentioned committee, delivered the pertinent report to the Chair, stating that his Committee had analyzed in detail the various aspects of the problem concerned in an atmosphere of great cordiality.

Dr. WEGMAN (Secretary General, PASB) read the report.

The CHAIRMAN proposed that the report, as read, be submitted to the Conference for consideration at the sixth plenary session.

Mr. OLIVERO (Guatemala) proposed that authorization be given for the distribution of the report to the delegations that afternoon.

*It was so agreed.*

Dr. DÍAZ COLLER (Mexico) suggested that in the future, when committees similar to the one that studied Article 53 of the Rules of Procedure are established, their sessions should not take place at the same time as those of Committees I and II, for this might cause difficulty in obtaining a quorum. He believed that it might be possible to introduce a procedure whereby the members of one committee would be informed of matters being dealt with in the other. He considered this to be an important point, inasmuch as there were at least four delegations that had only a single delegate.

Dr. WEGMAN (Secretary General, PASB) stated, for purposes of information, that it had been traditional for the Conferences to work through committees. Certain calculations that have been made indicate that if all topics were studied in plenary session a saving of up to $30,000 could be effected and possibly a good deal of time saved.

The CHAIRMAN requested that the Chairmen of Committees I and II mutually try, with the cooperation of the Secretariat, to resolve this question in the manner most conducive to efficiency in the work of the Conference.

*Fifth Session of the General Committee*

*It was agreed* to hold the fifth session of the Committee on Friday, 26 September, at 12 noon.

*The session was adjourned at 1:00 p.m.*

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## FIFTH SESSION

*Friday, 26 September 1958, at 12:40 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*First Report of Committee I*

The CHAIRMAN called the meeting to order and invited Mr. Olivero, Rapporteur of Committee I, to present his first report.

Mr. OLIVERO (Guatemala) read the first report of the Committee, which contained draft resolutions on the following topics: Topic 11-A (Proposed Program and Budget of the Pan American Sanitary Organization for 1959), Topic 11-B (Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960), Topic 11-C (Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960), Topic 23 (Status of Smallpox Eradication in the Americas), and Topic 15 (Rules for Technical Discussions in the

Pan American Sanitary Conference and the Directing Council).

The CHAIRMAN, after the draft resolution on each topic had been read, asked whether there were any objections, and as there were none, he said that he would transmit the report to the plenary session as drafted.

Dr. SOPER (Director, PASB) expressed the opinion that the second paragraph in the operative part of the draft resolutions on Topics 11-B and 11-C constituted a recommendation to the Member Governments. He recalled that the VIII Meeting of the Directing Council had approved a General Program of Work during the period 1957-1960,[1] based on consultations of the zone representatives with the governments, which established general principles for the formulation of the annual programs during the period indicated. The recommendations contained in the second paragraphs of the above-mentioned draft resolutions might possibly complicate the Director's formulation of the Organization's program.

Dr. DÍAZ COLLER (Mexico) explained that the draft resolutions in question are no more than recommendations of a general nature, intended to call special attention to certain activities, without establishing any priority among them.

Dr. GILLETTE (United Kingdom) stated that the questions raised by the Director had been considered by the Committee, and that the draft resolutions read by the Rapporteur expressed the Committee's opinion.

Dr. ARREAZA GUZMÁN (Venezuela) pointed out that it was the province of the full Conference alone to approve or change the draft resolutions contained in the report of Committee I.

*It was agreed* to transmit the first report of Committee I to the plenary session of the Conference and to distribute it to the delegations on Monday morning, 29 September.[2]

*First Report of Committee II*

Dr. BISSOT (Panama) read the first report of Committee II.

The CHAIRMAN asked whether there was any objection to the report just read. There being none, *it was agreed* to submit it to the Conference in plenary session for consideration and to distribute it to the delegations on Monday morning.[3]

*Draft Resolution Presented by the Delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina*

Dr. WEGMAN (Secretary General, PASB) reported that a draft resolution sponsored by seven delegations was being circulated, proposing that only two meetings of the Executive Committee be held a year, and that the duration of the meetings of the Directing Council be shortened to as brief a period as possible.

Dr. SOPER (Director, PASB) believed that it would be wise to examine the Conference agenda to see whether this draft resolution could be included in one of the topics still to be discussed. Otherwise it would have to be transmitted to the full Conference for a decision as to its inclusion on the agenda. He pointed out that the Bureau had already proposed, on previous occasions, the elimination of one of the Executive Committee meetings that are held before and after the Council or the Conference. Possibly the matter could be settled directly by the Executive Committee itself.

Dr. DÍAZ COLLER (Mexico) said that the draft resolution might be submitted to Committee II if the Conference agrees.

Dr. JIMÉNEZ ARANGO (Colombia) supported the proposal of the representative of Mexico, to the effect that the draft resolution in question be submitted to a plenary session and transmitted to Committee II for study.

Dr. WEGMAN (Secretary General, PASB) explained that the Executive Committee has the authority to determine the frequency of its meetings, with no limitations other than those of Article 14 of the Constitution. He said that the meetings held by the Committee prior to Council meetings and the Conference study the provisional draft of the proposed budget of the Pan American Sanitary Organization and the proposed budget of the World Health Organization for the second year after the year in which the Executive Committee meeting is being held. If that meeting were eliminated, the proposed program and budget of the

[1] *Official Document PASO* 13, 125-129.
[2] See minutes of the eighth plenary session, pp. 167-169.
[3] *Id.*, pp. 169-170.

WHO would have to be transmitted to the Council or the Conference and not to the Executive Committee. This procedure would create no administrative difficulty for the Bureau and would undoubtedly result in a reduction in expenses.

*It was agreed* to transmit to the full Conference the draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina and, if the Conference agreed, to forward it without further consideration to Committee II for study and consideration.

*Sixth Session of the General Committee*

*It was agreed* to hold the sixth session of the Committee on Monday, 29 September, at 12 noon.

*The session was adjourned at 1:30 p.m.*

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## SIXTH SESSION

*Monday, 29 September 1958, at 12:45 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Night Sessions of Committees I and II*

Dr. DÍAZ COLLER (Mexico) suggested that Committees I and II should meet that night in order to complete as soon as possible the study of the topics assigned them.

Dr. BISSOT (Panama) stated that the plenary sessions had not begun at the hour agreed upon, with consequent delays in the discussion of the agenda topics. In order to avoid having to hold a night session of the Conference, he thought it would be desirable to request the delegates to be punctual.

The CHAIRMAN stated that he was in agreement with Dr. Díaz Coller's suggestion, since that would accelerate the preparation of the two Committees' reports, which had to be circulated 24 hours in advance of the plenary session at which they were to be discussed. He proposed that the Committees meet from 3:00 to 6:00 that afternoon, as scheduled in the order of the day, and that they meet again from 8:30 to 10:30 at night.

*It was so agreed.*

*Draft Resolution Presented by the Delegations of Brazil, Mexico, Venezuela, United States, and Chile*

Dr. ORELLANA (Venezuela) read a draft resolution on full-time personnel for the national health services, presented by the delegations of Brazil, Mexico, Venezuela, United States, and Chile, and asked that it be transmitted to the Conference in plenary session for consideration.

Dr. WEGMAN (Secretary General, PASB) stated that the afore-mentioned draft resolution could be studied as part of the topic concerning the quadrennial reports.

*It was so agreed.*

Dr. SOPER (Director, PASB) stated that the representative of Colombia had just received the announcement that in his country a fully trained corps of malaria eradication personnel had today begun to render service, an announcement that that representative had not been able to make when the topic of malaria was discussed in plenary session.

Dr. OUSSET (Argentina) stated that the Colombian announcement confirmed what the delegation of that country had already stated to the Conference. He proposed that the Colombian delegation itself make that announcement in plenary session.

*It was so agreed.*

*Closure of the Conference*

Dr. DÍAZ COLLER (Mexico) requested that the General Committee, at its mid-day session on Wednesday, determine the date of the closing of the Conference.

*It was so agreed.*

Dr. WEGMAN (Secretary General, PASB) stated that today's order of the day had not included Topics 35 and 38, assigned to Committee I, or Topic 37, assigned to Committee II.

The CHAIRMAN proposed that Topics 35, 37, and 38 be considered included in the order of business for the sessions to be held that evening by Committees I and II.

*It was so agreed.*

*Seventh Session of the General Committee*

*It was agreed* to hold the seventh session of the Committee on Tuesday, 30 September, at 12:00 noon.

*The session was adjourned at 1:00 p.m.*

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## SEVENTH SESSION

*Tuesday, 30 September 1958, at 1:15 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Plenary Sessions*

The CHAIRMAN called the session to order and announced that Dr. William Sanders, Assistant Secretary General of the Organization of American States, was to arrive that evening. He added that he intended to grant the floor to Dr. Sanders at the opening of the next day's plenary session, so that the latter might extend greetings to the Conference. He then suggested that the three topics on the order of business for the ninth plenary session be taken up in the following order: (1) Election of the Director of PASB; (2) Election of Three Member Countries to Fill the Vacancies on the Executive Committee; and (3) Place and Date of the XVI Pan American Sanitary Conference.

*It was so agreed.*

Dr. DÍAZ COLLER (Mexico) stated that Committee II still had the reading and approval of its second report pending. He suggested that, at the close of the Technical Discussions, the Committee meet for half an hour to consider the report.

*It was so agreed.*

The CHAIRMAN stated that, when Committees I and II had completed the study of the topics assigned to them, the tenth plenary session could meet the following afternoon to examine first the reports of the Committees and then continue with the reports on *Aëdes aegypti* eradication. The session would end with the four-year reports of the Member Countries.

*It was so agreed.*

*Second Report of Committee I*

Dr. GILLETTE (United Kingdom) stated that the second report of Committee I was ready and he requested the Rapporteur of that Committee to read it.

Mr. OLIVERO (Guatemala) first read the draft resolution on projects to be financed in 1959 with United Nations Technical Assistance funds.

Dr. WEGMAN (Secretary General, PASB) suggested that it would be advisable to entitle the resolution "Regional Projects to be Implemented in 1959 with Funds of the United Nations Expanded Program of Technical Assistance."

The draft resolution *was approved* with the proposed change.

Mr. OLIVERO (Guatemala) then read the draft resolutions on Topic 18 (Fellowship Program), Topic 27 (Inter-American Congresses of Public Health), Topic 31 (Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers), and Topic 34 (Drug Registration and Related Problems).

Dr. SOPER (Director, PASB) referred to the fourth operative paragraph of the last draft resolution read, which recommended that the widest possible distribution be given to publications on advances made in therapeutics and pharmacology; that regional meetings to study the food and drug control problem be organized; and that fellowships be awarded for the training of specialists in control techniques, with a view to improving

the consideration of these topics were concluded before twelve noon, the presentation of the Member States' reports on their public health conditions could then continue.

*It was so agreed.*

The CHAIRMAN considered it advisable to remind the Chairmen of Committees I and II that, as their respective committees approve reports or resolutions, they should transmit them to the General Committee for consideration, pursuant to Article 40 of the Rules of Procedure, so as to accelerate the work of the Conference.

*It was so agreed.*

*Report of the Committee Appointed to Study Article 53 of the Rules of Procedure*

Dr. ALLARIA (Argentina), as Chairman of the afore-mentioned committee, delivered the pertinent report to the Chair, stating that his Committee had analyzed in detail the various aspects of the problem concerned in an atmosphere of great cordiality.

Dr. WEGMAN (Secretary General, PASB) read the report.

The CHAIRMAN proposed that the report, as read, be submitted to the Conference for consideration at the sixth plenary session.

Mr. OLIVERO (Guatemala) proposed that authorization be given for the distribution of the report to the delegations that afternoon.

*It was so agreed.*

Dr. DÍAZ COLLER (Mexico) suggested that in the future, when committees similar to the one that studied Article 53 of the Rules of Procedure are established, their sessions should not take place at the same time as those of Committees I and II, for this might cause difficulty in obtaining a quorum. He believed that it might be possible to introduce a procedure whereby the members of one committee would be informed of matters being dealt with in the other. He considered this to be an important point, inasmuch as there were at least four delegations that had only a single delegate.

Dr. WEGMAN (Secretary General, PASB) stated, for purposes of information, that it had been traditional for the Conferences to work through committees. Certain calculations that have been made indicate that if all topics were studied in plenary session a saving of up to $30,000 could be effected and possibly a good deal of time saved.

The CHAIRMAN requested that the Chairmen of Committees I and II mutually try, with the cooperation of the Secretariat, to resolve this question in the manner most conducive to efficiency in the work of the Conference.

*Fifth Session of the General Committee*

*It was agreed* to hold the fifth session of the Committee on Friday, 26 September, at 12 noon.

*The session was adjourned at 1:00 p.m.*

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## FIFTH SESSION

*Friday, 26 September 1958, at 12:40 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*First Report of Committee I*

The CHAIRMAN called the meeting to order and invited Mr. Olivero, Rapporteur of Committee I, to present his first report.

Mr. OLIVERO (Guatemala) read the first report of the Committee, which contained draft resolutions on the following topics: Topic 11-A (Proposed Program and Budget of the Pan American Sanitary Organization for 1959), Topic 11-B (Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960), Topic 11-C (Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960), Topic 23 (Status of Smallpox Eradication in the Americas), and Topic 15 (Rules for Technical Discussions in the

Pan American Sanitary Conference and the Directing Council).

The CHAIRMAN, after the draft resolution on each topic had been read, asked whether there were any objections, and as there were none, he said that he would transmit the report to the plenary session as drafted.

Dr. SOPER (Director, PASB) expressed the opinion that the second paragraph in the operative part of the draft resolutions on Topics 11-B and 11-C constituted a recommendation to the Member Governments. He recalled that the VIII Meeting of the Directing Council had approved a General Program of Work during the period 1957-1960,[1] based on consultations of the zone representatives with the governments, which established general principles for the formulation of the annual programs during the period indicated. The recommendations contained in the second paragraphs of the above-mentioned draft resolutions might possibly complicate the Director's formulation of the Organization's program.

Dr. DÍAZ COLLER (Mexico) explained that the draft resolutions in question are no more than recommendations of a general nature, intended to call special attention to certain activities, without establishing any priority among them.

Dr. GILLETTE (United Kingdom) stated that the questions raised by the Director had been considered by the Committee, and that the draft resolutions read by the Rapporteur expressed the Committee's opinion.

Dr. ARREAZA GUZMÁN (Venezuela) pointed out that it was the province of the full Conference alone to approve or change the draft resolutions contained in the report of Committee I.

*It was agreed* to transmit the first report of Committee I to the plenary session of the Conference and to distribute it to the delegations on Monday morning, 29 September.[2]

*First Report of Committee II*

Dr. BISSOT (Panama) read the first report of Committee II.

The CHAIRMAN asked whether there was any objection to the report just read. There being none, *it was agreed* to submit it to the Conference in plenary session for consideration and to distribute it to the delegations on Monday morning.[2]

*Draft Resolution Presented by the Delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina*

Dr. WEGMAN (Secretary General, PASB) reported that a draft resolution sponsored by seven delegations was being circulated, proposing that only two meetings of the Executive Committee be held a year, and that the duration of the meetings of the Directing Council be shortened to as brief a period as possible.

Dr. SOPER (Director, PASB) believed that it would be wise to examine the Conference agenda to see whether this draft resolution could be included in one of the topics still to be discussed. Otherwise it would have to be transmitted to the full Conference for a decision as to its inclusion on the agenda. He pointed out that the Bureau had already proposed, on previous occasions, the elimination of one of the Executive Committee meetings that are held before and after the Council or the Conference. Possibly the matter could be settled directly by the Executive Committee itself.

Dr. DÍAZ COLLER (Mexico) said that the draft resolution might be submitted to Committee II if the Conference agrees.

Dr. JIMÉNEZ ARANGO (Colombia) supported the proposal of the representative of Mexico, to the effect that the draft resolution in question be submitted to a plenary session and transmitted to Committee II for study.

Dr. WEGMAN (Secretary General, PASB) explained that the Executive Committee has the authority to determine the frequency of its meetings, with no limitations other than those of Article 14 of the Constitution. He said that the meetings held by the Committee prior to Council meetings and the Conference study the provisional draft of the proposed budget of the Pan American Sanitary Organization and the proposed budget of the World Health Organization for the second year after the year in which the Executive Committee meeting is being held. If that meeting were eliminated, the proposed program and budget of the

[1] *Official Document PASO* 13, 125-129.
[2] See minutes of the eighth plenary session, pp. 167-169.
[3] *Id.*, pp. 169-170.

WHO would have to be transmitted to the Council or the Conference and not to the Executive Committee. This procedure would create no administrative difficulty for the Bureau and would undoubtedly result in a reduction in expenses.

*It was agreed* to transmit to the full Conference the draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina and, if the Conference agreed, to forward it without further consideration to Committee II for study and consideration.

*Sixth Session of the General Committee*

*It was agreed* to hold the sixth session of the Committee on Monday, 29 September, at 12 noon.

*The session was adjourned at 1:30 p.m.*

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## SIXTH SESSION

*Monday, 29 September 1958, at 12:45 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Night Sessions of Committees I and II*

Dr. DÍAZ COLLER (Mexico) suggested that Committees I and II should meet that night in order to complete as soon as possible the study of the topics assigned them.

Dr. BISSOT (Panama) stated that the plenary sessions had not begun at the hour agreed upon, with consequent delays in the discussion of the agenda topics. In order to avoid having to hold a night session of the Conference, he thought it would be desirable to request the delegates to be punctual.

The CHAIRMAN stated that he was in agreement with Dr. Díaz Coller's suggestion, since that would accelerate the preparation of the two Committees' reports, which had to be circulated 24 hours in advance of the plenary session at which they were to be discussed. He proposed that the Committees meet from 3:00 to 6:00 that afternoon, as scheduled in the order of the day, and that they meet again from 8:30 to 10:30 at night.

*It was so agreed.*

*Draft Resolution Presented by the Delegations of Brazil, Mexico, Venezuela, United States, and Chile*

Dr. ORELLANA (Venezuela) read a draft resolution on full-time personnel for the national health services, presented by the delegations of Brazil, Mexico, Venezuela, United States, and Chile, and asked that it be transmitted to the Conference in plenary session for consideration.

Dr. WEGMAN (Secretary General, PASB) stated that the afore-mentioned draft resolution could be studied as part of the topic concerning the quadrennial reports.

*It was so agreed.*

Dr. SOPER (Director, PASB) stated that the representative of Colombia had just received the announcement that in his country a fully trained corps of malaria eradication personnel had today begun to render service, an announcement that that representative had not been able to make when the topic of malaria was discussed in plenary session.

Dr. OUSSET (Argentina) stated that the Colombian announcement confirmed what the delegation of that country had already stated to the Conference. He proposed that the Colombian delegation itself make that announcement in plenary session.

*It was so agreed.*

*Closure of the Conference*

Dr. DÍAZ COLLER (Mexico) requested that the General Committee, at its mid-day session on Wednesday, determine the date of the closing of the Conference.

*It was so agreed.*

Dr. WEGMAN (Secretary General, PASB) stated that today's order of the day had not included Topics 35 and 38, assigned to Committee I, or Topic 37, assigned to Committee II.

The CHAIRMAN proposed that Topics 35, 37, and 38 be considered included in the order of business for the sessions to be held that evening by Committees I and II.

*It was so agreed.*

*Seventh Session of the General Committee*

*It was agreed* to hold the seventh session of the Committee on Tuesday, 30 September, at 12:00 noon.

*The session was adjourned at 1:00 p.m.*

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## SEVENTH SESSION

*Tuesday, 30 September 1958, at 1:15 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Plenary Sessions*

The CHAIRMAN called the session to order and announced that Dr. William Sanders, Assistant Secretary General of the Organization of American States, was to arrive that evening. He added that he intended to grant the floor to Dr. Sanders at the opening of the next day's plenary session, so that the latter might extend greetings to the Conference. He then suggested that the three topics on the order of business for the ninth plenary session be taken up in the following order: (1) Election of the Director of PASB; (2) Election of Three Member Countries to Fill the Vacancies on the Executive Committee; and (3) Place and Date of the XVI Pan American Sanitary Conference.

*It was so agreed.*

Dr. DÍAZ COLLER (Mexico) stated that Committee II still had the reading and approval of its second report pending. He suggested that, at the close of the Technical Discussions, the Committee meet for half an hour to consider the report.

*It was so agreed.*

The CHAIRMAN stated that, when Committees I and II had completed the study of the topics assigned to them, the tenth plenary session could meet the following afternoon to examine first the reports of the Committees and then continue with the reports on *Aëdes aegypti* eradication. The session would end with the four-year reports of the Member Countries.

*It was so agreed.*

*Second Report of Committee I*

Dr. GILLETTE (United Kingdom) stated that the second report of Committee I was ready and he requested the Rapporteur of that Committee to read it.

Mr. OLIVERO (Guatemala) first read the draft resolution on projects to be financed in 1959 with United Nations Technical Assistance funds.

Dr. WEGMAN (Secretary General, PASB) suggested that it would be advisable to entitle the resolution "Regional Projects to be Implemented in 1959 with Funds of the United Nations Expanded Program of Technical Assistance."

The draft resolution *was approved* with the proposed change.

Mr. OLIVERO (Guatemala) then read the draft resolutions on Topic 18 (Fellowship Program), Topic 27 (Inter-American Congresses of Public Health), Topic 31 (Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers), and Topic 34 (Drug Registration and Related Problems).

Dr. SOPER (Director, PASB) referred to the fourth operative paragraph of the last draft resolution read, which recommended that the widest possible distribution be given to publications on advances made in therapeutics and pharmacology; that regional meetings to study the food and drug control problem be organized; and that fellowships be awarded for the training of specialists in control techniques, with a view to improving

the quality of such products. He added that a recommendation of that kind would have serious financial implications that had not been foreseen in the Organization's budgets for either 1959 or 1960. Under those circumstances, it would not be possible for the Bureau to carry out this recommendation. Perhaps that paragraph might be reworded to the effect that future budgets include programs for attaining the objectives specified in the resolution. Article XIII of the Financial Regulations of the Pan American Sanitary Bureau stipulates that none of the governing bodies of the Organization shall take decisions involving expenditures unless they have received a report from the Director on the administrative and financial implications of the proposal.

Dr. GILLETTE (United Kingdom) stated that the full Conference might study this draft resolution, which had been thoroughly discussed by the Committee.

Dr. BISSOT (Panama) proposed that Committee I meet at the close of the Technical Discussions to consider anew the draft resolution in question.

Dr. PATIÑO CAMARGO (Colombia) and Dr. ARREAZA GUZMÁN (Venezuela) supported this proposal.

*It was so agreed.*

Dr. SOPER (Director, PASB) wished to state for the record that the Bureau is very much interested in drug registration and related problems. The World Health Organization has already done work in this field and he would like the Bureau to initiate programs of this type. But it should be taken into account that commitments must always be consistent with the financial means available.

Mr. OLIVERO (Guatemala) then read the draft resolutions on the following topics: Topic 36 (Advertising of Medicinal Products), Topic 35 (Resolutions of the Eleventh World Health Assembly, and the Twenty-first and Twenty-second Sessions of the WHO Executive Board of Interest to the Regional Committee), and Topic 38 (Study of the Problem of Diabetes in the Americas).

The CHAIRMAN suggested that the second report of Committee I be approved, with the exception of the draft resolution on drug registration and related problems, which was to be reconsidered by Committee I.

*It was so agreed.*[1]

*Method of Election of the Director*

The CHAIRMAN invited the members of the General Committee to present suggestions with respect to the elections at the following day's session. He asked, first of all, how the secret vote might be carried out.

Dr. ALLARIA (Argentina) stated that the special committee appointed to study Article 53 of the Rules of Procedure of the Conference had not considered it wise to insist on strict compliance with the principle that a secret vote must take place in a closed room.

The CHAIRMAN declared that it would be the responsibility of the delegates to maintain the secrecy of the vote. He added that another point that he was concerned about was that related to the nomination of candidates.

Dr. DÍAZ COLLER (Mexico) stated that there was no limitation as to the number of persons who could be named on the ballots. If a person who had not been nominated should obtain a two-thirds majority, it appeared logical to him to assume that such person was automatically elected.

The CHAIRMAN inquired whether there was not some limitation to be applied as regards the seconding of nominations.

Dr. BISSOT (Panama) stated that there should be no limitation in that respect.

The CHAIRMAN asked how one should proceed if, after three or four votes, an impasse was reached.

Dr. PATIÑO CAMARGO (Colombia) pointed out that if no person obtained the two-thirds majority of the votes, then, in conformity with the Constitution of the Organization, there was no possibility of an election.

Dr. BISSOT (Panama) agreed with the statements of the representative of Colombia and asserted that the only thing that could be suggested to the Chair, in case of a prolonged impasse, was to recess the session for a few minutes to permit the delegates to exchange views.

Dr. ARREAZA GUZMÁN (Venezuela) supported the suggestions of the representatives of Colombia and Panama.

[1] See minutes of the twelfth plenary session, p. 217.

The CHAIRMAN stressed the importance of a decision on the number of votes necessary for election. There were 22 delegations accredited to the Conference, and there was a report that Bolivia might possibly send a delegate the following day to participate in the election of the Director.

Dr. PATIÑO CAMARGO (Colombia) said that, since counting votes means counting persons, it would not be possible to consider fractions of any kind in calculating the two thirds of the votes. The thing to do would be to take the next highest number as the basis for this calculation, in which case the result would be 16.

Dr. ARREAZA GUZMÁN (Venezuela) and Dr. BISSOT (Panama) agreed with the opinion expressed by the representative of Colombia.

The CHAIRMAN thanked the members of the General Committee for their guidance and views in connection with the method of voting in the election of the Director of the Bureau.

*Eighth Session of the General Committee*

*It was agreed* to hold the eighth session of the Committee the following day, 1 October, at 12:00 noon.

*The session was adjourned at 2:20 p.m.*

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## EIGHTH SESSION

*Wednesday, 1 October 1958, at 1:00 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Third Report of Committee I*

The CHAIRMAN asked the Rapporteur to read the fourth operative paragraph of the draft resolution on drug registration and related problems, which was pending from the previous session.

Mr. OLIVERO (Guatemala), Rapporteur of Committee I, read the paragraph, worded as follows:

To recommend that the Director of the Pan American Sanitary Bureau attempt, in future programs, to give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that a larger number of fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.

The new wording of paragraph 4 *was approved* and *it was agreed* to transmit to the full Conference the draft resolution on drug registration and related problems.[1]

*Draft Resolutions Approved in Plenary Session*

Dr. WEGMAN (Secretary General, PASB) read the resolutions approved in plenary session on the following topics: Annual Report of the Chairman of the Executive Committee; Quadrennial Report and Annual Report of the Director of the Pan American Sanitary Bureau; Organization and Work of INCAP; the Problem of Endemic Goiter in the Americas; Status of Malaria Eradication in the Americas; Election of Three Member Countries to the Executive Committee; and Site of the XVI Pan American Sanitary Conference.

The seven resolutions *were unanimously approved.*

*Second Report of Committee II*

The CHAIRMAN requested that the second report of Committee II be read.

Dr. BISSOT (Panama) read the following draft resolutions: Topic 25 (Name of the Organization), Topic 25 (Titles of the Senior Officers), Topic 26 (Amendment to Article 15 of the Constitution), and Topic 26 (Amendment of Article 12-C of the Constitution and of the Corresponding Articles of the Financial Regulations).

Dr. WEGMAN (Secretary General, PASB), referring to the resolution on the last-named topic, pointed out that a small grammatical change should be made in the Spanish text of the first

[1] See minutes of the twelfth plenary session, p. 217.

operative paragraph, the third line, since where it said *a la Conferencia o el Consejo*, it should read *a la Conferencia o al Consejo*. He also said that in paragraph 2, in which the new Article III of the Financial Regulations of PASB appears, it seemed advisable, in order to bring it into agreement with the wording of Article 12-C of the Constitution, to introduce a style change in the text of point 3.6, which reads: "The Director shall submit to the Conference or the Directing Council for consideration the proposed program and budget, together with the recommendations made thereon by the Executive Committee." He deemed it advisable to reword it as follows: "The proposed program and budget shall be submitted to the Conference or the Directing Council for consideration, together with the recommendations made thereon by the Executive Committee."

*It was so agreed.*

Dr. BISSOT (Panama) continued to read the draft resolutions on Topic 33 (Buildings and Installations for Headquarters and Zone Offices), Topic 37 (Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau), and Topic 17 (Proposed New Conditions of Employment).

Dr. WEGMAN (Secretary General, PASB) presented a minor style correction to paragraph 2 of the preamble of the draft resolution on the last-named topic.

The proposed style change *was approved.*

Dr. BISSOT (Panama) finished the reading of the report with the draft resolution on Meetings of the Governing Bodies.

*It was agreed* to transmit the report to the full Conference for consideration.[1]

Dr. DÍAZ COLLER (Mexico) proposed that, if it were not possible to break the impasse that had been reached in the election of the Director of the Bureau, the voting could be continued at an evening plenary session. In the afternoon of the next day, 2 October, the presentation of the quadrennial reports of the Member Countries could then continue.

*It was so agreed.*

Dr. WEGMAN (Secretary General, PASB) called attention to the necessity of preparing a resolution dealing with the fourth part of the report of the special committee that had been named to study Article 53 of the Rules of Procedure of the Conference.

*It was agreed* that the Secretariat should prepare a draft resolution on the said point, to be submitted to the General Committee for consideration at its ninth session.

*Ninth Session of the General Committee*

It was agreed to hold the ninth session of the Committee the following day, Thursday, 2 October, at 12:00 noon.

*The session was adjourned at 2:00 p.m.*

[1] See minutes of the twelfth plenary session, p. 233.

## NINTH SESSION

*Thursday, 2 October 1958, at 1:00 p.m.*

*Chairman:* Dr. GUILLERMO ARBONA (United States)

*Plenary Sessions*

Dr. DÍAZ COLLER (Mexico) pointed out that in order to finish examining all the topics on the agenda it would be necessary to hold a plenary session that same night. He added that the said session could deal with the four-year reports of the Member Countries and the eradication of *Aëdes aegypti*.

Dr. SOPER (Director, PASB) stated that, as he had already explained at the beginning of the Conference, one of the most important matters on the agenda was that of the four-year reports. If the presentation and discussion of these reports were carried out in one night session, there would be the risk that they would be studied perfunctorily. It would therefore be more advisable to

examine the reports in the plenary session of the following morning. He asked that an estimate be made of the hours of work represented by the matters yet to be discussed.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that there were at least three delegations that wished to make statements with respect to *Aëdes aegypti* eradication; to these must be added the study of a draft resolution presented by the delegation of Brazil; and finally, the Director would make some brief comments. As for the four-year reports of the Member Governments, up to that moment only 9 of the 22 delegations present had presented their reports. In addition, consideration of the pending draft resolutions had to be borne in mind, as well as the report of the Rapporteur of the Technical Discussions and the selection of the topic for the Technical Discussions at the next Directing Council meeting. Therefore, it could be estimated that at least seven hours of work remained to be done.

Dr. BISSOT (Panama) pointed out that the report of Panama should be added to the list of those pending. He added that the clarification by Dr. Soper was very important, since if a night session were called there would be the danger of not having a quorum.

Dr. ABAD GÓMEZ (Colombia) stated that his delegation proposed to formulate a series of questions and suggestions in relation to the *Aëdes aegypti* eradication program, as well as to present a report on its program of vaccination against poliomyelitis. Since this would take about 30 minutes more, he wished to support the idea of holding a plenary session that same night.

Dr. SOPER (Director, PASB) pointed out that it would not be wise to try to shorten further the discussions of either the four-year reports or the points on the agenda still to be examined, because of their prime importance to the future of the Organization.

Dr. ORELLANA (Venezuela) emphasized the necessity of holding a plenary session the following morning in addition to one that same night.

The CHAIRMAN stated that a visit to the Bayamón District Hospital and to the Health Center of Comerío had been planned for the following morning.

Dr. DÍAZ COLLER (Mexico) proposed that the visit referred to by the Chairman and the planned visit to the services of the Aqueduct and Sewer Authority both be made on Saturday, 4 October.

Dr. SOPER (Director, PASB) called attention to the importance the Bureau had given to the problem of water supply and sewerage. He said that there was in Puerto Rico a program which could serve as a model for other countries and that this visit would be useful to the delegates, who could report to their governments on the work accomplished by the Aqueduct and Sewer Authority of Puerto Rico, which is of tremendous importance.

The CHAIRMAN proposed that the Conference reconvene that afternoon, that night, and the following morning.

*It was so agreed.*

*Draft Resolutions*

Dr. WEGMAN (Secretary General, PASB) read the draft resolution regarding paragraph 4 of the report of the special committee appointed to study Article 53 of the Rules of Procedure of the Conference.

Dr. ORELLANA (Venezuela) proposed that the end of the second paragraph of the preamble and at the end of point 1 (b) of the operative part of the resolution read: "more adequate for their own objectives."

The draft resolution *was approved* with the amendment suggested.

Dr. WEGMAN (Secretary General, PASB) read the draft resolution on the election of the Director of the Pan American Sanitary Bureau.

Mr. WILSON (United States) proposed that the reference made in the preamble to Resolution III of the XII Pan American Sanitary Conference be deleted since, actually, the resolutions of that Conference were not numbered in its Final Act.

The draft resolution *was approved* with the suggested deletion.

The CHAIRMAN suggested that the remaining topics be discussed in the three plenary sessions, in the following order: (1) approval of draft resolutions still pending; (2) Topic 21 (Status of *Aëdes aegypti* Eradication in the Americas); (3) Topic 20 (Reports of the Member States on Pub-

lic Health Conditions and Progress); (4) Topic 28 (Selection of Topic for Technical Discussions during the XI Meeting of the Directing Council); and (5) Report of the Rapporteur on the Technical Discussions.

*It was so agreed.*

The CHAIRMAN stated that probably no other session of the General Committee would be held unless it became necessary, in which case the members would be notified in proper time. He thanked the members of the Committee for the intelligent cooperation rendered him in the discharge of his functions.

*The session was adjourned at 2:00 p.m.*

# COMMITTEE I (Technical Matters)*

## FIRST SESSION

*Tuesday, 23 September 1958, at 3:15 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

### Appointment of the Vice-Chairman and the Rapporteur

The required quorum having been reached, the CHAIRMAN opened the session and announced that Dr. Myron E. Wegman (Secretary General, PASB) would act as Secretary, by designation of the Director of the Bureau. He asked the representatives to propose names for the posts of Vice-Chairman and Rapporteur.

Dr. DÍAZ COLLER (Mexico) nominated the representative of Venezuela as Vice-Chairman.

*Decision:* The appointment of Dr. Daniel Orellana, representative of Venezuela, as Vice-Chairman of Committee I, was unanimously approved.

Dr. ORELLANA (Venezuela) nominated the representative of Guatemala for the post of Rapporteur.

*Decision:* The appointment of Mr. Humberto Olivero, representative of Guatemala, to the post of Rapporteur of Committe I, was unanimously approved.

### Topic 11-A: Proposed Program and Budget of the Pan American Sanitary Organization for 1959

Dr. WEGMAN (Secretary General, PASB) stated that a provisional draft of the proposed program and budget of the Pan American Sanitary Organization for 1959 had been presented, in *Official Document No.* 21, to the X Meeting of the Directing Council for information. After careful examination by a working party, the Council took note of the provisional draft, pointing out that it was subject to prior consultation with public health authorities of the Member Governments. Near the end of 1957 and early in 1958, the health authorities were consulted to determine, in the light of their current programs, the nature and scope of collaboration desired from the PASB/WHO. Those consultations revealed a desire to increase the cooperative activities to a total far exceeding the available funds. Moreover, the Inter-American Committee of Presidential Representatives recommended that the cooperative public health activities in the Americas be expanded through the medium of the regular budget of PASO.

He added that, having those developments in mind, the Director presented to the Executive Committee, in Document CE34/9,[1] his suggestions for revision of the provisional draft of the proposed program and budget (*Official Document No.* 21). Document CE34/9 included explanations of the modifications in *Official Document No.* 21, regarding the scope and nature of the various programs. The Executive Committee decided not to accept the budget proposed in Document CE34/9, and instructed the Director to prepare a new draft in the amount of $3,300,000. This new draft was presented to the Executive Committee in Document CE34/9, Rev. 1, which indicated the postponements and eliminations deemed necessary in order not to exceed the figure of $3,300,000. The Executive Committee adopted Resolution XVI, which reads:

The Executive Committee,

Having studied the provisional draft of the proposed program and budget for 1959 contained in *Official*

*The original text of the précis minutes is in Spanish.

[1]Mimeographed document.

*Document No.* 21 and Document CE34/9, prepared by the Director;

Having examined in detail the modifications to the preliminary draft of the proposed program and budget included in Document CE34/9, Rev. 1, prepared by the Director in compliance with the instructions of the Executive Committee; and

Considering the provisions of Article 12-C of the Constitution,

RESOLVES:

1. To recommend to the Director that he submit to the XV Pan American Sanitary Conference the Proposed Program and Budget of the Pan American Sanitary Organization for 1959 (Document CE34/9, Rev. 1), in the amount of $3,300,000 as prepared by the Executive Comittee in collaboration with the Director.

2. 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.

3. To present *Official Document No.* 21 to the Conference for information purposes.

Pursuant to paragraph 1 of Resolution XVI, Document CE34/9, Rev. 1, is presented to the Conference as Part A of Document CSP15/9.[1] In order to facilitate for the Conference the study referred to in paragraph 2 of that resolution, Part B is presented for its consideration. In recommending that the Conference consider the possibility of increasing the budget in a proportion that would compensate for the decrease in purchasing power of money, the Executive Committee did not establish definite criteria, although increases of 8 and 10 per cent were mentioned in the discussions. After studying the problem, and in accordance with that recommendation, the Director presented additional programs totalling $300,000, or approximately 9 per cent above the amount in Document CE34/9, Rev. 1. The programs contained in Parts A and B should also be studied in the light of the original presentation in *Official Document No.* 21, which is submitted to the Conference in accordance with paragraph 3 of Resolution XVI.

He stated that the Director believes that the suggested addition of $300,000 is quite proper, especially since the reduction in Document CE34/9, Rev. 1, made it necessary to eliminate a large number of fellowships, although the need for trained personnel is becoming more and more urgent. This increase of $300,000 would not only re-establish many fellowships and meet some of the most urgent needs of the program but would also tend to balance the program, which could not be maintained if the reduction were made in the amount demanded by Document CE34/9, Rev. 1.

He closed by saying that in order to show the financial consequences for the Member Governments, the scale of assessments based on the $3,300,000 level (global budget) established in Document CE34/9, Rev. 1, was shown, as well as the increases that will have to be made in those assessments if the programs contained in Part B, amounting to $300,000, are approved.

Dr. DÍAZ COLLER (Mexico) observed that page 4 of Document CSP15/9 mentions a ceiling of $3,300,000, which, as shown on page 5 of the same document, would be financed by $3,200,000 from assessments of Member Nations and $100,000 of other income. In accordance with the proposal he had made to the 34th Meeting of the Executive Committee, an amount of $300,000 should be added to that sum to compensate for the decrease in the purchasing power of money. He repeated Mexico's position that the figure of $3,500,000 is adequate and that he was disposed to support it. While the increase proposed for 1959 is reasonable and sound, he had to express a reservation regarding the continuing increase in the budget. A total of $4,000,000 for assessments is envisaged for 1960, but if a percentage is again added for the decrease in the purchasing power of money, the sum might be raised to $4,400,000. He thought that the percentage assigned in the proposed budget for 1959 for currency devaluation should not set a precedent, but that it should be understood that the $4,000,000 assessment envisaged for 1960 was the total amount, and thus the prudent rate of increase would not be altered.

Dr. ORELLANA (Venezuela) stated that he had considered making an observation similar to that of the representative of Mexico, but he believed, in short, that while a happy solution based on a percentage of currency devaluation was found for the budget of 1959, the guiding consideration should be the needs expressed by the governments and the delegates should support that principle, both as representatives of the governments and as public health officials.

Dr. ALLARIA (Argentina) expressed his approval of the figure of $3,500,000 but pointed out the fact that, while Argentina's assessment was

[1] Mimeographed document.

increased from 7.44 to 7.45 per cent, the proportion it receives from the Bureau for its program has diminished. He agreed with the statements of the representatives of Mexico and Venezuela, approving the percentage proposed to compensate for currency devaluation, and also thought that this increase should not set a precedent and that it is essential not to exceed the increase of $500,000 annually.

Mr. OLIVERO (Guatemala) stated that his position was the same as that he had adopted as a member of the Executive Committee when, at the 34th Meeting, he favored setting the total figure at $3,600,000, taking into account the needs of the Organization. Guatemala was pleased that a figure approximating the other very closely was being proposed at this time.

*Decision:* It was unanimously agreed to fix the budgetary ceiling in the amount of $3,600,000 for the Pan American Sanitary Organization for the fiscal year 1959 and to include this decision in the report of the Committee to the Conference.[1]

*The session was recessed at 4:30 p.m. and resumed at 4:50 p.m.*

**Topic 11-B: Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960**

**Topic 11-C: Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960**

When the session was resumed, Dr. WEGMAN (Secretary General, PASB) continued the presentation of the budget for 1960 along the same general lines. He pointed out that the document contains the figures corresponding to the Organization's regular budget and its other funds, as well as those applicable to the WHO regular budget and WHO/Technical Assistance funds. On the other hand, as the Director had affirmed on various occasions, the program and budget should be considered as a whole, regardless of the source of funds.

He stated that the specific task of the Conference differs with reference to the two budgets. Insofar as the WHO proposed budget for the Region of the Americas is concerned, the Conference should examine the program and present to the Regional Director the recommendations it deems pertinent so that he, in turn, may transmit them to the Director-General of WHO for consideration when he prepares its budget.

As for the PASO budget, Dr. Wegman stated that it is a provisional draft and it is realized that no delegation is in a position to form a definite judgment on the figures. The contents and balance of the program, however, should be studied so that observations may be made for the Director of the Bureau to take into account during his consultations with governments. These will serve as a basis for the preparation of the definite budget to be presented next year.

He explained that *Official Document No.* 24, after the introduction, outlines the method followed for the preparation of the budget, and then gives the scale of assessments related to the proposed budget for 1960. On pages 12 to 72 are the narrative texts on the activities proposed. Beginning on page 74 of the document there is a group of summary schedules prepared as recommended by the governing bodies in past years. On pages 74 to 79 there is a summary by sections and chapters of the budget referring to: Part I, Organization; Part II, Bureau Headquarters; and Part III, Field and Other Programs. Beginning on page 80, there is a budget summary by related activity, in four major groups: administrative services, technical services and supply, field projects and publications, and Pan American Sanitary Organization. This last summary shows, in addition, the distribution of the budget by percentages. On page 82 begin the schedules giving an analysis of the field programs by major expense, separately for each source of funds. The various columns show the figures for each project for the years 1958, 1959, and 1960. The details referring to 1958 are based on the analysis of the situation at the end of June 1958. For the summary relating to the PASO regular budget for 1959, the tables on pages 82 to 86 are based on the budget prepared by the Executive Committee in the amount of $3,300,000. However, in view of the action of Committee I in recommending a ceiling of $3,600,000 for 1959, one should examine the tables on pages 254 to 258, which include not only the projects on pages 82 to 86 but also the additional field programs, appearing on pages 248 to 252, which are suggested to

[1] See minutes of the eighth plenary session, p. 167.

make up the figure of $3,600,000. On pages 100 and 101 is a table showing the distribution of posts in the budget, and beginning on page 102 are the details of the various activities.

*Official Document No.* 24 also contains several annexes. Annex 1 lists budget estimates for public health activities in the Hemisphere for which the funds proposed come from other international sources, such as UNICEF. Although these funds are not administered by PASO, it participates in planning, execution, or both. Annex 2 refers to Technical Assistance programs in Category II, which may be used for substitution purposes only. Annex 3 includes all the additional projects and parts of projects desired by governments which could not be included in the program and budget estimates for 1960 because of limitation of funds. Annex 4 contains the statement on the Movement of Funds of the Special Malaria Fund from 1 January 1957 to 31 July 1958.

Dr. Wegman went on to say that the Director believes that there has been continuous improvement in national health planning and in the procedure for consultation by Bureau representatives with governments in order to ascertain country needs, which form the basis, in the light of the priorities assigned by the Organization's governing bodies, for the preparation of the program and budget.

For 1960 the projects developed on the basis of the discussions by zone representatives with governments exceeded the proposed budgetary level by $1,200,000. It had, therefore, been necessary to review these requests very carefully in order to select those of greatest importance.

To assist in analyzing the total field program proposed on the basis of this review, the Secretariat included in *Official Document No.* 24 a table for 1960, page 4, which is divided according to the three broad priorities of the Organization. It should be noted that these figures do not correspond to the percentages shown on pages 80 and 81, which are presented in accordance with WHO directives. Page 4 contains two tables, one showing all funds and the other only those directly available for general programs, that is, PASO/Regular, WHO/Regular, and WHO/TA. The special funds, such as those for malaria eradication and INCAP, appear in the first table but are not included in the second.

As these data show, for the three funds (PASO and WHO/Regular, and TA), programs for combating communicable diseases represent approximately 30 per cent of the total. Two thirds of these, that is, 20 per cent of the total, are eradication programs—malaria, etc. Strengthening of public health services is expected to comprise more than half of the total, the sum being divided between services of a general nature and additional specialized services.

Dr. Wegman then referred to the difficulty of establishing an exact division among the different aspects of the activities for strengthening public health, since, for example, any program of eradication entails measures for the training of personnel, and improvement of statistical services aids the progress of all communicable disease programs. Likewise, the so-called integrated health projects are heavily concerned with environmental sanitation and nursing.

Under "Education and Training" are included only projects for assistance to teaching in the basic fields of medicine, public health, and nursing. Assistance to schools or training programs in the various specialized fields such as statistics or veterinary medicine are included under the respective heading within "Strengthening of Public Health Services." For the three basic fields under "Education and Training" approximately 14 per cent of the three funds is proposed, which represents a percentage increase over previous years.

As was the case last year, an attempt has been made to estimate the portion of the total budget to be devoted to all types of educational activities. For example, in projects for "Strengthening Public Health Services" perhaps half are concerned with training of nursing auxiliaries and sanitary inspectors. In short, the percentage to be devoted to activities such as training courses, seminars, and fellowships comes to more than 42 per cent of the total of the three funds. This investment is clearly justified by the need for education and training as a basis for long-range programs.

Dr. Wegman added that the percentage for "Strengthening of Public Health Services" has increased each year, as has the sum for "Education and Training," indicating a general trend in accordance with the guidelines set by the Organization's governing bodies.

Achievement of a substantial increase in programs, with a very small increase in administrative

services shows the soundness of the Director's policy in establishing at the beginning a strong administrative structure as a basis for future expansion. The proportion of administrative expenses has steadily decreased.

Dr. Wegman concluded by stating that the Director believes that, with due consideration of the funds expected from WHO/Regular and WHO/TA, a budget of $4,100,000 will be required for the PASO for 1960. Even though all the requests of governments cannot be met, this sum will allow establishment of an adequate and balanced program and a reasonable growth of the Organization.

Mr. OLIVERO (Guatemala) commented on the relative growth of the Bureau's participation in the WHO budget and noted with satisfaction that, while the amount to be received by the Bureau from WHO/Regular increased by 4.5 per cent from 1958 to 1959, the increase from 1959 to 1960 was proposed at 7.4 per cent.

To a question raised by Dr. ORELLANA (Venezuela), Dr. WEGMAN (Secretary General, PASB) replied that the total for WHO/Regular projects at the bottom of page 95 was to be compared not with the total of Part III, but with Part III, Section 2, Field Programs, as shown under the corresponding column on page 79.

The CHAIRMAN then invited the Committee to begin examining the budget with Part III, Section 2, Field Programs, and suggested starting with the summaries on pages 78 and 79. Review, one by one, of the various chapters under this heading elicited no questions, which the Chairman interpreted as general approval. He also commented favorably on the gratifying increase in the work in public health administration.

*The session was adjourned at 5:15 p.m.*

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## SECOND SESSION

*Wednesday, 24 September 1958, at 3:20 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

*(Later)* Dr. DANIEL ORELLANA (Venezuela)

**Topic 11-B: Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960** *(conclusion)*

The required quorum having been reached, the CHAIRMAN opened the session and announced that Dr. González (Assistant Director, PASB) would serve as Secretary of Committee I at this session by delegation of the Director of the Bureau. He also announced that in view of the fact that he himself had to leave, the Chair would be assumed by the Vice-Chairman, Dr. Orellana.

*(Dr. Orellana (Venezuela) took the Chair).*

The CHAIRMAN stated that the discussion on the proposed program and budget of the World Health Organization for the Region of the Americas for 1960 and the provisional draft of the proposed program and budget of the Pan American Sanitary Organization for 1960 would be resumed. He invited the representatives to continue making observations and comments, initiated at the previous session, on these budgets.

Mr. OLIVERO (Guatemala) pointed out that the amounts for the Bureau's field programs are shown in Group III on page 80 of *Official Document No.* 24. He said that if a comparison is made between the percentages contained in *Official Document No.* 21 for the same activities with those in the provisional draft for 1960, now under consideration, it can be seen that there are certain projects that now seem to have been given more importance, whereas amounts contained in the previous provisional draft budget for certain basic activities have been decreased. Such is the case of the malaria eradication program (32.45 per cent of the provisional draft budget for 1959 and 31.71 per cent of the provisional draft for 1960); the program for combating tuberculosis (0.31 per

cent in 1959 and 0.21 per cent in 1960); and that for endemo-epidemic diseases (5.65 per cent in 1959 and 4.86 per cent in 1960). There are also reductions under other important chapters such as maternal and child health (1.11 per cent for 1959 as compared with 0.80 per cent for 1960). However, there has been an increase in the percentage of the amount assigned to venereal diseases and treponematoses, among others. The speaker asked the Secretariat to explain why these decreases have been made in the chapters mentioned.

Dr. JIMÉNEZ ARANGO (Colombia) agreed with the comments made by the representative of Guatemala, adding that he had noted also a decrease in the percentages for education and training.

Dr. CASTILLO RODRÍGUEZ (Nicaragua) asked the Secretariat what PASB programs were referred to under the heading "Other Projects" at the end of Group III.

Dr. WILLIAMS (United States) emphasized the importance of the work done by the Bureau in the preparation of the proposed budget under discussion, which reflects the increasing interest taken in field programs, whose implementation should be its essential function. He expressed satisfaction with the guidelines indicated in the proposed budget.

Dr. HORWITZ (Chile) stressed the fact that, by comparison with the proposed program for 1958, reductions have been made in the share for administrative services. While the percentage for that year was 10.16 per cent, that applicable to the 1959 budget is 8.84 per cent, and that for 1960 will be reduced to 8.27 per cent—all of which indicates that in drawing up the budget the recommendations made for reaching a proper balance in administrative services have been taken into account. This is a point on which the representatives of Chile have constantly insisted.

Dr. GONZÁLEZ (Assistant Director, PASB), replying to the representatives' comments, referred first to the table on page 80 of *Official Document No.* 21, which had been compared, through the percentage figures, with the table in *Official Document No.* 24, also on page 80. He stated that the classification of programs is necessarily somewhat arbitrary, and that it is the same one used by WHO. With reference to Mr. Olivero's statements on the reduction in percentages for some important activities, he said that, generally speaking, if the actual figures are compared there certainly might be differences, but that in the total of the field programs there are no such reductions. He stated that the proposed budget is a result of consultations held by the zone representatives with the governments concerned. Once the officers of the Bureau know the governments' needs, a study of the pertinent programs is made, and it is in this way that the projects are selected for implementation.

Undoubtedly, differences can be found if projects contained in *Official Document No.* 21 are compared with those in *No.* 24. For example, the provision in the proposed budget for 1959 under the heading "Venereal Diseases" amounted to $66,432, whereas in the 1960 estimates appearing in the latter document the figure for this activity is $121,201. In this case new projects planned for initiation in 1960, are added to the previous ones. For programs related to nutrition, a figure of $273,369 (2.5 per cent) was given for the provisional 1959 estimates, whereas for 1960 the proposed total is $294,820 (2.64 per cent). The percentage increase is small, but the increase in amount is not—it is a large one.

Replying to the representative of Colombia regarding the reduction with respect to the Division of Education and Training, Dr. González said that in this case also, the 1.73 per cent for the proposed 1959 budget when compared with the 1.63 per cent in the 1960 estimates does not reflect the total figures, which are $177,370 for the first year and $181,805 for the second.

Replying to the representative of Nicaragua, he pointed out that the projects grouped under the heading "Other Projects," appear on pages 86, 90, 94, and 98, according to whether they are activities to be financed by the regular budget of PASB, by "Other Funds" of PASB, by the regular budget of WHO, or by WHO/Technical Assistance Funds, respectively. He concluded by expressing appreciation, on behalf of the Director, for the remarks of encouragement on the efforts to keep expenditures for administrative services at the lowest possible level.

Dr. ORELLANA (Venezuela) referred to the estimates for Conference Services in 1958, 1959, and 1960; and also asked why the sums for temporary personnel were the same for those three years.

Dr. González (Assistant Director, PASB) explained that on pages 102 and 103 of *Official Document No.* 24, it can be seen that the number of posts—21—is the same for 1958 and 1959, on the other hand, the estimated expenditures have increased. This is because the 1958 figures take into account lapses and vacancies that have occurred, while for 1959, it was estimated as though all positions were filled. Between 1959 and 1960 there is a difference of some $12,000 for two newly-created positions: a conference officer and a clerk. It might be pointed out that the Conference Section handles not only the meetings of the governing bodies of PASO and document and translation services, but also secretariat services for technical courses and meetings sponsored by the Bureau which have increased in recent years. As regards the temporary personnel, he stated that estimates had been included for persons needed for short periods as substitutes for staff absent on vacation, leave, or for other reasons.

Dr. Abad Gómez (Colombia) referred to the analysis of field programs by subject classification and pointed out the differences between the percentages for programs for the eradication of malaria (48.46 per cent), *Aëdes aegypti* (4.59 per cent), yaws (1.66 per cent), and smallpox (0.54 per cent). He asked why the amount assigned to smallpox eradication is so small, when it is one of the most serious problems affecting the Continent. He also expressed surprise that only 1.23 per cent is assigned to maternal and child health and 1.58 per cent to environmental sanitation, despite the fact that the services of sanitary engineers are so necessary and a large number of recorded deaths can be attributed to diseases contracted in rural areas.

Dr. Muñoz (Peru), who spoke in the discussion for the first time, extended his greetings to the representatives. He expressed concern over the extent of the tuberculosis problem throughout the Hemisphere, considering it to be one of the most serious problems. He said that his delegation wished that the XV Pan American Sanitary Conference would make an urgent study of this matter and assign priority to a program for its control.

Mr. Olivero (Guatemala) referred to the projects on the planning and organization of hospital services and requested information on this subject.

Dr. González (Assistant Director, PASB) replied that it is difficult to give a clear picture of the health activities being carried out by governments with the collaboration of the Bureau, through the classification of programs by groups as shown on page 4 of *Official Document No.* 24. For example, the representative of Colombia had expressed concern because "Maternal and Child Health" is assigned only 1.23 per cent, if all funds are taken into account, and only 2.32 per cent if the Special Malaria Fund is excluded. The figures that appear under this heading refer to certain very specific projects, but it should be pointed out that, according to tradition, integrated public health services devote a great part of their efforts to maternal and child health. Thus, under the heading "Strengthening Health Services" are included nurses, who have as one of their primary functions the development of these activities. The same applies to environmental sanitation, for sanitary engineers are included under the same broad heading.

He expressed satisfaction at the interest shown by the representatives in these problems and assured them that, in the development of such important programs as that of tuberculosis and others, the Director of the Bureau has always endeavored to provide for an adequate increase in the Organization's activities, in accordance with its financial and technical possibilities.

Dr. Molina (Chief, Division of Public Health, PASB) referred to the difficulties encountered by the Bureau in classifying and establishing priorities for the programs. The distribution of the budget rests principally on requests made by governments or on the interest shown by them in specific projects. The officers of the Bureau do not impose a specific program or activity which they consider to be important, unless such a program becomes of regional interest or affects several countries. Malaria is probably a very good example of such a case.

With reference to environmental sanitation, which is a problem affecting all, another factor has to be taken into account: What role can the Bureau play in collaborating with the different countries in environmental sanitation? This role consists in promoting the organization of environmental sanitation departments under the national services and furnishing the required technical advice. Perhaps if the proportions are studied it may appear

that the percentage devoted to sanitation activity is low. However, many of the Bureau's sanitary engineers are still attempting to have national counterparts appointed to collaborate and work with them in the countries where they are assigned. Moreover, in some countries the necessary amounts are not appropriated in the national budgets for the services of engineers of this type. This indicates that the programs are geared to the interest of the countries and their capacity to absorb them.

In the case of smallpox eradication, it should be pointed out that, for some years, special funds for this program have been assigned by the governing bodies, but those funds have not been spent as quickly as hoped because the countries were not ready to develop the programs.

The CHAIRMAN asked whether the Committee was agreed on recommending to the Conference the adoption of the proposed program and budget of the World Health Organization for the Region of the Americas for 1960 as recommended by the Executive Committee.

Dr. MUÑOZ (Peru) stated that the proposed budget submitted to the Committee for consideration implies an even greater effort toward the attainment of health progress in the Region, although it does not cover all the needs. He proposed that it be accepted.

Dr. GONZÁLEZ (Assistant Director, PASB) pointed out that this was the only opportunity available to the Conference to make a detailed study of the proposed program and budget of the World Health Organization for the Region of the Americas before it is presented to the WHO Director-General, so that he may be apprised of the wishes and needs of the Region and of the opinion of this Regional Committee on the activities submitted to him for consideration.

Dr. JIMINÉZ ARANGO (Colombia) went on record to say that since Colombia has not ratified the Constitution of the World Health Organization, it would not vote on this proposed budget.

The CHAIRMAN explained to the representative of Colombia that the Pan American Sanitary Conference acts as Regional Committee of the World Health Organization, and consequently he had the right to express his opinion on the budget under discussion.

Dr. MUÑOZ (Peru) thought that a recommendation should be added to the proposed regional budget of the WHO to the effect that, in future programs, greater emphasis should be given to the following three activities: environmental sanitation, maternal and child health, and tuberculosis control.

Mr. OLIVERO (Guatemala) agreed with the representative of Peru that the Bureau's interest in these activities should be emphasized and that the Director-General of WHO should be so informed, so that he may take the fact into account when preparing the budget for the Region of the Americas. He stressed the basic importance of the problem of environmental sanitation and, specifically, the problem of drinking water supply, which was, in fact, the subject of a resolution adopted unanimously at the Eleventh World Health Assembly. He suggested that the proposed budget transmitted to the WHO Director-General be accompanied by the additional program shown in Annex 3, and not included in the provisional draft for 1960, referring to environmental sanitation and fluoridation of water. He asked that this request be placed on the record.

Dr. GONZÁLEZ (Assistant Director, PASB) inquired whether in case the proposal of the representative of Peru were accepted the Committee minutes could be sent to the Director-General of WHO.

Dr. MUÑOZ (Peru) explained that what he wished was that the greatest importance be given to these activities in future programs. He therefore said that the resolution to be submitted to the full Conference should include a recommendation to the effect that, in future budgets, consideration be given to programs that will permit emphasis on the items for environmental sanitation, training of personnel, promotion of maternal and child health, and tuberculosis control.

Dr. CASTILLO RODRÍGUEZ (Nicaragua) seconded this proposal.

Mr. OLIVERO (Guatemala) agreed in general terms with the proposal of the representative of Peru, but asked whether the programs are drawn up at the Pan American Sanitary Bureau level or the World Health Organization level.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that the Director-General of WHO, taking

into account the directives laid down by the Executive Board and the Assembly, establishes general standards and assigns a certain amount to each region. The regional offices, on receipt of those guidelines, consult with the various governments. And it is on the basis of these consultations, together with the Bureau's own information on health problems in the Region, that the proposed program and budget is prepared. That budget, of course, is adjusted to the ceiling established by the Director-General. Regional committees have the right to study the proposed regional budget and to suggest changes and even increases in the programs. The Director-General, on his part, is responsible for maintaining the proper balance among the budgets of the different regions.

In recent years, the Director-General of WHO, faced with the impossibility of accommodating all the projects requested by the governments, has presented what is known as the "green pages."

*The session was recessed at 4:50 p.m. and resumed at 5:05 p.m.*

Dr. OLLÉ (France) was in complete agreement with the proposal of the representative of Peru, but wished to know whether still other paragraphs could be added to the draft resolution. As he recalled, mention had been made at the XIV Pan American Sanitary Conference of increasing programs related to public health administration. Without good public health administration, he said, it is impossible to have good public health programs. He would wish that, in addition to the programs suggested by the representative of Peru, a reference to programs for public health administration be included first, if that were possible.

Dr. MUÑOZ (Peru) stated that he had no objection to the amendment proposed by the representative of France.

*Decision:* It was unanimously agreed to recommend to the full Conference a draft resolution along the lines proposed in Resolution V of the 35th Meeting of the Executive Committee, with the addition of a second operative clause reflecting the proposals of the representatives of Peru and France; and to include this recommendation in the report of the Committee to the Conference.[1]

[1]See minutes of the eighth plenary session, p. 167.

**Regional Projects to be Financed in 1959 with Funds of the United Nations Expanded Program of Technical Assistance**

Dr. GONZÁLEZ (Assistant Director, PASB) stated that there are some regional programs or intercountry projects to be financed with funds of the United Nations Expanded Program of Technical Assistance. These intercountry projects require the support of the interested governments. They are as follows: AMRO-81, Pan American Zoonoses Center; AMRO-10, Inter-American Program for Education in Biostatistics; AMRO-8, *Aëdes aegypti* Eradication (Caribbean); AMRO-47, Yaws Eradication and Public Health Laboratory Services (Caribbean); AMRO-95, Environmental Sanitation (Caribbean); and AMRO-7, *Aëdes aegypti* Eradication (Central America and Panama). For the Technical Assistance Board to assign the necessary funds, a resolution is required from the Conference supporting those programs, and he suggested that a resolution similar to that approved in previous years be adopted.

Dr. MUÑOZ (Peru) remarked that among the projects just read he did not find the border project of Bolivia and Peru for tuberculosis control, which is of such importance for the Indian population.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that in the proposed program and budget those projects referring to "Joint Field Missions on Indigenous Populations" appear as "national programs" both in Bolivia and in Peru, as can be seen on pages 172 and 182 of *Official Document No. 24*. He suggested that the Committee might wish to consider a draft resolution along the lines of those approved on previous occasions.

*Decision:* The Committee unanimously agreed to recommend to the Conference that it approve the regional projects that will be financed in 1959 with funds from the United Nations Expanded Program of Technical Assistance and that are to be presented to the United Nations Technical Assistance Board.[2]

**Topic 11-C: Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960** *(conclusion)*

The CHAIRMAN called for discussion of the pro-

[2]See minutes of the twelfth plenary session, p. 215.

visional draft of the proposed program and budget of the Pan American Sanitary Organization for 1960. He said that the Executive Committee had suggested that the Conference approve a resolution along the lines of that appearing in the Final Report of the 35th Meeting of the Committee. He added that this provisional draft would be discussed at the Executive Committee meeting to be held in mid-1959 and later at the XI Meeting of the Directing Council.

Dr. MUÑOZ (Peru) was in complete agreement with the draft resolution suggested by the Executive Committee. However, he proposed that, as already agreed at the present session with respect to the proposed program and budget of the World Health Organization for the Region of the Americas for 1960, a second paragraph be added to the draft resolution, as follows:

> To recommend that, in the preparation of future programs and budgets, special attention be given to the activities of public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis.

*Decision:* The Committee unanimously approved the draft resolution contained in Resolution VI of the 35th Meeting of the Executive Committee, with the amendment proposed by the representative of Peru, and agreed to include this decision in the report of the Committee to the Conference.[1]

**Topic 23: Status of Smallpox Eradication in the Americas[2]**

Dr. MOLINA (Chief, Division of Public Health, PASB) explained that the topic on eradication of smallpox had been included as a result of a decision taken at the 34th Meeting of the Executive Committee, in May 1958. During the week following that meeting, the Eleventh World Health Assembly adopted Resolution WHA11.54, also dealing with the eradication of smallpox. The topic was referred to the Regional Committee for the Americas at the request of the Director-General of WHO. Dr. Molina read the document on this matter, which it was expected would serve as the basis for the discussion at the XV Conference. The problem of smallpox, he said, is still an important one in several American countries, though in others complete eradication has been achieved. In certain areas, vaccination is not yet progressing at the necessary pace, despite the fact that vaccination has existed for more than a hundred years as an effective weapon against the scourge of smallpox.

Dr. ABAD GÓMEZ (Colombia) stated that he would have liked to congratulate the Pan American Sanitary Bureau on the presentation of this document, but that he could not do so for two reasons: first, the low percentage of funds assigned to the smallpox eradication campaign in the Americas, despite the high priority given to that program; and second, certain passages in the document which indicate that the smallpox problem is not being tackled as it should be in this Hemisphere. He said that the existence of smallpox is not regarded as being as important as is the presence of *Aëdes aegypti* or of yaws. In the document, he added, mention is made of a "negligible level," and he asked what is meant by that. He commented that, on the basis of directives of the previous Directing Council meeting, the Bureau should be truly alarmed at the presence of smallpox in the Americas. He hoped that the total eradication of smallpox could be announced at the XVI Conference and suggested that all the Member Countries be urged to make greater efforts to eradicate it.

Dr. ARREAZA GUZMÁN (Venezuela) called attention to the fact that his delegation had already distributed to members of the various delegations a report on the status of the eradication campaign in Venezuela. The method followed is to proceed systematically until the entire national territory is covered. In the first phase of vaccination, 89 per cent of the population was immunized. In the second phase, begun in August 1953 and about to close, the figure will be raised to 90-95 per cent. The first phase was characterized by the high per-capita cost, but this was reduced in the second phase. Beginning in 1949, year in which the campaign was begun, the incidence was gradually reduced until 1956, when the last four cases were reported, and these were probably chicken pox. In his country it is plannd to continue vaccination as a permanent program, in order to maintain the level of immunity, combining the campaign with that for prevention of other diseases.

[1] See minutes of the eighth plenary session, p. 168.
[2] See Part V, Annex 3, p. 473.

Dr. MUÑOZ (Peru) declared that his country can already announce the total eradication of smallpox within its territory, since not a single case has been reported in the past three years. He stressed the fine cooperation Peru had received from the Inter-American Cooperative Public Health Service (SCISP) and added that vaccination reaches populations in the most remote regions. He suggested the approval of a resolution stating that the eradication of smallpox is considered to be a public health necessity, one that all countries of the Americas should attend to; and at the same time recommending that the Pan American Sanitary Bureau take the steps required for achieving eradication in the Americas; urging that countries where the disease exists draw up national eradication programs; and requesting of the countries that produce smallpox vaccine their most effective cooperation in making it available to other countries.

Dr. OUSSET (Argentina) declared that in his country, in dealing with malaria, there can be no talk of eradication until three years have elapsed after the cessation of spraying or other antimalaria measures without the report of new cases. He asked what standard was followed by the Pan American Sanitary Bureau with respect to smallpox.

Dr. BERTOLINI (Uruguay) said that his country is in an exceptional position, but that morbidity rates continue to show the presence of smallpox. He supported the proposal of the representative of Peru, but wished to make an additional point, dealing with the promotion of frequent regional meetings of neighboring countries in order to coordinate activities in border areas. He said that virtually all the cases registered in Uruguay are of foreign origin. He therefore requested that the proposal of the representative of Peru be expanded to include frequent border meetings for the campaign against smallpox.

Dr. HORWITZ (Chile) said that in Chile not a single case of smallpox had been reported since 1953. The vaccination program shows that the total number of those immunized is increasing, although it has not been possible to vaccinate 20 per cent of the adult population annually, as recommended, despite the advent of dried vaccine. It is not easy, he said, to obtain full cooperation of the public when no epidemic exists. Also, the problem of production of smallpox vaccine has not been solved. He mentioned certain articles published recently in the *Boletín* of the Pan American Sanitary Bureau on new techniques for producing the vaccine, which seemed to him to be excellent. He believed that all countries should be advised of the importance of the smallpox eradication campaign.

Dr. JIMÉNEZ ARANGO (Colombia) said that since the signing of an agreement in 1955 by his country, the PASB, and UNICEF, 4,081,947 persons had been vaccinated in seven departments of Colombia. In several departments the incidence of smallpox had decreased during 1956 and 1957. He believed that, at the present pace, the campaign will be completed before the five years stipulated in the afore-mentioned agreement.

Dr. PEÑA (Paraguay) declared that his delegation had distributed a report on the smallpox eradication program in his country. In November 1957 Paraguay signed an agreement with PASB for an antismallpox program, the principal objective of which is to attain an 80 per cent level of immunity in the population within a period of three years or less. The agreement also provides for the training of carefully selected technical personnel. One important activity he wished to mention was the training in community organization, given for this type of work. The Bureau is supplying the vehicles and glycerinated vaccine of very good quality, from Uruguay. In Paraguay the smallpox eradication campaign is coordinated with the campaign against leprosy, venereal disease, and other diseases. Two methods have been employed, one consisting of group vaccination and the other of house-to-house vaccination. The house-to-house method has resulted in a daily average of 81 persons vaccinated; the group method has rendered an average of 210. This latter method has also reduced the cost of the vaccine to less than $0.01 per person. To date, 456,000 persons in the country have been vaccinated, or 28.3 per cent of the total population. It is expected that by the end of the present year a total of 770,000 persons, or 50 per cent of the population, will have been immunized. If the present rate is continued, the original period of three years will be reduced to two.

*The session was adjourned at 6:15 p.m.*

## THIRD SESSION

*Thursday, 25 September 1958, at 3:10 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

The required quorum having been reached, the CHAIRMAN opened the session and announced that, by delegation of the Director, Dr. Carlos L. González (Assistant Director, PASB) would act as Secretary.

Mr. OLIVERO (Guatemala, Rapporteur) read the text of the draft resolutions that the Committee, at its second session, agreed to present to the full Conference, on the proposed program and budget of the World Health Organization for the Region of the Americas for 1960 and the provisional draft of the proposed program and budget of the Pan American Sanitary Organization for 1960. He also read a third draft resolution drawn up as a separate recommendation reflecting the proposals made at the second session by the representatives of Peru and Colombia, in the event the Committee wished to submit it to the full Conference.

After a brief discussion in which Dr. MUÑOZ (Peru), Dr. HORWITZ (Chile), and the CHAIRMAN participated, *it was agreed* to approve the text of the first two draft resolutions as read by the Rapporteur.

Dr. JIMÉNEZ ARANGO (Colombia) went on record to say that, as he had stated on the previous day, he had abstained from voting on the draft resolution referring to the proposed program and budget of the World Health Organization for the Region of the Americas because his country is not a member of that Organization.

### Topic 23: Status of Smallpox Eradication in the Americas *(conclusion)*[1]

The CHAIRMAN announced that the discussion on Topic 23 would be continued.

Dr. BISSOT (Panama) stated that the delegation of Panama was completely in accord with the views expressed at the previous session on the importance of promoting the continent-wide eradication of smallpox, and he stressed the fact that this matter should be solved as soon as possible. A focus of infection in one country is dangerous for the others, even for those that have already eradicated the disease. During the year that ended on 30 June 1957, 18 countries reported to the World Health Organization cases of smallpox imported through international transportation channels. He announced that he would support any motion to further smallpox eradication in the Hemisphere.

Dr. VAN DER KUYP (Kingdom of the Netherlands —Surinam) reported that not a single case of smallpox has been registered in Surinam during the last 50 years. The first vaccination was carried out in 1801, when Surinam was occupied by Great Britain. Compulsory schooling has existed since 1877, and since 1904 all children who enter school have been vaccinated. He declared that the Bacteriological Laboratory in the capital of Surinam is producing a very active smallpox vaccine. Constant vigilance is maintained despite the fact that smallpox has been eradicated in the country.

Dr. GONZÁLEZ (Assistant Director, PASB) stated, on behalf of the Director of PASB, that he regretted that certain unfortunate statements had been included in the report presented on this topic, such as that pointed out at the previous session by the representative of Colombia. He said that in eradication campaigns what counts is not the number of cases, but the total absence of cases. As regards the observations of the representative of Venezuela, he stated that some years ago Paraguay carried out a campaign against hookworm disease in combination with smallpox vaccination. He referred to the experience in Haiti, where the same organization and equipment employed in the search for the last cases of yaws were used for house-to-house vaccination against smallpox. He noted that in Africa, for some years, vaccinations against smallpox have been combined with those against yellow fever, using the French strain. The Pan American Sanitary Bureau is recommending the use of strain 17D of the vaccine.

The World Health Organization has published a monograph entitled *Yellow Fever Vaccination,* which contains a series of interesting articles on this subject. He mentioned the problem of virus interference, pointing out that it is the general opinion that such interference does not occur if the vaccines are administered separately. At present the Carlos Finlay Institute of Colombia, in collaboration with PASB, is carrying out exper-

[1] See Part V, Annex 3, p. 473.

iments in rural areas to adapt the 17D strain for use with the scarification method. With regard to the interesting problem mentioned by the representative of Argentina regarding the difficulty of defining the term "eradication" as applied to smallpox, Dr. González said that a definite criterion could not be given. He then read Article 6 of the International Sanitary Regulations, which refers to the criterion for again declaring free a local area infected with smallpox, adding that this criterion is certainly not applicable to a wide area or an entire country. He said that in some of the agreements signed between PASB and the governments, it is stated that, after two or three years without the occurrence of indigenous cases, the disease could be considered to have been eradicated. He repeated that as far as he knew no criterion for the eradication of smallpox has been adopted internationally, as it has for malaria.

Dr. MOLINA (Chief, Division of Public Health, PASB) read the text of a draft resolution presented by the representative of Peru and suggested that it might be advisable to include in it some reference to the resolutions previously adopted by the governing bodies of the Pan American Sanitary Organization and the World Health Organization.

Dr. HORWITZ (Chile) said that at the preceding session his delegation had stated that it would support any measure intended to eradicate this disease. He considered the proposal of the representative of Peru to be excellent and gave it his complete support. Nevertheless, the problem of defining the term "eradication" should not be deferred; a definition applicable in all the countries should be found. It is clear from Dr. González's statement that there is at present no international agreement on the subject comparable to those that were experimentally arrived at for other diseases —malaria, for example. Despite the fact that the smallpox vaccine was discovered 160 years ago, biological problems still remain to be solved. The problem of the precise duration of immunity, for instance, remains unsolved. The figures fluctuate between one and ten years, according to various experts. The international certificate of smallpox vaccination is valid for three years, but in some countries vaccination is valid for five. In Chile, the vaccination program is aimed at maintaining a permanent level of 80-per-cent immunity in the population, which represents the annual vaccination of 20 per cent of the inhabitants, plus increases through births or immigration. Another unsolved biological problem, he said, is the fate of the virus that penetrates and circulates among persons already immune. In the case of persons vaccinated with Salk vaccine, apparently the virus is able to reproduce in the intestines of the immune, multiplying and spreading under conditions of virulence. One of the arguments in favor of attenuated virus vaccine is that it would also produce local immunity, avoiding the multiplication of the virus. In the case of smallpox, it appears that natural or acquired immunity would be capable of destroying the virus. This fact should be taken into account when defining the international concept of "smallpox eradication." He suggested that to the draft resolution proposed by the representative of Peru, an additional paragraph be added to request that the Pan American Sanitary Bureau undertake the necessary studies to establish a definition of eradication suitable for uniform application in the campaigns of the various countries.

Dr. BERTOLINI (Uruguay) agreed with the proposal of the representative of Peru and with the amendment proposed by Chile. He stated, however, that in neither of those proposals was mention made of the problem of the period of validity of the certificate of vaccination against smallpox. The international certificate is valid for three years. He thought that the national certificate should have the same duration as the international.

Dr. ARREAZA GUZMÁN (Venezuela) attached great importance to the statements of the representative of Chile. He believed that the problem should be studied by an expert committee of the World Health Organization. In Venezuela, it has been established that a minimum of five years without the occurrence of indigenous cases must elapse before the disease can be considered to have been eradicated.

*Decision:* The Committee unanimously agreed: (1) to declare the eradication of smallpox to be a public health necessity that urgently requires the attention of all countries of the Americas; (2) to urge that the governments of the countries where smallpox still exists carry out nation-wide plans for the eradication of

this disease; (3) to request the cooperation of the Member Governments in supplying smallpox vaccine and technical advice, with a view to achieving eradication on a continent-wide scale; (4) to recommend that the Pan American Sanitary Bureau take all necessary measures to reach this goal, including collaboration in the production of vaccine, advice in the organization of nation-wide campaigns, and the holding of intercountry meetings for the purpose of coordinating activities in this field; and (5) to request the Pan American Sanitary Bureau to undertake the necessary studies to establish a definition of eradication suitable for uniform application in the different countries.[1]

*Dr. Wegman (Secretary General, PASB) then assumed the functions of Secretary of the Committee, by delegation of the Director.*

**Topic 15: Rules for Technical Discussions in the Pan American Sanitary Conference and the Directing Council[2]**

Dr. MOLINA (Chief, Division of Public Health, PASB), in presenting the document on this topic, reported that the Directing Council, at its X Meeting, authorized the Executive Committee to draw up, for transmittal to the XV Pan American Sanitary Conference, a set of procedures for the conduct of the Technical Discussions, using as a basis the procedures followed at the previous Conference. The Executive Committee, at its 34th Meeting, after studying the draft Rules for Technical Discussions, amended one of the articles and agreed to the preparation of a set of proposed rules for the Technical Discussions held both at future Conferences and at Directing Council meetings. It agreed further that the Technical Discussion topic should be examined by the Conference in plenary session.

He then read Articles 1 through 6 of the proposed Rules, which *were approved* without discussion.

Dr. MUÑOZ (Peru) proposed that Article 7 be drafted as follows: "The Conference or the Council, as the case may be, shall each year select the topic or topics for the Technical Discussions to be held during the ensuing meeting of either of these two governing bodies. The Member Governments and the Director of the Bureau may propose topics prior to those meetings or in the course of them. The Conference or the Council may delegate the selection of topics to the Executive Committee."

The above text *was approved.*

*The session was recessed at 4:15 p.m. and resumed at 4:45 p.m.*

When the session resumed, Dr. MUÑOZ (Peru) expressed surprise at the fact that the text of Article 9 seemed to limit the Director to designating only one expert for each Technical Discussion topic.

Dr. HORWITZ (Chile), agreeing with the representative of Peru, pointed out the extraordinary importance of the work entrusted to the experts. He recalled the importance of the topics discussed at the IX and X Meetings of the Directing Council, for the planning and evaluation of health programs. Many of the standards established during those Discussions have already been put into practice in the National Health Service of Chile. He thought that the power of the Director to designate the experts needed in each case should not be limited.

Dr. MUÑOZ (Peru) proposed that Article 9 be amended to read as follows: "The Director of the Pan American Sanitary Bureau shall designate the necessary experts to present an introductory statement on each topic selected for the Technical Discussions."

Article 9 *was unanimously approved* with the change proposed by the representative of Peru.

Dr. MOLINA (Chief, Division of Public Health, PASB) then read Articles 10, 11, 12, 13, and 14, which *were approved* without discussion.

With reference to a remark by the representative of Peru, Dr. MOLINA proposed that the expression in Article 15 "in seminar form," be replaced by the following: "in such a manner as to facilitate active discussion of the topic."

Article 15 *was unanimously approved* with the proposed change.

Dr. MOLINA then read Articles 16, 17, and 18, which *were unanimously approved.*

At the proposal of Dr. ORELLANA (Venezuela) *it was agreed* to delete the last sentence of Article

[1] See minutes of the eighth plenary session, p. 168.
[2] See Part V, Annex 4, p. 478.

19 which read: "This report will be submitted to a special session of the Technical Discussion group for consideration and approval."

Dr. ORELLANA (Venezuela) proposed that Article 20 be worded as follows: "The moderator shall transmit the report of the Technical Discussions to the Conference or the Council, for presentation in plenary session."

*It was so agreed.*

Dr. MUÑOZ (Peru) proposed that in Article 21 "recommendations" be replaced by "decisions," a proposal that *was unanimously approved.*

Dr. HORWITZ (Chile) asked that Article 22 be replaced by another, reading: "The Director of the Bureau shall give the widest possible distribution to the reports and other documents, through the *Boletín* and other special publications of PASB."

*It was so agreed.*

The CHAIRMAN then submitted to a vote the entire text of the draft Rules, with the changes approved in the course of the discussion.

*Decision:* It *was unanimously agreed* to recommend that the Conference approve the draft Rules for Technical Discussions at meetings of the Conference and of the Directing Council.[1]

**Topic 18: Fellowship Program**[2]

The CHAIRMAN asked Dr. Wegman to present the document on this topic.

Dr. WEGMAN (Secretary General, PASB) said that this problem has been discussed many times since 1953, both in the Directing Council and in the Pan American Sanitary Conference and the Executive Committee. In Resolution XV of the last meeting of the Directing Council, the Director was asked to prepare a full and complete report on the fellowship program; that report appears in Document CSP15/22.

Part I of the document points out that the first aim of this program is to cooperate with the Member Countries in the training of personnel for the work required by public health services. In general that aim is accomplished through assistance to academic courses and through observation of practices and techniques. Dr. Wegman pointed out that this document does not contain the data on participants in seminars. The report then mentions the priorities that have been followed by the Bureau in this program, as set forth in Part II. At present the following priorities are applicable: personnel who are working or will work in projects carried out by the governments with the cooperation of the Organization; professors in schools of public health or departments of preventive medicine in schools of medicine, dentistry, nursing, etc.; directors of medical schools; personnel of the public health services in general; professors of basic sciences in schools of medicine; and finally, professors of clinical medicine, but only when it is necessary to correct an important deficiency in the educational program.

Part III deals with the commitments of the governments, the fellows, and the Organization inherent to fellowship awards. In the fellowship application the government guarantees that the studies to be undertaken under the fellowship are necessary for the strengthening of the national health services of the country; and that, if the fellowship is granted, full use will be made of the fellow in the field covered by his or her fellowship. Moreover, the government guarantees that the absence of the candidate, during his or her studies abroad, would not have any adverse effect on his or her status, seniority, salary, pension, and similar rights, and that it is intended to employ the fellows on return from their fellowship studies.

The candidates agree to continue in, or enter the services of, the national health administration on their return to their country, and to comply with the rules governing the fellowship program. The Organization does the appropriate planning, makes the necessary preparations, and provides adequate financial assistance for the realization of the studies.

Part IV of the document deals with the problem of selecting the fellows, which is without a doubt the matter of greatest importance in the entire program. The candidates must be selected from among those who possess the best technical and personal qualifications. The report also lists some of the determining factors in the selection: basic education, proficiency in previous studies, experience in the subject to be studied, opportunities within the candidate's own country for the study of the particular subject, functions previously per-

[1] See minutes of the eighth plenary session, p. 168.
[2] See Part V, Annex 9, p. 509.

formed and those to be performed on completion of the fellowship, and benefits accruing to the candidate's country from the studies to be undertaken. At the same time such other factors as emotional stability, personality, etc. are taken into consideration.

It is important that the candidate have the ability and adaptability necessary to draw flexible, rather than rigid, conclusions from his studies and observations abroad.

Some countries, with the advice of the Organization, have established within their governmental structure a committee for the selection of fellows, which is very helpful in that task. Among the problems that have been met, the main one is insufficient knowledge of the language in which the course is taught. It has been suggested that perhaps it might be a good idea to select candidates without taking language ability into account, and to teach the language in the country where the fellowship studies are to be taken. This, of course, would mean greater expense without any certainty as to the results. The Bureau now has a relatively efficient system for testing the language ability of a candidate. After a series of trials with various methods, the Bureau has decided to use the facilities of a language institution in the United States which has a special service, with correspondents in almost all countries of the world, for giving a uniform test to candidates. In practice, this method has proved very successful and the difficulties encountered previously have almost disappeared. Nevertheless, most of the universities still insist that applicants arrive at the school in time for a period of orientation and language refresher course in the environment in which they will have to study.

The relation between age and ability to follow a complete course of study varies widely, but most public health schools do not accept students over the age of 45. The Bureau recently granted three fellowships for academic public health studies to candidates over 50 years of age; one of them was successful; one failed completely, leaving the school and his fellowship after six weeks; and the third completed the course only with great difficulty.

Another problem is the way in which certain fellows fulfill the requirement regarding medical examinations. Despite the care taken, there have occasionally been cases of fellows who arrived at the place of study in a state of health incompatible with the workload of studies they were to assume.

Another difficulty encountered concerns inadequate orientation and lack of understanding of the objectives of the studies, particularly when such studies are somewhat similar to the clinical specialty they practice in their professional work. Sometimes on arrival at the place of study fellows are surprised at the assigned program of studies and make an attempt to change it, which causes serious difficulties.

Dr. Wegman went on to say that Part V deals with the duration of fellowships and facilities furnished for fellows, a subject that has been discussed at previous meetings. He noted that the stipend is not supposed to cover the fellow's routine expenses at home and it is important that the governments continue paying the fellow's salary in order that he may be able to cover his family expenses.

Part VI deals with the processing of fellowship applications and the channels which should be followed until a favorable decision has been taken.

Part VII concerns program and placement, which is as important as the selection of candidates. Contained in this section are some of the factors that should be taken into consideration for a proper program: the suggestions of the government concerned and the functions to be performed by the fellow on return to his own country; the fellow's own suggestions, as well as his previous training and experience, and the language in which he is able to study; the recommendations of the zone office concerned; the information and experience available to the Bureau concerning training facilities and vacancies in educational institutions.

The Bureau often receives in the fellowship application for academic studies, mention of one or two well-known schools of high standard, but it is important to stress that there are many others which offer special facilities often more in keeping with the fellow's specific purposes. It is important to find for the fellow an environment different from that to which he is accustomed, yet with living conditions and health problems similar to those in the fellow's own country. For that reason, the number of fellows who have gone to schools in Latin America has increased considerably in recent years, since conditions there are more similar.

Dr. Wegman then referred to some of the difficulties encountered by the Bureau in the placement of students in schools of public health, owing to the fact that these schools have recently been receiving a number of applications for admission which by far exceeds the vacancies available.

Another activity included in the fellowship program for next year is that related to the organization of a meeting of directors of schools of public health for the purpose of exchanging views on the problems encountered by foreign students. The World Health Organization recently held a meeting of its Expert Commmittee on Professional Education, which dealt with the problems arising in connection with foreign students. The report of that meeting is awaited with great interest.

Part VIII refers to the procedure followed for notification of fellowship awards and travel arrangements. It often happens that the fellow does not read the instructions carefully, and that leads to complications and complaints. The obtaining of visas has constituted a special problem in some cases.

Part IX deals with orientation and guidance during the course of study. This is an important problem and to solve it the Bureau has arranged for the fellows to be visited at least twice during their fellowship study. In this way it is possible to supplement the guidance they receive from advisers within the school itself.

Part X refers to contact with the fellows after completion of studies, during a two-year period after completion of the fellowship. Former fellows are requested to submit two reports, the first is due at the end of six months, and the second, due within two years after return to the country of origin; these documents supplement the final report they should submit on completing their studies. The national health administration of the fellow's country of origin forwards another report on the utilization of the fellow's services and on the activities carried out in connection with the fellowship studies. These reports provide very valuable data for evaluating the fellowship program and for avoiding the repetition of errors.

Part XI refers to the scope and financing of the program. The increase in the program is evident, with respect to the number of fellows in the Region of the Americas, as well as those from other regions who are studying in this Hemisphere.

Dr. Wegman mentioned the increasing attention that has been given to studies on communicable diseases and to problems related to public health administration, environmental sanitation, and other health services. As for the financing of the fellowship program, this is based not only on funds of the PASO regular budget and on special funds, but also, to an important degree, on the WHO regular budget and on funds received from the Technical Assistance Program.

Part XII concerns the coordination of these activities with other organizations of the United Nations, as well as with the Rockefeller Foundation, the U.S. International Cooperation Administration, and others.

He pointed out that the Directing Council, at its X Meeting, requested that a study be made, with the WHO headquarters and with the Technical Working Group on Fellowships, of the proposal to establish various categories of fellowships, according to the candidate's professional status and experience. The general reaction was completely against the proposed system of points, which was considered far too complicated and likely to give rise to many misunderstandings and difficulties.

Part XIII refers to the evaluation of the fellowships. This was discussed in detail at the Eleventh World Health Assembly and a report was prepared on this subject. The results obtained are applicable also to PASB because of the similarity of the two programs. In reality there are but few cases where fellowships have not produced good results and very few of the former fellows have failed to use their training properly.

Part XIV deals with general considerations on the problem of finding enough personnel specialized in the fellowship program to assume responsibility for its implementation.

Dr. Wegman concluded by stating that, in the Director's opinion, this report fulfills the request of the Directing Council that a more or less broad study of the PASB/WHO fellowship program be made.

Dr. HORWITZ (Chile) warmly congratulated the Director on the report Dr. Wegman had just presented, and affirmed that he had satisfactorily fulfilled the request made by the last meeting of the Directing Council. The document is very detailed and illustrates the valuable results obtained.

He declared that Chile has derived benefits from the Bureau's fellowship program and that

these fellowships have enabled the country to train adequately the teaching personnel required for its School of Public Health.

However, he believed that the report does not give an answer to the concern previously expressed at the IX Meeting of the Directing Council (1956), on the need for establishing in the program a distinction between the regular employees of health services and a select group of university graduates and senior health officials, since those in the latter group cannot be subject to the regular system as far as the procedures and stipends of fellowships are concerned. It must be remembered that in Latin America it is not easy for a top official to be subjected to the same requirements if he is going to make a study trip abroad. In concluding, he asked what measures the Bureau is taking to resolve this problem of classification.

Dr. ORELLANA (Venezuela) declared that so complete a picture of the situation and possibilities of a fellowship program had never been presented to a Conference, and he congratulated the Director. The fellowship program, he said, is one of the best means of strengthening national public health services. The scope of the program is illustrated by the reading of the tables, since in a period of four years more than 1,500 fellowships have been awarded and this figure will continue to increase. It has been proven how the Latin American countries are receiving a considerable number of fellows, amounting to 66 per cent, a fact that several years ago would have seemed impossible.

He then referred to the difficult aspects of the program. He recognized that one of these is the excessive time required for the processing of fellowship applications, and expressed the hope that the procedures might be shortened, for at times some fellowships are canceled because of such delays.

The fellow's knowledge of English is a tool that will help him obtain added knowledge and make possible positive and efficient professional progress for the improvement of public health. He considered visits and fellowships to English-speaking countries to be very useful. He expressed his great satisfaction with the emphasis given to the threefold responsibility described in one of the paragraphs of the report: for the government, for the applicant to the fellowship, and for the Bureau. But it should be taken into consideration that a fellowship is a means of advancement, and the greatest responsibility falls on the country that requests it. In conclusion, he requested details on the 14 fellowships granted in the field of clinical medicine.

Dr. ABAD GÓMEZ (Colombia) joined in the felicitations on the fellowship program and said that the table on page 4 of the proposed program and budget, allocating 42.42 per cent to education and training, eloquently proclaimed the effort that the PASB and the WHO are making in this type of activity. Nevertheless, he said, he did not understand the meaning of the list of fields in the part on priorities. Moreover, he expressed his surprise at the fact that the priorities established for the fellowship program give preference to persons working on projects carried out with the cooperation of the Organization, perhaps to the detriment of the general needs of the countries. He asked whether the country's size, that is, the number of inhabitants, is taken into account. Judging from the tables, it seems that there are countries with smaller populations which receive a large number of fellowships. For example, Guatemala received 92 fellowship, 14 of them in academic institutions, in comparison with Bolivia, which has 42, of which only 4 are in such institutions, or with Colombia, with 75 and 7, respectively. Paraguay has 98, 19 in academic institutions, and Peru 106, of which 16 are in institutions of that class.

Dr. MUÑOZ (Peru) also expressed compliments on the report and stressed its importance, asserting that the training program is a fundamental matter. He added that when a greater number of competent experts are available, the progress of public health will be greater. He pointed out that Peru had not had any fellowships for some years, but that this was the fault not of the Bureau but of his country's policies, inasmuch as previous administrations did not grant any facilities to the recipients of fellowships; that stage, he asserted, had now been passed. He then pointed out that the number of fellowships alloted to Peru was insufficient.

Finally, he read a draft resolution proposing that the Conference express its congratulations to the Director of the Bureau on the contents of the report presented on the fellowship program; recommend to the Pan American Sanitary Bureau

that it continue broadening the fellowship program and that it coordinate it effectively with similar programs of other organizations; recommend to the Director of the Bureau that he study the possibility of considering special types of fellowships for high officials in the fields of health and teaching, which will comprise greater facilities and be in keeping with the rank of such officials; and recommend to the governments of the Member Countries of the Organization that they draw up their fellowship programs in advance, in accordance with national needs; that they adopt the most appropriate procedures for the proper selection of candidates; that they make available to the fellows the necessary means to enable them to complete their studies effectively and without anxieties; and that, on completion of their training, they be given an appropriate position that will ensure the utilization of their knowledge in the best interest of public health.

Dr. HINMAN (United States) expressed his delegation's congratulations on the report presented, which he considered to be promising for the future progress of public health in the Hemisphere. The Committee should stress this point in plenary session by a resolution such as the one drafted by the representative of Peru, or by another. He said that it is encouraging to have emphasis placed on the award of travel grants to deans and directors of medical schools and to professors of basic sciences, for it is obvious that public health in the Hemisphere requires a marked improvement in medical education. Greater attention should be given to schools of medicine, and the approach of the Bureau in this matter is therefore very praiseworthy. He also congratulated the Organization on the profitable use it has made, for its training programs, of the teaching institutions of Latin America, which do not have the disadvantage of the language barrier.

*The session was adjourned at 6:15 p.m.*

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## FOURTH SESSION

*Monday, 29 September 1958, at 3:15 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

The required quorum being present, the CHAIRMAN opened the session and announced that the General Committee had called a meeting of Committee I for 8:30 p.m.

Dr. HURTADO (Cuba) expressed opposition to an evening meeting of the Committee. He said that at the morning plenary session it had been announced that there would be another plenary session in the evening.

Dr. GONZÁLEZ (Assistant Director, PASB) said that, after a lengthy discussion, the General Committee, in exercise of the functions assigned it in the Rules of Procedure, had decided to call evening sessions of Committees I and II, bearing in mind the need to hasten the work of those committees so that the various matters could be discussed in plenary session.

After a brief discussion, in which Dr. HURTADO (Cuba), Dr. GONZÁLEZ (Assistant Director, PASB), Dr. ABAD GÓMEZ (Colombia), Mr. OLIVERO (Guatemala), and Dr. ORELLANA (Venezuela) took part, *it was agreed* to accept the work program decided upon by the General Committee.

### Topic 18: Fellowship Program *(conclusion)*[1]

The CHAIRMAN said that the discussion of Topic 18, begun at the previous session, would continue.

Mr. OLIVERO (Guatemala) said that, in his opinion, the fellowship program is one of the most valuable programs of the Pan American Sanitary Bureau and of the World Health Organization, in that it looks to the strengthening of national public health services.

[1] See Part V, Annex 9, p. 509.

Trained personnel, he said, must be available. He asked that the Pan American Sanitary Bureau make a careful study in order to determine what results had been obtained from the fellowship program. The World Health Organization has already made a similar study and it presented its report thereon to the Eleventh World Health Assembly, in Minneapolis. His country has always been interested in obtaining a greater number of fellowships and to that end has presented a number of requests. He proposed that a paragraph recommending that the Director of the Bureau take the measures necessary to carry out a continuing evaluation of the fellowship program of the Bureau be added to the proposal presented by the representative of Peru at the preceding session.

Dr. GRANT (United States) said that at one time the U.S. International Cooperation Administration had asked that fellowship students proceeding to the United States and Puerto Rico from Latin American countries to pursue specialized studies, bring with them any relevant material concerning the health legislation and organization of their country, to serve as background material for seminar discussions during the academic year. To date, very few of the candidates have brought the material with them. He asked that note be taken of this matter and that an attempt be made to remedy the situation in the future.

Dr. HORWITZ (Chile) believed the suggestion of the representative of the United States to be excellent. He would like to ask that it be extended to include all students attending schools under the fellowship program of the PASB or the WHO. He referred to the frequently-heard criticism that what a student learns in public health schools abroad has no immediate application to the problems of his country. This, he said, is a problem that affects all university teaching. He believed that if students were required to bring basic material pertaining to the laws of their own countries, and if the material could be used in the seminars they were taking, it would be extremely useful. He therefore supported the proposal of the representative of the United States.

Dr. WEGMAN (Secretary General, PASB), in replying to the question asked by the representative of Chile as to what steps had been taken by the Director of PASB to solve the problem of scoring or classifying fellowship applications, reported that the system was prepared by the Director, at the request of the Directing Council, but was later rejected by the World Health Organization and by the Technical Working Group on Fellowships of the WHO. The Director has not seen any possibility of proceeding with the matter, unless the XV Conference instructs him to take further steps in that direction.

With respect to the inordinate length of time required to process the applications mentioned by the representative of Venezuela, the Bureau recognizes that such difficulties exist and has succeeded, to some degree, in overcoming them. Moreover, it is impossible to omit any of the required steps in carrying out an international program. He said he could not answer the question regarding the 14 fellowships in clinical medicine, as he did not have the data at hand. However, under the classification system used by the PASB Fellowship Branch, which is similar to that of the WHO, any grant to a professor of any branch of clinical medicine, for the purpose of improving the teaching of medicine, is classified as a fellowship in clinical medicine. He assured the representative of Venezuela that none of these fellowships was designed solely for the improvement of knowledge in clinical medicine, in a restricted sense.

Answering the question of the representative of Colombia about the priority system described in Document CSP15/22, he stated that the classification was included for information purposes only and has no connection with the list of priorities appearing in connection with the criteria followed in awarding the fellowships. In the matter of following a priority system in the case of personnel working on projects that are carried out by the governments with the collaboration of PASO, he maintained that if the planning is properly done, the collaboration projects are just the ones that should be considered as meeting the primary needs of the country. With reference to the comment made on the variance between the number of fellowships awarded and the size of the country, number of inhabitants, etc., Dr. Wegman read the data given in the document, and explained that, according to the method followed, fellowships cannot be awarded when there are not enough applications. He called attention to the second column

of Table 2 headed "Within Academic Institutions," which includes only the courses organized by the Bureau, or with its participation, in academic institutions.

With reference to the evaluation of the fellowship program proposed by the representative of Guatemala, he believed the idea to be excellent and the problem to be basic for the fellowship program.

As for the point mentioned by the representative of the United States and supported by the representative of Chile, about collaboration by the fellows in making known public health conditions in their countries, he referred to Part VIII of the document under discussion, where it says "the fellow is also instructed to obtain and take with him pertinent information on public health problems in his own country, so that he may be in a position to report such information to his professors and fellow students . . ." Dr. Wegman was pleased with the interest displayed by the representatives in the matter, and said that it would be of value to the Bureau in its endeavors to persuade the fellows to comply with this requirement, which unfortunately they do not always take into account.

Dr. HURTADO (Cuba) recalled that for some time he had been stressing the need for a study of the PASB fellowship program. The objectives of the program should be defined. He himself had repeatedly commented on the lack of uniformity in the courses of study of the various schools of public health in the Hemisphere. Each school of public health in the United States has a different curriculum. Some take greater interest in epidemiology, others in maternal and child health. His delegation believed that those countries having schools of public health should not send officials abroad to take public health courses in the United States. He cited the examples of Chile and Colombia, which now have excellent schools of public health. Generally speaking, the fellow finds nothing in the course of study assigned to him that he can take back to his country and that can be useful to him. He was not referring, he said, to the short-term courses given at specific universities or to the observation visits to the different teaching centers. He pointed out the usefulness of the fellowship program in providing certain specialized studies, such as the one related to the anti-*aegypti* program, for example. Perhaps the differences between the curricula in the United States and in Latin America will disappear when a central school of public health is established under the auspices of the Pan American Sanitary Bureau. A basic school is needed, he repeated, which might later provide more specialized courses.

The CHAIRMAN put to a vote the draft resolution proposed by the representative of Peru, with the addition of the point proposed by the representative of Guatemala.

*Decision:* By a vote of 13 to 0, and 1 abstention, it was agreed to propose to the Conference that it express to the Director of the Bureau the congratulations of the Conference on the content of the report presented on the fellowship program; that it recommend to the Pan American Sanitary Bureau that it continue broadening the fellowship program and coordinate it effectively with similar programs of other organizations; that it recommend to the Director that he study the possibility of considering special types of fellowships for high officials in the fields of public health and teaching which will include greater facilities and be in keeping with the rank of such officials; that it recommend to the governments of Member Countries of the Organization that they draw up their fellowship programs in advance, in accordance with national needs; that they adopt the most appropriate procedures for the proper selection of candidates; that they make available to the fellows the necessary means to enable them to complete their studies effectively and without anxiety; and that, on completion of their training, they be given an appropriate position that will ensure the utilization of their knowledge in the best interest of public health; and that it recommend to the Director that he put into practice the necessary measures for a continuing evaluation of the fellowship program.[1]

## Topic 27: Inter-American Congresses of Pubic Health

Dr. WEGMAN (Secretary General, PASB) brought up Document CSP15/5[2] on this topic,

[1] See minutes of the twelfth plenary session, p. 215.
[2] Mimeographed document.

presented by the Director of the Bureau, and said that the delegation of Cuba has presented another document (CSP15/52),[1] containing specific proposals on the subject.

Dr. HURTADO (Cuba) explained that the document presented by his delegation really needed no supplementary remarks. It was simply a matter of complying with a decision of the XIV Pan American Sanitary Conference and the X Meeting of the Directing Council. The Directing Council had requested the XV Conference to decide on the manner of holding, and the intervals between, the Inter-American Congresses of Public Health. There was no question, therefore, of discussing the advisability or possibility of holding those congresses, for the Council and the Conference had already ruled on the matter. The Pan American Sanitary Conference, supreme governing body of PASO, differs in character from a congress of public health, the latter being essentially a scientific forum. The congress is, moreover, broader in scope than the Technical Discussions held at the time the Directing Council or the Conference meets. In public health, he said, one cannot work behind the back of scientific progress. He cited the example of the United States, where, in addition to the Public Health Service, there is an American Public Health Association, whose annual meetings serve as a scientific forum. He added that the Inter-American Congresses of Public Health should be held every two years, as he considered four years to be too long an interval between them.

Dr. MUÑOZ (Peru) observed that the representative of Cuba had made a legal point by showing that the Inter-American Congresses of Public Health have already been established. He did not agree with the representative of Cuba concerning the interval between the congresses, believing that, for financial reasons, they should at first be held every four years and that they could later be scheduled more frequently. He asked the representative of Cuba to accept this change and to accept also the name *Congresos Interamericanos de Salud Pública*. He further proposed that provision be made for round-table discussions and symposia; and that the Executive Committee be entrusted with the arrangements for these congresses in order to ensure the proper relationship with the Pan American Sanitary Organization. He also suggested that a recommendation be made to national public health associations that they hold periodic public health congresses and that the health administrations of neighboring countries be invited to participate in them.

Dr. GONZÁLEZ (Assistant Director, PASB) wished to express the view of the Director of the Bureau on the topic under discussion. It is true, he said, that a specific recommendation had been made by the Directing Council. The Council, at its last meeting, recommended that the XV Conference study the manner of holding, and the intervals between, these congresses. The Director believes, however, that several points should be called to the attention of the present Conference. In the first place, following the example of the World Health Assembly, one day during the Directing Council meetings is devoted to the Technical Discussions. Document CSP15/21[2] lists the topics dealt with at the Technical Discussions since 1953, in both the Council and the Conference. Moreover, among the activities carried out regularly by the Bureau is the holding of seminars and technical meetings. He cited, as examples, the seminar on treponematoses held in Port-au-Prince, Haiti, and the one on infant diarrheas held in Santiago, Chile. To all these technical meetings the Bureau had invited select personnel, experts, and consultants. The technical information derived from these meetings is later published in the *Boletín* of PASB or distributed through other media. He went on to say that many scientific organizations have already been established for the express purpose of holding periodic technical meetings. For all these reasons, the Director has always considered that the holding of Inter-American Congresses of Public Health would not meet an urgent need. It would be more advisable for the Pan American Sanitary Bureau to convoke meetings of a technical nature as the needs arise.

Dr. HURTADO (Cuba) stated that a mandate of the Pan American Sanitary Conference and the Council could not be disregarded. It is not a matter of discussing whether Inter-American Congresses of Public Health should or should not be held, for that point has already been decided. He

[1] See Part V, Annex 8, p. 508.

[2] Mimeographed document.

said that he accepted all the suggestions made by the representative of Peru.

Dr. VARGAS MÉNDEZ (Costa Rica) believed that the proposals of the representatives of Cuba and of Peru could be reconciled, simply by agreeing that Technical Discussions will be held in the years in which the Council meets, but that when the Pan American Sanitary Conference meets, it will be the Congress of Public Health that will also be held.

Dr. WILLIAMS (United States) observed that a report should be presented by the Director of the Bureau to show the need for holding the Congresses of Public Health, in view of the numerous seminars and other meetings already being sponsored by PASB. He also thought that information should be provided on the estimated costs of the congresses and the effect they would have on the operating budget.

Dr. MUÑOZ (Peru) wished to comment on several technical points. First, the Directing Council had already adopted a definitive decision on the matter. Secondly, the Inter-American Congresses of Public Health would make it possible to review the latest advances in public health and bring them to the attention of the health authorities of the various countries. These meetings would therefore be of extraordinary value. As to the expenditures involved, these could be shared by the host country and the Pan American Sanitary Bureau. He agreed with the suggestion of the representative of Costa Rica that Technical Discussions not be held in a year in which a Congress of Public Health meets.

Dr. HORWITZ (Chile) stressed the importance and advisability of holding the congresses, adding that there would never be a lack of topics for them. Some practical arrangement should be sought. As to the budgetary consideration, he said that if the congresses were held at the time of the Pan American Sanitary Conference there would be little additional expense. He suggested that it be left to the Executive Committee or the Directing Council to organize the congresses and to set the budgetary appropriations to cover their cost. He supported the proposal of the representative of Peru.

Dr. ORELLANA (Venezuela) said that he had followed the discussion with great interest and was in favor of the proposal of the representative of Peru that the congresses be held every four years, but he suggested the addition of a paragraph instructing the Executive Committee to prepare rules of procedure for the Inter-American Congresses of Public Health, as was done for the Technical Discussions.

Dr. MUÑOZ (Peru) read a draft resolution in which he had included and reconciled all the suggestions and recommendations made in the course of the discussion.

Dr. WILLIAMS (United States) regretted that he had to oppose what was obviously, and technically, a very constructive move. In principle, his delegation was not opposed to the holding of these congresses, but it did feel that the proposed action meant embarking on a road without knowing where it might lead. He believed that before approval was given to the proposals made that afternoon, more information should be obtained on the cost of this new activity. There is only one source from which funds to finance the congresses can come, and that is the field programs. Support for the congresses can be given only to the extent that their cost does not affect field activities. Costs for rental of space, interpretation services, clerical and documents service, etc., must be taken into account. These expenses would be considerable for both the Bureau and the host country. Moreover, Member Governments would have to defray the travel expenses of the participants. He reiterated his request that the Director present an estimate of what the cost of holding the congresses would be, for only on that basis could the Conference decide whether funds from field projects would be used and in what amount. He proposed that the Director submit to the next meeting of the Executive Committee a complete report on this matter for detailed study and final decision.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that the Director of the Bureau would find himself in a difficult position in attempting to present a cost estimate if the Conference did not give him some guidance for arriving at an approximate estimate. It would be advisable to indicate whether the Organization would assume the entire cost of the congresses or whether the cost would be shared with the host country. Up to now the host country has always contributed substantially to the cost of holding the Confer-

ences. This information, moreover, might mean a great deal to any country that was intending to offer to serve as host to the Conference.

Dr. MUÑOZ (Peru) considered the remarks of the United States representative to be very much to the point. He believed that if the congresses were held immediately before or after the Conference the costs could be reduced considerably. Because of the great importance of the congresses, the matter should be given careful thought. Highly constructive results might be obtained at a relatively low cost. He did not consider it advisable to refer the matter back to the Executive Committee for later study, as had been suggested by the representative of the United States.

The CHAIRMAN proposed that the representatives of Peru and of the United States endeavor to reconcile the proposals that they had submitted.

*It was so agreed.*

*The session was recessed at 5:05 p.m. and resumed at 5:25 p.m.*

Dr. WEGMAN (Secretary General, PASB) read the draft resolution prepared by the representatives of the United States and of Peru.

The CHAIRMAN put the draft resolution to a vote.

*Decision:* By a vote of 13 to 0, with 1 abstention, it was agreed to recommend to the Conference that it accept in principle the desirability of holding Inter-American Congresses of Public Health once every four years, instructing the Executive Commitee to study, with the assistance of the Director, the procedures for holding such congresses, keeping in mind the desirability that they take place before each quadrennial meeting of the Pan American Sanitary Conference, replacing the Technical Discussions at those meetings; and that the Committee give special attention in its study to the costs of such congresses and their distribution between the PASO and the host country, as well as to the nature and duration of the proposed discussions, and the establishment of rules of procedure for the congresses.[1]

**Topic 31: Minimum Sanitation Standards for Hotels, Restaurants, Transportation Facilities, and Tourist Centers**

Dr. MOLINA (Chief, Division of Public Health, PASB) presented Document CSP15/19[2] on this topic.

Dr. BISSOT (Panama) said that this subject was studied with great interest at the last meeting of the Directing Council. He pointed out that Document CSP15/19 mentions the meeting of the Technical Committee of Experts held in San Juan, Puerto Rico, but does not mention the meeting of the same Committee held in Panama on the occasion of the Seventh Pan American Highway Congress. He congratulated the Committee on its work in preparing the manual mentioned in the document, a group composed of experts who offered valuable collaboration and worked very hard. He knew this for a certainty, since he was familiar with the contribution made to the Committee by Mr. Guillermo Rodríguez, Professor of Sanitary Engineering of the National University of Panama.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that, as a matter of information and in relation to the statements just made by the representative of Panama, there appears in *Official Document No.* 22, pages 281-283, the information presented on that occasion to the Directing Council, in which reference is made to the meeting of the Technical Committee of Experts in Panama. Consequently, this information was not included again in Document CSP15/19.

Dr. ORELLANA (Venezuela) proposed that the draft resolution included in that document be approved.

Mr. OLIVERO (Guatemala) explained that he had been appointed by the Director of the Bureau to serve on that Committee, but that subsequently he had had to refuse the honor because of the amount of work he had to do in his own country. He believed that the Conference should certainly thank the Technical Committee for the work it had done. He asked the Secretariat to say when it was expected that the revised manual would be ready to be transmitted to the Member Governments and to interested organizations.

Dr. MOLINA (Chief, Division of Public Health, PASB) stated that the draft text of the manual was delivered to the Bureau at the end of last August. He believed that in about six months the

[1]See minutes of the twelfth plenary session, p. 216.

[2]Mimeographed document.

manual would have been reviewed and be available to the Member Governments.

Mr. OLIVERO (Guatemala) asked if funds had been allotted in the budget for the distribution of the manual to the Member Governments.

Dr. MOLINA (Chief, Division of Public Health, PASB) explained that in the provisional draft budget for 1960 an item had been included for that purpose, and that it would always be possible to use savings from other budget items to finance expenses in connection with the preparation of the manual.

Dr. OLLÉ (France) declared that, although he did not in the least question the ability and the competence of those who had prepared the document, he personally was not familiar with the manual and he could not vote on something with which he was not familiar.

Dr. MOLINA (Chief, Division of Public Health, PASB) gave a detailed account of the background of the preparation of the manual, from the time the idea first was advanced at the Sixth Inter-American Travel Congress. He repeated that the text of the manual had been delivered to the Bureau three weeks before the XV Conference was to meet. In any event, the Conference was asked to approve the report presented by the Director and not the manual itself.

Dr. HORWITZ (Chile) proposed that the first paragraph of the operative part of the draft resolution be amended to read "to take note of" instead of "to approve."

Dr. BERTOLINI (Uruguay) agreed with the representative of France. He was sure that the manual was excellent, but since he was not familiar with it he could not approve it. He also seconded the proposal of the representative of Chile.

Dr. MUÑOZ (Peru) was of the opinion that the confusion would be resolved if a short phrase were added to the first paragraph of the operative part, so that it would read, "will be transmitted to the Member Governments and to the interested organizations for information and whatever action they deem appropriate."

Dr. OLLÉ (France) gave his thanks for the explanations. He was concerned lest it might be considered that the Conference had given its approval to the manual. He added that his only interest was to establish that no responsibility by the Conference was involved.

Dr. ORELLANA (Venezuela) said that the manual is the product of the slow and considered work of the designated experts. He pointed out that the manual is in no way obligatory upon the countries. It is simply one more contribution that the Bureau is making to international health, but it should not be thought that it in any way constitutes international sanitary regulations.

*Decision:* By a vote of 14 to 0, with 1 abstention, it was agreed to recommend that the Conference take note of the report presented by the Director, in which it is stated that the Technical Committee of Experts has completed a draft of the manual, and that once it has been reviewed the manual will be transmitted to the Member Governments and to interested organizations for information and whatever action they deem appropriate, and to express to the members of the Committee its appreciation of the valuable collaboration they are rendering in this task.[1]

**Topic 34: Drug Registration and Related Problems[2]**

Dr. ORELLANA (Venezuela) explained in detail the interest of his Government in submitting this point to the Conference for consideration. He believed that a detailed and careful study should be made of the extent of the problem. He observed that the interest of his Government, as pointed out in the document on this topic, is to institute a cooperative project on a small scale, not to establish a legal mechanism of international scope to unify the control of drugs in the Americas. He pointed out that in the PASO budget there is a project, AMRO-150, entitled Food and Drug Services. For 1959 $36,420 was allotted for these services and for 1960, $22,420. The approval of the budget, he said, meant that the project would be implemented.

Dr. ABAD GÓMEZ (Colombia) congratulated the representative of Venezuela on his presentation of this topic. He pointed out that the importance of maintaining the high quality of drugs cannot be exaggerated, and he was gratified that help to the countries was being considered. He mentioned that

[1] See minutes of the twelfth plenary session, p. 216.
[2] See Part V, Annex 5, p. 503.

in his country a great quantity of valueless drugs is consumed. He asked for a recommendation that the Conference request the countries exporting pharmaceutical products to impose rigid control over them, to ensure the good quality of the medications sent abroad.

Dr. HORWITZ (Chile) also expressed his satisfaction at the inclusion of this topic. He said that since 1955 his country has been asking the Expanded Program of Technical Assistance for advice on the matter. In the registry of his country there are more than 6,000 drugs, 3,500 of which are on the market. He added that among the inhabitants there is also a strong tendency towards self-medication by injections. They believe medicine that is injected to be superior to that which is taken orally. He pointed out that it is important for the pharmaceutical industry to be convinced, first of all, of the harmful results produced by medicines of poor quality.

Dr. MUÑOZ (Peru) read a draft resolution that he had prepared, in which he had included the observations and recommendations presented by the representatives.

Dr. BERTOLINI (Uruguay) disagreed with the suggestion of the representative of Colombia. He believed that it is not the government exporting the product that must do the work of prevention and prophylaxis, but the government importing it. The problem is universal and difficult to solve. In Uruguay there are 16,000 pharmaceutical specialties on the market. He suggested that the governments be asked to exercise control over biological products that enter the country.

Dr. ABAD GÓMEZ (Colombia) stated that the statistics cited by the representatives of Chile and of Uruguay strengthened his conviction that it should be suggested to the exporting countries that they impose a stricter control over the pharmaceuticals they export.

*The session was adjourned at 6:40 p.m.*

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## FIFTH SESSION

*Monday, 29 September 1958, at 8:50 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

**Topic 34: Drug Registration and Related Problems** *(continuation)*[1]

The required quorum having been reached, the CHAIRMAN called the session to order and announced that the discussion of Topic 34 would continue. He recalled that at the previous session the representative of Peru had proposed a draft resolution reflecting the views expressed by the representatives of Colombia and Uruguay on the problem of drug registration.

Dr. NOGUEIRA (Pan American Medical Confederation) gave a brief summary of the topic, pointing out that the Executive Committee of PASO, at its 28th Meeting, considered a motion that had been approved on this matter by the IV General Assembly of the Pan American Medical Confederation. The Executive Committee, in Resolution XIV,[2] instructed the Director to consult the Pan American Union, the World Health Organization, and, as appropriate, the International Union for the Protection of Industrial Property, with a view to determining the most suitable procedure for the attainment of uniformity in the legislation of those American countries that require the registration of drugs.

At the 31st Meeting of the Executive Committee, the Director presented a progress report on this topic, together with an annex setting forth a provisional plan for the development and improvement of national food and drug services in the Americas, a plan that was approved by the Committee. The Directing Council, at its X Meeting, studied and approved (Resolution XXV) the afore-mentioned plan.[3]

[1] See Part V, Annex 5, p. 503.

[2] Official Document PASO 18, 131-32.

[3] Official Document PASO 22, 25.

Dr. Nogueira went on to say that the views of the Director of the Bureau had been set forth at the Fourth Pan American Congress of Pharmacy and Biochemistry, held in Washington in November 1957. During that meeting the Director summarized the five basic points that guide the thinking of PASO in problems related to drugs and therapeutic agents.

The speaker then stated his views as regards the resolution adopted at the Fourth Pan American Congress of Pharmacy and Biochemistry, which had declared that the agreement adopted by the General Assembly of the Pan American Medical Confederation, held in Bogota in 1955, is prejudicial to the professional obligations and responsibilities of pharmacists and the pharmaceutical industry with respect to the public health of the people in the American States, and is, in addition, incompatible with the national economies of the countries involved. He expressed the hope that inter-American regulations of benefit to the countries of the Hemisphere would be arrived at.

He added that, in his opinion, the Fourth Pan American Congress of Pharmacy and Biochemistry had not interpreted accurately the true aspirations of the physician in his dealings with pharmaceutical products and with the consumer-patient.

He praised the policy established by the Organization's governing bodies with respect to this problem, since funds for the pertinent studies are assigned in the budget for 1959 and in the provisional draft budget for 1960.

Dr. SOPER (Director, PASB) stressed the fact that there is no easy solution to this problem, owing to the important financial and commercial interests at stake. He pointed out that at the Fourth Pan American Congress of Pharmacy and Biochemistry, which met in Washington in November 1957, a decision had been adopted before any speaker took the floor. After the presentation of the documents, the representative of a government requested the approval of a resolution that had already been prepared and circulated and that had the support of the majority of countries represented. The solution, he said, should not be sought in the establishment of a drug control section within the Pan American Sanitary Bureau. If satisfactory solutions are desired, it will be necessary to develop adequate national programs staffed by properly trained national professionals. This development cannot be the same in all the countries, since small countries cannot be expected to maintain the type of organization required to cover all the problems related to the manufacture, import, export, and use of drugs. Another solution might be the establishment of an international agency through which the smaller countries, which are not in a position to deal with the problem alone, could cooperate in the type of organization that has developed in the nutrition field in Central America and Panama.

Any good program requires previous planning. No assurances can be given that necessary funds from the PASO regular budget will be available in the immediate future, but the governments' interest is so great and the problem so far-reaching that it seems evident that a sufficient number of countries are willing to support an international cooperative program in this field. The Bureau is planning to conduct a regional survey, within a reasonable period of time, to learn what the situation is in the Americas.

He referred, finally, to the problem of export control. There are many countries in the world that export pharmaceutical preparations without providing adequate facilities for the control of their imports, much less of their exports. He believed it difficult to reach a solution on this point, partly because not all the companies that export pharmaceutical products are located in this Region. Therefore he considered that it would be satisfactory for the countries of the Americas, or a certain group of them, to determine their own standards for imports, and to adopt machinery and an organization to control such imports on the basis of a scientific examination and classification. He concluded by saying that in this method the problem might be solved because the requirements that would be laid down for imports would come from the countries of the Americas; this would not happen if there were an attempt to control exports in their country of origin.

Dr. ABAD GÓMEZ (Colombia) considered most interesting the observations made by the Director on this problem, but he recalled that, since this Conference also is a meeting of the Regional Committee of the WHO, the resolution designed to solicit the assistance of the exporting countries could be of interest to all countries throughout the

world, while establishing a system of efficient control. He agreed with the Director that the responsibility for control should rest on the government of each country, but he thought that the Bureau might make an appropriate survey for a better study of the problem.

Dr. MUÑOZ (Peru) alluded to the difficulties that the realization of such a project would encounter; he declared that it was not a matter of an action against any country, but of going on record to state that the Member States of PASO are concerned over the quality of pharmaceutical products, in an attempt to make sure that they reach the consumer in good condition and at reasonable prices. Obviously, some suitable international system must be found, although this cannot be done in a day; what is essential is to call the attention of the countries to present shortcomings, inviting the governments to give mature and sober consideration to this question, which is so intimately involved with human life, and to set guidelines that can be followed.

He then read the draft resolution that he was presenting to the Committee, expressing the satisfaction of the Conference at the establishment of a food and drug control program in the Pan American Sanitary Bureau; recommending to the exporting countries that they adopt adequate measures for the control of the products they export; recommending to the importing countries that they take measures for ensuring lower prices and for control; and finally, recomending to the Director of the Bureau that he give wide distribution to publications on therapeutics and pharmacology, that regional meetings related to these problems be organized, and that fellowships be granted to prepare specialists in control techniques.

Dr. BERTOLINI (Uruguay) asked the representative of Peru to make clear in this proposal the concepts he had suggested in the previous session, pointing out the obligation of the importing countries to establish their own control over the importation of pharmaceutical products; in Uruguay, he said, such control has already been established. He believed that the exporting countries should be required to supply for each product a document certifying that it is on sale in the country of export.

Dr. ABAD GÓMEZ (Colombia) agreed with the proposal of the representative of Uruguay and asked for a recommendation to the governments of the Member States that they not authorize the entry into their respective countries of pharmaceuticals or similar products whose sale has not been authorized in the nation of origin.

Dr. NICOLAS (Haiti) referrred to certain plants utilized empirically which are found in some countries, and suggested that the States represented at the Conference initiate or intensify pertinent research to obtain from these plants products that might be used for specific therapeutic purposes.

Dr. SOPER (Director, PASB) believed that a careful analysis should be made of the suggestion that the Member States ought not permit the importation of products whose consumption is not authorized in the exporting country. He considered that since the exporting countires have not set uniform conditions with respect to the products used within their borders, to establish such a standard would mean nothing. Furthermore, the manufacturer of a product that cannot be sent to a particular country can overcome the difficulty by manufacturing it within the country where he intends to sell it.

It should be remembered that some of the exporting countries lack the elements necessary to control the imports of a product and still less the exports. Nor does the mere fact that a product is on the market in a particular country guarantee anything. To establish control over exports does not provide the solution of the problem because there is a lack of precise standards for establishing such an international trade on a uniform basis.

Dr. HORWITZ (Chile) emphasized that, in line with what was stated by the Director of the Bureau and by some delegations, the definitive course would be to organize, in the respective countries, adequate laboratories equipped for the control of food and drugs, with well-trained technicians, and supported by clear-cut legislation.

He agreed with the statements of the Director in the sense that to require exporting countries to certify that a certain product is used within its borders, as a guarantee to the consumers of the importing country, should be regarded as only a temporary solution. Even if this requirement should be put into practice, each country has the sovereign right to accept or reject the solution proposed.

He cited the case of Chile, whose Government

decided to use the Salk vaccine against polio. This was purchased from a foreign laboratory, and, observing the procedure established by Chilean legislation, the manufacturer provided the necessary guarantee that the product was used in the country of origin. With this condition vaccines were imported in two successive shipments, in a considerable quantity.

He pointed out that at present in both the United States and Canada, all the batches of vaccines of the Salk type are controlled. For many other biological products in general use, the official laboratories do not exercise so rigorous a supervision over all batches from all the producing laboratories. For this reason a procedure must be resorted to, which, although temporary, offers a certain guarantee to the country receiving the medicaments. The procedure might consist of an export certificate or the registering of the producing laboratory. It is evident, he added, that this procedure cannot be generally applied because of the enormous variety of medicinal products, nor can it be a definitive solution.

He concluded by stating that since this class of activity is closely connected with substantial economic and financial interests, the problem should be carefully considered before adopting a resolution on this subject.

Dr. ABAD GÓMEZ (Colombia) referred to the statements of the Director relative to the absence of standardization in the international trade in medicaments, an absence that makes it difficult to establish effective standards for solving the problem.

He pointed out that many exporting countries lack a drug-control system like that, for example, which the United States has. He believed that those countries whose export trade in drugs is important should provide similar facilities, in a spirit of broad cooperation, by issuing the necessary warranty documents for the products they ship abroad. This requirement might be carried out as a temporary measure until each country has strengthened its drug control services, for the establishment of which the necessary steps are already being taken by the PASB. He concluded by affirming that the ideal would be for every country to establish a national control system.

Dr. ZEPEDA (Honduras) stated that his country requires, for the importation of medicinal products, a certificate that those received are sold within the country of origin, and that the document be authenticated by the pertinent national agency of the exporting country and countersigned by the Honduran consular authority. The cerificate also attests to the scientific integrity of the manufacturing laboratories. He mentioned another necessary requirement, that each product be accompanied by a statement as to the quantitative and qualitative analysis of it and as to its therapeutic efficacy, and by a sample.

He stated that one of the fundamental deficiencies is the lack of laboratories in a position to examine products in the importing country, and stressed the fact that it would be advisable to establish a regional control laboratory that could perform this important function as a service to several countries.

Dr. MUÑOZ (Peru), referring to the last part of the statements made by the representative of Chile, said that he did not agree with his view that, in reaching a solution to the problem, certain economic and financial interests would have to be kept in mind. In his opinion, health is above all such interests and the matter at hand is the protection of health, by establishing ways to improve the quality of the products. He thought that the importance of the proposal under discussion lies basically in the psychological effect that it might have, if adopted, on the exporters, who would be given the impression that the PASB is in a position to find a solution to this very important matter.

Dr. ORELLANA (Venezuela) thought that perhaps the exact and literal meaning of the resolution presented by the representative of Peru was being given a somewhat farfetched interpretation, because it does no more than recommend to the governments that they not authorize the importation of any product not on the market in its country of origin. It goes without saying that each government is sovereign and free to apply this principle or not and that the criterion put forward is one that is already accepted in some countries, Venezuela among them.

Dr. HORWITZ (Chile) declared that, in speaking as he did, he did not mean to defend the interests of the pharmaceutical industry, which, moreover, is worthy of all respect, for it is indispensable in the production, distribution, and consumption of

such products. The local industries are not always as advanced as might be wished for the needs of the country, and the production of pharmaceutical specialties is an exceedingly technical and very complex activity.

Dr. MUÑOZ (Peru), summarizing the comments made by the various representatives who took part in the discussion, read a draft resolution proposing that the Conference: (1) express its satisfaction at the establishment of a food and drug control program in the Pan American Sanitary Bureau; (2) recommend that countries that export pharmaceutical products, and whose legislation permits, adopt the pertinent measures to control the quality of those products; (3) recommend that the Member Governments of the Organization take the necessary measures for the control of foods and pharmaceutical products, and that they authorize the importation of only such foods, drugs, and therapeutic products as have been authorized for domestic consumption in the exporting countries; and (4) recommend that the Director of the Pan American Sanitary Bureau give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.

Dr. WILLIAMS (United States) explained the position of his delegation, saying that this was a very important matter and one very difficult to resolve. In his country, he said, the control of foods, drugs, and biologicals is a federal responsibility only to the extent that such products are shipped in interstate commerce. There is no United States law that prevents the sale or use of drugs, foods, or biologicals manufactured and sold within a single state, for that is a responsibility of the state government, and not of the federal government.

There are, however, at least two agencies of the federal government that are involved in the licensing and control of drugs and biologicals shipped in interstate commerce. One is the Food and Drug Administration of the Department of Health, Education, and Welfare, whose functions include the licensing of certain drugs. Another is the Laboratory of Biologics Control of the National Institutes of Health in the U.S. Public Health Service, which certifies as to the potency, safety, and purity of biologicals that are shipped in interstate commerce in the United States. Both these agencies, therefore, are involved in this process.

There is no federal law of the United States that authorizes the establishment of rules for the exportation of biologicals or drugs, although import controls are exercised.

While this situation exists in the United States, this does not mean that his delegation is not in agreement with the comments made by some representatives on the need for the governments of the Member Countries of PASO to adopt the pertinent measures to protect the public against the harm that may be inflicted by impure drugs, biologicals, etc. But it seems most appropriate for each government to adopt its own controls.

He said that the United States Government is prepared and quite willing to offer technical cooperation to any government requesting it, to establish such controls and to set up the pertinent procedures. In this respect, he said, the United States has had a fair amount of experience and has learned from certain mistakes made, and his country is anxious to provide such technical collaboration, either directly or through the Pan American Sanitary Bureau.

He stressed his conviction that export controls are not truly realistic.

Dr. Williams therefore requested that the proposal of the representative of Peru be adopted, but with the elimination of the second operative paragraph; he declared that if it were left in, the United States delegation would have to vote against it.

He believed that the point referred to in paragraph 2 not only affected the United States, but that it would also put the Pan American Sanitary Organization in an awkward position with respect to the relations that it should maintain for the implementation of its international health programs.

As for paragraph 3 of the operative part, he believed that there are many ways in which importers may protect themselves against improperly or inadequately qualified drugs and biologicals. It would seem that importing countries might protect themselves by requiring that the products supplied must meet the requirements of the United States

Food and Drug Administration or of the U.S. Public Health Service, in the case of biologicals, in cases where these articles are to be imported from the United States.

Dr. ABAD GÓMEZ (Colombia) requested that the proposal contained in the second operative paragraph not be withdrawn.

The CHAIRMAN put to a vote the motion of the United States representative that paragraph 2 be deleted.

*Decision:* By a vote of 7 to 4, with 4 abstentions, the motion of the representative of the United States was rejected.

The CHAIRMAN then submitted to a vote the draft resolution presented by the representative of Peru.

*Decision:* By a vote of 8 to 0, with 5 abstentions, it was agreed to place before the full Conference the draft resolution presented by the representative of Peru, with the recommendation that it be approved.[1]

**Topic 36: Advertising of Medicinal Products[2]**

The CHAIRMAN announced that the next item on the order of business was Topic 36, on the advertising of medicinal products, proposed by the representative of Panama, whom he asked to explain the document.

Dr. BISSOT (Panama) pointed out that it has been the constant concern of the governments that the public have available medicinal products of the best quality at the lowest price. To that end they have adopted various measures, among them analysis of pharmaceutical products to guarantee their purity and the accuracy of their qualitative and quantitative formulas, and registration of the products before permitting their free sale, as well as regulation of the price the consumer must pay. He stressed the point that if the public is to be completely protected, there must be some control over the advertising of medicinal products, which might be classified into two definite groups: that which is directed to physicians, dentists, and veterinarians, and that aimed at the general public. The latter reaches the public through radio, television, motion pictures, and periodic publications, brochures. and magazines, and is often based on misleading and false phrases. Some advertisements allude to secret formulas or to chemical or pharmaceutical discoveries; some even use testimonials from private persons or endorsements by doctors, dentists, pharmacists, veterinarians, nurses, and midwives. This type of popular advertising encourages the public to use self-medication, with all its terrible consequences. Another type of advertising even offers "money back" if the medicine does not produce the results promised in the advertisement.

He stated that the measures that the government of any one country may take to control the advertising of medicinal products in domestic information media are ineffective because of the ease of distribution of advertising from abroad through the press and through radio and television transmitters.

He believed that advertising of medicinal products for professional prescription should be directed solely to physicians, dentists, and veterinarians; general advertising of these products must eliminate all false statements and any presentation that tends to deceive the public. It is therefore natural that the public health authorities of each country should control and approve in advance the advertising of medicinal products within its own territory. He concluded by requesting the Committee to suggest that the Conference study the problem and, if it considers it advisable, instruct the Director to include it on the agenda of the next meeting of the Directing Council.

Dr. HORWITZ (Chile) congratulated the represenative of Panama and stated that the problem he had raised supplements the problem of drug registration and related problems, which had just been studied. It was a question of an intercontinental nature, and the government of every country should have the power to control the advertising of medicines among its own people. He said that in Chile this type of advertising is to a certain extent controlled by a commission of the National Public Health Service, composed of physicians and pharmacists. A clear distinction is made between advertising that circulates among members of the profession and advertising intended for the public. At any rate, a sort of *modus vivendi* has been achieved with the pharmaceutical

[1] See minutes of the sixth session of Committee I, pp. 333-334.

[2] See Part V, Annex 6, pp. 505-506.

industry, which now is accustoming itself to a certain type of advertising.

He repeated that, because of its over-all nature, the problem should be taken into account by the Bureau, since the great world-wide pharmaceutical industry distributes the principal medicinal products from a few laboratories to all of the countries of the Hemisphere, and any measures not taken in some of them could, from this point of view, affect the others. He concluded by supporting the proposal of the representative of Panama.

Dr. ORELLANA (Venezuela) also supported the proposal of the representative of Panama and subscribed to the statements of Dr. Horwitz. He also believed that advertising of medicinal products should be officially controlled. The utilization of certain media should be prohibited, as is already true in Venezuela. But he recognized that, no matter how active the control agencies are, they run into pressure from the producer companies, especially when two or more are selling similar products.

Dr. BERTOLINI (Uruguay) expressed pleasure at the proposal of the representative of Panama and said that Uruguay has already controlled advertising of medicinal products. No fancy, imaginative titles for medicines and no explanatory material that is not written in Spanish are permitted. The sale of specifics is handled in two ways: if it is a matter of harmless products, the advertisements may be directed at the public; all other products may be advertised only within the profession and may not be sold except upon the presentation of a prescription.

The authorities approve advertising when permission is duly requested and a sample of the product is submitted for analysis. The text of the advertisement is submitted for approval before it is printed, so that the public health authorities may change or eliminate any exaggerated wording.

Dr. PINEDA (El Salvador) reported that his Government, by virtue of a constitutional provision, created a Superior Council of Public Health in 1956. This agency exercises control over physicians, dentists, pharmacists, and medicines, and is now preparing the pertinent regulations, which it is expected will be completed by 1959.

*Decision:* It was unanimously decided to recommend to the Conference that it instruct the Director of the Pan American Sanitary Bureau that the agenda for the XI Meeting of the Directing Council include a topic on the problems arising from the advertising of medicinal products.[1]

## Topic 35: Resolutions of the Eleventh World Health Assembly and the Twenty-first and Twenty-second Sessions of the WHO Executive Board, of Interest to the Regional Committee

Dr. WEGMAN (Secretary General, PASB) presented this topic and indicated the five points that the Director submitted to the Conference for consideration. The first refers to malaria eradication and the pertinent resolutions adopted by the World Health Assembly, matters that had already been examined and on which the full Conference had come to agreement, making it needless to discuss them anew.

With regard to the second point, on smallpox eradication, he stated that it also had been examined by the full Conference.

As to the third point, which refers to the organizational study on regionalization, he pointed out that, in view of the report on the development of regionalization published in *The First Ten Years of the World Health Organization,* and the discussions on the subject that took place during the Tenth Anniversary Commemorative Session and the Eleventh World Health Assembly, the Executive Board of the WHO decided that it was unnecessary at present to pursue further its organizational study on regionalization (EB22.R23).

With respect to point four, dealing with WHO participation in the Expanded Program of Technical Assistance, he reported that the WHO Executive Board, at its Twenty-first Session, adopted a resolution, which was endorsed by the Eleventh World Health Assembly (WHA11.48) and that the Director-General of WHO wished to call the special attention of the Regional Committee to Part IV of that resolution, which reads as follows: "Considering the opinions expressed at the 1957 sessions of regional committees and at various sessions of the Executive Board and the World Health Assembly that regional (intercountry) projects are of importance in the improvement of health; (1) reiterates the importance of regional projects developed at the request of

[1] See minutes of the twelfth plenary session, p. 216.

governments, considering that certain activities in the field of health, particularly those directed to the control or eradication of communicable disease and some types of training projects, can best be carried out on the basis of intercountry cooperation; and (2) expresses the hope that regional projects will be appropriately emphasized when the use of the resources of the expanded program is planned, so as not to restrict arbitrarily the level of those projects."

As regards this point, Dr. Wegman recalled that Committee I had already approved a special resolution on intercountry projects that will be included in the second report of the Rapporteur. In his opinion the resolution will meet the wishes of the Director-General, except as regards the support that each country should give to the intercountry projects of the Program of Technical Assistance. He pointed out that the approval of these projects does not imply expenditures against the over-all amount of Technical Assistance funds assigned to the different countries.

As to the fifth point (review of salaries, allowances, and benefits) he said that the study of this point had been referred to Committee II (Administration, Finance, and Legal Matters).

*Decision:* It was unanimously agreed to recommend to the Conference that it take note of Resolutions WHA11.42 (Malaria Eradication Program), WHA11.16 (Malaria Eradication Special Account), WHA11.54 (Eradication of Smallpox), EB22.R23 (Organizational Study on Regionalization), EB21.R48 (WHO Participation in the Expanded Program of Technical Assistance), and EB21.R53 (Review of Salaries, Allowances, and Benefits).[1]

## Topic 38: Study of the Diabetes Problem in the Americas[2]

The CHAIRMAN submitted Topic 38 (Study of the Diabetes Problem in the Americas) proposed by the Government of Uruguay and invited the representative of that country to present the subject.

Dr. BERTOLINI (Uruguay) said that diabetes is one of the most widely spread chronic diseases of this century. The success in treating diabetes has notably increased the life span of diabetics. The disease is more frequent in countries having better economic conditions and a greater abundance of foods, and it is more common in large cities than in small towns or rural areas.

He then cited the diabetes mortality figures per 100,000 inhabitants in some countries of the Americas, which for 1954 were: United States, 15.6; Uruguay, 12.9; Canada, 10.6; Argentina, 7.5; Chile, 6.4; Brazil, 5.6; Mexico, 4.5; Costa Rica, 4.7; and Colombia, 3.3. Samplings made in various countries have shown that the number of unknown diabetics equals the number of known cases, a fact that indicates the need for carrying out systematic programs to intensify the early diagnosis of the disease and combat it effectively by prescribing periodic and systematic urinalysis for all adults, especially for the obese and those who have a family history of diabetes. It is necessary to acquaint the public with the symptoms of diabetes through appropriate publicity. This work has been carried out in Uruguay by the Diabetics Association, with excellent results.

He urged that the governments participate in the campaign, through their public health agencies, and support the work of the diabetics associations, both financially and through their departments of health education. The representative of Uruguay then gave some supplementary information on the work being developed by the Diabetics Association of his country, which operates under an official subsidy of 30,000 pesos and has a large number of members who contribute minimal dues to the campaign against the disease. The Association organizes conferences, information courses, issues its own journal, and has facilities for acquiring and distributing insulin.

He said that he had thought it worth while that the countries of the Region know of this activity so that they might, if they wished, apply some of the methods used in Uruguay. In conclusion, he said that in his country there is great interest in learning of the diabetes problem among the populations of the Hemisphere.

Dr. MUÑOZ (Peru) said that, although there are matters of greater urgency for the Bureau, he believed that a proposal such as that presented by Dr. Bertolini warranted support, and that it should

[1] See minutes of the twelfth plenary session, p. 216.

[2] See Part V, Annex 7, pp. 507-508.

be recommended that the Directing Council take the proposal into account at the time it deems appropriate.

Dr. ORELLANA (Venezuela) said that he well understood the concern of the representative of Uruguay with respect to this important matter, but believed that, rather than recommend that the Directing Council study the matter in order to formulate a campaign against diabetes, the governments should be encouraged to intensify their efforts, both public and private, for the early diagnosis of this disease, and the Bureau should consider this question as one of the subjects requiring more detailed study.

*Decision:* It was unanimously agreed to propose to the Conference that it recommend to the governments of Member Countries of the Pan American Sanitary Organization that they draw up, in their plans for preventive medicine, programs to intensify early diagnosis of diabetes and encourage the use of public and private resources for the proper treatment and care of diabetics.[1]

*The session was adjourned at 11:15 p.m.*

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## SIXTH SESSION

*Tuesday, 30 September 1958, at 5:00 p.m.*

*Chairman:* Dr. HORACE P. S. GILLETTE (United Kingdom)

**Topic 34: Drug Registration and Related Problems** *(conclusion)*[2]

*Modification of the Draft Resolution*

The required quorum having been reached, the CHAIRMAN opened the session. He announced that the General Committee had considered that the wording of paragraph 4 of the draft resolution on food and drug control, which Committee I had agreed at its fifth session to submit to the full Conference, might give rise to difficulties because it does not conform to the provisions of Article XIII of the Financial Regulations of the Bureau. He suggested that the text be reworded, without altering the spirit in which it was originally drafted, so as to obviate these difficulties.

Dr. WEGMAN (Secretary General, PASB) read the new text prepared with a view to avoiding such complications, as follows:

To recommend that the Director of the Pan American Sanitary Bureau attempt, in future programs, to give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that a larger number of fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.

Dr. SOPER (Director, PASB) explained that he had suggested to the General Committee the amendment of this text in view of the fact that Article XIII of the Financial Regulations of PASB stipulates that neither the Pan American Sanitary Conference nor the Directing Council nor the Executive Committee shall take decisions involving expenditures unless they have received a report from the Director on the administrative and financial implications of the proposal; and that where, in the opinion of the Director, the proposed expenditure cannot be made from existing appropriations, it shall not be incurred until the Pan American Sanitary Conference or the Directing Council has made the necessary appropriations, unless such expenditure can be made under the conditions of the resolution of the Directing Council relating to the Emergency Revolving Fund. He stated that, as has been demonstrated in the last two years, he is greatly interested in facilitating the development of a program related to food and drug control, but that it is essential to avoid a procedure that was very common before 1950, namely, the recommending of programs to the Director without establishing the source of the funds necessary for their execution. At the XIII Conference, held in Ciudad Trujillo in 1950, it

[1] See minutes of the twelfth plenary session, p. 217.

[2] See Part V, Annex 5, pp. 503-505.

was decided to relieve the Director of responsibility for executing programs for which the necessary financial basis had not been established. The slight modification proposed gives margin to the Director to broaden the future programs, as will be necessary if the campaign is to be effective.

Dr. ORELLANA (Venezuela) stated that the suggested amendment does not affect the spirit of the draft resolution in question, but serves to rid it of its imperative tone, so as to avoid creating financial difficulties.

The CHAIRMAN put to a vote the new wording of paragraph 4.

*Decision:* By a vote of 12 to 0, with 1 abstention, it was agreed to submit to the full Conference the new wording proposed for paragraph 4 of the draft resolution, recommending that the Director of the Bureau attempt, in future programs, to give the widest possible distribution to publications on advances made in therapeutics and pharmacology; that regional meetings for the study of the food and drug control problem be organized; and that a larger number of fellowships be awarded for the training of specialists in control techniques, with a view to improving the quality of such products.[1]

*The session was adjourned at 5:10 p.m.*

[1] See minutes of the twelfth plenary session, p. 217.

# COMMITTEE II (Administration, Finance, and Legal Matters) *

## FIRST SESSION

*Tuesday, 23 September 1958, at 4:00 p.m.*

*Chairman:* Dr. CARLOS DÍAZ COLLER (Mexico)

The required quorum being present, the CHAIRMAN opened the session and announced that, by delegation of the Director of the Bureau, Mr. Donald F. Simpson (Chief, Division of Administration, PASB) would serve as Secretary of Committee II.

### Election of the Vice-Chairman and Rapporteur

The CHAIRMAN called for nominations for the office of Vice-Chairman of Committee II.

Mr. PARADA (Chile) nominated the representative of Brazil and the nomination was seconded by Dr. BISSOT (Panama), Dr. BARAHONA (Honduras), Dr. PATIÑO CAMARGO (Colombia), and Dr. BERTI (Venezuela).

*Decision:* The selection of Dr. Bichat Rodrigues, representative of Brazil for the office of Vice-Chairman of Committee II was approved unanimously.

The CHAIRMAN called for nominations for the office of Rapporteur.

Dr. BARAHONA (Honduras) nominated the representative of Panama. The nomination was seconded by Mr. PARADA (Chile), Dr. SÁNCHEZ VIGIL (Nicaragua), Dr. BERTI (Venezuela), and Dr. PATIÑO CAMARGO (Colombia).

*Decision:* The selection of Dr. Alberto Bissot, representative of Panama, for the office of Rapporteur of Committee II was approved unanimously.

### Topic 12: Financial Report of the Director and Report of the External Auditor for 1957

Mr. SIMPSON (Chief, Division of Administration, PASB) explained that *Official Document No.* 26 consists of two parts: the first is the Financial Report of the Director and the second the Report of the External Auditor, both for 1957. He stated that the total funds expended for the combined activities of the PASB and the Regional Office of WHO in 1957 were $8,209,293, of which $1,760,376 represented procurement services in the Americas. The total amount of expenditures in respect of PASO was $2,365,333 against an appropriation of $2,400,000, leaving a balance of $34,667 or 1.4 per cent. As of 31 December 1957, unpaid quota contributions of the Member Governments amounted to $502,362. He also stated that the sum of $150,221, representing the surplus of income over expenditures for 1957, was transferred to the Working Capital Fund; of this amount $125,080 was used to cover the deficit for the financial year 1956. With the additional balance of $25,141 the Working Capital Fund was raised to the level of $1,225,141, but the level for the Fund authorized for the fiscal year 1957 was $1,440,000. He stated this difference is a continuing problem in the Pan American Sanitary Bureau which would be subject to further discussion in a subsequent topic on collection of quota contributions. He closed by stating that the Director believes that the maintenance of a sound financial position continues to be of critical importance to the development of the Bureau's activities.

Dr. ALLARIA (Argentina) said that he had no objection to the substance of the two reports. He pointed out that the statement of quotas showed his Government with a balance due of $24,270, as of 31 December 1957, a figure that was cor-

*The original text of the précis minutes is in Spanish.

rect at the time the report was drafted. However, since that date the Government of Argentina has paid this amount and at present the account of his Government with the PASO shows a balance of $92,030 with reference to the quota for 1958.

Dr. BISSOT (Panama) stated that the balance due shown for his country in the statement, $7,130, had already been paid.

Dr. SÁNCHEZ VIGIL (Nicaragua) said that the balance due for his Government, $240, had already been paid.

Mr. SIMPSON (Chief, Division of Administration, PASB) stated that the balances mentioned had in fact been paid, and pointed out that the figures contained in *Official Document No.* 26 were as of 31 December 1957.

The CHAIRMAN proposed that note be taken of the Financial Report of the Director and the Report of the External Auditor.

*Decision:* It was unanimously agreed to take note of the Financial Report of the Director and the Report of the External Auditor for 1957, and to include this decision in the Committee's report to the Conference.[1]

**Topic 13: Report on the Collection of Quota Contributions**

Mr. SIMPSON (Chief, Division of Administration, PASB) summarized the report on the collection of quota contributions presented by the Director in accordance with Article V, paragraph 5.7, of the Financial Regulations, and contained in Document CSP15/14.[2] In the report the Director stresses the importance, for the successful execution of the program of the Organization, of having quota payments made on a current annual basis, and as early as possible in the year. This same point was made by the External Auditor in his report for 1957, in which he emphasized "the importance of the contributions being paid early in the year they fall due, thus making it possible for the Bureau to carry out its tasks as and when they are planned."

Referring to the quota arrears as of 31 July 1958, Mr. Simpson noted that there were some changes to be made in the list, due to subsequent contributions being received up to 18 September 1958. For example, Costa Rica made a partial payment of its 1958 quota and owes a balance of only $709.80. Nicaragua has paid its 1957 quota and the balance due for 1958 is $1,740. Panama paid its 1957 quota and has a balance due of $7,130 for 1958. Paraguay has paid the 1955 and 1956 balances of $9,840. Uruguay has paid $40,356.80, covering the balance remaining from 1951 and the quotas for 1952 and 1953. In all, there is a balance of $978,111.72 for quotas in arrears and 1958 quotas that have not yet been paid.

Dr. RODRIGUES (Brazil) stated that his Government has always paid its quotas at the time they were due, but because of special procedures it had not yet been able to do so for the 1958 quota. He added that before he left Rio de Janeiro he had been notified that the necessary measures had been taken to pay the said quota.

The CHAIRMAN, speaking in his capacity as representative of Mexico, stated that the fiscal year of his Government ends on 31 December 1958 and that the quota due would be paid by that date.

Dr. SÁNCHEZ VIGIL (Nicaragua) explained that the budgetary year of his Government begins on 1 July and added that, when there is an increase in the assigned quota contributions, there is necessarily a small balance due every year. As to the present balance listed as due, a part of it had been sent to the Bureau a few days ago.

Mr. PARADA (Chile) noted that in the status-of-contributions statement his Government appears as owing a balance of $42,733.66 for 1957, but he wished to point out that orders had already been issued to pay that amount, the only thing lacking being to make the deposit with the Pan American Sanitary Bureau. As to the quota contribution for 1958, he stated that it would be paid before 31 December.

Dr. BISSOT (Panama) remarked that the fiscal year in Panama also ends on 31 December and that the 1958 quota would be paid before that date.

The CHAIRMAN stressed the importance of finding a formula for speeding up the payments of quotas in arrears. He felt, however, that it would not be correct to urge payment by those Member

[1] See minutes of the eighth plenary session, p. 169.
[2] Mimeographed document.

Governments whose fiscal year ends on 31 December.

Mr. PARADA (Chile) agreed with the Chairman and believed it would be sufficient to inform the governments of the situation revealed in the report.

Dr. ALLARIA (Argentina) was of the opinion that the governments should receive a suggestion from the Conference that, within the standard practices of each country, the payment of international obligations be speeded up, so that the financial status of the Bureau may be satisfactory at all times.

Dr. RODRIGUES (Brazil) agreed that the governments should be informed of the situation. PASO's fiscal year is from January to December, but that of the United States is from mid-year to mid-year of the calendar year. It might be advisable to remind the governments that PASO does not have the same fiscal year as the country in which its headquarters is situated.

Mr. SIMPSON (Chief, Division of Administration, PASB) pointed out that the Working Capital Fund permits the Bureau to meet its financial obligations during the first half of the year, the time during which the governments generally adopt the appropriation measures for the payment of contributions. He said that the problem of raising the Working Capital Fund to the level recommended by the External Auditor and approved by the Directing Council at its X Meeting rests primarily on two sources of funds: in accordance with Resolution VI of the X Meeting of the Directing Council, surplus funds are transferred to the Working Capital Fund; in addition, the Bureau has considered eliminating certain reserve funds that may no longer be necessary, such as the one established for the repatriation grant.

The CHAIRMAN suggested that it would be appropriate to address a communication to the governments informing them of the dates of the Organization's fiscal year and recommending that they see to the timely payment of quota contributions.

Dr. ALLARIA (Argentina) requested that before any decision is made information be given on the present status of the Working Capital Fund.

Mr. SIMPSON (Chief, Division of the Administration, PASB) explained that the problem is that the Working Capital Fund does not have enough money to cover the needs of the first six or seven months of a year, until the larger contributions are received. PASO expenditures are around $250,000 per month. Up to the end of the sixth month of the fiscal year, the contributions received amount to less than 10 per cent of the total, so that the Bureau is forced to draw on the Working Capital Fund to cover current operations until the majority of quota contributions begin to arrive. Up to now it has never run out of funds, but when monthly expenses amount to $250,000, unless there is a sufficient amount available for the first six or seven months of the year, a situation could arise in which it would not be possible to meet the payroll and other obligations of the Bureau.

It is this problem with which the Director and the External Auditor have been concerned, and which was presented to the X Meeting of the Directing Council. It was decided in Resolution VI of that meeting to transfer all surplus funds to the Working Capital Fund in order to increase it. Mr. Simpson also reported that this year, as last year, substantial amounts of payments of quotas in arrears are being received, but that more are needed. The payment of arrears provides the most important way of increasing the Working Capital Fund. Another is the possible transfer to the Working Capital Fund, of the Reserve Fund for payment of the repatriation grant, as previously mentioned. The problem would also be greatly reduced if the Bureau received the payment of current quotas as early in the fiscal year as possible.

Dr. SOPER (Director, PASB) stated by way of information, that there is a difference between the Working Capital Fund of PASB and that of WHO and those of other international organizations, which assigned certain amounts to the governments for the Working Capital Fund in addition to the regular quota contributions. The Working Capital Fund was established in 1947 when it was realized that the funds available were not sufficient to meet the obligations until the large contributions were received. At that time the Director was authorized to request voluntary contribu-

tions from the governments for the purpose of establishing the Working Capital Fund. In 1948 and 1949 some of the countries made voluntary contributions that permitted the establishment of the Working Capital Fund. The Bureau has been able to maintain this Fund without assigning additional quotas, owing to the fact that in addition to the voluntary contributions originally received, it was possible to transfer to the Working Capital Fund certain surplus funds from the regular budget. At the present time, Dr. Soper added, the Bureau has improved its organization and expends almost the entire amount of the budget. It is to be hoped that it will be possible to continue without adopting a new decision in the matter by applying the measures adopted by the Council last year.

Mr. SOMMER (United States) inquired whether the percentage of the Working Capital Fund in relation to the budget is considered adequate, and suggested the possibility of having the Conference entrust the Director with a study of the relation between the Working Capital Fund and the budget level.

Dr. SOPER (Director, PASB) remarked that the External Auditor had suggested the present level of 60 per cent of the budget because he considered the level of the Working Capital Fund to be somewhat low. He said that the problem was under constant study.

Mr. SOMMER (United States) asked whether the situation would not change if quotas in arrears were brought up to date, which might increase the percentage of the Working Capital Fund.

Mr. SIMPSON (Chief, Division of Administration, PASB), replying to the representative of the United States, wished to point out two factors that would improve the condition of the Working Capital Fund. The first would be prompt payment of current quotas during the present year, and the second, that governments with arrears pay them promptly. However, it was necessary to be guided by past experience and to take into account the budgetary and appropriating procedures of Member Governments in making their quota contributions. It was on the basis of this that the External Auditor, after analyzing the experience of a number of years in the receipt of quota contributions, reached the conclusion that 60 per cent was the optimum level at which to maintain the Working Capital Fund.

Mr. SOMMER (United States) indicated that in view of the fact that this proportion seems to be higher than that observed by other international organizations, and in view of the fact that the collection procedure of the PASB seems to be slower than normal, since it received an average of only 86 per cent of the quotas in the past five years, he deemed it advisable to propose a resolution that would cover all the factors relating to the collection of quota contributions and the relation they should bear to the Working Capital Fund.

Dr. SOPER (Director, PASB) stated, with regard to the remarks on the difference between the fiscal years of some of the Member Governments and the fiscal year of PASO, that the latter starts its fiscal year on 1 January every year, while the fiscal year of a certain number of countries, among them that of the largest contributor —whose share amounts to two thirds of the PASO budget—begins six months later. Therefore, even if quota payments were received promptly, on the basis of the fiscal years of the Member Governments, there would always be a need for a substantial Working Capital Fund.

Mr. SOMMER (United States) stressed the fact that 14 Member Governments whose contributions cover 29 per cent of the budget start their fiscal year on 1 January, while 7 Member Governments, whose contributions cover 71 per cent of the budget, start their fiscal year on 1 July or later. He announced his wish to present to Committee II for consideration a draft resolution that would concretely express the situation of the Working Capital Fund as revealed by the report of the External Auditor, and that would also suggest, as was indicated, the desirability of promptly paying the annual quota contributions as early as possible each year, and respectfully request the Member Governments to take into account the need for maintaining the Working Capital Fund at the recommended level and to make an effort to pay up their arrears as soon as possible.

Dr. SÁNCHEZ VIGIL (Nicaragua) pointed out that difficulties with regard to quota payments frequently arise owing to the lack of coincidence between the fiscal year of PASO and those of the Member Governments. For example, differences occur between quotas assigned when the PASO

budget is increased and those previously approved in the national budgets; discrepancies are also produced between the expenditures budgeted for certain projects carried out in cooperation with PASB, and those actually approved by the governments. He therefore considered it would be advisable if the fiscal year of PASO would coincide with that of the Member Governments.

Dr. ALLARIA (Argentina) asked whether it might not be advisable to prepare a draft resolution authorizing a study of the time of year when each government prepares its budget, in order to decide whether it would be advisable to modify the present fiscal year of the PASO.

The CHAIRMAN stated that, as he had been informed by Mr. Simpson, the PASB has precise information on the procedure of preparation of the budget and on the fiscal year of each Member Government, and that it takes these into account in the collection of quota contributions. The Chairman then proposed that the session be adjourned so that all the representatives might attend the reception being given by the Governor of the Commonwealth of Puerto Rico, and that the discussion of the draft resolution suggested by the representative of the United States be left pending for the next session.

*The session was adjourned at 5:15 p.m.*

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## SECOND SESSION

*Wednesday, 24 September 1958, at 3:00 p.m.*

*Chairman:* Dr. CARLOS DÍAZ COLLER (Mexico)

The required quorum being present, the CHAIRMAN called the session to order and announced that the discussion on Topic 13 would continue.

### Topic 13: Report on the Collection of Quota Contributions *(conclusion)*

Mr. SIMPSON (Chief, Division of Administration, PASB) brought the information on the status of collection of quota contributions up to date by reporting that the Bureau had received the sum of $32,654.11 from the Government of Cuba as a partial payment against its quota for 1957, and that the United Kingdom had paid its full quota for 1958 of $20,714.29. Mr. Simpson then read a draft resolution presented by the delegation of the United States proposing that the Conference take note of the report on the collection of quota contributions contained in Document CSP15/14; express its concern at the condition of the Working Capital Fund, as reflected in the report of the External Auditor for 1957; point out that it is desirable for the quota payments to be made as early as possible within the year they are due; and request the Member Governments that, bearing in mind the need to maintain the Working Capital Fund at the level established by the Directing Council at its X Meeting, and to the end that the work of the Pan American Sanitary Organization will not be hampered, they endeavor in every way to make the payment of their arrearages as promptly as possible.

Dr. BISSOT (Panama) expressed the opinion that this draft resolution comprised all that had been recommended on the topic at the session of the Committee, and he supported the proposal.

*Decision:* It was unanimously agreed to recommend to the Conference that it adopt a resolution along the lines of the draft presented by the delegation of the United States.[1]

### Topic 14: Emergency Revolving Fund

Mr. SIMPSON (Chief, Division of Administration, PASB) then presented Document CSP15/11[2] and summarized the use of the Emergency Revolving Fund. He explained that, upon the request of the Ministry of Public Health, Nicaragua, emergency supplies had been purchased and shipped to Managua in August 1957 and again in November 1957 to safeguard the health of those exposed to

[1] See minutes of the eighth plenary session, pp. 169-170.
[2] Mimeographed document.

rabies. A third request for an emergency shipment of rabies vaccine was received from the same Ministry on 19 March 1958.

Upon the request of the Senior Medical Officer, Grenada, B.W.I., emergency supplies were purchased and shipped to St. Georges in September-October 1957 to safeguard the health of those exposed to rabies.

Upon the request of the Chief Medical Officer, Jamaica, B.W.I., emergency supplies were purchased and shipped to Kingston in October 1957 for use by travellers as a preventive against cholera.

Upon the request of the Administrator, British Virgin Islands, emergency supplies were purchased and shipped to Tortola in October 1957 to safeguard the health of persons exposed to typhoid.

Complying with the provisions governing the Emergency Revolving Fund, the Director, on 7 March 1958, communicated with the recipient governments regarding reimbursement to the Fund. Partial reimbursement has been received from Grenada, B.W.I., and total reimbursement has been received from the other governments mentioned in the report.

Dr. SWELLENGREBEL (Kingdom of the Netherlands), recalled that in the operation of the Fund in the past, certain difficulties had arisen in dispatching some products by airlines. He asked if these difficulties had been encountered again.

Mr. SIMPSON (Chief, Division of Administration, PASB), replying to the representative of the Kingdom of the Netherlands, stated that there had been some difficulties in sending vaccine to Argentina. This vaccine required refrigeration and one of the three airlines had offloaded the shipment at a junction point. The PASB registered a protest on the matter with the air transport companies concerned and with the International Air Transport Association (IATA). The companies offered their apologies and gave assurances that they would try to avoid such difficulties in the future, and Mr. Simpson said such problems had not recurred in connection with subsequent shipments by the Bureau. The International Air Transport Association reported that it had studied the matter and considered the current regulations for this type of cargo to be adequate. Mr. Simpson added that the Director did not accept the answer from IATA as final and would continue to negotiate to bring about a permanent solution to this problem.

Dr. BISSOT (Panama) said that the case mentioned was neither the only nor the last one. He said that in Panama it is not unusual to encounter delays of two or three days in the receipt of shipments of vaccine that requires refrigeration. Therefore, he was pleased that the Director would continue negotiations and was not going to accept the answer from IATA as final.

Dr. SOPER (Director, PASB) pointed out that all information on this type of delay that is given to the Bureau would be very useful in documenting complaints. He reiterated that the Bureau was not satisfied with the attitude of the airlines nor with that of the International Air Transport Association.

Mr. SOMMER (United States) asked if the amount of the Emergency Revolving Fund, $50,000, was adequate, since from the report it seemed that this amount has been nearly restored.

Dr. SOPER (Director, PASB) said that the Bureau has had 10 years of experience with this Fund. To date, he said, the Fund has been sufficient for the needs for which it is intended. He pointed out that, while the entire $50,000 had never been needed, that is no indication that this might not occur in the future. This would depend on events, since the purpose of the Fund is to provide for unforeseen emergencies. The Fund is not intended to aid Member States in ordinary cases that require considerable sums, but is for real emergencies. The Red Cross or other agencies put themselves in a position to administer aid on a large scale. To illustrate the Bureau's role, he recalled that some time ago Argentina requested that serum be sent to combat an outbreak of botulism. The request was received on a Friday night and by Saturday afternoon the serum had been dispatched by air. The Director emphasized that, up to now, the level of the Fund has been adequate, but he added that he would not venture to suggest that it be reduced.

The CHAIRMAN proposed that the Committee take note of the report on the Emergency Revolving Fund.

Dr. BISSOT (Panama) suggested that, in addition, the Committee should express its satisfaction with the way in which the governments had reimbursed the Fund and also with the Bureau's efficiency in administering it.

*Decision:* It was unanimously agreed to take note of the report on the Emergency Revolving Fund (Document CSP15/11) and to express satisfaction at the way in which the governments reimburse the sums advanced from the Fund, and at the efficiency with which the Pan American Sanitary Bureau has taken action in the urgent cases that have required its services; and to recommend to the Conference that it adopt a resolution to this effect.[1]

**Topic 16: Amendments to the Staff Rules of the Pan American Sanitary Bureau**

Mr. SIMPSON (Chief, Division of Administration, PASB) explained that Documents CSP15/27 and CE35/2[2] contained the amendments to the Staff Rules of the Pan American Sanitary Bureau that were submitted to and confirmed by the 34th and 35th Meetings of the Executive Committee. These changes are based on similar changes adopted by WHO and put into effect 1 January and 1 July 1958. He referred to the explanatory table that contains the previous text of the amended articles, the text confirmed at the 34th Meeting of the Executive Committee, the text confirmed at the 35th Meeting of the Executive Committee, and, finally, comments justifying the changes introduced.

Dr. BISSOT (Panama) requested the reading of the comments on the texts that amend the PASB Staff Rules, contained in Document CE35/2.

Mr. SIMPSON (Chief, Division of Administration, PASB) read the modifications in question, adding that the amendments were adopted to implement the recommendations of the Salary Review Committee of the United Nations and to bring PASB's Rules into conformity with those of WHO.

The CHAIRMAN noted that the amendments had already been confirmed by the 35th Meeting of the Executive Committee.

Dr. JAVIER (Honduras) requested an explanation on the scope of Article 740, which provides that in the event of the death of a staff member whose death does not result in any indemnity payment from the Bureau's accident and sickness insurance policy, "a payment shall be made to the dependent spouse if any, and if none, then to any dependent children," in accordance with the schedule established in that same article. He considered the payment "to any dependent children," (*a cualesquiera hijos a su cargo*, the wording of the Spanish text) to be arbitrary since it seemed, he said, that it involved the possibility of excluding some of those children.

The CHAIRMAN pointed out that the objective of the proposed rule is to effect a payment to the members of the family of the deceased staff member, in accordance with the schedule established by the article.

Dr. BARAHONA (Honduras) said that it seemed to him that the text should be interpreted to mean that if there were several children all would share in the payment made by the Bureau.

The CHAIRMAN stated that the phrase "any dependent children" *(cualesquiera hijos a su cargo)* should in fact be interpreted to mean that all would share in the payment.

Dr. SOPER (Director, PASB) noted that the corresponding phrase in the English text was the equivalent of including all children and precluded neglecting any of them since the phrase encompassed all.

Dr. BARAHONA (Honduras) thought that the English text was perfectly clear, but that the phrase in Spanish could be interpreted in several ways.

The CHAIRMAN proposed that the word *cualesquiera* in the Spanish text of Article 740 of the PASB Staff Rules be replaced by *los*.

*It was so agreed.*

The CHAIRMAN then put to a vote the amendments to the Staff Rules.

*Decision:* It was unanimously agreed to take note of the amendments to the Staff Rules of the Pan American Sanitary Bureau introduced by the Director, which appear in Document CE35/2, and to include this decision in the Committee's report to the Conference.[3]

**Topic 37: Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau**

The CHAIRMAN recalled that this topic, on which no document had been presented to the Commit-

[1] See minutes of the eighth plenary session, p. 170.
[2] Mimeographed documents.
[3] See minutes of the eighth plenary session, p. 170.

tee for consideration, had been included on the agenda at the request of the delegate of Costa Rica, who was not present at the moment. He added that in a conversation he held with the delegate of Costa Rica the latter had suggested that a working party be established to study this topic and present its viewpoints to Committee II so that the Committee might discuss them and then submit them to the Conference. If the delegate of Costa Rica's proposal were accepted, the Chairman continued, a limited period could be fixed for the proposed working party to complete the study in question, for example, until next Monday.

Mr. SOMMER (United States) suggested that it might be more fitting for the Executive Committee to consider this matter.

The CHAIRMAN stated that, since no document on the matter had been presented, the reasons that motivated the request to include this topic on the Conference agenda were not fully known, although perhaps the reason may have been the consideration that only the Conference can amend the Constitution.

Dr. SOPER (Director, PASB), as a matter of information, recalled that at the X Meeting of the Directing Council the representative of Argentina had proposed that a committee study the procedure for electing the Director and the standards for selecting candidates, in order that the Conference might be furnished the necessary background on the persons who might be elected. That proposal was rejected, as was the proposal of the representative of Mexico to the effect that this topic be included on the agenda of the XV Pan American Sanitary Conference. The Director then read the text of a letter addressed to Dr. Oscar Vargas Méndez, Director General of Health of Costa Rica, dated 5 March 1958, as follows:

I have the honor to acknowledge receipt of your communication No. 142-58 dated 24 February 1958 in which, in accordance with the provisions of Article 10 (c) of the Rules of Procedure of the Executive Committee, it is requested that the topic "Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau" be included on the agenda of the 34th Meeting of the Executive Committee. The Directing Council at its last meeting rejected not only the proposal presented by the representative of Argentina on the topic "Procedure for the Election of the Director of the Pan American Sanitary Bureau" but also the motion of the representative of Mexico, which requested the Director to include this topic on the agenda of the XV Pan American Sanitary Conference. The right of the governments to include that or any other topic on the agenda to be prepared for the XV Conference was clearly established. I therefore take the liberty of calling to your attention the fact that the point might be raised that the inclusion of this topic on the agenda of an Executive Committee meeting would be contradictory to the decisions of the Directing Council at its last meeting. From the debate appearing in the minutes I enclose, it would seem that this matter is the exclusive province of the Conference. The Secretariat's position in this matter is extremely delicate in that it would wish to comply with the request you have presented but would not like to infringe on any decisions taken by the Directing Council. I would therefore appreciate your studying this point and giving me your opinion for the purpose of arriving at a satisfactory decision.

Dr. BISSOT (Panama) noted the interest of the question raised and the importance of the topic. He was of the opinion that even if the proposed working party were to be established, it would lack a basis on which to work, since no concrete proposal had been presented. This was not an easy topic and should not be examined in haste.

Dr. PATIÑO CAMARGO (Colombia) remarked that the formula for electing the Director was provided in the Constitution of the Organization, and he could find nothing to be added to that precept.

The CHAIRMAN stated that apparently some delegations felt that the system for nominations should be established in ample time.

Dr. HURTADO (Cuba) said that the appointment of the Director is regulated in the Constitution of the PASO, which assigns the election specifically to the Conference. Moreover, there are the provisions contained in the Rules of Procedure of the Conference. He added that it might be said that the system established in Article 4-E of the Constitution is defective and has brought about doubts as to its interpretation, in the English text as well as in the Spanish. If that were accepted, then the topic proposed by the delegate of Costa Rica might signify that it is a question of modifying Article 4-E of the Constitution with such amendments and additions as would make it clearer. This would be tantamount to a constitutional amendment, and he pointed out that amendments to the Constitution,

in turn, are subject to regulations from which it is not possible to deviate. Therefore, the first thing to bear in mind is the procedure for proposing amendments, for these are no common proposals. A proposal to amend the Constitution has to have its origin in one of the governing bodies of the Organization or originate with a representative of a government within one of these bodies, or come from the Member Governments themselves, but in the last case the proposals must be presented in time to notify all the countries sufficiently in advance.

Supposing that all these requisites had been complied with and that the Committee and the full Conference were to approve the amendments, these would not enter into force until after the Member Governments had been notified of them. It should be pointed out as a practical matter that the election of the Director is to take place during the XV Conference. For ethical reasons, therefore, it would not be possible to study the matter in a calm way, and, moreover, no decision reached at this time could be applied to the XV Conference. Dr. Hurtado was of the opinion that there is therefore no urgency and that urgency would be the only justification for discussing it in the form proposed. If what may be agreed upon cannot be applied until the next Conference, it is only logical to make the proposal known beforehand and to channel it to the governing bodies for careful study. He even believed that a special working party to study the aspects related to eligibility, the system of nomination, and the procedure for the election of the Director, might be advisable. He proposed that the Conference merely take note of the proposed topic and transmit it to the Directing Council, in order that the appropriate constitutional bodies or a special working party, after proper study, could draw up a set of rules governing this matter.

The CHAIRMAN then summarized the viewpoints expressed by the representatives of Panama, Colombia, and Cuba, and stated that in accordance with Article 25 of the PASO Constitution, the Conference or the Directing Council may approve and put in force, in accordance with policies which they may determine, amendments to the Constitution.

Dr. BISSOT (Panama) was of the opinion that the delegate of Costa Rica, who was not present at the session, possibly because he was attending the other Committee, and who had not presented any document, could at the proper time make a concrete proposal in a Directing Council meeting.

Dr. HURTADO (Cuba) pointed out that, owing to the fact that he had not been present during the start of the session because he was attending Committee I, he had not been aware that the delegate of Costa Rica had presented no written proposal, which meant that the entire discussion had been taking place in a vacuum. He reiterated that whatever might be decided on could not be applied to the XV Conference and therefore this topic should not take up a minute more of the Committee's time. The Directing Council had not taken up the matter, he recalled. A document to be presented by the representative of Argentina had been announced but was not presented. If Costa Rica had sent a communication or used any other constitutional channel to introduce the topic, it could have been discussed; but since the topic reached the Committee without any supporting document and in a manner that does not permit its consideration, he proposed that the debate on this topic be suspended until the background information necessary for continuing it was received.

Dr. SÁNCHEZ VIGIL (Nicaragua) supported the view of the representative of Cuba to the effect that the debate be suspended.

*It was so agreed.*

**Topic 25: Name of the Organization and Titles of its Senior Officers**

Dr. SOPER (Director, PASB) reported that the Executive Committee, at its 34th Meeting, agreed to recommend to the XV Pan American Sanitary Conference certain amendments to the Constitution of the Pan American Sanitary Organization relating to the name of the Organization and the titles of its senior officers. Referring to the first part of Document CSP15/7, "Name of the Organization,"[1] he pointed out that at present there are two bodies: the Pan American Sanitary Bureau and the Pan American Sanitary Organization. The Organization was created at the XII Pan American Sanitary Conference in 1947, and at the I Meeting of the Directing Council, in Buenos

[1] Mimeographed document.

Aires, it was believed that it would be given the name of Pan American Health Organization. The Government of Argentina prepared a commemorative medal with that name. During the discussions at Buenos Aires mention was made of the Pan American Sanitary Code, which makes reference to the Pan American Sanitary Bureau, and since the Code was a ratified treaty, the Council resolved to use the word "Sanitary" rather than the word "Health." At that time the difference between the Pan American Sanitary Organization and the Bureau was not clearly understood. The Organization is composed of the Conference, the supreme legislative organ, which meets every four years; the Directing Council which meets in the years in which no Conference is held and has the power to approve the program and budget and the same functions as the Conference; the Executive Committee, composed of representatives of seven countries, which meets at least twice a year; and, as the fourth component part of the Organization, the Pan American Sanitary Bureau, which is the executive organ and secretariat of the Organization.

There are certain difficulties in distinguishing the Bureau from the Organization, difficulties that are increased by the similarity of names. Fifty years ago the term "Sanitary" meant anything related to health; but the subsequent development of environmental sanitation and sanitary engineering has limited this word to a special health field and now the public, particularly the English-speaking public, has difficulty in understanding the concrete objectives of the Organization. Changing "Sanitary" to "Health" in the name of the Organization would therefore facilitate the distinction between the Bureau and the Organization. The Pan American Sanitary Bureau would retain its name, because it appears in the Pan American Sanitary Code.

Dr. PATIÑO CAMARGO (Colombia) wished to know whether, in the event the change were approved, the governing bodies would be called the Directing Council and the Executive Committee of the Pan American Health Organization.

The CHAIRMAN explained that the Bureau and the Conference would be the only organs to retain their present names.

Dr. SÁNCHEZ VIGIL (Nicaragua) pointed out that the term "Sanitary" is more limited than the expression "Health." He believed, however, that if the word "Sanitary" was to be retained for the Bureau it should be made clear that this involved no limitation of its sphere of activity.

Dr. HURTADO (Cuba) recalled that the change of name was among the proposed amendments to the Constitution submitted to the XIV Conference by the Government of Cuba, proposals which came to naught. He felt that, if the change is accepted, what might be called the architecture of these names should be maintained. The Government of Cuba, he said, had supported the changes then and did so now, on the condition that there would be changes in the names of all the organs of the Organization. He believed that the changes should be consistent and when they are made they should be made completely and generally, for the Conference and the Bureau as well as for the Organization.

Dr. SOPER (Director, PASB) stated that Article 3 of the Constitution of the Pan American Sanitary Organization provides that the Organization shall comprise: (1) the Pan American Sanitary Conference; (2) the Directing Council; (3) the Executive Committee; and (4) the Pan American Sanitary Bureau. On the other hand, Article 54 of the Pan American Sanitary Code says that "the organization, functions, and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American republics, and such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary Conferences." It had not been suggested to change the name of the Conference and the Bureau, which date from 1902, and the only change foreseen is that for the name of the Organization, which dates from 1947.

Dr. HURTADO (Cuba) said that the date on which the names were adopted had nothing to do with the question. Certain functions are identified with the name of the Bureau and when the Pan American Sanitary Organization was created, the Bureau was included in it. In his opinion, the Bureau has no personality; it is the Organization that has it. He said that changes had been made in the Sanitary Code of 1924—the only American instrument that has been ratified by all the coun-

tries of the Continent—by means of two Additional Protocols, that of Lima, 1927, and that of Havana, 1952. The Pan American Sanitary Code is not a closed instrument, but one that is open to reforms and does not bar the possibility of making changes and amendments in it. He did not believe it absolutely necessary to change the name of the Organization, but he insisted that if it is done it should be done completely.

Dr. SOPER (Director, PASB) explained that in 1948, finding it necessary to defend the position of the Pan American Sanitary Organization and the Pan American Sanitary Bureau at the Ninth International Conference of American States, in Bogotá, he had made a thorough study of the question. There are two documents in force, the Pan American Sanitary Code, which has been ratified by all the republics, and the Constitution of PASO. In the struggle carried on in Bogotá to prevent the absorption of the PASO, the Code could be used, but not the Constitution. The names established in the Code are the Pan American Sanitary Bureau and the Conference. To change the name of the Organization, which appears in the Constitution, it is necessary to amend that document; but to change the name of the Bureau and that of the Conference, it is necessary to amend the Code. Article 24 of the PASO Constitution states that the Director of the Bureau shall prepare periodic revisions of the Pan American Sanitary Code in accordance with general needs and policies determined by the Conference or the Council; that such revisions shall be reviewed by the Executive Committee and submitted to the Conference or Council for approval; and that such revisions shall be submitted to participating governments for appropriate action, as recommendations of the Conference or the Council. It is, therefore, possible to change the name of the Organization and, if the Conference so determines, it is also possible to prepare the documentation to change the name of the Bureau and the Conference.

Dr. RODRIGUES (Brazil), agreeing with the representative of Cuba, suggested that if the name of the Organization is changed, steps should also be taken to change the names of the other bodies.

Dr. PATIÑO CAMARGO (Colombia) stated that he had been looking over the minutes of the last Conference, held in Chile, and that he had not found sufficient reasons in them to justify the change of name of the Organization. He cited the first article of the Constitution, which sets forth the purposes of the Organization. He did not believe that by changing the term 'Sanitary" to "Health" the definition of the Organization's objectives would be improved. For traditional and even sentimental reasons, he could not be pleased to see the name of the Organization changed, a name for which all the countries of Latin America have a deep affection.

Dr. HURTADO (Cuba) pointed out that, in the discussion of the procedure of modifying the Pan American Sanitary Code, no reference whatever was made to the Additional Protocol of 1952, approved in Havana, which states in Article II: "Henceforth, any periodic amendment that it should be appropriate to make in the titles, sections, or articles of the Pan American Sanitary Code shall be the responsibility of the Pan American Sanitary Conference; for any such amendment to be valid, the provisions of the Constitution of the Pan American Sanitary Organization shall be carried out." In his opinion, therefore, the Conference has legal capacity to change anything relating to the Pan American Sanitary Code. He again quoted from the Additional Protocol of 1952, Article V of which reads: "This Protocol shall become effective on the first of October 1952 for those States which ratify this instrument before the said date. It shall become effective with respect to the remaining States on the date of ratification thereof."

Dr. JAVIER (Honduras) stated that, as he understood the trend of this discussion, the idea is to bring the name of the PASO in line with the modern concept of health. The matter therefore seems to have become a question of semantics. He said it was his belief that the concept "Sanitary" etymologically included that of "Health" and that nothing would be added by adopting the proposed change. He asked whether the Protocol of 1952 had been ratified by all the countries.

The CHAIRMAN pointed out that the difficulty did not lie in the use of the concept in the Spanish language but rather with the significance given it in English.

Mr. PARADA (Chile) asked whether the Additional Protocol of 1952 to the Pan American San-

itary Code had been ratified by a sufficient number of countries to enter into force.

Dr. ALLARIA (Argentina) stated that his delegation had studied the matter because it understood that the proposal to change the name of the Organization was not inspired by a whim. He said the delegation understood the reasons for it even though it did not agree with them. He saw no reason for changing a traditional name that had so much prestige in Spanish in order to adjust it to the English language. He announced that the delegation of Argentina would therefore abstain from voting on the matter.

Dr. SOPER (Director, PASB) referred to Article II of the Additional Protocol of 1952 and pointed out that the second part of it states that for an amendment to the Pan American Sanitary Code to be valid, the provisions of the Constitution of the Pan American Sanitary Organization must be carried out, and that procedure is established in Article 24 of the Constitution of the Organization. He explained that the word *Sanitaria* in Spanish was quite appropriate, but that for the English-speaking public the corresponding term had a restricted significance that made the PASO appear to be an organization of sanitary engineers. Through usage, the meaning of the word "Sanitary" has become modified in the United States to the extent that its use implies difficulties for purposes of publicity and knowledge of what the Organization really is, which is an important matter since the collaboration of the countries involved is of great value to the PASO. That is the reason why a change in the English name to "Pan American Health Organization" would be advisable.

The CHAIRMAN suggested that, when addressing English-speaking persons, the term "Regional Office of the WHO" could be used, in order to overcome the difficulty mentioned by the Director.

Dr. HURTADO (Cuba), replying to the representative of Honduras, stated that the Additional Protocol of 1952 to the Pan American Sanitary Code had been ratified by various States but he could not specify exactly how many. He insisted that Article 24 of the Constitution did not prevent the Conference from taking charge of amending or revising the Code, although it would be up to the governments to put such amendments into effect. He did not wish to discuss the question of whether or not the name should be changed. For the moment he only wished to reiterate that the Conference could change it.

Mr. WILSON (United States) said that his delegation favors the change in the name of the Organization, but does not wish to insist on it because it has noted the lack of interest with which some of the countries have received the suggestion. He declared that the United States would continue giving its strongest support to the Pan American Sanitary Organization, regardless of the name it may have. The Government of the United States, he said, has never failed to interpret correctly the objectives of the Organization.

Dr. BERTI (Venezuela) stated that he understood that the change in name was more necessary in English than in Spanish. He thought the Spanish word *Sanitaria* had a broader meaning than the English word "Health." The name of the Pan American Sanitary Organization enjoys great prestige because of the work the Organization has carried out. He therefore suggested that the word "Health" be used in English and the word *Sanitaria* in Spanish.

*The session was adjourned at 6:20 p.m.*

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## THIRD SESSION

*Thursday, 25 September 1958, at 3:00 p.m.*

*Chairman:* Dr. CARLOS DÍAZ COLLER (Mexico)

The required quorum being present, the CHAIRMAN opened the session.

### First Report of the Rapporteur

Dr. BISSOT (Panama), in his capacity as Rapporteur of Committee II, read the text of the Committee's first report to the Conference, which contains the draft resolutions prepared in accordance with the decisions of Committee II on the following topics: 12 (Financial Report of the Di-

rector and Report of the External Auditor for 1957); 13 (Report on the Collection of Quota Contributions); 14 (Emergency Revolving Fund); and 16 (Amendments to the Staff Rules of the Pan American Sanitary Bureau).

*Decision:* The Committee unanimously approved the first report of the rapporteur.[1]

**Topic 25: Name of the Organization and Titles of its Senior Officers** *(continuation)*

The CHAIRMAN announced that the discussion of Topic 25, begun at the previous session, would be continued.

Dr. SOPER (Director, PASB) presented the addendum to Document CSP15/7,[2] which contains the resolution adopted by the Council of the Organization of American States on 3 September 1958, based on a report presented by its Committee on Inter-American Organizations, with regard to the proposed changes in the Constitution of the Pan American Sanitary Organization. The resolution of the OAS Council stated that the Council had no recommendations to make on the aforesaid changes. Dr. Soper added that the similarity of the names of the Pan American Sanitary Organization and the Pan American Sanitary Bureau gave rise to confusion and many difficulties. For these reasons, he believed that a differentiation in the names would help make it clear that they were not the same body. He thought the suggestion made by the representative of Venezuela at the previous session, that the word *Sanitaria* be used in the Spanish title and the word "Health" in the English title, was very useful.

Dr. ALLARIA (Argentina) said that he regretted having to bring to the Committee a very delicate question, but one that was of primary importance and had already been raised. He explained that the special committee designated by the Conference to examine Article 53 of the Rules of Procedure, of which he was chairman, had been studying a number of documents and had found weaknesses and deficiencies in the basic documents of the Organization. It was necessary to make a thorough study of those texts, with legal advice, so that the Organization could function on a firm legal foundation.

He noted that Resolution XXXIX of the XIV Pan American Sanitary Conference[3] had established a procedure for approving amendments to the Constitution, in which it was considered necessary to have the affirmative vote of a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session. He stated that the text of this resolution already covers the problem with which his committee had been dealing during the last few days. He announced that since any proposed amendment to the Constitution must be voted upon following procedures that are confusingly described in the legal texts of the Organization, the delegation of Argentina would abstain from voting on any proposed amendment to the Constitution at this Conference. He believed that consideration of any proposed amendment to the Constitution should be postponed until the Directing Council could study the question, with the pertinent legal advice.

The CHAIRMAN remarked that the Committee was discussing only a possible recommendation to the Conference and that a decision on it could be adopted by a simple majority vote.

Mr. WILSON (United States) pointed out that the question raised by the representative of Argentina did not properly refer to the topic under discussion, as that was limited to the study of whether or not it is advisable to change the name of the Organization. He suggested that if the name were to be changed in English only it could be done as a new translation, and he asked whether that would involve an amendment to the Constitution. He was of the opinion that the topic had been fully discussed.

Dr. SOPER (Director, PASB) stated that Resolution XXXIX of the XIV Conference, to which the representative of Argentina had referred, had only indicated the procedure to be followed with the amendments to the Constitution recommended by Committee II of that Conference. It was not attempted at that time to establish a procedure for future cases.

Dr. ALLARIA (Argentina) stated that, as can be seen by examining Document CE34/7,[4] if Article 4-E of the Constitution were modified in order to

[1] See minutes of the eighth plenary session, p. 170.
[2] Mimeographed document.
[3] Official Document PASO 14, 642.
[4] Mimeographed document.

change the name of the Organization, it would be necessary to change the text of that article completely, in view of the problems that its interpretation has presented to the Conference. It was his opinion that any constitutional amendment would place the Organization in a confusing and dangerous position as regards its juridical security. He urged that the advisability of debating any proposed amendment to the Constitution should be discussed first of all.

Mr. WILSON (United States) said that his delegation would be willing to support a recommendation to the effect that a new English translation be made of the name of the Organization, as it was his belief that this could obviate the problems that had arisen.

Dr. HURTADO (Cuba) recalled that at the previous session he had stated that the Conference had the power to introduce amendments to the Constitution; that it could change the names and titles and revise the basic documents for the purpose of giving them the greatest possible congruity. As to the substance of the matter, that is, as to whether proposed amendments should be considered at this time, he was inclined to share the opinion of the representative of Argentina. He said that when the committee designated to study Article 53 began that task, the delegates who make up that committee first believed that it would merely be a matter of checking and improving the texts. However, as he went deeper into the subject and examined numerous documents, he, like the representative of Argentina, was struck by the fact that all the legal documents of the Organization are replete with contradictions and ambiguities. In the face of this fact, he wondered whether it was worth while to discuss minor changes such as those of names and titles. He stated that the committee referred to would recommend to the Conference that it establish a subcommittee charged with making a study of the basic documents in order to eliminate all ambiguities. He believed the Conference should designate a permanent subcommittee to make a continuing study of amendments needed to bring the Constitution and other basic texts of the Organization up to date. For this reason, the delegation of Cuba would not vote in favor of recommending any proposed amendment to the Constitution at this Conference.

Dr. SOPER (Director, PASB) noted that it would be advisable to hear the opinions of the representatives of France and Brazil with regard to whether the word "Sanitary" or "Health" would be the more appropriate in the language of their countries.

Dr. OLLÉ (France) stated that, since this was a linguistic problem that concerned the English-speaking and Spanish-speaking countries, he had not felt inclined to participate in the debate. He indicated that in French the appropriate term is "Santé," the word used in the name of the Health Ministry and Department of the Government of France.

Dr. RODRIGUES (Brazil) stated that the view of the delegate of France was equally applicable in the case of his own country. In Portuguese the word "Sanitaria" has a more limited meaning than the word "Saúde" and the latter is the more adequate word. He felt, however, that it should be recommended to the Conference that it entrust a special subcommittee with a complete study of all the basic texts of PASO in order to eliminate once and for all any doubts regarding their interpretation. He therefore supported the position of the representatives of Argentina and Cuba to the effect that no constitutional amendments be proposed until after such a study has been made.

Dr. PRÍNCIPE (Venezuela) said that after the statements made by the representatives of Argentina, Cuba, and Brazil, it should be decided, as a first step, whether the consideration of the proposed amendments should be continued and, therefore, whether or not there should be further discussion.

Dr. ALLARIA (Argentina) shared the point of view expressed by the representative of Venezuela, and he stressed the advisability of first discussing the matter he had brought up.

Dr. VARGAS MÉNDEZ (Costa Rica) agreed, in general, that no constitutional changes should be made, since the interpretation of the obscure texts could be made by other measures. In all institutions, however, it is sometimes necessary to bring the legal texts up to date. He recalled that when, at the XIV Conference, it was proposed to amend the Constitution, the task was undertaken, and after eight or nine very laborious sessions Committee II, which studied the proposals, approved the draft of Resolution XXXIX, which was

cited early in this session. He believed that changes should not be made in the Constitution now, because constitutional amendments go farther than simple changes of name, and to make them hurriedly in the short time available during a Conference could give rise to new contradictions. He suggested that the Committee recommend to the Conference the creation of a juridical subcommittee charged with making the necessary legal and technical studies and with presenting proposed amendments to the Constitution at a future Conference. Personally, he believed it advisable to change the name of the Organization and also the titles of its senior officers; but he thought that this could be agreed upon after the study carried out by the subcommittee whose establishment he had suggested.

Dr. ALLARIA (Argentina) proposed that a vote be taken on whether the proposed amendments to the Constitution should be discussed or whether, in view of all that had been said, they should be left until the basic texts of the Organization had been duly studied. Therefore, he moved the discussion be closed.

Mr. WILSON (United States) opposed the motion to close the debate. He insisted that it is advisable to change the name of the Organization, in English. He pointed out that if the proposal made by the representative of Argentina were approved the Conference would not be able to consider several topics on its agenda, among them an important change in the procedure for the preparation of the Organization's budget.

The CHAIRMAN announced he would put to a vote the motion made by the representative of Argentina that the debate be closed.

*Decision:* By a vote of 5 to 5, with 2 abstentions, the motion to close the debate was rejected.

Mr. WILSON (United States) believed that the discussion had reached a point where the problem had to be solved by analyzing the change of name of the Organization language by language. He recalled that the representative of Brazil preferred the term "Saúde" in Portuguese, the representative of France preferred the word "Santé," and that as regards English it would be preferable to use the word "Health." In his opinion this was a question of adjusting the translation of the word "Sanitaria" in each language, rather than a constitutional problem.

Dr. HURTADO (Cuba) maintained that consideration should be given to whether or not it would be advisable to introduce amendments to the Constitution during the XV Conference. If it were decided that this is not advisable, it would automatically block the possibility of continuing the discussion. In his opinion the problem was not one of language but a constitutional one, affecting the identification of the Organization. What must be decided, therefore, was whether or not to accept the idea that amendments to the Constitution can be made at this time. He explained that a complete draft revision of the Constitution was presented at the XIV Conference in view of the fact that the present Constitution suffers from many defects and omissions. That proposal failed because of the very breadth of the reforms proposed. For this reason he believed in being careful and sparing with amendments to the Constitution.

As regards the proposal of the representative of the United States to modify the English text, he did not dispute the advisability of that measure from a purely semantic viewpoint, but since that would imply a constitutional amendment, he feared that it would lead to other proposals for amendments that might grow into an avalanche of changes. Any change in the Constitution had to be documented, studied, and distributed to the governments in advance. If this Conference agreed to do so, it could study the constitutional amendment being proposed regarding the name of the Organization. He was in favor of the suggestion made by the representative of Costa Rica to the effect that the Conference establish a permanent juridical subcommittee to study the amendments considered necessary; this would not be a subcommittee to propose resolutions on amendments to the next Conference, for it would not be possible to wait for four years; there is an organ, the Directing Council, that meets annually and has the power to amend the Constitution. He believed that Committee II should propose that the Conference organize a permanent subcommittee on juridical matters, in order that it may report to the governing bodies and recommend the appropriate amendments to the Constitution, not only at an early date to solve the present difficulties of interpretation, but also continuously so as to adapt

the Constitution to the changing needs of a changing world.

Dr. ALLARIA (Argentina) stated that in the speed of the discussion his motion to close debate had been defeated, based on the interpretation that a tie vote meant the rejection of a motion. As he could not find any point in the Rules of Procedure to this effect, he expressed his disagreement with the action taken and although he did not wish to re-open the question he did wish to point out to the Chairman that this treatment had not passed unnoticed by his delegation.

The recommendation to change the name of the Organization arose, it seemed, from the need to find a name, in English, that would clearly denote the objectives of the Organization. It was not evident to him, he said, that such a need arose from the operation of the Organization in its specific tasks, which are to promote or improve health conditions in the Americas, a consideration that, in the judgment of his delegation, was the only one of value because it stemmed from those who receive the benefit, not from those who provide it.

He pointed out that the English-speaking population in the Americas is 187 million as against a Spanish-speaking population of 189 million, so that there is a difference of two million in favor of those who recognize the Organization better by its present name in Spanish. He thought that up to now the success of the Pan American Sanitary Organization had not been underrated by any comment to the effect that, because of the name of the Organization, certain peoples had not been able to benefit because the specific aims of the Organization were not being fulfilled. Those aims are to improve health, and not to facilitate the administrative procedures of the various countries.

Dr. Allaria added that the abstention of his delegation on this point was also based on anthropological-cultural reasons. The PASO and WHO, as well as other specialized agencies of the United Nations, recognize the ever-increasing value of active community participation in health programs, and it has been precisely the cultural anthropologists who have taught public health workers that they must take into account not only the technical factors but also the language, customs, speech, and traditions of the peoples to whom the programs are dedicated. Fortunately, up to now, the PASO programs have been carried out with complete efficiency, without being impeded by the name of the Organization. He stated that his delegation would withdraw its abstention only so as not to obstruct the administrative needs of English-speaking public offices, if a proposal were made to the effect that in the PASO documents in English there appear between parentheses a name for the Organization appropriate to the needs of that language.

The CHAIRMAN explained that he had abided by the text of Article 22 of the Rules of Procedure when he considered the motion regarding the closure of debate rejected, and he quoted Rule 75 of the Rules of Procedure of the World Health Assembly, which reads: "If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted." He said that in practice these Rules are considered as supplementary and complementary to the provisions of the PASO.

Dr. ALLARIA (Argentina) stated that he was not satisfied with the explanation given by the Chairman, since the latter could have broken the tie by taking another vote. He added that Article 22 of the Rules of Procedure of the Conference merely indicates that decisions will be taken by the affirmative vote of the majority of representatives, and where a legal text does not establish a distinction, that text should not be interpreted as if it really set forth a distinction.

Dr. RODRIGUES (Brazil) referred to the statement of the United States representative regarding the change of the name of the Organization in English and stated that if that were accepted the change in the name should also be made in Portuguese. However, it was essential first to decide whether or not this would involve a constitutional amendment and to resolve whether a discussion of the proposal to amend the Constitution was permissible. In his opinion, the procedure of making a simple change in the name did not solve the problem either, for it would lead the way to a series of minor concessions and a chain of amendments would ensue.

Dr. SOPER (Director, PASB) stated that in 1947 thought had been given to adopting the name of Pan American Health Organization, but when the name to be given the Organization was discussed

at the I Meeting of the Directing Council it was recalled that the Pan American Sanitary Code, which had been ratified by all the countries of the Continent and which was the legal basis on which the Organization must rest, spoke only of the Pan American Sanitary Bureau. At that time it was decided not to adopt the name of Pan American Health Organization, for fear that legal complications might arise. In fact, the Government of the Argentine Republic had struck a medal in commemoration of the I Meeting of the Directing Council which bore the inscription "Organización Panamericana de la Salud." This problem does not exist in Portuguese or French, because there are no officially established translations in those languages and therefore the name could be changed without any difficulty. In the Constitution drafted and approved in October 1947 at the I Meeting of the Directing Council, the Spanish text reads *Organización Sanitaria Panamericana* and the English name is an official translation of the Spanish.

Mr. WILSON (United States) asked the Director whether he considered himself authorized to change an official translation.

Dr. SOPER (Director, PASB) stated in reply that the English translation of the approved text was made by direct authorization of the Directing Council, and he therefore felt that no change of the translation should be made without an agreement to that effect by the Conference or the Council. The need to change the name had already arisen at the XIII Conference, which took no decision on the matter but established a Permanent Committee made up of the representatives of Chile, the Dominican Republic, and the United States to study the proposed amendments to the Constitution. During the four ensuing years the Committee held not less than 38 or 39 meetings. The Committee's study was distributed to all the Member Countries and presented to the XIV Conference. Long discussions were held in the special working party on constitutional amendments established at the XIV Conference, and in the end no change whatever was made in the Constitution. In view of the importance of the problem, the Director decided after four more years to bring it again to the attention of the governing bodies of the Organization. The Director added that if after eleven years he is suggesting amendments it is because he believes them to be important, but he does not wish to make them, as Director, without being duly authorized to do so.

Mr. WILSON (United States), after voicing his regret at the length of the debate, emphasized that the name of the Organization bears no influence on the degree of interest shown by the United States in the work of the Pan American Sanitary Organization and his delegation therefore had no special interest in the change of the name of PASO in English. He believed that the change of the present name of the Organization, in English, would be simply a matter of translation, and as a solution suggested that the Director publish a new official translation in English of the name given to the Organization in the Constitution, which was drafted in Spanish.

Dr. HURTADO (Cuba) reiterated that the name adopted was *Organización Sanitaria Panamericana* and that its translation into English was approved by the Directing Council, so it is not proper to evade the problem by presenting it as a mere change of translation. The present translation cannot be amended, for in his opinion a change of name is a substantive change and can be made only with the prior approval of a new Spanish text, and that constitutes a partial amendment of the Constitution, a measure he would be willing to approve.

Dr. ALLARIA (Argentina) said that he agreed with the representative of Cuba. As a practical procedure he suggested that the Director be authorized to include in the future in publications, under the name of the Organization in English, French, and Portuguese, in parentheses, the translation that would best express, in each language, the aims of the Organization.

Dr. HURTADO (Cuba) thought that this procedure seemed acceptable as it would not require a constitutional amendment.

Dr. BISSOT (Panama) noted that the original proposal of the representative of Costa Rica suggested the creation of a permanent subcommittee of the Directing Council to study amendments to the Constitution. It would be preferable, he said, for such a body not to be permanent, but to be appointed for a term of from three to six months to make the study, which would be submitted to

the Directing Council. The Council could then extend the term of the subcommittee as necessary.

Mr. WILSON (United States) pointed out that the proposal of the representative of Argentina would give the impression that the Organization had a name that was not the official one, something that would create even more confusion than that which they were trying to avoid.

The CHAIRMAN announced that since the proposal of the representative of Argentina was farthest removed from the original proposal, voting would begin with it.

Dr. ALLARIA (Argentina) mentioned, to illustrate his proposal, that the Inter-American Child Institute uses, after its name and between parentheses, the phrase "Former American International Institute for the Protection of Childhood."

Dr. RAMÍREZ (Ecuador) asked whether the proposal of the representative of Argentina did not mean after all, a constitutional amendment and he felt that the example of the Inter-American Child Institute was not applicable to the case under discussion.

The CHAIRMAN announced that in accordance with Article 50 of the Rules of Procedure the motion to close the discussion would be put to a vote.

Dr. ALLARIA (Argentina) asked if he might answer the representative of Ecuador.

The CHAIRMAN insisted that the voting proceed.

Dr. ALLARIA (Argentina) asked if the representative of Ecuador did not want to know the opinion of the representative of Argentina.

Dr. RAMÍREZ (Ecuador) said he knew that the opinion of the representative of Argentina was very worth while and that he had no objection to hearing it but he reminded the delegate that the Chairman had called for a vote on closing the discussion.

The motion to close the discussion was put to a vote.

*Decision:* The discussion was closed by a vote of 7 to 6, with no abstentions.

The CHAIRMAN called for a vote on the motion of the representative of Argentina, which reads as follows:

Considering that the proposal to change the name of the Organization, presented by the Director, implies the amendment of the constitutional text, and in order to prevent the difficulties that arise from the Director's suggestion, the Committee on Administration, Finance, and Legal Matters recommends to the XV Pan American Sanitary Conference that it authorize the Director to have printed, under the name of the Pan American Sanitary Bureau in English, French, and Portuguese, in parentheses, the text that in each of these languages is most understandable for the countries in which the aforesaid languages are spoken.

Dr. BISSOT (Panama) asked if the representative of the territories would be allowed to vote. It was his opinion that since no constitutional amendment was involved, they could do so.

Mr. WILSON (United States) was of the same opinion.

The CHAIRMAN said that this was also his interpretation of the constitutional texts.

*Decision:* The proposal of the representative of Argentina was defeated by a vote of 6 to 4, with 1 abstention.

Dr. ALLARIA (Argentina) thanked the representative of Ecuador for his earlier statements and said that his example of the Inter-American Child Institute was only to illustrate the typographic aspect of his proposal.

Dr. RODRIGUES (Brazil) said it was his understanding that the question of whether or not there would be a discussion of the proposed constitutional amendments should be put to a vote.

Dr. HURTADO (Cuba) believed the draft resolution along the lines recommended in Resolution XIII of the 34th Meeting of the Executive Committee[1] should be put to a vote.

The CHAIRMAN declared that, in conformity with Resolution II, paragraph 5, of the II Meeting of the Directing Council,[2] the representatives of countries having territories in the Americas could not take part in the vote because it concerned a constitutional matter.

Mr. WILSON (United States) pointed out that Article 15 of the Rules of Procedure refers to meetings of the Conference and that the term "meetings" must be taken to include those of the Committees. The countries with territories in the Americas could not, therefore, participate in the vote.

[1] See Part IV, p. 392.
[2] PASB publication 247, p. 13.

Dr. ALLARIA (Argentina) objected to this interpretation because he understood that it was not an amendment to the Constitution upon which a vote was being taken, but rather on a recommendation of the Committee to the Conference. He requested that legal counsel be sought on this point and that the discussion be postponed until the next session in order to avoid any awkward situation arising from this phase of the debate.

Dr. VARGAS MÉNDEZ (Costa Rica) supported the proposal to adjourn the session. Dr. HURTADO (Cuba) and Mr. WILSON (United States) also supported the motion for suspension, but it was their belief that the Chairman had interpreted the legal texts correctly.

The CHAIRMAN said that the session would be adjourned so that the representatives might take care of other business they had in hand.

*The session was adjourned at 7:10 p.m.*

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## FOURTH SESSION

*Monday, 29 September 1958, at 3:00 p.m.*

*Chairman:* Dr. CARLOS DÍAZ COLLER (Mexico)

*(Later)* Dr. BICHAT RODRIGUES (Brazil)

The required quorum being present, the CHAIRMAN called the meeting to order. He announced the continuation of the discussion of the first part of Topic 25, the proposal to change the name of the Organization, which was begun at the third session.

### Topic 25: Name of the Organization and Titles of its Senior Officers *(conclusion)*

The CHAIRMAN recalled that at the close of the last session the question was raised as to whether the representatives of the territories might take part in the discussion of the topic, and that the representative of Argentina had asked that legal advice be requested on this point. The Chairman read the ruling of a legal adviser, which said:

> The proposed resolutions that appear in Document CSP15/7[1] speak of amendment of the Constitution and the preamble refers to Article 25 of the Constitution, which deals with amendments to the Constitution, thus clearly establishing that we have before us a constitutional matter.

The Chairman added that the Rules of Procedure of the Directing Council clearly stated that in constitutional matters the representatives of the territories may not vote. Therefore, they may not participate in the voting on the change of name of the Organization.

Dr. PRÍNCIPE (Venezuela) said that it would not be inopportune to recall that there was not going to be a change in the name of the Pan American Sanitary Bureau, which is the traditional institution, but in the name of the Organization, which was formed more recently.

Dr. RODRIGUES (Brazil) pointed out the advisability of examining the matter more thoroughly and of deciding whether it would be advisable to introduce constitutional changes now or leave them to be studied by the Executive Committee or by a special committee properly advised by jurists. He proposed that the Committee decide this point.

Dr. SOPER (Director, PASB) said that it was interesting to recall previous experience regarding this problem. He said that at the XIII Conference, held in 1950, there was no agenda topic on amendment of the Constitution but amendments were proposed during the Conference and a committee was appointed to study them. The Committee worked for four years, holding more than 30 meetings, and submitted its recommendations to the XIV Conference, but these did not receive the plenary's approval. The changes that are now proposed to the XV Conference have been submitted to the Member Governments and the Executive Committee for consideration, and are on the agenda of the Conference. These changes, proposed by the Director, do not imply any basic reforms in the Organization, since they are simply intended

[1] Mimeographed document.

to correct defects that affect the administrative operation of the Bureau. For example, not to correct the title of the Secretary General, the third administrative officer of the Bureau, would present that officer with difficulties arising from the present situation of his post. As to the practical use of the words "Sanitary" and "Health" he recalled that during the first 10 years of this century the word "Sanitary" was commonly used. In 1908, for example, the "Rockefeller Sanitary Commission" was organized, but a few years later, when the Rockefeller Foundation was created, it established the "International Health Board."

Dr. ALLARIA (Argentina) stated that, on examining the Proceedings of the XIV Conference and studying the Constitution, he found that Article 25 provides that the Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to the Constitution. It was therefore his understanding that if the proposal of the representative of Brazil were not approved, it would be necessary to start by establishing the norms under which the amendment proposals would be voted on. That was done in Resolution XXXIX of the XIV Pan American Sanitary Conference.

The CHAIRMAN suggested that the proposal of the representative of Brazil be voted on first because it was the farthest removed from Topic 25.

Mr. WILSON (United States) believed that the proposals of amendment to the Constitution should continue to be discussed and asked if there was any good reason for not changing the name of the Organization, since the change, although of little importance in itself, is important in connection with the functioning of the Pan American Sanitary Bureau. It is true that the text of a constitution should not be constantly changed, he said, but neither should it be rigid and inflexible to changes rendered advisable by new circumstances that arise.

The CHAIRMAN again suggested that the proposal of the representative of Brazil be put to a vote and asked that representative to formulate it in concrete terms. He then summarized the status of the discussion up to that moment and explained that if the proposal of the Brazilian representative were accepted there would be no need for further discussion of Topic 25 or Topic 26.

Dr. RODRIGUES (Brazil) restated his proposal to the effect that no proposed amendments to the Constitution be discussed by Committee II and that it be recommended to the full Conference that it entrust the Executive Committee with the study of such proposals, in accordance with the recommendation already made by the special committee appointed to study Article 53 of the Rules of Procedure of the Conference.

Mr. WILSON (United States) pointed out that the special committee had made its recommendation regarding but one point of the Constitution, namely, the election of the Director.

Dr. RODRIGUES (Brazil) replied that he was under the impression that the special committee, in making its recommendations, had in mind that the Executive Committee should make a complete analysis of the problem. In his own opinion, the change of a single word in the Constitution represents a constitutional amendment.

The CHAIRMAN remarked that the Executive Committee had already studied these proposed amendments and that it was therefore not a matter that was being suddenly brought up or lightly considered. He therefore believed that the proposal of the representative of Brazil should be put to a vote.

*Decision:* By a vote of 6 to 3, with 4 abstentions, the proposal of the representative of Brazil was defeated.

The CHAIRMAN next put the proposal to change the name of the Pan American Sanitary Organization to a vote.

*Decision:* By a vote of 6 to 1, with 2 abstentions, it was agreed to propose to the full Conference the change of the name of the Pan American Sanitary Organization to Pan American Health Organization, and to include this decision in the Committee's report to the Conference.[1]

The CHAIRMAN then called for discussion of the second part of Topic 25 on titles of the senior officers of the PASB.

Dr. SOPER (Director, PASB) called attention to the fact that in the proposed amendment of Article 4-E there is a change concerning the title of Director, since it states "the Conference shall elect the Director of the Pan American Health Organ-

[1]See minutes of the twelfth plenary session, pp. 217-218.

ization" and stipulates that he "shall be the chief technical and administrative officer of the Organization and the legal representative thereof." The proposed new text takes into account the change of name from Pan American Sanitary Organization to Pan American Health Organization and confers the representation thereof on the Director, as is done in the WHO.

Dr. VARGAS MÉNDEZ (Costa Rica) pointed out that at the previous session he at first opposed any amendments to the Constitution, but that as the debates progressed both he and the representative of Cuba accepted the compromise formula for changing the name of the Organization and submitting the remainder of the proposals for constitutional amendment to a special committee for study. Now, he felt the balance of the amendments were of primary importance, and should be submitted for study to the committee it was proposed to establish.

The CHAIRMAN stated that since the proposal of the representative of Brazil had been defeated, the only alternative left to the representatives was to approve or to reject the change.

Dr. BISSOT (Panama) remarked that at the previous session he had received the impression that all took a special interest in keeping alive the name of Pan American Sanitary Bureau. He therefore asked whether now, in giving the Director the title of Director of the Pan American Health Organization, this would not have the consequence of casting into oblivion the Bureau and its name.

Dr. PATIÑO CAMARGO (Colombia) stated that he had been opposed to the change in name of the Pan American Sanitary Bureau because it is the name recognized in the Pan American Sanitary Code and because that name had great prestige. But he believed that if the Organization is called Pan American Health Organization, then logically its officers should carry the same name in their titles, although he feared, as did the representative of Panama that this would cause the honored name of the Bureau to be gradually forgotten.

Dr. SOPER (Director, PASB) recalled that the Pan American Sanitary Code of 1924 is a treaty ratified by all the countries of the Hemisphere. In 1952 certain amendments were introduced in the Code, which have already been ratified by the majority of the countries. It was decided to retain the name of the Bureau because it forms part of the Code, which is the basis on which the Organization rests. Specifically, Article 54 of the Code states: "The organization, functions, and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American republics, and such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary Conferences." He emphasized the phrase: "such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary Conferences," saying that this was the important thing, since the Pan American Sanitary Bureau is based on the Code, and, at the same time, on the Conferences, which have authority over the Bureau and its program, as provided in the Code.

For this reason neither the name of the Bureau nor that of the Conference should be changed. He pointed out that the Executive Committee and the Directing Council are constitutional bodies and can be dealt with in relative freedom in accordance with the procedures established for amending the Constitution, a document that has not gone through the procedure of ratification. The Code, on the other hand, cannot be altered except under established procedure, and amendments to it are subject to ratification by the countries.

Mr. WILSON (United States) pointed out that the proposed amendments are closely related and he did not believe that they would affect the name of the Pan American Sanitary Bureau, which it is wished to respect and which is contained in the Pan American Sanitary Code.

Dr. BISSOT (Panama) remarked that there is no doubt that the name of the Bureau would remain in the Code, but to all practical purposes a name so well known in the Americas by thousands of persons is going to disappear, for henceforth all the documents and publicity will use the name of Pan American Health Organization.

Dr. SÁNCHEZ VIGIL (Nicaragua) believed that, in practice, there will be no problem so long as the Director could continue to be called, in addition, Director of the Bureau.

The CHAIRMAN pointed out that it would be advisable to accept or reject in their entirety the

five points contained in the proposed amendments.

Dr. ALLARIA (Argentina) stated that he was alarmed because he interpreted the words of the Chairman to mean that the name of the Organization had already been changed and if that were so it would force him to consider that the Committee had proposed an amendment to the Constitution without abiding by the necessity, which he had pointed out at the beginning of the session, of previously fixing the standards for voting on the proposed constitutional amendments.

The CHAIRMAN pointed out that all were agreed in considering this only as a recommendation of Committee II, and that the change in the name of the Organization could be considered as approved only for purposes of discussion of the subject by the Committee. The Committee could not change one iota of the Constitution; such action was the province of the full Conference.

Dr. ALLARIA (Argentina) said that at the beginning of the session he had asked the Chairman to take into account that, before going on to deal with any proposed amendment to the Constitution, it was necessary to have the legal instrument for voting approval of the proposed amendments. He thought that this required three steps. The Director presents a proposed amendment, regarding the name. This proposed amendment, to be approved, should be voted on through an instrument, and after approval, sent to the plenary as a recommendation. In the Committee the second step had not been taken. By what instrument, that is to say, under what rules, was the proposed amendment presented by the Director approved?

As legal background, he pointed out that at the XIV Conference a resolution was prepared which stated that a two-thirds majority of countries voting was required for approval of the proposed amendments to the Constitution. If the voting in the Committee today had been unanimous, that would not have annulled the legal reasoning to the effect that the vote was not taken under a legal instrument. Therefore, he understood that the delegation of Argentina was in a position to contest the vote taken, because no legal instrument for the approval of the proposal had been approved prior to the voting on the amendment. If this point were not sufficiently clarified, his delegation, in order to maintain the same position in this matter that it had held since it was honored with the chairmanship of the special committee to study Article 53 of the Rules of Procedure, would have to carry this contest before the plenary.

As a point of order he requested the Chairman to review the question, because he felt the opposition of the delegation of Argentina was based on sufficient arguments for it to be considered at this time.

The CHAIRMAN called attention to Article 25 of the Constitution, which states that the Conference or the Directing Council *may* approve or put into force, in accordance with policies which they may determine, amendments to the Constitution. The representative of Argentina complains that standards were not determined. The truth is that the plenary may do this when dealing with the matter but is not obliged to do so, since it could apply Article 22 of the Rules of Procedure, which establishes a simple majority for voting. This was the criterion that the Committee had followed.

Dr. ALLARIA (Argentina) recalled the statement of the Chairman in which he said that the Committee was also the Conference. He was surprised to find the Chairman expressing a different opinion.

Dr. SOPER (Director, PASB) reported that in the XIV Conference decisions of the Committee were taken by a simple majority and only the plenary established, for the XIV Conference, the standard of a two-thirds vote in the case of amendments to the Constitution. On page 404 of *Official Document No.* 14 there was an example of a proposed amendment to the Constitution approved by a majority.

Dr. ALLARIA (Argentina) regretted that he was in disagreement with the background cited by the Director. He pointed out that the XIV Conference adopted Resolution XXXIX, which establishes the standards for accepting amendments to the Constitution. He maintained that in this Committee the vote was not taken under a prior legal instrument. He asked that the minutes of the tenth plenary session of the XIV Conference be consulted as a reference. In these minutes, he said, there are enough arguments to prove that any proposed revision of the Constitution must be dealt with in accordance with an established system of voting, which had not been previously established in

this case, and that a revision of the Constitution was being discussed today in the Committee.

Dr. SOPER (Director, PASB), to clarify the point raised by the representative of Argentina, asked whether the discussion to which he had referred did not take place in the plenary session, while the one the Director had cited, in his earlier remarks, took as an example a case in Committee II in which the decision was adopted by a simple majority.

Dr. ALLARIA (Argentina) said that the explanation by Dr. Soper did not nullify his reasoning, because the important thing is that in the vote that he was contesting the standards to which that vote should be subject had not been established, whether that of a simple majority, a two-thirds vote, or any other.

Mr. WILSON (United States) said that the discussion revolved around the interpretation of the phrase "in accordance with policies which they may determine," in Article 25 of the Constitution. He believed that the English version should be understood to mean that they had the authority to determine these policies, but does not say that they should or must be established. In his opinion, Article 22 of the Rules of Procedure of the Conference should be applied, which stipulates that decisions will be adopted by the affirmative vote of the majority. The decision for two thirds that appears in Resolution XXXIX of the XIV Conference should be applied only to that Conference.

Dr. AGUILAR (El Salvador) asked whether, in other cases, the standards to which the representative of Argentina referred had been previously established.

The CHAIRMAN considered that Article 22 of the Rules of Procedure, which he read, was applicable, and that article provides that resolutions will be adopted by the affirmative vote of the majority of the representatives.

Dr. ALLARIA (Argentina) said that this matter affected basic juridical interests, and he suggested that the session be recessed for a few minutes so that the problem could be clarified by an exchange of views among the representatives.

The CHAIRMAN asked the representative of Argentina to present a specific motion.

Dr. ALLARIA (Argentina) as a point of order, asked that the earlier vote be annulled and that another vote be taken later.

Mr. WILSON (United States) said again that the text of the Constitution, in Article 25, is sufficiently clear in English and in accordance with it there is no need to establish regulations for approving decisions.

The CHAIRMAN asked the Secretariat what provisions were made in the Rules of Procedure regarding voting on a motion such as the one presented.

Mr. SIMPSON (Chief, Division of Administration, PASB) said that in the Committee, as part of the Conference, the latter's Rules of Procedure are applied and, in accordance with Article 22 of these Rules, votes are by a simple majority of affirmative votes.

The CHAIRMAN put to a vote the motion of the representative of Argentina.

*Decision:* By a vote of 8 to 1, with 4 abstentions, the motion of nullification presented by the representative of Argentina was defeated.

The CHAIRMAN put to a vote the amendments to the Constitution proposed in Resolution XIV of the 34th Meeting of the Executive Committee.[1]

*Decision:* By a vote of 7 to 1, with 4 abstentions, it was decided to recommend to the Conference that it approve the amendments to the Constitution concerning the titles of the senior officers of the Bureau, suggested by Resolution XIV of the 34th Meeting of the Executive Committee.[2]

**Topic 26: Amendments to Articles 12-C and 15 of the Constitution of the Pan American Sanitary Organization**

Mr. SIMPSON (Chief, Division of Administration, PASB) presented Document CSP15/13[3] consisting of two parts, one referring to the officers of the Executive Committee and the other to the method of drawing up the budget of the Organization. Both measures were duly studied by the Executive Committee.

Mr. WILSON (United States), referring to the first point of the aforesaid document, suggested that in Article 15 of the Constitution no express mention be made of the Directing Council in speaking of the election of new members to the Execu-

[1] See Part IV, p. 393.
[2] See minutes of the twelfth plenary session, p. 218.
[3] Mimeographed document.

tive Committee since, as in Conference years, it is the Conference that elects them, the exclusive mention of the Council might give rise to doubts as to whether or not the Conference was also understood to be covered in this connection. With the elimination of this reference all confusion would be avoided.

*Decision:* By a vote of 8 to 0, with 1 abstention, it was decided to recommend to the Conference that Article 15 of the Constitution be worded as follows: "The Executive Committee shall elect from among its members a Chairman and a Vice-Chairman, who shall hold office until their successors are elected. The election shall take place each year at the first meeting of the Executive Committee following the election of its new members."

The CHAIRMAN called for discussion of the second part of Topic 26, the amendment of Article 12-C of the Constitution.

Mr. SIMPSON (Chief, Division of Administration, PASB) said that if the proposed amendment were accepted, Article 12-C of the Constitution would read as follows:

To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable.

The CHAIRMAN asked if there were any objections to this amendment and none being given, it was put to a vote with the following results:

*Decision:* By a vote of 9 to 0, with 1 abstention, it was agreed to approve the amendment of Article 12-C of the Constitution recommended by the Executive Committee in Resolution XVII of its 34th Meeting, and to include this decision in the Committee's report to the Conference.[1]

Mr. WILSON (United States) called attention to the fact that Document CSP15/13[2] points out some changes that should be made in the Financial Regulations when the amendment to Article 12-C of the Constitution is approved, and asked whether such changes would enter into force automatically upon approval by the Conference of the amendment to Article 12-C or whether they should be submitted to the Directing Council for consideration.

Mr. SIMPSON (Chief, Division of Administration, PASB) replied that the Conference could be asked to approve the changes in the Financial Regulations that would be necessary to harmonize them with the amendments made in Article 12-C, if the latter were accepted in plenary.

Dr. SÁNCHEZ VIGIL (Nicaragua) said that he understood that what the representative of the United States wished to know was whether the changes in the Financial Regulations would be automatic or whether it was expected that the Directing Council should see if the amendment of Article 12-C would have any effect.

Mr. SIMPSON (Chief, Division of Administration, PASB) pointed out that Article 15.1 of the Financial Regulations establishes that changes in the Regulations shall be effective upon approval by the Directing Council or the Conference. So that upon approval of the amendment to Article 12-C the corresponding changes could be made in the Financial Regulations and proposed to the Conference for approval.

Mr. WILSON (United States) announced that his delegation supported the changes proposed in the Financial Regulations.

*Decision:* By a vote of 8 to 0, with 1 abstention, the changes in the Financial Regulations were approved, as they appear in Document CSP15/13, and it was agreed to include this decision in the Committee's report to the Conference.[3]

*Dr. Rodrigues (Brazil) took the Chair.*

## Topic 33: Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau

Mr. SIMPSON (Chief, Division of Administration, PASB) introduced Document CSP15/15,[4] which explains the situation of the various zone offices and that of headquarters with respect to buildings and installations.

Dr. BURNEY (United States) said that his Government feels highly satisfied and honored to have the headquarters of the Organization within its territory for so many years. As a public health administrator, he recognized the vital importance of

[1] See minutes of the twelfth plenary session, pp. 229-230.
[2] Mimeographed document.
[3] See minutes of the twelfth plenary session, pp. 229-230.
[4] Mimeographed document.

an organization's personnel for its operations, and he expressed his appreciation of the efficiency and competence of the PASB staff during the past years. He stated that apart from having well-trained and competent personnel, every organization needs an adequate building for its headquarters. He recalled that the Government of the United States had offered a site for the headquarters building in Bethesda, Maryland, but after a study was made it was realized that the site would not be adequate. The United States Public Health Service is now building the National Medical Library on that site, but he agreed that it was too distant from the downtown Washington area. Dr. Burney was happy to report that his Government was pleased to offer another site for the Bureau headquarters building. The Department of State, in collaboration with other departments of the United States Government, has agreed to present to Congress next January a proposal for allocating the necessary funds to purchase this site in a central part of the city of Washington, close to foreign embassies, hotels, and public institutions, and in a better location than the offices of the United States Public Health Service. He believed that the site in question is very appropriate for a headquarters building and situated in a spot in keeping with the prestige of the Organization. He stated that his delegation supports the draft resolution suggested by the Director to be submitted by Committee II to the Conference for consideration.

Dr. SWELLENGREBEL (Kingdom of the Netherlands) stated that he had had occasion to visit the Bureau headquarters in Washington and had been deeply impressed by the inadequacy of the building. He recalled that there has been talk for many years of seeking a proper site, an idea that had pleased him very much, but he would be even more pleased when the present proposal becomes a reality.

Dr. DÍAZ COLLER (Mexico) called attention to the frequent references made in Document CSP15/15 to the urgent need for solving the headquarters building problem. He recognized the fact that the problem has become more acute lately but wished to point out that he did not consider this the opportune moment for adopting a hasty decision. The suggested resolution indicates that the Permanent Subcommittee on Buildings and Installations should collaborate with the Director at once in the selection of the site, the determination of method of financing, the contracting for architectural plans, and the construction of the permanent headquarters building of the Organization. That is to say, that these plans begin to be carried out and that a report on them be made at the next meeting of the governing bodies of the Organization.

He agreed with the statements of the representative of the Kingdom of the Netherlands, that is, that this problem has been discussed for many years, yet despite the problems presented by the buildings now in use, he did not consider it entirely impossible to continue working in them for a while. There should not be so much haste when there are so many programs requiring the attention of the Organization. He would be agreeable to having the Permanent Subcommittee on Buildings and Installations collaborate in the selection of the site, once a firm offer has been received, which in any case would not be before the month of January. When the firm offer has been received, the Directing Council could then make a decision. The delegation of Mexico was not opposed to the idea of a new headquarters building, he said, but was opposed to the haste with which it was wished to proceed.

Dr. SÁNCHEZ VIGIL (Nicaragua) was not in agreement with the representative of Mexico. He believed that the solution of the problem of adequate accommodations for headquarters and the zone offices could not be postponed. In his opinion Washington was the proper place for the Organization's headquarters because it is an important center of international activities and close to numerous scientific institutions. The wait to solve this problem has already been too long, some 10 years, he said. He added that any plans made for the building would not be lost even though the site might be changed. He supported the proposed resolution and requested that it be unanimously approved.

Dr. LÓPEZ HERRARTE (Guatemala) stated that he understood that the representative of Mexico was not opposed to having Washington be the site of the Organization's headquarters, but that what he opposed was the haste brought about by the resolution. However, on this last point he himself was not in agreement with the representative of Mexico, because it could be feared that if the generous

offer of the Government of the United States were to be received lukewarmly, it might not be kept open. He therefore supported the proposed resolution.

Dr. HURTADO (Cuba) stated that from the juridical point of view there was no doubt that the Organization's headquarters should be situated in the United States, for the XIII Conference had so decided. Nor, he added, did the proposed resolution presented by the Director have the alarming tone attributed to it. On behalf of his Government he gratefully acknowledged the broad and generous offer of the Government of the United States. He recalled that on a previous occasion that Government had made an offer of a site that could not be accepted by the Organization. Now it was generously repeating the offer. He understood that it was a matter of giving the Organization an opportunity to acquire land for a site in an urban redevelopment section of the city of Washington. He asked Dr. Burney to clarify whether that was the present offer also.

Dr. BURNEY (United States), replying to the representative of Cuba, said that the Department of State and other United States Government departments had been authorized to propose to the Congress of the United States that it appropriate funds for the acquisition of a site, in an appropriate area, for the headquarters building of the Bureau. That offer is for the purchase of a tract of land, to be given to the Bureau without any cost. He stated that for obvious reasons of an administrative nature he could not disclose the site of that land. In view of the concern expressed by the representative of Mexico, which he could very well understand, he suggested a change in the proposed resolution to the effect that the Director be instructed to continue negotiations with the United States Government regarding the selection of a site, and that he study the financial problems and report thereon to the 37th Meeting of the Executive Committee, which would eliminate the third operative paragraph of the proposed resolution.

Dr. HURTADO (Cuba) again expressed his appreciation of the generous offer made by the United States Government. He believed that perhaps a building might be erected that would pay for itself through its own rentals and in addition the Organization might realize a profit through the sale of its present property in Washington. He was therefore inclined to support the proposed resolution.

Dr. DÍAZ COLLER (Mexico) proposed that the third paragraph of the operative part of the resolution be eliminated, leaving the first paragraph as it is, and amending the second paragraph to request that the Director continue negotiations with the United States Government with the objective of solving the problem of headquarters and submit the results to the 37th Meeting of the Executive Committee for consideration, rather than limit himself to making a report.

Dr. BURNEY (United States) deemed it timely to add to Dr. Díaz Coller's suggestions a phrase to the effect that the Director also prepare recommendations regarding the financing of this project and report thereon to the 37th Meeting of the Executive Committee.

Dr. HURTADO (Cuba) stated that in the change proposed by the representative of Mexico, the formula "to request the Director to" should be changed to "instruct the Director." Moreover, in his opinion, the Permanent Subcommittee on Buildings and Installations should collaborate with the Director in these negotiations.

Dr. SOPER (Director, PASB) recalled that the XIII Pan American Sanitary Conference in 1950 authorized the Director and a subcommittee to take the steps necessary to acquire a headquarters building. In December 1951 three adjacent buildings were offered for sale and it was intended to purchase them. At that time the Bureau had no funds available for the purpose but the Director, with the authority he had and working jointly with the Subcommittee on Buildings and Installations, was able to purchase two of those buildings and in addition was able to obtain an interest-free loan with which to make the payment, without the need of awaiting another Directing Council meeting. He did not believe that a situation requiring the same haste could arise at this time. The proposal is made for the purpose of obtaining the Conference's authorization to the effect that some group, whether it be the Executive Committee, or a subcommittee of it, start adopting decisions on matters of detail within the general framework of the subject under discussion.

He pointed out that the United States Government proposes to obtain from its Congress an ap-

propriation of funds for the acquisition of a given site, the location of which is known by the Director and which he considers adequate for the activities of the Pan American Sanitary Organization and the World Health Organization.

The Director also wished to clarify the matter of the time required to construct an adequate building. It must first be remembered, he said, that governmental action in international matters of this nature takes time. The two buildings at present occupied by the Bureau were purchased during the early part of 1951. It was necessary to make alterations in them, and when the necessary expenditures were authorized it was estimated that the Bureau would occupy the buildings for a period of 10 years. This was over seven years ago, so that by the time the Bureau is in a position to move into a new building, the time period then fixed will have elapsed.

*The session was adjourned at 6:40 p.m.*

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## FIFTH SESSION

*Monday, 29 September 1958, at 8:30 p.m.*

*Chairman:* Dr. BICHAT RODRIGUES (Brazil)

The CHAIRMAN declared that a quorum was present and called the session to order.

**Topic 33: Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau** *(conclusion)*

Mr. SIMPSON (Chief, Division of Administration, PASB) read the draft resolution, with the amendments suggested by the United States representative at the previous session.

*Decision:* By a vote of 11 to 0, with 1 abstention, it was agreed to recommend that the Conference take note of the Director's decisions with regard to the installations for zone offices and to instruct the Director to continue negotiations with the Government of the United States for the purpose of solving the problem of a site for the headquarters buildings, and that he study suggestions on the financing and construction plans for the headquarters building, and report thereon to the 37th Meeting of the Executive Committee.[1]

**Topic 37: Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau** *(conclusion)*

Dr. VARGAS MÉNDEZ (Costa Rica) explained that the delegation of Costa Rica had presented a draft resolution on this subject owing to the prolonged discussion on Article 53 of the Rules of Procedure of the Conference. He recalled that when the procedure for nomination and election of the Director had been taken up at previous meetings, the governing bodies considered that this matter was one to be dealt with by the Conference. Therefore, the delegation of Costa Rica had deemed it timely now to present the draft resolution, which reads as follows:

The XV Pan American Sanitary Conference,

Considering that neither the Constitution of the Pan American Sanitary Organization nor the regulations in force establish a clear and detailed procedure for the election of the Director, and that they do not set forth the terms and duration of his contract;

Bearing in mind that the Member Governments have encountered difficulties of interpretation in consulting the Constitution and the regulations;

Considering that the necessity of clarifying the texts of the Constitution and the regulations has been apparent at the time of the election of the Director at previous Conferences and at the XV Conference; and

Considering that a method for selecting and nominating candidates should be adopted sufficiently in advance of a Conference,

RESOLVES:

To recommend to the Executive Committee the establishment of a working party to make a study of the legal problems and procedures inherent in the nomination and election of the Director of the Bureau and present, after consultation with the Member Governments, the said study to the Directing Council for final approval and adoption.

[1] See minutes of the twelfth plenary session, p. 232.

Dr. Vargas Méndez believed that a set of regulations that would include some of the provisions of the World Health Organization on the subject, in addition to such other terms as the Executive Committee might deem necessary, would not require a constitutional amendment.

Dr. PRÍNCIPE (Venezuela) suggested that the word *postulación* be used instead of the word *selección* in the operative part of the Spanish text (corresponding to "nomination" in the English text).

Dr. VARGAS MÉNDEZ (Costa Rica) accepted the amendment suggested by the representative of Venezuela.

Dr. ALLARIA (Argentina) suggested that in the preamble of the draft resolution proposed by the representative of Costa Rica reference be made to the recommendations of the special committee appointed to study Article 53 of the Rules of Procedure of the Conference.

Dr. HURTADO (Cuba) stated that, in principle, he would support the draft resolution, and also the suggestion of the representative of Argentina. He did state, however, that neither the word *selección* nor the word *postulación* should be used because this was a case of an election and there is no procedure of prior nomination but rather that of free election by the Conference. He said that a nomination would imply fixing the qualifications and requirements for candidates; in other words, to do what the proposed working party of the Executive Committee would be asked to do, a working party that would have to have adequate legal counsel.

Dr. VARGAS MÉNDEZ (Costa Rica) accepted the suggestions of the representatives of Argentina and Cuba.

Dr. ALLARIA (Argentina) asked whether the use of the word "final" (*definitiva*, in the Spanish text) in the last sentence of the draft resolution would not prevent the next Conference, should it desire to do so, from introducing amendments to the decision to be adopted by the Directing Council.

Dr. VARGAS MÉNDEZ (Costa Rica) explained that the purpose of the draft resolution is precisely to avoid difficulties for the XVI Conference with regard to the procedure for electing the Director.

Dr. AGUILAR (El Salvador) suggested that the word "final" be eliminated from the text so as to solve the problem.

Dr. HURTADO (Cuba) stated that since it deals with the procedure for the election of the Director, which is made in the Conference, such a procedure should be established, at the latest, by the Directing Council meeting held just prior to the next Conference. He recalled that the XII Conference, held at Caracas, had established the bases for the Pan American Sanitary Organization and empowered the Directing Council to draft and promulgate the Constitution. This Conference could do the same thing with the topic under discussion. What should not be done is to have the same Conference that is electing a Director establish the procedure for the election, for that would be unethical.

Mr. WILSON (United States) said that he supported the objectives of the draft resolution, which are similar to those of the fourth paragraph of the report of the special committee appointed to study Article 53 of the Rules of Procedure. He added that his own interpretation of the paragraph in question is that it is implicit in that paragraph that there will have to be constitutional amendments. He did not know what effect the inclusion of the reference to the said committee's report, as suggested by the representative of Argentina, would have. It seemed to him that the XV Conference could solve the matter better in a single resolution combining the proposal of the representative of Costa Rica and the recommendations of the afore-mentioned special committee's report. He was of the opinion that it was not necessary to make any reference, in the preamble, to former Conferences or the present Conference. This Conference had not yet elected the Director and he did not think it justified to say that the need for clarifying the texts had arisen precisely in relation to the election of the Director at this Conference.

He suggested that the third paragraph of the resolution's preamble be omitted since in any case the second paragraph expressed the same thought in stating that the Member Governments have encountered difficulties of interpretation in consulting the Constitution and the regulations.

As to the fourth paragraph of the preamble, he doubted whether, prior to the study of the legal

problems involved in the procedure, it should be stated that there is need for adopting a procedure for selecting or nominating the Director. This, to his mind, meant reaching an opinion beforehand on the topic that it is requested be studied by a working party of the Executive Committee. He said that it would be enough for paragraph four to indicate simply that a procedure for election of the Director should be prepared before the Conference is held. This was precisely the point raised by the representative of Argentina on the use of the word *definitiva* in the text of the resolution. He commented that Article 7-F of the Constitution provides that the Conference shall adopt its own Rules of Procedure, so that there is no possibility that final approval could be given to the procedure for electing the Director at a time prior to the Conference. In concluding, Mr. Wilson suggested that the procedure proposed by the working party of the Executive Committee be submitted to the Directing Council for consideration, so that the next Conference might have a text already accepted by the representatives of the 21 governments.

Dr. HURTADO (Cuba) believed that it should not be stated that the problem arose at "previous Conferences," since where it really arose was at this Conference. He also proposed that the operative part of the resolution indicate that the proposed study be presented to the XIII Meeting of the Directing Council, which will precede the XVI Conference.

Dr. JAVIER (Honduras) believed the use of the phrase "after consultation with the Member Governments" to be ill-advised, since that could lead to a delay.

Mr. WILSON (United States) said that he was not opposed to the proposal of the representative of Costa Rica; what he wished was to arrive at an agreement for preparing an effective resolution.

Dr. PATIÑO CAMARGO (Colombia) suggested that the session be recessed for a few minutes so that the revised text of the draft resolution might be drawn up.

*It was so agreed.*

*The session was recessed at 10:00 p.m. and resumed at 10:15 p.m.*

When the session resumed, Dr. VARGAS MÉNDEZ (Costa Rica) announced that, jointly with the representatives of Venezuela, Colombia, and the United States, he had prepared a text, which he read, incorporating the various amendments proposed during the discussion.

The CHAIRMAN submitted the revised draft resolution to a vote.

*Decision:* By a vote of 15 to 0, with 1 abstention, it was decided to recommend to the Conference that it request the Executive Committee to establish a working party that, with legal counsel, would make a study of the problem inherent in the election of the Director and present, after consultation with the Member Governments, a proposal to the XIII Meeting of the Directing Council, so that it may adopt a specific procedure governing the election of the Director.[1]

## Topic 17: Proposed New Conditions of Employment[2]

Mr. SIMPSON (Chief, Division of Administration, PASB) presented Document CSP15/12 on this topic. The document is divided into two parts: the first, dealing with review of salaries, allowances, and benefits, which is submitted to the Conference at the request of the Director-General of the World Health Organization; and the second, concerning proposed new conditions of employment, which is presented pursuant to a decision adopted by the Executive Committee at its 34th Meeting. The document states that the Tenth World Health Assembly asked the Executive Board of the WHO to consult with the Directing Council of PASO on suitable staff regulations on salaries and allowances adapted to the needs of international health organizations and to present the recommendations that it considers advisable to the World Health Assembly.

The Twenty-first Session of the Executive Board requested the Director-General to invite all regional committees to express their views on this subject so that they will be available when the Board next considers the matter at its Twenty-third Session. At its X Meeting, the Directing Council studied the question of conditions of employment and transmitted to the Executive Committee, for further study, a document presented by

[1] See minutes of the twelfth plenary session, p. 232.
[2] See Part V, Annex 10, pp. 524-530.

the Director on the basic principles for the establishment of new conditions of employment. At the same time it rejected a proposal to eliminate non-pensionable, peripheral allowances, which had been proposed by the Director. Mr. Simpson pointed out that the second part of Document CSP15/12 is similar to the report on the same topic that was presented at the X Meeting of the Directing Council. He called attention to the problem of salaries, stating that this was the most important statement in the document. He said that salary rates in international health organizations are no longer adequate for recruitment of professional and technical specialists of high competence and that substantial increases are urgently needed.

Dr. DÍAZ COLLER (Mexico) said that a contributing factor in the difficulty of recruiting personnel was that salaries were not attractive in comparison with those offered by other international agencies, and he underscored the need for improving present employment conditions. He called particular attention to the second part of the report, on family allowances, and said that they should not be eliminated. He noted that at present there are vacancies to be filled at the Bureau and competent personnel are not being found to fill them. He believed this to be due, in good part, to the fact that employment conditions are inadequate.

Mr. SOMMER (United States) asked that in the section on "Compensation" in the document under discussion, the second paragraph be deleted. The paragraph refers to the salaries paid by the International Cooperation Administration (ICA) and he felt there was no need to compare salaries paid by PASB with those paid by an agency of the United States Government, as a reason for justifying an increase in the salary scale, since the Organization could show by other means that the present scale is inadequate.

Referring to the section on family allowances, he explained that at the X Meeting of the Directing Council the representative of the United States supported the motion to exclude the proposal for eliminating them. Finally, he believed that a recommendation should be made to the WHO that it eliminate minus post-adjustments.

Mr. OLIVERO (Guatemala), referring to the section on family allowances, recalled that the Directing Council had agreed that the Director's proposal to eliminate them should not be included in the list of basic principles on this topic. The representative of Guatemala, therefore, as a member of the Executive Committee, had proposed that these allowances should not be eliminated, and he now reiterated that point of view.

The CHAIRMAN requested the Secretariat to read the draft resolution.

Mr. SIMPSON (Chief, Division of Administration, PASB) pointed out that he believed the draft resolution on this topic would answer most of the points made, saying that the Director had again included his views on family allowances for a final concurrence by the Conference either with the action of the X Meeting of the Directing Council deleting this point or with the Director's reiterated views. Concerning the comment on comparison with ICA salaries, Mr. Simpson stated that he believed this was a legitimate comparison because ICA is in competition with PASB/WHO in the recruitment of U.S. nationals for work in the Americas. Moreover, the U.S. is one of the more important recruitment sources for staff for the Bureau because it has the greatest number of trained public health workers. However, he said, the Director has no very strong views on the matter of retaining the paragraph referred to.

Mr. Simpson then read a draft resolution on this topic, which recommended that the Conference:

(1) approve the statement of basic principles contained in Document CSP15/12, with the exception of the statement on family allowances, which was rejected by the X Meeting of the Directing Council, as a general guide for the development of an improved system of personnel administration for the Pan American Sanitary Bureau, and to recommend these principles for adoption by the World Health Organization;
(2) recommend that the World Health Organization adopt a policy of non-implementation of minus post-adjustments, like that applied by the Pan American Sanitary Bureau and confirmed by unanimous vote of the Directing Council;
(3) recommend prompt action in increasing salaries of professional personnel of the World Health Organization and the Pan American Sanitary Bureau in order to attract the best qualified health workers;
(4) recommend that the World Health Organization and the Pan American Sanitary Bureau devise means for facilitating rotation of professional personnel;
(5) authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the implementation of these principles through the adoption of revised Staff Rules and Regulations based thereon; and

(6) recommend that the World Health Organization invoke, if necessary, Staff Regulation 3.2 so as to permit any deviation from the United Nations scales of salaries and allowances which may be necessary for the requirements of the World Health Organization.

Dr. VARGAS MÉNDEZ (Costa Rica) asked whether the WHO Assistant Director-General, who was present at the session, had any comment to make.

Mr. SIEGEL (Assistant Director-General, WHO) regretted that at this late hour it might not be possible to discuss this important subject in greater detail. However, since he had been asked to comment he would try to be as brief as possible under these circumstances. He wished to point out that this was the most opportune time for the Region of the Americas to express its point of view on the study that the Executive Board had requested the Director-General to prepare for its Twenty-third Session in January 1959. He believed that the document presented, while it referred to a number of principles which had already been agreed upon, contained a series of explanations that could not, in his opinion, be considered as justification for such principles. He referred to the minutes of and the resolution adopted at the 34th Meeting of the Executive Committee, and to the statement made by Dr. Díaz Coller, representative of Mexico, in which he stated that since the Executive Committee had rejected the proposal related to discontinuing family allowances the resolution to be adopted should refer to the principles as a general guide. He also noted the observation made by the representative of the United States and suggested that, since the draft resolution referred to the approval of principles as a general guide, it may be understood that the detailed explanations contained in the document do not necessarily describe the principles under discussion to be used as a general guide.

He believed that the Committee might be interested in knowing that, with reference to pensions, the Expert Committee that had been appointed to study this question had recommended that, because of the complexity of the topic, further study was needed. It could be expected that another two years would pass before any real improvement in pension arrangements could be achieved.

With reference to the recommendation regarding the minus post-adjustments, he said that this had been discussed in detail a year ago at the meeting of this group and later at the 34th Meeting of the Executive Committee. He expressed his assurance that the Executive Board of the WHO would receive with interest the recommendations on this point, but he must point out that there were important problems that must be taken into account, including particularly the fact that in the Expanded Program of Technical Assistance the minus post-adjustments had been applied by decision of the Technical Assistance Board. Nonetheless, he considered that everything possible must be done to maintain a common system within the international health organizations, quite apart from the sources of funds used to pay the salaries and allowances of the staff.

Another problem with regard to the minus post-adjustments arises when a country devaluates its currency and it can be argued that this could require certain adjustments, at least for a short time, in staff salaries.

Mr. Siegel closed by saying that, had it not been for the late hour, he would have welcomed an opportunity for a detailed discussion of some other aspects of this topic; nevertheless, as he understood the text of the draft resolution that had been proposed, it seems to be adequate to give the Executive Board information concerning the position of the Region of the Americas on this important topic.

Mr. SOMMER (United States) said that the elimination of the second paragraph of the section on "Compensation," as previously suggested, would make the document acceptable to the Government of the United States. He added that if it was understood that the guide made up by the principles contained in Document CSP15/12 is of a "general" nature and not for "specific" purposes, there would be no objection to retaining the aforesaid paragraph in the report. He would prefer, in any case, that the paragraph be eliminated.

The CHAIRMAN put to a vote the elimination of the paragraph under discussion.

*Decision:* It was unanimously agreed to delete the second paragraph of the section on "Compensation," in Part II of Document CSP15/12.

The CHAIRMAN then put to a vote the draft resolution presented on the topic.

*Decision:* It was unanimously agreed to recommend that the Conference approve the draft resolution.[1]

### Meetings of the Governing Bodies of the Pan American Sanitary Organization

The CHAIRMAN brought up the draft resolution on meetings of the governing bodies presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina, which proposed to authorize two regular Executive Committee meetings per year and to request the Director to plan the Directing Council meetings with a view to the maximum conservation of time.

Mr. OLIVERO (Guatemala) proposed changes in the operative part so that the text would be clearer and in accordance with constitutional precepts.

Dr. DÍAZ COLLER (Mexico) and Mr. SOMMER (United States), expressing their agreement, in turn suggested that, instead of using the phrase "to authorize two regular Executive Committee meetings," the Director be requested to convoke two meetings of the Committee a year, and that no date for those meetings be set in the resolution.

Dr. GONZÁLEZ (Assistant Director, PASB) pointed out that, in the resolution proposed, the meetings of the Conference might also be included, for experience has shown that if the committees could be eliminated, for example, the Bureau would save from $25,000 to $30,000, and an equal amount of savings would accrue to the government of the host country of the Conference. Cutting the time of the Conference would mean a considerable saving.

Mr. PARADA (Chile) was in agreement with this suggestion as well as with the amendments previously proposed.

Dr. DÍAZ COLLER (Mexico) read the revised text.

*Decision:* It was unanimously agreed to recommend that the Conference request the Director to call two meetings of the Executive Committee each year and to plan the meetings of the Directing Council and of the Conference with a view to the maximum conservation of time.

*The session was adjourned at 11:50 p.m.*

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## SIXTH SESSION

*Tuesday, 30 September 1958, at 5:30 p.m.*

*Chairman:* Dr. CARLOS DÍAZ COLLER (Mexico)

The required quorum being present, the CHAIRMAN opened the session.

### Second Report of the Rapporteur

Dr. BISSOT (Panama), as Rapporteur of Committee II, read the second report of the Committee to the Conference, containing draft resolutions prepared pursuant to decisions of Committee II on the following topics: 25 (Name of the Organization and Titles of the Senior Officers); 26 (Amendments to Articles 12-C and 15 of the Constitution of the Pan American Sanitary Organization); 33 (Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau); 37 (Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau); and 17 (Proposed New Conditions of Employment). The report also contained a draft resolution presented by the delegations of Nicaragua, Mexico, Costa Rica, United States, Guatemala, Panama, and Argentina on meetings of the governing bodies.

Dr. PATIÑO CAMARGO (Colombia) and Dr. ALLARIA (Argentina) announced that they would abstain from voting on draft resolutions relating to constitutional amendments, and requested that it be so stated in the record.

[1] See minutes of the twelfth plenary session, pp. 232-233.

The CHAIRMAN then put to a vote the part of the report containing the two draft resolutions on Topic 25 and the two on Topic 26.

*Decision:* By a vote of 11 to 0, with 2 abstentions, the part of the second report of the Rapporteur containing the four draft resolutions on Topics 25 and 26 was approved.

The CHAIRMAN then put to a vote the portion of the report of the Rapporteur on Topics 33, 37, and 17.

*Decision:* It was unanimously agreed to approve the part of the second report of the Rapporteur containing draft resolutions on Topics 33, 37, and 17.

Dr. HURTADO (Cuba) proposed that the text of the operative part of the draft resolution on meetings of the governing bodies be amended so as not to limit the number of annual meetings of the Executive Committee.

After a brief discussion, the CHAIRMAN read a new text prepared, as follows: "To instruct the Director that, when he convokes the Conference, the Directing Council, and the Executive Committee, he plan the meetings so that they will be held with the fewest possible sessions, of the shortest possible duration, and with the greatest economy possible, within limits compatible with the requirements of their respective agenda."

*Decision:* It was unanimously agreed to approve the proposed resolution on meetings of the governing bodies, with the new wording suggested for the operative part.[1]

*The session was adjourned at 6:00 p.m.*

[1]See minutes of the twelfth plenary session, p. 233.

# PART IV

# ACTIVITIES OF THE EXECUTIVE COMMITTEE

# ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE[1]

*Presented by Mr. Humberto Olivero (Guatemala)*
*Chairman of the 33rd, 34th, and 35th Meetings*
*of the Executive Committee*

Pursuant to Article 8-C of the Constitution, I have the honor of informing the Pan American Sanitary Conference of the activities of the Executive Committee during the period September 1957 to September 1958, in which the Committee held its 33rd, 34th, and 35th Meetings.

The 33rd Meeting was held in Washington on 26 September 1957. Dr. Carlos Díaz Coller and Dr. Daniel Orellana, representatives of Mexico and Venezuela, the two new Member Governments elected to the Committee by the Directing Council, were seated at this meeting. The meeting was also attended by the following representatives: Dr. Mario V. Guzmán Galarza (Bolivia), Dr. Félix Hurtado (Cuba), Mr. Humberto Olivero and Dr. Orlando Aguilar (Guatemala), and Dr. Manuel A. Sánchez Vigil (Nicaragua). The representative of Peru, also a member of the Committee, was not present. The following attended as observers: Dr. Luis Patiño Camargo (Colombia), Dr. Alberto Aguilar Rivas (El Salvador), Dr. Paul V. Ollé (France), Dr. N. H. Swellengrebel (Kingdom of the Netherlands), Dr. Alberto Bissot, Jr. (Panama), Sir Joseph Harkness (United Kingdom), and Mr. Howard B. Calderwood (United States of America).

At the 33rd Meeting, I had the honor of being elected Chairman of the Committee for the period covered by this report. Dr. Manuel A. Sánchez Vigil, representative of Nicaragua, was elected Vice-Chairman.

The following representatives attended the 34th Meeting, held in Washington from 15 to 20 May 1958: Dr. Jorge Doria Medina (Bolivia), Dr. Félix Hurtado (Cuba), Mr. Humberto Olivero (Guatemala), Dr. Carlos Díaz Coller (Mexico), Dr. Manuel A. Sánchez Vigil (Nicaragua), Dr. Jorge Estrella Ruiz (Peru), and Dr. Alejandro Príncipe (Venezuela). Mr. G. van Vloten (Kingdom of the Netherlands) and Mr. Howard B. Calderwood, Dr. Arthur S. Osborne, Mr. Charles Sommer, and Mr. Simon N. Wilson (United States of America) attended the meeting as observers.

The 35th Meeting, held in San Juan, Puerto Rico, on 17 and 18 September 1958, was attended by Dr. Félix Hurtado (Cuba), Mr. Humberto Olivero (Guatemala), Dr. Carlos Díaz Coller (Mexico), Dr. Manuel A. Sánchez Vigil (Nicaragua), and Dr. Daniel Orellana and Dr. Alejandro Príncipe (Venezuela). The representatives of Bolivia and Peru were not present. The following attended as observers: Dr. Paul V. Ollé (France), Dr. N. H. Swellengrebel and Dr. Edwin van der Kuyp (Kingdom of the Netherlands), Dr. Alberto Bissot, Jr. (Panama), Dr. Horace P. S. Gillette and Dr. F. R. S. Kellett (United Kingdom), and Mr. Charles Sommer and Mr. Simon N. Wilson (United States).

Dr. Myron E. Wegman, Secretary General of the Pan American Sanitary Bureau, served as Secretary of the 33rd Meeting. Dr. Fred L. Soper, Director of the Bureau, served as Secretary of the 34th and 35th Meetings, in accordance with the amendment to Article 6 of the Committee's Rules of Procedure approved at the 34th Meeting.

The 33rd and 34th Meetings were also attended by officers of the World Health Organization; Dr. M. G. Candau, Director-General of WHO, was present at the 34th Meeting. Mr. O. H. Salzman, Jr., represented the Organization of American States at the latter meeting.

At the three meetings over which I had the honor of presiding a study was made of matters of the utmost importance to the Organization, not only with respect to the content and orientation of its program within the guidelines set by the Directing Council but also to the adoption of methods of work to ensure maximum efficiency in the development of its activities. All members of the Committee gave their valuable cooperation in the study of matters that arose during the year.

The main topics studied by the Committee were the following:

[1]Document CSP15/28. The Final Reports approved at the 33rd, 34th, 35th, and 36th Meetings of the Executive Committee appear after this report.

**Proposed Program and Budget for 1959**

Pursuant to Article 12-C of the PASO Constitution, it is the function of the Executive Committee to prepare the proposed budget, with the cooperation of the Director. This is undoubtedly the Committee's foremost task, one that requires study not only of the health needs of the Hemisphere but also of the financial and technical resources available to meet those needs.

The Committee agreed to recommend to the XV Pan American Sanitary Conference, for 1959, a budget for PASO in the amount of $3,300,000, representing an increase of $300,000 over that approved for the preceding year.

Taking into account the higher costs resulting from the decrease in the purchasing power of money, the Committee agreed to recommend that the Conference study the possibility of increasing the budget in a proportion that will compensate for such a decrease. On the other hand, the Committee decided to present *Official Document No.* 21 to the Conference, for information, so that it would have available the background material on the subject.

The discussion on the budget gave rise to a proposed constitutional amendment, to which reference is made later in this report.

**Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960**

The Committee, at its 35th Meeting, studied the above proposed program and budget, which amounted to $1,687,400, exclusive of the amount of $33,410 estimated for organizational meetings. Of this amount, $1,223,000 are related to field activities. The Committee approved the proposed program and budget and agreed to present it to the XV Conference with the recommendation that it approve its transmittal to the WHO Director-General so that he may take it into consideration when preparing the budget of the World Health Organization for 1960.

**Provisional Draft of the Proposed Program and Budget of PASO for 1960**

At the same meeting the Committee approved this provisional draft to serve as the basis for the preparation of the 1960 proposed program and budget of PASO, which will be submitted to the 37th Meeting of the Executive Committee for consideration and to the XI Meeting of the Directing Council in 1959 for final approval. The provisional draft proposes a budget in the amount of $4,100,000, and the Committee agreed to recommend that the Conference take note of the said draft.

**Method of Presentation of Budget**

At the 34th Meeting, the Committee studied the proposal of the Director to modify the presentation of some of the object-of-expenditure items listed in all project activities in Part III of the budget document, and to revise the first two columnar headings in the "Summary of Programs by Major Expense" tables. These changes, which do not affect the fundamental principles in the presentation of the budget as recommended by the governing bodies, would permit the grouping of the several allowance and statutory-travel items and the resulting segregation of "Duty Travel." This would permit a better review of projects by the governing bodies and result, it is hoped, in some reduction in the size and cost of the budget document. The Committee approved these changes, to be made effective with the presentation of the 1960 budget of the Organization.

**Financial Report of the Director and Report of the External Auditor for 1957**

These reports were examined at the 34th Meeting of the Committee, which resolved to take note thereof and transmit them to the XV Pan American Sanitary Conference.

**Permanent Subcommittee on Buildings and Installations**

A. *Report of the Subcommittee.* The Executive Committee, at its 34th Meeting, took note of the report of the Permanent Subcommittee on Buildings and Installations with respect to repairs made in the headquarters buildings and those proposed.

B. *Membership of the Subcommittee.* At its 33rd Meeting, the Executive Committee suggested the advisability of designating new members to the Permanent Subcommittee on Buildings and Installations, inasmuch as two of its members, the Dominican Republic and the United States, were

no longer on the Executive Committee. After a brief discussion, it was agreed to postpone this topic until the 34th Meeting. At that meeting, the Committee, after studying the matter from very different points of view, agreed to designate the representatives of Mexico and Venezuela, along with the representative of Guatemala, to serve as members of the Subcommittee, and expressed its appreciation to the representatives of the Dominican Republic and the United States for the valuable services they rendered to the Subcommittee.

**Emergency Revolving Fund**

The Executive Committee, at its 34th Meeting, resolved to take note of the report presented by the Director on the use of the Emergency Revolving Fund.

**Conditions of Employment and Amendments to the Staff Rules**

At the 34th Meeting, the Executive Committee studied with interest the document presented by the Director on new conditions of employment. The Committee resolved to recommend to the XV Pan American Sanitary Conference that it approve the document presented by the Director as a statement of basic principles to guide the development of an improved system of personnel administration; and to recommend to the Conference that it authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the acceptance of these principles and their implementation through the adoption of revised Staff Rules and Regulations based thereon.

At the same meeting, the Committee resolved to confirm the amendments to the Staff Rules proposed by the Director of the PASB to conform to similar amendments to the Staff Rules of the World Health Organization that had already entered into effect.

A similar resolution was adopted at the 35th Meeting, confirming some changes made by the Director in the Staff Rules to facilitate the interpretation of the rules that implemented recommendations of the United Nations Salary Review Committee, as well as to adapt certain aspects of the Staff Rules of PASB to those of WHO.

**Amendments to the PASO Constitution**

At its 34th Meeting the Executive Committee agreed to recommend to the XV Conference several amendments to the Constitution.

One of those refers to the use of the word "Health" instead of "Sanitary" in the name of the Organization. The new proposal, affecting Articles 1, 2-A, 3, 19-B, and 21-A, would more accurately reflect the functions of the Organization in the broad field of health, and would thereby promote better understanding of its activities by the public in general.

Another of the amendments concerns the titles of senior officers of the Organization. Those used at present are ambiguous and do not reflect accurately the functions and activities of those officers. The Committee therefore agreed to recommend to the Conference the study of various amendments to articles of the Constitution. Should these be approved, the Director of the Pan American Sanitary Bureau would hereafter have the title of Director of the Pan American Health Organization; and the titles of the two senior officers next in rank to the Director would be Deputy Director and Assistant Director, respectively (in Spanish "Subdirector" and "Subdirector Adjunto"). In addition to these amendments affecting Articles 4-E, 18-A, 4-B, 8-B, 8-C, 9-D, 10-B, 10-C, 12-A, 12-C, 14-A, 18-C, 20, 24-A, and 18-B, a proposal was made that the following sentence be added at the beginning of Article 17: "The Pan American Sanitary Bureau is the General Secretariat of the Pan American Health Organization."

Another amendment was proposed for the purpose of adapting Article 15 of the Constitution to the procedure approved by the Executive Committee at its 29th Meeting, whereby the term of office of the Chairman and the Vice-Chairman extends for the period between two meetings of the Directing Council.

Article 12-C of the Constitution, which refers to the functions of the Executive Committee, states that the latter is to "prepare with the cooperation of the Director of the Pan American Sanitary Bureau a proposed budget for consideration by the Council." In view of the fact that the said article limits the Director's functions in the presentation of the budget to cooperation with the Executive Committee, and taking into account the advisability that he be enabled, for his part, to

present the proposed budget that he deems most appropriate in each instance, the Executive Committee resolved to recommend to the Conference that it amend Article 12-C as follows: "To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable." In the event this recommendation is approved, a corresponding change would have to be made in the Financial Regulations of the Pan American Sanitary Bureau.

### Amendments to the Rules of Procedure of the Executive Committee

At its 34th Meeting, the Executive Committee, after studying the comments and suggestions made by the Department of International Law of the Pan American Union with respect to amendments that it would be advisable to introduce in the Committee's Rules of Procedure, resolved to amend Articles 1, 6, 10, 12, 13, 17, 26, 28, and 32 of those Rules.

### Technical Discussions

At its 33rd Meeting, the Executive Committee selected for the Technical Discussions at the XV Pan American Sanitary Conference the topic "The Prevention of Accidents in Childhood," deeming this to be a subject of great importance requiring greater study in the Americas. It was also agreed to prepare draft rules for the Technical Discussions; these draft rules were studied at the 34th Meeting, and it was resolved to submit them to the XV Conference for consideration.

### Arrangements for the XV Pan American Sanitary Conference

The Executive Committee studied, at its 34th Meeting, the preliminary draft agenda prepared by the Director for the XV Pan American Sanitary Conference. The text was unanimously approved with certain changes and additions, as it appears in Document CSP15/1, Rev. 2. The Director was authorized to add any new topics proposed by the Member Governments and by organizations entitled to propose topics.

The Committee took note of the arrangements made for organizing the XV Pan American Sanitary Conference, and expressed its appreciation to the Government of the United States, the Commonwealth of Puerto Rico, and the Organizing Committee for their cooperation in the arrangements for the Conference.

The arrangements for the XV Conference were completed at the 35th Meeting, which examined matters pertaining to the proposed Rules of Procedure, the proposed program of sessions, the rules for Technical Discussions, the designation of the chief of delegation to reply to the addresses at the inaugural session, and the election of the Provisional President and the President of the Conference. As regards the last point, the Executive Committee, bearing in mind the valuable contribution of Dr. Guillermo Arbona as Secretary of Health of the Commonwealth of Puerto Rico and as Executive Chairman of the Organizing Committee which cooperated with the Pan American Sanitary Bureau in the preparations for the XV Conference, agreed unanimously and by acclamation to propose to the Conference that he be elected President.

### Appointment of Assistant Director of the Bureau

Pursuant to Article 17-B of the Constitution, it is incumbent on the Executive Committee to approve the appointment of the Assistant Director of the Bureau, on the proposal of the Director. During 1958 Dr. Carlos Luis González, who had resigned from the Bureau to occupy a high position in his country, was again proposed by the Director to occupy the post of Assistant Director, a proposal that received the unanimous and enthusiastic approval of the members of the Committee.

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In presenting to the XV Pan American Sanitary Conference this brief summary of the activities of the Executive Committee during the past year, I have attempted to express and interpret as closely as possible the principal resolutions and decisions of the Committee. I am proud to state that, although there were differences of opinion in certain cases, this only indicates the earnestness and interest with which the Committee performed the task entrusted to it.

I take this opportunity to express my sincere appreciation to the members of the Executive Committee for having elected me Chairman and for so competently and enthusiastically facilitat-

ing my task. I wish also to express my thanks for the collaboration and assistance received at all times from the Director and staff of the Bureau, which contributed to making the work of this governing body profitable, I trust, for the development of the Pan American Sanitary Organization and the improvement of health conditions in the Americas.

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## FINAL REPORT OF THE 33RD MEETI NG OF THE EXECUTIVE COMMITTEE[1]

*Washington, D.C., 26 September 1957*

The 33rd Meeting of the Executive Committee of the Directing Council of the Pan American Sanitary Organization was held at Washington, D.C., in the International Conference Suite of the Department of State of the United States of America, on 26 September 1957, as convoked by the Chairman of the Executive Committee.

The following members of the Committee, observers, and officers of the Bureau were present at the single plenary session of the Executive Committee:

| | |
|---|---|
| *Members:* | |
| Dr. Mario V. Guzmán Galarza | BOLIVIA |
| Dr. Félix Hurtado | CUBA |
| Mr. Humberto Olivero | GUATEMALA |
| Dr. Orlando Aguilar | |
| Dr. Carlos Díaz Coller | MEXICO |
| Dr. Manuel A. Sánchez Vigil | NICARAGUA |
| Dr. Daniel Orellana | VENEZUELA |
| *Member Absent:* | PERU |
| *Member ex officio:* | |
| Dr. Fred L. Soper | PAN AMERICAN SANITARY BUREAU |
| Dr. Carlos Luis González | |
| *Secretary:* | |
| Dr. Myron E. Wegman | PAN AMERICAN SANITARY BUREAU |
| *Observers:* | |
| Dr. Luis Patiño Camargo | COLOMBIA |
| Dr. Alberto Aguilar Rivas | EL SALVADOR |
| Dr. Paul V. Ollé | FRANCE |
| Dr. N. H. Swellengrebel | KINGDOM OF THE NETHERLANDS |
| Dr. Alberto Bissot, Jr. | PANAMA |
| Sir Joseph Harkness | UNITED KINGDOM |
| Mr. Howard B. Calderwood | UNITED STATES OF AMERICA |
| *World Health Organization:* | |
| Mr. Milton P. Siegel | |
| *Advisers to the Director of the Pan American Sanitary Bureau:* | |
| Dr. Gustavo Molina, Chief, Division of Public Health | |
| Mr. Donald F. Simpson, Chief, Division of Administration | |
| *Chief, Secretariat Services:* | |
| Mr. Guillermo A. Suro | |

[1]Document CE33/2.

## Officers

The meeting was opened by Dr. Félix Hurtado (Cuba), who had been elected Chairman at the 30th Meeting of the Committee. Dr. Hurtado welcomed the representatives of Mexico and Venezuela, the new members of the Committee elected at the X Meeting of the Directing Council to fill the vacancies created by the termination of the periods of office of Colombia and Paraguay.

The election of the Chairman and the Vice-Chairman took place in conformity with Article 3 of the Rules of Procedure. Before the voting, Mr. Olivero (Guatemala) raised the question as to whether there was a quorum, since there were not five members of the Committee present, apart from the two newly elected members. The Chairman replied that he was proceeding in accordance with the practice followed at meetings of the Executive Committee. After two votings, in which there were two votes for the representative of Guatemala, two votes for the representative of Nicaragua, and one blank ballot, the Chairman decided that, following a procedure similar to that provided for in the Rules of Procedure of the Directing Council, lots would be drawn to select as Chairman one of the two representatives who had received an equal number of votes. Mr. Humberto Olivero, representative of Guatemala, was elected Chairman of the Executive Committee. Dr. Manuel A. Sánchez Vigil, representative of Nicaragua, was then unanimously elected Vice-Chairman.

## Agenda

The agenda presented in Document CE33/1[1] was approved.

## Topics Discussed and Resolutions Approved

During the 33rd Meeting of the Executive Committee, the following topics were discussed:

1. *Technical Discussions at the XV Pan American Sanitary Conference*

In submitting this topic for discussion, the Chairman called attention to the fact that Resolution XVII of the X Meeting of the Directing Council,[2] which requested the Executive Committee to take the necessary measures for the selection of topics for the Technical Discussions at the XV Pan American Sanitary Conference, perhaps could not be considered as definitively approved until the members of the Directing Council had signed the Final Report of that meeting of the Council. He affirmed that he was opening the discussion subject to the approval and signature of that report by the Directing Council.

Dr. Díaz Coller (Mexico) suggested that only one topic be selected and proposed the following: "The Prevention of Accidents in Childhood." He stressed the great importance of this subject, saying that very few studies have been made of it in Latin America. Dr. Hurtado (Cuba) and Dr. Guzmán Galarza (Bolivia) supported the proposal of the representative of Mexico.

Dr. Orellana (Venezuela) proposed that several topics be selected, among them one on the administration of programs against infant diarrheas. Dr. Sánchez Vigil (Nicaragua) proposed as a topic: "Nutrition Problems in Childhood." The Chairman asked the Secretariat whether experience had shown that it was easier to make preparations for the Technical Discussions when they dealt with only one topic. Dr. González (Assistant Director, PASB) replied that it was certainly easier and more economical to prepare for one topic rather than several, but that the Bureau was always willing to take the necessary steps to prepare for whatever number might be decided on by the Committee, and to find the experts to make those preparations.

Dr. Aguilar (Observer, El Salvador) suggested the following topic: "Advances in Administrative and Therapeutic Methods Related to Tuberculosis." After a discussion in which all members of the Committee took part, the Chairman called twice for a vote—the first one having ended in a tie—to decide whether one or several topics would be selected.

*Decision:* By a vote of 4 to 2, it was agreed to select only one topic for the Technical Discussions at the XV Pan American Sanitary Conference.

The Chairman then put to a vote the topic proposed by the representative of Mexico, and by a count of 4 to 2 the following resolution was approved:

[1] Mimeographed document.
[2] *Official Document PASO* 22, 21-22.

RESOLUTION I

The Executive Committee,

Bearing in mind Resolution XVII adopted by the Directing Council at its X Meeting, which authorized the Executive Committee, at its 33rd Meeting, to take the necessary measures for the selection of topics for the Technical Discussions to be held at the XV Pan American Sanitary Conference,

RESOLVES:

To select for the Technical Discussions at the XV Pan American Sanitary Conference the following topic: "The Prevention of Accidents in Childhood."

The Chairman proposed that the terms of the second paragraph of the aforesaid resolution of the Council, namely, that the Executive Committee draw up a set of procedures for these Technical Discussions, be carried out by the Committee at its 34th Meeting; that the Director be authorized at this time to designate an expert to prepare an introductory statement on the topic selected; and that the Bureau endeavor to transmit this introductory statement to the governments sufficiently in advance for study.

*It was so agreed.*

The Vice-Chairman, Dr. Sánchez Vigil (Nicaragua), then took the Chair.

2. *Proposed New Conditions of Employment*

Upon presentation of this topic, Mr. Olivero (Guatemala) proposed that the study thereof be postponed to the 34th Meeting of the Executive Committee, a proposal that was supported by other members of the Committee.

*It was so agreed.*

3. *Date and Place of the 34th Meeting of the Executive Committee*

Dr. Hurtado (Cuba) was of the opinion that the custom of holding the Executive Committee's spring meeting in Washington should not be changed. Dr. Díaz Coller (Mexico) proposed, on the other hand, that inasmuch as the World Health Assembly would meet in Minneapolis in 1958, beginning on 26 May, the 34th Meeting of the Committee be held at that city so as to save time for the representatives. Dr. González (Assistant Director, PASB) pointed out that there had been no negotiations between the PASO and the city of Minneapolis, and that to hold the meeting in that city would entail additional expenses. Mr. Calderwood (Observer, United States) said that it would actually be very difficult to hold that meeting in Minneapolis, because of the lack of time for completing the necessary negotiations and because other meetings are scheduled to be held in that city during that same period. Finally, at the proposal of Dr. Sánchez Vigil (Nicaragua), the following resolution was unanimously approved:

RESOLUTION II

The Executive Committee,

Bearing in mind Article 7 of the Rules of Procedure of the Executive Committee,

RESOLVES:

1. To hold the 34th Meeting of the Executive Committee in Washington, D. C., during May 1958.

2. To authorize the Chairman of the Executive Committee and the Director of the Pan American Sanitary Bureau, in mutual agreement, to decide on the duration of the meeting, taking into account the number and nature of the topics to be studied and the advisability of holding the meeting immediately before the Eleventh World Health Assembly.

4. *Study of the Rules of Procedure of the Executive Committee*

Mr. Calderwood (Observer, United States) suggested that, in order to avoid problems of interpretation such as those that arose at the beginning of the meeting, the Committee make a study of amendments that it would be advisable to introduce in its Rules of Procedure, requesting the Director to prepare a background document for this study. Dr. Hurtado (Cuba) agreed with this proposal, on the condition that the Committee itself make the study, designating a rapporteur for that purpose. He announced that he would propose the elimination of the signing of the Final Report, even though on previous occasions he had expressed opposition to such action. Dr. Díaz Coller (Mexico) agreed with this last suggestion of the representative of Cuba. Dr. Guzmán Galarza (Bolivia) was in favor of continuing the practice of signing the Final Report, for that practice is a tradition in inter-American organizations. Dr. González (Assistant Director, PASB) stated, for purposes of information and with the desire of offering the Bureau's fullest assistance to the Executive Committee, that the Bureau would be pleased to prepare a preliminary study on amendments to the Rules of Procedure, to transmit it to

the members of the Committee, and then, with the comments made by the members, to draft a document that could serve as a basis for the study of this topic at the 34th Meeting.

Dr. Sánchez Vigil (Nicaragua) proposed that the topic be included on the agenda of the 34th Meeting, and that the procedure suggested by the observer of the United States be followed for this study, in the manner outlined by the Assistant Director.

*It was so agreed.*

5. *Membership of the Permanent Subcommittee on Buildings and Installations*

Dr. Díaz Coller (Mexico) raised the question of whether it would be advisable to designate new members to the Permanent Subcommittee on Buildings and Installations, inasmuch as two of its present members, the Dominican Republic and the United States, are no longer on the Executive Committee. After a brief discussion, Dr. Sánchez Vigil (Nicaragua) proposed that this matter be examined at the 34th Meeting of the Executive Committee.

*It was so agreed.*

IN WITNESS WHEREOF, the members of the Committee and the Secretary sign the present Final Report.

DONE at Washington, D. C., this 27th day of September 1957. The Secretary shall deposit the original text in the archives of the Pan American Sanitary Bureau and shall transmit copies thereof to the Member Governments.

MARIO V. GUZMÁN
Representative of Bolivia

F. HURTADO
Representative of Cuba

HUMBERTO OLIVERO
Representative of Guatemala

C. DÍAZ COLLER
Representative of Mexico

M. A. SÁNCHEZ VIGIL
Representative of Nicaragua

D. ORELLANA
Representative of Venezuela

FRED L. SOPER
Director of the Pan American Sanitary Bureau, Member ex officio of the Executive Committee

MYRON E. WEGMAN
Secretary General of the Pan American Sanitary Bureau, Secretary ex officio of the Executive Committee

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## FINAL REPORT OF THE 34TH MEETING OF THE EXECUTIVE COMMITTEE[1]

*Washington, D.C., 15-20 May 1958*

The 34th Meeting of the Executive Committee of the Pan American Sanitary Organization was held at Washington, D.C., in the International Conference Suite of the Department of State of the United States of America, from 15 to 20 May 1958, as convoked by the Director of the Pan American Sanitary Bureau. The following members of the Committee, observers, and officers of the Bureau were present:

*Members:*

| | |
|---|---|
| Dr. Jorge Doria Medina | BOLIVIA |
| Dr. Félix Hurtado | CUBA |
| Mr. Humberto Olivero | GUATEMALA |
| Dr. Carlos Díaz Coller | MEXICO |

[1]Document CE34/15.

| | |
|---|---|
| Dr. Manuel A. Sánchez Vigil | NICARAGUA |
| Dr. Jorge Estrella Ruiz | PERU |
| Dr. Alejandro Príncipe | VENEZUELA |

*Member and Secretary ex officio of the Committee:*

| | |
|---|---|
| Dr. Fred L. Soper | PAN AMERICAN SANITARY BUREAU |

*Observers:*

| | |
|---|---|
| Mr. G. van Vloten | KINGDOM OF THE NETHERLANDS |
| Mr. Howard B. Calderwood | UNITED STATES OF AMERICA |
| Dr. Arthur S. Osborne | |
| Mr. Charles Sommer | |
| Mr. Simon N. Wilson | |

*Organization of American States:*
Mr. O. H. Salzman, Jr.

*World Health Organization:*
Dr. M. G. Candau
Mr. Milton P. Siegel

*Advisers to the Director of the Pan American Sanitary Bureau:*
Dr. Myron E. Wegman, Secretary General
Dr. Gustavo Molina, Chief, Division of Public Health
Mr. Donald F. Simpson, Chief, Division of Administration

*Chief, Secretariat Services:*
Mr. Guillermo A. Suro

### Officers

In conformity with Article 3 of the Rules of Procedure of the Executive Committee, Mr. Humberto Olivero (Guatemala), and Dr. Manuel A. Sánchez Vigil (Nicaragua), served as Chairman and Vice-Chairman of the meeting, respectively, to which offices they were elected at the 33rd Meeting of the Committee.

### Agenda

At the first plenary session, held 15 May 1958, the agenda, as presented in Document CE34/1, Rev. 2,[1] was approved.

### Drafting Committee

Pursuant to Article 17 of the Rules of Procedure of the Executive Committee, the Drafting Committee was composed of the Chairman, the Vice-Chairman, and the Secretary. The Committee, which was entrusted with the preparation of the Final Report, held four sessions.

### Plenary Sessions

The Executive Committee held eight plenary sessions.

### Topics Discussed and Resolutions Approved

During the 34th Meeting of the Executive Committee, the following topics were discussed:

1. *Expression of Condolence on the Death of Dr. José Zozaya of Mexico*

At the beginning of the first plenary session, Dr. Hurtado (Cuba) proposed that the Final Report contain an expression of the Committee's sorrow at the recent death of Dr. Zozaya of Mexico. Dr. Zozaya, an outstanding personality in the field of public health, had represented the Government of his country for many years at meetings of the governing bodies of the Organization, and worked

[1]Mimeographed document.

wholeheartedly for the cause of international health.

The following resolution was unanimously approved:

RESOLUTION I

The Executive Committee,

Considering that Dr. José Zozaya, eminent Mexican sanitarian and public health officer, who died on 9 November 1957, did outstanding work in the field of international health, having represented the Government of Mexico at meetings of the governing bodies of the Pan American Sanitary Organization and the World Health Organization, to whose deliberations he brought a wealth of experience and selfless dedication,

RESOLVES:

1. To record the profound sorrow of the Committee at the death of Dr. José Zozaya, whose passing is a great loss to the cause of international public health.

2. To request the Director to transmit this resolution to the Government of Mexico.

### 2. *Expression of Appreciation to Dr. Carlos Luis González of Venezuela*

The Chairman pointed out that at the end of January Dr. Carlos Luis González, the Assistant Director of the Bureau, had left his post to become Minister of Public Health and Welfare of the Government of Venezuela, and he proposed that the Committee express its appreciation of the excellent work done by Dr. González in the performance of his duties in the Organization. The Chairman also proposed that this resolution be transmitted to Dr. González and to the Government of Venezuela.

Dr. Príncipe (Venezuela), on behalf of his country and especially of the staff of the Ministry of Public Health and Welfare, expressed appreciation for the praise bestowed on Dr. González. He added that Dr. González had requested him to extend cordial greetings to the members of the Committee and to the staff of the Bureau, with a reiteration of his intention always to devote his best efforts to the service of health in the Americas.

RESOLUTION II

The Executive Committee,

Considering the outstanding services rendered the Organization by Dr. Carlos Luis González as Chief of the Public Health Division of the Pan American Sanitary Bureau from August 1953 to April 1954, and as Assistant Director of the Bureau from 1 May 1954 to the end of January 1958, when he left to become Minister of Public Health and Welfare of the Government of Venezuela,

RESOLVES:

1. To express to Dr. Carlos Luis González its deep appreciation of the services rendered the Organization and public health throughout the Western Hemisphere.

2. To transmit this resolution to Dr. González and to the Government of Venezuela.

### 3. *Study on Amendments to the Rules of Procedure of the Executive Committee*

At the first plenary session, Dr. Wegman (Secretary General, PASB) presented Document CE34/12[1] on this topic. As a result of the Committee's resolution recommending that a study be made of the amendments that it would be advisable to introduce in its Rules of Procedure, the Director sought the opinion of the Department of International Law of the Pan American Union. The document contains the reply received from the Department on the various points. The Department expressed the opinion that the representatives of the Member Governments elected to a term of office may assume that office on the Executive Committee immediately after their election by the Directing Council, without the need for awaiting signature of the Final Report of the Directing Council Meeting. The Department of International Law also suggested that Articles 6, 17, and 26 be amended for the purpose of entrusting the functions of Secretary of the meetings of the Executive Committee to the Director of the Bureau, instead of to the Secretary General; that the order of Articles 12 and 13 be reversed; that Article 28 likewise be amended so that the Final Report will be signed by the Chairman and the Secretary only. Finally, the Department suggested that the approval of amendments to the Rules of Procedure require the affirmative vote of four of the seven Committee members. Moreover, it pointed out the advisability of the Committee's studying how to resolve the contradiction between Article 3 of the Rules of Procedure of the Committee and Article 15 of the PASO Constitution. The former provides that the election of the Chairman and the Vice-Chairman shall take place each year, while the latter states that "at each meeting the Executive Committee shall elect its own officers from among representatives present." The document presented also lists the proposed amendments to the Rules of Procedure.

[1] Mimeographed document.

Dr. Hurtado (Cuba) explained the reasons that prompted the Committee to adopt the present system at its 29th Meeting: the election of Chairman and Vice-Chairman at each meeting was burdensome and did not afford the officers time enough to become familiar with their functions. He believed the contradiction to be undeniable and thought that the Committee should have forwarded the amendment of Article 3 to the Council, so that it, in turn, might take the necessary measures with respect to the pertinent article of the Constitution. Consequently, he proposed that it be recommended to the XV Pan American Sanitary Conference that Article 15 of the Constitution be adapted to the rule approved by the Executive Committee at its 29th Meeting.

*It was so agreed.*

The Committee then proceeded to a detailed study, article by article, of the amendments proposed by the Department of International Law of the Pan American Union.

Dr. Hurtado (Cuba), Dr. Príncipe (Venezuela), and Dr. Díaz Coller (Mexico) suggested changes in the proposed text of Articles 12, 13, and 32, which were accepted. Dr. Díaz Coller (Mexico) proposed that a paragraph be added to Article 1, making it clear that the term of office of representatives elected to the Executive Committee is effective immediately upon their election by the Directing Council or the Conference.

*It was so agreed.*

The following resolution was unanimously approved:

RESOLUTION III

The Executive Committee,

Bearing in mind the decision taken by the Committee at its 33rd Meeting, to the effect that a study be made of the amendments that it would be advisable to introduce in its Rules of Procedure;

Having examined in detail the comments and suggestions on the matter made by the Department of International Law of the Pan American Union, at the request of the Director, and contained in Document CE34/12; and

Considering the provisions of Article 16 of the Constitution,

RESOLVES:

1. To recommend to the XV Pan American Sanitary Conference that Article 15 of the Constitution, which provides that "at each meeting the Executive Committee shall elect its own officers from among representatives present," be changed to agree with the procedure approved by the Executive Committee at its 29th Meeting, whereby the term of office of the Chairman and the Vice-Chairman extends for the period between two meetings of the Directing Council, which is the practice followed at the present time.

2. To request the Director to transmit to the XV Pan American Sanitary Conference the background information on the above recommendation.

3. To amend Articles 1, 6, 10, 12, 13, 17, 26, 28, and 32 of its Rules of Procedure to read as follows:

Article 1. The Executive Committee of the Directing Council of the Pan American Sanitary Organization shall be composed of a representative of each of the seven Member Governments (hereinafter called representatives) elected in accordance with Article 13 of the Constitution. Representatives may be accompanied by alternates and advisers. The members elected shall assume office from the moment they are proclaimed elected by the Directing Council or the Conference.

Article 6. The Director of the Bureau shall be ex officio Secretary of the Executive Committee and of all its subcommittees and working parties. He may delegate these functions.

Article 10. The Director of the Pan American Sanitary Bureau shall prepare a draft agenda for each meeting, which shall include:

(a) any subject suggested by the Directing Council;

(b) any subject suggested by the Executive Committee during its preceding meetings;

(c) any subject proposed not later than 21 days prior to the meeting by any Member of the Organization or by organizations entitled to propose subjects. The Director of the Pan American Sanitary Bureau may waive the time limitation should such a waiver be justified by special considerations;

(d) any subject proposed by the Director of the Pan American Sanitary Bureau.

Article 12. The agenda and the order of priority of the topics in the discussion shall be approved by the Executive Committee.

Article 13. The Secretary of the Executive Committee shall prepare the order of business for each session, in accordance with the preceding article.

Article 17. A Drafting Committee shall be established, composed of the Chairman, the Vice-Chairman, and the Secretary or the person to whom the Secretary has delegated his functions.

Article 26. The right to speak is granted to representatives, their alternates and advisers, observers designated by Member Countries and by territories as defined in Article 2 of the Constitution, observers of organizations entitled to representation, the Director of the Pan American Sanitary Bureau, and, when the case, the official who acts as Secretary. The Chairman may extend the right to speak to officials of the Pan American Sanitary Bureau and the World Health Organization.

Article 28. The Chairman and the Secretary shall sign the Final Report.

Article 32. These Rules may be modified or amended at the proposal of any member of the Executive Committee with the affirmative vote of an absolute majority of the Committee, that is, the affirmative vote of at least four of its seven members.

*4. Financial Report of the Director and Report of the External Auditor for 1957*

Mr. Simpson (Chief, Division of Administration, PASB) presented *Official Document No.* 26, containing the Director's Financial Report and the Report of the External Auditor for 1957. He explained that the total funds expended for the combined activities of the PASB and the Regional Office of the WHO amounted to $8,209,293 in 1957. Of the total $1,760,376 were for procurement services in the Americas. The total amount of expenditures in respect of PASO was $2,365,333 against an appropriation of $2,400,000, leaving a balance of $34,667, or 1.4 per cent. Quota contributions still uncollected from Member Governments as of 31 December 1957 were $502,362. Mr. Simpson added that the amount of $150,221, representing surplus of income over expenditures for 1957, has been transferred to the Working Capital Fund. Of this amount $125,080 has been used to replenish the deficit carried forward from the fiscal year 1956. The additional balance of $25,141 brought the Working Capital Fund to the level of $1,225,141 as of 31 December 1957, as compared to the authorized established level of $1,440,000 for the fiscal year 1957. This deficiency could be eliminated only if arrears of quota contributions were paid in the immediate future and 1958 quotas paid on a current basis. Mr. Simpson pointed out that the Director considers that, for the development of the Bureau's activities, it is of the utmost importance to maintain a sound financial condition. Moreover, the External Auditor, in his report, remarked that although the collection of current contributions for 1957 showed an improvement over previous years, he felt obliged to emphasize the fact that the percentage must be considered too low for any international organization, for during the last five years the average of collected contributions, stated as a percentage of assessed contributions, amounted to only 86.25 per cent. The External Auditor also stressed the fact that some governments, because of their legislative processes, pay the current contributions in the following year. Moreover, only some 10 per cent of contributions were collected during the first half of the year, with the result that the Working Capital Fund was heavily drawn upon until July, when the bulk of contributions was received. Although there was improvement regarding the unpaid balances of arrears during 1957, at the year's end more than one fifth of the total assessed contributions was still unpaid. However, 62.7 per cent of the balance of arrears as of 1 January 1957 were paid during 1957, as compared with 55.6 per cent in 1956. The External Auditor was of the opinion that the level of the Working Capital Fund was too low, and he recommended that the Directing Council study the matter with a view to establishing means of increasing the Fund to a safe operating level at the earliest possible date. Mr. Simpson reported that during 1957 the WHO assigned a second internal auditor to the Region of the Americas. He is stationed in Lima and will perform the internal audit of the decentralized accounts of the zone and field offices. The reports from these offices indicate a generally satisfactory position. Moreover, in the fall of 1957 many administrative functions were decentralized from headquarters to the zone offices, and this will ultimately result in a decrease in the headquarters administrative costs. The External Auditor also stated in his report the conviction that every effort was made during 1957 to ensure efficient administration of the Bureau and to safeguard the funds. He recommended, however, that a study be made of the relationship of the Working Capital Fund to the proposed increased budget, so as to increase the Fund, and that steps be taken to ensure the timely payment of contributions and the collection of arrears.

In reply to queries from Dr. Díaz Coller (Mexico), Dr. Soper (Director, PASB) explained that the *ex gratia* payment appearing on page 18 of *Official Document No.* 26 was made to a member of the staff whose automobile was expropriated by a government through no fault of the officer or the PASB. After long negotiations, the Bureau decided that it was unfair for this officer to be without a car any longer and reimbursed him for his loss; negotiations are still going on, however, to obtain payment for the vehicle from the government. With respect to recommendations of the External Auditor in the sense that the governing bodies study the possible ways of rapidly increasing the Working Capital Fund to the level approved by them, Mr. Simpson (Chief, Division of

Administration, PASB) suggested that if at the end of the year there has been no need to use the accumulated reserve for the repatriation of officers, this reserve might be considered a surplus and could be transferred to the Working Capital Fund. This suggestion was made orally by the External Auditor himself, who estimated that the actual size of the PASO regular budget permits the expenses of officers' repatriation to be defrayed from the regular budget itself. Dr. Hurtado (Cuba) proposed that the Committee take note of both reports.

The following resolution was unanimously approved:

RESOLUTION IV

The Executive Committee,

Having examined the Financial Report of the Director for the fiscal year 1957 and the Report of the External Auditor on the audit of the accounts of the Pan American Sanitary Bureau for 1957 (*Official Document No.* 26),

RESOLVES:

To take note of the Financial Report of the Director and the Report of the External Auditor for 1957 and transmit them to the XV Pan American Sanitary Conference.

5. *Proposed New Conditions of Employment and Report on Salaries Paid Public Health Workers in the Americas*

Mr. Simpson (Chief, Division of Administration, PASB) presented Document CE34/5[1] at the third session. The document points out that the Tenth World Health Assembly requested that the Executive Board of WHO consult with the Directing Council of PASO regarding suitable staff regulations on salaries and allowances adapted to the needs of international health organizations and make appropriate recommendations to the World Health Assembly. The X Meeting of the Directing Council reviewed the question of conditions of employment and referred a paper presented by the Director on the basic principles for the establishment of new conditions of employment to the Executive Committee for further study, at the same time specifically rejecting the proposal to eliminate nonpensionable, peripheral allowances. The Twenty-first Session of the WHO Executive Board requested the Director-General to invite all Regional Committees to express their views on the subject of conditions of employment.

[1]Mimeographed document.

Mr. Simpson pointed out that much of the document was similar to that presented at the X Meeting of the Directing Council on this same topic. A proposal made at that meeting by the representative of Chile, on the contract system for project personnel, was added. There were, however, two basic points to which Mr. Simpson called attention: the matter of family allowances and compensation to staff members.

With reference to allowances, the document points out that however justifiable family allowances may be as a means of supplementing salaries paid by national agencies, such justification does not necessarily apply to international organizations employing highly qualified professional personnel. It is incumbent upon the Organization to provide a salary sufficient to enable a staff member to maintain a standard of living appropriate to his professional position and discharge his responsibilities as the head of a family without the need for salary supplementation. Moreover, the overemphasis on family allowances has been an important factor in preventing adequate increases in base salaries. This system has also tended to discriminate against the young public health worker with few dependents and the more experienced, veteran official whose children are grown and no longer qualify as dependents. In both of these classes there are well-qualified potential recruits for international health work.

With reference to compensation of staff members, salary rates in international health agencies are no longer adequate for recruitment of professional and technical specialists of high competence and substantial increases are urgently needed.

The principal users of international public health workers in the Western Hemisphere are the PASB/WHO and ICA. The United States International Cooperation Administration is currently recruiting public health physicians for international assignments at salaries that, at many posts in Latin America, average some $4,000 more than those offered by the Pan American Sanitary Bureau and the World Health Organization for comparable positions. There should be a realistic reappraisal of the basic salary scale in the Pan American Sanitary Bureau and the World Health Organization, to make possible the recruitment of professional health workers of the required high competence. In addition to a substantial increase

in basic professional staff salaries, there is a need for a re-examination of the grade structure of the present compensation scale. The number of grades is not sufficient to reflect the varying levels of responsibility in positions at present established in the Pan American Sanitary Bureau and the World Health Organization.

Mr. Simpson then referred to the difficulties encountered in the administration of personnel, entitlements, and the multiplicity of allowances, grants, and other compensations being received by staff members, which now include 15 different types. Some way out of this situation should be found in order to simplify and reduce the cost of personnel administration in the international health agencies.

With respect to the report on salaries paid public health workers in the Americas, contained in Part B of the document, Mr. Simpson pointed out that 15 replies have been received on the questionnaire sent to 20 countries. The survey showed that there was a very wide variation in employment practices among the countries, and therefore the lack of comparability in the data submitted made it difficult to present comparative analyses. The report does show a comparative scale of salaries paid to medical program directors in six countries and another comparative table listing the net remuneration paid to medical officers in Grade 4, in both ICA and PASB for six Latin American cities. The ICA and PASB/WHO Grades 4 are quite comparable as to responsibility and duties in these positions. Mr. Simpson pointed out that the higher compensation paid by ICA creates serious difficulties when the Bureau attempts to recruit qualified personnel from the United States, a major recruitment source, for its projects. This is one important reason why the Director has proposed substantial salary increases. A second major reason is that annuities under the PASB/WHO pension system are based on net salary and not on total compensation received and, therefore, the Organization's staff members are not earning retirement benefits which properly should be theirs.

Dr. Díaz Coller (Mexico) pointed out that the subject of conditions of employment will be one of the most important matters to be decided by the forthcoming Pan American Sanitary Conference. The post classification of the PASB follows that of the WHO and the United Nations. In this connection, he asked whether, if the Conference adopted regulations and a salary scale different from those presently in force in those organizations, the WHO could be induced to adopt them.

Mr. Siegel (Assistant Director-General, Department of Administration and Finance, WHO) stated that, as is referred to in the document under consideration, the Director-General had forwarded a questionnaire to all the Regional Offices on the Executive Board's study on salaries and allowances. To date, replies have been received from three Regions. It would seem premature to discuss the principles to be adopted before the completion and analysis of the study. The Executive Board is authorized to include in its study any recommendations it deems pertinent on modifications to the system of pay and allowances, even though they imply a departure from the "common system" of the United Nations organizations. Referring again to the document under discussion, Mr. Siegel called attention to one point which seemed unclear. The document provides that a salary scale for international public health workers should be based only on the relative difficulty and the responsibilities of the job to be done, not on the family status of the incumbent. He suggested that it might be useful to have this point clarified, as this could be interpreted to mean the elimination of family allowances, an action which, in his opinion, would create a serious problem. As for the other principles listed, the majority are included in the questionnaire forwarded by the Director-General and no serious difficulties are foreseen, since these points will be included in the study.

Mr. Simpson (Chief, Division of Administration, PASB) stated that the information on the WHO questionnaire applicable to the Region of the Americas would be presented to the forthcoming Conference. It was received too late to permit presentation to this meeting of the Executive Committee. The questionnaire deals with specific points, while the document presented to this meeting expounds general principles.

Dr. Hurtado (Cuba) proposed that the draft resolution contained in the document be approved. He pointed out the necessity of revising the salary scale and introducing new grades in the post classification, something that the PASB and the WHO can do without having to follow the "common system" of the United Nations organizations.

In addition, when the WHO studies the problems encountered in the Americas with reference to the recruitment of competent personnel, it should consider the particular situation in this Region, because of the existence of the PASO with its own budget and individuality.

Dr. Díaz Coller (Mexico) proposed that the draft resolution be changed slightly so as to recommend to the Conference that it approve the document studied as a declaration of basic principles *in general,* since the family allowances should be maintained.

Dr. Estrella Ruiz (Peru) seconded the motion of the representative of Mexico, because he did not agree with some of the specific points presented in the document under consideration.

The Chairman likewise stated that the importance of family allowances should not be minimized in any revision made.

The following resolution was unanimously approved:

RESOLUTION V

The Executive Committee,

Considering that, in order to assure uniformity of conditions of employment, the Pan American Sanitary Bureau has, since 1949, adopted essentially the staff regulations of the World Health Organization;

Considering that full realization of efforts to establish uniform and equitable conditions of employment for the staff of the international health agencies has not been achieved;

Considering that present conditions of employment fail to attract many health workers who should become career officers of the Organization; and

Having studied the report of the Director on this matter, including the statement of basic principles for the development of improved conditions of employment for international public health workers (Document CE34/5), and including the report on salaries paid public health workers in the Americas (Part B),

RESOLVES:

1. To recommend to the XV Pan American Sanitary Conference that it approve Document CE34/5 as a statement of basic principles to guide in general the development of an improved system of personnel administration for international health agencies.

2. To recommend to the Conference that it authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the acceptance of these principles and their implementation through the adoption of revised Staff Rules and Regulations based thereon.

### 6. *Report on the Permanent Subcommittee on Buildings and Installations*

Mr. Simpson (Chief, Division of Administration, PASB) presented Document CE34/10[1] at the third plenary session. He explained that it contains a statement to the effect that external painting has been done on the headquarters building at a cost of $3,203, and that repairs will be made to the electrical system to ensure staff safety and fire prevention. The cost of these repairs is estimated at between $3,500 and $5,000.

Mr. Simpson also said that after this report was prepared, the building occupied by Zone Office VI in Buenos Aires had unexpectedly been put up for immediate sale and that PASB had been given the option of acquiring the premises occupied by the Office. Although the matter had been under discussion for several weeks, suddenly early in May the Director was given two days in which either to make a deposit on the premises the PASB occupies or to have it sold to another purchaser and be required to vacate by the end of the year, when the present lease expires. The offer was very advantageous financially, the sale price being $21,278. The Bureau is now paying over $2,700 per annum in rent. The Director therefore authorized the initial deposit for purchase of the property.

The following resolution was unanimously approved:

RESOLUTION VI

The Executive Committee,

Having examined the report of the Permanent Subcommittee on Buildings and Installations with respect to the repairs made in the headquarters buildings and those proposed,

RESOLVES:

To take note of the report of the Permanent Subcommittee on Buildings and Installations (Document CE34/10).

### 7. *Membership of the Permanent Subcommittee on Buildings and Installations*

The Executive Committee examined this topic at the third and fourth plenary sessions. Dr. Wegman (Secretary General, PASB) presented Document CE34/6[2] on the topic, explaining that the Committee, at its 33rd Meeting, had decided that at the present meeting a study should be made of the advisability of designating new members to the Permanent Subcommittee on Buildings and

[1] Mimeographed document.
[2] Mimeographed document.

Installations, inasmuch as two of its present members, the Dominican Republic and the United States, are no longer on the Executive Committee. He recalled that the 12th Meeting of the Committee, acting pursuant to a resolution of the XIII Pan American Sanitary Conference,[1] had established this group, then called the Subcommittee on Interim Headquarters, with the representatives of the Dominican Republic, Guatemala, and the United States as members. The Directing Council, at its VI Meeting,[2] authorized the establishment of a Permanent Subcommittee on Buildings and Installations, with a membership of three to be determined by the Executive Committee, for the purpose of advising the Director and the governing bodies of the Organization on questions relating to buildings and installations at headquarters. The composition of the Subcommittee was confirmed by the Executive Committee at its 18th Meeting and by the XIV Conference.

Dr. Sánchez Vigil (Nicaragua) spoke of the practical aspects of the problem, which in his opinion made it advisable that the Subcommittee members be residents of Washington, D. C., and that among them should be a representative of the United States. Dr. Soper (Director, PASB) pointed out that the Subcommittee was, in reality, a subcommittee of the Conference and that the problems that have arisen and will arise in the future in connection with the construction of a new headquarters building are such as to make it advisable to have a representative of the United States serve as a member of this group.

The Chairman suggested that the Subcommittee remain in its present form until the 36th Meeting of the Executive Committee and that a concrete decision be taken in respect of this matter at that time, and, in the event this suggestion was not accepted, that the discussion of this matter be postponed until the XV Pan American Sanitary Conference.

Dr. Díaz Coller (Mexico) believed that the Subcommittee should be composed of members of the Executive Committee, and then only for the period of their term of office, for only thus could the group represent the Executive Committee. He therefore proposed that two of the present members of the Subcommittee on Buildings and Installations be replaced. Dr. Hurtado (Cuba) stated that the Conference must respect the structure of the Organization, and that a subcommittee, such as this, must perforce be an organ of the Executive Committee. Dr. Príncipe (Venezuela) agreed with the views expressed by Dr. Díaz Coller and Dr. Hurtado.

Dr. Doria Medina (Bolivia) proposed the representatives of Mexico and Venezuela to fill the vacancies on the Subcommittee. Dr. Hurtado (Cuba) and Dr. Sánchez Vigil (Nicaragua) seconded these nominations.

The Chairman suggested that the Executive Committee express its appreciation to the representatives of the Dominican Republic and the United States for the services they had rendered as members of the Subcommittee.

The Executive Committee then unanimously approved the following resolution:

RESOLUTION VII

The Executive Committee,

Considering that two of the present members of the Permanent Subcommittee on Buildings and Installations are no longer members of the Executive Committee; and

Considering that the term of office of members of the Subcommittee should expire upon completion of their term as members of the Executive Committee,

RESOLVES:

1. To designate the representatives of Mexico and Venezuela to serve as members of the Permanent Subcommittee on Buildings and Installations, for the period of their term of office on the Executive Committee.

2. To thank the representatives of the Dominican Republic and the United States for the valuable services they have rendered to the Subcommittee.

8. *Emergency Revolving Fund*

Mr. Simpson (Chief, Division of Administration, PASB) presented this topic at the fourth session, explaining the request for supplies charged against the Emergency Revolving Fund, as reported in Document CE34/2.[3] He pointed out also that the Director, on 7 March 1958, had communicated with the recipient governments regarding reimbursement of the total amounts advanced from the Fund.

The following resolution was unanimously approved:

[1] Resolution XXII, *PASB Publication* 261, 161-162.
[2] Resolution V, *Official Document PASO* 2, 9-10.
[3] Mimeographed document.

RESOLUTION VIII

The Executive Committee,

Having examined the report presented by the Director on the use of the Emergency Revolving Fund (Document CE34/2),

RESOLVES:

To take note of the report on the use of the Emergency Revolving Fund (Document CE34/2) presented by the Director of the Pan American Sanitary Bureau.

9. *Amendments to the Staff Rules of the Pan American Sanitary Bureau*

Mr. Simpson (Chief, Division of Administration, PASB) presented Document CE34/4[1] at the fourth session, explaining that the Director was submitting to the Executive Committee for confirmation certain amendments to the PASB Staff Rules based on similar changes adopted by the Executive Board of the WHO at its Twentieth and Twenty-first Sessions. The amendments stem from recommendations made by the Salary Review Committee of the United Nations and approved by the United Nations General Assembly at its Eleventh and Twelfth Sessions. The Director of the Bureau implemented these changes on 1 January 1958. The purpose of the amendments was to provide a single system of salaries and allowances applicable to all staff, so as to reconcile the existing differences while maintaining the necessary distinctions deriving from contractual obligations that vary according to tenure and duty locations. The proposed amendments affect Articles 210.3, 220.2, 250, 260, 270, 270.3, 730.1, 730.2, 740, 820.4, and 920 of the Staff Rules. A new Article 265 has also been added.

After some clarifications, the Executive Committee unanimously approved the following resolution:

RESOLUTION IX

The Executive Committee,

Having examined the amendments to the Staff Rules of the Pan American Sanitary Bureau, presented by the Director in Document CE34/4; and

Bearing in mind that similar amendments to the Staff Rules of the World Health Organization entered into effect on 1 January 1958,

RESOLVES:

To confirm, in accordance with Staff Rule 030, the amendments to the Staff Rules of the Pan American Sanitary Bureau as presented by the Director in Document CE34/4.

10. *Preliminary Draft Agenda for the XV Pan American Sanitary Conference*

Dr. Wegman (Secretary General, PASB) presented Document CE34/11[2] at the fourth session, recalling that Article 7-D of the PASO Constitution provides that the agenda for the meeting of the Pan American Sanitary Conference shall be prepared by the Director and submitted to the Executive Committee for approval. In compliance with this provision, the Director had prepared a preliminary draft agenda for the XV Pan American Sanitary Conference and transmitted it to the Member Governments with the request that they propose any additional topics that they believed should be considered by the Conference. The preliminary draft appears in Document CSP15/1, Rev. 1,[3] annexed to Document CE34/11.

The draft was examined topic by topic. Dr. Hurtado (Cuba) proposed that the topic listed as number 3, Election of the Committee on Credentials, be listed as number 2, since only after review of the credentials of the representatives could the latter discuss and adopt the Rules of Procedure of the Conference. The topic listed as number 2 (Adoption of the Rules of Procedure of the Pan American Sanitary Conference), would then become topic number 3.

*It was so agreed.*

With respect to Topic 14 (Report of the Permanent Subcommittee on Buildings and Installations), Dr. Hurtado (Cuba) stated that this Subcommittee need not report to the Conference. Instead, it should report to the Executive Committee and the latter, in the report of its Chairman, should inform the Conference of the work of the Subcommittee. Item 14 of the preliminary draft agenda should therefore be deleted.

*It was so agreed.*

During the discussion of Topics 21 and 22, Status of *Aëdes aegypti* Eradication in the Americas and Report on the Status of Malaria Eradication in the Americas, respectively, Dr. Soper (Director, PASB) explained that the *A. aegypti* eradication campaign has been under way for 10 years, and

[1]Mimeographed document.

[2]Mimeographed document.

[3]Mimeographed document.

inasmuch as a considerable number of countries have succeeded in eradicating this vector, the Bureau has made an exceptional effort this year to complete the necessary investigations, in collaboration with the health authorities of the interested countries, so as to make it possible to announce to the Conference the eradication of *aegypti* in those countries. Moreover, the malaria eradication program is of such paramount importance, and the effort being devoted to it by the nations of the Americas is so great, that the inclusion of this topic is vital. In addition to the reports on these two topics presented by each country, the Bureau will submit a summary of all the country reports so as to give an over-all picture of the status of both problems in the Americas.

Dr. Doria Medina (Bolivia) pointed out that smallpox eradication is also a very important topic, for in some countries, among them Bolivia, it has not yet been possible to carry out the campaign, for various reasons, and this fact might endanger health in the neighboring countries. Dr. Soper (Director, PASB) stated that, although the countries of North and Central America and the Caribbean, and Panama, have not reported a single case of smallpox since 1954, seven countries of South America reported a certain number of cases in 1957. He added that at the next World Health Assembly, to be held within a few days in Minneapolis, the Government of the USSR will present a proposal that a campaign for the eradication of smallpox be undertaken on a world-wide scale. This fact highlights even further the importance of the topic at the present time. Dr. Doria Medina (Bolivia) then proposed that the agenda of the Conference include a topic on the status of the eradication of smallpox in the Americas.

*It was so agreed.*

Dr. Díaz Coller (Mexico) stated that, to assist the Conference in reaching a decision on Topic 30 (Place and Date of the XVI Pan American Sanitary Conference) it would be advisable for the Director to send a communication to the governments calling their attention to this topic. This would be the best way to ascertain which countries will offer to serve as host to the XVI Conference, and with this information the XV Conference could better study the problem and reach its decision. He proposed that the Director be requested to send such a communication to the governments.

*It was so agreed.*

Dr. Sánchez Vigil (Nicaragua) suggested that it might be advisable to bring the interesting experience of INCAP to the attention of the Conference. Dr. Soper (Director, PASB) stated that INCAP, because of its organization and operation and the results obtained through its investigations, has provided an example of what countries can accomplish by working together and with the PASB. The progress made in the field of nutrition in the Americas indicates the ever-increasing interest that the nutrition problem can be expected to arouse in the Hemisphere. He said that the status of INCAP is exceptional, for although it is an agency of the governments of Central America and Panama, founded on the intitiative of PASB, the latter is responsible for the administration of the Institute. Dr. Sánchez Vigil (Nicaragua) proposed that, in view of the importance of INCAP's work and the valuable example of international collaboration it has set, the following topic be added to the preliminary draft agenda of the Conference: Report on the Organization and Work of INCAP.

*It was so agreed.*

The Executive Committee then unanimously approved the following resolution:

RESOLUTION X

The Executive Committee,

Having examined the preliminary draft agenda (Document CSP15/1, Rev. 1) prepared by the Director for the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization, to be held at San Juan, Puerto Rico, from 21 September to 6 October 1958; and

Considering that Article 7-D of the Constitution provides that "the agenda for the meeting of the Conference shall be prepared by the Director and approved in advance by the Executive Committee,"

RESOLVES:

1. To approve the draft agenda of the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization (Document CSP15/1, Rev. 2).[1]

2. To authorize the Director to add to this draft agenda any new topics proposed by the Member Governments and by organizations entitled to propose

[1]Mimeographed document.

topics, and to report them to the 35th Meeting of the Executive Committee for appropriate action.

11. *Arrangements for the XV Pan American Sanitary Conference*

This topic was studied at the fourth and fifth plenary sessions. Dr. Wegman (Secretary General, PASB) presented Document CE34/13,[1] in which the Director mentions the dates proposed for the XV Pan American Sanitary Conference and the 35th and 36th Meetings of the Executive Committee; reports on the result of negotiations carried out with the Executive Chairman and the Secretary of the Organizing Committee, whereby the Government of the Commonwealth of Puerto Rico has agreed, through its Department of State, to assume certain responsibilities in connection with the holding of the Conference at San Juan, and the Pan American Sanitary Bureau, on its part, has also assumed certain obligations; describes the method of work of the Conference; and announces that Dr. James L. Goddard, Chief of the Accident Prevention Program, United States Public Health Service, has prepared the introductory statement on the topic "The Prevention of Accidents in Childhood" for the Technical Discussions to be held during the Conference. Moreover, the document says that, in view of the strategic importance of *Aëdes aegypti* eradication in the Americas, the Director has invited the governments of the countries where eradication has been completed to present an official declaration to that effect to the Conference. In addition, the Director will present a document based on the periodic reports of the countries covering the status of eradication, a topic that he believes should be considered in plenary session of the Conference. In view of the importance of the presentation of the reports of the Member States on public health conditions and progress, the Director, in the document, submits to the Executive Committee for consideration the following proposed procedure for discussion of the reports at the Conference: the document summarizing the four-year reports of the Member Governments will be presented in plenary sessions; delegations of governments that wish to supplement the information on their respective countries may take the floor immediately after presentation of the topic; and on completion of the delegations' oral reports, specific points and public health problems that are considered to warrant special study will be selected for examination by Committee I (Technical Matters). The Bureau will prepare, for consideration by the Conference, a document containing a general summary of the individual country reports on the status of malaria eradication, without prejudice to each delegation's making an oral statement to emphasize salient points in the eradication program in its country. Document CE34/13 contains as Annex I Rules for Technical Discussions at the XV Pan American Sanitary Conference.

When the dates for the 35th Meeting of the Executive Committee were considered, Dr. Díaz Coller (Mexico) proposed that the meeting be limited to two days instead of four (16-19 September) as set forth in the document under discussion. He pointed out that the members of the Committee have difficulty in being away from their countries for long periods and therefore it would be advisable to shorten as much as possible the Executive Committee meeting, in view of the fact that the Conference is to be held immediately thereafter.

Dr. Soper (Director, PASB) recalled that this meeting of the Committee will have to study in detail the proposed program and budget of the World Health Organization for the Region of the Americas for 1960, as well as the preliminary draft program and budget of the Pan American Sanitary Organization for the same year. Therefore, the duration of the meeting will depend on the time required to consider this topic.

Dr. Hurtado (Cuba) pointed out that the XIV Pan American Sanitary Conference empowered the Executive Committee to take various measures related to the organization of future Conferences, such as, for example, the preparation of its inaugural session. He therefore did deem it advisable to reduce the number of days set for the 35th Meeting.

Dr. Wegman (Secretary General, PASB) reported that, in effect, in Resolution XXXI of the XIV Conference[2] the Executive Committee was authorized to take, with respect to the preparation of future meetings of the Directing Council and of the Pan American Sanitary Conference, any

[1] Mimeographed document.

[2] *Official Document PASO* **14**, 638-639.

measures necessary to facilitate the conduct and to expedite the work thereof.

Dr. Díaz Coller (Mexico) reiterated his proposal that the duration of the 35th Meeting of the Committee be reduced to two days. This motion was seconded by Dr. Sánchez Vigil (Nicaragua). The motion was put to a vote and *was rejected* by a vote of 4 to 3.

The Chairman then proposed that the dates 17-19 September be set for the meeting and this motion *was carried* by a vote of 4 to 3.

The Committee then proceeded to study the draft Rules for Technical Discussions at the XV Pan American Sanitary Conference. Dr. Wegman (Secretary General, PASB) explained that the text presented followed, in essence, that prepared for the Technical Discussions held during the Directing Council, as approved by the Council at its VIII Meeting, but with the necessary adaptations for the Conference.

Dr. Hurtado (Cuba) expressed the opinion that the draft Rules were very well thought out and proposed that a text be prepared for the Technical Discussions held in the Directing Council and during future meetings of the Conference, for presentation to the next Conference. Moreover, he also proposed that the Technical Discussion topic be considered, not by Committee I (Technical Matters), but in plenary session of the Conference. The latter should not merely take note of the report on the Discussions; it should make specific recommendations bearing on the conclusions reached therein.

Dr. Díaz Coller (Mexico) seconded the proposals of the representative of Cuba, which *were unanimously approved.* To this end, and without prejudice to the rest of the necessary changes, *it was agreed* that Article 21 of the draft Rules should read as follows: "The Conference or the Council may adopt recommendations on the topic of the Technical Discussions, following the same procedures as those applied to the other recommendations of the meeting."

Dr. Wegman (Secretary General, PASB) explained that the draft Rules for Technical Discussions would be included as Topic 15 on the agenda of the Conference. He also stated that the Director will present to the Conference documents on the topics "Status of Smallpox Eradication in the Americas" and "Organization and Work of INCAP," proposed by the representatives of Bolivia and Nicaragua, respectively, at the previous session.

The following resolution was unanimously approved:

RESOLUTION XI

The Executive Committee,

Having studied the report of the Director on the preparations for the XV Pan American Sanitary Conference (Document CE34/13 and Annex I),

RESOLVES:

1. To take note of the arrangements made for organizing the XV Pan American Sanitary Conference and related meetings of the Executive Committee, to be held in San Juan, Puerto Rico, from 17 September to 6 October 1958, and to express its appreciation to the Government of the United States, the Commonwealth of Puerto Rico, and the Organizing Committee for the cooperation given in the preparations for these meetings.

2. To recommend that the Director make the necessary preparations for the presentation and study of the following topics at the XV Pan American Sanitary Conference, following the procedure set forth in Document CE34/13:

(a) Technical Discussions on "The Prevention of Accidents in Childhood."

(b) Status of *Aëdes aegypti* Eradication in the Americas.

(c) Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIV and XV Conferences.

(d) Malaria Eradication in the Americas.

3. To transmit to the XV Pan American Sanitary Conference for consideration the proposed Rules for Technical Discussions (Document CE34/13, Annex I, Rev. 1).[1]

## 12. *Amendment of Budget Format and Presentation*

Mr. Simpson (Chief, Division of Administration, PASB) explained at the fifth plenary session that in Resolution II of the 25th Meeting of the Committee,[2] the Director was requested to continue to study means of improving the presentation of the budget estimates. In Document CE34/3[3] on this topic, he proposed to introduce a modification in the display of some of the object-of-expenditure items as listed in all project activities in Part III of the budget document. The grouping of the several allowance and statutory-travel items and the resulting segregation of "Duty Travel" would permit a better review of projects

[1] Mimeographed document.
[2] Document CE25/42.
[3] Mimeographed document.

by the governing bodies and result in some reduction in the size and cost of the budget document. These changes would necessitate a revision in the columnar headings, but they do not affect the fundamental principles involved in the presentation of the budget as recommended by the governing bodies.

The Chairman, Dr. Hurtado (Cuba), and Dr. Díaz Coller (Mexico) requested clarification on certain points, to which Mr. Simpson replied. He pointed out that the item on duty travel is an important item for the study of projects, hence the proposed modification. The grouping of allowances and statutory travel is reasonable because both are fixed costs which more or less automatically derive from the budgeting of a post. The Bureau, however, could provide the analytical details needed on the various items when the budget documents are under study.

The following resolution was unanimously approved by the Committee:

RESOLUTION XII

The Executive Committee,

Having considered the proposal of the Director to modify the display of some of the object-of-expenditure items listed in all project activities in Part III of the budget document, and to revise the first two columnar headings in the "Summary of Programs by Major Expense" tables; and

Considering further that the proposed modifications do not affect the basic principles of the form of presentation as recommended in the past by the governing bodies,

RESOLVES:

1. To approve the modifications recommended by the Director in the form of presentation of the budget document.

2. To make these modifications effective with the presentation of the 1960 budget of the Organization.

## 13. *Name of the Organization and Titles of its Senior Officers*

### A. *Use of Word "Health" instead of "Sanitary" in the Name of the Organization*

Dr. Wegman (Secretary General, PASB) introduced this topic at the fifth plenary session and pointed out that the word "sanitary" in the history of the Pan American Sanitary Organization dates from 1902, a time when the principal functions of international health related to international sanitary regulations. Today, the Organization's objective covers the broad concept of health stated in Article 1 of the Constitution: "to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people."

To avoid confusion in this matter and to promote a better understanding of the Organization's work, it was proposed that the Executive Committee consider the advisability of recommending that the word "health" replace "sanitary" in the name of the Pan American Sanitary Organization. This change would in no way affect the historic name of the Pan American Sanitary Bureau, as set forth in the Pan American Sanitary Code of 1924, a treaty ratified by all the American republics.

Dr. Hurtado (Cuba) inquired whether there was any procedure established for amending the Constitution, since in the WHO any proposed amendments to the Constitution must meet various requirements, among them, notification thereof to the Member Governments six months prior to their discussion.

Dr. Wegman (Secretary General, PASB) said that Article 25 of the PASO Constitution leaves the determination of rules for amendments to the Conference or the Directing Council. The only existing precedent on this matter is Resolution XXXIX of the XIV Conference[1] which provided that the approval of the proposed amendments to the Constitution studied at that Conference would require the affirmative vote of a two-thirds majority. Dr. Wegman added that, in a letter sent early in April, the Director informed the Member Governments that these proposed amendments would come up for discussion at this meeting of the Executive Committee and at the Conference.

Dr. Hurtado (Cuba) recalled that at the XIV Pan American Sanitary Conference his country's delegation had proposed a change of title not only for the Organization but for the Bureau as well. For that reason he approved the proposal presented.

After a brief discussion, during which Dr. Estrella Ruiz (Peru) and Dr. Doria Medina (Bolivia) proposed a minor editorial change in the resolution on this topic proposed in Document CE34/7,[2] unanimous approval was given to the following resolution:

[1] *Official Document PASO* 14, 642.
[2] Mimeographed Document.

RESOLUTION XIII

The Executive Committee,

Bearing in mind that the word "sanitary" in the name of the Pan American Sanitary Organization does not express fully or accurately the character of the Organization or its functions in the broad field of health, as established in Article 1 of the Constitution;

Considering that the substitution of the word "health" for "sanitary" in the name of the Organization, in the four official languages (in English, *Pan American Health Organization;* in French, *Organisation panaméricaine de la Santé;* in Portuguese, *Organização Pan-Americana da Saúde;* and in Spanish, *Organización Panamericana de la Salud),* would correct this situation and, by promoting a better understanding of the Organization's activities, would gain greater support on the part of the general public; and

Considering the provisions of Article 25 of the Constitution,

RESOLVES:

To recommend to the XV Pan American Sanitary Conference that it consider the following amendment to the Constitution of the Organization:

Replace the name "Pan American Sanitary Organization" by "Pan American Health Organization" in Articles 1, 2-A, 3, 19-B, and 21-A.

B. *Titles of Senior Officers of the Organization*

Dr. Wegman (Secretary General, PASB) explained Part B of CE34/7 on this topic.

The Constitution of the Organization provides for both a Director and a Secretary General of the Pan American Sanitary Bureau. This is confusing, since in other international organizations such as the Organization of American States and the United Nations, the Secretary General exercises functions equivalent to those of the Director in the Bureau, both as chief administrative officer and as legal representative of the respective organization.

To avoid this confusion, it was proposed that the Executive Committee consider presenting to the XV Pan American Sanitary Conference possible changes in the titles of the senior officers. The following alternatives are possible:

1. That the title Secretary General be used to designate the chief technical and administrative officer of the Organization and the legal representative thereof, in which case the officers designated as Assistant Director and Secretary General would have the titles of Deputy Secretary General and Assistant Secretary General, respectively; or

2. That the title Secretary General be eliminated, in which case the title Director would be used to designate the chief technical and administrative officer of the Organization and the legal representative thereof, and the officers designated under the Constitution as Assistant Director and Secretary General would have the titles of Deputy Director and Assistant Director, respectively.

Dr. Soper (Director, PASB) explained that the order of presentation of the two alternatives did not represent any preference on the part of the Bureau, although, in his opinion, the title Director is better adapted to the functions and structure of the Organization than is that of Secretary General.

After a brief discussion, the Committee decided to study only the second alternative contained in the document.

Dr. Hurtado (Cuba) proposed first that the title of the chief technical and administrative officer be Director General instead of Director, the better to describe the importance of the position. Moreover, he believed that under a new structure of the Bureau it would suffice to have only the Director and one Assistant Director, inasmuch as the Director assumes the functions of Secretary at the meetings of the Organization's governing bodies. In Dr. Hurtado's opinion, the structure and functions of the Bureau's high offices, rather than a change in titles, should be studied in the light of the experience obtained and present requirements. A new division should be created to organize the meetings and seminars, which are becoming increasingly important. This would allow for a greater understanding between the Bureau and the governing bodies.

The proposal of the representative of Cuba on the change of title of the Director *was rejected* by a vote of 4 to 3.

The Committee then studied the titles of the other two senior officers and decided that the use of Deputy Director and Assistant Director would lead to confusion insofar as distinguishing their functions was concerned.

After full discussion, Dr. Díaz Coller (Mexico) proposed that the members of the Committee think the matter over and exchange views privately on this and other questions presented by the representative of Cuba, so that the most appropriate decision might be taken at the seventh plenary session.

*It was so agreed.*

When, at the seventh session, discussion of this point was resumed, the Chairman reported that at an informal meeting of the Committee members it had been agreed that the titles of the two senior officers next in rank to the Director should be Deputy Director and Assistant Director, respectively (in Spanish, *Subdirector* and *Subdirector Adjunto*).

After a brief discussion, in which a slight change was made in the preamble to the proposed resolution given in Document CE34/7, the Committee unanimously approved the following resolution:

RESOLUTION XIV

The Executive Committee,

Considering that the present titles of the senior officers of the Pan American Sanitary Bureau are ambiguous and do not reflect accurately the functions and activities of those officers;

Considering the advisability of adopting generally-accepted titles that will be self-descriptive insofar as the responsibilities of the particular post are concerned; and

Considering the provisions of Article 25 of the Constitution,

RESOLVES:

To recommend to the XV Pan American Sanitary Conference that it consider the following amendments to the Constitution of the Organization:

(a) Revise the text of Article 4-E to read: "The Conference shall elect the Director of the Pan American Health Organization by a two-thirds vote of the countries represented and with the right to vote. The Director shall be the chief technical and administrative officer of the Organization and the legal representative thereof. In case of resignation, incapacity, or death of the Director between meetings of the Conference, the Directing Council shall elect a Director who shall act ad interim."

(b) Revise the text of Article 18-A to read: "The Pan American Sanitary Bureau shall be headed by the Director designated in accordance with the provisions of Article 4, paragraph E. In the event of the resignation, incapacity, or death of the Director, the Deputy Director shall assume his duties until the next meeting of the Council."

(c) Eliminate the words "of the Pan American Sanitary Bureau" (or "of the Bureau") after the title "Director" in Articles 4-B, 8-B, 8-C, 9-D, 10-B, 10-C, 12-A, 12-C, 14-A, 18-C, 20, and 24-A.

(d) Revise the first sentence of Article 18-B to read: "There shall be a Deputy Director and an Assistant Director appointed by the Director with the approval of the Executive Committee."

(e) Add the following sentence at the beginning of Article 17: "The Pan American Sanitary Bureau is the General Secretariat of the Pan American Health Organization."

14. *Amendments Relating to the Executive Committee to be Introduced in the Constitution of the Pan American Sanitary Organization*

Dr. Wegman (Secretary General, PASB) explained at the sixth session that, pursuant to Article 10(c) of the Rules of Procedure of the Executive Committee, the Director included on the agenda a topic presented by the Government of Cuba on amendments relating to the Executive Committee to be introduced in the Constitution of the PASO. Document CE34/8[1] contains a communication dated 10 April 1958 forwarded by Dr. Félix Hurtado, Ambassador for International Public Health Affairs of Cuba, to the Director of the Bureau and containing the amendments referred to. The communication makes reference to the fact that at the XIV Pan American Sanitary Conference the Government of Cuba presented certain draft amendments which were rejected by the Conference. The Government of Cuba, however, is reiterating its previous stand on the matter, calling for an increase in the membership of the Executive Committee from seven to nine. To prevent the members' being isolated from the internal operations of the Bureau, it would be advisable for each one to undertake permanent residence in Washington, attached to the Bureau, during 4 of the 36 months of his term of office. This four-month stay would afford the Executive Committee member an excellent means of gaining a first-hand knowledge of the activities of the Bureau. The cost of this stay would not be high, and in any case would be compensated by the advantages to be gained therefrom. If these amendments are approved, it is proposed that the amounts necessary to put them into effect be included in the PASO budget. The Government of Cuba proposes that the Executive Committee recommend these amendments to the XV Pan American Sanitary Conference.

Moreover, the Government of Cuba proposes that the Executive Committee recommend that the XV Pan American Sanitary Conference declare dissolved all the committees, subcommittees, and special commissions that are now in operation, after expressing appreciation for their

[1] Mimeographed document.

services to the Organization, leaving the Executive Committee free to reorganize or definitely dispense with them, as it sees fit, but in any case firmly establishing the fact that the Executive Committee has authority over all of them.

After the document was read, Dr. Soper (Director, PASB) referred specifically to the last paragraph of page 3 which states: "How many staff members are there in both the Pan American Sanitary Organization and the World Health Organization with even larger allowances whose real usefulness it has, on more than one occasion, been difficult to explain precisely?" As Director of the Pan American Sanitary Bureau and as Regional Director of the World Health Organization, Dr. Soper stated that he objected to the implications contained in that paragraph.

In the discussion that followed, Dr. Díaz Coller (Mexico) stated that there should be a closer contact between the Executive Committee and the Bureau and that an increase in the membership of the Executive Committee would allow more countries to be represented. However, he disagreed with the proposal that the members of the Executive Committee reside in turn in Washington, since the representatives are officers of their governments and cannot be absent from their regular duties for so long a time. He suggested, as an alternate solution, that the Committee meet quarterly; this would enable the representatives to become better acquainted with the activities of the Bureau. Dr. Estrella Ruiz (Peru) indicated that the proposal of the Government of Cuba interprets the wish of the Executive Committee to have a better understanding of the Bureau's operation, but he agreed with the representative of Mexico that the governments would not permit their officials to be away from their duties for four months. He suggested that the objective sought by the Cuban proposal might be attained by arranging for the members of the Executive Committee to be in Washington for ten or twelve days prior to the meeting in order to give them a closer insight into the work of the Bureau, in accordance with a previously prepared schedule. This plan would not entail more than $2,100 annually. He was in agreement with the last part of the proposal presented by the Government of Cuba on the review of committees, subcommittees, and special commissions.

Dr. Príncipe (Venezuela) reported that the proposal of the representative of Cuba had been discussed by his Government and that it opposed an increase in the membership of the Committee and the residence of its members in Washington. It might be advisable, however, to study the possibilities of increasing the number of Committee meetings to four a year, arranging for the members to remain longer in Washington, and holding the meetings at the PASB headquarters.

Dr. Sánchez Vigil (Nicaragua) reported that some governments are studying the advisability of assigning public health attachés to their embassies in Washington.

Dr. Doria Medina (Bolivia) was opposed to the proposal under discussion and pointed out that to recommend any new expense would seem to be a contradiction when reductions in the budget are under consideration. However, he agreed with the proposed amendment on committees, subcommittees, and special commissions.

Dr. Hurtado (Cuba) said that it was his own personal opinion that was reflected in the paragraph mentioned by Dr. Soper, and that it refers, not to persons, but to posts. He contended that an increase in the membership of the Executive Committee would satisfy a long-felt want, like that expressed in the proposal to increase the membership of the WHO Executive Board. This would afford a greater opportunity for Member States to participate in the Organization's administration. Moreover, he was of the opinion that there could be no discussion of the largest contributing Member Government's right to participate in the administration of the Organization and stated that he would not object to having the United States a permanent member of the Executive Committee; this could be made possible by increasing the membership of the Committee. He recalled the development of the Organization and emphasized Dr. Soper's work in behalf of continent-wide public health. Dr. Hurtado insisted on the advisability of strengthening the relationship between the Executive Committee and the Bureau. Among other things, it would be desirable for the representatives to be able to attend, for example, the meetings of the Director with the zone representatives or with the division chiefs of the Bureau, not to criticize the activities but to improve their own knowledge. He added that the profit the countries would gain in this respect by allowing the representatives to reside in turn

in Washington would be so great that the governments would unquestionably grant the necessary leaves of absence for the purpose.

Dr. Soper (Director, PASB) explained that the meeting of the Committee cannot be held at the headquarters building because there is no appropriate place for that purpose, and he trusted that the new building, which it is hoped will be constructed in a few years, will have the adequate facilities for all the meetings of the Organization.

The Chairman proposed that the Committee take note of the proposal made by the Government of Cuba and express its appreciation for the interest shown thereby in the effectiveness of the Executive Committee's work. Dr. Príncipe (Venezuela) seconded this motion.

The Committee approved the following resolution by a vote of 6 to 0, with 1 abstention:

RESOLUTION XV

The Executive Committee,

Having studied carefully the topic presented by the Government of Cuba, entitled "Amendments Relating to the Executive Committee to be Introduced in the Constitution of the Pan American Sanitary Organization,"

RESOLVES:

To take note of the suggestions contained in Document CE34/8 and to thank the Government of Cuba for the interest it has shown, through this proposal, in the effectiveness of the Committee's work.

15. *Proposed Program and Budget of the Pan American Sanitary Organization for 1959*

A. *General Discussion*

The Committee studied the proposed program and budget of the Pan American Sanitary Organization for 1959 at its second plenary session. Dr. Wegman (Secretary General, PASB) presented Document CE34/9[1] and explained that it contains the changes proposed by the Director to the provisional draft program and budget of the Pan American Sanitary Organization for 1959 (*Official Document No.* 21). He called attention to the fact that the provisional draft had been studied by a working party appointed by the Directing Council at its X Meeting. The working party believed that the provisional draft should be subject to consultation with the health authorities of Member Governments, and these consultations resulted in substantially greater requirements for 1959 than were anticipated when *Official Document No.* 21 was prepared.

At the time the provisional draft was prepared, the proposals for field programs totaled $3,784,190, from three sources of funds: PASO regular, WHO regular, and TA/WHO. The consultations with Member Governments since then have resulted in requests totaling $5,096,090, which is $1,311,900 more than the potential funds. The increase in requests reflects the determination of Member Governments to move boldly forward in improving the health of their peoples, as well as their confidence in the Bureau's ability to provide the assistance requested. The same interest was shown by the Inter-American Committee of Presidential Representatives, which made it clear that the financial support for the expansion of the public health program in the Americas must come from the governments, through the budgetary processes of the Pan American Sanitary Organization. In view of the foregoing, the Director believed it incumbent on him to propose for the PASO budget for 1959 the same level as he did in *Official Document No.* 21, $4,000,000. In this light, he believed he would be remiss if he suggested anything less than the previously proposed increase. Even so, the excess of proposals over the estimate of available funds from all sources required an average reduction of 25.7 per cent, affecting both size and number of projects, and the strictest application of priorities in order to come within the proposed ceiling. Furthermore, careful analysis of all possible headquarters reductions was made, so that the maximum amount of the increase could go into field projects. In the revision presented herewith, administrative expense was cut still further; 96.6 per cent of the increase is now suggested for field programs. The proposed program for 1959, taking into account the PASB, WHO, and TA/WHO funds, represents an expansion of 15.7 per cent over the 1958 level. Document CE34/9 contains a series of schedules giving the detailed changes item by item. It is necessary to continue certain projects whose completion had been anticipated in 1958, in the amount of $114,856. For the most urgent new projects $225,848 is needed. In order to accommodate these requirements, the remainder of the program had to be reduced, especially by cuts in interzone projects and also by postponement or reduction in the elements of others.

[1] Mimeographed document.

In the discussion that followed, Dr. Díaz Coller (Mexico) pointed out that the expansion proposed by the Director, though representing 15.7 per cent of all funds, was, in reality, 33 per cent of the PASO regular, which was the increase under consideration. This therefore meant a proportional increase in quotas from Member Governments. He emphasized also that while no organization can avoid increasing its budget, at least to the degree that the purchasing power of money decreases, it is not wise to propose large increases. In his opinion, the increase in the PASO budget from some $200,000 to the present $3,000,000 that the Director has achieved should be a source of pride to him. However, the Organization has developed to such a point that it would be advisable to limit annual increases to more modest amounts. Dr. Hurtado (Cuba) recalled that the working party on the budget at the X Meeting of the Directing Council suggested the desirability of proposing reductions in the budgets. He pointed out that no doubt many of the representatives on the Committee have received instructions from their governments not to vote in favor of an increase or, at the most, to vote for an increase of 5 or 10 per cent over the 1958 budget. Dr. Príncipe (Venezuela) called attention to the fact that his country found itself faced with a debt of more than five billion bolivars when the régime that had until recently been in power was replaced. For that reason, he had instructions not to vote for large increases in the budget, although Venezuela always had been, and is, willing to collaborate fully with the Organization. Dr. Doria Medina (Bolivia) stated that he also had similar instructions and added that if approval were given to an increase that would mean some countries would be in arrears with their quotas, such an increase would be fictitious. He also informed the Committee that the budget of Bolivia cannot, by law, be increased while the present Plan for Monetary Stabilization is in force.

Dr. Wegman (Secretary General, PASB) stated that, although reference had been made to proposing reductions in the 1959 budget during the discussions of the budget working party, its report stated only that, as a general proposal, it was felt advisable to suggest to the Directing Council that if it should be necessary to reduce the budget total, it would be advisable to consider the whole of the activities to be developed, and not certain of them in particular. He pointed out that the provisional draft of the proposed budget presented by the Director was prepared on the basis of requests for programs by the governments, the total of which exceeds by $1,311,000 the funds that are foreseeable by the Director. He said, in conclusion, that the percentage of increase, that is, 15.7 per cent, was calculated on the basis of the budget as a whole, independently of the source of the funds.

Dr. Soper (Director, PASB) reminded the Committee that for several years, at his suggestion, the provisional draft of the proposed budget has been presented a year in advance, so that the governing bodies might study it and make their comments. With respect to the budgetary increases, he said that for years the PASO budget remained practically stationary, for when the WHO budget amounted to $5,000,000, the PASO budget ceiling was $1,700,000. During that same period, the OAS budget amounted to $2,000,000. At the present time, the budgets being prepared by these organizations for 1959 are $14,300,000 for the WHO, and $5,800,000 for the OAS. The considerable increase of the latter is due to the fact that it includes programs that were recommended by the Inter-American Committee of Presidential Representatives. This Committee, while asserting the importance of public health programs, recommended that funds for these programs come through the budgetary processes of the Pan American Sanitary Organization. The only flexible funds in the PASO budget are those of its own regular budget, and these are the only ones in the determination of whose total the Pan American Sanitary Organization plays a direct part. The Technical Assistance funds are really more at the disposal of the governments than of the technical organizations. The budget under discussion was prepared after considering the interests and requests of all the Member Governments.

The Chairman asked the Committee whether, before proceeding to reduce the ceiling figure of the budget, it thought it advisable to examine it project by project, inasmuch as the budget documents presented by the Director and the report of the working party established at the X Meeting of the Directing Council provided an adequate solid basis for such an examination. Moreover, he added, the procedure that he was suggesting

to the Committee would enable it to study the various ceilings in relation to the 1959 budget.

Dr. Hurtado (Cuba) repeated his previous statements and moved that the Committee recommend to the Director that he prepare another draft of the proposed budget within a certain ceiling, to be studied by the Committee at a subsequent session. Dr. Díaz Coller (Mexico) and Dr. Doria Medina (Bolivia) seconded the motion, and the latter suggested that the authorized increase be 10 per cent over the 1958 budget.

Dr. Soper (Director, PASB) said that in private conversations during the X Meeting of the Directing Council several representatives had suggested to him the amounts of $3,500,000, $3,600,000, and $3,800,000 as possible ceilings for the 1959 budget. He stressed the fact that a budget without an increase or with only an insignificant increase is, in fact, a budget that leads to a reduction in activities, for the normal increases in costs must always be taken into account. He believed that it would be advisable for the Committee to review the proposed programs and indicate those that it believed should be reduced, so that the Director would know what criterion the Committee felt should be followed in preparing the new proposed budget. The basis for the preparation of the present proposed budget was the programs requested by the governments, after consultation between the government representatives and the zone representatives of the Bureau, and after a meeting of the latter with the technical staff at headquarters.

The Chairman called for a vote on the Cuban representative's motion that the Director be requested to prepare a new proposed program and budget of PASO for 1959, reducing the ceiling to the level to be indicated by the Executive Committee, and to present that proposed budget at a subsequent session of the present meeting of the Committee.

*It was so agreed,* unanimously.

The Chairman then put to a vote the proposal of the representative of Bolivia that the Director be requested to prepare a new PASO proposed program and budget for 1959, within the limit of a 10 per cent increase over the PASO budget for 1958.

*It was so agreed,* by a vote of 3 to 1, with 2 abstentions.

B. *Preliminary Study on the Reduction in the Budget*

At the beginning of the third plenary session, Dr. Wegman (Secretary General, PASB) reported that, as a result of the decision adopted by the Committee at its previous session, on the budget ceiling, the senior officers of the Bureau had made a preliminary revision for the purpose of adjusting it to the ceiling proposed, which revision he was going to explain so that the Committee might make any comments thereon they thought pertinent. He pointed out that, through very sharp cuts, reductions had been made in the provisions under Parts I and II, lowering the amounts below those for 1958, so that the total of the increase indicated by the Executive Committee would be assigned to Part III (Field and Other Programs). In this connection, he listed the projects that would be eliminated or reduced, and he pointed out that this meant an almost total elimination of fellowships on public health administration.

Dr. Hurtado (Cuba) wished to congratulate the Bureau for the speed with which the revision in the budget had been made, but expressed the opinion that the fellowships should be eliminated only as a last resort, since the governing bodies of the Organization had always given them a high priority.

Dr. Soper (Director, PASB) made it clear that the criterion followed in making the revision was to continue projects already started or those on which agreements had been signed or were about to be signed with the governments. However, with a ceiling of $3,300,000, it would be impossible to comply with all the requests received and, if fellowships were to be left in the budget, it would be necessary to eliminate more projects.

Dr. Hurtado (Cuba) insisted that the Committee recommend to the Director that in the revision the fellowships be kept and that some of them be eliminated only as a last resort.

*It was so agreed.*

C. *Revision of the Budget Estimates in Document CE34/9*

Dr. Wegman (Secretary General, PASB) presented Document CE34/9, Rev. 1,[1] at the sixth plenary session, held under the chairmanship of Dr. Sánchez Vigil (Nicaragua). Dr. Wegman ex-

[1] Mimeographed document.

plained that the document had been prepared pursuant to the instructions given the Director at the second session, to reduce the budget ceiling to $3,300,000. As a first step, the Director had carefully reviewed the increases originally proposed in Parts I and II of the budget. By rigid reduction to minimum requirements, the totals in these parts were curtailed to figures even below the 1958 level. As a result, there is available for Part III, Field and Other Programs, the entire increment allowed by the Executive Committee. In the revised program are included 50 projects of a continuing nature and 11 new projects selected as being of the highest priority. In conformity with the Executive Committee's instructions, the largest possible sum has been given to fellowships. It is evident that a good many fellowships had to be deleted in order to cut the budget presented in Document CE34/9 by $700,000, but the sum still in the budget for fellowships is in proportion to the reduced amounts for other program activities, in which it was necessary to eliminate 59 projects. The document presents, under five separate columns, the estimates given in *Official Document No.* 21, those in Document CE34/9, the revised estimate in Document CE34/9, Rev. 1, the increase or decrease from CE34/9, and the explanation of the changes made.

Mr. Olivero (Guatemala) stated that it was incumbent on the Executive Committee not to "approve" but rather to "prepare" the budget. For its study on the budget, it could find sufficient basis in *Official Document* No. 21, the report of the working party appointed by the X Meeting of the Directing Council, and Document CE34/9. With these documents, the best procedure, as he had explained at the beginning of the discussion on the budget, would have been to examine the projects in the light of the countries' requirements. He pointed out that the Executive Committee's responsibility is not limited to the seven countries represented on this body; it extends to all Member Countries of the Organization. Therefore, before a ceiling figure was set, it would have been preferable to know in detail what national interests might have been overlooked. With respect to this point, it should be borne in mind that for 1959 no significant increase is planned in the WHO budget and a small decrease is expected in that of TA/WHO. This fact would suggest that the Executive Committee should consider the advisability of accepting an increase in the PASO budget in order to compensate for the lack of increases in other sources of funds. It is the Conference, however, that will definitely decide the amounts to be set. Dr. Sánchez Vigil (Nicaragua) pointed out that, at a recent meeting of Central American ministers of public health, requests for additional programs had been made to PASB and if the PASO budget were reduced it would be impossible to meet those requests.

Dr. Hurtado (Cuba) stated that Document CE34/9, Rev. 1, complied with the instructions given the Director of PASB to reduce the budget ceiling to $3,300,000. Document CE34/9, presented at the second session, had proposed an increase of 33 per cent over the 1958 budget, a percentage that was not in conformity with the criterion expressed by the budget working party of the X Meeting of the Directing Council. That working party considered the figure of $4,000,000 to be too high and suggested a reduction of some $900,000, although no statement to that effect is contained in the working party's report. He recalled that at the third session of the present meeting it had been indicated that, in the revision of the budget, all possible cuts in fellowships should be avoided and that any reductions in those items would be acceptable only if they were absolutely necessary.

Dr. Wegman (Secretary General, PASB) reported that in the budget working party of the X Meeting of the Directing Council mention had been made of the need for reducing the amount of the provisional draft budget for 1959, but he said he did not recall any mention of the figure of $900,000, although some representatives had suggested ceilings of $3,600,000 and $3,800,000. He stated that the working party's report contained no specific instructions to reduce the budget by a given amount, but rather indicated that if it were necessary to reduce the budget total it would be advisable to consider the whole of the activities to be developed, and not certain of them in particular. He assured the Committee that the Bureau had not for a moment lost sight of the contents of the working party's report or the suggested reduction, but that the changes in the health situation in the Americas and the requests received from the governments had led to the conviction that a budget of $4,000,000 should be presented. In fact, that budget did not cover all the requests of the

governments; if it had, it would have amounted to more than $5,000,000. In the present revision, every effort had been made to reduce fellowships as little as possible. In certain cases, however, a cut in some fellowships afforded the only solution to a very difficult problem.

Dr. Soper (Director, PASB) pointed out that the report of the budget working party of the X Meeting of the Directing Council[1] had been drawn up by the rapporteur of that group and that the secretariat had taken no part in the preparation of the document. He then read certain paragraphs of the report in which it was stated, with reference to the $1,000,000 increase over the 1958 budget, that "if it should be necessary to reduce the budget total," the program budget should be taken as a whole, "reducing items where deemed necessary," for which purpose it would be "essential to consult with the national authorities." At that meeting of the Directing Council the Representative of Venezuela, Dr. Orellana, expressed his concern over the proposed increase but at the same time his opinion, as recorded in the meeting[2] was: "It is clear that the growth of institutions is vitally linked to the availability of budgetary funds. Therefore, if one considered the magnitude of the requirements presented to the Pan American Sanitary Bureau in the form of requests from the various countries and took into account the importance of the projects, any increase in the Organization's budgets could be shown to be justified. However, while desiring to increase to the utmost the activities of the Pan American Sanitary Organization, the representatives of the Member Countries on the Directing Council must reconcile their position as health experts with the financial possibilities of their respective countries." At the same meeting of the Directing Council, the Representative of the United States, Dr. Osborne,[3] stated the belief that "the 34th Meeting of the Executive Committee and the XV Pan American Sanitary Conference should be presented with a draft that would provide for an increase of smaller proportions than the $1,000,000 over 1958." The Directing Council, by a vote of 18 to 0, with 1 abstention, resolved (Resolution XXXVIII): "To take note of the provisional draft of the proposed program and budget of the Pan American Sanitary Organization for 1959, and to transmit it to the Executive Committee, making special reference to the content of the report of the working party which examined that document."[4] Thus, no specific reduction was indicated. Dr. Soper went on to say that he had never felt the proposed increase to be out of proportion. Natural growth is something that begins slowly and eventually reaches an accelerated rate. In this way, the budget of PASO, rose from $1,700,000 in 1949 to $2,400,000 in 1954, but in recent years the countries have learned to derive much greater advantage from collaboration with international organizations. This can be seen, for example, from the series of recommendations adopted by the Third Meeting of Ministers of Public Health of Central America and Panama, which suggested measures for jointly solving common problems, and in each case requested the PASB to make studies or collaborate in carrying out such measures, something that can never be done without incurring some expense. He stressed the fact that in the proposed budget of $4,000,000, provision was made for a certain number of fellowships, but that it was impossible to retain all of these in a budget reduced to $3,300,000.

The Chairman announced that a copy of the working party report under discussion would be distributed to the members of the Committee. Dr. Díaz Coller (Mexico) said that, as he recalled, the working party had categorically refused to accept the figure of $4,000,000 for the provisional draft budget for 1959. He had proposed a figure of $3,600,000 and other representatives had suggested $3,800,000 and $3,200,000. The Directing Council had approved the working party's recommendations, yet a proposed budget of $4,000,000 was presented to the present meeting. He declared that the Director was within his rights in attempting to obtain the largest possible budget to carry out the greatest number of projects. He said that, although the estimates contained in Document CE34/9, Rev. 1, represent an increase of 10 per cent over the 1958 budget, he thought that there should be an additional 8 per cent increase, which is equivalent to the annual decrease in purchasing power. He proposed that discussion on this topic be continued at the seventh session, so as to allow time for study of the documents referred to by the

[1] *Official Document PASO* 22, 163.
[2] *Official Document PASO* 22, 152.
[3] *Official Document PASO* 22, 152.
[4] *Official Document PASO* 22, 30.

Director. Mr. Olivero (Guatemala) was in favor of continuing the discussion without postponement. Dr. Príncipe (Venezuela) and Dr. Hurtado (Cuba) thought that it would be preferable to continue the discussion at the seventh session.

*It was so agreed.*

When discussion on this topic was resumed at the seventh session, Dr. Díaz Coller (Mexico) stated that when the report of the budget working party was studied at the X Meeting of the Directing Council, the Rapporteur had pointed out that the working party believed the reduction in the budget should be made proportionately, to accord with the stage of development of the programs. Dr. Díaz Coller was of the opinion that the Director had presented the reductions requested by the Executive Committee, but that in the four months between now and the Conference in Puerto Rico it would be advisable to re-examine the new program in the sense of achieving a better balance among projects. He also repeated the suggestion that the Director have additional draft budgets prepared with an increase of approximately 8 per cent over the ceiling set, to compensate for the decrease in purchasing power, in case any delegation were to propose such an increase at the Conference. For the moment, the Committee should approve the reductions given in the document under discussion.

Dr. Hurtado (Cuba) and Dr. Estrella Ruiz (Peru) seconded the motion that Document CE34/9, Rev. 1, be approved. The latter, however, expressed concern over the fact that all the programs for Peru had been eliminated and requested that this point be kept in mind if any revision were made.

The Chairman suggested that a study be made of the various reductions. This would enable the Committee to appraise the effects of these reductions on the programs in the different countries, and to decide whether it would be necessary for the Director to take to the Conference an increased budget, as a possible alternative.

Dr. Sánchez Vigil (Nicaragua) believed that, as the Executive Committee represents all the Member Governments, it should study carefully the problem of reductions as a whole. He pointed out that the Committee ought to prepare the most satisfactory budget possible, without a ceiling, within reasonable limits. The Central American countries and Panama have requested program increases from the PASB. He had been given to understand, moreover, that the United States would be willing to accept a budget increase. He was opposed to any reduction in fellowships, saying in this connection that the Ministry of Health and the National Health Department were being reorganized and that 26 technical posts were provided for in the reorganization. These posts could be filled only if there were fellowships available for the training of the necessary personnel.

Dr. Príncipe (Venezuela) pointed out that the Conference will be the one to set the definitive budget and therefore the countries will be able to present their points of view on this matter there. He thought it even within the realm of possibility that the Conference would approve a budget of $4,000,000.

Dr. Soper (Director, PASB) mentioned certain aspects that should be taken into account in studying the budget. He recalled that the Inter-American Committee of Presidential Representatives had recommended, at its meetings in January and April 1957, that public health activities in the Americas be intensified, but in estimating the cost of carrying out the recommendations, only a small amount was included, for the services of a consultant on health aspects of nuclear energy. The Organization of American States is now broadening its fellowship program, in compliance with the Committee's recommendations, but without coordinating the awards through the respective ministries. He pointed out that several days ago, the Secretary General of the OAS held a series of meetings with the directors of the inter-American specialized organizations, but that he had not suggested there any financing of the PASB program with OAS funds.

As for the discussion on the budget, Dr. Soper pointed out that he had complied with the Committee's instructions to prepare a $3,300,000 budget but he had never understood that this was the ceiling for the budget to be presented to the Conference. It was now up to the Committee to study it in detail and request any necessary clarification. He went on to say that the most difficult aspect of an international organization is financing. He recalled that the Bureau's income in 1947 was $115,000 and that the Director had been authorized to seek voluntary contributions from the different governments. He then enumerated those received

since then from the Governments of Argentina, Brazil, Chile, the Dominican Republic, El Salvador, Mexico, and Venezuela. Dr. Soper added that he was not convinced by the argument that PASO activities should be reduced because international organizations represented such an expense to the countries. There are no activities that so vitally affect the future of the Americas as those carried out in the field of health. He concluded by stating that the Bureau had to follow the instructions of the Executive Committee and would do so, but as Director he could not assume responsibility for any reductions unless they had first been confirmed by the Committee.

The Chairman, speaking as representative of Guatemala, requested information on the effects the reductions would have on certain services and projects, and raised several concrete points. Dr. Wegman, (Secretary General, PASB) replied that the two posts eliminated from the Conference Services had been provided in order to improve the services rendered at meetings and seminars; the two posts eliminated from the headquarters Communicable Diseases Branch were those of a tuberculosis consultant and a new statistician. As for fellowships, the total reduction by eliminating those included in the projects, in public health administration, and in AMRO-35, amounted to approximately $286,000. The reduction in public health administration fellowships alone represented about $130,000. He also pointed out that the reduction effected in the Haiti-19 project (Medical Education) meant that it would not be implemented for another year. The project Brazil-34 (Seminar on Diarrheal Diseases) had been prepared because of the success of the previous seminars held in Chile and Mexico and because of the valuable work done and experience obtained in this field by the Brazilian Government and the Public Health Service in the Amazon Valley. Moreover, the reduction in the AMRO-108 project (Sanitation of Travel Centers) would mean that consultant services could be provided to a lesser degree by the Bureau's sanitary engineers. As for AMRO-165 (Nutrition Advisory Services, Interzone), the reduction includes the elimination of a post of nutrition educator and these services could be made available to only one zone. Finally, the reduction in the item for special publications would make it impossible to expand this service in 1959 as the governing bodies had requested at previous meetings.

Dr. Sánchez Vigil (Nicaragua) pointed out that a Nutrition School, attached to INCAP, is to be created this year in Guatemala. Since many fellows are to be sent to the School from his and other countries in the Americas, it would be very regrettable if there were a reduction in the amounts set aside for nutrition advisory services, which are such an important activity just now.

Dr. Soper (Director, PASB) stated that when fruitful work is being done in a specific international field, it becomes necessary to increase expenses to strengthen and expand that work. He pointed out that the nutrition problem in the Americas is mentioned in the report of the Inter-American Committee of Presidential Representatives, which does not, however, specify the organization that should assume this responsibility. In this respect, UNICEF has initiated a program for the improvement of children's diets, together with a nutrition education program to be carried out in the schools in collaboration with the ministries of education. The Bureau believes, as does INCAP, that this educational program should be directed by the nutrition sections of the ministries of health. Moreover, the Bureau should not be in the position of having to reduce the expanded program of activities in this field just when a nutrition school is being created in Central America. Dr. Soper referred also to the increase in the Bureau's activities during the last few years in different countries. He cited the case of Argentina, where there is increasing interest in obtaining greater collaboration from the Bureau, and that of Paraguay, where the public health budget has been increased fivefold within a few years, which presupposes a greater demand for the Bureau's services. For these reasons, he added, the PASO budget should be increased, not by any hard-and-fast percentage, but by the amount that will make it possible to collaborate with countries.

Dr. Hurtado (Cuba) pointed out that the same difficulties always arise in the matter of the budget. The Director presents a proposed budget based on technical considerations, but the Committee must take into account the financial capacity of the governments. That is why the Committee proposed a reduction that, while not a ceiling, serves as such for the technical activities. To prevent these difficulties, it might be advisable

to adopt the system followed by the WHO in this respect, whereby the Director-General presents his proposed budget and the Executive Board, in turn, prepares its proposed budget, and the Assembly makes the final decision. Dr. Hurtado then proposed that Document CE34/9, Rev. 1, be approved and the recommendation be made that the Conference study the possibility of increasing the budget contained therein, in a proportion that would compensate for any decrease in purchasing power, as had been suggested by several representatives. He thought, too, the Committee should recommend that the Conference consider the advisability of providing authorization so that in the future the Director would present a proposed program and budget and the Executive Committee would submit its own as well. The necessary amendments for the purpose would of course be made in the PASO Constitution and the PASB Financial Regulations.

At the eighth session, the Chairman said that at the previous session he had proposed discussing Document CE34/9, Rev. 1, not only to learn why projects were or were not included and what changes were made in the preliminary draft budget, but to establish a criterion on what was best for the Organization. From the replies to his queries, he had come to realize that it was necessary for the Committee to present to the Conference a budget with a higher ceiling than that given in Document CE34/9, Rev. 1. Although, after this had been prepared, the Committee showed a willingness to add a sufficient amount to compensate for a decrease in purchasing power, it would be better for this increase to be made to meet the needs of projects and fellowships that had to be eliminated. He estimated that a $3,600,000 budget would give at least a margin for considering these needs.

Dr. Hurtado (Cuba) expressed the opinion that the Chairman's suggestion would be tantamount to revising the ceiling agreed upon for the preliminary draft budget and said that if the Committee was not in agreement with the deletions suggested by the Director, they could substitute others. They could not, however, raise the ceiling of the proposed budget unless the Committee were to reverse its previous decision. He believed that it might be advisable to discuss the proposal made at the previous session by the representative of Mexico, and the two proposals he had made himself.

The Chairman pointed out that there were two fundamental problems up for discussion: the question of financing the budget, and in order to settle that problem the budget ceiling would have to be reduced to a minimum; and the country requirements, which would demand an increase in that ceiling. When he proposed the figure of $3,600,000 as a budget ceiling, he was seeking a balance between the two extremes while taking those two factors into account. The Chairman therefore proposed that the Committee recommend to the Conference a budget of $3,600,000 since the Conference, acting under its constitutional powers, would have the opportunity to reduce it if it saw fit to do so.

Dr. Príncipe (Venezuela) suggested that another point be added to the proposal made by the representatives of Mexico and Cuba, whereby *Official Document No.* 21 would be forwarded to the Conference for its information, so that it might have background material on the discussion.

Dr. Hurtado (Cuba) saw no objection to accepting the additional recommendation. Dr. Díaz Coller (Mexico) was of the opinion that if *Official Document No.* 21 were transmitted to the Conference, it would nullify the decision of the Executive Committee. The recommendation of a proposed budget of $3,300,000 and transmittal of *Official Document No.* 21 would mean giving the Conference a choice, and the Executive Committee's function to "recommend." He stated, however, that while he would not oppose the transmittal of the document, he would not vote in favor of this point. Dr. Príncipe (Venezuela) insisted that the Conference had the right to know the background material on which the discussions on the proposed budget had been based, and that transmitting the documents to the Conference would not mean giving a choice, but would supply information. Dr. Sánchez Vigil (Nicaragua) agreed that the Committee should transmit to the Conference the documents on which the discussions had been based. Dr. Doria Medina (Bolivia) seconded the motion of the representative of Mexico recommending to the Conference an increase in the budget to compensate for the decrease in the purchasing power of money.

The Chairman put to a vote the motion that

the proposed program and budget of the Pan American Sanitary Organization for 1959 (Document CE34/9, Rev. 1) in the amount of $3,300,000, be presented to the XV Pan American Sanitary Conference.

*It was so agreed* by a vote of 5 to 2.

The Chairman then put to a vote the proposal that the Executive Committee recommend to the XV Pan American Sanitary Conference that it study the possibility of increasing the budget in a proportion that would compensate for the decrease in the purchasing power of money.

*It was so agreed,* unanimously.

The proposal that *Official Document* No. 21 be presented to the XV Pan American Sanitary Conference, for information purposes, was put to a vote.

*It was so agreed* by a vote of 6 to 0, with 1 abstention.

The following resolution, based on the three motions carried, was then approved:

RESOLUTION XVI

The Executive Committee,

Having studied the provisional draft of the proposed program and budget for 1959 contained in *Official Document No.* 21 and Document CE34/9, prepared by the Director;

Having examined in detail the modifications to the preliminary draft of the proposed program and budget included in Document CE34/9, Rev. 1, prepared by the Director in compliance with the instructions of the Executive Committee; and

Considering the provisions of Article 12-C of the Constitution,

RESOLVES:

1. To recommend to the Director that he submit to the XV Pan American Sanitary Conference the Proposed Program and Budget of the Pan American Sanitary Organization for 1959 (Document CE34/9, Rev. 1), in the amount of $3,300,000 as prepared by the Executive Committee in collaboration with the Director.

2. 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.

3. To present *Official Document No.* 21 to the Conference for information purposes.

Dr. Soper (Director, PASB) explained that *Official Document No.* 21 was presented to the Directing Council in 1957 and that the Council instructed him to consult the governments through the zone representatives on this subject. After these consultations and as a result thereof, Document CE34/9 was presented to this meeting of the Committee. Document CE34/9, Rev. 1, is a revision of that document which the Committee has agreed to recommend to the Conference as the proposed budget. Therefore, it would appear that Document CE34/9 should accompany *Official Document No.* 21 when it is transmitted to the Conference. Dr. Hurtado (Cuba) stated that the matter had just been voted upon and that that decision would have to stand. Dr. Díaz Coller (Mexico) agreed with the representative of Cuba.

16. *Proposed Amendment to Article 12-C of the Constitution*

At the eighth session, Dr. Hurtado (Cuba) stated that under the present arrangement, it is the function of the Executive Committee to prepare the proposed budget, with the cooperation of the Director of the Pan American Sanitary Bureau. It is obvious, however, that the Director should also be empowered to present the proposed program and budget that he believes to be most appropriate in each instance. The representative of Cuba therefore proposed that an amendment to Article 12-C of the Constitution be recommended to the Conference. The amendment would grant to the Director the same rights that Article 55 of the WHO Constitution gives to the Director-General of the WHO.

Dr. Estrella Ruiz (Peru) agreed with the representative of Cuba, and the Committee unanimously approved the following resolution:

RESOLUTION XVII

The Executive Committee,

Considering that Article 12-C of the Constitution provides that one of the functions of the Executive Committee shall be to prepare a proposed program and budget with the cooperation of the Director of the Pan American Sanitary Bureau; and

Considering that the procedure set forth in Article 12-C limits the function of the Director, who should have authority to present the proposed program and budget that he deems most appropriate in each instance, as is the method outlined in Article 55 of the Constitution of the World Health Organization,

RESOLVES:

1. To recommend to the XV Pan American Sanitary Conference that it amend Article 12-C of the Constitution to read as follows:

Article 12-C. To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable.

2. To make the corresponding change in the Financial Regulations of the Pan American Sanitary Bureau, if the foregoing recommendation is approved.

17. *Adjournment of the Meeting*

In bringing the deliberations of the Executive Committee to a close, Dr. Príncipe (Venezuela) stated that he felt it his duty to pay tribute once again to the outstanding work of Dr. Fred L. Soper as Director of the Pan American Sanitary Bureau. His accomplishments in the field of health have won for him affection, respect, and admiration. Dr. Príncipe then extended, on behalf of his Government, a cordial greeting to all the American countries and expressed hopes for continental solidarity and for the improvement of health conditions in the Hemisphere.

Dr. Doria Medina (Bolivia) proposed that a tribute be paid to the nation of Cuba, in the person of its representative on the Committee, on the occasion of the anniversary of its independence.

The Chairman expressed appreciation, on behalf of the members of the Committee and on his own behalf, for the greetings extended to the American countries and reiterated the tribute of the representative of Bolivia, formally conveying it to the representative of Cuba in the name of the Committee. He also thanked the members of the Committee for the assistance they had given him in conducting the discussions. He made special reference to the work of the Secretariat, particularly the interpretation and reports services, and proposed that the Executive Committee express its appreciation to the Department of State of the United States for the facilities made available for this meeting, and to the Director and officers of the Pan American Sanitary Bureau for their assistance to the Committee during its deliberations.

*It was so agreed.*

IN WITNESS WHEREOF, the Chairman of the Committee and the Director of the Pan American Sanitary Bureau, Secretary ex officio, sign the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE at Washington, D. C., United States of America, this twentieth day of May 1958. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau, and shall send copies thereof to the Member Governments.

HUMBERTO OLIVERO
Chairman of the Executive Committee,
Representative of Guatemala

FRED L. SOPER
Secretary ex officio of the Executive Committee

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## FINAL REPORT OF THE 35TH MEETING OF THE EXECUTIVE COMMITTEE [1]

*San Juan, Puerto Rico, 17-18 September 1958*

The 35th Meeting of the Executive Committee of the Pan American Sanitary Organization was held at San Juan, Puerto Rico, in the Isla Verde Room of the Hotel San Juan Intercontinental, on 17 and 18 September 1958, as convoked by the Director of the Pan American Sanitary Bureau. The following members of the Committee, observers, and officers of the Bureau were present:

*Members:*

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| Dr. Félix Hurtado | CUBA |
| Mr. Humberto Olivero | GUATEMALA |
| Dr. Carlos Díaz Coller | MEXICO |
| Dr. Manuel A. Sánchez Vigil | NICARAGUA |

[1] Document CE35/8.

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| Dr. Daniel Orellana | VENEZUELA |
| Dr. Alejandro Príncipe | |
| *Members Absent:* | BOLIVIA |
| | PERU |
| *Member and Secretary ex officio of the Committee:* | |
| Dr. Fred L. Soper | PAN AMERICAN SANITARY BUREAU |
| *Observers:* | |
| Dr. Paul V. Ollé | FRANCE |
| Dr. Nicolaas Swellengrebel | KINGDOM OF THE NETHERLANDS |
| Dr. Edwin van der Kuyp | |
| Dr. Alberto Bissot, Jr. | PANAMA |
| Dr. Horace P. S. Gillette | UNITED KINGDOM |
| Dr. F. R. S. Kellett | |
| Mr. Charles G. Sommer | UNITED STATES OF AMERICA |
| Mr. Simon N. Wilson | |

*Advisers to the Director of the Pan American Sanitary Bureau:*
Dr. Carlos L. González, Assistant Director
Dr. Myron E. Wegman, Secretary General
Mr. Donald F. Simpson, Chief, Division of Adminstration

*Secretariat Services:*
Mr. Guillermo A. Suro, Chief
Mr. José Quero Molares, Assistant Chief

### Officers

In conformity with Article 3 of the Rules of Procedure of the Executive Committee, Mr. Humberto Olivero (Guatemala), and Dr. Manuel A. Sánchez Vigil (Nicaragua), served as Chairman and Vice-Chairman of the meeting, respectively, to which offices they were elected at the 33rd Meeting of the Committee.

### Agenda

At the first plenary session, held 17 September 1958, the agenda as presented in Document CE35/1, Rev. 1,[1] was approved.

### Drafting Committee

Pursuant to Article 17 of the Rules of Procedure of the Executive Committee, the Drafting Committee was composed of the Chairman, the Vice-Chairman, and the Secretary. The Committee, which was entrusted with the preparation of the Final Report, held one session.

[1]Mimeographed document.

### Plenary Sessions

The Executive Committee held three plenary sessions.

### Topics Discussed and Resolutions Approved

During the 35th Meeting of the Executive Committee, the following topics were discussed:

1. *Draft Agenda for the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the WHO*

Dr. González (Assistant Director, PASB), in presenting Document CE35/5[2] at the first session, noted that the Executive Committee, at its 34th Meeting, approved a preliminary draft agenda for the Conference, prepared by the Director pursuant to Article 7-D of the Constitution. The Committee introduced some changes in the preliminary draft, which made it necessary to alter the numerical order of the topics. Also, in conformity with Resolutions XVII and III of the 34th Meeting of the Committee[3] the following topic was in-

[2]Mimeographed document.
[3]See pp. 403-404 and 381-382.

corporated in the draft agenda: "Amendments to Articles 12-C and 15 of the Constitution of the Pan American Sanitary Organization." The Government of Cuba withdrew the topic "Amendments Relating to the Executive Committee to be Introduced in the Constitution of the Pan American Sanitary Organization," which originally appeared in the preliminary draft as Topic 24. The Government of Venezuela proposed the inclusion of the topic "Drug Registration and Related Problems"; the Government of Panama proposed another, "Advertising of Medicinal Products"; and the Director-General of WHO requested the inclusion of another topic, "Resolutions of the Eleventh World Health Assembly and the Twenty-first and Twenty-second Sessions of the WHO Executive Board of Interest to Regional Committees." Finally, the topic "Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau" was included. Pursuant to Article 7-D of the Constitution and Resolution X of the 34th Meeting of the Committee,[1] the Director was presenting to the Executive Committee for consideration the revised draft agenda with the changes described.

Dr. Díaz Coller (Mexico) proposed that Topic 33 (Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau) be entitled "Report on Buildings and Installations for Headquarters and Zone Offices of the Pan American Sanitary Bureau," inasmuch as, in the opinion of his Government, it is not advisable at the moment to take a categorical decision on this point. Dr. Hurtado (Cuba) asked the Director to explain briefly the scope of the topic that was to be submitted to the Conference. Dr. González (Assistant Director, PASB) stated that Document CSP15/15,[2] containing an explanation of the topic, was about to be distributed.

Following distribution of the document, Dr. Díaz Coller (Mexico) reiterated the need for limiting the presentation of the topic to a report, with neither a draft resolution nor any proposal that might lead to a definitive decision. Dr. Orellana (Venezuela) pointed out that the Conference would in any case adopt whatever resolution it deemed appropriate, and he therefore saw no need for a change in the title of Topic 33. Dr. Sánchez Vigil (Nicaragua) emphasized the importance of the matter, with regard both to the headquarters buildings and to the advisability of the zone offices' having their own buildings.

Dr. Soper (Director, PASB) stressed the long-term importance of the problem and the urgency it has acquired with the expansion of the Bureau's activities. He gave the background of the problem, from 1902, when it was decided to locate the permanent headquarters in Washington, up to the XIII Conference, which adopted a resolution[3] stating that the headquarters of the Bureau should remain in the United States. He recalled that in 1947 the PASB occupied two rooms, a corridor, and a vestibule in the building of the Pan American Union. In 1947 a building was rented on Connecticut Avenue and, as the Organization grew, additional space required was rented in 1948 and 1949. The XIII Pan American Sanitary Conference agreed on the need for the Bureau to have its own building, and at the proposal of the delegate of Cuba a committee was established to collaborate with the Director in seeking a solution to the problem. A temporary solution was found with the purchase of the present two headquarters buildings located on New Hampshire Avenue. In 1951 the United States Government offered the Bureau a plot of land in Bethesda, Maryland, and the Directing Council, after studying the offer, and in view of the fact that the land was located at a considerable distance, expressed the desire to receive another offer of land from that Government. Dr. Soper explained that the development of the Organization's activities is daily creating more serious space problems. The problem cannot be resolved rapidly, for a considerable period must elapse between the time land is acquired, plans are drawn up, and actual construction is completed. He explained that various possibilities have been considered to cope with the problem of space, which is now completely inadequate to house the personnel or to hold meetings. Conversations have recently been held with officials of the United States Government about a plot of land whose purchase must be approved by the U.S. Congress. It is hoped that legislation to this effect may be introduced at the next session of the Congress. He called attention to the fact that, in order to reach a solution to

[1] See pp. 388-389.
[2] Mimeographed document.
[3] Resolution XXI, *PASB Publication*, 261, 161.

this problem, it is important that there be a body authorized to decide the matter without having to wait for the annual meeting of the Directing Council. He stated that the reason for including Topic 33 is to inform the Conference of the measures taken in connection with the buildings and installations for the Organization's headquarters and the zone offices, and to seek a mechanism for permitting the Organization to take prompt action when necessary in negotiating with the U.S. Government, contracting, etc., in connection with the permanent headquarters site and building.

The document presented is a communication of the Director to the Conference and does not require approval by the Executive Committee. He reiterated that the problem is important and that, in considering it, one should take into account the growth experience of the last few years so that plans for the new building may be drawn up according to present and foreseeable needs, up to twenty years into the future.

Mr. Sommer (Observer, United States) said that the U.S. Government considers the question of a headquarters building site to be of the utmost importance. He also stated that the U.S. Department of State considers that the U.S. Government is committed to furnish land for the Bureau headquarters. He believed that at the present Conference the United States delegation would make an announcement to the effect that the Government will prepare proposed legislation to be submitted to Congress at its next session in order to obtain authorization for the purchase of land for a permanent headquarters site for PASB. In his opinion, the inclusion of the topic on the Conference agenda, under its present title, does not put an end to the discussion of the problem, but rather emphasizes the advisability that the Director continue the negotiations undertaken for its solution.

Dr. Díaz Coller (Mexico) stated that, after hearing Dr. Soper's explanations, and in view of the fact that Document CSP15/15 is a document submitted by the Director to the Conference, he would withdraw his proposal, though he reserved the right to state his views again at a later date.

The following resolution was then approved unanimously:

RESOLUTION I

The Executive Committee,

*Taking into account* the draft agenda for the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization, approved by the Executive Committee at its 34th Meeting and revised in accordance with the terms of Resolution X of that meeting of the Committee; and

Considering the provisions of Article 7-D of the Constitution of the Pan American Sanitary Organization,

RESOLVES:

To approve the draft agenda for the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the World Health Organization, prepared by the Director (Document CSP15/1, Rev. 3), and to transmit it to the Conference.

### 2. *Arrangements for the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the WHO*

#### A. *Proposed Rules of Procedure of the Conference*

This topic was discussed at the first and second sessions. In presenting Document CE35/3[1] at the first session, Dr. González (Assistant Director, PASB) explained that the XIII Pan American Sanitary Conference approved a set of Rules of Procedure that had been prepared at the 11th Meeting of the Executive Committee. At its 22nd Meeting the Executive Committee prepared for the XIV Pan American Sanitary Conference proposed Rules of Procedure similar to those of the previous Conference but incorporating the provisions adopted by the Directing Council for its own Rules of Procedure (Resolution XV of the V Meeting).[2] The XIV Conference approved these proposed Rules and indicated the advisability of drawing up a set of definitive Rules, to be studied after consideration of the proposed amendments to the PASO Constitution. In view of the fact that these proposed amendments were not approved, the subsequent study of the Rules of Procedure was not carried out. Dr. González added that the Director was now presenting to the Executive Committee the Rules of Procedure adopted by the XIV Conference, so that the Committee might study them and transmit them to the XV Conference, with such amendments as it deems advisable, as the proposed Rules of Procedure.

Dr. Hurtado (Cuba) moved that the proposed Rules of Procedure be approved as presented, tak-

[1] Mimeographed document.
[2] *PASB Publication* 270, 22-23.

ing into account the fact that the Conference could amend them if it so wished. Dr. Soper (Director, PASB) called attention to a discrepancy between the text of Article 53 of the Rules and that of Article 4-E of the Constitution. The former states that "in accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting," whereas Article 4-E of the Constitution provides that the election shall be by a "two-thirds vote of the countries represented and with the right to vote."

Dr. Díaz Coller (Mexico) suggested that, since the Committee has no authority to change the text of the Constitution but, on the other hand, could change the text of the proposed Rules, what should be done was to adapt the text of Article 53 of the Rules to Article 4-E of the Constitution. The Chairman further proposed that Articles 11, 34, and 55 of the proposed Rules of Procedure be amended to the effect that the Director of the Bureau serve as Secretary of the Conference, in order to bring the Rules into agreement with earlier decisions of the Directing Council and the Executive Committee. On a motion by Dr. Hurtado (Cuba) *it was unanimously agreed* to postpone the discussion of these proposals until the following session, so that the members of the Committee might study a proper wording for the articles in question.

At the beginning of the second session, Dr. Orellana (Venezuela) proposed that Article 53 of the proposed Rules of Procedure of the Conference follow the wording of Article 4-E of the PASO Constitution. Dr. Hurtado (Cuba) suggested that mention be made in Article 53 of the duration of the term of office of the Director. In this connection, Dr. Soper (Director, PASB) informed the Committee that the Organization of American States had recently suggested the advisability of including in the PASO Constitution an article defining the period covered by that term of office.

The Chairman then proposed that Article 11 of the proposed Rules of Procedure of the Conference be drafted to agree with the text of Article 6 of the Rules of Procedure of the Directing Council, so as to assign to the Director the functions of Secretary of the Conference, as was done in the Directing Council and the Executive Committee. The corresponding changes would be made in Articles 34 and 55 of the proposed Rules.

The amendments proposed were approved and the Committee unanimously adopted the following resolution:

RESOLUTION II

The Executive Committee,

Having examined the report of the Director on the proposed Rules of Procedure of the Pan American Sanitary Conference (Document CE35/3 and Annex I); and

Bearing in mind Resolution XXXI of the XIV Pan American Sanitary Conference, which authorized the Executive Committee to take the measures necessary to facilitate the conduct of the Pan American Sanitary Conferences in situations not specifically provided for in the Constitution, or the respective Rules of Procedure,

RESOLVES:

1. To amend Articles 11, 34, 53, and 55 of the proposed Rules of Procedure of the Conference, contained in Document CE35/3, Annex I, to read as follows:

*Article 11.* The Director of the Pan American Sanitary Bureau shall be Secretary ex officio of the Conference and of all committees, subcommittees, and working parties established by it. He may delegate these functions.

*Article 34.* The General Committee shall consist of the President of the Conference (who shall serve as Chairman of the General Committee), the two Vice-Presidents, the chairmen of the main committees, and additional delegates of two Members not already represented on the General Committee. The Director shall serve as Secretary of the General Committee without the right to vote, and he may delegate these functions.

*Article 53.* The Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with the right to vote. The term of office of the Director shall be four years. Acting as Regional Committee of the World Health Organization, and in conformity with Articles 49 and 52 of the Constitution of the World Health Organization, the Conference shall submit to the Executive Board of the World Health Organization the name of the person so elected, for appointment as Regional Director.

*Article 55.* At the closing session the delegates and the Director shall sign the Final Act.

2. To transmit to the XV Pan American Sanitary Conference for consideration the proposed Rules of Procedure of the Conference appearing in Document CE35/3, Annex I, with the amendments set forth in paragraph 1 of the present resolution.

B. *Proposed Program of Sessions of the Conference*

The Committee studied this topic at the second

session. Dr. González (Assistant Director, PASB) presented the proposed program of sessions of the Conference contained in Document CE35/6.[1] The proposed program was based on the draft agenda and on the method of work approved by the Directing Council at its X Meeting. The decisions of the 34th Meeting of the Executive Committee (Resolution XI)[2] on the presentation and study of certain topics in plenary sessions of the Conference were also taken into account. The meetings of the General Committee were scheduled for the afternoons following the sessions of the main committees, so that the General Committee might establish the order of business for the plenary sessions after examining the status of the work of each of the main committees. Dr. González stated that, to facilitate the work of the Secretariat, it would be advisable that the rapporteurs of the main committees present their verbal and written reports to the Conference as the respective committees approve resolutions on each of the topics assigned them by the General Committee. He added that the proposed program of sessions was being submitted to the Committee for consideration, so that, if approved, it might be transmitted to the Conference. The General Committee will, in any event, have the function of assigning topics to the main committees and of scheduling the dates for discussion of the various agenda items in plenary sessions of the Conference.

Dr. Díaz Coller (Mexico) felt that the program prepared could not be improved upon but suggested that it might be possible to advance the date of the closing session. Dr. Hurtado (Cuba) shared the same opinion but emphasized the fact that a definite decision should not be taken on the matter, since the possibility of advancing the closing date would depend on the progress of work during the Conference. The Chairman suggested that, when the proposed program of sessions is transmitted to the Conference, mention be made of the possibility of holding the closing session on a date earlier than that foreseen.

*It was so agreed.*

The following resolution was unanimously approved:

RESOLUTION III

The Executive Committee,

Bearing in mind Resolution XXXI of the XIV Pan American Sanitary Conference,[3] which authorizes the Executive Committee to adopt the necessary measures to facilitate the conduct of Pan American Sanitary Conferences in situations not specifically provided for in the Constitution or the respective Rules of Procedure; and

Having examined the proposed program of sessions submitted by the Director in Document CE35/6,

RESOLVES:

To approve the proposed program of sessions of the XV Pan American Sanitary Conference contained in Document CE35/6, Annex I, and transmit it to the Conference for consideration.

### C. *Rules for Technical Discussions at Meetings of the Pan American Sanitary Conference and of the Directing Council*

Dr. González (Assistant Director, PASB) presented Document CE35/4[4] on this topic at the second session. He pointed out that the Directing Council, at its X Meeting, authorized the Executive Committee to draw up, for transmittal to the Conference, a set of procedures for the conduct of the Technical Discussions, using as a basis the procedures followed at the XIV Conference. At its 34th Meeting, the Committee amended one of the articles and agreed that proposed rules should be prepared for the Technical Discussions held at future meetings of both the Conference and the Directing Council. The Director was therefore presenting to the Committee proposed rules for the Technical Discussions, prepared in accordance with the decisions of the aforesaid meeting of the Committee and contained in Document CE34/13, Annex I, Rev. 1.[5]

The Chairman reminded the members of the Committee that the rules had already been discussed. No objections were raised, and the following resolution was unanimously approved:

RESOLUTION IV

The Executive Committee,

Having examined Document CE35/4, together with the annexed rules for Technical Discussions at meetings of the Pan American Sanitary Conference and of the Directing Council, prepared in conformity with Resolution XVII of the X Meeting of the Directing Council; and

[1] Mimeographed document.
[2] See p. 390.
[3] *Official Document PASO* 14, 638-639.
[4] Mimeographed document.
[5] Mimeographed document.

Bearing in mind Resolution XI, paragraph 3, of the 34th Meeting of the Executive Committee,[1] which approved the draft rules for Technical Discussions (Document CE34/13, Annex I, Rev. 1),

RESOLVES:

To transmit to the XV Pan American Sanitary Conference for consideration the draft rules for Technical Discussions at meetings of the Pan American Sanitary Conference and of the Directing Council (Document CE34/13, Annex I, Rev. 1).

D. *Inaugural Session of the Conference*

*Provisional President.* This topic was discussed at the second session. The Chairman pointed out that, pursuant to Article 10 of the proposed Rules of Procedure of the XV Pan American Sanitary Conference, in the event that neither the President nor any of the Vice-Presidents are present at the opening of the Conference, the Chairman of the immediately preceding meeting of the Directing Council shall preside.

Dr. Hurtado (Cuba) stated that he understood that up to the time of the second session of the Committee there had been no announcement concerning the attendance at the XV Conference of Dr. Sergio Altamirano of Chile, or of Dr. W. Palmer Dearing of the United States, who served as President and Vice-President, respectively, of the XIV Pan American Sanitary Conference. However, a communication had been received announcing the attendance of Dr. Oscar Vargas Méndez of Costa Rica, who was the second Vice-President elected at the XIV Conference. If Dr. Vargas were to be present at the inauguration of the Conference, he would therefore serve as Provisional President. Otherwise, that office would be assumed by Dr. Bissot of Panama, as Chairman of the immediately preceding meeting of the Directing Council.

*It was so agreed.*

*President of the Conference.* Dr. Hurtado (Cuba) called attention to the great personal and professional merits of Dr. Guillermo Arbona, Secretary of Health of the Commonwealth of Puerto Rico, as well as his valuable contribution to the organization of the XV Pan American Sanitary Conference, as Executive Chairman of the Organizing Committee. He therefore proposed that the Executive Committee recommend to the Conference that this distinguished public health official be designated President.

The Executive Committee unanimously shared this view and *agreed* that it should be so stated in the record.

*Designation of the Chief of Delegation to Reply to the Addresses of Welcome.* At the second session Dr. González (Assistant Director, PASB) informed the Committee that, according to the information received from the Organizing Committee, it is expected that at the inaugural session of the Conference addresses will be delivered by the Honorable Luis Muñoz Marín, Governor of the Commonwealth of Puerto Rico; by the Surgeon General of the United States; by the Secretary of Health of Puerto Rico, who is also Executive Chairman of the Organizing Committee; by the Director-General of the WHO; and by the Director of the PASB. In accordance with procedures followed at previous Conferences, the Executive Committee should designate a chief of delegation who will reply to the addresses of welcome on behalf of all the delegates.

Dr. Díaz Coller (Mexico) proposed the designation of either Dr. Alberto Bissot or Dr. Hurtado, both of whom declined the honor. Dr. Hurtado (Cuba) then proposed Dr. Diego Angel Ramírez of Ecuador, in recognition of his outstanding merit and personal ability.

The Committee unanimously agreed to this proposal, and *instructed* the Chairman to notify Dr. Ramírez immediately.

3. *Proposed Program and Budget of the World Health Organization for the Region of the Americas and Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960*

A. *Presentation of the Topic*

In presenting this topic at the second and third sessions, Dr. Wegman (Secretary General, PASB) explained that the proposed program and budget of the WHO for the Americas for 1960 was to be transmitted to the Conference, which, in its capacity as WHO Regional Committee, would in turn transmit it, with observations, to the Director-General of the WHO. He added that the provisional draft of the program and budget of the PASO for 1960, once it is approved, will serve as a basis

[1] See p. 390.

for the preparation of the proposed program and budget of PASO that is to be submitted to the 37th Meeting of the Executive Committee for consideration and to the XI Meeting of the Directing Council for final approval.

Referring to *Official Document No.* 24, containing the estimates for both these programs and budgets, Dr. Wegman explained that the international health activities proposed for 1960 were presented in it for consideration by the governing bodies. The budget is presented in four columns: (1) Estimates of the regular program and budget for the Pan American Sanitary Organization. (2) Estimates of other funds of the Pan American Sanitary Organization, which include (a) the PASO Special Malaria Fund; (b) the Institute of Nutrition of Central America and Panama; (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) Projects to be financed with Technical Assistance funds of the United Nations, administered by the 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 the preparation of the document. For 1959 the information 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 in *Official Document No.* 24, beginning on page 248, a separate list of the additional projects presented for consideration by the Conference in Document CSP15/9 and a summary of programs by major expense, including additional projects.

Certain additional information is contained in the annexes. In Annex 1 are shown estimates of funds which will be expended by other international organizations in behalf of health programs in the Americas; these funds constitute an important part of international public health activities but are not shown in the main body of the document, since they are not directly administered 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 projects 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 PASO Special Malaria Fund, in accordance with Resolution IV of the 31st Meeting of the Executive Committee.[1]

Dr. Wegman went on to say that, ever 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, an evaluation ever more realistic as the result of the improvement in the Bureau's methods of consultation with the governments. At the same time, within each country, 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 the recognized national needs and in the number of requests for PASO/WHO cooperation in national health programs. Thus the total of requests received from governments for 1960 exceeded the proposed budgetary level by $1,200,000.

Dr. Wegman explained that the preparation of the program and budget for 1960 was begun at the end of 1957, when the PASB/WHO zone representatives consulted the national health authorities concerned on their specific requirements and wishes in connection with the program. At a meeting of senior Bureau officials in March 1958, country and intercountry projects were studied and analyzed, and those considered most important and urgent were selected for inclusion in the provisional draft budget, after consultation with the governments.

As had been foreseen by the Director when the

[1] *Official Document PASO* 22, 202.

Organization's program began to expand ten years ago, events have demonstrated to what extent PASO was justified in its policy of developing a corps of technical and administrative personnel to serve as a solid foundation for a field program. Despite the small increase in funds for administrative purposes, the proportion of those funds has shown a constant decrease. A higher proportion has been assigned to field projects each time there has been an increase in the budget.

Among the priorities of the Organization, the largest single task is malaria eradication, to which 48.46 per cent of the budget for field programs is assigned. Slightly less than 30 per cent of the budget for field programs under PASO Regular, WHO Regular, and WHO Technical Assistance funds 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 general health service is concerned with communicable diseases.

More than 50 per cent of the budget for field programs of the three funds come under the category "Strengthening Health Services." Of this percentage, almost half is to be devoted to activities classified as "General Health Services," which include not only the projects for integrated health services, which are expected to be in progress in almost every country in 1960, but also fellowships for training in public health. Of the total for general health services, more than half is to be devoted to educational activities in the form of seminars, fellowships, and local training courses. Special attention is also given to projects which have thus far produced excellent results, such as those related to nutrition, environmental sanitation, and health statistics. The remaining half of the category "Strengthening Health Services" is to be devoted to a group of projects which are classified under the heading "Additional Specialized Health Services." These include subjects that, like environmental sanitation or maternal and child health, are already included as major portions of integrated health services but that are also suitable for certain specialized projects.

Under the heading "Education and Training," estimates have been made for those activities specifically connected with the strengthening of medical, public health, and nursing education institutions. Greatest emphasis is being given to the essential field of nursing education, which represents 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. Forty-two per cent of the budget for the field program is devoted to teaching and training activities in their various forms.

Taking into consideration the many fields in which international public health work can be effective, the high incidence of preventable and eradicable diseases, 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 activities.

Dr. Wegman concluded the presentation of this topic by stating that the Director had considered that, in order to reach such a balance in the program for 1960, an amount of $4,100,000 will be required in the regular budget of the PASO.

The Chairman then invited the representatives to study the proposed program and budget and the provisional draft estimates, which Dr. Wegman had just summarized for the meeting. He added that *Official Document No.* 24, which contains both budgets, had been distributed sufficiently in advance to permit a detailed study of them at this time. He also stressed the fact that this was the only opportunity the Executive Committee would have to consider the proposed program and budget of the Region of the Americas for 1960.

B. *Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960*

The Chairman presented first for discussion the WHO proposed program and budget for the Region of the Americas for 1960. Dr. Hurtado (Cuba) asked whether there had been an increase or a decrease in the amount assigned by the WHO Director-General to the Region of the Americas, as compared to 1959. Dr. Wegman (Secretary General, PASB) replied that the amount assigned by the Director-General to the Region of the Americas for 1959 was $1,602,800 and for 1960, a total of $1,720,810. Of the total WHO budget, the percentage for the Region of the Americas is not less than that assigned in previous years. Dr. Soper (Director, PASB) confirmed this informa-

tion, adding that the over-all increase in the WHO budget, as well as the increase for the Region of the Americas, is approximately 7 per cent. Commenting on this information, the Chairman expressed satisfaction at the fact that, unlike the case of previous years, in which the percentage of increase for the Region of the Americas was less than that of the over-all increase in the budget, the percentage for 1960 is the same as the over-all increase. He pointed out that in 1956 the over-all increase amounted to 19 per cent, and in 1957 to 10.8 per cent. The increase for the Americas did not exceed 4.3 per cent, while in 1960 it will increase to 7 per cent.

The Committee unanimously approved the following resolution:

RESOLUTION V

The Executive Committee,

Having examined the Proposed Program and Budget of the World Health Organization for the Region of the Americas for the year 1960 (*Official Document No.* 24); and

Bearing in mind that the Executive Committee, in reviewing that Proposed Program and Budget, is acting in the capacity of a working party for the Regional Committee,

RESOLVES:

1. To approve the transmittal to the XV Pan American Sanitary Conference, X Meeting of the Regional Committee of the WHO for the Americas, of the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960 (*Official Document No.* 24).

2. To propose to the Conference that it consider, if it deems it appropriate, the following draft resolution:

*Draft Resolution*

The XV Pan American Sanitary Conference,

Having examined *Official Document No.* 24, submitted by the Director of the Pan American Sanitary Bureau and containing the Proposed Program and Budget of the World Health Organization for the Region of the Americas for the year 1960; and

Bearing in mind that the aforesaid Proposed Program and Budget is submitted to the Conference, as Regional Committee of the World Health Organization, for review and transmittal to the Director-General of that Organization for consideration in drafting the WHO budget for 1960,

RESOLVES:

To approve the transmittal of the Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1960, and to request the Regional Director to transmit it to the Director-General of that Organization, so that he may take it into consideration when preparing the WHO budget for 1960.

C. *Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960*

Following a brief procedural debate, in which Dr. Hurtado (Cuba), Dr. Orellana (Venezuela), and Dr. Díaz Coller (Mexico) participated, Dr. Orellana asked whether the allotment of United Nations Technical Assistance funds was made directly by the WHO or in response to requests of the Organization. Dr. Soper (Director, PASB) explained that at the beginning of the Technical Assistance Program the funds were distributed to international organizations on the basis of a certain percentage for each one. The international organizations specializing in the health field received 22 per cent. The representative of such an international organization negotiated with the governments and Technical Assistance funds were used on the same basis as regular funds. In 1954, however, the United Nations Technical Assistance Board modified this procedure and, instead of assigning funds to the organizations, it made allocations of net amounts to the governments. As a result, the ministries of public health, in order to obtain Technical Assistance funds, have to compete before the National Technical Assistance Committee with the other ministries. The Technical Assistance Board later established certain restrictive conditions whereby the international organizations were to receive each year no less than 80 per cent of the sum they would have received previously. Up to now this situation has not been as disastrous as it might be in the future, because, generally speaking, the public health ministries have had greater success than expected in defending the interests of public health programs. He pointed out, finally, that the figures shown in *Official Document No.* 24 for the Technical Assistance funds correspond to amounts which, it is expected, will come from the Technical Assistance Program for use by the Organization, and if they are made available they will not be assigned by direct decision of the World Health Organization or its regional body. Their assignment will depend on what the public health ministries are able to obtain within the structure of the National Technical Assistance Committee concerned, which distributes the global allocations

made to each government under the Technical Assistance Program.

At the third session at which Dr. Sánchez Vigil (Nicaragua) presided, Dr. Wegman (Secretary General, PASB) answered several questions asked by Mr. Olivero (Guatemala). He explained that while the IX Meeting of the Directing Council had authorized the Director to establish a reserve fund[1] for the purpose of equalizing the annual PASO budget appropriations for meetings of the governing bodies of the Organization over a four-year period, the WHO insists that the estimate of expenditures must be made each year for meetings that are to be held during that year, which explains the differences in the amounts appropriated for Conference Services for 1958, 1959, and 1960. He pointed out that as the result of a reorganization of the headquarters services the Office of Coordination had been abolished and the functions that it had carried out, principally related to projects supported by Technical Assistance funds, are now being carried out by the Budget and Finance Branch, with better results. As for the differences noted in the appropriations for the various activities in the provisional draft budget for 1960 as compared with the budgets of previous years, he stated that these are due to the fact that the appropriations are made in accordance with requests received from the governments and the consultations held with them by zone representatives. Referring specifically to the reduction in the allocations for the antituberculosis projects, he said that this was because the cooperative BCG vaccination campaigns had been or were about to be completed. On the other hand, with regard to environmental sanitation, Dr. Wegman stated that, while the Bureau had always given it priority, it preferred to assist the general public health services, which include this sanitation work, rather than promote the development of specific programs of this nature. In this connection he alluded to the first meeting of the PASB Advisory Committee on Environmental Sanitation, held recently, at which the problems arising in this field were studied thoroughly, and where standards for intensifying sanitation work in the Americas were set forth. He also pointed out that there were included in the budget two projects on planning and organization of hospital services, an activity that is not new to the PASB, since the latter had previously utilized consultants in this field and collaborated with several countries, and one that will probably increase in the future, considering the close relationship between such institutions and public health. He recalled that at the World Health Assembly of last year the topic for the Technical Discussions was, as a matter of fact, "The Function of the Hospital in Public Health Programs." Finally, in regard to INCAP, Dr. Wegman reported that the budget for 1960 does not allocate funds for the post of Regional Nutrition Adviser in the AMRO-54 project (Collaboration with INCAP), because it is anticipated that the Adviser, who is also the Director of INCAP, will devote himself to broader activities; the Bureau will, however, provide for a Medical Director of the Institute.

Dr. Soper (Director, PASB), referred in this connection to the interesting experience with INCAP for the past several years. At first there were very limited funds at the disposal of the PASB, and it seemed better to concentrate nutrition activities within the sphere of INCAP, although collaboration in this respect was also offered to Colombia, Ecuador, and other countries. INCAP has produced excellent results, but the time has now come to do something on a larger scale in the Americas. Dr. Soper pointed out that, as part of this plan of expanding activities, the Regional Nutrition Adviser is following a course of specialized studies in public health, with particular emphasis on epidemiology, statistics, and other aspects. At the last meeting of the Executive Committee, it was agreed that a report should be submitted to the Conference on the work and organization of INCAP, the presentation of which would be made by the Regional Adviser himself. On the other hand, UNICEF has a great interest in nutrition programs, and the Organization must be prepared to play its proper role in the technical phases of the program, which also has the collaboration of FAO and the Office of Social Affairs of the United Nations. This is an important fact, and it is therefore possible that, when the draft budget for 1960 is presented, increases for activities in the field of nutrition may be requested. Dr. Soper concluded by stating that the Central American countries and Panama should be thanked for their valuable contribution, through INCAP, to nutrition in the Americas, and

[1]Resolution XII, *Official Document PASO* 18, 10-11.

he pointed out that for the maintenance of the Institute those countries pay amounts larger than the quotas they pay to the WHO and PASO.

Dr. Díaz Coller (Mexico), referring to the provisional draft program and budget of the PASO for 1960, called attention to the fact that, precisely as a result of a proposal made by him, the Executive Committee, at its 34th Meeting, agreed to recommend that the Conference study the possibility of increasing the budget to a degree that would compensate for the decrease in the purchasing power of money and that, accordingly, the possibility of increasing the budget for 1959 to $3,600,000 had been foreseen. However, the provisional budget for 1960 foresees the amount of $4,100,000, and if the precedent is applied of compensating for devaluation it would increase to $4,500,000. He added that it had been necessary to approve repeated increases since 1947, but that, although he agreed with the need for the amount proposed, it would be advisable to consider whether these increases are not following too accelerated a pace in relation to the capacity of some countries to absorb them. He stated that the total budget of the WHO and PASO does not amount to even half of the budget Mexico has allotted for public health activities. It is really amazing what the two organizations have done with the resources available but perhaps it would be advisable to proceed with caution in this matter of budgetary increases.

Dr. Soper (Director, PASB) recalled that in 1947 the budget assessed against the 21 American republics was $115,000, but that during the same year the expenses of PASB for its programs was over $600,000. In large measure, this difference represented contributions of personnel and funds for fellowships and specific projects by the United States. In 1948 the Directing Council approved a proposal by the Director for a program amounting to $700,000 for six months and $1,000,000 for the second six months. Several years passed thereafter before a total of $2,000,000 was reached. It reached $2,200,000 in 1956 and $2,400,000 in 1957. In reality, the first time the regular budget increased substantially was in 1958, when it went up to $3,000,000. One must take into account the difficulties faced by the PASB owing to the fact that UN/TA funds are now assigned directly to the governments instead of to the specialized agencies. Another thing that must be taken into account is that formerly the Region of the Americas was in a position to receive and take advantage of WHO funds when other regional offices were not, and therefore WHO funds were received in a larger per capita proportion in the Americas than in other regions. Dr. Soper added that the problem presented by the representative of Mexico was one that definitely had to be dealt with, but that it could only be done on a year-to-year basis since it was not possible to know beforehand the attitude of the countries and the international collaboration in the years to come. In the case of malaria eradication, the attitude of certain governments has been to increase their allotments considerably for national programs, while others have made substantial voluntary contributions to the PASO for the same purpose. He expressed his conviction that in the future international organizations would play a much more important role in the life of the countries than they do now. He was optimistic about the future of the international health movement, for these activities will undergo an expansion when the countries have seen the beneficial results derived from the scarce means available today. UNICEF, which depends on voluntary contributions, is constantly increasing its programs, as shown by the fact that it expects to receive $22,900,000 in 1958 as opposed to $20,700,000 in 1957. It should not be thought that the PASO/WHO program has less value or less attraction for the countries than the programs of any of the other organizations. If it had failed in any way, it was in the presentation of the program and in making the countries realize what this Organization represents. The countries, knowing what can be done in the field of health through international collaboration, will continue to contribute to this program and even to increase their contributions. He concluded by reiterating his conviction that in the future the countries will contribute the financial support requested of them in accordance with the needs.

Dr. Hurtado (Cuba) explained in detail the difficulties encountered as a result of the new procedures followed in the assignment of Technical Assistance funds, which have unfavorable repercussions on public health activities. In this connection he suggested that the forthcoming Conference approve a resolution to the effect that governments be urged to instruct their represen-

tatives on ECOSOC to attempt to bring about a radical change in that procedure, so that Technical Assistance funds might once again be assigned to the specialized agencies. He recalled Dr. Soper's unsuccessful attempts to have all funds destined for public health activities in the Americas channeled through the PASB/WHO. Dr. Hurtado believed that the figure of $4,100,000 proposed in the provisional draft budget for 1960 should be accepted, and that everything possible should be done so that the Conference would likewise approve it. He praised the work carried out by Dr. Soper as Director of the Bureau and concluded by stating that the best tribute that could be paid him was not to dispute the amount he had proposed.

Dr. Sánchez Vigil (Nicaragua) referred to the inadequacy of the isolated efforts that governments can make and the need for international coordination of the activities, as had been demonstrated in the great malaria eradication campaign, which should be followed by similar campaigns against poliomyelitis, rabies, and syphilis. He associated himself with the tribute paid Dr. Soper by the representative of Cuba.

Dr. Orellana (Venezuela) emphasized the fact that there is agreement on health needs in the Americas and that the governments should be urged to take their decisions accordingly and grant international organizations the important position they deserve. He added that it was necessary to think, not so much of ceilings, as of the new needs that will require greater efforts and more money. It was for that reason that he pointed out that if the $4,100,000 were approved, it was up to the representatives to approach their respective governments for the granting of the requested budgetary increases.

Finally, the Committee unanimously approved the following resolution:

RESOLUTION VI

The Executive Committee,

Having examined the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for the year 1960 (*Official Document No.* 24); and

Taking into account that the provisional draft, when approved, will serve as the basis for the preparation of the 1960 Proposed Program and Budget of the Pan American Sanitary Organization to be submitted to the 37th Meeting of the Executive Committee for consideration, and to the XI Meeting of the Directing Council in 1959 for final approval,

RESOLVES:

1. To transmit to the XV Pan American Sanitary Conference the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960 (*Official Document No.* 24).

2. To propose to the Conference that it consider, if it deems it appropriate, the following draft resolution:

*Draft Resolution*

The XV Pan American Sanitary Conference,

Having examined *Official Document No.* 24, submitted by the Director of the Pan American Sanitary Bureau and containing the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960; and

Taking into account the fact that the provisional draft, when approved, will serve as the basis for the preparation of the 1960 Proposed Program and Budget of the Pan American Sanitary Organization to be submitted to the 37th Meeting of the Executive Committee for consideration, and to the XI Meeting of the Directing Council in 1959 for final approval,

RESOLVES:

To take note of the provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1960.

### 4. *Amendments to the Staff Rules of the Pan American Sanitary Bureau*

In presenting Document CE35/2[1] on this topic at the third session, Mr. Simpson (Chief, Division of Administration, PASB) stated that, pursuant to Article 030 of the Staff Rules, certain amendments to be introduced in the Staff Rules were being submitted to the Executive Committee for consideration. These amendments were based on similar changes adopted by the WHO, effective 1 July 1958. He explained that the changes were mainly editorial and were introduced to facilitate the interpretation of the rules which implemented recommendations made by the Salary Review Committee of the United Nations and approved by the United Nations General Assembly at its Eleventh and Twelfth Sessions and agreed to by the specialized agencies. Other changes serve to bring the PASB Staff Rules in line with those of the WHO, and in general they arise from agreement reached following discussions of the specialized agencies at meetings of the Consultative Committee on Administrative Questions of the United Nations.

Dr. Díaz Coller (Mexico) asked if the amend-

[1] Mimeographed document.

ments to be introduced facilitated in any way the rotation of personnel from one country to another or within one country, a problem that has been discussed in meetings of the PASO and WHO governing bodies.

Mr. Simpson (Chief, Division of Administration, PASB) stated that the proposed amendments did not affect the rotation problem because they did not refer to questions of substance. When the Salary Review Committee of the United Nations proceeded with the revision of the Staff Rules, the WHO and the PASB were of the opinion that not enough attention had been devoted to the question of the rotation of personnel. This was probably due to the fact that other specialized agencies do not employ professional career personnel in the international service to such an extent. Some of the provisions, adopted both by WHO and PASB to maintain uniform rules, contribute more to restricting the rotation of personnel than to facilitating it. He cited as an example the elimination of payment of staff members' removal costs, which have been replaced by an assignment allowance insufficient to compensate for those expenses. He concluded by stating that the problem of rotation is of concern not only to WHO but also to PASB, and that it is to be studied in detail at the Conference during discussion of the topic "Proposed New Conditions of Employment."

The Committee then studied the proposed amendments one by one and unanimously approved the following resolution:

RESOLUTION VII

The Executive Committee,

Having examined the amendments to the Staff Rules of the Pan American Sanitary Bureau, presented by the Director in Document CE35/2; and

Bearing in mind that similar amendments to the Staff Rules of the World Health Organization entered into effect on 1 July 1958,

RESOLVES:

To confirm, in accordance with Staff Rule 030, the amendments to the Staff Rules of the Pan American Sanitary Bureau as presented by the Director in Document CE35/2.

### 5. *Amendment to the Rules of Procedure of the Executive Committee*

As a result of the difficulties encountered in obtaining, on the date set for the opening of the 35th Meeting, the quorum provided for in Article 8 of the Rules of Procedure of the Executive Committee, Dr. Hurtado (Cuba) presented a motion at the third session to the effect that the number of members of the Committee required for a quorum be reduced from 5 to 4. This motion was seconded by Dr. Díaz Coller (Mexico).

Dr. Sánchez Vigil (Nicaragua) opposed approval of this motion on the basis that four is an insufficient number for a quorum and that the difficulties encountered on that one occasion were exceptional and can normally be overcome by having representatives designated by the various diplomatic missions in the capital in which the meeting is to take place. Dr. Orellana (Venezuela) was of the same opinion.

In view of the explanations given by the representative of Nicaragua, Dr. Hurtado *withdrew* his motion.

### 6. *Duration of Meetings of the Executive Committee*

At the third session, Dr. Díaz Coller (Mexico) recalled that at the previous meeting he had proposed that the duration of the present meeting of the Committee be reduced from four to two days and that the Committee had set it at three days. He believed that it would be advisable to study very carefully, in advance, the possibility of reducing the duration of Committee meetings to a minimum and expressed the wish that his suggestion be noted.

Dr. Sánchez Vigil (Nicaragua) called attention to the difficulties that can arise when envisaging beforehand the duration of a meeting.

*It was unanimously agreed to take note* of the suggestion presented by the representative of Mexico.

### 7. *Closure of the Meeting*

Upon conclusion of the deliberations of the Executive Committee, the Chairman expressed his appreciation to all the members for their cooperation during the meeting. He proposed that the Executive Committee express to the Government of the Commonwealth of Puerto Rico, and to the Organizing Committee that cooperated with the PASB in the preparations for the XV Pan American Sanitary Conference, its appreciation for the

facilities made available for this meeting, and thank the Director and officers of the Pan American Sanitary Bureau for the assistance given the Committee during its deliberations.

*It was so agreed.*

IN WITNESS WHEREOF, the Chairman of the Committee and the Director of the Pan American Sanitary Bureau, Secretary ex officio, have signed the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE at San Juan, Commonwealth of Puerto Rico, this eighteenth day of September 1958. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member Governments.

HUMBERTO OLIVERO
Chairman of the Executive Committee,
Representative of Guatemala

FRED L. SOPER
Director of the Pan American Sanitary Bureau, Secretary ex officio of the Executive Committee

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## FINAL REPORT OF THE 36th MEETING OF THE EXECUTIVE COMMITTEE[1]

*San Juan, Puerto Rico, 3 October 1958*

The 36th Meeting of the Executive Committee of the Pan American Health Organization was held at San Juan, Puerto Rico, in the Isla Verde Room of the Hotel San Juan Intercontinental on 3 October 1958, as convoked by the Director of the Pan American Sanitary Bureau. At the single plenary session the following members of the Committee, observers, and officers of the Bureau were present:

*Members:*

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|---|---|
| Dr. Bichat Rodrigues | BRAZIL |
| Mr. Humberto Olivero | GUATEMALA |
| Dr. Carlos A. Javier | HONDURAS |
| Dr. Rodrigo Barahona Carrasco | |
| Dr. Carlos Díaz Coller | MEXICO |
| Dr. Julio Muñoz Puglisevich | PERU |
| Dr. Guillermo Arbona | UNITED STATES OF AMERICA |
| Mr. Simon N. Wilson | |
| Dr. Daniel Orellana | VENEZUELA |
| Dr. Alejandro Príncipe | |

*Member and Secretary ex officio of the Committee:*

| | |
|---|---|
| Dr Fred L. Soper | PAN AMERICAN SANITARY BUREAU |

*Observers:*

| | |
|---|---|
| Dr. Abraham Horwitz | CHILE |
| Dr. Luis Patiño Camargo | COLOMBIA |
| Dr. Paul V. Ollé | FRANCE |
| Mr. Roger Dalichamp | |
| Dr. Nicolaas H. Swellengrebel | KINGDOM OF THE NETHERLANDS |
| Dr. Edwin van der Kuyp | |
| Dr. Alberto Bissot, Jr. | PANAMA |

[1]Document CE36/2, Rev. 1

*Advisers to the Director:*

Dr. Carlos L. González, Assistant Director
Dr. Myron E. Wegman, Secretary General
Dr. Gustavo Molina, Chief, Division of Public Health
Mr. Donald F. Simpson, Chief, Division of Administration

### New Members

Mr. Olivero (Guatemala), Chairman of the Committee, called the meeting to order and welcomed the representatives of Brazil, Honduras, and the United States, elected by the XV Pan American Sanitary Conference to fill the vacancies created by the termination of the periods of office of Bolivia, Cuba, and Nicaragua.

### Officers

In conformity with Article 3 of the Rules of Procedure of the Executive Committee and Article 15 of the Constitution, Dr. Carlos Díaz Coller (Mexico) and Dr. Daniel Orellana (Venezuela) were elected Chairman and Vice-Chairman, respectively.

### Agenda

The agenda appearing in Document CE36/1[1] was approved.

### Topics Discussed and Resolutions Approved

During the 36th Meeting of the Executive Committee, the following topics were discussed:

1. *Expressions of Appreciation*

The Provisional Chairman, Mr. Humberto Olivero (Guatemala) warmly thanked the representatives of Bolivia, Cuba, and Nicaragua for the valuable collaboration they rendered during their terms of office. He extended congratulations also to the Director-elect, Dr. Abraham Horwitz, and expressed the conviction that Dr. Horwitz' technical ability and knowledge would contribute much to the progress of the Organization's work. On behalf of the Executive Committee, and in the name of his own Government, he expressed gratitude to Dr. Soper for the magnificent and exemplary task he had accomplished as Director of the Pan American Sanitary Bureau.

Dr. Rodrigues (Brazil), Dr. Javier (Honduras), and Dr. Arbona (United States) expressed their thanks for the honor bestowed on their countries through their election to membership on the Executive Committee. They expressed also the gratitude of their respective countries to Dr. Fred L. Soper for the work he had done, and extended greetings to Dr. Horwitz, the Director-elect.

Dr. González (Assistant Director, PASB) informed the Committee of the receipt of a telegram designating Dr. Guillermo Arbona as the United States representative on the Committee at this meeting and appointing Mr. Simon N. Wilson as adviser.

2. *Matters Referred to the Executive Committee by the XV Pan American Sanitary Conference*

A. *Inter-American Congresses of Public Health*

Dr. González (Assistant Director, PASB) announced that the Conference had instructed the Executive Committee to study, with the assistance of the Director, the procedures for holding the Inter-American Congresses of Public Health and had indicated certain points that the Committee should bear in mind when making that study.

Mr. Olivero (Guatemala) supported by Dr. Orellana (Venezuela) and Dr. Rodrigues (Brazil) proposed that the Director make a preliminary study of the matter and present it to the 37th Meeting of the Committee.

*It was so agreed.*

B. *Improvement of the Texts of the Basic Documents of the Pan American Health Organization*

Dr. González (Assistant Director, PASB) reported that the Conference, in Resolution XXXIV,[2] taking account of the report of the special committee appointed to study Article 53 of the Rules of Procedure, instructed the Executive Committee to undertake a thorough study of the

[1] Mimeographed document.

[2] See p. 39.

Constitution of the Organization and the Rules of Procedure of the XV Conference, in order to prepare suggestions for improving their clarity and the equivalence of meaning between the English and the Spanish texts and suggested that the Executive Committee appoint a subcommittee to make the said study.

Dr. Muñoz (Peru) called attention to the fact that a preliminary detailed study of the Constitution was required, and although the appointment of the new Director would not interfere with that task, he believed that full supporting documents should be compiled and the necessary legal counsel obtained in advance. Dr. Bissot (Observer, Panama) expressed the same view.

Mr. Wilson (United States) was of the opinion that appointments should be, not of individuals, but rather of countries, in order to make it easier to hold periodic meetings in Washington. He said that the Director might begin the preparation of texts to serve as a point of departure for the subcommittee's studies, utilizing, if necessary, the advice of the Department of Legal Affairs of the Pan American Union. Finally, he suggested that representatives of countries that have large delegations to the OAS might be members of the subcommittee, so that there would always be persons available for the meetings.

Dr. Rodrigues (Brazil) also believed it wise to seek the legal counsel of the Pan American Union; and Mr. Olivero (Guatemala) suggested that the Director should also seek counsel from other organizations, as the need arose.

Dr. Soper (Director, PASB) pointed out that the Organization is at one and the same time a specialized organization of the OAS and the regional organization of WHO for the Americas, and he therefore suggested that, in addition to OAS counsel, advice also be obtained from other juridical institutions or leading experts in international law.

In reply to a question from the Chairman, Mr. Wilson (United States) said that Brazil, Mexico, and the United States have legal experts on their delegations to the Organization of American States. He did not believe, however, that this should be the only factor taken into account in selecting the countries for membership on the subcommittee; the question of language, for instance, should also be considered with respect to the clarity of future texts. He agreed with Dr. Soper on the need for consulting not only specialists of the OAS, but also those of other organizations.

Dr. Orellana (Venezuela) proposed that the subcommittee be composed of representatives of Brazil, Mexico, and the United States, and his motion was approved.

On the basis of the foregoing, the following resolution was unanimously approved:

RESOLUTION I

The Executive Committee,

Bearing in mind the provisions of Resolution XXXIV of the XV Pan American Sanitary Conference,

RESOLVES:

1. To designate the representatives of Brazil, Mexico, and the United States as members of a subcommittee to study the Constitution and the Rules of Procedure of the XV Conference, in order to draft proposals: (a) to improve the clarity and the equivalence of meaning between the English and the Spanish texts of these basic documents; and (b) to the end that these texts will be more adequate for their own objectives.

2. To instruct the Director to request legal counsel from the Organization of American States, and from other institutions he deems suitable, for the preparation of a preliminary text both of the Constitution and of the Rules of Procedure, in the drafting of which the documents, minutes, and resolutions of the XV Pan American Sanitary Conference on this matter shall be kept in mind.

3. To recommend that the aforesaid subcommittee meet prior to the 37th Meeting of the Executive Committee, so as to be apprised of the preliminary text referred to in paragraph 2 of the present resolution.

### C. *Proposed Procedure for the Nomination and Election of the Director of the Pan American Sanitary Bureau*

Dr. González (Assistant Director, PASB) recalled that the XV Pan American Sanitary Conference had, in Resolution XXX,[1] recommended to the Executive Committee the establishment of a working party that, with legal counsel, would make a study of the problems inherent in the election of the Director and, after consultation with the Member Governments, propose to the XIII Meeting of the Directing Council, a specific procedure to govern that election. Mr. Olivero (Guatemala), Dr. Muñoz (Peru), and Dr. Arbona (United States) agreed that the subcommittee ap-

[1] See p. 37.

pointed to make the study requested in Resolution XXXIV of the XV Pan American Sanitary Conference should also examine the problems relating to the Director's election and propose the procedures that it deemed pertinent; and that it should make this study at the time decided upon by the Executive Committee.

*It was so agreed.*

D. *Proposed New Conditions of Employment*

Dr. González (Assistant Director, PASB) stated that paragraph 5 of Resolution XXXI[1] of the XV Pan American Sanitary Conference authorized the Executive Committee to negotiate with the Executive Board of the World Health Organization for the implementation of the basic principles given in Document CSP15/12, Rev. 1,[2] on conditions of employment.

The Chairman suggested that the Executive Committee take note of Resolution XXXI of the XV Conference, and of the authorization given therein to the Executive Committee.

*It was so agreed.*

E. *Topic for Technical Discussions during the XI Meeting of the Directing Council*

Dr. González (Assistant Director, PASB) brought up Resolution XL[3] of the Conference which requests the Executive Committee to determine the aspects of the general topic "Water" and authorizes the Director to designate three experts (a sanitary engineer, a public health physician, and an economist) to present an introductory statement on the topic chosen.

Dr. Orellana (Venezuela) asked whether, in view of the broad scope of the topic, it would not be better to appoint the three experts first and have them select the specific aspects for study; or whether it would be preferable to decide first on the aspects for study and then select the three experts accordingly. The Chairman said that the Director would find it difficult to appoint the three experts in advance, and that it would be preferable first to decide on the aspects that were to be studied. He recalled that the delegate of Cuba, at the Conference, had proposed the general topic "Water as a Requisite for Health," and that the Conference had decided to limit it to more specific phases. Dr. Rodrigues (Brazil) said that perhaps it might be better for the Committee not to attempt at this time to discuss the precise title of the topic or the designation of the experts, but rather leave the matter for consideration at its next meeting. Dr. Muñoz (Peru) stressed the fact that all the countries of the Americas are greatly interested in the problem of water, no less in the provision of water than in the problem of sewerage in the rural and urban environments. He suggested that the topic to be referred to the experts might be, precisely, that of water supply and sewage disposal systems in urban and rural communities in the Americas. Dr. Arbona (United States) pointed out that the three experts are to be one sanitary engineer, one public health physician, and one economist, and that these specialists could analyze all facets of the problem and deal also with the means of financing the plans they propose. Dr. Orellana (Venezuela) thought that the subject of water is so broad that any attempt to select a specific aspect of that problem now could give rise to a lengthy debate, and much more so if the problem of sewerage were added. Dr. Soper (Director, PASB) pointed out that Document CSP15/21,[4] on Technical Discussions, had been prepared as the outcome of a meeting with a group of consultants, who recommended that the "technical, financial, and administrative aspects of water supply" be chosen as a topic for Technical Discussions.

Dr. González (Assistant Director, PASB) said that experience has shown that difficulties arise when a topic is selected in mid-year because, before the designated expert can write his report, it is necessary to do much preliminary work, such as visiting certain countries, consulting with specialists and local authorities, writing the report, having it translated, and distributing it to the Member Governments and to specialists. In his opinion, therefore, it would be best to select the topic now. Mr. Olivero (Guatemala), whose opinion as a sanitary engineer was requested by the Chairman, said that it would be well to limit the topic to the problem of water supply in urban communities since, under present conditions, the basic problem of water supply in Latin America

[1] See p. 37.
[2] See Part V, Annex 10, pp. 524–530.
[3] See p. 43.
[4] Mimeographed document.

lies in the over-populated sections. If priorities are to be established, it is here that environmental sanitation activities will be of the greatest benefit. Dr. Ollé (Observer, France) believed that, because of the vast scope of the problem of water, the Director would meet with unnecessary difficulties if the decision on the specific aspects to be studied were left to him. He therefore thought it advisable to decide on the topic now, and thus limit the scope of the work to be assigned to the experts. The Chairman believed that, on the basis of the comments made, the consensus was that the topic should be confined to the administrative, technical, and financial aspects of water supply in the urban environment in the Americas. Dr. Javier (Honduras) said that frequently, as happens in his country, it is difficult to define precisely what is meant by urban areas, for at times the term applies more to administrative divisions, or to political considerations, than to demographic considerations. In each instance, therefore, it is the country concerned that should decide which are, or are not, urban sectors of its population. Dr. Orellana (Venezuela) agreed with the proposal summarized by the Chairman, saying that the Technical Discussions in 1960 should, without a doubt, deal with the problem of rural water supply.

The following resolution was then unanimously approved:

RESOLUTION II

The Executive Committee,

Bearing in mind Resolution XL of the XV Pan American Sanitary Conference,

RESOLVES:

That the Technical Discussions to take place at the XI Meeting of the Directing Council will deal with the technical, financial, and administrative aspects of water supply in the urban environment in the Americas.

F. *Amendments to Articles 15 and 12-C of the Constitution*

Dr. González (Assistant Director, PASB) called the Committee's attention to the fact that the Conference had approved two amendments to the Constitution that relate to the Executive Committee. In Resolution XXVII,[1] the Conference amended Article 15 to read as follows: "The Executive Committee shall elect from among its members a Chairman and a Vice-Chairman, who shall hold office until their successors are elected. The election shall take place each year at the first meeting of the Executive Committee following the election of its new members." Resolution XXVIII[2] amended Article 12-C to read as follows: "To consider and submit to the Conference or to the Council the proposed program and budget prepared by the Director, with such recommendations as it deems advisable."

The Chairman proposed that the Committee take note of the aforesaid resolutions of the Conference.

*It was so agreed.*

G. *Draft Resolutions Submitted by the Delegate of Peru and Referred by the Conference to the Executive Committee*

Dr. Muñoz (Peru) recalled that the Conference had approved in principle, at its final plenary session, the draft resolutions contained in Documents CSP15/77, CSP15/78, and CSP15/79,[3] relating, respectively, to the "Health Charter of Puerto Rico," the problem of water supply, and the problem of tuberculosis. The Conference referred the proposals to the Executive Committee so that it might study and adapt them according to the possibility of implementing them. The purpose of the proposed Charter, he explained, was to establish the basic problems of public health in the Americas and the possibility of solving them, as well as to stimulate action by the governments and the public. The purpose of the other proposals is to reiterate interest in two problems of the utmost importance. He said that Puerto Rico's name should be associated with the proposed Charter, as an expression of thanks for the hospitality extended to the Conference.

Dr. Arbona (United States) suggested that, because of the importance of such a document, it should be given detailed study, something that could not be done at the brief meeting of the Committee, and he proposed that the study be deferred to the 37th Meeting of the Committee. He made it clear that Puerto Rico would not reject the honor of having its name associated with the Char-

[1] See p. 35.

[2] See p. 36.

[3] See Part II, fourteenth and fifteenth plenary sessions, pp. 268-270 and 281.

ter. Dr. Rodrigues (Brazil) supported the proposal of the representative of the United States, a view also shared by Dr. Orellana (Venezuela) and by the Chairman, as representative of Mexico. Dr. Muñoz (Peru) was in agreement with the opinions expressed, and was willing for the proposal to be referred to the 37th Meeting of the Committee for consideration.

*It was so agreed.*

With regard to the draft resolutions on tuberculosis and water supply, Dr. Muñoz (Peru) believed that the Committee should discuss them at the present meeting so as to show the peoples of the Americas that the Conference took great interest in these two serious health problems. Just as the Conference had given intensive study to malaria, so should it single out tuberculosis and water supply as problems of the utmost importance, thereby giving assurance to peoples of the organization's concern with those problems.

Dr. Soper (Director, PASB) pointed out that, under the terms of Article 13.1 of the Financial Regulations, the Conference, the Council, and the Committee may not take decisions involving expenditures unless they have received a report from the Director on the administrative and financial implications of the proposal. He indicated that the proposals of the delegate of Peru would entail large expenditures for the early studies of the plan as well as for the proposed pilot projects. He recalled that the XIII Conference had decided that no such proposals could be approved until a study had been made of the expenditures they involved and until the corresponding budget appropriations had been made. He pointed out that, for the malaria eradication program, a complicated process had been necessary. In 1950 and 1954 the Bureau had prepared detailed reports on the subject, and the topic was included on the agenda of both Conferences, and the governments had had the opportunity to study it. This procedure apparently had not been followed exactly with respect to the proposals of the delegate of Peru, which had not appeared on the Conference agenda, and were presented at the last minute. He pointed out the interest that the Bureau has taken in problems of water supply and environmental sanitation in general, as well as in the problem of tuberculosis.

Dr. Muñoz (Peru) said that, in view of the Chairman's statements, he would agree to a modification of the operative clauses of the draft resolutions he had proposed. Dr. Príncipe (Venezuela) shared this view. Dr. Arbona (United States) and Dr. Orellana (Venezuela) said that the formulation of the plans proposed by the delegate of Peru would imply large expenditures and that it might therefore be preferable to leave the study of the two proposals to the 37th Meeting. Dr. Muñoz (Peru) opposed this view, stating that there could be no indifference to problems as serious as those of tuberculosis—one of the principal causes of death in the Americas—and of water supply. Dr. Bissot (Observer, Panama) stressed the fact that, while the two topics proposed by Peru were of great interest and had been matters of concern to the Bureau, there is no legal way in which the resolutions, if approved, could appear as resolutions of the Conference rather than of the Executive Committee.

Dr. Soper (Director, PASB) said that there was an important point of procedure involved. Under the terms of Article 7-D of the Constitution, it is the responsibility of the Director to propose an agenda for the Conference, which may modify it and add topics thereto. In the case of the proposals of the delegate of Peru, however, the established procedure had not been followed; they had been presented without having first been submitted to the governments or to the Conference. It would be ill-advised to give the impression that the Conference had approved two proposals of such importance without having studied them thoroughly, or referred them to any of its committees, and when the texts had not even been distributed previously. The Chairman proposed that the study of the two proposals in question be postponed until the 37th Meeting of the Committee. Dr. Muñoz (Peru) insisted, however, that the discussion continue, owing to the importance of the problems with which his proposals dealt. He found it strange that, in the discussion of the topic "Report on the Organization and Work of INCAP," the Conference had approved two resolutions without objection from the Director, even though both involved expenditures. Dr. Soper (Director, PASB) explained in this connection that the Organization's program and budget includes programs on nutrition that make it possible to comply with the resolutions on this topic, since the expansion of activities in the nutrition field had been foreseen. Those resolutions were natural outgrowths of the

topic itself. He again stressed the fact that the Bureau has given much attention to the problems of tuberculosis and water supply, but what was under discussion was not the importance of these problems, on which all were agreed, but rather a question of procedure.

Dr. Arbona (United States) proposed that the two draft resolutions be modified to eliminate the parts that entailed expenditures. Dr. Muñoz (Peru) accepted that suggestion. As a result, the following resolutions were unanimously approved:

RESOLUTION III

The Executive Committee,

Considering that the mortality and morbidity rates of tuberculosis are high in a number of countries in the Americas;

Considering that the progress of therapeutics permits the suitable control and early treatment of cases and the prevention of the spread of the disease among contacts;

Considering that the Expert Committee of the World Health Organization has drawn up definite recommendations for planning large-scale experiments that will make possible the proper evaluation of the results, and

Taking into account that it is the duty of the Organization to deal with health problems that are common to various countries and in which promising results can be obtained,

RESOLVES:

1. To affirm that tuberculosis is one of the primary unsolved health problems in many countries of the Americas.

2. To instruct the Director to report to a future meeting of the Directing Council on the financial outlay that would be required to formulate a continental plan to combat tuberculosis.

RESOLUTION IV

The Executive Committee,

Bearing in mind that one of the problems common to the various countries of the Americas is the deficiency in systems of water-supply and sewage-disposal;

Considering that this problem represents a real hazard to health, as reflected in the high morbidity and mortality rates of many diseases; and

Taking into account that the Organization should seek a solution of problems that are common to various countries,

RESOLVES:

1. To affirm that water-supply and sewage-disposal systems are essential to the progress of health in the Americas.

2. To instruct the Director to report to a future meeting of the Directing Council on the financial outlay that would be required to formulate a continental plan of water supply and sewage disposal.

### 3. *Date of the 37th Meeting of the Executive Committee*

The Chairman suggested that, as on other occasions, the Director convoke the 37th Meeting of the Committee on a date preceding the World Health Assembly to be held in 1959, so that the Committee members who are to participate in the Assembly may attend the Committee meeting before their trip. Mr. Olivero (Guatemala) recalled that on previous occasions, except in 1958, the Committee had met after the World Health Assembly, and asked the Secretary what advantages there would be in selecting another date.

Dr. González (Assistant Director, PASB) stated in reply that it was his understanding that the Twelfth World Health Assembly in 1959 will open on 12 May 1959. He said that the advantage of holding the Committee meetings after the Assembly is that the Executive Committee members would be apprised of any decisions of the Assembly of interest to the Committee. On the other hand, this arrangement would leave the Secretariat little time for preparing and distributing the documents for the subsequent meeting of the Directing Council. The Secretariat therefore considers it preferable that, if possible, the Committee meet before the World Health Assembly.

The Chairman proposed that the 37th Meeting of the Committee be convoked to meet from Monday to Saturday of the week preceding the opening of the next World Health Assembly.

*It was so agreed.*

### 4. *Permanent Subcommittee on Buildings and Installations*

The Chairman pointed out that the Director's negotiations with the United States Government regarding the acquisition of a site for the headquarters building are to be continued, and that it might therefore be advisable for the representative of the United States to be a member of the Permanent Subcommittee on Buildings and Installations, at present composed of the representatives of Guatemala, Mexico, and Venezuela. Mr. Olivero (Guatemala) recalled that the Executive Committee, at its 34th Meeting, had deemed it advisable that the Subcommittee be composed of

countries that are members of the Executive Committee, and for that reason had designated Mexico and Venezuela as Subcommittee members, to replace the Dominican Republic and the United States, countries that at the time were not members of the Executive Committee. He asked whether, legally speaking, the membership of the subcommittee could be increased.

Dr. González (Assistant Director, PASB) read Resolution V of the VI Meeting of the Directing Council, which provided that the Permanent Subcommittee on Buildings and Installations would be composed of three members.

Dr. Orellana (Venezeula) stressed the importance of United States representation on the Subcommittee, at the present stage of the negotiations in question, and he offered to relinquish his place on the Subcommittee so that it might be occupied by the representative of the United States. Mr. Olivero (Guatemala) also pointed out the desirability of having the United States be a member of the Subcommittee. Mr. Wilson (United States) thanked the representatives of Venezuela and Guatemala for their attitude, but stated that his delegation is greatly interested in having both those countries continue on the Subcommittee, which could, in any event, consult at any time with the representative of the United States. His country, he said, will continue to cooperate with the Bureau in the matter of the site for the headquarters building, regardless of whether it is a member of the Subcommittee.

The Chairman recalled that Guatemala is the country that has served the longest on the Subcommittee, having been a member ever since the Subcommittee was established, whereas Mexico and Venezuela were elected to membership in 1958. He proposed, therefore, that Guatemala be replaced by the United States on the Permanent Subcommittee on Buildings and Installations.

The following resolution was then approved:

RESOLUTION V

The Executive Committee,

Bearing in mind the advisability that the representative of the United States be a member of the Permanent Subcommittee on Buildings and Installations, in view of the negotiations under way between the United States Government and the Director regarding the acquisition of a site for a permanent headquarters building for the Bureau; and

Considering that the representative of Guatemala has formed part of the Subcommittee since its establishment, and that its other members, the representatives of Mexico and Venezuela, were elected to the Subcommittee in 1958,

RESOLVES:

1. To designate as members of the Permanent Subcommittee on Buildings and Installations the representatives of Mexico, the United States, and Venezuela.

2. To thank the representative of Guatemala for the valuable services rendered to the Subcommittee since its establishment.

5. *Closure of the Meeting*

The Chairman thanked the members and the observers for their cooperation. He said that, as there was not sufficient time for a session of the Drafting Committee, the Final Report would be sent in draft form to the members of the Committee, if they agreed to this procedure, so that they might make their observations on the text. He requested the members to send those observations to the Secretariat at the earliest possible date.

*It was so agreed.*

IN WITNESS WHEREOF, the Chairman of the Committee and the Director of the Pan American Sanitary Bureau, Secretary ex officio, have signed the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE at San Juan, Commonwealth of Puerto Rico, this third day of October, 1958. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member Governments.

CARLOS DÍAZ COLLER
Chairman of the Executive Committee,
Representative of Mexico

FRED L. SOPER
Director of the Pan American Sanitary
Bureau, Secretary ex officio of the Executive Committee

# PART V

# ANNEXES

## Annex 1

# VI REPORT ON THE STATUS OF MALARIA ERADICATION IN THE AMERICAS[1]

### Introduction

The XIV Pan American Sanitary Conference (Santiago, 1954) declared of the utmost urgency the need for carrying out the terms of Resolution XVIII of the XIII Conference (Ciudad Trujillo, 1950) referring to the eradication of malaria in the Americas, and it recommended to the governments the immediate conversion of their control programs into eradication programs. At the same time, it gave a mandate to the Pan American Sanitary Bureau to promote and coordinate this action, securing the necessary technical and financial assistance. Later, the Eighth World Health Assembly (Mexico City, 1955) recommended "the implementation of a program having as its ultimate objective the world-wide eradication of malaria."

Following the same pattern as that of the two previous reports,[2] the present report, the sixth in the series, presents first a complete comparative and critical study of the present status of antimalaria activities in the Americas and a description of the progress achieved since the historical resolution of Santiago, Chile. This presentation differs from that adopted for the annual reports to the Directing Council, which consisted simply of an objective consolidation of the information furnished by the Member Governments.

The second part has a different purpose from that of previous reports, which were devoted to remarks and recommendations on the need for certain measures to intensify and perfect the antimalaria campaign or to promote and coordinate the eradication work. The present report will show the role played by international agencies and the manner in which the Organization has carried out the task entrusted to it in Santiago, Chile.

The third part contains a résumé of the present situation and the prospects for the future, together with proposals for plans of action.

### General Picture

The fight against malaria with imagocides was begun in the Americas as soon as the efficacy of residual-action insecticides became known and the products became commercially available. Dramatic progress was made between 1945 and 1949, by which time control operations had covered two thirds of the Hemisphere's malarious areas. During the four subsequent years (1950-1953) there was no setback in the antimalaria work, and some countries even extended the areas of malaria eradication or actually completed eradication. However, there was an evident slackening of the initial impetus and a contagious deterioration in the quality and status of the national malaria services that foretold a progressive reduction in the activities and a loss of the gains achieved up to that time. This situation, clearly explained in the V Report, and the increasing threat of resistance of the vectors to insecticides, led to the forceful resolution of Santiago. The change observed since that time is striking. With the exception of three small areas of little epidemiological importance (in Cuba, British Guiana, and Dominica), the entire Hemisphere is now covered by eradication programs. Figure 1 illustrates the status as of 31 July 1958. Only three countries (Brazil, Colombia, and Haiti) have yet to begin total-coverage operations; but active preparatory work is under way and the operations are to be initiated in September 1958 in Colombia and Haiti, and in January 1959 in Brazil. Nicaragua, which had begun total coverage, found it necessary to revise its plan of operations, and will resume total coverage probably before the end of the year.

Table 1 shows an impressive "YES" line in the

[1]Document CSP15/16.

[2]*PASB Publication* 261, Annex B, "Situación de la Lucha Antimalárica en el Continente Americano, IV Informe," C. A. Alvarado; and *PASB Scientific Publication* 27, "Status of the Antimalaria Campaign in the Americas, V Report," C. A. Alvarado.

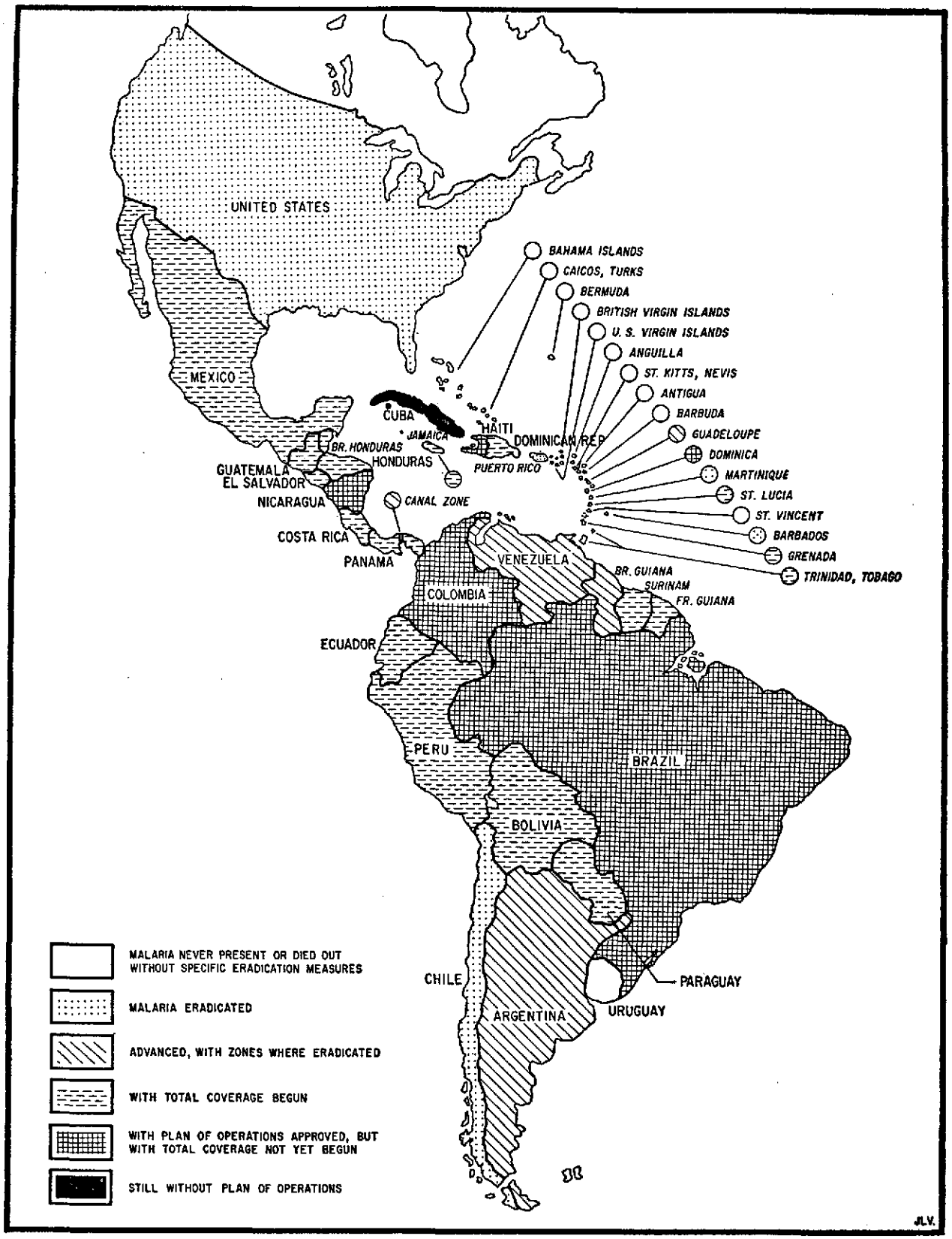


FIGURE I.- STATUS OF THE MALARIA ERADICATION PROGRAM IN THE AMERICAS, 31 JULY 1958

Table 1—*Status of Malaria Eradication Campaign in the Americas, 1958*

| Country or other political unit | Status of program | | | Eradication by total coverage of malarious areas | | | |
|---|---|---|---|---|---|---|---|
| | | | | Period of conversion | | Period of total coverage | |
| | Eradication by total coverage of malarious areas | Eradication by areas | Control | Date started or will start | Date completed or will be completed | Date started or will start | Date completed or will be completed |
| Argentina | Yes | — | — | April 1949 | Aug. 1949 | Sept. 1949 | (a) |
| Bolivia | Yes | — | — | July 1, 1957 | June 30, 1958 | July 1, 1958 | June 30, 1962 |
| Brazil (b) | — | Yes | — | Dec. 1957 | Dec. 1958 | Jan. 1959 | (a) |
| São Paulo | Yes | — | — | Dec. 1, 1957 | Aug. 31, 1958 | Sept. 1, 1958 | Mar. 1, 1962 |
| Colombia | Yes | — | — | Jan. 1, 1958 | Sept. 7, 1958 | Sept. 8, 1958 | Mar. 8, 1962 |
| Costa Rica | Yes | — | — | Jan. 1, 1956 | June 30, 1957 | July 15, 1957 | Jan. 31, 1961 |
| Cuba | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | Yes | — | — | Mar. 1, 1957 | June 30, 1958 | July 1, 1958 | June 1962 |
| Ecuador | Yes | — | — | Sept. 1, 1956 | Feb. 28, 1957 | Mar. 18, 1957 | Mar. 31, 1961 |
| El Salvador | Yes | — | — | Feb. 1955 | June 30, 1956 | July 1, 1956 | Dec. 31, 1959 |
| Guatemala | Yes | — | — | Feb. 1, 1955 | July 31, 1956 | Aug. 1, 1956 | Sept. 15, 1960 |
| Haiti | Yes | — | — | Oct. 1, 1957 | Aug. 1958 | Sept. 1958 | Dec. 31, 1962 |
| Honduras | Yes | — | — | June 1956 | Jan. 1958 | Jan. 1958 | Jan. 1962 |
| Mexico | Yes | — | — | Sept. 7, 1955 | Dec. 31, 1957 | Jan. 2, 1957 | Dec. 31, 1960 |
| Nicaragua | Yes | — | — | July 1956 | Oct. 1957 | (c) Nov. 11, 1957 | (a) |
| Panama | Yes | — | — | Jan. 1, 1956 | July 31, 1957 | Aug. 19, 1957 | Aug. 19, 1961 |
| Paraguay | Yes | — | — | Jan. 1, 1957 | Oct. 29, 1957 | Oct. 30, 1957 | Oct. 29, 1961 |
| Peru | — | Yes | — | Jan. 1957 | Nov. 1957 | Nov. 15, 1957 | (a) |
| Venezuela | Yes | — | — | 1945 | 1950 | 1950 | 1960 |
| *Other political units* | | | | | | | |
| British Guiana | — | (d) Yes | (e) Yes | Jan. 1945 | Jan. 1949 | 1947 | (d) 1949 |
| British Honduras | Yes | — | — | Feb. 1, 1956 | Dec. 31, 1956 | Feb. 4, 1957 | Dec. 31, 1961 |
| Dominica | — | — | Yes | Aug. 1958 | Dec. 1958 | Jan. 1959 | Jan. 1963 |
| French Guiana | Yes | — | — | — | — | May 1948 | (f) 1953 |
| Grenada | Yes | — | — | July 1956 | Feb. 1957 | Feb. 1957 | Jan. 1960 |
| Guadeloupe | Yes | — | — | 1955 | 1956 | 1957 | 1960 |
| Jamaica | Yes | — | — | April 1957 | Dec. 1957 | Jan. 1958 | Dec. 1961 |
| Panama Canal Zone | Yes | — | — | April 1956 | ... | ... | ... |
| St. Lucia | Yes | — | — | Jan. 1, 1956 | June 30, 1956 | July 1, 1956 | Dec. 31, 1959 |
| Surinam | Yes | — | — | Nov. 1957 | April 1958 | May 2, 1958 | 1961 |
| Trinidad and Tobago | Yes | — | — | June 1957 | Dec. 1957 | Jan. 1958 | Dec. 1961 |

(a) To be determined.
(b) Not including the State of São Paulo.
(c) Program temporarily interrupted.
(d) Refers only to the coastal area.
(e) Eradication in the coastal area but control program for sparsely populated interior.
(f) Reimportation in 1954, spraying recommenced.

— Nil.
** Report not received.
... Data not available.

eradication program column, while only one affirmative reply appears in the column for control programs, to which should be added the reply of another country that did not forward information. The same table shows the initiation and termination dates of total coverage. The last column at the right thus gives the outlook for the malaria situation in the Hemisphere in 1962.

This extraordinary undertaking of the Americas will undoubtedly have important repercussions on the future of public health in this part of the world, not only because of the elimination of malaria, but because of the vast experience obtained for operations of great scope and because of what will be left for posterity as an example of continental collaboration and solidarity.

The program of malaria eradication in the Western Hemisphere has given great impetus to the development of the concept of "eradication" in public health. Some aspects of the program merit special comment: the collection of basic documentation and its detailed study; the development of procedures for geographic reconnaissance "inch by inch," for the purpose of locating and numbering all houses; the rigid planning of each operation, adapted to a strict chronology; the training and retraining of all personnel at the various levels; the establishment of a supervisory structure; the adjustment of administrative and financial measures; and the enactment of up-to-date legislation and regulations. Each country has done all this for the preparation of its malaria eradication plan, and all these efforts have produced invaluable documents that serve as guides for the campaign activities.

Another aspect is the unification of techniques and the periodic review of results. In frequent seminars, workshops, and meetings of directors and other executives of the malaria programs, each country reports on the different phases of its campaign and describes with unusual frankness the progress it has achieved, facts that are analyzed and discussed to the last detail by all participants, in an extraordinary atmosphere of comradeship and solidarity.

In this way there have been developed new concepts and new techniques and procedures which are the heritage, not of any one country, but of all; and their underlying philosophy is that of achieving constant improvement and more effective results.

At the national level, the malaria eradication program has sought and obtained the collaboration of the entire community. The different agencies within the national health service, medical and paramedical groups, the schools, the armed forces, the clergy, social security institutions, private organizations, and the public in general all give their support to the campaign, thereby making this public health endeavor a program by the nation and for the nation.

At the international level, collaboration has been extensive and fruitful. An unmistakable demonstration of this is the fact that all the countries without exception have offered maximum facilities for the utilization of their programs as observation or training areas. Brazil, Jamaica, and Mexico have joined with the long-established and traditional School of Malariology of Venezuela to create other international training centers. And added to all these splendid efforts is the generous support offered by four other countries (the Dominican Republic, Haiti, the United States of America, and Venezuela) in the form of financial contributions to the Special Malaria Fund.

## Extent of the Problem

There are some countries and other political units in the Americas in which indigenous malaria is not known to have occurred or where such transmission as was present in the past has disap-

Table 2—*Countries and Other Political Units in Which Malaria Is Not Known to Have Occurred or Has Disappeared without Specific Eradication Measures*

| Country or other political unit | Area in km² | Estimated population as of 1 July 1957 |
|---|---|---|
| Total | 10,187,740 | 19,877,000 |
| Canada | 9,974,375 | 16,589,000 |
| Uruguay | 186,926 | 2,690,000 |
| Antigua | 442 | 55,000 |
| Bahamas | 11,396 | 120,000 |
| Bermuda | 53 | 42,000 |
| Falkland Islands | 11,961 | 2,000 |
| Montserrat | 83 | 17,000 |
| Netherland Antilles | 961 | 190,000 |
| St. Kitts-Nevis-Anguilla | 396 | 55,000 |
| St. Pierre and Miquelon | 240 | 5,000 |
| St. Vincent | 389 | 80,000 |
| Virgin Islands (Br.) | 174 | 8,000 |
| Virgin Islands (U.S.A.) | 344 | 24,000 |

peared without specific eradication measures. These countries and units, their area, and the last official population estimates are shown in Table 2.

In addition, there are others that are at present free from indigenous malaria as the result of active measures to eradicate the disease. Table 3 shows their area and population estimates, together with the original area in which malaria transmission had occurred and the population therein.

Table 3—*Countries and Other Political Units Where Malaria Has Been Eradicated*

| Country or other political unit | Area in km² | Population | Original malarious areas | |
|---|---|---|---|---|
| | | | Area in km² | Population |
| Total ..... | 10,098,948 | 179,993,000 | 2,322,691 | 45,014,000 |
| Chile ..... | 741,767 | 6,681,000 | 55,237 | 112,000 |
| United States of America | 9,346,751 | 170,547,000 | 2,257,809 | 42,366,000 |
| Barbados ... | 431 | 230,000 | 430 | 228,000 |
| Martinque .. | 1,102 | 255,000 | 300 | 45,000 |
| Puerto Rico | 8,897 | 2,280,000 | 8,865 | 2,263,000 |

The countries and other political units referred to in Tables 2 and 3 will not be mentioned further in this report, with the exception of the United States of America, to which reference will be made in relation to its special epidemiological situation.

Table 4 shows the extent of the problem by area as of 31 July 1958 and Table 5, the extent of the problem in terms of population. From these tables it can be seen that Argentina, Brazil, Venezuela, British Guiana, Guadeloupe, and Surinam claim eradication in parts of their original malarious area. The total area from which malaria has been eradicated is 407,744 km², inhabited by an estimated 4,531,000 persons. Venezuela is responsible for the greatest part of this achievement, the 372,604 km² there, inhabited by some 3,065,000 persons, being the largest area from which malaria has been eradicated in the tropics.

It can therefore be said from Tables 3, 4, and 5 that the original malarious area in the Americas was 14,558,083 km², inhabited by 131,430,000 persons, and that as of 31 July 1958 malaria has been eradicated from 2,730,435 km² (18.8 per cent), thus protecting 49,545,000 persons, or 37.7 per cent of the population initially at risk. The largest share of this population is in the United States of America.

In considering this reported achievement one must keep in mind the criteria of malaria eradication as put forward by the WHO Expert Committee on Malaria in its Sixth Report,[1] which states:

> To establish the claim in relation to a specific defined area, there should exist:
>
> (1) proof that an adequate surveillance system has operated in the area for at least three years, in at least two of which no specific anopheline control measures have been carried out; any claim based on a lesser period of post-operational surveillance would need to be supported by proof of a surveillance mechanism above the usual quality;
>
> (2) evidence that in this period of three years no indigenous cases, originating within that time, have been discovered;
>
> (3) the evidence of a register of malaria infections discovered during that time, it being established beyond reasonable doubt that each case was either:
>
> (a) imported, as shown by the tracing of the case to its origin in an acknowledged malarious area; or
>
> (b) a relapse of a pre-existing infection, as shown by the history of the case and the absence of any associated cases in the neighborhood of its origin; or
>
> (c) induced, as shown by its relation to a blood transfusion within an appropriate interval or to another form of parenteral inoculation to which infection could be properly attributed; or
>
> (d) directly secondary to a known imported case.

In addition to those areas described above, from which malaria has been eradicated, Tables 4 and 5 show that 140,242 km², inhabited by some 1,493,000 persons, are reported to be under surveillance.

For the area from which malaria has not been eradicated, Tables 4 and 5 show a division based on the status of spraying operations. There are 8,877,996 km², with 53,865,000 inhabitants, where organized total-coverage spraying operations are under way. In 2,809,410 km², with a population of 26,527,000, spraying has not begun or is irregular or incomplete, but with the eradication programs soon to commence in Brazil, Colombia and Haiti, these figures will be dramatically reduced.

Table 6 summarizes the achievements to date and gives an indication of the work still to be done for the eradication of malaria from the Americas.

[1] *Wld Hlth Org. techn. Rep. Ser.* 1957, 123, 18.

## Table 4—*Extent of Malaria Problem by Area in the Americas, 1958*

| Country or other political unit | Total area in km² | Original malarious area in km² | Area with malaria eradicated | | Area under surveillance | | Area with malaria not yet eradicated | |
|---|---|---|---|---|---|---|---|---|
| | | | Three or more years without indigenous case | | Less than three years without indigenous case | | Regularly sprayed | Not regularly sprayed (a) |
| | | | Area in km² | Spraying continued | Area in km² | Spraying continued | Area in km² | Area in km² |
| Total | 19,539,572 | 12,235,392 | 407,744 | | 140,242 | | 8,877,996 | 2,809,401 |
| Argentina | 2,778,412 | 120,000 | 26,200 | No | 23,000 | No | 70,800 | — |
| Bolivia | 1,098,581 | 842,018 | — | — | — | — | 842,018 | — |
| Brazil b) | 8,268,814 | 7,299,969 | 611 | Yes | — | — | 5,958,814 | 1,340,544 |
| São Paulo | 247,223 | 110,318 | — | — | — | — | — | 110,318 |
| Colombia | 1,138,355 | 1,026,433 | — | — | — | — | — | 1,026,433 |
| Costa Rica | 50,900 | 31,526 | — | — | — | — | 31,526 | — |
| Cuba | 114,524 | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 48,734 | 41,010 | — | — | — | — | 41,010 | — |
| Ecuador | 270,670 | 153,498 | — | — | — | — | 153,498 | — |
| El Salvador | 20,000 | 19,310 | — | — | — | — | 19,310 | — |
| Guatemala | 108,889 | 80,380 | — | — | — | — | 80,380 | — |
| Haiti | 27,750 | 21,300 | — | — | — | — | — | 21,300 |
| Honduras | 112,088 | 87,383 | — | — | — | — | 87,383 | — |
| Mexico | 1,969,269 | 928,749 | — | — | — | — | 928,749 | — |
| Nicaragua | 148,000 | 127,199 | — | — | — | — | 8,126 | 119,073 |
| Panama | 74,470 | 68,499 | — | — | — | — | 68,499 | — |
| Paraguay | 406,752 | 42,286 | — | — | — | — | 42,286 | — |
| Peru | 1,249,049 | 154,191 | — | — | — | — | 154,191 | — |
| Venezuela | 912,050 | 600,000 | 372,604 | Yes | 36,464 | Yes | 190,932 | — |
| *Other political units* | | | | | | | | |
| British Guiana | 215,800 | 215,800 | 4,940 | No | — | — | 19,760 | 191,100 |
| British Honduras | 22,965 | 22,965 | — | — | — | — | 22,965 | — |
| Dominica | 789 | 642 | — | — | — | — | — | 642 |
| French Guiana | 91,000 | 80,000 | — | — | 80,000 | Yes | — | — |
| Grenada | 344 | 160 | — | — | — | — | 160 | — |
| Guadeloupe | 1,780 | 1,136 | 69 | ... | 752 | Yes | 315 | — |
| Jamaica | 12,188 | 10,050 | — | — | — | — | 10,050 | — |
| Panama Canal Zone | 1,432 | 1,438 | — | — | — | — | 1,438 | — |
| St. Lucia | 616 | 524 | — | — | — | — | 524 | — |
| Surinam | 143,000 | 143,470 | 3,320 | No | — | — | 140,150 | — |
| Trinidad and Tobago | 5,128 | 5,138 | — | — | 26 | No | 5,112 | — |

(a) Includes areas not sprayed under a plan of total coverage.

(b) Not including the State of São Paulo.

— Nil.

** Report not received.

... Data not available.

Table 5—*Extent of Malaria Problem by Population in the Americas, 1958*

| Country or other political unit | Total population estimate 1957 | Population of the original malarious area | Area with malaria eradicated | | Area under surveillance | | Area with malaria not yet eradicated | |
|---|---|---|---|---|---|---|---|---|
| | | | Three or more years without indigenous case | | Less than three years without indigenous case | | Regularly sprayed | Not regularly sprayed (a) |
| | | | Population | Spraying continued | Population | Spraying continued | Population | Population |
| Total | 177,795,000 | 86,416,000 | 4,531,000 | | 1,493,000 | | 53,865,000 | 26,527,000 |
| Argentina | 19,858,000 | 1,473,000 | 247,000 | No | 711,000 | No | 515,000 | — |
| Bolivia | 3,273,000 | 1,102,000 | — | — | — | — | 1,102,000 | — |
| Brazil (b) | 58,538,000 | 29,495,000 | 638,000 | Yes | — | — | 19,921,000 | 8,936,000 |
| São Paulo | 2,730,000 | 2,678,000 | — | — | — | — | — | 2,678,000 |
| Colombia | 13,227,000 | 9,787,000 | — | — | — | — | — | 9,787,000 |
| Costa Rica | 1,035,000 | 451,000 | — | — | — | — | 451,000 | — |
| Cuba | 6,410,000 | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 2,698,000 | 2,417,000 | — | — | — | — | 2,417,000 | — |
| Ecuador | 3,890,000 | 1,955,000 | — | — | — | — | 1,955,000 | — |
| El Salvador | 2,350,000 | 1,385,000 | — | — | — | — | 1,385,000 | — |
| Guatemala | 3,430,000 | 1,448,000 | — | — | — | — | 1,448,000 | — |
| Haiti | 3,384,000 | 4,096,000 | — | — | — | — | — | 4,096,000 |
| Honduras | 1,770,000 | 1,282,000 | — | — | — | — | 1,282,000 | — |
| Mexico | 31,426,000 | 15,588,000 | — | — | — | — | 15,588,000 | — |
| Nicaragua | 1,331,000 | 1,071,000 | — | — | — | — | 95,000 | 976,000 |
| Panama | 960,000 | 910,000 | — | — | — | — | 910,000 | — |
| Paraguay | 1,638,000 | 700,000 | — | — | — | — | 700,000 | — |
| Peru | 9,923,000 | 2,878,000 | — | — | — | — | 2,878,000 | — |
| Venezuela | 6,134,000 | 4,479,000 | 3,065,000 | Yes | 469,000 | Yes | 945,000 | — |
| *Other political units* | | | | | | | | |
| British Guiana | 515,000 | 460,000 | 423,000 | No | — | — | 34,000 | 3,000 |
| British Honduras | 84,000 | 82,000 | — | — | — | — | 82,000 | — |
| Dominica | 62,000 | 51,000 | — | — | — | — | — | 51,000 |
| French Guiana | 29,000 | 25,000 | — | — | 25,000 | Yes | — | — |
| Grenada | 94,000 | 26,000 | — | — | — | — | 26,000 | — |
| Guadeloupe | 250,000 | 210,000 | 34,000 | ... | 127,000 | Yes | 49,000 | — |
| Jamaica | 1,594,000 | 1,296,000 | — | — | — | — | 1,296,000 | — |
| Panama Canal Zone | 55,000 | 40,000 | — | — | — | — | 40,000 | — |
| St. Lucia | 91,000 | 68,000 | — | — | — | — | 68,000 | — |
| Surinam | 251,000 | 250,000 | 124,000 | No | — | — | 126,000 | — |
| Trinidad and Tobago | 765,000 | 713,000 | — | — | 161,000 | No | 552,000 | — |

(a) Includes areas not sprayed under a plan of total coverage.
(b) Not including the State of São Paulo.
— Nil.
** Report not received.
... Data not available.

Table 6—*Present Status of the Eradication of Malaria by Area and Population in the Americas,* 31 July 1958*

| Status | Area | Per cent | Population | Per cent |
|---|---|---|---|---|
| Total | 39,826,260 | 100.0 | 377,665,000 | 100.0 |
| Malaria never indigenous or has disappeared without specific eradication measures | 25,153,653 | 63.1 | 239,825,000 | 63.5 |
| Malaria eradicated | 2,730,435 | 6.8 | 49,545,000 | 13.1 |
| Under surveillance | 140,242 | 0.4 | 1,493,000 | 0.4 |
| Malaria still present but organized program of total coverage under way | 8,877,996 | 22.3 | 53,865,000 | 14.3 |
| Malaria still present but eradication program in the preparatory phase | 2,503,786 | 6.6 | 19,914,000 | 7.0 |
| Transmission known to occur but no organized program of total coverage under way | 305,624 | 0.8 | 6,413,000 | 1.7 |

*Not including Greenland

## Present Status of National Malaria Eradication Services

The service in charge of the campaign against malaria, designated in this report as the "National Malaria Eradication Service" (NMES), has undergone important changes with respect to its standing in relation to the other services of the national public health administration. These changes are directly related to the change in concept from malaria control to malaria eradication. Control programs, on achieving their aim of reducing malaria as a major public health problem, came to be amalgamated with other related activities. This trend saw less emphasis being given to malaria work, and in some cases the term "malaria" was no longer used to designate these sections, in spite of the fact that the disease continued to be an important health problem. In some countries, for example, the old and well-known "Malaria Service" became the "Vector Control Department" or "Section of Arthropod Control" or was incorporated with other activities to form a "Department of Rural Endemics" or became the basis for a "Regional Department of Public Health." Today, with the acceptance of the eradication concept and the all-out drive for eradication, the NMES is emerging again as an entity and assuming major importance in relation to other health services.

The NMES has a relationship to the ministerial

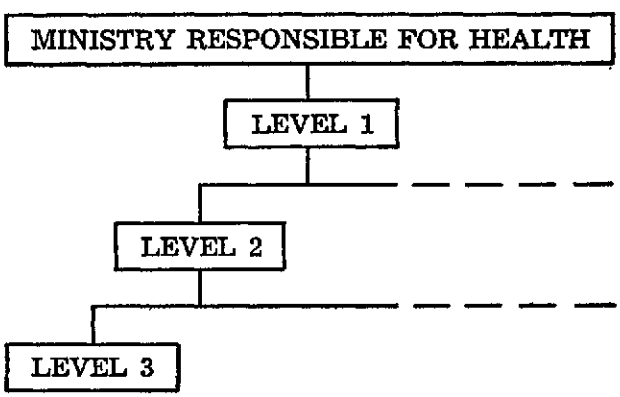


**Fig. 2. Diagram Showing Possible Relationship of the NMES to the Health Authorities**

authority and other public health services which is not necessarily comparable from one place to another. Figure 2 depicts the possible levels at which a NMES may operate, and permits a classification of the ranking of a NMES in relation to the over-all national health services.

In this report the status of the NMES in the Americas, based on Figure 2, can be classified as follows:

1. The NMES is considered "autonomous" if it exists at Level 1, that is to say, the Director of the NMES is responsible directly to a ministerial level.

2. The NMES is considered "primary" when it operates at Level 2, its chief executive being responsible to the National Director of Health or his equivalent.

3. The NMES is considered "secondary" when, operating at Level 3, it has authority only through the two preceding levels. This situation exists where the NMES is but part of a broader service such as a "Section for Control of Insect-Borne Diseases" or a "Communicable Disease Division."

The position of the NMES in 1958, in accordance with the above definitions, is shown in Table 7, together with the official name of the service. The table shows clearly the high stature now held by the NMES within the respective National Public Health Services (NPHS). Two countries, Colombia and Mexico, have an autonomous NMES. All of the remaining countries and seven other political units which submitted reports have an NMES of primary rank. This is indeed a step forward from the position presented in the V Report, which showed twelve countries and two other political units of those submitting a report as having a National Malaria Service of secondary rank.

In some places (British Honduras, Grenada, St. Lucia) the malaria eradication program is the direct responsibility of the NPHS because the small volume of activity does not warrant a specific department.

The State of São Paulo in Brazil, in accordance with a special agreement with the Federal Government, has an independent malaria service which implements its own eradication program, although that program is coordinated with the national plan. For this reason, the tables presented in this report make two references to Brazil: one for the country as a whole, excluding São Paulo, and the other for São Paulo itself.

A new aspect in the administration of malaria eradication programs is the establishment of Advisory Committees or Councils, which at present exist in 9 countries (Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, and Peru). The intensification and extension of the eradication programs have led to the establishment of such bodies principally for advisory and coordinating purposes, although in two other countries (Brazil, Mexico) they have been invested with the authority to take decisions on both technical and administrative matters. These Councils are presided over by the Minister or National Director of Health, or a similar official. Their composition varies from country to country, but generally they are made up of representatives of the Ministries of Education, Social Security and National Defense, the universities, medical associations, and international agencies which collaborate in the program (PASB/WHO, UNICEF, and ICA). In some instances there are also representatives of the Ministries of Labor and Finance, the clergy, and private enterprise. The Director of the NMES is also a member of the Council.

The NMES have established within their functional structure well-defined departments for spraying operations, epidemiology, and administration. Within each of these departments, the principle of "one man, one job" is followed.

In view of the importance of health education and public information, these activities are the responsibility of specific units, usually sections, but in seven countries (Brazil, Colombia, Dominican Republic, El Salvador, Mexico, Nicaragua, and Paraguay) they reach the level of a department. It is also important to point out the steps taken for the maintenance of transport vehicles, for which a special section has been established under the Administration Department or, in a few cases, under the Department of Spraying Operations (Argentina, Colombia and Venezuela). In Honduras and Mexico, the office in charge of transport is at the departmental level and is referred to as the Department of Logistics. In some programs local training activities are the responsibility of a separate office, and in Brazil, Colombia, and Mexico this also has the status of a department. Only Mexico and Venezuela have Research Departments.

Table 7—*Organization of National Malaria Services in the Americas, 1957*

| Country or other political unit | Official name of service | Position of service | Activities other than malaria eradication |
|---|---|---|---|
| Argentina | Dirección de Paludismo y Fiebre Amarilla | Primary | Campaign for the eradication of *Aëdes aegypti* |
| Bolivia | Servicio Nacional de Erradicación de la Malaria | Primary | None |
| Brazil (a) | Campanha de Erradicação da Malária | Primary | None |
| São Paulo | Serviço de Profilaxia da Malária (b) | Secondary | Prevention of Chagas' disease and schistosomiasis |
| Colombia | Servicio Nacional de Erradicación de la Malaria | Autonomous | None |
| Costa Rica | Departamento de Lucha contra Insectos Trasmisores | Primary | None |
| Cuba | ** | ** | ** |
| Dominican Republic | División de Malariología | Primary | Campaign for the eradication of *Aëdes aegypti;* and insect control |
| Ecuador | Servicio Nacional de Erradicación de la Malaria | Primary | None |
| El Salvador | División de Lucha Anti-Palúdica | Primary | Anti-*Aëdes aegypti* campaign |
| Guatemala | Servicio Nacional de Erradicación de la Malaria | Primary | Eradication of *Aëdes aegypti* and vaccination against yellow fever |
| Haiti | Service National D'Eradication de la Malaria | Primary | None |
| Honduras | Servicio Nacional de Erradicación de la Malaria | Primary | Anti-*Aëdes aegypti* campaign |
| Mexico | Comisión Nacional para la Erradicación del Paludismo | Autonomous | None |
| Nicaragua | Servicio Nacional de Erradicación de la Malaria | Primary | Anti-*Aëdes aegypti* campaign |
| Panama | Servicio Nacional de Erradicación de la Malaria | Primary | Control of yellow fever (Vaccination and *Aëdes aegypti* eradication) |
| Paraguay | Servicio Nacional de Erradicación del Paludismo | Primary | None |
| Peru | Servicio Nacional de Erradicación de la Malaria | Primary | None |
| Venezuela | División de Malariología | Primary | *Aëdes aegypti* eradication, control of Triatomidae, flies, rodents, etc. |
| *Other political units* | | | |
| British Guiana | Mosquito Control Service | Secondary | *Aëdes aegypti* and bancroftial filariasis control |
| British Honduras | Health Department | Primary | Yellow fever and other public health activities |
| Dominica | Anti-Malaria Activities (Sanitary Department) | Primary | Insect control in general |
| French Guiana | Service de la Lutte Antipaludique et Antiamarile | Secondary | Yellow Fever campaign and destruction of other arthropods of public health import |
| Grenada | Medical Department | Primary | Other public health activities |
| Guadeloupe | Service Départemental de Désinsectisation | Secondary | Disinfection and disinsecting in general |
| Jamaica | Malaria Eradication Programme | Primary | None |
| Panama Canal Zone | Health Bureau, Canal Zone Government | Secondary | Pest mosquito and culicoides control, all phases of environmental sanitation, and sanitary engineering and entomological support for maritime quarantine |
| St. Lucia | Malaria Eradication Program | Primary | Anti-*Aëdes aegypti* campaign |
| Surinam | Malariabestrijdingsdienst | Primary | None |
| Trinidad and Tobago | Malaria Division | Primary | *Aëdes aegypti* eradication, general insect control and quarantine activities |

a) Not including the State of São Paulo.
b) Soon to be changed to "Serviço Especial de Erradicação da Malária."
** Report not received.

With regard to their executive organization, the NMES may be divided into two groups: those decentralized, as in the majority of countries, (Argentina, Bolivia, Brazil including São Paulo, Colombia, Ecuador, Haiti, Mexico, Peru, and Venezuela) and those centralized, as in Central America, Paraguay, and other political units. In the first instance, the area of operations has been divided into "zones," each with an organization similar to that of the Central Office (Sections of Spraying Operations, Epidemiology, Health Education, Administration, Transportation, etc.).

Parallel to the increasing importance of the NMES within a respective NPHS has been the acceptance of the desirable practice of confining the activities of the NMES to malaria eradication exclusively. The situation existing in 1958 is seen in Table 7, which shows that in nine countries and two other political units the NMES is devoted exclusively to malaria eradication. Of the remaining countries, Argentina, El Salvador, Guatemala, Honduras, Nicaragua, and Panama include activities related to *Aëdes aegypti* eradication and other yellow fever operations. Two others, the Dominican Republic and Venezuela, extend the scope of the NMES to the control of insects in general, and Venezuela includes also the control of triatomidae, flies, and rodents and other miscellaneous activities. This is excellent progress, considering that only three of the 19 countries returning information in 1954 for the V Report had an NMS devoted only to malaria. In other political units the NMES in many cases still has the additional responsibility for control of insect vectors in general.

The V Report revealed that the health authorities were planning programs for the total coverage of the malarious areas with the aim of achieving eradication. The enormous progress made can be seen in a study of Table 1. There is now no country in the Americas, with the exception of Cuba, which does not have a concrete plan for the coverage of the entire area in a single operation or by progressive stages. The same is true for all other political units with the exception of Dominica and the sparsely populated dense jungle interior of British Guiana. Dominica is hastening to complete a plan for total coverage with the intention of beginning eradication operations before 1 January 1959.

Progress toward malaria eradication in terms of operating total-coverage programs is seen in the following summary of Table 1:

| | Countries | Other Political Units | Total |
|---|---|---|---|
| With indigenous malaria | 18 | 11 | 29 |
| With operating program of total coverage on 31 July 1958 | 13 | 9 | 22 |
| To begin operating program of total coverage by 1 January 1959 | 4 | 1 | 5 |
| Without program for total coverage | 1 | 1* | 2 |

Table 1 shows that in most of the Americas the period of total coverage will be completed by October 1961.

### Legislation

The adoption of legislative measures is still a further indication of the interest shown by the governments of the Americas in malaria eradication. A brief comparison between the laws in force in 1954 and the present legal situation shows the general picture to be significantly improved. The content of those measures has undergone considerable change with reference to the basic procedures required for approaching and resolving this problem. It can easily be seen that the laws and decrees on the subject conform, in general terms, to the technical progress made and to the concepts that set the standards for carrying out the present task of malaria eradication.

With the exception of Cuba, the Panama Canal Zone, and Surinam, which forwarded no information, all the countries and other political units included in this report have national laws or decrees on malaria; in the majority of countries these laws declare the problem to be of national interest, consequence, or emergency. In the rest, although the reference is not as explicit and final, the importance and significance of the antimalaria campaign is unquestionably emphasized.

The V Report indicated that Argentina, Brazil, Panama, Peru, and Venezuela all had exhaustive legislation on the subject, the most complete being Argentina's regulatory decree. At the pres-

*British Guiana, one of the pioneers in eradication, has eliminated the disease from its coastal area but has only a control program for the jungle interior.

ent time, many countries, among them Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua, have enacted more advanced and complete provisions encompassing new concepts of antimalaria strategy. Bolivia, Brazil, Colombia, Paraguay, Peru, and Jamaica have modified their legislation by establishing standards to conform to the present procedures and concepts.

The most outstanding achievement is the introduction of the concept of eradication, in lieu of control, in the legislation of 15 countries. Some laws contain very advanced provisions, e.g.: obligation to report on construction or renovation of dwellings, and on migratory movements among the population; obligation to request authorization to paint or wash sprayed walls; and prohibition against occupancy of unsprayed premises.

As a result of this new trend, the classical environmental sanitation measures, malaria control procedures, and mechanical protective devices have become but a memory of the efforts and concern of a past era.

In a few countries and political units, however, the antimalaria measures are still included in laws covering communicable diseases in general, in sanitary codes, or in various provisions aimed at controlling vector insects. But the emphasis is obsolete, and it is now the exception rather than the rule. At the time the V Report was issued, 6 countries required the obligatory use of imagocides; at present this is true of ten countries and four other political units. The remaining countries have established provisions, though not on a compulsory basis, for the application of residual-action insecticides and of any other measures proven scientifically to be effective for the attainment of the ultimate goal.

The obligation to report malaria cases has also been given special attention. A limit of 24 hours has been established in the legislation of 12 countries and "immediate" notification is required in one country and in three other political units. In the rest, there is a seven-day limit, except in Grenada, which has a 30-day limit. At present nine countries and one other political unit require a blood smear for parasitological confirmation, whereas only two required this in 1950. As for the obligation of the patient to take treatment, the number of countries requiring this has increased from 2 to 11.

In an effort to make available maximum facilities, some countries, such as Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Mexico, and Venezuela, grant exemption from customs fees and duties on all equipment and material intended for malaria eradication. Several have taken even further measures to grant postal and telegraphic franking privileges.

Thirteen countries and one other political unit establish provisions for the supply of drugs, although only Argentina, Costa Rica, El Salvador, and São Paulo have regulations for the control of their distribution and circulation.

The majority of the legal provisions studied establish the obligation of authorities, organizations, public and private firms, associations, and the population in general to cooperate in malaria eradication.

Table 8 gives the comparative summary of the various provisions of antimalaria legislation in the Americas. The references used include the latest legal measures enacted as well as earlier provisions that have not been revoked.

## Personnel

Because a malaria eradication program demands the full-time service of all the staff employed in its execution, and since there are in fact few persons employed on a part-time basis, only full-time personnel will be considered in this report.

The information in Table 9 is presented in order to give a rapid, realistic indication of the manpower at present employed, being trained, and needed as of 31 March 1958 for the eradication of malaria from the Americas.

The categories of personnel listed in Table 9 may not include every person employed in each of the NMES, but no activity of major importance has been omitted. The figures shown include information from the State of São Paulo but not from the federal malaria service of Brazil, which is at present converting from a program of malaria control to one of eradication by stages. Once the Brazilian program is in operation, these personnel figures will be considerably increased. The rapidly developing eradication program in Colombia has need of some 2,367 personnel of all categories, accounting for a large part of the 3,139 vacancies shown in the table. The number of laborers seems large in comparison with other categories, but of the 454 shown in Table 9, 192 and 103 are employed in the

## Table 8—*Comparative Antimalaria Legislation in the Americas, 1958*

| Subject | Argentina | Bolivia | Brazil a) | São Paulo | Colombia | Costa Rica | Cuba | Dominican Republic | Ecuador | El Salvador | Guatemala | Haiti | Honduras | Mexico | Nicaragua | Panama | Paraguay | Peru | Venezuela b) | British Guiana b) | British Honduras | Dominica | French Guiana | Grenada | Guadeloupe | Jamaica | Panama Canal Zone | St. Lucia | Surinam | Trinidad and Tobago |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Has special legislation | x | x | x | x | x | x | ** | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | ... | x | ... | x |
| Obligation to combat malaria | x | x | x | x | x | x | ** | x | x | x | x | x | x | x | x | x | x | x | x | x | x | — | x | x | — | — | ... | x | ... | x |
| Declaration of malarious zones | x | x | — | x | x | x | ** | — | — | — | — | — | — | — | — | — | — | x | x | — | — | x | — | — | — | — | ... | — | ... | x |
| Declaration of the problem as being of national interest | x | x | — | — | x | x | ** | x | — | x | x | x | x | x | x | x | — | x | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Application of the concept of eradication | — | x | x | — | x | x | ** | x | x | x | x | x | x | x | x | x | x | x | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Obligation to apply imagocides | x | x | — | — | — | x | ** | x | — | x | x | — | x | — | x | x | — | x | — | x | — | — | x | x | — | — | ... | x | ... | — |
| Obligation to permit access to houses | x | x | — | x | — | x | ** | x | x | x | x | — | x | — | — | x | x | x | — | x | x | — | x | x | x | x | ... | x | ... | — |
| Obligation to give drugs | x | x | x | x | — | x | ** | — | x | — | x | x | x | — | x | — | x | x | x | — | — | — | — | — | — | — | ... | x | ... | — |
| Control of distribution and dispensing of drugs | x | — | — | x | — | x | ** | — | — | x | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Obligation to report the construction or renovation of dwellings | x | — | x | — | — | — | ** | — | — | — | x | x | — | — | — | x | x | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Compulsory case reporting | x | x | x | x | x | x | ** | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | — | — | — | x | ... | x | ... | — |
| Time limit (No. of days) | 1 | 1 | — | c) | — | 1 | ** | 1 | c) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 7 | c) | 7 | 30 | — | — | — | c) | ... | 7 | ... | — |
| With blood sample | x | — | — | — | — | x | ** | x | — | — | x | x | x | — | x | x | x | — | — | x | — | — | — | — | — | — | ... | — | ... | — |
| Obligation of patient to take treatment | — | x | — | — | — | x | ** | x | x | — | x | — | x | — | x | x | x | — | x | — | x | — | — | — | — | — | ... | — | ... | — |
| Obligation of patient to permit blood extraction | x | — | — | — | — | x | ** | x | — | — | — | x | x | — | x | x | — | — | x | — | x | — | — | — | — | x | ... | — | ... | — |
| Sanctions | x | x | x | x | — | x | ** | x | x | x | x | x | x | — | x | x | x | — | x | x | x | x | x | x | — | — | ... | x | ... | x |
| Obligation of authorities, firms, and individuals to cooperate | x | x | — | x | x | x | ** | x | x | x | x | x | x | — | x | x | x | x | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Exemption from customs duties | — | x | — | — | x | x | ** | — | x | x | — | — | — | x | — | — | — | — | x | — | — | — | — | — | — | — | ... | — | ... | — |
| Obligation to spray aircraft and ships | — | — | x | x | — | — | ** | — | — | — | — | — | — | — | — | x | — | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Postal franking privileges | — | — | — | — | — | x | ** | — | — | — | x | — | x | — | x | x | x | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Obligation to report on painting or washing of sprayed premises | — | — | — | — | — | x | ** | — | — | — | — | — | — | — | — | — | x | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Reporting on migratory movements | x | x | x | — | — | x | ** | x | — | — | x | — | x | — | x | — | x | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Prohibition against occupancy of unsprayed premises | — | — | — | — | — | x | ** | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | ... | — | ... | — |
| Obligation to carry out environmental sanitation activities | x | x | x | x | x | x | ** | x | x | x | x | — | — | x | — | x | — | x | x | x | x | x | x | x | x | — | ... | x | ... | x |

a) Not including the State of São Paulo.
b) Information taken from V Report.
c) Immediate reporting but without set time limit.
x Yes.
— Nil.
** Report not received.
... Data not available.

programs of Mexico and Venezuela, respectively.

It must also be appreciated that the duties within a specific category may vary from one NMES to another. For this reason the presentation of data has been restricted to personnel whose functions are believed to be comparable. Table 10 shows some of the professional and technical personnel employed as of 31 March 1958. There are, of course, other professional and technical personnel not included in Table 10; e. g., microscopists appear in Table 12 in relation to evaluation activities.

The professional or technical personnel shown in Table 10 are assigned to headquarters or the field, but because the place of assignment is dependent on the organizational structure of a particular NMES and does not necessarily reflect time spent in actual field work, such a breakdown is not shown here. It is of interest, however, to consider the broad responsibilities of this personnel within the NMES. Of the 178 physicians listed, 79 have responsibility in more than one operation, 68 are concerned directly with evaluation operations, 30 with auxiliary operations, and one with spraying. Seventy-seven of the 90 engineers are responsible only for spraying operations, nine have responsibilities in more than one operation, and four are employed in auxiliary operations. Of the 108 entomologists and their assistants, 55 are employed in evaluation, 24 in auxiliary operations, and 29 have responsibility in more than one operation.

Table 9—*Personnel Employed, In Training, and Still Needed in the Americas as of 31 March 1958*

| Title | Employed | In Training | Vacancies |
|---|---|---|---|
| Total | 11,709 | 214 | 3,139 |
| Physicians | 194 | 47 | 9 |
| Engineers | 90 | 44 | 4 |
| Entomologists | 19 | — | 4 |
| Entomological assistants | 88 | — | 9 |
| Chief microscopists | 50 | — | 9 |
| Assistant microscopists | 239 | 11 | 55 |
| Administrators | 58 | — | 9 |
| Administrative assistants | 322 | 1 | 30 |
| Statistical assistants | 60 | — | 7 |
| Disbursing officers | 41 | — | 8 |
| Storekeepers | 76 | — | 19 |
| Assistant storekeepers | 78 | — | 3 |
| Draftsmen | 69 | — | 23 |
| Secretaries | 364 | — | 69 |
| Sector chiefs | 332 | 34 | 56 |
| Squad chiefs | 1,238 | 31 | 211 |
| Spraymen | 5,486 | 7 | 1,732 |
| Evaluation inspectors | 89 | 18 | 37 |
| Evaluators | 951 | 15 | 209 |
| Mechanics | 87 | — | 26 |
| Assistant mechanics | 95 | — | 27 |
| Drivers | 607 | — | 250 |
| Motorboat-men | 55 | — | 70 |
| Boatmen | 3 | — | 74 |
| Watchmen and messengers | 188 | — | 52 |
| Laborers | 454 | — | 15 |
| Others | 376 | 6 | 122 |

The totals of the above-mentioned categories of technical and professional personnel are interesting in the light of similar information for 1954 presented in the V Report. At that time there were 196 physicians, 40 engineers, 34 entomologists, and 166 entomology aides.

With respect to the physicians, it must be noted that of the 196 mentioned for 1954, 67 were from Brazil and 30 from the United States of America. The figure 178 in Table 10 does not include the United States of America, nor do we have at this time the number for Brazil, which is converting to an eradication program. It can be said, therefore, that the over-all change from control to eradication has more than doubled the physician strength of the National Malaria Services.

The increase from 40 engineers in 1954 to 90 in 1958 will be supplemented by those to be employed in the program of Brazil.

The apparent reduction of entomologists and their aides from 200 in 1954 to 108 in 1958 is in large part again due to the fact that Brazil, which had 57 of these workers in 1954, has not yet supplied this information for the current eradication program. In addition, seven entomologists in the program of the United States of America in 1954 are absent from the 1958 total, and 30 entomology aides present in 1954 in Venezuela do not appear in Table 10.

Some categories of personnel employed in the spraying operations other than those in Table 10 are shown in Table 11.

In brief, some 7,724 persons are at present employed in the actual task of getting the insecticide on the walls, and 2,323, mostly for the Colombian program, are still needed. There are on the average four to five spraymen to the brigade and a sector chief is responsible for the work of four brigades. This ratio, of course, varies between countries and within countries, depending on operational and

administrative factors. Because of the importance of having the actual spraying work as near perfection as possible, it is necessary to give serious consideration to this ratio so as to ensure that a supervisor can in fact check in detail the work of the men for whom he is responsible.

The malaria eradication services have full-time personnel for the collection of blood smears in the search for cases of malaria. The number of such personnel, those responsible for their supervision, and the microscopists available for the examination of blood smears for the year 1958 are shown in Table 12.

A striking feature of this table is the figure for Venezuela. Of the total 1,390 persons employed in this phase of the program by the countries and other political units shown in Table 12, Venezuela contributes 444, or 31.9 per cent. Of these 444, 361

Table 10—*Professional and Technical Personnel Employed in Malaria Eradication Programs in the Americas as of 31 March 1958*

| Country or other political unit | Total Personnel | Physicians | Engineers | Entomologists | Entomology aides |
|---|---|---|---|---|---|
| Total | 376 | 178 | 90 | 20 | 88 |
| Argentina | 10 | 7 | 2 | — | 1 |
| Bolivia | 5 | 5 | — | — | — |
| Brazil a) | ... | ... | ... | ... | ... |
| São Paulo | 25 | 7 | — | 1 | 17 |
| Colombia | 20 | 11 | 3 | 1 | 5 |
| Costa Rica | 5 | 1 | 2 | 1 | 1 |
| Cuba | ** | ** | ** | ** | ** |
| Dominican Republic | 6 | 2 | 2 | 1 | 1 |
| Ecuador | 17 | 11 | 2 | — | 4 |
| El Salvador | 8 | 2 | 1 | 1 | 4 |
| Guatemala | 10 | 5 | 2 | 1 | 2 |
| Haiti | 12 | 5 | 3 | 1 | 3 |
| Honduras | 3 | 2 | — | 1 | — |
| Mexico | 140 | 60 | 59 | 3 | 18 |
| Nicaragua | 10 | 6 | 1 | 1 | 2 |
| Panama | 8 | 1 | 1 | 2 | 4 |
| Paraguay | 5 | 3 | 1 | 1 | — |
| Peru | 26 | 13 | 6 | 1 | 6 |
| Venezuela | 31 | 25 | 4 | 2 | — |
| *Other political units* | | | | | |
| British Guiana | 3 | 1 | — | — | 2 |
| British Honduras | 1 | 1 | — | — | — |
| Dominica | — | — | — | — | — |
| French Guiana | 1 | 1 | — | — | — |
| Grenada | 1 | 1 | — | — | — |
| Guadeloupe | 2 | 1 | — | 1 | — |
| Jamaica | 3 | 3 | — | — | — |
| Panama Canal Zone | 4 | 1 | 1 | — | 2 |
| St. Lucia | 1 | 1 | — | — | — |
| Surinam | 1 | 1 | — | — | — |
| Trinidad and Tobago | 18 | 1 | — | 1 | 16 |

a) Not including the State of São Paulo.
— Nil.
... Data not available.
** Report not received.

are evaluators, i.e., 37.9 per cent of the total 953 evaluators listed in the table (not including Brazil). An idea of the relative emphasis placed on the evaluation operations by Venezuela is clearly seen by a consideration of the ratio of evaluators, first to spraymen employed in the program, and secondly to the population of the area in which malaria transmission occurs. Table 11 shows 513 spraymen to be employed in the NMES of Venezuela, that is to say, there are two evaluators for every three spraymen. The population in the area under surveillance and in which malaria is still present is 1,414,000, which means there is one evaluator to every 3,900 persons.

Argentina also has a large number of evaluators in relation to the size of its program. There are almost as many evaluators as spraymen, and there is one evaluator for 16,600 persons in the area in which malaria is still present or under surveillance.

It is interesting to note that Mexico employs 58 physicians as evaluation inspectors, and when the 275 vacancies for evaluators are filled this country will have a strong team for this important phase of the malaria eradication operations.

Table 11—*Field Personnel Employed in Spraying Operations in Malaria Eradication Programs in the Americas, 1958*

| Country or other political unit | Total | | | Sector chiefs | | | Squad chiefs | | | Spraymen | | | Drivers | | | Motorboat-men | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training |
| Total | 7,724 | 2,323 | 72 | 330 | 56 | 34 | 1,236 | 212 | 31 | 5,497 | 1,735 | 7 | 606 | 250 | — | 55 | 70 | — |
| Argentina | 160 | 18 | — | 9 | — | — | 29 | 2 | — | 86 | 7 | — | 36 | 9 | — | — | — | — |
| Bolivia | 38 | 278 | — | 10 | 22 | — | — | 24 | — | 24 | 192 | — | 4 | 33 | — | — | 7 | — |
| Brazil a) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | .. | .. |
| São Paulo | 360 | 13 | — | 13 | — | — | 54 | — | — | 254 | 10 | — | 38 | 3 | — | 1 | — | — |
| Colombia | 96 | 1,825 | 27 | — | 31 | 27 | 22 | 153 | — | 34 | 1,384 | — | 31 | 194 | — | 9 | 63 | — |
| Costa Rica | 108 | 2 | 2 | 3 | — | — | 12 | 2 | 2 | 80 | — | — | 13 | — | — | — | — | — |
| Cuba | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 181 | — | 26 | 6 | — | — | 26 | — | 26 | 134 | — | — | 15 | — | — | — | — | — |
| Ecuador | 256 | — | — | 14 | — | — | 41 | — | — | 181 | — | — | 16 | — | — | 4 | — | — |
| El Salvador | 308 | — | 4 | 8 | — | 4 | 49 | — | — | 204 | — | — | 46 | — | — | 1 | — | — |
| Guatemala | 255 | — | — | 8 | — | — | 34 | — | — | 172 | — | — | 40 | — | — | 1 | — | — |
| Haiti | 359 | 4 | — | 15 | — | — | 74 | — | — | 249 | 4 | — | 21 | — | — | — | — | — |
| Honduras | 201 | 76 | 13 | 8 | — | 3 | 31 | 7 | 3 | 138 | 59 | 7 | 22 | 10 | — | 2 | — | — |
| Mexico | 2,884 | 102 | — | 111 | 3 | — | 520 | 23 | — | 2,214 | 76 | — | 33 | — | — | 6 | — | — |
| Nicaragua | 142 | — | — | 5 | — | — | 19 | — | — | 93 | — | — | 20 | — | — | 5 | — | — |
| Panama | 149 | — | — | 6 | — | — | 25 | — | — | 113 | — | — | 5 | — | — | — | — | — |
| Paraguay | 129 | — | — | 4 | — | — | 16 | — | — | 83 | — | — | 24 | — | — | 2 | — | — |
| Peru | 689 | — | — | 18 | — | — | 96 | — | — | 480 | — | — | 95 | — | — | — | — | — |
| Venezuela | 712 | — | — | 48 | — | — | 84 | — | — | 513 | — | — | 60 | — | — | 7 | — | — |
| *Other political units* | | | | | | | | | | | | | | | | | | |
| British Guiana | 57 | 4 | — | — | — | — | 7 | 1 | — | 44 | 3 | — | 4 | — | — | 2 | — | — |
| British Honduras | 53 | — | — | 8 | — | — | 10 | — | — | 30 | — | — | 4 | — | — | 1 | — | — |
| Dominica | 16 | 1 | — | 1 | — | — | 2 | — | — | 12 | — | — | 1 | 1 | — | — | — | — |
| French Guiana | 19 | — | — | 6 | — | — | — | — | — | 13 | — | — | — | — | — | — | — | — |
| Grenada | 15 | — | — | 1 | — | — | 2 | — | — | 10 | — | — | 2 | — | — | — | — | — |
| Guadeloupe | 40 | — | — | 1 | — | — | 6 | — | — | 30 | — | — | 3 | — | — | — | — | — |
| Jamaica | 240 | — | — | 16 | — | — | 33 | — | — | 149 | — | — | 42 | — | — | — | — | — |
| Panama Canal Zone | 31 | — | — | 2 | — | — | 10 | — | — | 15 | — | — | 2 | — | — | 2 | — | — |
| St. Lucia | 22 | — | — | 2 | — | — | 4 | — | — | 16 | — | — | — | — | — | — | — | — |
| Surinam | 79 | — | — | 4 | — | — | 12 | — | — | 48 | — | — | 4 | — | — | 11 | — | — |
| Trinidad and Tobago | 125 | — | — | 3 | — | — | 18 | — | — | 78 | — | — | 25 | — | — | 1 | — | — |

a) Not including the State of São Paulo.
— Nil.
... Data not available.
** Report not received.

There is variation in the background and training of evaluators and their supervisors, and in some programs their duties include activities other than the routine collection of blood smears from persons with fever or a history of fever. As indicated previously, there are in addition physicians who devote their time to the planning, organization, and supervision of the work of those employed in the evaluation operations.

### Budgetary Aspects of Malaria Eradication

In a malaria eradication program, where success or failure is measured against zero transmission, the required financial resources must be provided in full; anything less means failure. From the financial viewpoint, the most critical time is the period of total-coverage spraying.

Table 13 shows the annual requirements for national costs in malaria eradication programs, together with budgetary appropriations or, in the case of 1958, budgetary commitments starting with the year when total coverage commenced. Budgets for the control and pre-eradication periods are also shown, but without an estimate of requirements. In this table it will be noted that, of the three programs in 1956 and the ten in 1957 starting total coverage, all except one, Nicaragua in 1957, had made adequate budgetary provision. By the end of

Table 12—*Personnel Employed in Evaluation Operations in the Malaria Eradication Programs of the Americas as of 31 March 1958*

| Country or other political unit | Total | | | Evaluation inspectors | | | Evaluators | | | Microscopists | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training | At present | No. of vacancies | In training |
| Total | 1,390 | 585 | 44 | 147 | 37 | 18 | 953 | 484 | 15 | 290 | 64 | 11 |
| Argentina | 108 | 10 | — | 19 | — | — | 74 | 6 | — | 15 | 4 | — |
| Bolivia | 5 | 30 | 2 | — | — | — | — | 22 | — | 5 | 8 | 2 |
| Brazil a) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| São Paulo | 24 | 4 | — | — | — | — | — | — | — | 24 | 4 | — |
| Colombia | 88 | 183 | 18 | — | 32 | 18 | 63 | 120 | — | 25 | 31 | — |
| Costa Rica | 20 | 3 | 4 | 3 | 1 | — | 12 | 2 | 4 | 5 | — | — |
| Cuba | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 18 | — | 13 | — | — | — | 13 | — | 11 | 5 | — | 2 |
| Ecuador | 47 | — | — | — | — | — | 33 | — | — | 14 | — | — |
| El Salvador | 34 | — | — | 4 | — | — | 25 | — | — | 5 | — | — |
| Guatemala | 37 | — | — | 1 | — | — | 20 | — | — | 16 | — | — |
| Haiti | 63 | 52 | — | 3 | 3 | — | 57 | 49 | — | 3 | — | — |
| Honduras | 32 | 16 | 6 | — | — | — | 17 | 10 | — | 15 | 6 | 6 |
| Mexico | 154 | 277 | — | 58 b) | — | — | 57 | 275 | — | 39 | 2 | — |
| Nicaragua | 26 | — | — | — | — | — | 19 | — | — | 7 | — | — |
| Panama | 38 | — | — | 2 | — | — | 25 | — | — | 11 | — | — |
| Paraguay | 16 | — | — | 6 | — | — | — | — | — | 10 | — | — |
| Peru | 31 | 9 | — | — | — | — | 20 | — | — | 11 | 9 | — |
| Venezuela | 444 | — | — | 40 | — | — | 361 | — | — | 43 | — | — |
| *Other political units* | | | | | | | | | | | | |
| British Guiana | 2 | — | — | — | — | — | — | — | — | 2 | — | — |
| British Honduras | 96 | — | — | 7 | — | — | 85 | — | — | 4 | — | — |
| Dominica | 2 | — | — | — | — | — | 2 | — | — | — | — | — |
| French Guiana | — | — | — | — | — | — | — | — | — | — | — | — |
| Grenada | 4 | — | 1 | — | — | — | 3 | — | — | 1 | — | 1 |
| Guadeloupe | 5 | — | — | — | — | — | 2 | — | — | 3 | — | — |
| Jamaica | 40 | — | — | — | — | — | 26 | — | — | 14 | — | — |
| Panama Canal Zone | 4 | — | — | 2 | — | — | — | — | — | 2 | — | — |
| St. Lucia | 4 | — | — | — | — | — | 3 | — | — | 1 | — | — |
| Surinam | 9 | 1 | — | 1 | 1 | — | 5 | — | — | 3 | — | — |
| Trinidad and Tobago | 39 | — | — | 1 | — | — | 31 | — | — | 7 | — | — |

a) Not including the State of São Paulo.
b) Physicians.
— Nil.
** Report not received.
... Data not available.

Table 13—*Estimated Requirements and National Budgets* for Malaria Eradication in the Americas, 1956-1958*

| Country or other political unit | Date of initiation of total coverage | 1956 | | 1957 | | 1958 | |
|---|---|---|---|---|---|---|---|
| | | Estimated requirements | National budget | Estimated requirements | National budget | Estimated requirements | National commitments |
| Argentina | Sept. 1949 | ... | 210,878 | ... | 348,886 | ... | ... |
| Bolivia | 1 July 1958 | ... | ... | ... | 81,300 a) | 395,455 | 395,455 b) |
| Brazil c) | Jan. 1959 | ... | 2,944,741 a) | ... | 2,258,290 a) | ... | ... |
| São Paulo | 1 Sept. 1958 | ... | ... | ... | ... | ... | ... |
| Colombia | 8 Sept. 1958 | ... | 840,235 a) | ... | 747,575 a) | 2,566,667 | 2,066,667 |
| Costa Rica | 15 July 1957 | ... | 181,818 a) | 246,913 | 246,913 | 246,913 | 246,913 |
| Cuba | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 1 July 1958 | ... | 379,060 a) | ... | 379,060 a) | 450,000 | 450,000 d) |
| Ecuador | 18 Mar. 1957 | ... | 274,576 a) | 351,507 | 433,664 e) | 576,933 | 510,267 |
| El Salvador | 1 July 1956 | 470,479 | 461,753 e) | 497,600 f) | 530,208 e) | 564,800 | 564,800 |
| Guatemala | 1 Aug. 1956 | 480,000 | 448,706 | 480,000 | 480,000 | 655,000 f) | 655,000 g) |
| Haiti | Sept. 1958 | ... | 144,532 a) | ... | 340,486 a) | 788,322 | 596,322 h) |
| Honduras | Jan. 1958 | ... | 165,000 a) | ... | 318,110 a) | 375,000 | 318,000 g) |
| Mexico | 2 Jan. 1957 | ... | 2,400,000 a) | 2,400,000 f) | 4,160,000 | 4,160,000 | 4,160,000 |
| Nicaragua | 11 Nov. 1957 i) | ... | 175,764 a) | 245,857 f) | 207,807 | 259,537 f) | 259,537 g) |
| Panama | 19 Aug. 1957 | ... | 246,310 a) | 446,657 f) | 456,052 | 428,304 | 428,304 |
| Paraguay | 30 Oct. 1957 | ... | 16,000 a) | 233,334 | 130,841 | 266,667 f) | 266,667 g) |
| Peru | 15 Nov. 1957 | ... | ... | 1,068,186 | 525,862 j) | 1,175,500 | 1,175,500 |
| Venezuela | 1950 | ... | 4,321,014 | ... | 7,140,154 | ... | ... |
| *Other political units* | | | | | | | |
| British Guiana | Jan. 1947 k) | ... | 91,296 | ... | 86,481 | ... | ... |
| British Honduras | 4 Feb. 1957 | ... | 35,386 a) | 20,068 | 37,330 e) | 38,500 | 38,500 |
| Dominica | Jan. 1959 | ... | 2,059 a) | ... | 2,059 a) | 1,941 a) | 1,941 a) |
| French Guiana | May 1948 l) | ... | 78,853 | ... | 105,878 | ... | ... |
| Grenada | Feb. 1957 | ... | 16,962 a) | 13,860 f) | 19,344 | 15,912 | 15,912 |
| Guadeloupe | 1957 | ... | 90,803 a) | ... | 100,977 | ... | ... |
| Jamaica | Jan. 1958 | ... | 239,389 a) | ... | 277,778 a) | 332,157 f) | 332,157 g) |
| Panama Canal Zone | ... | ... | ... | ... | 50,000 | ... | ... |
| St. Lucia | 1 July 1956 | 22,308 | 17,595 | 22,308 | 17,440 | 22,308 | 22,308 |
| Surinam | 2 May 1958 | ... | 60,526 a) | ... | 60,526 a) | 129,475 | 129,475 |
| Trinidad and Tobago | Jan. 1958 | ... | 284,338 a) | ... | 285,294 a) | 248,658 | 248,658 |

a) Preparatory period only.
b) Provided jointly by Government and I.C.A. (See Table 14).
c) Not including the State of São Paulo.
d) Commitments in draft plan of operations.
e) Based on reported expenditures.
f) Original estimate subsequently increased.
g) To be supplemented with I.C.A. assistance (See Table 14).
h) To be met with PASO assistance.
i) Program temporarily interrupted.
j) Western Peru only.
k) Refers only to the coastal area.
l) Reimportation in 1954, spraying recommenced.
* All amounts shown are in U.S. dollars.
... Data not available.
** Report not received.

## Table 14—*International Contributions* to Malaria Programs in the Americas, 1956-1958*

| Country or other political unit | Date of initiation of total coverage | 1956 | | | 1957 | | | 1958 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PASO/SMF | WHO/TA | UNICEF † | PASO/SMF | WHO/TA | UNICEF † | PASO/SMF | WHO/TA | UNICEF † | ICA of USA (Fiscal year) a) |
| Total | | - | 193,868 | 512,100 | 510,540 | 169,944 | 4,148,300 | 1,060,470 | 235,367 | 5,956,900 | 3,012,000 |
| Argentina | Sept. 1949 | - | - | - | 9,692 | - | - | 11,453 | - | - | - |
| Bolivia | 1 July 1958 | - | 10,995 b) | - | - | 11,222 b) | - | 46,910 | 13,849 | 256,000 | 450,000 c) |
| Brazil d) | Jan. 1959 | - | - | - | 13,737 b) | - | - | - | - | - ) | |
| São Paulo | 1 Sept. 1958 | - | - | - | - | - | - | 31,432 | - | - ) | 1,490,000 e) |
| Colombia | 8 Sept. 1958 | - | 10,000 b) | 40,000 b) | 59,260 b) | 10,575 b) | - | 100,032 | 15,603 | 1,142,000 | 500,000 e) |
| Costa Rica | 15 July 1957 | - | 1,000 b) | - | 16,510 | 2,000 | 96,100 | 22,583 | - | 48,000 | - |
| Cuba | ** | - | - | - | - | 9,836 b) | - | - | - | - | - |
| Dominican Republic | 1 July 1958 | - | 5,000 b) | 62,000 b) | 30,106 b) | 5,000 b) | - | 74,416 | - | 108,000 | - |
| Ecuador | 18 Mar. 1957 | - | - | - | 14,236 | 9,205 | 277,000 | 36,522 | 26,213 | 127,000 | 100,000 e) |
| El Salvador | 1 July 1956 | - | 5,000 | 105,000 | 20,891 | 5,000 | 180,600 | 44,068 | 23,306 | 151,000 | - |
| Guatemala | 1 Aug. 1956 | - | 17,000 | 254,000 | 13,567 | 10,051 | 137,500 | 39,163 | 15,985 | 198,000 | 50,000 c) |
| Haiti | Sept. 1958 | - | 15,000 b) | - | 42,400 b) | 15,000 b) | - | 259,910 | 19,319 | 170,000 | 75,000 e) |
| Honduras | Jan. 1958 | - | 5,000 b) | - | 13,302 b) | 5,000 b) | - | 15,875 | 11,876 | 207,000 | 150,000 c) |
| Mexico | 2 Jan. 1957 | - | 28,524 b) | - | 99,183 | 30,423 | 2,400,000 | 117,932 | 51,976 | 2,625,000 | - |
| Nicaragua | 11 Nov. 1957 f) | - | 5,000 b) | - | 27,558 | 5,000 | 167,000 | 25,228 | 6,922 | - | 100,000 c) e) |
| Panama | 19 Aug. 1957 | - | 12,000 b) | - | 15,615 | 12,368 | 148,000 | 26,189 | 18,292 | 86,000 | - |
| Paraguay | 30 Oct. 1957 | - | 1,825 b) | - | 23,203 | - | 146,000 | 25,373 | 14,125 | 87,000 | 85,000 c) e) |
| Peru | 15 Nov. 1957 | - | 28,524 b) | - | 49,670 | 4,264 | 514,000 | 60,321 | 17,901 | 404,000 | - |
| Venezuela | 1950 | - | - | - | - | - | - | 2,070 | - | - | - |
| *Other political units* | | | | | | | | | | | |
| British Guiana | Jan. 1947 g) | - | - | - | - | - | - | 1,580 | - | - | - |
| British Honduras | 4 Feb. 1957 | - | 1,000 b) | - | 2,348 | 1,000 | 18,700 | 4,380 | - | 8,000 | - |
| Dominica | Jan. 1959 | - | - | - | - | - | - | - | - | - | - |
| French Guiana | May 1948 h) | - | - | - | - | - | - | - | - | - | - |
| Grenada | Feb. 1957 | - | 12,000 b) | - | - | 12,000 | 4,400 | 10,225 | - | 5,000 | - |
| Guadeloupe | 1957 | - | - | - | 897 | - | - | 7,271 | - | - | - |
| Jamaica | Jan. 1958 | - | - | - | 24,466 b) | - | - | 44,516 | - | 204,600 | 12,000 c) |
| Panama Canal Zone | ... | - | - | - | - | - | - | - | - | - | - |
| St. Lucia | 1 July 1956 | - | 12,000 | 8,600 | 5,127 | 12,000 | 6,500 | 10,328 | - | - | - |
| Surinam | 2 May 1958 | - | 12,000 b) | - | 4,108 b) | 5,000 b) | - | 35,232 | - | 22,300 | - |
| Trinidad and Tobago | Jan. 1958 | - | 12,000 b) | 42,500 b) | 24,664 b) | 5,000 b) | 52,500 b) | 7,461 | - | 108,000 | - |

a) ICA fiscal year does not necessarily correspond to the respective natl. fiscal years.
b) Preparatory period.
c) Local costs.
d) Not including the State of São Paulo.
e) Imported supplies.
f) Program temporarily interrupted.
g) Refers only to the coastal area.
h) Reimportation in 1954, spraying recommenced.
* All amounts shown are in U. S. Dollars.
† UNICEF contribution is listed under year of implementation even though allocation may have been made in a previous year.
- Nil.
** Report not received.
... Data not available.

1958 all but three campaigns should have started total-coverage spraying. In some countries resources may be insufficient to meet national commitments. To fill this gap, the International Cooperation Administration has allocated funds to supplement national resources. These countries are indicated by footnotes in the table; the related ICA allocations are shown in Table 14.

Table 14 shows the monetary value of international participation (PASB/WHO, UNICEF, and ICA) in antimalaria programs, both for the pre-eradication period and the total-coverage period, as designated. International participation consists primarily of technical advisory services, training, and imported supplies. As indicated below, such assistance is also available in some cases to supplement national resources in meeting local costs.

PASB/WHO participation is financed from WHO/TA funds for technical personnel and fellowships, and from the PASO Special Malaria Fund for technical personnel, fellowships, and imported supplies and equipment, primarily antimalarial drugs, protective equipment, and laboratory supplies.

The figures for PASB/WHO in Table 14 include only the participation in country projects. There are also very substantial activities on a regional level in training, research, field investigations, seminars, and specialized technical advisory services, as well as services provided by headquarters and zone office staff. The following figures show total costs specifically attributed to malaria activities, but not including any estimate of the portion of time devoted by headquarters and zone executive and administrative staff to the antimalaria program:

| | 1956 US$ | 1957 US$ | 1958 US$ |
|---|---|---|---|
| PASO/Regular | 97,418 | 133,212 | 92,409 |
| PASO/SMF | — | 922,345 | 2,000,000 |
| WHO/TA | 193,868 | 169,944 | 235,367 |

UNICEF participates by providing imported supplies, primarily insecticides, vehicles, sprayers, and laboratory equipment.

ICA participation may include provision of imported supplies and equipment or assistance with local costs, according to circumstances. Imported supplies may be provided in countries where UNICEF is not participating (e. g., Brazil) or where revised estimates indicate requirements higher than UNICEF had established as its commitment within its available funds (e. g., Colombia).

In summary, Tables 13 and 14 indicate that the total national and international resources already made available or committed appear to be sufficient to carry out the campaigns started or to be started by the end of 1958, provided the level of appropriation or contribution for these respective sources is maintained.

In three areas (Brazil, Cuba, and Dominica) total-coverage spraying will not start in 1958. Future plans for Cuba are not settled. Brazil, because of its size and physical characteristics, presents special problems which require a somewhat different type of campaign for different parts of the country. The program in Brazil will be conducted in progressive stages, and as a result the financial requirements will be spread over a longer period than in other countries. Plans for Dominica are progressing rapidly, and it is possible that total coverage may be started even before 1959.

Although the above-described tables are the only ones of importance for analyzing adequacy of resources for successful eradication, it is considered desirable to present additional information on the development of national antimalaria activity within the framework of the total public health program. Table 15 shows the portions of national budgets devoted to antimalaria campaigns in the period 1954-1957 and the relationship of these funds to the total budget for public health in the same period. For most countries, 1954, 1955 and 1956 represented the continuation of control activities and pre-eradication preparation. The sharp change which takes place upon conversion from control to eradication is evident, with a corresponding increase in the percentage devoted to antimalaria work.

## Field Operations

The shift from control to eradication programs has resulted in an almost complete cessation of antilarval operations and associated engineering work. In only one country and six other political units are the NMES continuing antilarval activities which do not have malaria eradication as their aim. Fundamentally, therefore, the interruption of malaria transmission is based on the intensive application of residual-action imagocides, comple-

## Table 15—*Public Health and Antimalaria Program Budgets in the Americas, 1954-1957*

| Country or other political unit | Monetary unit | APPROPRIATION IN NATIONAL CURRENCY | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1954 | | | 1955 | | | 1956 | | | 1957 | | |
| | | Total public health budget | Specific total for antimalaria program | Per cent | Total public health budget | Specific total for antimalaria program | Per cent | Total public health budget | Specific total for antimalaria program | Per cent | Total public health budget | Specific total for antimaiaria program | Per cent |
| Argentina | Peso | 589,474,500 | 6,894,500 | 1.2 | 930,376,700 | 8,435,100 | 0.9 | 1,250,706,700 | 8,435,100 | 0.7 | 1,259,188,000 | 14,129,900 | 1.1 |
| Bolivia | Boliviano | ... | ... | ... | ... | ... | ... | ... | ... | ... | 10,092,997,590 | 642,274,283 | 6.4 |
| Brazil (a) | Cruzeiro | ... | 233,892,910 | ... | ... | 250,302,970 | ... | ... | 250,302,970 | ... | ... | 164,855,160 | ... |
| São Paulo | Cruzeiro | 1,772,569,782 | ... | ... | 2,165,081,831 | ... | ... | 2,368,733,873 | ... | ... | 2,995,713,739 | ... | ... |
| Colombia | Peso | 42,285,626 | 2,558,000 | 6.0 | 41,925,436 | 2,663,000 | 6.4 | 46,080,900 | 4,033,126 | 8.8 | 45,700,000 | 4,485,451 | 9.8 |
| Costa Rica | Colón | 9,021,509 | 674,800 | 7.5 | 9,128,186 | 734,601 | 8.0 | 10,406,763 | 1,200,000 | 11.5 | 10,416,933 | 1,400,000 | 13.4 |
| Cuba | Peso | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | Peso | 5,410,969 | 124,740 | 2.3 | 4,052,544 | 234,060 | 5.8 | 4,736,622 | 379,060 | 8.0 | 6,970,052 | 379,060 | 5.4 |
| Ecuador | Sucre | 20,984,800 | 3,800,000 | 18.1 | 24,007,890 | 3,800,000 | 15.8 | 24,679,920 | 4,805,078 | 19.5 | 24,975,000 | 6,776,404 | 27.1 |
| El Salvador | Colón | 15,200,000 | 640,000 | 4.2 | 16,155,000 | 1,150,000 | 7.1 | 13,100,000 | 1,130,000 | 8.6 | 16,853,950 | 1,184,000 | 7.0 |
| Guatemala | Quetzal | ... | ... | ... | 7,894,551 | 303,282 | 3.8 | 9,038,350 | 448,706 | 5.0 | 9,782,746 | 480,000 | 4.9 |
| Haiti | Gourde | 18,578,145 | 310,645 | 1.7 | 18,947,542 | 486,408 | 2.6 | 18,103,892 | 722,658 | 4.0 | 19,208,837 | 1,702,430 | 8.9 |
| Honduras | Lempira | 4,291,759 | 200,000 | 4.7 | 4,634,399 | 230,000 | 5.0 | 6,640,579 | 330,000 | 5.0 | 7,410,007 | 636,220 | 8.6 |
| Mexico | Peso | 219,900,000 | ... | ... | 255,200,000 | 2,500,000 | 1.0 | 314,500,000 | 30,000,000 | 9.5 | 381,900,000 | 52,000,000 | 13.6 |
| Nicaragua | Córdoba | 7,763,970 | 1,039,700 | 13.4 | 8,408,906 | 1,117,650 | 13.3 | 9,045,102 | 1,230,350 | 13.6 | 9,185,217 | 1,454,650 | 15.8 |
| Panama | Balboa | 4,926,814 | 170,660 | 3.5 | 5,450,860 | 201,720 | 3.7 | 8,045,304 | 246,310 | 3.1 | 10,373,330 | 456,052 | 4.4 |
| Paraguay | Guaraní | 25,934,340 | 900,000 | 3.5 | 53,820,760 | ... | ... | 70,240,000 | 2,000,000 | 2.8 | 118,786,608 | 14,000,000 | 11.8 |
| Peru | Sol | ... | ... | ... | ... | ... | ... | ... | ... | ... | 497,120,115 | 9,991,371 | 2.0 |
| Venezuela | Bolívar | 165,300,000 | 15,034,480 | 9.1 | 177,023,065 | 14,980,668 | 8.5 | 184,118,768 | 14,691,448 | 8.0 | 206,440,644 | 24,276,523 | 11.8 |
| *Other political units* | | | | | | | | | | | | | |
| British Guiana | Dollar (BG) | 4,967,814 | 178,418 | 3.6 | 4,634,786 | 168,393 | 3.6 | 4,241,618 | 155,204 | 3.7 | 5,477,793 | 147,018 | 2.7 |
| British Honduras | Dollar (BH) | 415,176 | 39,870 | 9.6 | 419,540 | 40,491 | 9.7 | 425,741 | 49,540 | 11.6 | 500,996 | 53,328 | 10.6 |
| Dominica | Dollar (BWI) | 24,136 | 3,000 | 12.4 | 26,381 | 3,000 | 11.4 | 33,182 | 3,500 | 10.5 | 39,463 | 3,500 | 8.9 |
| French Guiana | Franc | 118,528,714 | 20,415,685 | 17.2 | 151,459,846 | 26,468,563 | 17.5 | 137,702,719 | 27,598,610 | 20.0 | 182,773,776 | 37,057,146 | 20.3 |
| Grenada | Dollar (BWI) | 622,555 | 23,700 | 3.8 | 721,208 | 19,835 | 2.8 | 637,939 | 28,835 | 4.5 | 722,198 | 32,885 | 4.6 |
| Guadeloupe | Franc | ... | ... | ... | 151,244,000 | 31,585,000 | 20.9 | 180,319,000 | 31,781,000 | 17.6 | 216,635,000 | 35,342 | 16.3 |
| Jamaica | Pound (St.) | 1,890,311 | 76,769 | 4.1 | 2,133,187 | 93,401 | 4.4 | 2,342,761 | 86,180 | 3.7 | 2,484,635 | 100,000 | 4.0 |
| Panama Canal Zone | Dollar (USA) | ... | ... | ... | ... | ... | ... | ... | ... | ... | 6,148,200 | 50,000 | 0.8 |
| St. Lucia | Dollar (BWI) | 316,737 | 22,078 | 7.0 | 388,047 | 35,558 | 9.2 | 399,856 | 29,912 | 7.5 | 483,644 | 29,648 | 6.1 |
| Surinam | Florin | 6,128,280 | 115,000 | 1.9 | 6,367,997 | 115,000 | 1.8 | 6,614,640 | 115,000 | 1.7 | 7,477,905 | 115,000 | 1.5 |
| Trinidad and Tobago | Dollar (BWI) | 8,026,168 | 450,993 | 5.6 | 8,722,693 | 480,374 | 5.5 | 10,236,850 | 483,374 | 4.7 | 11,322,070 | 485,000 | 4.3 |

a) Not including the State of São Paulo.
... Data not available.
** Report not received.

mented where necessary with the use of modern antimalarial drugs. For these reasons, this report will refer only to operations with insecticides (spraying) and operations with drugs, in addition to the corresponding epidemiological activities.

*Spraying Operations*

Spraying and all other operations of a malaria eradication program must be evaluated in the light of work still to be done, and not by what has been achieved.

In most of the NMES, spraying operations are being planned, conducted, and supervised by a special office or department. With few exceptions, they are generally directed by engineering staff that report directly to the executive chief at the national or zone level.

Techniques regarding the surface to be sprayed inside the houses differ according to the after-feeding resting habits of the prevailing vector species. The general rule is to spray all indoor surfaces, walls, and ceilings up to a height of 3.5 meters, which is the height a sprayman can reach from the floor using standard equipment. All surfaces of furniture which could be resting places are also sprayed.

DDT and dieldrin, primarily in wettable powder formulations (75% and 50%, respectively) are the two insecticides generally used at the intended dose of 2 g DDT (technical) and 0.6 g dieldrin (technical) per square meter. In French Guiana a limited use of BHC is also made.

As a general rule DDT is sprayed twice a year, whereas dieldrin is sprayed only once. However, several exceptions exist where DDT is applied only once a year or, as in Guadeloupe, three times, and in certain areas of Venezuela, four times.

Table 16 summarizes the number of houses planned to be sprayed in 1957, the number of those actually sprayed, the approximate amounts of the insecticides used, and the date of initiation of total coverage. Few conclusions can be drawn from this table, inasmuch as it shows figures on antimalaria programs in very different phases: (a) eradication programs with a year or more of total coverage, such as in Argentina, El Salvador, Guatemala, Mexico, Guadeloupe, and St. Lucia; (b) eradication programs with less than one year of total coverage, as in Costa Rica, Ecuador, Nicaragua, Panama, Paraguay, Peru, British Honduras, and Grenada; (c) eradication programs in the preparatory phase, as in Bolivia, Colombia, Dominican Republic, Haiti, Honduras, Jamaica, Surinam, and Trinidad; and (d) control programs still in progress, as in Brazil, Cuba, and Dominica. The most significant feature has undoubtedly been the number of houses actually sprayed in relation to the estimated figure. The latter was established by dividing the 1957 estimated population by the average number of inhabitants per house, but as the result of geographical reconnaissance in which the houses were numbered, the total figure was always higher. This discrepancy increases with the passage of time, owing to the construction of new houses, and often at a rate greater than expected because of migration from non-malarious areas, produced by the health guaranties assured by the eradication campaign.

The structure of peripheral organizations for spraying operations and the composition of the spraying squads do not appear to have changed significantly since the detailed description given in the V Report.

A large increase has occurred in the number of operating squads because of the intensification of the campaign in several countries and other political units. The position at the end of 1957 is presented in Table 17. The number of mounted squads, those travelling on foot, and those with transport of more than one type is an interesting feature of Table 17. In Mexico, for example, there are 249 mounted squads and 123 squads travelling on foot, as compared with 161 squads transported by motor vehicle. Colombia also has more mounted squads than those transported by motor vehicle. This is the picture of eradication. No area in which malaria transmission occurs is inaccessible in a plan of total coverage and, as can be seen, every house planned to be sprayed in the Americas will be reached, if not by motor vehicle, launch or canoe, then by beast or on foot.

In most countries the actual spraying is carried on throughout the year, but in some there is a trend to concentrate it within a shorter time. Pressure sprayers, conforming to the specifications recommended by the World Health Organization Expert Committee on Insecticides, are the standard equipment in the majority of countries, but a few services use stirrup pumps and knapsack sprayers.

The organization and management of transport in malaria eradication programs have different patterns. In the majority of cases a special section

Table 16—*Houses Sprayed and Insecticides Used in the Antimalaria Campaign in the Americas, 1957*

| Country or other political unit | Times sprayed per year | Number of houses | | Type and quantity of insecticide used | | | Date of initiation of total coverage |
|---|---|---|---|---|---|---|---|
| | | Planned to be sprayed | Actually sprayed | DDT technical in kgs. | Dieldrin technical in kgs. | Other in kgs. | |
| Argentina | One<br>Two | 14,203<br>44,995 | 20,681<br>41,155 | 34,519 | — | — | Sept. 1949 |
| Bolivia | ... | ... | ... | ... | ... | ... | 1 July 1958 |
| Brazil a) | ... | ... | 1,722,741 | 1,005,570 | — | — | Jan. 1959 |
| São Paulo | ... | 535,889 | ... | 40,900 | — | — | 1 Sept. 1958 |
| Colombia | One | 135,450 | 132,480 | 62,880 | — | — | 8 Sept. 1958 |
| Costa Rica | One<br>Two | —<br>67,059 | 42,969<br>— | 21,650 | — | — | 15 July 1957 |
| Cuba | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | ... | ... | ... | ... | ... | ... | 1 July 1958 |
| Ecuador | One<br>Two | 245,950<br>40,996 | 257,102<br>18,927 | 29,160 | 25,380 | — | 18 March 1957 |
| El Salvador | One<br>Two | 181,348<br>115,366 | 191,284<br>126,329 | 151,670 | 28,630 | — | 1 July 1956 |
| Guatemala | One | 272,177 | 290,352 | — | 33,280 | 393<br>Dieldrex 100% | 1 Aug. 1956 |
| Haiti | One | 771,996 | 13,638 | — | 1,600 | — | Sept. 1958 |
| Honduras | ... | ... | ... | ... | ... | ... | Jan. 1958 |
| Mexico | One<br>Two | 258,714<br>2,103,971 | 459,064<br>2,298,952 | 1,710,380 | 67,000 | — | 2 Jan. 1957 |
| Nicaragua | One | 26,400 | 15,521 | — | 2,120 | — | 11 Nov. 1957 b) |
| Panama | One | 70,122 | 53,431 | — | 6,970 | — | 19 Aug. 1957 |
| Paraguay | One | 16,205 | 16,291 | — | 1,760 | — | 30 Oct. 1957 |
| Peru | One<br>Two | 323,015<br>35,160 | 294,570<br>4,290 | 108,190 | — | — | 15 Nov. 1957 |
| Venezuela | Two | 129,287 | 128,900 | 106,644 | 117,902 | — | 1950 |
| *Other political units* | | | | | | | |
| British Guiana | One | 9,132 | 7,509 | 3,245 | — | — | Jan. 1947 c) |
| British Honduras | One | 17,655 | 17,082 | — | 2,160 | — | 4 Feb. 1957 |
| Dominica | One | 3,382 | 3,182 | 474 | — | 459<br>BHC | Jan. 1959 |
| French Guiana | One | 14,000 | 12,073 | 3,950 | — | 544<br>BHC 7.5% | May 1948 d) |
| Grenada | One<br>Two | 7,129<br>6,586 | 7,237<br>6,193 | 3,750 | — | — | Feb. 1957 |
| Guadeloupe | One<br>Two<br>Three | 19,987<br>12,181<br>482 | 19,525<br>12,170<br>482 | 13,915 | — | — | 1957 |
| Jamaica | One<br>Two | —<br>140,000 | 121,837<br>30,243 | 27,400 | — | — | Jan. 1958 |
| Panama Canal Zone | Two | ... | 518 | ... | ... | ... | ... |
| St. Lucia | Two | 12,800 | 12,200 | 4,950 | — | — | 1 July 1956 |
| Surinam | One<br>Two | 24,673<br>2,586 | 24,673<br>2,586 | 18,460 | 46 | 13 BHC | 2 May 1958 |
| Trinidad and Tobago | One<br>Two | 116,000<br>... | 103,059<br>5,364 | 30,390 | 4,310 | — | Jan. 1958 |

a) Not including the State of São Paulo.
b) Program temporarily interrupted.
c) Refers only to the coastal area.
d) Reimportation in 1954, spraying recommenced.
— Nil.
... Data not available.
** Report not received.

or department in the national malaria service is responsible for the allocation and supervision of vehicles. There is in Mexico, as stated previously, a Logistics Department to handle exclusively all matters regarding motor vehicles and other means of transportation used in the malaria eradication program. In all cases the operation of motor transport is decentralized to the field unit which it serves.

Maintenance still constitutes a very important problem. Central workshops for routine inspection and up-keep of motor vehicles are not yet generalized. In one instance, at least, this function has been given to private contractors. The number of vehicles and various types of transport used in spraying operations or for other purposes in the malaria eradication programs under way are presented in Table 18.

The total 1,811 different forms of transport shown in Table 18 does not include animals. This total is more than twice as great as that shown in the V Report, which listed 697 forms of transport in the programs of the countries shown in Table 18. This twofold increase is accounted for principally by the increase in the number of jeeps (146 to 495) and pick-ups (197 to 926) and is related to the increase in the number of working squads and quantities of material and equipment that must be transported. Table 18 also shows 2,963 beasts of burden used in the program. In addition to this number, five countries and one political unit hire animals as they are required.

Table 17—*Number of Spraying Squads by Mode of Transportation in the Malaria Eradication Programs in the Americas, 1958*

| Country or other political unit | Total number of squads working | By motor vehicle | By motorboat or canoe | Mounted squads | On foot | With transportation of more than one type |
|---|---|---|---|---|---|---|
| Total | 1,624 | 692 | 74 | 510 | 148 | 200 |
| Argentina | 29 | 29 | — | — | — | — |
| Bolivia | — | — | — | — | — | — |
| Brazil a) | ... | ... | ... | ... | ... | ... |
| São Paulo | 39 | 36 | 3 | — | — | — |
| Colombia | 387 | 151 | 40 | 196 | — | — |
| Costa Rica | 16 | — | — | — | — | 16 |
| Cuba | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 26 | 26 | — | — | — | — |
| Ecuador | 41 | 9 | 2 | 10 | — | 20 |
| El Salvador | 49 | — | 1 | — | — | 48 |
| Guatemala | 34 | — | — | — | — | 34 |
| Haiti | 74 | 28 | — | 30 | 16 | — |
| Honduras | 26 | — | — | — | — | 26 |
| Mexico | 540 | 161 | 7 | 249 | 123 | — |
| Nicaragua | 19 | — | — | — | — | 19 |
| Panama | 25 | 8 | 5 | 2 | — | 10 |
| Paraguay | 18 | 11 | 4 | — | 2 | 1 |
| Peru | 117 | 117 | — | — | — | — |
| Venezuela | 82 | 41 | 5 | 23 | — | 13 |
| *Other political units* | | | | | | |
| British Guiana | 6 | 2 | 2 | — | — | 2 |
| British Honduras | 10 | 3 | 1 | — | 6 | — |
| Dominica | 2 | — | — | — | — | 2 |
| French Guiana | 6 | — | — | — | — | 6 |
| Grenada | 2 | 2 | — | — | — | — |
| Guadeloupe | 6 | 6 | — | — | — | — |
| Jamaica | 33 | 33 | — | — | — | — |
| Panama Canal Zone | 3 | 1 | 1 | — | 1 | — |
| St. Lucia | 4 | 4 | — | — | — | — |
| Surinam | 12 | 6 | 3 | — | — | 3 |
| Trinidad and Tobago | 18 | 18 | — | — | — | — |

a) Not including the State of São Paulo.
— Nil.
... Data not available.
** Report not received.

It should be noted that the degree of efficiency and expected duration of service for motor transport varies to a great extent according to the condition of the vehicles and the treatment they receive. It is, however, envisaged that in most programs vehicles will last until the final phases of the eradication campaign as forecast by the respective plans of operation.

According to information received, important factors have, to a varying extent, deleteriously influenced and delayed spraying operations. Among these factors are: delay in fund allocations due to bureaucratic machinery outside the NMES and/or mismanagement of the funds inside the NMES; inadequate planning and supervision by NMES departments responsible for maintenance of vehicles, provision of gasoline, replacement of parts and equipment; difficulty of transportation due to poor condition of roads and weather conditions; high percentage of closed houses, causing otherwise unnecessary duplicate visits by spraying personnel to certain localities in order to attain total coverage; delay in receipt of supplies and materials from governments and international agencies, and administrative difficulties in handling these supplies; absenteeism and turnover of per-

Table 18—*Transportation System in Malaria Eradication Programs in the Americas, 1958*

| Country or other political unit | Vehicles in service or which will be in service | | | | | | | | Beasts of burden |
|---|---|---|---|---|---|---|---|---|---|
| | Total* | Station wagons and automobiles | Jeeps | Pick-ups | Trucks | Motorboats | Outboard motors | Other | |
| Total | 1,811 | 110 | 495 | 926 | 112 | 62 | 65 | 41 | 2,963 |
| Argentina | 109 | 5 | 25 | 43 | 28 | — | — | 8 a) | — |
| Bolivia | 15 | — | 3 | 8 | 1 | — | 2 | 1 | 182 |
| Brazil b) | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| São Paulo | 38 | 6 | 6 | 18 | 5 | — | 3 | — | — |
| Colombia | 54 | 5 | 19 | 25 | 2 | 3 | — | — | 710 c) |
| Costa Rica | 35 | 1 | 7 | 11 | 1 | 6 | 9 | — | d) |
| Cuba | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 66 | 4 | 23 | 38 | 1 | — | — | — | d) |
| Ecuador | 98 | 2 | 29 | 31 | 7 | 20 | 9 | — | 35 |
| El Salvador | 51 | 4 | 15 | 28 | 1 | 1 | 2 | — | — |
| Guatemala | 46 | 5 | 8 | 30 | — | — | 3 | — | d) |
| Haiti | 50 | 4 | 23 | 21 | 2 | — | — | — | — |
| Honduras | 46 | 4 | 8 | 29 | 2 | — | 3 | — | d) |
| Mexico | 653 | 2 | 201 | 416 | 16 | 3 | 5 | 10 e) | 1,538 |
| Nicaragua | 33 | — | 12 | 11 | 2 | 3 | 5 | — | d) |
| Panama | 65 | 6 | 16 | 25 | 2 | 8 | 8 | — | 12 |
| Paraguay | 31 | 1 | 8 | 18 | 1 | 1 | 1 | — | ... |
| Peru | 167 | 4 | 23 | 125 | 8 | — | 7 | — | — |
| Venezuela | 104 | 45 | 36 | 8 | 4 | 11 | — | — | 486 |
| *Other political units* | | | | | | | | | |
| British Guiana | 7 | 3 | — | — | 1 | 1 | 1 | 2 f) | — |
| British Honduras | 5 | 1 | — | 3 | — | — | 1 | — | d) |
| Dominica | 7 | — | 2 | 1 | 1 | — | — | 3 g) | — |
| French Guiana | 11 | 2 | 1 | 4 | 1 | 1 | — | 2 h) | — |
| Grenada | 5 | — | — | 2 | — | — | — | 3 g) | — |
| Guadeloupe | 7 | — | 3 | 1 | 3 | — | — | — | — |
| Jamaica | 43 | 2 | 15 | 12 | 14 | — | — | — | — |
| Panama Canal Zone | 16 | — | — | 7 | — | 1 | 2 | 6 i) | — |
| St. Lucia | 10 | 3 | 1 | 3 | — | — | — | 3 g) | — |
| Surinam | 16 | — | 2 | 2 | 2 | 3 | 4 | 3 g) | — |
| Trinidad and Tobago | 23 | 1 | 9 | 6 | 7 | — | — | — | — |

a) Six tank trucks and two motorcycles.
b) Not including the State of São Paulo.
c) To be acquired.
d) Rented as necessary.
e) Ten station wagons.
f) One carrier-cycle and one tender.
g) Three motorcycles.
h) Two trailers.
i) Six rowboats.
* Includes motorboats, outboard motors and others.
— Nil.
... Data not available.
** Report not received.

sonnel, on account of low salaries, with the resultant loss of time and need for training new personnel.

As can be seen, none of these negative factors are of purely technical character and most of them can be controlled. The Organization has therefore decided to establish posts of Advisers for Administration and Vehicle Maintenance Techniques, in order to assist the programs in solving these problems.

*Epidemiological Operations*

In the Americas, epidemiological operations generally begin with the "pre-eradication survey" carried out during the preparatory phase; they continue with "evaluation operations" during the attack phase (total coverage), and subsequently with "surveillance and elimination of residual foci" during the consolidation phase.

The purpose of the pre-eradication survey is to obtain the fullest information on the malarious area, on the period of transmission, and on the vectors. The studies to delimit the malarious area were not very detailed, their purpose being to confirm the presence of the disease rather than its intensity, although in some cases the conventional techniques continued to be used (splenic and parasitic indices).

Evaluation operations begin with the first spraying and have the following objectives: (a) to discover the persistence of transmission and to determine its causes; and (b) to confirm the progressive disappearance of malaria. The only way to accomplish both objectives is through case searching, *zero* being the only reference for evaluating the results of a program. Therefore, any comparison with previous figures becomes invalid in appraising those results.

The following procedures are being utilized as a means of attaining these objectives:

A. Search for cases:
   1. Reporting of all suspect malaria cases and taking of blood smears: (a) "clinically suspect cases" by physicians and paramedical personnel; (b) "epidemiologically suspect cases" (febrile cases) by official and voluntary collaborators.
   2. Case-finding: house-to-house visits by service personnel; taking of blood smear from all persons with fever or recent history of fever.

B. Epidemiological investigation:
   1. Registration and analysis of information and epidemiological material.
   2. Epidemiological inquiry: (a) primary, to determine whether the case occurred after spraying; (b) exhaustive, to determine origin and relations.

In the consolidation phase, after the discontinuation of spraying, the epidemiological operations follow the same pattern, though the objectives differ as follows: (a) to confirm the absence of malaria cases during a period of three years, in order to substantiate the fact that eradication has been achieved; (b) to discover and eliminate any residual foci of malaria; and (c) to detect any reintroduction of the parasite and prevent the reestablishment of endemicity.

Several aspects are of fundamental importance in evaluation operations in the Americas: (1) their early initiation (at the beginning of the attack phase); (2) the compulsory notification of all known or suspect malaria cases; (3) the organization of an extensive network of "voluntary collaborators" for blood sampling of all fever cases; and (4) the establishment of facilities for immediate parasitological diagnosis.

With respect to the results of reporting and case-finding for 1957, Table 19 has been arranged to show cases reported by the same group of areas used in Tables 4 and 5, namely, those in which malaria has been eradicated, those under surveillance, those with malaria not yet eradicated but sprayed regularly, and those with malaria not eradicated and in which spraying has not yet started or is irregular and incomplete.

Table 19 shows also the number of known cases according to the source of reporting, as follows: (1) private physicians, hospitals, clinics, etc.; (2) routine investigation of fever patients in hospitals, clinics, etc.; (3) house-to-house visits; (4) voluntary collaborators; and (5) other sources.

The first four of these categories have been chosen because they represent a pattern which is emerging in the eradication programs of the Americas. The relative importance of these categories varies from country to country, as can be seen in the table. In addition, there may be some overlapping in this choice of classification. Any discussion of malaria cases in an eradication program must be restricted to those parasitologically confirmed; therefore, the need of a blood smear

## Table 19—*Case-Finding from Varied Sources in Malaria Eradication Programs in the Americas, 195*

| Country or other political unit | Source of Cases: Private physicians, hospitals, clinics, etc. — Number notified | Private physicians, hospitals, clinics, etc. — Number positive | Routine investigation of fever cases in hosp., etc. — No. of slides taken | Routine investigation of fever cases in hosp., etc. — Number positive | House-to-house visits — No. of visits | House-to-house visits — No. of slides taken | House-to-house visits — Number positive | Voluntary collaborators — No. of slides taken | Voluntary collaborators — Number positive | Other — No. of slides taken | Other — Number positive | Total of positive cases | Form of infection: P. vivax | P. falciparum | P. malariae | Mixed | Nature of cases: Imported | Sporadic | Induced | Indigenous |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | *In Areas with Malaria Eradicated* | | | | | | | | | | | | | |
| **Total** | 292 | 6 | 122 | - | 186,913 | 111,444 | 33 | 7,414 | 54 | 1,861 | - | 93 | 83 | 1 | 8 | 1 | 81 a) | 2 | 10 | - |
| Argentina | 119 | 4 | 30 | - | 20,485 | 12,811 | 4 | 457 | - | - | - | 8 | 8 | - | - | - | 6 | - | 2 | - |
| Brazil b) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Venezuela | 130 | - | - | - | 166,428 | 98,633 | 29 | 6,957 | 54 | 1,861 | - | 83 | 74 | - | 8 | 1 | 73 | 2 | 8 | - |
| British Guiana | 2 | 2 | 11 | - | - | - | - | - | - | - | - | 2 | 1 | 1 | - | - | 2 a) | - | - | - |
| Guadeloupe | 41 | - | 81 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Surinam | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| | | | | | | | *In Areas under Surveillance (Consolidation Phase)* | | | | | | | | | | | | | |
| **Total** | 811 | 27 | 684 | - | 131,816 | 43,605 | 21 | 4,352 | 56 | 315 | 17 | 121 | 70 | 46 | 3 | 2 | 84 | 8 | 3 | 26 c) |
| Argentina | 22 | 2 | 51 | - | 40,495 | 5,194 | 12 | 4 | - | ... | 2 | 16 | 13 | - | 3 | - | 12 | - | 3 | 1 |
| Venezuela | 71 | - | - | - | 91,321 | 38,087 | 9 | 4,348 | 56 | 315 | - | 65 | 56 | 7 | - | 2 | 65 | - | - | - |
| French Guiana | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 15 | 15 | - | 15 | - | - | 7 | 8 | - | - |
| Guadeloupe | 84 | - | 633 | - | - | 324 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Trinidad and Tobago | 634 | 25 | - | - | - | - | - | - | - | - | - | 25 | 1 | 24 | - | - | ... | ... | ... | 25 c) |
| | | | | | | | *In Areas with Malaria Not Yet Eradicated But Sprayed Regularly* | | | | | | | | | | Not Specified* | | | |
| **Total** | 38,182 | 6,392 | 93,504 | 8,203 | 552,616 | 446,862 | 9,332 | 31,423 | 2,760 | 21,552 | 5,964 | 32,651 | 20,779 | 10,715 | 181 | 337 | 639 | | | |
| Argentina | 494 | 110 | 518 | 121 | 11,351 | 11,686 | 338 | 560 | 146 | 5,957 | 46 | 761 | 706 | 53 | - | 2 | - | | | |
| Bolivia | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | | | |
| Brazil b) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | | | |
| Costa Rica | - | 473 | - | - | 18,583 | 17,825 | 590 | 311 | 90 | - | - | 1,153 | 1,033 | 92 | 18 | 10 | - | | | |
| Dominican Republic | 6,601 | 1,533 | - | - | - | - | - | - | - | - | - | 1,533 | 890 | 630 | 12 | 1 | - | | | |
| Ecuador | 4,225 | 196 | 11,132 | 587 | ... | 17,802 | 730 | 656 | 99 | 4,816 | 63 | 1,675 | 808 | 835 | 3 | 29 | - | | | |
| El Salvador | 2,296 | 452 | 9,671 | 1,042 | 62,516 | 7,596 | 2,036 | 4,104 | 1,581 | 5,504 | 1,544 | 6,655 | 3,649 | 2,949 | 5 | 52 | - | | | |
| Guatemala | 8,842 | 2,206 | 6,096 | 1,794 | 49,424 | 5,759 | 384 | 318 | 22 | 4,217 | 1,247 | 5,653 | 3,812 | 1,792 | 4 | 45 | - | | | |
| Honduras | - | - | 1,276 | 125 | 6,464 | 721 | 65 | - | - | - | - | 190 | 103 | 87 | - | - | - | | | |
| Mexico | 4,950 | 664 | 11,565 | 896 | ... | 142,992 | 2,246 | 15,564 | 581 | - | - | 4,387 | 3,856 | 453 | 17 | 61 | - | | | |
| Nicaragua | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | | | |
| Panama | - | - | 48,738 | 3,328 | 5,067 | 18,181 | 1,162 | - | - | ... | 3,060 | 7,550 | 4,796 | 2,565 | 61 | 128 | - | | | |
| Paraguay | 3,698 | 154 | 316 | 11 | 2,140 | 562 | 38 | 62 | 1 | 12 | 2 | 206 | 204 | 2 | - | - | - | | | |
| Peru | 512 | 21 | - | - | - | 37,287 | 618 | - | - | - | - | 639 | - | - | - | - | 639 | | | |
| Venezuela | 359 | 10 | - | - | 382,139 | 160,856 | 499 | 9,848 | 240 | 1,004 | 2 | 751 | 663 | 77 | 4 | 7 | - | | | |
| British Guiana | 1 | 1 | 236 | - | 107 | 107 | - | - | - | - | - | 1 | 1 | - | - | - | - | | | |
| British Honduras | 319 | - | 2,132 | 212 | - | - | - | - | - | - | - | 212 | 53 | 121 | 38 | - | - | | | |
| Grenada | - | - | 773 | 21 | 8,115 | 2,270 | 113 | - | - | - | - | 134 | - | 134 | - | - | - | | | |
| Guadeloupe | 76 | - | 284 | 1 | 6,710 | 1,145 | - | - | - | - | - | 1 | - | 1 | - | - | - | | | |
| Jamaica | 3,224 | - | 767 | 65 | ... | 8,056 | 200 | - | - | 42 | - | 265 | 1 | 251 | 13 | - | - | | | |
| Panama Canal Zone | 77 | 77 | - | - | ... | 804 | 32 | - | - | - | - | 109 | 72 | 37 | - | - | - | | | |
| St. Lucia | 441 | 9 | - | - | - | 3,446 | 10 | - | - | - | - | 19 | - | 16 | 3 | - | - | | | |
| Surinam | 288 | 87 | - | - | - | - | - | - | - | - | - | 87 | 44 | 43 | - | - | - | | | |
| Trinidad and Tobago | 1,770 | 399 | - | - | ... | 9,767 | 271 | - | - | - | - | 670 | 88 | 577 | 3 | 2 | - | | | |
| | | | | | | | *In Areas with Malaria Not Yet Eradicated and Total-Coverage Spraying Not Started* | | | | | | | | | | | | | |
| **Total** | 131,979 | 9,792 | 14,210 | 393 | 3,925,591 | 690,790 | 23,043 | 57 | 23 | 8,170 | 3,731 | 36,982 | 26,895 | 9,333 | 228 | 502 | 24 | | | |
| Brazil b) | 58,077 | 9,756 | - | - | 3,730,427 | 399,991 | 18,411 | - | - | - | - | 28,167 | 21,216 | 6,454 | 29 | 468 | - | | | |
| São Paulo | - | - | - | - | - | - | - | - | - | ... | 3,545 | 3,545 | 3,525 | 16 | 1 | 3 | - | | | |
| Colombia | 73,056 | - | - | - | 169,597 | 266,239 | 2,497 | - | - | 614 | 39 | 2,536 | 1,700 | 739 | 58 | 15 | 24 | | | |
| Cuba | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | | | |
| Haiti | - | - | - | - | - | 23,084 | 1,964 | 57 | 23 | - | - | 1,987 | 8 | 1,829 | 136 | 14 | - | | | |
| Nicaragua | 666 | 36 | 14,210 | 393 | 25,567 | 1,476 | 171 | - | - | 7,156 | 146 | 746 | 446 | 294 | 4 | 2 | - | | | |
| British Guiana | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | | | |
| Dominica | 180 | - | - | - | - | - | - | - | - | 400 | 1 | 1 | - | 1 | - | - | - | | | |

a) One case not classified.
b) Not including the State of São Paulo.
c) Twenty-five cases not classified.

- Nil.
... Data not available.

* Not specified by form of infection.
** Report not received.

accompanying every suspect case must be a prime responsibility in the evaluation operations of any NMES.

Argentina, Venezuela, and British Guiana reported 93 malaria cases in eradication areas. Of these, 80 were "imported," 10 "induced," 2 "sporadic," and one from British Guiana was not classified.

It is pertinent to include here information received for the continental United States of America, where 146 suspect cases were reported in 1957. Of the 138 so far appraised by the Communicable Disease Center of USPHS, 97 were confirmed as positive, of which 86 were imported and 11 indigenous. Taking these indigenous cases into account, the USPHS considers eradication in the United States of America to be "virtually completed."

Of these 11 indigenous cases, 6 were found in California and one in Indiana, that is, outside the traditional malarious area and not within the area covered by the national eradication program (1949-1951). The 4 remaining cases appeared in Oklahoma, 2 of them in Cherokee County. A more careful investigation made recently (April 1958) led to the discovery of 4 additional confirmed cases and 2 highly suspect cases in the same county, all of them in two small neighboring rural localities inhabited by Cherokee Indians. It was not possible to find any recent trace of the possible reintroduction of the parasite, and it was therefore necessary to assume that these were two small residual foci of endemic malaria. Reintroduction of the parasite many years back remains a possibility, though no evidence of this was found. Adequate measures have been taken for the elimination of these residual foci.

From areas under surveillance, Argentina, Venezuela, French Guiana, and Trinidad and Tobago reported 121 cases. Trinidad and Tobago did not give information on the nature of the 25 cases reported in these islands. Of the remaining 96 cases, 84 were "imported," 8 "sporadic," 3 "induced," and one case in Argentina was considered "indigenous."

Emphasis should be laid on the very effective service being rendered by voluntary collaborators. In this respect, the data from Venezuela are particularly significant. In areas where malaria has been eradicated (Table 19), out of a total of 83 positive cases, 54 were found by the collaborators, as compared to 29 found by service personnel in 166,428 house-to-house visits. The same was true of areas under surveillance, where of 65 positive cases, 56 were found by voluntary collaborators, as opposed to 9 discovered in 91,321 house visits. This gain is not only quantitative but also qualitative, as is shown by the ratio of positive slides to slides taken: 0.78 and 1.29 per cent for voluntary collaborators, as compared to 0.03 and 0.02 per cent for service personnel, in areas where malaria had been eradicated and in areas under surveillance, respectively.

From those areas in which malaria transmission is known to occur and in which regular spraying has commenced, 12 countries and 9 other political units reported a total of 32,651 positive cases. Of this total, 9,332 (28.6 per cent) were the result of house-to-house visiting, 8,203 (25.1 per cent) were the result of routine investigations of fever patients in hospitals, clinics, etc., 5,964 (18.3 per cent) came from other sources and the remaining 2,760 (8.5 per cent) were cases reported from work of voluntary collaborators. Attention must again be drawn to the work of the voluntary collaborators. Of the 31,423 blood smears collected by them, 2,760, or 8.8 per cent, were positive whereas of the 446,862 smears examined as a result of house-to-house visits 9,332, or only 2.1 per cent, were positive. This is one of the reasons why the implementation of voluntary collaboration is being strongly supported throughout the Americas.

Four countries and two other political units gave information on cases reported from areas in which malaria transmission occurs but in which total-coverage spraying has not begun. In all, there were 36,982 confirmed cases, of which reports 23,043 (62.3 per cent) were the result of house-to-house visiting.

Comparison of the cases reported for 1957 with those of the years included in the V Report would have no meaning because of the improvement in the quality and extent of the case notification systems now developing in relation to malaria eradication programs. Furthermore, as stated earlier, interest lies only in *zero* malaria cases based on an adequate notification and case-finding system and not on achievement of partial reduction of transmission and its comparison with past figures.

Mortality from malaria has not been mentioned because, as stated in the V Report, it is perhaps the least valuable of all malariometric information. Its consideration is beset with the problems

Table 20—*Entomological Operations in Malaria Eradication Programs in the Americas, 1957*

| Country or other political unit | Organized and functioning laboratories | | Determination of the base-line susceptibility of local vectors | | | | | | Type of test used in the laboratory |
|---|---|---|---|---|---|---|---|---|---|
| | No. | Location | Species | Result | Species | Result | Species | Result | |
| Total | 39 | | | | | | | | |
| Argentina | ... | ... | pseudo-punctipennis | Susceptible | ... | ... | ... | ... | Busvine-Nash |
| Bolivia | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Brazil a) | ... | ... | cruzii | Susceptible | darlingi | Susceptible | aquasalis | Susceptible | Busvine-Nash |
| São Paulo | 6 | Various | ... | ... | ... | ... | ... | ... | ... |
| Colombia | 1 | Bogotá | ... | ... | ... | ... | ... | ... | ... |
| Costa Rica | 1 | San Jose | ... | ... | ... | ... | ... | ... | ... |
| Cuba | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| Dominican Republic | 1 | Cdad. Trujillo | ... | ... | ... | ... | ... | ... | ... |
| Ecuador | 1 | Guayaquil | ... | ... | ... | ... | ... | ... | ... |
| El Salvador | 1 | San Salvador | albimanus | b) | pseudo-punctipennis | ... | ... | ... | Busvine-Nash |
| Guatemala | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Haiti | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Honduras | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Mexico | 15 | c) | pseudo-punctipennis | Susceptible | albimanus | Susceptible | aztecus | Susceptible | Fay |
| Nicaragua | 1 | Managua | ... | ... | ... | ... | ... | ... | ... |
| Panama | 1 | Panama | albimanus | ... | ... | ... | ... | ... | Busvine-Nash |
| Paraguay | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Peru | 5 | ... | pseudo-punctipennis | Susceptible | ... | ... | ... | ... | WHO |
| Venezuela | 1 | Maracay | albimanus | Susceptible | aquasalis | Susceptible | albitarsis | Susceptible | Busvine-Nash |
| *Other political units* | | | | | | | | | |
| British Guiana | 1 | Georgetown | ... | ... | ... | ... | ... | ... | ... |
| British Honduras | ... | ... | albimanus | Susceptible | ... | ... | ... | ... | ... |
| Dominica | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| French Guiana | 1 | Cayenne | aquasalis | Susceptible | darlingi | Susceptible | ... | ... | Busvine-Nash |
| Grenada | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Guadeloupe | 1 | ... | albimanus | Susceptible | aquasalis | Susceptible | ... | ... | Busvine-Nash |
| Jamaica | 1 | Kingston | ... | ... | ... | ... | ... | ... | ... |
| Panama Canal Zone | ... | ... | albimanus | Susceptible | ... | ... | ... | ... | ... |
| St. Lucia | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Surinam | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Trinidad and Tobago | 1 | Port-of-Spain | ... | ... | ... | ... | ... | ... | ... |

a) Not including the State of São Paulo.
b) See reference in the text.
c) One in Mexico City and one in each of the 14 zones.
** Report not received.
... Data not available.

of the degree of accuracy of certification and registration. It is important, however, that those concerned with the evaluation operations of the eradication program have the opportunity to investigate every death attributed to malaria with the aim of restricting such notification to those deaths confirmed by laboratory examination. The *Summary of Four-Year Reports on Health Conditions in the Americas* presented to the XV Conference includes the available information relating to malaria mortality for the year 1956, so that these data need not be discussed further in this report.

*Entomological Operations*

In a malaria eradication program, sound entomological studies are a necessary ancillary activity throughout the campaign, although not to the same extent as in former times, when a knowledge of the natural history of anophelines was an essential prerequisite. The identification of the vector species and the study of its distribution and feeding habits are straightforward responsibilities of the entomological service. There is also the additional important task of studying the relationship of vector species to the insecticide used in the program. This work involves a determination of the susceptibility of the vector to the insecticide prior to the commencement of spraying and studies throughout the period of spraying to detect any change which may occur in this initial susceptibility.

In the Americas there are entomological laboratories in which such studies relating to the vector are being made. The existing laboratories and the results of base-line susceptibility tests which have been carried out are shown in Table 20.

There is a partial explanation for the fact that this information has been obtained from only 6 countries and 4 other political units. The techniques for determining the degree of susceptibility had been under discussion and review until the adoption of the WHO test, which began to be used in 1957. Further improvements should still be made to permit the appraisal of minor modifications to distinguish them from the susceptibility variations that normally occur.

The interest shown in the training of specialized personnel and in the renovation of entomological laboratories is also very recent, for when each program was initiated all attention had been concentrated on the proper organization of spraying operations.

Up to early 1958, no physiological resistance to the insecticides had been confirmed in any of the anopheline vectors in the Americas, except *A. quadrimaculatus* in a small area of the United States of America where fortunately malaria had disappeared in previous years. An investigation to determine the persistence of transmission in some localities in El Salvador revealed in the local vector, *A. albimanus,* a high physiological resistance to dieldrin and a moderate resistance to DDT. With one exception, all these localities are situated in the cotton area, where large amounts of chlorinated insecticides have been used for several years to combat agricultural pests. Though this episode is to date but a small and isolated one, it confirms the urgent reasons that led to Resolution XLII of the XIV Pan American Sanitary Conference,[1] and it is a clear and somber warning for the future if the programs do not continue to be developed according to established procedures and within the set time limits.

*Use of Drugs*

The eradication of malaria from the Americas is dependent primarily on the effective usage of the residual insecticides, which is the basic and fundamental measure in eradication programs. The importance of the use of the new antimalarial drugs, properly applied, both therapeutically and prophylactically, must not however be overlooked. Drugs can be a valuable adjuvant, facilitating the collection of blood smears as a routine part of the case-finding process, and cutting short the infective period of the cases found; but in addition there are situations in which a sound program of drug administration may complement or substitute residual insecticides where the latter are inapplicable or inefficient, as in the cases of: (1) nomadic or migratory populations; (2) extradomiciliary transmission; (3) sorption of insecticides by certain types of muds and adobes; or (4) behavioristic or physiological resistance of the vector to residual insecticides.

Most countries and other political units continued to use drugs in 1957 as a part of their antimalaria activities. The patterns of this usage are not comparable one with another, but an indication of the different drugs used, the quantity em-

[1] *Official Document PASO* 14, 643.

Table 21—*Drug Usage in Malaria Eradication Programs in the Americas, 1957*

| Name of drug and basic type | Countries using drug | Use of drug | Quantity in kg. | Number of persons |
|---|---|---|---|---|
| 4-AMINOQUINOLINES | | | | |
| Camoquin | Brazil (a) | Therapeutic | ... | ... |
| | British Honduras | Therapeutic | 10.40 | ... |
| | Colombia | Therapeutic | 21.40 | 53,465 |
| | Costa Rica | Therapeutic | 0.40 | 677 |
| | | Prophylactic | 5.30 | 14,982 |
| | Ecuador | Therapeutic | 3.74 | 6,227 |
| | El Salvador | Therapeutic | 18.00 b) | ... |
| | Paraguay | Therapeutic | 1.80 | 3,056 |
| | São Paulo | Therapeutic & Prophylactic | ... | ... |
| | St. Lucia | Therapeutic & Prophylactic | ... | ... |
| | Trinidad and Tobago | Therapeutic | 2.48 | 5,643 |
| Chloroquine | Brazil (a) | Therapeutic | ... | 1,200,000 |
| | Colombia | Therapeutic | 35.80 | 79,684 |
| | Grenada | Therapeutic | 0.69 | 797 |
| | Guatemala | Therapeutic | 19.99 | 23,548 |
| | Mexico | Therapeutic | 37.24 | 71,161 |
| | Panama Canal Zone | Therapeutic | ... | ... |
| | Venezuela | Therapeutic | 1,418.00 | ... |
| Aralen (synonym of chloroquine) (by injection) | Argentina | Prophylactic | 0.76 | 635 |
| | British Honduras | Therapeutic | ... | ... |
| | Costa Rica | Therapeutic | 0.06 | 476 |
| | El Salvador | Therapeutic | 28.99 | ... |
| (by injection) | El Salvador | Therapeutic | 1.93 | ... |
| | São Paulo | Therapeutic & Prophylactic | ... | ... |
| Nivaquine (synonym of chloroquine) | French Guiana | Therapeutic | ... | 250 |
| | | Prophylactic | ... | ... |
| | Panama | Therapeutic | 2.30 | 1,310 |
| | St. Lucia | Therapeutic & Prophylactic | ... | ... |
| | São Paulo | Therapeutic & Prophylactic | ... | ... |
| Resochin (synonym of chloroquine) | Panama | Therapeutic | 3.78 | 2,646 |
| 8-AMINOQUINOLINES | | | | |
| Primaquine | Ecuador | Therapeutic | 0.01 | 50 |
| | El Salvador | Therapeutic | 0.03 | 157 |
| | Guatemala | Therapeutic | 0.27 | 1,279 |
| | Mexico | Therapeutic | 1.01 | ... |
| | Panama Canal Zone | Therapeutic | ... | ... |
| (Neo) Quipenyl (synonym of primaquine) | Argentina | Therapeutic | 0.06 | 205 |
| | São Paulo | Therapeutic & Prophylactic | ... | ... |
| Rodopréquine | French Guiana | Prophylactic | ... | 3,126 |
| Pamaquine | Guatemala | Therapeutic | 0.02 | 126 |
| Plasmoquine (synonym of pamaquine) | British Honduras | Therapeutic | ... | ... |
| DIAMINOPYRIMIDINES | | | | |
| Pyrimethamine | Grenada | Therapeutic | 0.13 | 797 |
| | Mexico | Therapeutic | 2.52 | 37,468 |
| | Trinidad and Tobago | Therapeutic | 0.30 | 5,643 |
| | Venezuela | Prophylactic | 106.00 | 105,943 |
| Daraprim (synonym of pyrimethamine) | Guatemala | Prophylactic | 0.03 | 250 |
| | St. Lucia | Prophylactic | ... | ... |
| BIGUANIDES | | | | |
| Paludrine | St. Lucia | Therapeutic & Prophylactic | ... | ... |
| 9-AMINOACRIDINES | | | | |
| Atebrin (synonym of mepacrine) | St. Lucia | Therapeutic | ... | ... |
| Metoquina (synonym of mepacrine) | Argentina | Therapeutic | 0.22 | 150 |
| | Paraguay | Therapeutic | ... | ... |
| | Venezuela | Therapeutic | 12.00 | ... |
| Chinacrine (synonym of mepacrine) | Guatemala | Therapeutic | 0.79 | 282 |
| CINCHONA ALKALOIDS | | | | |
| Quinine | British Honduras | Therapeutic | 10.00 | ... |

a) Not including the State of São Paulo. b) Drugs distributed. ... Data not available.

ployed, whether they were used prophylactically or therapeutically, and the number of persons receiving drugs is shown in Table 21.

To give assistance in this matter, the Organization prepared a technical document (PASB/ME No. 16, 12 November 1957)[1] setting standards for the use of antimalarial drugs as a routine procedure in normal eradication programs, with the basic aim of stimulating a greater degree of collaboration in the general population and facilitating the follow-up of positive cases and preventing their persistence beyond the date of discontinuation of spray operations. Most countries and other political units have adopted these standards as part of their eradication programs.

In several areas of Brazil, the Pinotti method (administration of chloroquine by its addition to common salt) continues to be used, but figures giving an indication of the population believed to be protected in this way are not given for the year 1957. In the actual plan for malaria eradication, this method will be used in the whole Amazon Basin.

Pyrimethamine has been used prophylactically in Venezuela, Grenada, and Trinidad and Tobago.

## Role of International Organizations in Malaria Eradication in the Americas

### HISTORICAL BACKGROUND

The Americas are privileged to have given the initial impetus to the eradication of malaria in the world. The first declaration was made in 1950 in Ciudad Trujillo during the XIII Pan American Sanitary Conference[2], and the second, four years later, in 1954, during the XIV Pan American Sanitary Conference in Santiago, Chile.[3] Both resolutions were based on studies on the status of the antimalaria campaign in the Americas, sponsored by the Pan American Sanitary Bureau.[4]

The resolution of Santiago was the beginning of a chain reaction in the international organizations. Five months later, in March 1955, the Executive Board of UNICEF decided to revise its policy of assistance to antimalaria programs and in this matter sought the advice of the WHO/UNICEF Joint Committee on Health Policy. At a meeting in New York early in May 1955, the Joint Committee recommended that UNICEF give the highest priority to the eradication programs, and set forth the basic conditions under which those programs would be eligible for financial support from UNICEF.[5] A few days later, the Eighth World Health Assembly (Mexico City, May 1955) called for the implementation of a program having as its ultimate objective the worldwide eradication of malaria.[6]

In the Americas, the governing bodies of the Pan American Sanitary Organization have continued to reinforce the previous resolutions in new recommendations adopted. Thus, at the IX Meeting of the Directing Council (Antigua, Guatemala, September 1956) it was resolved that malaria eradication should be given first priority among the programs sponsored by the Organization.[7] The X Meeting (Washington, D.C., September 1957) drew up recommended procedures for the international reporting of malaria cases.[8]

The interest aroused in malaria eradication has already extended beyond the specialists in this field and the responsible public health authorities. The Inter-American Committee of Presidential Representatives of the American Republics, at a meeting in Washington in May 1957, also formulated a recommendation giving top priority to this program and to its financing.

But the declarations and recommendations in themselves do not make history. The first positive step was taken by the XIV Pan American Sanitary Conference (October 1954) when it made a budgetary provision of $100,000 yearly for the intensification of the Bureau's antimalaria activities,[9] funds that made possible the establishment of a specialized unit to handle the problem.

The second step was the decision of UNICEF, adopted by its Executive Board in September 1955, to support the malaria eradication program in Mexico and, subsequently, to support the majority of the programs in the countries of the Americas, for which purpose UNICEF has committed itself, in principle, to the sum of $19,000,000 for the duration of the campaign.

[1] Mimeographed document.
[2] *PASB Publication* 257, 17.
[3] *Official Document PASO* 14, 643.
[4] *PASB Publication* 261, Annex B, "Situación de la Lucha Antimalárica en el Continente Americano, IV Informe," C. A. Alvarado; and *PASB Scientific Publication* 27, "Status of the Antimalaria Campaign in the Americas, V Report," C. A. Alvarado.
[5] Doc. E/UNICEF/297 (May 1955).
[6] *Off. Rec. Wld Hlth Org.* 63, 31-32.
[7] *Official Document PASO* 18, 14.
[8] *Official Document PASO* 22, 20.
[9] *Official Document PASO* 14, 644.

The third step was taken in 1957, when several countries of the Americas (the Dominican Republic, the United States, and Venezuela) decided to make substantial contributions to the Special Malaria Fund of PASO, thereby providing the Bureau with the necessary means to carry out properly all the functions incumbent upon it as an advisory and coordinating agency.

Finally, the most decisive steps were those taken by all the governments of the Americas, which one after the other, after overcoming all sorts of difficulties, joined in the eradication effort, so that four years after the resolution of Santiago, practically the entire Western Hemisphere is covered by malaria eradication programs. Moreover, the decision of the countries of the Americas was not limited to the organization of their own programs; all of them expended the greatest effort to ensure the coordination of activities for the continent-wide campaign. For that purpose they offered all possible facilities for the training of personnel from other countries and from the international service, as well as for the trial of methods and techniques designed to improve the operations. They have, in addition, reported frankly and openly on their own achievements, showing willingness at all times to accept any observations or suggestions that could improve the quality of their programs.

## ROLE OF THE ORGANIZATION

In compliance with Resolutions XLII and XLIII of the XIV Pan American Sanitary Conference, the Organization established a specialized unit engaged exclusively in promoting and coordinating the continent-wide activities. That unit was set up in Mexico City in March 1955. One of its principal tasks was the preparation of technical standards for the development of the various eradication operations. These standards, issued in the documents series "PASB/COMEP" and reviewed and approved by the PASB Advisory Committee on Malaria Eradication, constituted the foundation for the planning and execution of the programs.

For two years the main activity consisted of assistance to the countries in preparing their plans of operation and in organizing the training of personnel required for the programs. The preparation of the plans of operation produced a series of documents that contain not only the background data on malaria in each country but also the most complete details expected in each operation.

In November 1956, following the announcement of the first contribution to the PASO Special Malaria Fund by the Government of the United States of America, it was deemed advisable to transfer the special malaria unit to Washington, since experience had shown the need for closer contact and coordination with the central office.

A program as extensive, ambitious, and dynamic as that of malaria eradication in the Western Hemisphere has required great and varied efforts on the part of the international organization responsible for its promotion and coordination.

### *Technical Advisory Services*

Technical advice had to be organized under a structure that would respond to this requirement. In the countries, a team of international consultants, composed generally of a malariologist as team leader, an engineer specialized in spraying operations, and one or more sanitary inspectors, is responsible for giving day-to-day operational assistance.

The zone offices are responsible for assistance in political and administrative aspects, and have, in addition, a technical unit composed of a highly experienced malariologist, a sanitary engineer, an entomologist, and, in certain cases, a consultant in administrative methods and another in statistics. This zone technical unit is responsible for supervising the activities of project consultants, and for giving technical assistance at a higher level.

The central office in Washington is responsible for establishing technical standards, for maintaining general technical supervision and coordination at the continental level, and for maintaining technical contact with Geneva headquarters (Division of Malaria Eradication), with UNICEF, and ICA.

Finally, the Director of the Bureau is responsible for the major political and administrative decisions of regional scope.

The technical advisory services provided to the countries employ nine different categories of professional staff: (1) malariologists, for the preparation of plans, general technical aspects, and particularly for epidemiological operations; (2) sanitary engineers, for spraying operations and re-

lated activities: transportation and supplies; (3) entomologists, for allied operations, especially susceptibility tests; (4) parasitologists, for the organization of laboratories responsible for parasitological verifications and related techniques; (5) statisticians, for all matters related to statistical information, particularly case-reporting and registration; (6) consultants in administrative methods, for the organization of the central and peripheral administrative offices and for advising on the most efficient and expeditious administrative methods within the framework of legislation and standards in force in each country; (7) specialists in transport management and vehicle maintenance, for all matters related to the proper operation of the transport system; (8) health educators, for the specific phases of education and information on the eradication program; and (9) sanitary inspectors, responsible for cooperating in the peripheral organization of spraying and evaluation operations and for advising on techniques for supervision of these operations. The above personnel are also responsible for local training at the corresponding level and for the development and application of techniques for supervision and appraisal of the work, particularly of that still to be done. To these permanent activities should be added those assigned to short-term consultants in special cases, such as the use of drugs by the Pinotti method, and the maintenance of spraying equipment.

As can be seen, malaria eradication has demanded the mobilization of a wide variety of professionals. Among them, special mention should be made of the consultants in administrative methods, because of their unique functions. These posts were established as a result of the experience which showed that the most common problems in malaria eradication programs and those most frequently hindering the development of operations are related to administrative matters.

The international personnel engaged in the malaria eradication program in the Americas as of 31 August 1958 can be classified in six groups: medical officers, 32; engineers, 20; entomologists, 4; sanitarians, 41; administrative consultants, 4; and others, 4, including advisers in health education, parasitology, transport, and statistics. Of the total of 105, 95 are in active service and 10 are in training. A volume of personnel such as this has made it necessary to devise means for filling vacancies that occur for numerous reasons. A pool has been created for this purpose, that is, a reserve force that permits rapid replacements as vacancies occur, without going through the time-consuming procedures involved in normal recruitment and training.

*Training*

Among the Organization's most important activities have been those designed to furnish means for the training of personnel required for the national services; prepare the staff of advisers referred to above, and maintain a high standard of operational efficiency. For this purpose, new international training centers have been established and regular and special courses, as well as seminars and workshops, have been organized.

The number of personnel trained has been considerable, but data can be given only on the technical professional personnel trained in the international centers through fellowships granted by the Organization. Unfortunately, the information is incomplete on personnel in other categories trained at the local level. These figures would have indicated the considerable effort expended by the individual countries to improve the quality of their own staff. From 1 January 1955 to 31 July 1958, the Organization awarded 141 fellowships for regular courses, special studies, and study and orientation visits.

The training of personnel for the international service also deserves special mention, since it represents a rather new aspect of the Organization's activities in this field.

The traditional procedure for recruiting international consultants has been to seek them among leading professionals of the national services. However, as has been seen, the rapid expansion of the malaria eradication program demanded such a considerable number of specialized personnel to reinforce the national staff that it practically cancelled out the possibility of obtaining consultant personnel by the usual method; there was no alternative but to train them. In the international field this was an unprecedented experience, imposed by circumstances. A program was therefore established to recruit professionals (medical officers and engineers) who have a Master's Degree in public health or sanitary engineering, excellent references, and at least two years' experience in public health work, and then

to have them take a short but intensive period of training consisting of: (a) a 12-week basic course in malariology and malaria eradication techniques at one of the four centers mentioned below; (b) 4 weeks' work as assistant to the national director of a malaria eradication program, or to a zone chief, in order to acquire executive experience and judge the problems from the national viewpoint; (c) a minimum of 4 weeks' work as junior consultant to a senior consultant, in order to appraise the problems from the international viewpoint and gain experience in methods of advising on their solution.

At first, there was understandable resistance on the part of the countries in accepting the advice of international consultants thus trained. But once the first misgivings about these consultants' proficiency and competence were overcome, the countries showed satisfaction with their services and it can now be affirmed that the greater part of the newly trained advisers have proved as competent as the best among those recruited by the traditional method. This fact has demonstrated: (a) the advantage of basic academic training and practical experience; (b) the usefulness of the new methodology of the courses in malaria eradication techniques, in which equal attention is given to theoretical-technical knowledge, administrative matters, and field practice; (c) the great advantage of learning to appreciate the problems from all points of view. There are good grounds for suggesting that this experience could profitably be applied in any other program of broad and rapid development, such as that of malaria eradication.

In addition to utilizing the facilities of the School of Malariology in Maracay, Venezuela, which has trained so many distinguished malariologists in the past, it was necessary to develop cooperative programs with the respective national authorities for the establishment of other training centers in Brazil (at the School of Hygiene and Public Health, São Paulo), Jamaica (in cooperation with ICA), and Mexico. These centers now serve to train professionals not only from the Americas but from all parts of the world, particularly the Jamaica center, where the courses are conducted in English. Up to 30 June 1958, 15 courses for professionals had been given at the Maracay School (since 1944). In Mexico, since early 1957, 3 courses have been given for professionals and 3 for sanitary inspectors (sector chiefs). The centers in Jamaica and São Paulo began to function early in 1958 and have already given the following courses: in Jamaica, one for professionals and 2 for sanitarians; in São Paulo, one for professionals and one for entomologists (the latter as an extension of the regular entomology course).

In addition to the regular courses at the above centers, special courses for professionals have also been organized. The first, given in Guatemala, in English, started in October 1957, with the cooperation of ICA; it was attended by 30 participants from 11 countries and 5 other political units in the Americas, Europe, Asia, and Africa. The second course was held in Colombia and the third in Haiti, in French, both during 1958, for professional personnel of these programs. These special courses conformed to the same teaching plan as that followed at the regular courses.

Seminars and workshops constitute another important phase of the training. Two seminars have been held: one in Cali, Colombia, in July 1957, on laboratory techniques applicable to malaria eradication, and the other in Panama (with the collaboration of the Environmental Sanitation Division of WHO) in June 1958, on susceptibility and resistance of anophelines. Collaboration was also given in two seminars organized by ICA that selected malaria eradication as a principal topic. The first of these, held in May 1957 in Lima, Peru, was on health education, and the second, in March-June 1958 in Belo Horizonte, Brazil, was on audiovisual aids.

Three workshops on vehicle management and maintenance were organized with the collaboration of UNICEF: the first in April 1958 in Lima, Peru, for the countries of South America; the second at the end of the same month in Tegucigalpa, Honduras, for the countries of Central America; and the third in August 1958 in Trinidad (in English), for the Caribbean area.

*Coordination*

In addition to the coordination functions carried out by the Organization's governing bodies, and as part of the regular activities of the Office of the Director and of the malaria eradication unit, the most effective coordination in this field was developed through the meetings of Directors of National Malaria Eradication Services. Six of these meetings have already been held for the

countries of Central America, two for the countries of South America, and one for English-speaking areas of the Caribbean. At these meetings the Directors of NMES, accompanied by their chiefs of operation, openly and frankly discussed their problems and achievements in an unusually cordial and friendly atmosphere. This has helped bring about standardization of techniques, operating procedures, and terminology. These meetings have in addition helped develop an *esprit de corps* which has done much to make for harmony in the malaria eradication programs in the Americas.

The final acts of the meetings of Directors of NMES include recommendations for coordination among their countries, but in addition some of these countries, such as Venezuela and Colombia, and El Salvador and Honduras, have concluded bilateral agreements to permit reciprocity in the work along their frontiers. For example, squads of one country may spray the border areas of another when these areas are more accessible from their side of the border.

Another highly important form of coordination is that carried out with other international agencies cooperating in the program: UNICEF and ICA. Such cooperation is maintained at all levels, from the preparatory phase of the plans of operation, through the execution of programs in which all three international agencies participate as members of an advisory and coordinating committee or council, to the organization and development of training centers, seminars, and workshops; and at the central office level, through the working groups that make recommendations on ways of improving both technical and financial cooperation. Indeed, this coordination has been so effective that in the Americas, UNICEF, ICA, and PASO constitute a triad with one common objective: the eradication of malaria from the Western Hemisphere.

*Supplies*

The Organization has undertaken to provide certain materials necessary to eradication programs that are not produced in the countries or other political units or provided by UNICEF or ICA, i.e., drugs, protective equipment for spraymen, and some laboratory supplies.

Drugs are provided for the express purpose of facilitating epidemiological evaluation and surveillance operations. A careful plan of operations for the use of these drugs is set forth in Document PASB/ME No. 16,[1] which has been adopted by the majority of the countries and incorporated in their plans of operation.

The protective equipment for spraymen has been the subject of study by specialists and has been furnished in sufficient quantities to protect the spraymen working with dieldrin. Only field experience, however, will show final proof of the effectiveness of this equipment, which is being kept under constant study with a view to its improvement.

Epidemiological operations require considerable amounts of laboratory material. UNICEF has provided the microscopes and the Organization has furnished slides, stains, and other accessories which the governments themselves are not able to acquire in the necessary amounts. An effort has thus been made to ensure that there will be no gaps in malaria case-finding and case-verification for lack of such materials.

*Direct Assistance*

In many cases ICA has helped meet the local costs when a country's financial situation did not permit it to carry alone the burden of a malaria eradication program. In one instance the Organization was asked to help defray local costs and at the same time to assume more active responsibility in the direction of operations.

## COLLABORATION OF OTHER ORGANIZATIONS

In this report many references have been made to the collaboration of national and international organizations, but we could not conclude without specifically acknowledging the contribution of UNICEF and ICA to a task which could not have been accomplished without their firm and generous support. It is expected that UNICEF will allocate an amount of up to $20,000,000 for assistance to the programs in the Americas, basically in the form of insecticides, vehicles and accessories, and laboratory equipment. In cases in which UNICEF has not been in a position to offer collaboration, ICA has made possible the development of the programs or, in some other countries, has supplemented UNICEF's support. But, above all, it is its generous and substantial contribution to the PASO Special Malaria Fund that has made

[1] Mimeographed document.

possible the significant expansion of the Organization's activities in the fields of training, technical advice, coordination, and financial assistance.

In closing, it is fitting to recall the last words of the IV Report presented eight years ago at the XIII Pan American Sanitary Conference in Ciudad Trujillo, which, in summarizing the possibilities of achieving malaria eradication in the Western Hemisphere, stated: "The Americas have the answer." This present report, in setting forth the facts, spells out the answer of the Americas, where eradication is no longer a mere possibility but a job being done. However, to say that we are wholly satisfied would be both premature and dangerous. In an eradication program there can be but one of two alternatives: success or failure. While the decision to undertake eradication was firm and unanimous and is justly a source of pride to the countries of the Americas, we must not forget that this is only the beginning and that we must not let up until the job is done.

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## Annex 2

## STATUS OF AËDES AEGYPTI ERADICATION IN THE AMERICAS[1]

One of the major concerns of the Pan American Sanitary Bureau has been to carry out, as rapidly and effectively as possible, the terms of the resolution of the I Meeting of the Directing Council of PASO (Buenos Aires, 1947)[2] that entrusted to the Bureau the coordination of the continent-wide campaign against the *Aëdes aegypti*. After only slightly more than a decade, and considering the nature of the campaign and the difficulties that have arisen, the present situation is deemed to be encouraging. A summary of the status of the eradication campaign in the Americas is presented below, in alphabetical order by countries and other areas, according to the latest available reports for 1958 and prior years.

### Countries

*Argentina.* Of the 2,051 localities inspected, 141 were found to be *aegypti*-infested. Among the latter, elimination of the mosquito has been confirmed in 106 of 110 localities examined after treatment was applied. The results thus far show that infestation in the tropical and subtropical areas of Argentina is low, though widely dispersed, a fact indicating that railroads have played the key role in spreading the infestation. Few investigations have been made in the temperate zone, where Buenos Aires is located, but two areas outside the city limits were found to be infested, and this fact indicates the degree to which the vector has penetrated. The eradication campaign, undertaken on an intensive scale only since 1955, shows promise of achieving conclusive results in the next few years.

*Bolivia. A. aegypti* is considered to have been eradicated from Bolivia since 1948, according to the standards established for the campaign.

*Brazil.* As revealed in the latest checks, the extensive areas in the eastern and northeastern regions where *aegypti* were until recently present have now been found to be negative. The vector has not been found elsewhere in the country for several years. In order to confirm eradication, the final verification in what were previously the most highly infested areas is now being made with the cooperation of PASB technical personnel. As of the date of preparation of this report, the results have continued to be negative.

*Chile.* All of the 44 previously infested localities showed negative results in the checks made from 1954 to 1955. In a check made in May 1958 with the cooperation of PASB staff, one locality was found to be positive in the area where *aegypti* eradication operations proved to be the most difficult.

*Colombia.* The campaign in Colombia is nearing completion. All of the areas bordering on the Caribbean and along the Magdalena River Valley

[1]Document CSP15/8.
[2]*PASB Publication* 247, 3.

are considered to be free of *A. aegypti*. Checks are being made in a sector of the Cauca highlands, a sparsely populated eastern region and in the Pacific coastal area. It is expected that infestation there will be very low and that the campaign may be terminated by the end of 1958.

*Costa Rica.* The campaign has been in its final phase since 1952. Only the final verification remains to be made; this will be undertaken in September 1958 with the cooperation of PASB personnel.

*Cuba.* The nation-wide campaign, initiated in March 1954, could not be carried through as foreseen because of the shortage of personnel. All the available personnel were concentrated in Havana, in the expectation that within a short time the campaign could be extended to the entire island, at present one of the major *aegypti* strongholds in the Americas.

*Dominican Republic.* Anti-*aegypti* activities have been carried on since 1952 under the direction of the antimalaria campaign. The results have not been satisfactory because operations in the urban areas were conducted only irregularly and, in addition, the *aegypti* showed a certain resistance to DDT. Measures were taken to redefine the campaign and to replace DDT with another residual-action insecticide.

*Ecuador.* Ecuador has been considered to be free of *A. aegypti* since 1953, when the last focus was discovered. The final verification, now under way with the cooperation of PASB technical personnel, is confirming this fact.

*El Salvador.* The capital of the country was the only point found to be positive in the checks made in 1956. The 190 localities previously infested continue to be negative. The areas not previously investigated have been found to be negative. Verification is now being made, with the collaboration of PASB technical staff, in all localities where *aegypti* could possibly be present, so that the campaign may be terminated by mid-1959.

*Guatemala.* All the previously infested localities have been found to be negative. The number of checks made is sufficient to permit a confirmation of eradication, once the supplementary operations of mosquito-capture in urban areas and search for foci in rural areas have been completed. Guatemala is expected to be one of the countries soon to be declared free of *A. aegypti*.

*Haiti.* The situation in Haiti is not satisfactory. Of the 2,377 localities inspected, 603 were found to be positive. In the latter, negative results have been obtained in 408 of 435 localities examined after treatment was applied. The campaign in this country is being reorganized.

*Honduras.* The anti-*aegypti* campaign, interrupted in 1955, when all 53 previously infested localities were already negative, has now been resumed. Campaign operations are being extended to the areas not yet investigated, so that a final verification may be made in the urban zones, with the cooperation of PASB technical staff, in order to confirm eradication of *A. aegypti* by mid-1959.

*Mexico.* When the campaign was interrupted for the second time in August 1955, among the 482 localities initially positive there were 223 in which negative results had still to be obtained or confirmed. It is expected that spraying operations of the antimalaria campaign, started in 1956, will considerably reduce the *aegypti*-infestation in rural areas and that the problem will be confined to the large cities of the Yucatán Peninsula and along the seacoast.

*Nicaragua.* The final verification completed in 1957 with the collaboration of PASB technical staff confirmed the eradication of *A. aegypti* in the 18 areas previously infested in the country.

*Panama. A. aegypti* eradication was also confirmed in Panama in the final verification made in June 1957 with the collaboration of PASB technical personnel. However, an area of 13,295 km² has yet to be investigated.

*Paraguay. A. aegypti* eradication was confirmed in Paraguay in 1955, through the final verification made with the assistance of PASB technical staff.

*Peru.* The 191 localities previously infested are considered to be free of *A. aegypti*. The final verification is under way with the cooperation of PASB technical personnel, and completely negative results are expected.

*United States.* The most recent information indicates that of 15 cities in the south of the country which had indices of from 1 to 21 per cent during World War II, 10 were still positive in 1952, when

inspections in 32 cities revealed, in 21 of them, indices ranging from 0.5 to 50.0 per cent. In surveys made in July 1956 and in 1957 in San Antonio, Texas, indices of 4.5 and 13.0 per cent, respectively, were found. Of the 38 cities inspected during 1957 in the states of Florida, South Carolina, Georgia, Alabama, Mississippi, Louisiana, Texas, North Carolina, Tennessee, Arkansas, Oklahoma, Virginia, Kentucky, Missouri, and Kansas, 17 were found positive, with indices ranging from 1 to 52 per cent. The United States Government, greatly interested in solving the problem, has installed a pilot project in Pensacola, Florida, in order to establish a plan of operations covering all regions of the country where *A. aegypti* may possibly exist.

*Uruguay.* The verification made in Montevideo with the cooperation of PASB technical staff again produced negative results. This was the last test made prior to considering this country free of *A. aegypti*, for the mosquito has been eradicated since 1955 in all the 132 previously infested localities in the interior of the country.

*Venezuela.* The emergency campaign carried out in Caracas and other cities as a protective measure against the 1954 yellow fever outbreak appears to have produced good results, though some important cities, including the capital, continue to be positive. In certain areas *A. aegypti* has shown resistance to DDT, and it is therefore imperative that the latter be replaced by another residual-action insecticide. The Government has made an important budgetary provision for the fiscal year 1958-59, which will make possible the initiation of a campaign to eliminate the mosquito in Venezuela.

### Other Areas

*Antigua and Barbuda.* Of the 49 localities found to be infested when the campaign was initiated, 13 continue to be positive.

*Bahamas.* The anti-*aegypti* activities are limited to the island of New Providence, where only 3 of the 11 localities originally positive continue to be infested. The situation in the remaining 20 inhabited islands of the archipelago has yet to be determined.

*Barbados.* Of the 95 localities initially infested, 13 continue to be positive for *aegypti.*

*Bermuda.* After repeated applications of DDT, this island is considered to be free of *aegypti.*

*British Guiana.* After elimination of the reinfestation in Georgetown, it appears that the results in the other localities previously infested continue to be negative. The final verification will be made as soon as possible.

*British Honduras.* The final verification made late in 1956 with the collaboration of PASB personnel confirmed the absence of *A. aegypti.*

*Canal Zone.* This Zone was found free of *A. aegypti.*

*Dominica.* Of the 66 localities originally infested, 16 continued to be positive in October 1956, the last month under report.

*French Guiana.* French Guiana is considered to be free of *A. aegypti,* inasmuch as all the 55 originally infested localities continue to be negative.

*Grenada and Grenadines.* All the 13 previously infested localities, except the islands of Bequia and Carriacou are now negative.

*Guadeloupe and Dependencies.* In Guadeloupe 21 localities were found to be infested, and 12 of these continue to be positive. Désirade and Marie-Galante have not as yet been investigated. *A. aegypti* were found in the islands of Saint-Barthélemy, Les Saintes, and Saint Martin (northern part), but an eradication program has not yet been started.

*Jamaica. A. aegypti* were found in 42 of the 63 localities inspected. Only 10 of these have shown negative results, a fact indicating that the campaign in Jamaica is not being carried out satisfactorily.

*Martinique.* Of the 34 localities found to be positive on this island, 27 were still infested as of the end of March 1958.

*Montserrat.* Of the 33 localities inspected after treatment was applied, 9 were still positive at the end of June 1958.

*Netherlands Antilles.* In Aruba, after one application of dieldrin, all of the 9 previously infested localities continue to be negative. In Bonaire, DDT is being applied by the perifocal method to eliminate the *aegypti* in 6 localities of the island. Of the 155 originally infested areas in Curaçao, only 4 continued positive after domiciliary application of

dieldrin in 1955. Saba, Saint Eustatius, and Saint Martin (southern part) are considered to be infested.

*Puerto Rico.* As of June 1958, 114 of the 248 originally infested localities, including San Juan, continued to be positive.

*Saint Kitts—Nevis—Anguilla.* Of 33 localities found initially to be infested, 21 are still positive.

*Saint Lucia.* Of 50 localities found to be infested, 46 are now negative.

*Saint Vincent.* All 8 of the previously infested localities were found to be free of *A. aegypti* in 1958.

*Surinam.* Is considered infested and it is hoped to put a plan of eradication into effect.

*Trinidad and Tobago.* Improvement was seen in the Trinidad campaign after its reorganization and after DDT was replaced by BHC applied in short cycles. Of the 121 previously positive localities, 45 continue to have *aegypti.* The situation in Tobago has improved, as revealed by the latest index in 1958, which was under 0.2 per cent.

*Virgin Islands (UK).* These islands (Anegada, Virgin Gorda, Tortola, and Jost Van Dyke), continue to be infested.

*Virgin Islands (USA).* According to the local health authorities, the *A. aegypti* has been eradicated from the island of Saint Croix. The others (Saint Thomas and Saint John) continue to be infested.

As can be seen from the above summary and from the attached map and table, the status of the anti-*aegypti* campaign in the Americas is satisfactory. In South America it has been verified that Bolivia, Brazil, Ecuador, Paraguay, Peru, Uruguay, British Guiana, and French Guiana have already met the conditions under which they can be declared free of *A. aegypti.* The same is true in Central America with reference to the investigated section of Panama and to the Canal Zone, Nicaragua, British Honduras, and Guatemala; and in the Caribbean area with respect to Aruba, Grenada, and Saint Vincent, excluding the Grenadines.

The criterion for accepting eradication, established in the "Manual of Operations for an *Aëdes aegypti* Eradication Service," has been strictly adhered to. In addition to the three consecutive negative verifications for urban areas and two consecutive negative verifications for rural areas, mosquito-capture was undertaken in one third of the houses in urban areas, together with search for foci in all houses in rural areas, when the final verification was made with the cooperation of PASB technical staff.

The nature of the *A. aegypti* campaign in the Americas is such that this undertaking has been an arduous task, owing principally to the fact that, since there is no imminent danger of yellow fever in some countries, there has been a certain indifference toward making the concerted, decisive effort necessary to assure the success of the eradication campaign. In many countries, yellow fever still constitutes a serious problem, one that causes great concern and absorbs much time, effort, and money. In some, the problem is not so evident; in others, this disease, which formerly made violent incursions in port cities, has become almost a memory of the past.

From the epidemiological point of view, the problem will affect all the Americas so long as the urban vector exists, for although many areas are now free of the mosquito, reinfestation can easily occur. Such was the case recently in Cúcuta, Colombia, near the Venezuelan border. There is no possibility of blocking off the virus in the forest areas of South America, owing to the vastness of those areas and the role played by insects, monkeys, and perhaps other animals in spreading the virus, even though one may admit the possibility of immunizing all persons coming into contact with the infested jungle. In spite of the fact that the vaccine used at present is efficacious and of lasting effect, it can fail in some individuals and it would therefore be necessary to maintain permanent inoculation work to protect those individuals coming into contact with the forest areas for the first time, a task that is practically impossible to achieve. The urban vector, on the other hand, can and should be eliminated from the entire Hemisphere.

The attached map and table indicate the degree to which the problem has been reduced since the initiation of the campaign against the *A. aegypti.* If one were to measure the problem throughout the Americas in terms of 100 points, it can be considered that at least 80 of these have already been covered.

Countries or areas free or practically free of the

mosquito already include Bolivia, Brazil, Chile, Costa Rica, Ecuador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Uruguay, Aruba, Bermuda, British Honduras, British Guiana, French Guiana, Grenada, and Saint Vincent. These results are due in large measure to the work previously conducted, up to 1940, in Bolivia, Brazil, Colombia, and Peru under the sponsorship of the Rockefeller Foundation. Beginning in 1948 the Pan American Sanitary Bureau took on the responsibility for expansion of this collaboration to almost all the other countries and for establishing a coordinated campaign technique based on the systematic application of DDT. To extend and improve the campaign, the PASB has advocated a strategy of attack that begins in the vector's most powerful strongholds and reaches out in two vast tong-like maneuvers, with bases in the southern and central regions of the Continent, that will eventually close together in the northern region. This final operation, or the closing of the pincers at the points represented by the Caribbean area and the Gulf of Mexico, to the mosquito's last place of retreat, has yet to be carried out.

The comments or observations that can be made on the campaign undertaken give proof of the rigor with which the guiding principles are being applied. From the technical point of view, the greatest obstacle thus far encountered in the campaign has arisen from overconfidence in DDT. There is still time, however, to remedy the situation. The moderate resistance that has been observed cannot serve as a pretext for abandoning the use of DDT, which is still effective in all the other regions where it is correctly applied. Also, there are other insecticides, such as BHC and dieldrin, that can be used in emergencies. Additional ones are undergoing experimentation, and new and even more effective substances will undoubtedly be discovered. Good organization and supervision of activities are the most important factors in the campaign against *A. aegypti*. The value of insecticides is relative, as was demonstrated by the results obtained with the use of petroleum in Brazil.

There is no doubt that the greatest obstacle yet to be overcome prevails in the Caribbean area, because of its geographic location and the difficulties encountered in attempting to coordinate efforts. The majority of the islands in the area, some widely spread and others grouped in archipelagos, are infested and conditions there are very favorable to the breeding and spread of *aegypti*, for the shortage of water makes it necessary to store water in containers or deposits and transport it from one place to another. The Greater Antilles are faced with the problem of having an extensive territory to cover. This is particularly true of Cuba, which has approximately 100,000 km² of almost entirely flat land where there is a population of more than 5 million and where all the conditions favorable to the spread of the mosquito are present.

Because of the difficulties present, the problem in the Caribbean area has not yet been dealt with adequately. It was not until after the 1954 yellow fever outbreak in Trinidad that the governments directed the necessary attention to the recommendations of the PASB. The irregular application of DDT resulted in the resistance that *A. aegypti* has been showing toward this insecticide in Trinidad, Puerto Rico, and the Dominican Republic. To cope with this situation, much more time and money are being expended than would be required for a normal campaign. It is evident that, from the technical point of view, the campaign in the Caribbean area constitutes the most difficult phase yet to be covered in the fight against *aegypti*.

The development of the program in Argentina and the possibility that the United States may initiate a campaign have called attention to the need for searching for more rapid and economical methods. These two countries have vast areas in which the *aegypti* can persist throughout the year and spread to susceptible areas during the summer. A campaign aimed at eradication requires that those areas be treated and kept under observation for as long as necessary to ensure the elimination of *A. aegypti*, for what is important is not the quantity but the mere presence of the mosquito. Therefore, in these two countries the same general standards as those adopted in other countries should be followed with the adjustments made necessary by the biology of the mosquito. Thus, the summer months would be devoted to mosquito-capture and the winter months to the application of insecticides in localities found to be positive. In this way, the campaign personnel—a staff that cannot be improvised—would be kept at work throughout the year.

The most pressing problem in the anti-*aegypti*

campaign is the need for accelerating the operations in those countries where lack of financial support or failures of a technical nature have delayed the completion of the work. In some countries, real difficulties are being encountered in obtaining the funds required. In others, however, it is a question of willingness and resolve to deal with the problem promptly. With an insufficient and inadequately remunerated staff it will not be possible to carry out a campaign aimed at eliminating the mosquito in a period of from two to four years, when in the majority of cases this goal cannot be attained in twice that time.

The PASB has made every effort, within its budgetary limitations, to meet the needs of all programs in which it participates, by providing international consultants, vehicles, and other material not easily obtained in the particular country, such as insecticides, flashlights and batteries, spray pumps, etc. It would be desirable that in certain cases the PASB also be in a position to contribute toward increasing both the number and the remuneration of local personnel, and that it have available the funds needed to cope with certain difficulties that are hindering the campaign. Unfortunately, no appropriations are available for covering such expenditures.

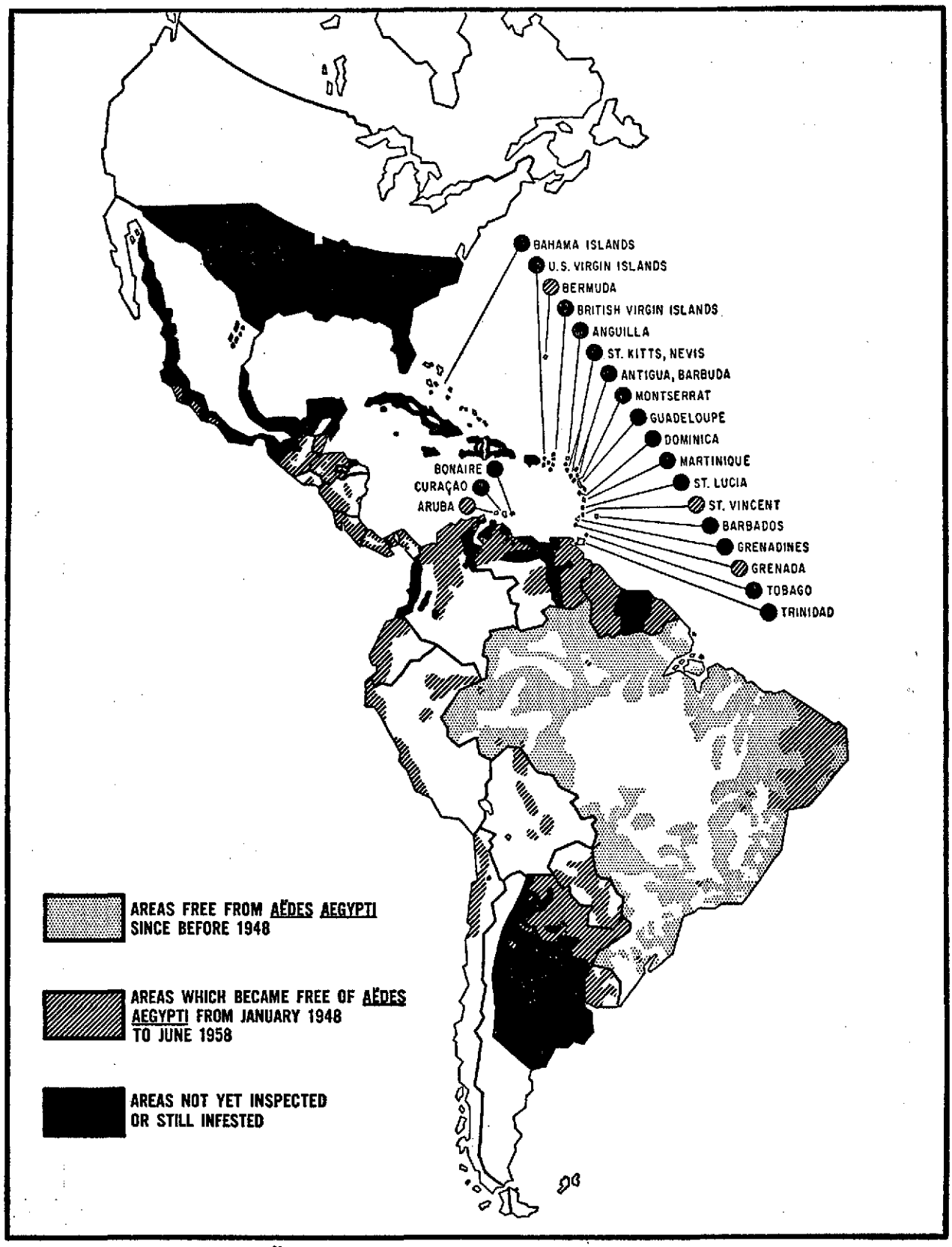
Under the circumstances, it is necessary that during the next four years a special allotment be made available for the purpose of dealing with all the problems in the anti-*aegypti* campaign, so that a concerted effort may be made to achieve eradication within that period. The appropriations for this purpose in the 1958 budget come to a total of approximately $250,000, an amount that is insufficient to meet the costs of intensifying the campaign. The amount required reaches almost $500,000, or double that allotted, a sum that would, however, decrease progressively as the problems are solved in countries where activities have not yet been developed adequately.

It is evident that, if the PASB contribution were increased, further resources would be made available by the countries, and with that additional effort great progress in the *A. aegypti* campaign could be achieved—to the point where, quite possibly, the final extinction of this vector from all the Americas could be announced in a declaration to the next Pan American Sanitary Conference.

## *Summary of the Aëdes aegypti Eradication Campaign in the Americas from its Beginning through June 1958 or Last Reported Month**

| Country | Month of last report | Area (km²) | | | Localities inspected | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Country total | Presumably infested initially | | | Initially positive | | | | |
| | | | | | | | Verified | | | |
| | | | Total | Inspected | Number | Total | Treated | Total | Still positive | To be verified |
| Argentina | IV.58 | 2,808,492 | 1,500,000 | 380,130 | 2,051 | 141 | 110 | 110 | 4 | 31 |
| Bolivia | XII.56 | 1,098,581 | 100,000 | 100,000 | 282 | 65 | 65 | 65 | 0 | |
| Brazil | III.57 | 8,516,037 | 5,358,822 | 5,358,822 | 270,588 | 36,119 | 36,119 | 36,119 | 0 | |
| Chile | V.58 | 741,767 | 50,000 | 50,000 | 81 | 44 | 44 | 44 | 1 | |
| Colombia | VI.58 | 1,138,355 | 280,000 | 241,000 | 3,307 | 353 | 352 | 342 | 16 | 11 |
| Costa Rica | VI.58 | 51,011 | 20,000 | 20,000 | 1,238 | 104 | 104 | 104 | 0 | |
| Cuba | VI.58 | 114,524 | 100,000 | 341 | 26 | 26 | 26 | 24 | 18 | 2 |
| Dominican Republic | V.58 | 48,734 | 42,020 | 33,780 | 1,328 | 332 | 332 | 259 | 30 | 73 |
| Ecuador | VI.58 | 275,000 | 69,454 | 69,454 | 2,824 | 337 | 337 | 337 | 0 | |
| El Salvador | VI.58 | 34,126 | 18,675 | 18,675 | 989 | 190 | 190 | 190 | 0 | |
| Guatemala | VI.58 | 108,889 | 36,443 | 36,443 | 2,485 | 138 | 138 | 138 | 0 | |
| Haiti | VI.58 | 27,750 | 25,000 | 6,800 | 2,377 | 603 | 602 | 435 | 27 | 168 |
| Honduras | VI.58 | 112,088 | 64,929 | 54,029 | 639 | 53 | 53 | 53 | 0 | |
| Mexico | VII.55 | 1,969,367 | 1,000,000 | 100,000 | 924 | 482 | 482 | 418 | 159 | 64 |
| Nicaragua | III.58 | 148,000 | 65,263 | 65,263 | 3,126 | 18 | 18 | 18 | 0 | |
| Panama | VI.58 | 73,475 | 56,246 | 42,951 | 2,845 | 41 | 41 | 41 | 0 | |
| Paraguay | IV.57 | 406,752 | 200,000 | 200,000 | 1,561 | 98 | 98 | 98 | 0 | |
| Peru | XII.56 | 1,311,030 | 714,000 | 638,000 | 4,320 | 191 | 191 | 191 | 0 | |
| Uruguay | III.58 | 187,000 | 187,000 | 187,000 | 1,020 | 133 | 133 | 133 | 0 | |
| Venezuela | XII.57 | 912,050 | 600,000 | 510,000 | 3,125 | 368 | 335 | 288 | 31 | 80 |
| Antigua and Barbuda | VI.58 | 441 | 280 | 280 | 49 | 49 | 49 | 49 | 13 | |
| Bahamas | VI.58 | 11,396 | 11,396 | 150 | 13 | 11 | 11 | 11 | 3 | |
| Barbados | VI.58 | 431 | 171 | 171 | 95 | 95 | 95 | 95 | 13 | |
| British Guiana | V.58 | 214,962 | 4,662 | 4,662 | 93 | 93 | 93 | 93 | 0 | |
| British Honduras | I.58 | 22,965 | 22,965 | 22,965 | 84 | 2 | 2 | 2 | 0 | |
| Dominica | X.56 | 789 | 789 | 710 | 136 | 66 | 66 | 66 | 16 | |
| French Guiana | III.58 | 91,000 | 91,000 | 91,000 | 222 | 55 | 55 | 55 | 0 | |
| Grenada | VI.58 | 311 | 311 | 311 | 8 | 8 | 8 | 8 | 0 | |
| Grenadines | VI.58 | 78 | 55 | 55 | 7 | 5 | 5 | 5 | 2 | |
| Guadeloupe | IV.58 | 1,780 | 1,620 | 29 | 32 | 21 | 19 | 15 | 12 | 6 |
| Jamaica | IV.58 | 11,424 | 11,424 | 8,835 | 63 | 42 | 42 | 23 | 13 | 19 |
| Martinique | III.58 | 1,813 | 1,813 | 1,813 | 34 | 34 | 34 | 34 | 27 | |
| Montserrat | VI.58 | 85 | 85 | 85 | 33 | 18 | 18 | 18 | 9 | |
| Netherlands Antilles: | | | | | | | | | | |
| Aruba | VI.58 | 181 | 181 | 181 | 9 | 9 | 9 | 9 | 0 | |
| Bonaire | I.58 | 285 | 285 | 285 | 6 | 6 | 6 | 6 | 6 | |
| Curaçao | VI.58 | 450 | 450 | 450 | 155 | 155 | 155 | 155 | 8 | |
| Puerto Rico | VI.58 | 8,896 | 8,896 | 5,496 | 481 | 248 | 248 | 248 | 114 | |
| Saint Kitts-Nevis-Anguilla | V.58 | 396 | 396 | 396 | 62 | 33 | 33 | 33 | 21 | |
| Saint Lucia | VI.58 | 603 | 259 | 259 | 50 | 50 | 50 | 50 | 4 | |
| Saint Vincent | VI.58 | 345 | 332 | 332 | 8 | 8 | 8 | 8 | 0 | |
| Trinidad and Tobago | V.58 | 5,228 | 3,108 | 3,108 | 123 | 121 | 121 | 121 | 45 | |

(*) The campaign in Mexico has been interrupted since August 1955. The *Aëdes aegypti* has been declared eradicated in Bolivia, Bermuda, British Honduras, Canal Zone, French Guiana, and Saint Croix (U.S.A. Virgin Islands). The campaign in the United States is in its initial stage. Although the *A. aegypti* is present, a campaign has not been initiated in certain islands of the Caribbean area and in Surinam.




STATUS OF THE AËDES AEGYPTI IN THE WESTERN HEMISPHERE ON JUNE 30 1958

## Annex 3

## STATUS OF SMALLPOX ERADICATION IN THE AMERICAS[1]

The 34th Meeting of the Executive Committee (Washington, D.C., May 1958) decided that a topic on the status of smallpox eradication in the Americas be included on the agenda of the XV Pan American Sanitary Conference.

On the other hand, the Eleventh World Health Assembly adopted Resolution WHA11.54 on eradication of smallpox,[2] which the Director-General of WHO wishes to bring to the attention of all WHO regional committees. As will be seen in the first operative paragraph of that resolution, the Director-General has been requested to carry out a study for the Twenty-third Session of the WHO Executive Board, for which purpose he will need additional information that must necessarily be obtained from Member States. The Director-General expects the cooperation of all regional committees to ensure the speediest possible collection of such information so that the document for the Executive Board will be as realistic and useful as possible.

The above-mentioned resolutions reaffirm the importance that the governing bodies of WHO and PASO attach to the problem of smallpox. In presenting the following information, the Director hopes that it may serve as a basis for discussion of this topic at the Conference.

### Extent of the Problem

Smallpox is still an important public health problem in the Americas. Although in some countries the disease has been eradicated or reduced to a negligible level, in others it continues to be a subject of serious concern, as reflected in its rather high incidence, as indicated in the reports received by the Organization. According to the data available, in 14 countries and 4 other areas in the ten-year period 1948-57, about 129,000 cases of the disease were reported, with at least 18,000 deaths. In the same period, no cases were reported by 8 countries (Canada, Costa Rica, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Panama) and 17 other areas (Alaska, Bahamas, Barbados, Bermuda, British Honduras, Canal Zone, Falkland Islands, French Guiana, Guadeloupe, Hawaii, Jamaica, Leeward Islands, Puerto Rico, Saint Pierre and Miquelon, Surinam, U.S. Virgin Islands, Windward Islands).

Table I shows the geographical distribution of cases of smallpox reported in the period 1948-57, by years.

The table indicates that some countries, such as Mexico, Peru, and Venezuela, which had a high incidence of smallpox, have either eradicated the disease or reduced it to a very negligible level. Others, like Colombia, where the incidence is falling as the result of an eradication campaign, and Bolivia, Brazil, and Ecuador constitute important foci of the disease. As can be seen, most of the Central American and Caribbean regions have reported no cases of smallpox in the last ten-year period. However, since in many of those regions the number of vaccinations performed is relatively small, a great majority of the population is susceptible to the disease.

### Status of the Eradication Program in the Americas

Recognizing the extent of the problem, the XIII Pan American Sanitary Conference (Ciudad Trujillo, 1950) recommended the development of a program for the eradication of smallpox on a hemisphere-wide scale through systematic campaigns of vaccination and revaccination, to be carried out under the auspices of the Organization, in agreement with the interested countries.

In 1952 the VI Meeting of the Directing Council (Havana) authorized the amount of $75,000, and in 1954 the XIV Pan American Sanitary Conference (Santiago) approved a supplementary amount of $144,089, to be utilized for the coordination of a continental eradication program.

*Collaboration with Governments for the Production of Smallpox Vaccine*

As the first stage of this program, it was con-

[1] Document CSP15/17.

[2] *Off. Rec. Wld Hlth Org.* 87, 41.

sidered of the utmost importance to stimulate the production of a high quality vaccine capable of withstanding the effects of the difficult field conditions existing in large areas of the Hemisphere where facilities for transportation and refrigeration are scarce. For this purpose, various national laboratories were provided with the equipment necessary to produce dried smallpox vaccine, with the services of consultants specialized in this field. Technical information on the subject has been distributed, fellowships have been awarded to personnel for training in modern vaccine production methods, and the services of a recognized laboratory have been made available for testing the purity and potency of the vaccine produced by the national laboratories. Such collaboration has been given to Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Peru, Uruguay, and Venezuela.

Table II shows the amounts of smallpox vaccine, glycerinated and dried, produced by certain countries of the Americas for the years 1956 and 1957, according to the data received by the Organization.

Since the production techniques used in various laboratories differed in several aspects, and control tests made by a qualified reference laboratory showed considerable variation in the quality of the vaccine produced, it was deemed advisable to convene a seminar of professionals engaged in vaccine production and control. This seminar met in Lima in August 1956, with the attendance of 19 participants and observers from 10 countries (Argentina, Brazil, Colombia, Cuba, Ecuador, El Salvador, Mexico, Peru, Uruguay, and Venezuela), together with some international consultants. The basic purpose of the meeting was to exchange ideas and experience and to discuss the different techniques of vaccine production, with special emphasis on dried smallpox vaccine. Attention was devoted also to the standardization of the techniques of vaccine control, to the laboratory methods for diagnosing smallpox, and to the results obtained with the use of different types of vaccine in vaccination campaigns. As a direct re-

Table I—*Reported Cases of Smallpox in the Americas, 1948-1957*

| Area | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 |
|---|---|---|---|---|---|---|---|---|---|---|
| Argentina | 166 | 1,609 | 4,788 | 1,404 | 982 | 336 | 256 | 55 | 86 | 335 |
| Bolivia | 831 | 805 | 594 | 728 | 432 | 429 | 624 | 372 | 481 | 1,310 |
| Brazil a) | 1,288 | 670 | 706 | 1,190 | 1,668 | 923 | 1,035 | 2,580 | 2,385 | 842 b) |
| Chile | 5 | 4 | 2,744 | 47 | 15 | 9 | — | — | — | — |
| Colombia | 7,356 | 3,040 | 4,818 | 3,844 | 3,235 | 5,526 | 7,203 | 3,404 | 2,572 | 2,107 |
| Cuba | — | 3 | — | — | — | — | — | — | — | — |
| Ecuador | 3,892 | 664 | 251 | 174 | 665 | 708 | 2,516 | 1,831 | 669 | 913 |
| Guatemala | 6 | 4 | 10 | 3 | 1 | 1 | — | — | — | — |
| Mexico | 1,541 | 1,060 | 762 | 27 | — | — | — | — | — | — |
| Paraguay | 1,702 | 179 | 304 | 282 | 797 | 770 | 207 | 57 | 132 | 95 |
| Peru | 7,105 | 6,305 | 3,612 | 1,218 | 1,360 | 172 | 115 | — | — | — |
| United States | 57 | 49 | 39 | 11 | 21 | 4 | 9 c) | 2 c) | — | — |
| Uruguay | — | 9 | 3 | — | 16 | 7 | 1 | 45 | 42 | 2 |
| Venezuela | 6,358 | 3,951 | 2,181 | 280 | 109 | 72 | 13 | 2 | 4 d) | — |
| British Guiana | — | — | — | 11 | — | — | — | — | — | — |
| Martinique | — | — | — | 1 | — | — | — | — | — | — |
| Netherlands Antilles | — | — | 3 | 1 | — | — | — | — | — | — |
| Trinidad and Tobago | 13 | — | — | — | — | — | — | — | — | — |

— No cases.
a) Data for the Federal District and state capitals, excluding: Salvador 1953 and 1954; Niteroi 1955.
b) Information incomplete.
c) These cases do not fulfill the generally accepted criteria for a diagnosis of smallpox.
d) Clinical diagnosis not supported by epidemiological evidence.

sult of the seminar, several laboratories have improved their production techniques, and control testing is more uniform. Several technical documents presented at this seminar have been reproduced in the PASB *Boletín* and in a special publication[1] which should be of value to all health workers.

*Collaboration with Governments in Vaccination Campaigns*

As sufficient supplies of vaccine of good quality become available, the countries are devoting increased efforts toward achieving eradication of smallpox through active vaccination campaigns. The Organization has collaborated with various governments in the planning and development of these campaigns, either by providing the services of specialized consultants, by awarding fellowships for the training of national personnel, or by supplying limited amounts of equipment. A "Guide for Smallpox Vaccination Programs" was prepared and distributed in 1956.

Table III shows the number of smallpox vaccinations registered in several countries of the Americas for the years 1954 to 1957.

There follows a summary statement on the status of vaccination work in individual countries, with an indication of the difficulties that have prevented some of them from achieving early completion of the campaign.

In *Argentina*, plans are being made to extend the smallpox vaccination campaign throughout the entire country; mass vaccination activities have been initiated in some of the northern provinces. The glycerinated vaccine at present produced in the country is of good quality and sufficient in quantity to cover the national needs. The production of dried smallpox vaccine is still small.

In *Bolivia*, the nation-wide campaign is ready for implementation this year, using imported vaccine until the national production center is able to

[1] *PASB Scientific Publication* 29 (March 1957).

Table II—*Production of Smallpox Vaccine, in Doses, in 20 Countries of the Americas, 1956 and 1957*

| Area | 1956 | | 1957 | |
|---|---|---|---|---|
| | Glycerinated vaccine | Dried vaccine | Glycerinated vaccine | Dried vaccine |
| Argentina | 8,342,500 | ... a) | 20,000,000 | 110,000 |
| Bolivia | ... | ... | ... | ... |
| Brazil | 12,000,000 b) | ... | 12,000,000 | ... |
| Chile | 1,332,512 | 998,750 | 2,500,000 | 500,000 |
| Colombia | 4,436,125 | 170,000 | 6,688,300 | 550,600 |
| Costa Rica | — | — | — | — |
| Cuba | ... | ... | 190,000 | ... |
| Dominican Republic | — | — | — | — |
| Ecuador | 335 | 1,093,325 | ... | 942,425 |
| El Salvador | 20,234 | — | 221,500 | — |
| Guatemala | 200,700 | — | ... | ... |
| Haiti | — | — | — | — |
| Honduras | ... | ... | 312 c) | ... |
| Mexico | 12,068,630 | 31,000 | 9,482,820 | 9,500 |
| Nicaragua | 304,800 | ... | 1,113 d) | ... |
| Panama | — | — | — | — |
| Paraguay | — | — | — | — |
| Peru | ... | ... | 865,365 | 2,101,200 |
| Uruguay | 2,621,050 | 271,500 | 1,500,000 | 110,000 |
| Venezuela | 3,849,500 | 100,000 | ... | ... |

a) Experimental stage
b) Estimated number
c) Cubic centimeters
d) Grains
... Data not available
— No production

meet the demands. During 1957, several outbreaks of smallpox occurred in Cochabamba and in La Paz Department, and to combat these outbreaks emergency vaccination campaigns were conducted, using dried vaccine obtained from Chile and Peru. Up to March 1958, approximately 1,100,000 persons had been vaccinated. The International Cooperation Administration of the U.S. is actively collaborating in this program.

In *Brazil*, two laboratories for dried smallpox vaccine production are being established, and formal agreements have been signed for eradication campaigns to be carried out in the states of Rio Grande do Sul and Pernambuco.

In *Chile*, the eradication campaign, which was executed largely by the general local health services, has already covered the entire country. Activities to maintain the protection level in the population have been intensified, particularly in the rural areas, where smallpox vaccination is performed in conjunction with BCG immunization. Measures are also being taken to increase the production of dried smallpox vaccine in the country.

In *Colombia*, the nation-wide campaign was initiated in October 1955 with the aim of vaccinating 80 per cent of the population, or a total of 9,600,000 vaccinations, over a period of five years. As of June 1958, 3,428,181 persons had been vaccinated. With the increased production of dried vaccine at the Samper Martínez Institute, and the solution of certain administrative difficulties that have delayed the campaign, it is expected that the established goal will be achieved within the five-year period.

In *Cuba*, glycerinated vaccine of good quality is produced. The Government has contributed 500,000 doses to the regional programs and has announced a contribution of 2 million doses to the World Health Organization. No dried smallpox vaccine is being produced at present.

In *Ecuador*, plans have been completed for the

Table III—*Number of Primary Vaccinations and Revaccinations Registered in 20 Countries of the Americas, 1954-1957*

| Area | Year 1954 | Year 1955 | Year 1956 | Year 1957 |
|---|---|---|---|---|
| Argentina | ... | ... | 117,862 | ... |
| Bolivia | 226,036 | 505,443 | 270,948 | ... |
| Brazil | ... | ... | 816,908 a) | ... |
| Chile | 498,234 | 605,704 | 783,188 | ... |
| Colombia | 1,645,633 | 1,473,105 | 2,710,579 | 2,725,936 |
| Costa Rica | ... | ... | 13,046 | ... |
| Cuba | ... | ... | 14,627 | ... |
| Dominican Republic | ... | ... | 5,359 | ... |
| Ecuador | ... | 512,207 | 289,024 | 247,504 |
| El Salvador | ... | ... | 31,359 | ... |
| Guatemala | ... | ... | 137,236 | ... |
| Haiti | ... | ... | 4,185 | 116,732 |
| Honduras | ... | ... | ... | ... |
| Mexico | 1,221,200 | 1,243,690 | 4,693,174 | ... |
| Nicaragua | ... | ... | 13,675 | ... |
| Panama | ... | ... | ... | ... |
| Paraguay | 232,246 | 175,694 | 221,811 | 668,139 |
| Peru | 460,684 | 831,238 | 873,879 | 751,396 |
| Uruguay | ... | ... | 196,996 | ... |
| Venezuela | 1,257,609 | 1,269,345 | 1,132,812 | 773,855 b) |

... Data not available.
a) Vaccination performed with vaccine distributed by the Ministry of Health only.
b) January-July.

nation-wide vaccination campaign, which it is expected will be under way by the time this document is distributed. The activities in this country were reorganized following outbreaks in 1957 that totalled 913 cases, including an outbreak in Quito. The national laboratory is producing dried smallpox vaccine in sufficient quantity to meet the needs of the planned campaign.

In *Haiti,* the Government has taken advantage of the surveillance phase of the yaws campaign in order to implement a smallpox vaccination program, one that began in the principal cities of the country in 1957. Up to 116,732 vaccinations have been administered. The vaccine is being provided free of charge by Cuba, Mexico, Peru, and Venezuela and by the Organization, which has furnished 300,000 doses acquired in Peru.

In 1950 *Mexico* undertook a very active eradication campaign covering the entire national territory, with very successful results. No cases of smallpox have been reported since 1951. Adequate levels of immunity are being maintained through vaccination as a regular practice of the local health services. The production of dried smallpox vaccine, which is in initial stages, will be accelerated in 1958.

In *Paraguay,* the mass vaccination campaign, started in 1957, had covered almost 320,000 persons by May 1958, using vaccine produced abroad.

In *Peru,* the eradication campaign started in 1950 and has covered 6,931,183 persons, or 78.7 per cent of the country's population. The success of this well-organized campaign is demonstrated by the fact that no cases of smallpox have been reported from Peru since December 1954. Since the completion of the mass campaign, the local health services have assumed the responsibility for vaccination. The dried vaccine produced by the National Institute of Hygiene has been of good quality.

In *Uruguay,* a vaccination campaign has been organized in the area bordering with Brazil. Plans are being made to expand these activities in 1958 in order to cover the entire country. Measures for the installation of dried-vaccine production units are also being planned.

The campaign in *Venezuela* has been completed successfully throughout the national territory. Among the measures being taken to consolidate the results are plans to increase the production of dried smallpox vaccine and to integrate smallpox vaccination as a routine activity in the local health services.

## Conclusion

The smallpox eradication campaign in the Americas is progressing more slowly than was first anticipated. In spite of the excellent results obtained by various countries that have completed eradication or reduced the incidence of smallpox to a negligible level, the disease is still an important public health problem in the Americas. The achievement of eradication throughout the Hemisphere requires the concentrated efforts of the countries concerned, both for the protection of their own populations and for the safety of other countries that have already taken the necessary steps to eradicate the disease. It is understood that in many countries the delay has been due to financial and administrative difficulties. Among the major administrative problems are the timely acquisition of supplies and materials and the recruitment of a sufficient staff of well-disciplined and adequately remunerated workers. Obstacles resulting from inadequate transportation facilities and deficient systems for payment of travel expenses of field workers are also to be overcome.

The financial expenditure required for completion of the hemisphere-wide campaign to eradicate smallpox is relatively small when compared with the enormous costs of campaigns to eradicate other major diseases. Governments should be in a position to ensure the necessary provision in the national budgets for the prosecution of the eradication activities. In view of the high priority assigned to this program by the governing bodies, the Organization's budgets for future years will propose sufficient funds to give firm support to the campaigns undertaken by individual countries.

A completely effective weapon against this disease is available; it has been available for many years. Properly organized and systematic campaigns to administer smallpox vaccine to the population are measures sufficient to ensure complete protection against the disease. Through these measures, eradication can and should be achieved in the Americas.

There should, therefore, be special emphasis on the need for the countries to make every effort

necessary to surmount all administrative or financial difficulties that may have delayed the anti-smallpox activities and to give to the smallpox eradication program the importance and priority it deserves from the point of view of national and international health.

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## Annex 4

## TECHNICAL DISCUSSIONS ON THE TOPIC "THE PREVENTION OF ACCIDENTS IN CHILDHOOD"

### A. Rules for Technical Discussions at Meetings of the Pan American Sanitary Conference and of the Directing Council[1]

PART I

*Purpose of the Technical Discussions*

Art. 1. The Pan American Sanitary Conference (hereinafter referred to as "the Conference") and the Directing Council of the Pan American Sanitary Organization (hereinafter referred to as "the Council") shall meet in special session to hold Technical Discussions to deal with matters of regional interest related to the activities of the Pan American Sanitary Organization and of the national public health administrations, the study of which may produce immediate and practical results.

PART II

*Nature of the Technical Discussions—Participation*

Art. 2. The Technical Discussions shall form part of the business of the Conference and of the Council.

Art. 3. Participation in the Technical Discussions shall be open to delegates, alternates, or advisers of the delegations accredited to the Conference or the Council meeting at which the Discussions are held.

Art. 4. Representatives of international organizations, intergovernmental or nongovernmental, that maintain official relations with the World Health Organization or with the Pan American Sanitary Organization, may participate in the Technical Discussions.

Art. 5. In the Technical Discussions, opinions are expressed in a personal capacity.

Art. 6. The documents pertaining to the Technical Discussions shall be issued by the Pan American Sanitary Bureau separately from the documents of the Conference or the Council.

PART III

*Selection of Topics for Technical Discussions*

Art. 7. The Conference or the Council, as the case may be, shall each year select the topic or topics for the Technical Discussions to be held during the ensuing meeting of either of these two governing bodies. The Member Governments and the Director of the Bureau may propose topics prior to those meetings or in the course of them. The Conference or the Council may delegate the selection of topics to the Executive Committee.

Art. 8. The Director of the Pan American Sanitary Bureau shall, at the earliest possible date, inform the Member Governments, territories, and organizations entitled to representation, of the topic or topics selected for the Technical Discussions.

PART IV

*Designation and Duties of the Experts*

Art. 9. The Director of the Pan American Sanitary Bureau shall designate the necessary experts to present an introductory statement on each topic selected for the Technical Discussions.

Art. 10. The Pan American Sanitary Bureau shall place at the disposal of the designated experts such background material as may be considered useful for the preparation of their respective introductory statements.

Art. 11. A copy of the introductory statement

[1]Document CSP15/26, Rev. 1.

prepared by each expert shall be transmitted by the Director of the Pan American Sanitary Bureau, as far in advance as possible, to the Member Governments, territories, and organizations entitled to a representation.

Art. 12. The Pan American Sanitary Bureau shall not be held responsible for the opinions and ideas expressed in the introductory statements.

PART V

*Organization of the Technical Discussions*

Art. 13. The Conference or the Council on examining the program of sessions, shall schedule the date on which the Technical Discussions are to be held. Preferably, the date should fall approximately midway in the course of the Conference or the Council meeting.

Art. 14. The Technical Discussions will be held in special session, and while they are being held no other activity of the Conference or the Council shall take place.

Art. 15. A moderator and a rapporteur shall be elected for each topic. The moderator shall preside and shall organize the work of the Technical Discussions in such a manner as to facilitate the active discussion of the topics.

Art. 16. The Director of the Pan American Sanitary Bureau shall appoint a technical secretary to assist the rapporteur and the moderator of each topic.

PART VI

*Deliberations and Reports*

Art. 17. The Technical Discussions shall open with a statement by the designated expert or experts, who will give a brief summary of the introductory paper prepared for the Discussions.

Art. 18. The Conference or the Council may establish working parties to examine the Technical Discussion topics. Each working party shall elect a moderator and a rapporteur, who will be assisted by the technical secretary appointed by the Director of the Pan American Sanitary Bureau.

Art. 19. No minutes of the sessions shall be kept. The rapporteur shall prepare a report summarizing the opinions expressed in the course of the Technical Discussions and stating the conclusions reached, if any.

Art. 20. The moderator shall transmit the report of the Technical Discussions to the Conference or the Council, for presentation in plenary session.

Art. 21. The Conference or the Council may adopt decisions on the topic of the Technical Discussions, following the same procedures as those applied for the other decisions of the meeting.

Art. 22. The Director of the Bureau shall give the widest possible distribution to the reports and other documents, through the *Boletín* and other special publications of PASB.

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## B. Introductory Paper[1]

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### I. INTRODUCTION

The concern of the national health administrations of the Americas with the problem of accidents in childhood reflects the range and variety of Western Hemisphere cultures. Both the relative magnitude and specific nature of the problem change constantly as national or regional boundaries are crossed in this part of the world. Indeed, even within the boundaries of a single nation the dimensions and characteristics of the problem exhibit remarkable diversities.

Hand-in-hand with the growing concern over the problem created by accidents there is the full realization that a proper balance must be maintained between the search for solutions to the traditional, and in many countries the *continuing*, child health problem such as the contagious diseases, and the development of new knowledge and

[1]Document CSP15/4.

skills that will contribute to the reduction of deaths, injuries, and disabilities caused by accidents in childhood.

There is little need to justify the added emphasis on accident prevention, when we consider that accidents are already the leading cause of death in 13 countries in this Hemisphere in the age groups of 5-14 years, and that if the trends of the past two decades continue we shall find within 20 years that in many nations of the Americas accidents will constitute the leading cause of death for all age groups 1 to 15 years.

Fatal accidents in these age groups cause immeasurable loss of human resources, and even the nonfatal accident is a far greater source of human loss than the nonfatal case of a contagious disease. In the latter instance recovery is usually complete (with notable exceptions such as in polio). The prolonged and often permanent disability that may well be the sequel to a nonfatal childhood accident (loss of limbs, sight, etc.) is an enduring economic handicap to the individual, the family, the community, and the nation. Added to this important consideration is the financial factor of longer and usually more expensive (more specialized) hospitalization required by accident patients as contrasted with contagious disease patients.

Granted, then, the urgency (and, indeed, economic necessity) of organizing a broad attack on the childhood accident problems, how shall we proceed?

No large-scale health effort can be launched without the efficient assembly of adequate data. Specific plans must be based on the results of specific surveys, studies, analyses, and related procedures.

Fortunately, the same methods that have contributed to health problems in the past are adaptable to this new undertaking. The epidemiologic approach is an invaluable tool that is already in our hands and need only be applied to the accident problem to serve our needs.

Once the established techniques of fact-finding and case-finding have defined the childhood accident prevention problem in any given area or community and have thereby identified the types and causes of accidents with which we must deal, the general problem inevitably appears in its true light as a combination or pattern of specific problems.

Each specific accident hazard requires specific methods of prevention. Safety principles must be adapted to each hazard; they are not susceptible of universal inculcation.

The traffic-filled street in New York or Rio de Janeiro, the Texas ranch, the Peruvian mountain village—each type of environment, each type of culture—produces a unique group of accident hazards and calls for a unique program of accident prevention.

## II. COMPARATIVE ANALYSIS OF MORTALITY AND MORBIDITY IN CHILDHOOD

Nothing illustrates more clearly the geographical variation in the relative significance of accidents as a child health problem than an analysis of mortality tables. Charts 1 and 2 present data for 17 countries of the Americas, and Puerto Rico, Jamaica, and Trinidad on the five principal causes of death (with rates per 100,000 population) for children in two age groups, 1-4 and 5-14 years, for 1956. In considering death rates in these two age groups, it should be noted that the rates are much lower for the age period 5-14 years, than for the age period 1-4 years when mortality in children continues to be excessive in many countries.

The contrast between the northern and southern sections of the Hemisphere is immediately apparent when it is noted that only in the United States and Canada were accidents the leading cause of death in the 1-4 age group. In only eight of the remaining countries were accidents even listed among the five leading causes of death.

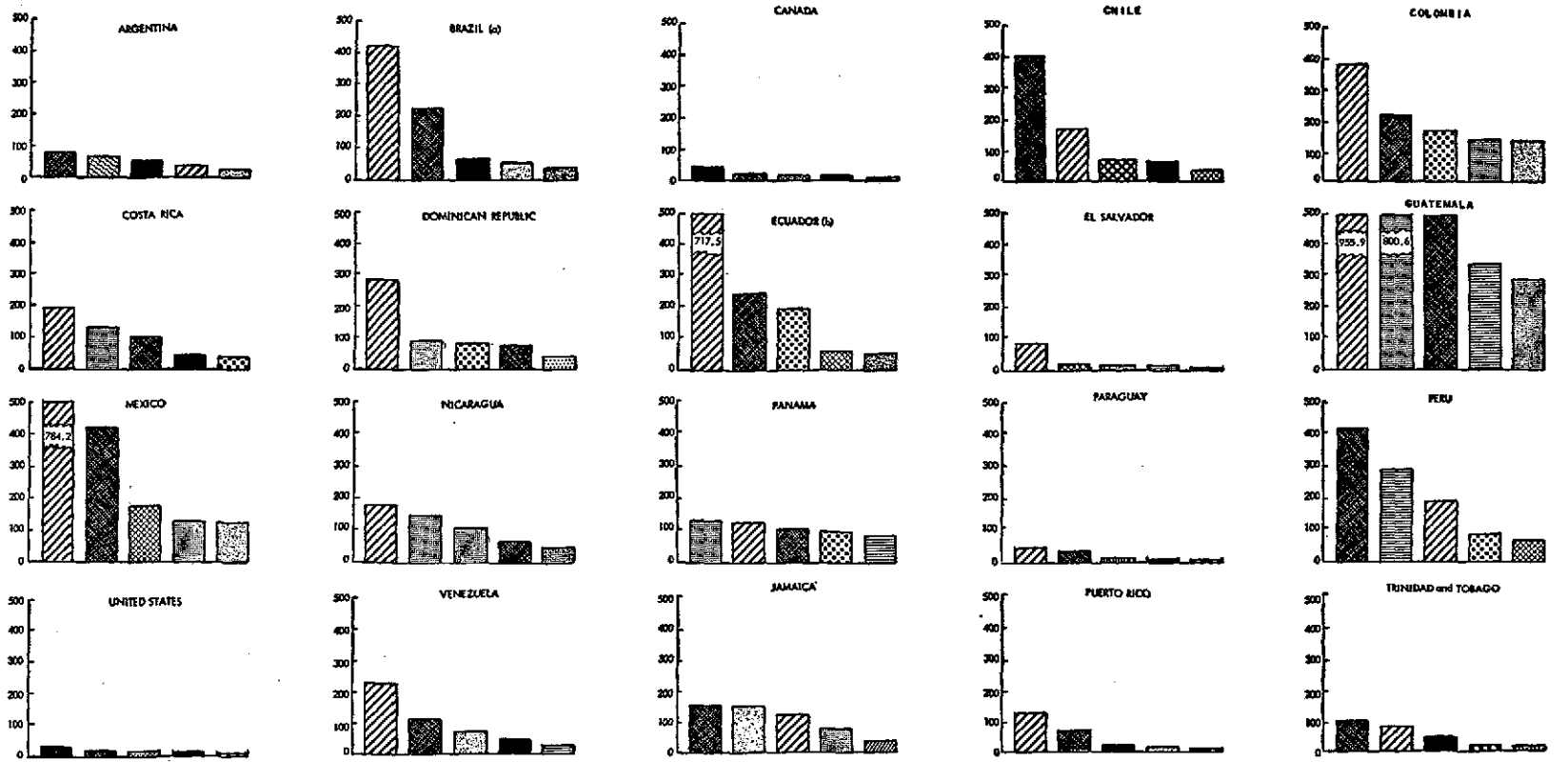
Gastritis, enteritis, etc., on the other hand, remain the leading cause of death in 12 of the countries and are among the five leading causes in all countries, although they rank fifth in both Canada and the United States.

Even allowing for a complete lack of uniformity in reporting procedures, these contrasts document the striking variations in the relative status of accidents as a child health problem in the Americas.

When we consider the 5-14 age group, however, we find that accidents are the leading cause of death for this group in two thirds of the countries reporting and that only in Guatemala are accidents missing from the five chief causes of death. The highest rate given is for Ecuador (capital

Chart 1 PRINCIPAL CAUSES OF DEATH AMONG CHILDREN AGES 1 THROUGH 4 - AMERICAS 1956

(Rates per 100,000 population)



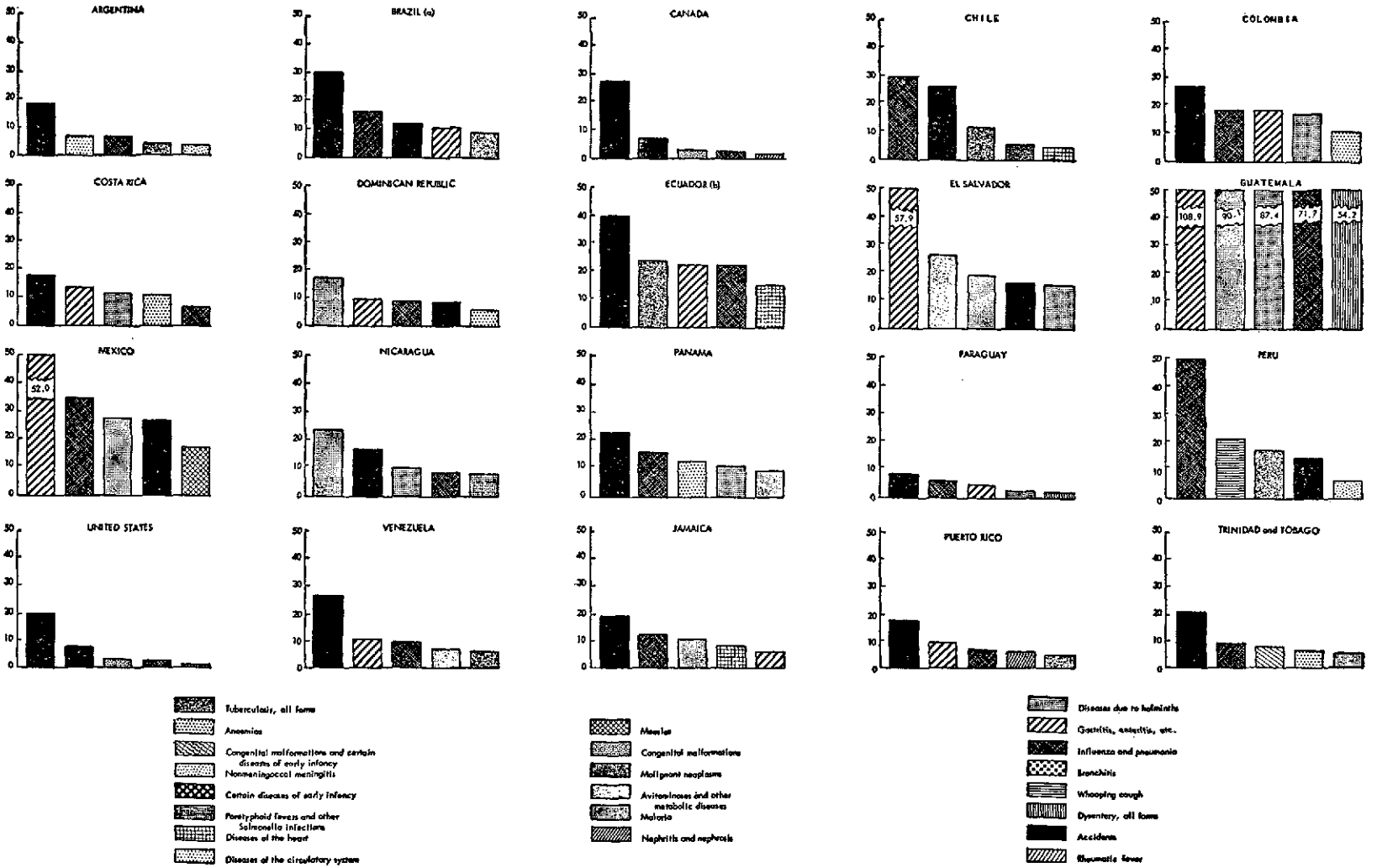

Note: (a) Includes only Federal District and 7 State capitals
(b) Includes only capital cities of provinces

Source: Summary of 4-year reports on health conditions in the Americas - 1958 - PASB

DHEW-PHS Accident Prevention Program
Division of Special Health Services
May 1958

Chart 2 PRINCIPAL CAUSES OF DEATH AMONG CHILDREN AGES 5 THROUGH 14 - AMERICAS 1956

(Rates per 100,000 population)




Note: (a) Includes only Federal District and 7 State capitals
(b) Includes only capital cities of provinces

Source: Summary of 4-year reports on health conditions in the Americas - 1958 - PASB

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Division of Special Health Services
May 1958

cities of provinces), where the figure (39.7) is almost double the United States rate of 20.0.

Comprehensive morbidity data on childhood accidents in the Americas are not available, but the indications from several sources are that accident morbidity rivals the more common nonfatal diseases.

Table 1 from the California Health Survey of 1954-1955 illustrates this point and reveals that incidence of illness from accidents ranks second only to diseases of the respiratory system for persons under 15 years of age.

In assaying the magnitude of a health problem such as this, the conclusions drawn from morbidity data serve to complement the evidence of mortality data in creating the total picture of the human, social, and economic significance of the problem in question. The amount of professional and skilled service any community must supply to cope with accident consequences is a vital factor to be studied, and morbidity data reflect such expenditures by communities.

It is highly significant, for example, that in November 1956 8 per cent of all hospital beds in the United States were occupied by accidents victims (as reported in the A.M.A. Hospital Survey).

Equally significant is the record of the La Posta Infantil Hospital in Valparaiso, Chile, where 10 per cent of the 31,510 visits to this children's facility in 1957 were made necessary by accidents (fractures, bites, poisonings, burns, wounds, and the like).

### III. MORTALITY AND MORBIDITY OF ACCIDENTS IN CHILDHOOD

For those who survive the common diseases of infancy and childhood, there is the ever-present threat of death or injury from accidents. This threat is both widespread and complex. The complexity of the accident problem is revealed by the differences which are indicated country by country, as well as by age, sex, race, agent involved, type of injury, season of the year, day of week, time of day, place of residence, and many other factors.

Throughout the Americas, frequently encountered causes of accidental death in children are motor vehicle accidents, drowning, burns, poisoning, falls, and bites from poisonous insects and snakes.

The number of reported deaths from accidents in the Americas of children 1-4 and 5-14 years of age, with rates per 100,000 population, is presented in Table 2 (see page 484).

The distribution by age and sex for the five principal causes of accidental death for these age groups is presented for the United States and Venezuela in Tables 3 and 4 (see page 485).

Many authors have commented on the greater number of fatal and nonfatal injuries among young males, and the data in Tables 3 and 4 tend to support such observations. It is generally assumed that the growing boy is more active and more apt to take risks than a girl of the same age. Analysis of specific causes of mortality for the United States and Venezuela reveals other striking differences. In the 5-14-year-old females in Venezuela, for example, burns are the most frequent cause of accidental death. In boys of the same age, drowning is the most frequent cause, and burns rank fifth. Obviously, such differences are related to exposure factors. The risk of drown-

Table 1—*Selected Measures of Illness by Diagnosis for Persons under 15 Years of Age with Rates per 1,000 Persons per Year*

| Diagnostic group | Incidence of illness | Days of disability | Hospital admissions | Hospital days |
|---|---|---|---|---|
| Total | 5,243 | 17,340 | 40 | 231 |
| Infectious and parasitic diseases | 260 | 2,680 | 2 | 29 |
| Neoplasms | 10 | 120 | 1 | 4 |
| Cardiovascular diseases | 20 | 380 | — | — |
| Diseases of respiratory system | 2,520 | 8,810 | 16 | 36 |
| Diseases of digestive system | 635 | 1,590 | 5 | 38 |
| Accidents | 1,033 | 700 | 6 | 31 |
| All others | 765 | 3,060 | 10 | 93 |

Source: "Health in California," California Health Survey, State of California, Department of Public Health, September 1957.

ing is greater for boys, because more boys are exposed to the risk. Burns are more frequent for girls, because they spend more time in the home at this age learning how to cook, and, of special importance, wear clothing (dresses) more susceptible to fire hazards.

In Puerto Rico a slightly different pattern is noted for the age group 1-4. Accidental poisoning is the leading cause of accidental death, followed by burns, motor vehicle accidents, drowning, and falls.

An interesting problem has been encountered in Mexico, where deaths from tetanus are frequent in the age group 5-14. Since most cases of tetanus are preceded by an untreated injury, usually a laceration or puncture wound of the foot, it is not at all improper to consider these deaths as being caused by accidents.

Accidental poisoning has been highlighted in recent years as a special part of the accident problem. In most of the Americas the majority of such cases involve children under two years of age. The common agents responsible for fatalities in the United States are petroleum products, aspirin and salicylates, arsenical compounds, and lead and its compounds (Table 5) (see page 486).

Central and South American countries also report that petroleum products, insecticides and pesticides are frequently involved in fatal poisoning. Rat paste, for example, causes many deaths in Venezuela.

Better definition of the problem of accidental poisoning is possible when hospitals and emergency centers keep simple but accurate records of the agents involved. Table 6 summarizes, by type of substance, the experience of 23 poison control centers in the United States (see page 487).

In approximately 25 per cent of those cases involving medicines, aspirin or other salicylates were the agents ingested. By contrast, aspirin is seldom the agent of poisoning in Latin America. In 230 cases seen in one year at a children's hospital in South America, only 2 cases involved aspirin or salicylates. Petroleum products and clorox were the two most frequent offenders reported by this institution.

On the basis of the first 6 months' report of the National Health Survey in the United States, it is estimated that approximately 16 million children are injured each year, with the rate about twice as great in the male as in the female. Of females under 15 years of age, one child in three is injured

Table 2—*Number of Deaths from Accidents in Children 1-4 Years and 5-14 Years with Rates per 100,000 Population in the Americas, 1956*

| Area | 1-4 Years | | 5-14 Years | | Area | 1-4 Years | | 5-14 Years | |
|---|---|---|---|---|---|---|---|---|---|
| | Number | Rate | Number | Rate | | Number | Rate | Number | Rate |
| Argentina a, b) .. | 690 | 42.9 | b) 670 | 18.6 | Mexico e) ..... | 2,056 | 56.5 | 2,091 | 26.7 |
| Brazil c) ..... | 324 | 61.8 | 309 | 30.1 | Nicaragua ..... | 40 | 25.6 | 59 | 16.8 |
| Canada d) ..... | 702 | 45.5 | 895 | 27.7 | Panama ..... | 30 | 26.5 | 52 | 23.1 |
| Chile ..... | 423 | 61.9 | 416 | 26.2 | Paraguay ..... | 29 | 14.1 | 37 | 8.4 |
| Colombia ..... | 897 | 53.2 | 904 | 27.0 | Peru a) ..... | 289 | 30.3 | 310 | 14.6 |
| Costa Rica ..... | 47 | 37.2 | 47 | 18.1 | United States e) . | 4,791 | 32.6 | 6,099 | 20.0 |
| Dominican Rep. e) | 76 | 21.7 | 56 | 8.3 | Venezuela ..... | 329 | 43.2 | 369 | 25.6 |
| Ecuador e, f, g) . | 56 | 49.7 | 89 | 39.7 | Jamaica h) ..... | 46 | 29.9 | 67 | 18.4 |
| El Salvador e) ... | 61 | 23.5 | 93 | 16.6 | Puerto Rico e) .. | 61 | 20.2 | 102 | 16.9 |
| Guatemala e) .... | 61 | 14.2 | 145 | 17.5 | Trinidad & Tobago | 38 | 44.3 | 34 | 20.9 |

Source: *Summary of Four-Year Reports on Health Conditions in the Americas*, Pan American Sanitary Bureau, June 1958.

a) Year 1953.
b) Detailed List numbers E800-E999, *International Statistical Classification of Diseases, Injuries, and Causes of Death*, WHO.
c) Federal District and seven State Capitals.
d) Excluding Yukon and Northwest Territories.
e) Year 1955.
f) Capital cities of provinces.
g) Rates on population estimated by the Pan American Sanitary Bureau.
h) Year 1954.

each year, the majority in or around the home. Although detailed data on the sites of childhood accidents are not now available, preliminary analysis of the U.S. National Health Survey data for all age groups shows that 45 per cent of all accidental injuries occur in the home, 10 per cent on the highway, 30 per cent in public places, and 14 per cent at work. A study on accident cases treated in the emergency room of the municipal hospital in San Juan, Puerto Rico, had a somewhat similar pattern of results: 56 per cent of all injuries were caused by home accidents, 34.5 per cent were accidents in public places, 6 per cent were motor vehicle accidents, and 3.5 per cent were work accidents.

The use of a uniform accidental injury report, such as the one shown on page 488, can provide a wealth of data in a short period of time, especially if treatment agencies such as hospitals and emergency rooms, which care for a large number of injury patients, agree to cooperate. Such a system can easily be instituted and can provide quick results. On the basis of data thus gathered, preventive measures can be designed to meet the specific accidental injury problems of the community.

### IV. CAUSATIVE FACTORS IN CHILDHOOD ACCIDENTS

Accident causation is beginning to inspire formal research programs of an increasingly elaborate nature. Almost every one of the physical, natural, and social sciences has something to contribute to our understanding of this problem.

There is some risk at this stage, therefore, of being overwhelmed by the complexity of research needs or confused by the tremendous scope of research possibilities. Every aspect of the classic epidemiologic trinity—host, agent, environment—undoubtedly contains secrets that will ultimately yield to study and enhance our understanding of accident causation.

Viewing the child himself as the "host," we clearly need to learn as much as we can about his growth and development, about the relationship between his mental and physical condition and accidents, about his educational background and progress—all this type of knowledge will help to define the child as an "accident host."

The "agent" in childhood accidents can be almost everything he comes in contact with, and this group of causative factors must be studied in a systematic and specific way if even limited progress is to be made. The motor vehicle is a prime example of an accident agent that is readily identified and isolated for study.

Table 3—*Principal Types of Accidental Deaths in Children Ages 1-4 Years and 5-14 Years, Continental United States, 1956*

| 1-4 Years | | |
|---|---|---|
| Type of accident | Males | Females |
| Motor vehicle | 800 | 638 |
| Fire and explosion of combustible material | 443 | 472 |
| Drowning | 463 | 191 |
| Poisoning—solid or liquid | 196 | 140 |
| Falls | 155 | 99 |

| 5-14 Years | | |
|---|---|---|
| Type of accident | Males | Females |
| Motor vehicle | 1,785 | 855 |
| Drowning | 981 | 204 |
| Fire and explosion of combustible material | 263 | 404 |
| Firearms | 357 | 72 |
| Falls | 138 | 50 |

Source: National Office of Vital Statistics—*Vital Statistics of the United States, 1956.*

Table 4—*Principal Types of Accidental Deaths in Children Ages 1-4 Years and 5-14 Years, Venezuela, 1954*

| 1-4 Years | | | |
|---|---|---|---|
| Males | | Females | |
| Type of accident | Deaths | Type of accident | Deaths |
| Drowning | 47 | Drowning | 38 |
| Motor vehicle | 28 | Burns | 27 |
| Poisonings | 28 | Motor vehicle | 22 |
| Burns | 26 | Poisonings | 19 |
| Poisonous bites by venomous animals | 6 | Falls | 7 |

| 5-14 Years | | | |
|---|---|---|---|
| Males | | Females | |
| Type of accident | Deaths | Type of accident | Deaths |
| Drowning | 55 | Burns | 31 |
| Motor vehicle | 44 | Motor vehicle | 28 |
| Poisonous bites by venomous animals | 39 | Drowning | 15 |
| Falls | 19 | Poisonous bites by venomous animals | 6 |
| Burns | 15 | Falls | 4 |

Source: Unpublished data from Division of Epidemiology and Vital Statistics, Department of Public Health, Ministry of Public Health and Welfare, Republic of Venezuela.

Specific toxic substances that cause accidental poisonings offer a similarly delimited field for study.

In general, advances will be achieved by careful pursuit of specific study goals.

The child's "environment"—the third element in the epidemiologic triad—is as small as the crib or as large as the whole community, depending upon the age of the child. Geography, climate, economics, sociology, even history and politics play a part in moulding the child's environment and in creating the causative relationship between that environment and accidents.

Since space does not permit an exhaustive analysis of this multitude of causative factors, we must be content with calling attention to a suggestive and thoughtful presentation of the problem in graphic terms.

The graphic "flow-chart" shown on page 490, is taken from *Uniform Definitions of Home Accidents*[1] and was developed by a group of specialists concerned with causative factors in accidents, brought together by the Public Health Service, the National Safety Council, and the American Public Health Association.

Although the type of accident situation illustrated by this chart is that occurring in the home, the dynamic principles involved are common to all accidents. Furthermore, even a cursory study of the upper half of the chart (the "Persons" section) shows immediately how applicable these principles are to all types of childhood accidents.

"Accident susceptibility" is obviously high in the child because, as the chart indicates, this factor is conditioned by training, experience, and judgment, in all three of which respects the child is less well-prepared than the adult.

Moving on to the "Intermediate factors" section of the chart, such special physiological and mental factors as illness, emotional upsets, and the like may be expected to affect children even more drastically than adults.

Finally, the "Unsafe act or trigger mechanism" is never more clearly illustrated than when a child

[1] U. S. Department of Health, Education, and Welfare, Washington, D.C., 1958.

Table 5—*Number of Deaths Due to Accidental Poisoning, by Type of Solid and Liquid Substances, for Children under 15 Years of Age, Continental United States 1952-1956 (excludes armed forces overseas)*

| Type of substances | 1952 | 1953 | 1954 | 1955 | 1956 |
|---|---|---|---|---|---|
| Morphine and other opium derivatives | 5 | 5 | 3 | 5 | 2 |
| Barbituric acid and derivatives | 9 | 11 | 14 | 8 | 16 |
| Aspirin and salicylates | 86 | 71 | 86 | 75 | 71 |
| Bromides | — | 1 | 1 | — | 1 |
| Other analgesic and soporific drugs | 6 | 13 | 3 | 8 | 10 |
| Sulphonamides | 1 | — | — | — | — |
| Strychnine | 14 | 15 | 9 | 9 | 4 |
| Belladonna, hyoscine, and atropine | 4 | 4 | 2 | 2 | 1 |
| Other and unspecified drugs | 47 | 44 | 49 | 36 | 34 |
| Noxious foodstuffs | 1 | 1 | 3 | 2 | — |
| Alcohol | 6 | 10 | 6 | 4 | 4 |
| Petroleum products | 111 | 102 | 83 | 71 | 88 |
| Industrial solvents | 10 | 11 | 9 | 11 | 8 |
| Corrosive aromatics, acids and caustic alkalies | 30 | 30 | 21 | 16 | 16 |
| Mercury and its compounds | 4 | — | 1 | — | 1 |
| Lead and its compounds | 45 | 52 | 34 | 49 | 34 |
| Arsenic and antimony, and their compounds | 23 | 27 | 22 | 24 | 40 |
| Fluorides | — | — | — | 1 | — |
| Other and unspecified solid and liquid substances | 60 | 71 | 72 | 68 | 96 |
| Total | 462 | 468 | 418 | 389 | 426 |

Source: National Office of Vital Statistics, unpublished data.

starts a fire while playing with matches or swallows poison while in search of candy.

In short, this graphic presentation of accident dynamics, summarizing as it does entire textbooks of discussion of the problem, will well repay close study by all who are professionally or personally concerned with improved accident prevention techniques based on better understanding of the causative factors.

## V. PREVENTION

Effective programs for the prevention, control, and amelioration of effects of childhood accidents will be achieved only through use of the scientific method. This, as in all health problems, implies adequate definition of the problem, formulation of specific hypotheses, testing and validation of the hypotheses, and translation of findings into action programs.

Since a multiplicity of causative factors are involved in accidents, no single solution can logically be expected. Diversities which exist in terms of cultural patterns, environmental conditions, and host factors necessitate careful selection of preventive activities in a given area.

Examples of successful preventive activities will be found in the "Principles of Primary Prevention" section of this report.

Recommended activities are presented under the general headings of Principles of Primary Prevention and Secondary Preventive Activities (many principles are, of course, equally applicable to both types of prevention).

### A. *Principles of Primary Prevention*

1. *Better Definition of the Problem*—One of the major handicaps to be overcome is the lack of sufficient data concerning accidents in childhood, but mortality and morbidity data, supplemented by special epidemiologic studies, are the conventional sources of such information. In those Latin American countries where hospital and emergency services are provided by the government, the opportunity to obtain data on accidental injuries is unique as contrasted with the situation that exists in Canada and the United States. This method helps to identify problem areas that require further investigation and can single out the cases to be included in an epidemiologic study. A reporting system can also provide the data necessary to evaluate the effectiveness of a prevention program by comparing the incidence during the reporting period prior to the program with that after the program.

The minimum requirements of such a reporting system include the following items on which information should be obtained for each accidental injury patient: age; address; sex, race; marital status; occupation; hour, day, and date of the accident; activity of the injured person at the time of the accident; nature of the injury; part

Table 6—*Accidental Poisoning Cases by Type of Substance Ingested, Reported by Poison Control Centers in 23 Areas of the United States**

| Type of substance | Treated cases | | Telephone inquiries | |
|---|---|---|---|---|
| | Number | Per Cent | Number | Per Cent |
| Medicines | 3,354 | 52.3 | 449 | 28.2 |
| Internal | (3,063) | (47.8) | (354) | (22.2) |
| External | ( 291) | ( 4.5) | ( 95) | ( 6.0) |
| Household preparations | 687 | 10.7 | 430 | 27.0 |
| Petroleum distillates | 484 | 7.6 | 29 | 1.8 |
| Cosmetics | 69 | 1.1 | 163 | 10.2 |
| Pesticides | 800 | 12.5 | 214 | 13.4 |
| Gases and vapors | 5 | 0.1 | 10 | 0.6 |
| Plants | 59 | 0.9 | 61 | 3.8 |
| Paints, solvents, etc. | 159 | 2.5 | 83 | 5.2 |
| Other | 739 | 11.5 | 151 | 9.5 |
| Not stated | 51 | 0.8 | 4 | 0.3 |
| Total | 6,407 | 100.0 | 1,594 | 100.0 |

*For various time periods from July 1954 through November 1957.

Source: Tabulated reports submitted to the National Clearinghouse for Poison Control Centers, from local poison control centers.

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# ACCIDENTAL INJURY REPORT

(See reverse side for instructions and additional space for explanations)

CASE NO.

## INJURED PERSON

1. NAME (*Last, First, Middle Initial*)

2. AGE ☐ Mos. ☐ Yrs.

3. ADDRESS (*Number, Street, Town, County, State*)

4. SEX ☐ Male ☐ Female

5. COLOR ☐ White ☐ Other

6. MARITAL STATUS Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

7. OCCUPATION (*e.g., Machinist, Farmer, Salesman*)

## ACCIDENT DATA

8. HOUR, DAY AND DATE OF OCCURRENCE

9. ACTIVITY (*e.g. Driving auto, ascending stairs, asleep in bed*)

10. PLACE OF OCCURRENCE

- ☐ Home
- ☐ Farm
- ☐ Mine or quarry
- ☐ Street or highway (*Include sidewalk*)
- ☐ Public building
- ☐ Industrial place or premise
- ☐ Place for recreation or sport
- ☐ Resident institution
- ☐ Other, specify _____

11. IF "Home" in 10., SPECIFY

- ☐ Kitchen
- ☐ Bedroom
- ☐ Livingroom
- ☐ Diningroom
- ☐ Bathroom
- ☐ Basement
- ☐ Hall
- ☐ Stairs
- ☐ Other indoors, specify _____
- ☐ Yard
- ☐ Porch
- ☐ Driveway
- ☐ Roof
- ☐ Garage
- ☐ Steps
- ☐ Walk
- ☐ Other outdoors, specify _____

12. TYPE OF ACCIDENT

- ☐ Railway
- ☐ Motor vehicle, traffic
- ☐ Motor vehicle, non-traffic
- ☐ Bicycle
- ☐ Other road vehicle
- ☐ Water transport
- ☐ Aircraft
- ☐ Machinery
- ☐ Electric current
- ☐ Firearm
- ☐ Animal
- ☐ Insect
- ☐ Mechanical suffocation
- ☐ Drowning or submersion
- ☐ Poisoning by solid or liquid substance
- ☐ Poisoning by gas or vapor
- ☐ Fall from one level to another
- ☐ Fall on same level
- ☐ Blow from falling or projected object
- ☐ Collision with fixed object
- ☐ Struck by person
- ☐ Explosion of pressure vessel
- ☐ Cutting or piercing instrument
- ☐ Cut by other object
- ☐ Fire or explosion of combustible material
- ☐ Hot substance, corrosive liquid or steam
- ☐ Foreign body entering eye or adnexa
- ☐ Inhalation or ingestion of food or object causing obstruction or suffocation
- ☐ Foreign body entering other body orifice
- ☐ Other foreign body - slivers, etc.
- ☐ Excessive heat or insolation
- ☐ Excessive cold
- ☐ Torsion
- ☐ Complication of medical or surgical procedure
- ☐ Other, specify _____

## INJURY DATA

13. NATURE OF INJURY (*For multiple injuries, see instructions on reverse side*)

- ☐ Fracture
- ☐ Dislocation
- ☐ Sprain or strain
- ☐ Laceration or avulsion
- ☐ Contusion or hematoma
- ☐ Concussion
- ☐ Amputation
- ☐ Crushing
- ☐ Perforation or puncture
- ☐ Broken tooth or teeth
- ☐ Rupture or hernia
- ☐ Burn or scald
- ☐ Effect of poison
- ☐ Drowning or submersion
- ☐ Asphyxia or strangulation
- ☐ Superficial injury
- ☐ Internal injury
- ☐ Nerve injury
- ☐ Foreign body retained
- ☐ Effect of electricity
- ☐ Shock
- ☐ Sunburn
- ☐ Sunstroke
- ☐ Heat exhaustion
- ☐ Frostbite
- ☐ Reaction to medical or surgical procedure
- ☐ No apparent injury
- ☐ Other, specify _____

14. PART OF BODY INJURED (*For multiple injuries, see instructions on reverse side*)

- ☐ Generalized
- ☐ Skull or scalp
- ☐ Eye
- ☐ Nose
- ☐ Mouth
- ☐ Jaw
- ☐ Other head
- ☐ Neck
- ☐ Spine
- ☐ Chest
- ☐ Abdomen
- ☐ Back
- ☐ Pelvis
- ☐ Other trunk
- ☐ Shoulder
- ☐ Upper arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Finger
- ☐ Other, specify _____
- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Lower Leg
- ☐ Ankle
- ☐ Foot
- ☐ Toe

15. CONDITION OF PATIENT

- ☐ Not serious
- ☐ Serious
- ☐ Critical
- ☐ Fatal

## TREATMENT

16. HOSPITAL STATUS

- ☐ Emergency Room only
- ☐ Outpatient
- ☐ Inpatient
- ☐ Not treated at hospital

17. NAME AND ADDRESS OF HOSPITAL

18. NAME AND ADDRESS OF ATTENDING PHYSICIAN

19. REPORT SUBMITTED BY

20. TITLE OF REPORTER

21. DATE REPORT PREPARED

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE - ACCIDENT PREVENTION PROGRAM

FORM APPROVED
BUDGET BUREAU NO. 68-R052

INSTRUCTIONS FOR COMPLETING FORM PHS-2916 ACCIDENTAL INJURY REPORT

CASE NO. - For statistical use only; make no entry.

Item 2. AGE - Enter age at last birthday; use months if under one year of age.

Item 7. OCCUPATION - Enter the major occupation of the injured person; e.g. for a student who works part-time, enter "student"; for a housewife who works full-time as a stenographer, enter "Stenographer".

Item 9. ACTIVITY - Enter enough detail to indicate what the injured person was doing at the time of the accident. Avoid the use of nonspecific words such as "working", "playing", etc.

Item 10. PLACE OF OCCURRENCE - For definition of each category, refer to the International Classification of Diseases, 1955 Revision, Volume 1, World Health Organization, pp. 264-266.

Item 12. TYPE OF ACCIDENT - For definition of each category refer to the International Classification of Diseases, 1955 Revision, Volume 1, World Health Organization, pp. 243-294 ("E" Code).

Item 13. NATURE OF INJURY - In the case of multiple injuries, indicate each injury in the order of its relative severity to the other injuries by numbering the most severe as 1, the next most severe as 2, etc.

Item 14. PART OF BODY INJURED - In the case of multiple injuries, use the same numbering system as in Item 13, to relate the nature of each injury to the part of the body injured.

Item 15. CONDITION OF PATIENT - Indicate the condition of the injured person at the time first seen for treatment.

Item 17. NAME AND ADDRESS OF HOSPITAL - Make entry only if the injured person was treated at a hospital.

Item 18. NAME AND ADDRESS OF ATTENDING PHYSICIAN - Make entry only if the injured person was not treated at a hospital.

EXPLANATION OF ENTRIES *(Use this space for additional information. Identify each by numbering according to the item being explained).*

of the body injured; severity or condition of the patient; name and address of the hospital and/or attending physician; and identification of the reporter.

Such data, when supplemented by analysis of death certificates (even though there is great variation in completeness of reporting of deaths), provide an excellent basis for the selection of specific accident problems for detailed epidemiologic studies and for evaluation of preventive activities. As programs are developed it will, therefore, be necessary to specify routinely on the death certificate the type of a fatal accident.

The study of accidents by type of accident (motor vehicle, falls, drowning, poisoning, etc.) and by type of injury (burns, lacerations, etc.) helps to suggest remedial measures. Defects in design of equipment or environmental hazards are frequently exposed by such study and can be corrected.

The following examples will illustrate the positive action that can result from competent analysis of accurate records and other data.

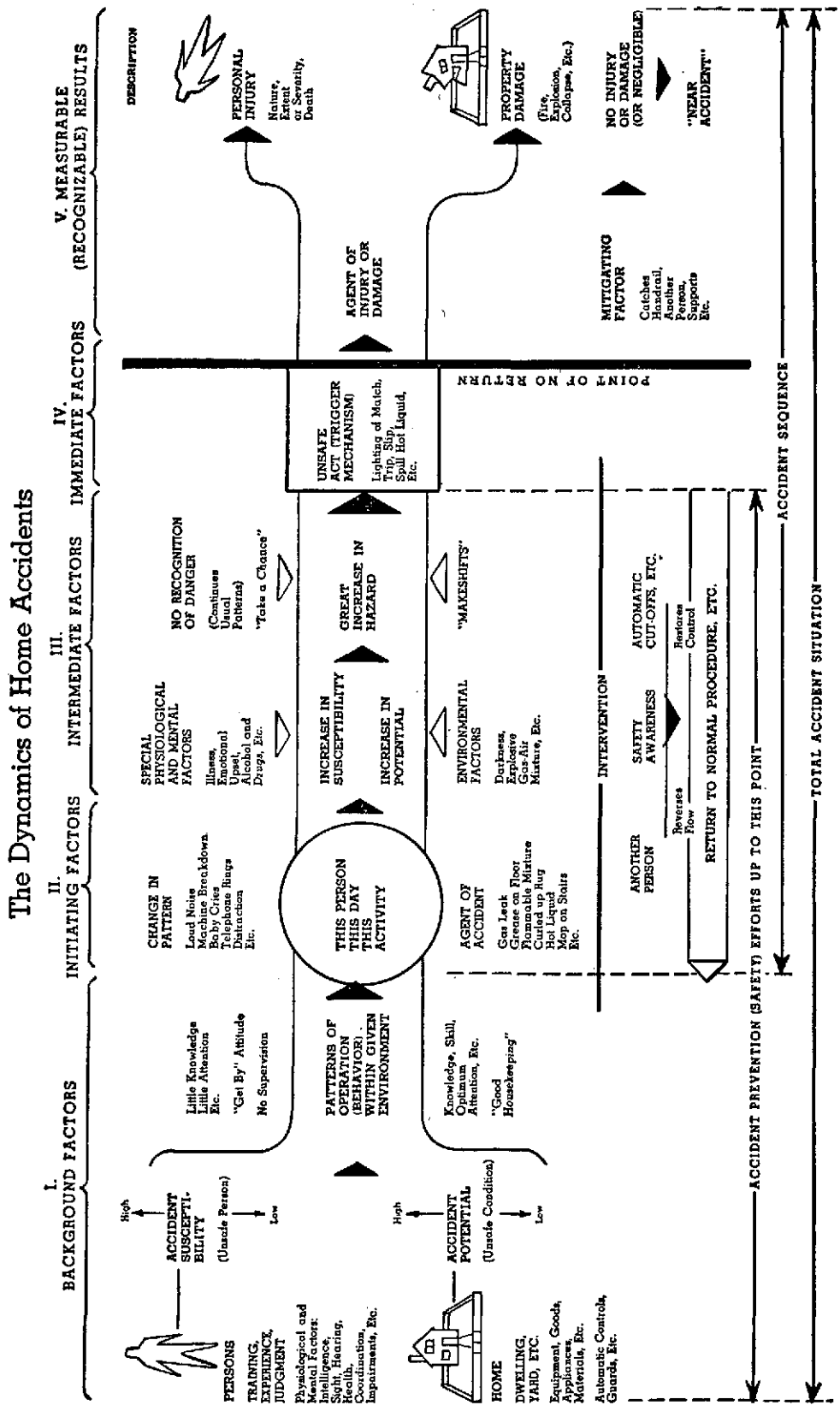
The redesign of refrigerators by American manufacturers has been undertaken as a consequence of studies which revealed the extent of the danger of death by suffocation for children who, while playing, crawled into discarded ice boxes and closed the doors.

The Cornell University Automotive Crash Injury Project has, in a few short years, profoundly influenced the design of the U.S. passenger cars in the direction of significant new safety features. The safety belt alone—the importance of which was validated by the Cornell studies—has altered the thinking of automotive safety engineers.

In a rural area of the State of Georgia an epidemiologic study, inspired by the reported high incidence of burns among children in that section, formed the basis for a public health program to encourage the use of fire screens in front of fireplaces.

A Latin American analogy to this situation may be found in the widespread occurrence of burns among young children in Chile, where the brazier, placed on the floor or the ground, is the traditional equipment for cooking in rural districts. Protective devices for limiting the hazards of the brazier, coupled with public health educational campaigns, could greatly diminish this particular threat to childhood safety.

Knowledge of the relationship between childhood growth and development and accident patterns at different ages is necessary for education through parents and schools. Longitudinal studies,


The Dynamics of Home Accidents
I. BACKGROUND FACTORS
II. INITIATING FACTORS
III. INTERMEDIATE FACTORS
IV. IMMEDIATE FACTORS
V. MEASURABLE (RECOGNIZABLE) RESULTS
DESCRIPTION
PERSONS
TRAINING, EXPERIENCE, JUDGMENT
Physiological and Mental Factors: Intelligence, Sight, Hearing, Health, Coordination, Impairments, Etc.
ACCIDENT SUSCEPTIBILITY
(Unsafe Persons)
High
Low
Little Knowledge
Little Attention
Etc.
"Get By" Attitude
No Supervision
CHANGE IN PATTERN
Loud Noise
Machine Breakdown
Baby Cries
Telephone Rings
Distraction
Etc.
PATTERNS OF OPERATION (BEHAVIOR) WITHIN GIVEN ENVIRONMENT
THIS PERSON THIS DAY THIS ACTIVITY
SPECIAL PHYSIOLOGICAL AND MENTAL FACTORS
Illness, Emotional Upset, Alcohol and Drugs, Etc.
NO RECOGNITION OF DANGER
(Continues Usual Patterns)
"Take a Chance"
INCREASE IN SUSCEPTIBILITY
INCREASE IN POTENTIAL
GREAT INCREASE IN HAZARD
UNSAFE ACT (TRIGGER MECHANISM)
Lighting of Match, Trip, Slip, Spill Hot Liquid, Etc.
POINT OF NO RETURN
AGENT OF INJURY OR DAMAGE
PERSONAL INJURY
Nature, Extent or Severity, Death
PROPERTY DAMAGE
(Fire, Explosion, Collapse, Etc.)
MITIGATING FACTOR
Catches Handrail, Another Person, Supports Etc.
NO INJURY OR DAMAGE (OR NEGLIGIBLE)
"NEAR ACCIDENT"
HOME
DWELLING, YARD, ETC.
Equipment, Goods, Appliances, Materials, Etc.
Automatic Controls, Guards, Etc.
ACCIDENT POTENTIAL
(Unsafe Condition)
High
Low
Knowledge, Skill, Optimum Attention, Etc.
"Good Housekeeping"
AGENT OF ACCIDENT
Gas Leak
Grease on Floor
Flammable Mixture
Curled up Rug
Hot Liquid
Mop on Stairs
Etc.
ENVIRONMENTAL FACTORS
Darkness, Explosive Gas-Air Mixture, Etc.
"MAKESHIFTS"
INTERVENTION
ANOTHER PERSON
SAFETY AWARENESS
AUTOMATIC CUT-OFFS, ETC.
Reverses Flow
Restores Control
RETURN TO NORMAL PROCEDURE, ETC.
ACCIDENT PREVENTION (SAFETY) EFFORTS UP TO THIS POINT
ACCIDENT SEQUENCE
TOTAL ACCIDENT SITUATION

while expensive and time consuming, will always be necessary.

The discriminate use of surveys on cross sections of population groups is also of proven value in identifying special problems.

Retrospective study of deaths from accidents using supplemental death certificate forms has been made for many years in different parts of the United States. Where such studies have been carried out, the data have been useful in public education and in alerting health workers to hazards which can be routinely identified in their work with families.

2. *Education*—Education is the key to accident prevention. As in all fields, education in accident prevention will succeed only if it moves from the general to the specific, and only if it exemplifies the difference between teaching and mere distribution of information.

Public health agencies that are not equipped or motivated to accept the educational responsibility in this field should not attempt an accident prevention program. It is a wide responsibility.

First, the staff of a health agency must be educated, both in order to function directly and in order to function in a teaching capacity. Next, the staff must be utilized to educate other groups in the community and the citizens of the community themselves.

The physicians represent one of the essential groups that should receive education in accident prevention because they become excellent teachers themselves once they have been oriented to inculcate among their patients the basic facts of accident prevention. Needless to say, the physician has an unparalleled opportunity to engage in this type of teaching, and he is normally listened to carefully when discussing subjects of health importance.

No medical practitioner can speak more authoritatively in this area than the pediatrician. Dr. Harry F. Dietrich's definition of the pediatrician's role in accident prevention is an excellent example of the opportunity for teaching afforded by the situation.

Dietrich in the October 1950 "Transactions" of the National Safety Congress outlines the pediatrician's role as:

(1) He must gain an enlightened awareness of the problem;

(2) He must attempt to immunize his patients against serious accidents by providing parents with the theory of accident prevention and sufficient advice and encouragement to apply it;

(3) He must alert the entire medical profession to the gravity and needs of the problem;

(4) He must enlist the aid of all available organizations in a continuous community and national child accident prevention campaign.

To this, perhaps should be added:

(5) He can keep us alerted to new hazards;

(6) He can, by virtue of his detailed knowledge of the patterns of growth and development (both mental and physical) advise as to the appropriateness and acceptability of preventive measures.

The school teacher is also an important and influential figure in accident prevention education; health agency staffs should work closely with professional educators in the community.

All interested local groups can play a part in this educational undertaking. It is the job of the health agency to organize, stimulate, coordinate, inspire, and—sometimes—to finance these cooperative efforts.

3. *Coordination of Activities with Other Agencies*—The prevention of childhood accidents is of concern to many governmental agencies, and a multiplicity of preventive activities have been developed in the past two decades. Today traffic departments and departments of education, health, social security, and labor are involved in various aspects of this problem. There is little to be gained in attempting to analyze the advantages or disadvantages of the current situation. Instead, it is our responsibility in the health field to make certain that our efforts do not duplicate the work of others. There is clearly a need for closer coordination between agencies engaged in this common effort. The role of the health agency in some instances may actually be limited to coordination; in other situations the health department may play a direct role, as well as effecting needed coordination.

The coordination of health agency activities with educational departments is of utmost importance. The teaching of principles of safe living as a part of the curriculum has long been accepted as a responsibility of the schools in the Americas. It is essential that such teaching continues. As new principles develop, this effective channel of communication will permit adjustment through revision of principles and methods. In this case, health agencies should be willing to assume a subordinate role, which initially may be limited to provision of

suitable and up-to-date material. Later it may be possible to propose and assist in the development of preventive activities. One example of such an activity would be the promotion of swimming classes for preschool children as well as school children.

The frequency of traffic accidents involving children, both as pedestrians and passengers, makes it important for coordination between several agencies. In countries such as the United States, Canada, and Mexico, where schoolboy patrol activities have been initiated, liaison already exists between the education and the traffic departments. Further extension and improvement of such existing programs is a worth-while goal of the health agency.

Another activity that merits consideration is the development of adequate recreational facilities for children. In fact, a well-planned community recreational program has a tremendous potential for reducing child pedestrian traffic accidents. Again, such a program is not the direct responsibility of the health agency, but the demonstration of the need and recommendations for action are not beyond their scope of responsibility.

4. *Legislation*—In several instances special hazards to children have been eliminated or controlled by the enactment and enforcement of legislation.

For example, in the United States flammable fabrics in children's clothing were a constant hazard until they were brought under Federal regulation by Act of Congress. The U. S. Congress has similarly acted to protect the public by legislation on the manufacture and sale of insecticides. Enforcement has been good in both cases and, as a result, the hazards to children have been greatly lessened.

There are similar problems throughout the Americas, and, as the reporting of injuries is improved, new hazards will be exposed which, in some cases, will come within legislative control.

5. *Research*—There is obviously a need for developing and continuing operational research, as exemplified by surveys, analysis of hospital data, analysis of death certificates, etc. In addition, it is essential to initiate and expand more basic research on the human factors in accidents.

As has been mentioned, the epidemiologic technique lends itself readily to studies in the accident field. McFarland, Gordon, and others have pointed out the value of applying the principles of epidemiology to the study of accidents. Use of this technique has already led to reductions on a limited scale in certain types of injuries and deaths. In the past, these have usually been related to environmental factors or agent factors immediately associated with accidents. Further research along these lines will continue to be valuable, for, as our technology changes, new factors are inevitably introduced into the environment.

One value of this epidemiologic approach that is often overlooked is that it facilitates appraisal of the entire data—collection process. Epidemiologic studies provide the basis for determining the value of data currently being collected, as well as pointing out the need for collection of additional data on a routine basis.

A second type of research considered to be of major importance is that related to improving our techniques of propaganda and education. Though it is almost universally agreed that the most important element in the prevention of accidents is education, practically nothing has yet been done to increase our understanding of why people accept or reject safety propaganda, or how to induce people to adopt principles of safe living. Research along these lines is admittedly expensive and time-consuming, but in the long run it will more than justify the effort and cost. One example of the type of research which may be productive would be the study of how population groups at varying levels of cultural development are influenced in their acceptance or rejection of specific practices.

The third type of essential research in this field is that relating to improvement in the treatment of injuries. Little more needs to be added about this line of endeavor, which is most familiar to the clinician, but it should be emphasized again that planned cooperative study involving several hospitals or treatment centers is often indicated. One example of this is the study of kerosene poisoning now being conducted in the United States by the American Academy of Pediatrics, the American Public Health Association, and the U. S. Public Health Service. By pooling data from numerous hospitals, it is hoped that the question of the value of lavage in these cases can be reliably determined. Another such study could be carried out to compare the results from different treatments for serious burns.

The clinical study or case study approach will

also be valuable in childhood accident prevention. The individual clinician, and particularly the pediatrician, can make a significant contribution through careful observation and analysis of cases seen day by day.

B. *Secondary Prevention*

Accidents to children are apparently inevitable, and thus our efforts must be directed not only towards a reduction of fatal accidents, but also towards amelioration of the effects of accidents. Prevention of deaths from secondary causes, and prevention or modification of disabilities are, therefore, aspects of the accident problem that cannot be neglected.

1. *Improvement of Emergency Services*—It was conclusively demonstrated during World War II that survival rates, length of hospitalization, and even the degree of disability could be related to the quality and distribution of emergency care.

The significance of careful handling of the victim, from the time of injury until definitive care begins, is appreciated by the surgical profession. Unfortunately their concern has not always been communicated to those responsible for emergency services.

There are three major elements involved in the care and transport of the injured: training of personnel, adequacy and amount of equipment, and distribution of the services in relation to population and the facilities used by the population.

Untrained ambulance attendants, inadequate equipment, speeding ambulances, lack of services in rural areas (as well as in some urban areas) are common problems throughout the Americas. Curry and Lyttle, in their excellent description[1] of how one community was successful in overcoming these difficulties, provides a blueprint that can be adopted by others.

Adequate emergency room services are vital to secondary prevention. The controlling factors are again the training of personnel, the adequacy of equipment, and the availability of services. The special problem presented by accidental poisoning demonstrates the importance of recognizing these factors. Not only must the physician be capable of directing or providing general treatment for the child. He must, because of the multitude of possible toxic agents, be able to track down the specific ingredient which is involved. This cannot be done in a haphazard manner. It is of as much concern to the physician in Buenos Aires, confronted with a child who has swallowed an unknown quantity of a deodorant, as it is to the physician in Montreal who is treating an infant who has swallowed an unknown quantity of a liquid detergent.

The prevention of secondary complications is not limited to proper treatment for poisoning. Lack of treatment or inadequate treatment may introduce new elements. In Mexico, as has been pointed out, there are a significant number of deaths each year caused by tetanus in the age group 5-14. Since a puncture wound or laceration is the probable precursor, the implications for secondary preventive activities are obvious.

2. *Rehabilitation Services*—Applied early, rehabilitation services contribute to reduction in the degree of disability following severe injury. Indeed, the case load of rehabilitation centers in the Americas is largely comprised of accident victims. As more of these facilities are developed, and the time lag between injury and rehabilitation services is decreased, a marked improvement can be expected. When the expense of rehabilitation is considered, however, the prevention of serious injury to children assumes even greater significance.

## VI. SUMMARY

Extension of current trends suggests that accidents will, within the next two decades, be the leading cause of death in children 1 to 15 in many nations of the Americas. The great variety of the accident prevention problems results from the variety of Western Hemisphere cultures. Each specific hazard must be identified and prevented on an individual basis, but traditional public health principles, such as epidemiology, provide tested methods of procedure. Although "gastritis, enteritis, etc." are the first cause of death for half the countries of the Americas in the 1 to 4 age group, accidents are the leading cause in two thirds of these countries in the 5-14 age group. Nonfatal accidents are found to cause great economic loss because of resultant disabilities, longer and more expensive hospitalization, etc. Motor vehicle accidents, drowning, burns, poisoning, falls, and insect and snake bites are leading causes of accidental death. With significant exceptions, boys have more

[1] Am. Jour. of Surgery, 95:507, April 1958.

accidents than girls. Over half the accidental poisoning cases occur under 2 years of age; the substances involved vary from country to country. Mortality and morbidity data gathered from surveys are essential bases for initiating accident prevention activities by health departments. U. S. National Health Survey data indicate 45 per cent of all accidental injuries occur in the home. Accident survey data helps to define epidemiologic study areas and aids evaluation of programs. Accident causation, the subject of increasing study, is extremely complicated and awaits the application of a multi-disciplined approach. The host-agent-environment triad of the epidemiologic method is relevant. Accurate record systems are essential to accident studies. Analysis of accurate records has made possible specific successful prevention activities in the United States and can serve other nations of the Americas. Both longitudinal and retrospective studies of childhood accidental deaths and injuries contribute to prevention. Primary and secondary prevention are equally benefited by education activities. Education is the key to accident prevention and the first duty of a public health agency. Physicians can perform valuable education work in this field. Health departments should establish leadership in accident prevention and can coordinate the work of other community groups. Research is needed in (1) epidemiology, (2) education techniques, and (3) emergency treatment and first aid. Emergency treatment services should be greatly strengthened as a secondary prevention technique. Rehabilitation centers in the Americas report case loads are largely comprised of accident victims.

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### C. Statement Delivered by James L. Goddard, M.D., M.P.H.

Last spring it was my privilege to conduct a survey, at the request of the Pan American Sanitary Bureau, of the status of the childhood accident problem in the Americas, and of the programs which have been developed throughout this Hemisphere to combat the problem.

In the course of this survey I was fortunate enough to visit many Latin American countries, where I observed at first hand the excellent preventive work that is going forward in this area. Previously I had investigated similar activities throughout the United States and Canada.

The results of the survey have been presented in Document CSP15/4[1] and were made available to you for study. Much of the material for this report was provided by the individual countries in the form of direct reports or as a part of the data provided for the four-year report. It was hoped that examination of this material would facilitate today's discussion of mutual problems and suggest plans for the operation of successful preventive programs in childhood accidents for all the nations of the Americas.

A considerable volume of statistical data will be found in the printed report; such documentation is, of course, a prerequisite in the "reconnaissance" type of survey with which I was concerned. In the interests of avoiding duplication and complexity of presentation, however, I shall in my remarks today stress general ideas and philosophy rather than the "facts and figures" which you may consider at your leisure.

It will be agreed, I am sure, that the wide variations to be observed in comparative statistics on childhood accidents as a cause of death among the nations of the Americas, must be regarded as more apparent than real. Although the type of accident resulting in mortality may vary with the differing cultures of individual countries, the gravity of the problem is universal.

I may mention here two outstanding reasons for this seemingly different picture of childhood accident mortality presented in various parts of the Hemisphere. In the first place, when we consider "leading causes of death" we are discussing relative values. In the United States the progress of recent decades in reducing the hazards of formerly fatal childhood diseases of a communicable nature has resulted in elevating accidents as a leading cause of death in childhood to a conspicuous prominence, despite the gains registered in the field of accident prevention. For many nations of the Americas conclusive victory over the com-

[1] See pp. 479-494.

municable diseases which threaten child health is still in the future; for these countries accidents appear relatively less important as a cause of death, though in absolute terms the number of accident victims remains impressive.

Secondly, the inadequacy of records often prevents drawing a clear and true picture of childhood accidents. This factor is not unrelated to the first factor, because in all public health work it is normal to find the greatest efforts put forth to perfect those records and reporting systems that bear immediately on what appear to be the greatest health problems.

Despite these reservations, I should nevertheless like to draw your attention to Chart 2 of the published report,[1] which shows that accidents have already reached the status of leading cause of death for the age group 5-14 in some 13 countries in this Hemisphere.

For many nations of our group, then, accidents in childhood have already identified themselves as a major public health problem, even on a relative basis; for others, accidents will increasingly justify public health concern in the future.

It should, therefore, be possible to achieve some homogeneity in our discussion today if we make the broad assumption that childhood accident prevention activities constitute an appropriate concern for all health departments throughout the Americas, the immediacy and the extent of the concern being governed by local conditions of child health and by local resources.

We need not restate here the classic reasons why accident prevention in general has emerged in recent years as a prime public health responsibility. Nor need we repeat the explanation of the applicability of epidemiological techniques to accident prevention work, an explanation which has appeared so frequently in the literature in recent years.

We are, rather, faced with the task of defining somewhat more precisely the problems encountered by public health personnel in coping with the special implications of childhood accidents. In the process we shall be considering the adaptation of standard epidemiological techniques to these specific problems.

In order to move directly to specifics, I should like to refer to certain new morbidity data not included in Document CSP15/4.

[1]See p. 482.

The U. S. Public Health Service has been surveying childhood accident morbidity in several cities in the United States, working with local health departments in the effort to learn more about all aspects of accidental injury to children. The record of hospital admissions of children over a year's period has been carefully studied in communities of sufficient size to yield data concerning many thousand injuries to children.

Of the great diversity of factors that will be subjected to epidemiological analysis I shall mention only one—the age factor—which has already been identified as of controlling significance in appraising the requirements of preventive work in the childhood accident field.

Briefly, it is clear that there is no such thing as a typical childhood accident. Everything depends upon the age of the child. At all ages from 1 through 9, for example, falls predominate as a cause of childhood injury (the type of fall, in turn, depending upon the precise age of the child). When we study the age group 15-19, however, we find that the motor vehicle has become the chief cause of accidental injury.

The number of injuries from other common childhood accident hazards—burns, cuts, poisonings, animal bites, drownings—is also found to vary widely from one age group to another.

You are all familiar with the phenomenon that the bulk of childhood poisonings is concentrated in the 1-4 age group. The toddling child, in other words, runs the greatest risk in this respect.

It is almost as though the four or five basic age groups of childhood each had a characteristic "occupational hazard," a distinguishing accident problem related to growth status and relatively independent of sociological and environmental influences. True, the environment remains of prime importance, and sociological aspects of accident causation can never be disregarded, but, from the large number of cases we have studied, it is apparent that the sheer age-level is a basic determinant of the type of accident constituting the greatest hazard to any individual child.

Again, as I have pointed out in my report, we know from estimates based on the National Health Survey in the United States that boys have twice as many accidental injuries as girls.

Here, then, are two factors that present and future childhood accident prevention programs in any nation of the Americas must take into account

—the influence of age and sex on the problem.

Here are two elements of uniformity in a situation that appears on the surface to be heterogeneous throughout the Hemisphere.

Mention of our recent morbidity studies in certain cities of the United States leads quite naturally to consideration of the whole problem of records, a problem that must be solved before we can expect large-scale progress in the prevention of childhood accidental injury and death.

Fact-finding is the heart of epidemiology. No public health program can be any better than the reporting system on which it is based. In the United States we are beginning to face up to the challenge of filling the wide gaps in accident reporting that must be filled before state and local health departments can meet their full responsibilities in the accident prevention area.

It is quite possible that many Latin American countries will find themselves in a position to make more rapid progress than their northern neighbors in this kind of undertaking, because wherever hospital and emergency services are provided by the government itself there exists the opportunity of improving accident reporting through direct official action.

In the United States and Canada much can be accomplished through official cooperation with private institutions, through the encouragement of uniform records systems, and through educational endeavor at all levels of government. Frequently in Latin America, however, it should be feasible to obtain adequate data on childhood accidents by merely improving the current procedures of official health agencies.

When a national public health agency begins to acquire this more ample knowledge of its own childhood accident problem, simply through arranging for better, more complete reporting of accident cases by its own hospitals and clinics, it will inevitably find that this body of knowledge can serve many purposes.

First, analysis of such data leads to the identification of problem areas. A certain type of accident will be observed to be unusually frequent among children of a certain age group. Such problem areas may then be made the focus for an intensified epidemiological study, on the basis of which an effective preventive program can be developed. The same data that furnished the clues for identification of the childhood accident problem in question can again be used to evaluate the success of the resultant preventive program. No sound evaluation is indeed possible without a factual baseline constructed from properly reported data.

I have sketched briefly in my report the minimum specifications for a satisfactory reporting system. These are the things the epidemiologist needs to know before he can start to analyze the problem. In general these requirements may be summed up as calling for all the pertinent facts available concerning how the accident happened and what the exact nature of the injury was. Each country (in practice, even each region of each country) will adapt these general suggestions to local circumstances and local culture, but the overall need to know as much as possible about every accident is a universal necessity.

The analysis of death certificates is an essential companion technique which public health officials must utilize in the search for accident facts. Granted that death certificates are often less than perfect documents for this purpose, still a determined search for information in this area can often yield results, despite variations in death certificate reporting.

In sections of the United States the retrospective study of deaths from accidents has been carried on for many years through the employment of supplemental death certificate forms. The knowledge thus gained has contributed significantly to the professional education of public health workers, and to the education of the public in general in the field of accident hazards.

If we are to be successful we must go far beyond the collection of data of the types indicated. All too often such data, even when carefully collected and analyzed, do not provide us with sufficient knowledge to formulate preventive programs. If we are to progress in our understanding of accident causation we must move beyond a continuous preoccupation with the immediate events and environmental factors surrounding the accident. The chart "The Dynamics of Home Accidents" presented in Document CSP15/4[1] suggests some of the areas we need to consider more intensively. Although this chart was prepared specifically for home accidents the principles involved are common to all accidents.

The upper half of the chart, and specifically that

[1] See p. 490.

portion under the heading of "Background Factors," indicates the area where we must concentrate more attention. As we begin to understand why people accept or reject safety propaganda, what effect physiological and mental factors have on accident causation, what type of training is most effective, what leads some individuals to adopt principles of safe living, then we will be able to provide better direction to our educational programs and activities.

My concern with our present lack of knowledge should not be interpreted as meaning that nothing should be done today. We have the immediate task of applying what little we now know with the few techniques now available.

This brings us to a central challenge in accident prevention work: the need for education. Here we have not only an outstanding problem but a problem area in which public health workers are logically equipped to make a contribution.

In recent decades the staffs of public health agencies have become accustomed to orienting themselves to new health problems, a natural consequence of the historic period of transition through which the entire medical world has been passing. The job of educating itself about childhood accidents is, therefore, not one which will create difficulty within any health department staff. And a thoroughly oriented staff is then in a sound position to undertake the indoctrination of those special groups in the community that can best teach accident prevention to the public at large.

In the field of childhood accidents the pediatricians obviously form the most valuable and the most concerned group of this type. Cooperating with the medical profession in the supplying of accident information and educational material to the pediatrician is a vital assignment for any public health agency.

Cooperation is almost as much a "key" word in childhood accident prevention as is education. The health agency which initiates a program in this field will find that many other official agencies have been actively engaged in coping with specific aspects of the problem over a long period of years. Departments of education, labor, social welfare, traffic—to mention but a few interested agencies—found ways to be useful in accident prevention, and many of these activities have produced notable results.

The task of the health department is to make an appropriate contribution, while at the same time avoiding any risk of duplication or apparent competition with established community programs.

Because of the acknowledged significance of accidents as a health problem, the leadership of a public health agency in this work will be viewed as a desirable development by all concerned, but it must be a tactful leadership, based on coordination.

In fact, the coordination of existing community programs is often the most important contribution an official health agency can make at the present time, pending the acquisition of additional personnel and resources, and the development of additional research knowledge.

Research must be promoted as actively in accident prevention as in other significant areas of modern public health work, such as chronic disease. While we cannot afford to stand still until research has supplied us with all the answers for the prevention of childhood accidents, we must recognize that only competent, large-scale research programs can ultimately furnish the tools for fully successful preventive action.

Finally, no well-rounded childhood accident program can neglect the important element of secondary prevention, the minimizing of disabilities caused by accidental injury. The provision or encouragement of adequate emergency services can do more in this direction than any other one thing.

Hospital emergency rooms need special attention, for they are the real theaters of secondary prevention. In government-operated hospitals direct action can be taken, through training of personnel and maintaining adequacy of equipment, to guarantee the highest level of service.

Ambulance service and first-aid training are related areas of significance in secondary prevention.

When all other measures have failed, rehabilitation can achieve substantial gains in alleviating the degree of disability resulting from accidental injury. It has been reported that the case-loads in rehabilitation centers throughout the Americas are largely comprised of accident victims.

This brief résumé of childhood accident prevention has been presented with the aim of recapitulating the salient features of my report, and of providing suggestions for possible discussion at this meeting.

## D. Comments of the International Labour Office

The question of accidents in childhood has certain social implications which are of concern to the ILO.

There is for instance the problem of *the child left alone while the mother goes out to work* and the need for *rehabilitation measures for crippled children*. Both these problems have been mentioned in the Report on the Prevention of Accidents in Childhood by the Advisory Group convened by the WHO Regional Office for Europe in Geneva, 1956.[1]

Another social aspect of special importance to the American region is, for instance, the problem of the numerous *children employed in street trading* (whether on their own account or for wages), selling newspapers, matches, etc., in the streets of big towns where they are especially exposed to traffic accidents.

The ILO has established standards and principles which help prevent accidents resulting from the above causes or remedy their consequences (for instance, by calling for the establishment of child care facilities for working mothers, by recommending measures for the rehabilitation of disabled children, by fixing a minimum age for the admission to itinerant occupations, by prohibiting the employment at night of young itinerant workers, by prescribing medical examination for them, etc.).

It would seem that when studying the problems of the prevention of accidents in childhood some consideration should be given to the social implications prescribed above and to the related ILO standards and principles.

More details of ILO standards concerning these different questions are indicated below.

*Child Care Facilities for Working Mothers*

The Maternity Protection Recommendation, 1952 (No. 95), provides that facilities for nursing and day care should be established preferably outside the undertakings where women are working. It is further recommended that the financing, or at least subsidizing, of such facilities should be borne by the community or by compulsory social insurance. Standards should be determined and a form of control by public authorities should be exercised as regards the equipment and hygienic conditions of such facilities and the number and qualifications of the staff employed therein.

*Rehabilitation Measures for Crippled Children*

The Vocational Rehabilitation (Disabled) Recommendation, 1955, contains special provisions for disabled children and young persons as follows:

36. Vocational rehabilitation services for disabled children and young persons of school age should be organized and developed in close cooperation between the authorities responsible for education and the authority or authorities responsible for vocational rehabilitation.

37. Educational programs should take into account the special problems of disabled children and young persons and their need of opportunities, equal to those of non-disabled children and young persons, to receive education and vocational preparation best suited to their age, abilities, aptitudes, and interests.

38. The fundamental purposes of vocational rehabilitation services for disabled children and young persons should be to reduce as much as possible the occupational and psychological handicaps imposed by their disabilities and to offer them full opportunities of preparing for, and entering, the most suitable occupations. The utilization of these opportunities should involve cooperation between medical, social and educational services and the parents or guardians of the disabled children and young persons.

39. (1) The education, vocational guidance, training, and placement of disabled children and young persons should be developed within the general framework of such services to non-disabled children and young persons, and should be conducted, wherever possible and desirable, under the same conditions as, and in company with, non-disabled children and young persons.

(2) Special provision should be made for those disabled children and young persons whose disabilities prevent their participation in such services under the same conditions as, and in company with, non-disabled children and young persons.

(3) This provision should include, in particular, specialized training of teachers.

40. Measures should be taken to ensure that children and young persons found by medical examination to have disabilities or limitations or to be generally unfit for employment:

(a) receive, as early as possible, proper medical treatment for removing or alleviating their disabilities or limitations;

(b) are encouraged to attend school or are guided toward suitable occupations likely to be agreeable to them and within their capacity and are provided with opportunities of training for such occupations;

(c) have the advantage of financial aid, if necessary, during the period of medical treatment, education, and vocational training.

*Employment of Children and Young Persons in Itinerant Occupations*

The conditions of work of young persons in itinerant occupations are regulated by a number

[1] *Wld Hlth Org. techn. Rep. Ser.* 1957, **118**.

of Conventions and Recommendations concerning young persons in non-industrial occupations.

*Minimum Age*—The Minimum Age (Non-Industrial Employment) Conventions No. 33, 1932, and No. 60, 1937, which fix the minimum age of admission to employment in non-industrial occupations at 14 and 15 years, respectively, also apply to young persons in itinerant occupations. They provide that a higher age of admission to work in these occupations should be prescribed in cases where the conditions of such employment require it.

Children between 12 and 14 years of age, or according to the revised Convention, between 13 and 15 years of age, may outside the hours fixed for school attendance, be employed in light work (such as running errands, distribution of newspapers, selling flowers or fruits) which is not harmful to their health or normal development and is not such as to prejudice their attendance at school or their capacity to benefit from the instruction there given, provided that specified regulations are observed as regards the limitation of their hours of work, the prohibition of work on Sundays and public holidays and during the night (Convention Nos. 33 and 60, Recommendation No. 41).

It is further recommended that for the admission of children to employment in light work the competent authorities should require the consent of parents and guardians, a medical certificate of physical fitness for the employment contemplated, and, where necessary, previous consultation with the school authorities (Recommendation No. 41).

*Night Work*—The Night Work of Young Persons (Non-Industrial Occupations) Convention No. 79, 1946, provides that children under 14 years of age who are admissible for full-time or part-time employment and children over 14 years of age who are still subject to full-time compulsory school attendance, shall not be employed nor work at night during a period of at least 14 consecutive hours including the interval between 8 p.m. and 8 a.m. (where local conditions so require, this interval may be substituted by another interval of 12 hours beginning not later than 8:30 p.m. nor terminating earlier than 6 a.m.). Children over 14 years of age who are no longer subject to full-time compulsory school attendance and young persons under 18 years of age, shall not be employed nor work at night during a period of at least 12 consecutive hours including the interval between 10 p.m. and 6 a.m. (the Convention provides for the possibility of substituting for this interval, another interval between 11 p.m. and 7 a.m., in exceptional circumstances and under specified conditions).

*Medical Examination*—The Medical Examination of Young Persons (Non-Industrial Occupations) Convention No. 78, 1946, provides in particular that young persons under 18 must be medically examined before being admitted to employment or work in non-industrial occupations and must be annually re-examined after admission to employment.

*Methods of Enforcement*—All three Conventions (Nos. 60, 78, and 79) call for the provision of suitable means for facilitating the identification and supervision of persons under a specified age engaged in itinerant occupations. According to the Recommendations Nos. 41, 79, and 80, supplementing these Conventions, these means should include the wearing of special badges and the requirement of an individual license. Conventions 78 and 79 and Recommendations 79 and 80 stipulate that these methods of supervision should apply to all young itinerant workers whether working for wages, on account of their parents, or on their own account.

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## E. Report of the Rapporteur, Dr. Héctor Abad Gómez[1]

The Technical Discussions on the topic "The Prevention of Accidents in Childhood" were held on 30 September 1958 under the chairmanship of Dr. Félix Hurtado (Cuba), Moderator, assisted by the Rapporteur, Dr. Héctor Abad Gómez (Colombia), and the Technical Secretary, Dr. Gustavo Molina (Chief, Division of Public Health, Pan American Sanitary Bureau).

The topic was discussed in two sessions, with

[1]Secretary of Public Health of Antioquia Department (Colombia) and adviser of the delegation of Colombia to the XV Pan American Sanitary Conference.

practically all the delegates, advisers, and observers at the XV Pan American Sanitary Conference attending. Members of the staff of the Department of Health of the Commonwealth of Puerto Rico and students of the School of Public Health, University of Puerto Rico, also attended the discussion.

*Introduction*

A résumé of the topic, presented by Dr. J. L. Goddard, consultant designated by the Pan American Sanitary Bureau, emphasized seven major points:

1. The emergence of childhood accidents as a major health problem in the Americas has been largely due to improvements in the control and treatment of communicable diseases.

2. The diverse nature of childhood accidents can best be understood if such accidents are related to the stage of growth and development of the child.

3. A satisfactory reporting system which will provide sufficient information on both non-fatal and fatal accidents is essential for purposes of program planning.

4. The basic approach to the problem is through education. This education must be selective. It should essentially be oriented toward awakening the interest of the medical profession and particularly the pediatricians, in order that they may provide proper guidance to the parents and children.

5. Cooperative efforts involving many agencies and groups will be essential to avoid unnecessary duplication of effort.

6. Research directed toward increasing our understanding of causative factors is essential, but we should at the same time apply what we now know, using available techniques.

7. "Secondary prevention" is an area of proper concern, since the improvement of all aspects of emergency services and the provision of adequate treatment, including rehabilitation, will greatly reduce the degree of disability from accidental injury.

Dr. Güell, of Mexico, reported to the group that an Accident Prevention Section for non-occupational accidents had been established in his country, in the Ministry of Public Health and Welfare. A detailed description of the projected program for Mexico was distributed to all those present. Dr. Güell described the salient data contained in his excellent report, pointing out that accidents are the sixth leading cause of mortality in Mexico. He referred to the importance of having all physicians indicate on death certificates, not only the lesion that caused death, but also the circumstances under which the accident occurred, and the apparent cause of the injury. He made several comments on the importance of education in the prevention of accidents, particularly that carried out by visiting public health nurses.

Dr. Méndez Castellano (Venezuela) presented two excellent papers on accidents, which were also distributed to the participants. The first was "Mortality from Accidents, Suicides, and Homicides Occurring in Venezuela in Children Under 15 Years of Age during the Years 1950-1956." He pointed out that in Venezuela the mortality rate increased during that period and that accidents are the leading cause of death for the age group 5-14.

The second paper, "A Study of Morbidity from Accidents in Children under 15 Years of Age in the Federal District," presented data obtained from an analysis of 247,588 records of admissions to hospitals and visits to outpatient clinics for the first six months of 1958. Of the total number of cases, 19,336 were due to accidents. There was a preponderance of injuries to males (13,508 to males vs. 6,428 to females) and the most frequent type of injuries were lacerations (9,517), contusions (6,748), bites (1,659), and burns (697).

Dr. Méndez Castellano stressed the importance of conducting surveys in various socio-economic groups, since accidents are related to customs and habits, environment, attitudes, and occupation. In a study of almost a fourth of a million records of admissions to hospitals, he gave an analysis of the incidence of accidents by sex, age group, type of accident, and hours at which the accidents occurred most frequently. He proposed that, as a basis for carrying out a thorough study of this matter in all countries of the Americas, legislation should be adopted such as that now in force in his country, which makes the reporting of all accidents compulsory.

*Relative Importance of Accidents as a Health Problem*

The group agreed that authorities of each country should analyze the problem in order to define

its precise place among the other health problems. To this end it was recommended that the order of priority approved in the Technical Discussions of the IX Meeting of the Directing Council[1] be taken into account. The resources available, adequate techniques of prevention, and the interest of the community in solving this problem should be borne in mind.

It was pointed out that it must be remembered that the members of the 5-14 age group, in which accidents are a leading cause of death in many countries, are merely the survivors of the children who have died earlier from infectious and other diseases in infancy. It was noted, however, that, as shown in the paper prepared by Dr. Goddard,[2] this is a problem that already has a certain importance in the countries of Latin America.

In some countries the death rate from accidents has decreased, and in others the accident rate has remained constant. The death rates from some types of accidents have increased, thus demonstrating that the emphasis of the programs should be on these types, to produce practical results. It was agreed that all programs should take into account the possibility of immediate good results, the important role of public opinion, and the consideration that lowering the number of other diseases raises the relative importance of accidents.

*Measurement of the Problem*

Measurement of the problem of accidents in childhood can be obtained in several ways, such as from mortality and morbidity statistics, hospital and police records, and other special investigations.

An initial step to measure the accidental-death problem would be to analyse mortality data, which may be obtained from death certificates. Reports concerning fatal accidents are useful in defining the problem. In cases of death caused by injuries, it is necessary to know the circumstances under which the injury occurred (such as automobile accidents) as well as where such accidents occur (the home, public places, highways, etc.). On the international forms of medical certificate of cause of death, spaces should be provided for supplemental information regarding death from external causes. If the cause of the injury is not stated, it is necessary to obtain additional information from the person who certified the cause of death. The importance of registration of death was recognized; however, adequate classification presents difficulties.

The importance of this problem should be measured not only from the number of deaths but also from the physical or emotional scars which are left on the victim himself, as well as on his family. Mention was made of the psychological factor and of the great suffering endured by parents when they lose an older child through tragic circumstances.

Mortality data are considered essential in measuring the accident problem, since non-fatal lesions are often of a different nature than those producing death.

It was agreed that the best method for determining the scope and nature of the problem is the registration of accidents and their proper description, for which the standards given in the report of the Advisory Group on Prevention of Accidents in Childhood,[3] convened by the World Health Organization in 1956, were recommended. It was not unanimously agreed, however, to recommend mandatory reporting by physicians of accidents, as is done in the case of communicable diseases, since this method has not been equally effective in all countries, but it was agreed that in most cases this is to be recommended.

*Planning for Action*

Dr. Allaria (Argentina) submitted for consideration by the other participants in the discussion a different approach to the problem; namely, that the problem should be studied, not so much with respect to the prevention of accidents in childhood, as with respect to the child itself, that is, the child who is involved in accidents. "What should be considered is not so much how many children are injured, but why those children are injured," said Dr. Allaria. The idea was put forward that not all children exposed to similar hazards are involved in accidents, and the mere fact that a child is injured may indicate insecure behavior, probably transmitted to the child from his parents who are, in turn, emotionally insecure. Physical trauma may, in the final analysis, be a consequence of

[1] Published in Spanish in the *Boletín de la Oficina Sanitaria Panamericana*, Vol. XLII, año 36, no. 1 (January 1957).

[2] See pp. 479-494.

[3] *Wld Hlth Org. techn. Rep. Ser.* 1957,118.

emotional trauma the child has been subjected to in early infancy within the micro-society of its family. Hence the great importance in this problem of parents' attitudes with regard to the rearing and education of their children, since parents merely project their own anxieties to children, who do not have sufficient neuromotor maturity to endure the impact of the exaggerated demand of their parents. If there were more emotionally secure parents, fewer children would be injured, and it is the insecure behavior of the parents that creates insecurity in the children. Finally, it was stated that it is probably more important to consider the individual involved in an accident than the situational factors in the accident.

Another point raised was that parents should be informed on preventive methods, without making them unduly anxious, so that they may guide their children without necessarily interfering with their normal life, in which there are, of course, risks that every one must run. The child should learn that he cannot be protected throughout his whole life by his parents, and he should accept responsibility for himself. This does not mean that all the major and unnecessary risks that are preventable cannot be avoided. The child must be taught to live in his natural environment. In view of the fact that many people who have accidents are repeaters, the practical recommendation was made that all forms for statistical data on accidents be designed so that the previous accident experience of the individual could be obtained.

As to organizations that might be responsible for accident-prevention campaigns, it was agreed that they should be all the public and private agencies that might have any influence on or play any part in the solution of the problem. First in importance are the national health ministry or service; traffic departments and departments of education; the Red Cross; medical associations, especially pediatrics; and social security and parent-teachers associations. It was agreed that the health services should take the lead, and the possibility of joint coordinating committees was suggested. In this respect, it was the opinion that perhaps such bodies should not direct the program, but rather that it would be better to have a group or a high-level department devoted to the encouragement of accident-prevention activities through all levels or services of public health and other activities. It was pointed out that at times some committees do nothing but make work for services already established, thereby interfering with their regular activities. What is needed is to establish clearly the duties and responsibilities of all groups, so as to know exactly what is to be done by each one.

In speaking of the importance of the education of children by their parents, it was pointed out that at times, under some circumstances and in some countries, specially trained teachers can be more influential in changing children's habits than can the parents. Therefore, emphasis was placed on the very important role that professional educators have in this and other health problems.

The desirability of utilizing techniques that have proven to be of value was highlighted by presentation of examples of successful activities in accident prevention. Several of these examples pointed out the importance of making changes in the environment whenever possible, since this often is quickly followed by a reduction in the number of accidents. One example cited was the reduction in the number of drownings of small children which followed the fencing of irrigation ditches in a rural area. This illustrates clearly the value of concentrating effort on the specific types of accidents that are most common and at the same time easily preventable.

Finally, it was recommended that the Pan American Sanitary Bureau be warmly thanked for appointing Dr. Goddard as consultant for the Technical Discussions, and that he be congratulated personally on the excellent report prepared and on the manner in which he presented the discussion topic.

It was also suggested that the XV Pan American Sanitary Conference be requested to consider a recommendation to the governments on the compulsory notification of accidents under certain circumstances as the first step toward making a complete and detailed study of the problem.

Finally, the Moderator offered congratulations on the way the discussions had proceeded and he thanked all the participants for their valuable collaboration.

## Annex 5

## DRUG REGISTRATION AND RELATED PROBLEMS[1]

*(Topic proposed by the Government of Venezuela)*

### A. Background

The Government of Venezuela requested, in a communication dated 27 June 1958, that a topic "Drug Registration and Related Problems" be included on the agenda of the Conference. After recalling the fact that Resolution XXV of the X Meeting of the Directing Council[2] approved the Director's proposal for the gradual development of international efforts in the food and drug fields, beginning with a careful assessment of the nature and extent of the problems concerned, the communication stated that "the Government of Venezuela has always shown the greatest interest in the establishment of any international system for mutual aid among the countries of the Americas in dealing with the numerous and complex problems involved in the registration of pharmaceutical and food products; and it considers that the proposal presented by the Director of the Pan American Sanitary Bureau to the X Meeting of the Directing Council sets forth a plan of action which, if carried out in the manner suggested, would undoubtedly bring positive results of benefit to the various national public health administrations in this important field."

In accordance with established practice, the Director requested the Government of Venezuela to prepare a document incorporating its points of view, so as to facilitate the discussion of the topic during the Conference, and at the same time define the scope of any resolution it would like to propose.

### B. Document Presented by the Government of Venezuela

1. The diagnosis, prevention, and treatment of diseases cannot be carried out without the assistance of the diagnostic, preventive, and therapeutic measures which have been developed by the medical and pharmaceutical sciences for that purpose and have received universal acceptance. This requirement is equally true and invariable whether it concerns the private physician or, even more so, the national public health administrations.

2. The effectiveness of the physician's theraupetic indications and, in consequence, the success of programs of medical care and public health, can be seriously impaired if the diagnostic, preventive, and curative resources to be used do not strictly meet the needs of each case. The existence of reliable, efficacious, and safe pharmaceutical products is, therefore, a prerequisite for obtaining maximum medical action against the symptom or the disease.

3. The physician is responsible for the diagnosis and the therapeutic indication; but it is the pharmacist who is responsible for preparing the prescribed product in such a way as to guarantee its efficacy. In private medical practice these two responsibilities remain separate, but when governments offer medical and pharmaceutical services to the individual, as is true of nearly all the national medical care programs, there is but one responsibility and it falls on the government concerned.

4. The pharmaceutical industry has developed at a tremendous rate in the last decades. The producing laboratories are constantly multiplying and new pharmaceutical products appear on the market by the thousands each year. Likewise, international commerce has expanded to as high a degree, and there has thus been a tendency to attach more importance to economic and commercial interests than to the high purpose that the preparation of therapeutic substances should serve in behalf of the community.

5. The importance of government regulation of pharmaceutical products is seen from the historic fact that many countries, before organizing national medical care and public health services, had already promulgated laws on drug control. With the advent of public medicine, this responsibility of the State became even more urgent and important, since the medical services furnished by the State includes, inseparably, pharmaceutical service.

6. Insofar as this responsibility is concerned, the situation in the different countries of the Americas varies considerably. It is possible that in all of them there is the same picture of numerous production firms and countless pharmaceutical patents pending official approval. And even more possible is the fact that some of those governments do not have the necessary means to properly assume this critical responsibility. The results are obvious: inadequately controlled national products, which under free trade conditions, seek an

[1] Document CSP15/20.
[2] *Official Document PASO* 22, 25.

outlet in foreign markets; and an overwhelming number of pharmaceutical preparations, which exist by the tens of thousands, thereby interfering with the proper use of basic drugs by the medical profession and forcing the interested firms to engage in exaggerated advertising and sales promotion, very often at the expense of scientific ethics and principles that go hand in hand with this important activity.

7. For these reasons, it is advisable to establish a system of international cooperation to assist the governments in the solution of their problems in the field of drug registration and control. The purpose of such a system is not to impose international regulations on governments or create obstacles to free trade and to the development of the pharmaceutical industry. Such restrictions exist today only for narcotics because of the serious risks involved in their production, trade, and indiscriminate usage. A desirable initial system for the Americas should offer:

(a) information on the legislative standards and routine practices of the different countries in connection with drug control;

(b) regular publications on the most important advance in therapeutics and pharmacology and on problems related to this field;

(c) regional or continent-wide meetings for the discussion of these problems and the formulation of appropriate recommendations;

(d) services of technical personnel and the interchange of scientific information and national standards to assist the different organizations responsible for control;

(e) reply to inquiries on technical matters presented by countries; and

(f) reply to inquiries on studies and analyses made in other countries on products pending registration, and interchange of information on products already approved.

8. The Pan American Sanitary Bureau could perform these functions through a drug section established within the Division of Public Health.

The Government of Venezuela, in transmitting the preceding document with a communication dated 26 August 1958, pointed out that "the document summarizes the Government's points of view on the drug registration problem," and added that its reason for requesting that this topic be discussed at the Conference "was solely to take the opportunity afforded by this meeting of the Organization's supreme governing body to reiterate the concern of the American governments with respect to this important subject, and to give a stimulus to the establishment of the initial plan approved by the Council."

### C. Supplementary Information

As will be recalled, the 28th Meeting of the Executive Committee considered this topic at the proposal of the representative of Cuba, a proposal that cited the motion approved on this subject by the IV General Assembly of the Pan American Medical Confederation. At that meeting the Executive Committee, in Resolution XIV,[1] requested the Director of the Bureau to consult the Pan American Union, the World Health Organization, and, as appropriate, the International Union for the Protection of Industrial Property, with a view to determining the most suitable procedure for the attainment of uniformity in the legislation of those American countries which require the registration of drugs. At the 31st Meeting of the Executive Committee, the Director presented a progress report on this matter, together with an annex containing a provisional plan for the development and improvement of national food and drug services in the Americas, a plan that was approved by the Committee. The Directing Council, in turn, at its X Meeting, studied and approved (Resolution XXV) the afore-mentioned plan.[2]

In November 1957 the Director attended the Fourth Pan American Congress of Pharmacy and Biochemistry in Washington, D. C. Both in his statement at the inaugural session, and in his remarks at the symposium of the Section on Pharmacy Laws and Ethics, the Director summarized the basic points that guide the thinking of PASO on problems related to drugs and therapeutic agents, as follows:

1. It is essential that means be found for assuring that all pharmaceutical agents be safe, pure, and of uniform potency, and that they be readily available to all countries.

2. The individual country is and must be responsible for the safety, purity, and potency of all pharmaceutical products distributed within its borders.

3. The individual government cannot effectively discharge this responsibility without full and accurate technical information on every product marketed.

4. Many countries find it impractical, for financial and other reasons, to establish their own facilities for obtaining the necessary technical information.

5. A means must be found for providing the necessary technical information which governments need in discharging their responsibilities in this field.

In a letter dated 11 December 1957[3] the Secre-

[1] *Official Document PASO* 18, 131.

[2] *Official Document PASO* 22, 25, 133-137, 205, 206, and 278-280.

[3] See Appendix 1, p. 505.

tary-General of the Fourth Pan American Congress of Pharmacy and Biochemistry officially forwarded to the Director of the Bureau the resolution adopted by the Congress on this topic.

The Director of the Bureau considers that the policy set forth by the Organization's governing bodies with respect to this matter is the most appropriate at the present time, and in compliance therewith has included in the proposed program and budget for 1959 and in the provisional draft program and budget for 1960, provisions for conducting the study on the nature and extent of the problems related to food and drugs in the Americas, as well as for training national personnel.

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## Appendix 1

### LETTER FROM THE SECRETARY-GENERAL OF THE FOURTH PAN-AMERICAN CONGRESS OF PHARMACY AND BIOCHEMISTRY (WASHINGTON, D.C., 3-9 NOVEMBER 1957)

11 December 1957

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
1501 New Hampshire Avenue, N.W.
Washington 6, D. C.

Dear Dr. Soper:

In performing the duties of Secretary-General of the Fourth Pan-American Congress of Pharmacy and Biochemistry according to the mandate of the Heads of Delegations attending this Congress I wish to bring to your attention the fact that the Fourth Pan-American Congress of Pharmacy and Biochemistry resolved:

1. To declare that the agreement adopted by the General Assembly of the Pan-American Medical Confederation, held in Bogota, Colombia, in 1955, is prejudicial to the professional obligations and responsibilities of pharmacists and the pharmaceutical industry with respect to the public health of the people in the American States. In addition, the agreement is incompatible with the national economies of the countries involved.

2. To request that the Secretary-General of the Congress transmit the above statement to the Pan-American Medical Confederation, the Pan-American Sanitary Organization (the specialized agency of the Organization of American States), and the Ministries of Public Health of the American States for consideration and appropriate action.

Furthermore I wish to report that the Fourth Pan-American Congress of Pharmacy and Biochemistry declared:

That the professionally-owned establishment called a pharmacy should restrict its activities to medicine in general, and those related to health.

Sincerely yours,
(signed)
George B. Griffenhagen
Secretary-General

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## Annex 6

### ADVERTISING OF MEDICINAL PRODUCTS[1]

*(Paper presented by the Delegation of Panama)*

It has been the constant concern of the governments that the public have available medicinal products of the best quality at the lowest price. To that end they have adopted various measures, among them, analysis of pharmaceutical products in order to guarantee their purity and the accuracy of their qualitative and quantitative formulas,

[1] Document CSP15/35.

and registration of the product before permitting their free sale, as well as regulation of the price that the consumer must pay.

All these measures have been effective, but there is one aspect of the problem that has not received the attention it merits, if the complete protection of the public is actually desired, and that is control of the advertising of such medicinal products.

Such advertising may be classified in two definite groups: that which is done to promote or stimulate prescriptions by professionals and that which is intended to achieve distribution among the public.

The former is directed only to accredited physicians, dentists, and veterinarians for their professional use. In general, this advertising complies with ethical principles and presents no danger to the community.

The latter, and this is the group to which we refer here, is aimed directly at the public through the radio, newspapers, brochures, magazines, television, and motion pictures. This advertising, designed essentially to increase the sale of a specific product, is in the majority of instances based on misleading and false phrases. Examples of this are the following frequently used terms: "safe," "magic," "the best," "the most active," "unexcelled," "irreplaceable," "marvelous," "miraculous," "unbelievable." Some advertisements allude to secret formulas or medical, chemical, or pharmaceutical discoveries. Others guarantee, or assure the cure of some ailment or disease. Some even use testimonials from private persons, or endorsements by doctors, dentists, pharmacists, veterinarians, nurses, and midwives. This type of popular advertising not only presents false information to the public but also encourages self-medication, with all its terrible consequences. For example, a person, in order to combat a certain ailment or affliction, may follow the recommendations he sees or hears every day, and take one of those products that strikes him as good. This may mask the symptoms and delay his visit to the doctor, so that when he does go he is often too late to be cured or even helped.

This problem is presented to the Conference because it is in the interest of the Member Countries of the Pan American Sanitary Organization to provide a satisfactory solution, and to do so requires the cooperation of all.

The measures that the government of any one country may take to control the advertising of medicinal products in domestic information media are ineffective because, with the rapid means of communication and the wide distribution of printed matter, well-known foreign newspapers, magazines, and pamphlets are sold, and broadcasts from powerful foreign transmitters are received in the various countries. The same will soon be true of television programs.

Moreover, much of the advertising that reaches a country is prepared by large advertising agencies located abroad. To change this advertising in the country in which it is going to be used is a burdensome, lengthy, and costly process, especially since it is often in the form of mats or engravings for newspapers and recordings for broadcasting.

Business unquestionably requires advertising of any products to be offered to the consumer, but the delegation of Panama believes that, when it is a matter of medicinal products, advertising should be under strict control. Advertising of products for prescription should be directed solely to physicians, dentists, and veterinarians. General advertising of these products must eliminate all false statements and any presentation which tends to deceive the public. It is therefore natural that the public health authorities of each country should control and approve in advance advertising of medicinal products within their territory. This would also have the advantage of obligating the large agencies that prepare advertising for various areas of the world to do so in such form as could be accepted *in toto* or with very few changes, by the authorities of the countries in which it is to be used.

For these reasons, the delegation of Panama suggests that the XV Pan American Sanitary Conference study the problem and, if it considers it advisable, request the Director to include it on the agenda of the next meeting of the Directing Council.

## Annex 7

# STUDY OF THE DIABETES PROBLEM IN AMERICA[1]

*(Document presented by the Government of Uruguay)*

Diabetes is one of the chronic diseases that have increased most in the present century.

The principal causes contributing to this phenomenon are: (1) the increase in longevity; (2) the discovery of insulin; (3) the improvement of socio-economic conditions, nutrition, and standards of living of populations; and (4) the development of preventive medicine and health education.

The average longevity at present reaches considerably beyond the period of life in which diabetes is most common, that is, betwen ages 50 and 60.

The success in treating diabetes has notably increased the life span of diabetics.

Diabetes is more frequent in countries having better economic conditions and a greater abundance of foods. It is more common in large cities than in small towns or rural areas.

Two basic factors are responsible for this disease: heredity and obesity.

The recessive character of its transmittal explains why there can be a great many people capable of transmitting diabetes without being diabetics.

The marriage of such carriers of diabetes is the most important cause of the progressive incidence of diabetes. We do not yet know the true rate of incidence, and the figures on mortality are much lower than the actual number of deaths. The reason for this is that in the present system of classification of deaths, diabetes does not generally appear as a determining cause of death, but only as a contributing or accessory cause.

The figures for deaths from diabetes per 100,000 inhabitants in some countries of America, for 1954, are given below:

| | |
|---|---|
| United States | 15.6 |
| Uruguay | 12.9 |
| Canada | 10.6 |
| Argentina | 7.5 |
| Chile | 6.4 |
| Brazil | 5.6 |
| Mexico | 4.5 |
| Costa Rica | 4.7 |
| Colombia | 3.3 |

It is recognized that in the United States diabetes affects 2 per cent of the population over 20 years of age.

In Uruguay the highest rate is found in Montevideo (1,000,000 inhabitants), which may possibly have the same rate as the United States.

In the rest of the country, with two million inhabitants, the incidence perhaps runs between 0.5 and 1 per cent.

Samplings made in various countries have shown that the number of unknown diabetics equals the number of known cases.

This indicates the necessity of systematically carrying out diabetes case-finding in the community.

With early diagnosis and adequate treatment, the progression of diabetes might be contained, thus saving many productive lives, and in many cases regression of the disease might be obtained.

Periodic and systematic urinalysis should be recommended for all adults and particularly for the obese and those who have a family history of diabetes.

It is necessary to acquaint the public with the symptoms of diabetes through cards or posters.

This work has been carried out in Uruguay by the Association of Diabetics, with excellent results.

At present the Mobile Dispensaries of the Honorary Committee for the Antituberculosis Campaign are making a urinalysis in connection with the X ray of the entire population, and numerous unknown cases of diabetes have been discovered.

The International Diabetes Federation, which has just held its 3rd Congress on Diabetes in Dusseldorf, Germany, has requested the assistance of the World Health Organization in the socio-medical campaign against diabetes.

The governments must participate in the campaign, through their public health organizations, and support the work of the Associations of Diabetics financially and through their departments of health education.

Diabetes case-finding should be included in

[1] Document CSP15/33.

preventive-medicine plans, since diabetes is the disease that can be investigated in the community at the least cost.

Because of their simplicity and low cost, reaction paper tests offer an admirable means of facilitating diagnosis.

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## Annex 8

## INTER-AMERICAN CONGRESSES OF PUBLIC HEALTH[1]

*(Document presented by the Delegation of Cuba)*[2]

The X Meeting of the Directing Council, in Resolution XVIII,[3] affirmed the advisability of organizing Inter-American Congresses of Public Health on a periodic basis and made the recommendation that the XV Pan American Sanitary Conference should decide on the manner of holding, and the intervals between such Congresses.

The delegation of Cuba, recognizing the importance of that resolution, which it supports wholeheartedly, requests the Conference to consider the advisability of reiterating, in an appropriate resolution, the desirability and importance of the Inter-American Congresses of Public Health and, at the same time, to state that such Congresses are a scientific forum of very wide scope, in which much that can be applied in the field of public health administration in general will be brought forward.

These Congresses will be sponsored officially by the Pan American Sanitary Organization, which will be responsible for their organization under the following general rules:

1. The Inter-American Congress of Public Health shall be considered a scientific unit, preeminently academic in character, and the Congress held in Havana in 1952 shall be considered as the first.

2. These Congresses shall be held periodically, every two years, to coincide with the meeting of the Directing Council of the Pan American Sanitary Organization, and consequently they will meet in the same city as the Council.

3. The work of the Congresses will be organized in the form of round-table meetings at which the topics agreed upon by the Executive Committee of the Organization will be discussed fully, on the basis of introductory papers by a previously designated expert, or experts, of recognized ability.

4. The Congress will also hold plenary sessions, in accordance with the procedures determined by the Executive Committee of the Pan American Sanitary Organization.

5. Finally, the Inter-American Congress of Public Health will meet for a maximum of three days of work.

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[1] Document CSP15/52.

[2] On this topic, the Director of the Bureau presented to the Conference Document CSP15/5, containing the background information and the resolution adopted on the subject by the X Meeting of the Directing Council.

[3] *Official Document PASO* 22, 22.

## Annex 9

# FELLOWSHIP PROGRAM[1]

Pursuant to Resolution XV on this topic adopted by the Directing Council at its X Meeting,[2] the Director has the honor of presenting the following report to the XV Pan American Sanitary Conference for consideration.

### REPORT

The study of the fellowship program undertaken in conformity with the afore-mentioned resolution covers all phases of that program, even at the risk of repeating some material already analyzed in previous reports presented to the governing bodies since 1953.

Together with the description of the different phases of the program, an examination is made of the problems that have arisen, the consequences thereof, and possible solutions that could be adopted.

The following aspects of the program have been studied: (a) purpose; (b) priorities; (c) commitments inherent to fellowship awards; (d) selection of fellows; (e) duration of fellowships and facilities furnished; (f) processing of fellowship applications; (g) program and placement; (h) notification of fellowship awards and travel arrangements; (i) orientation and guidance during courses of study; (j) contact with the fellow after completion of studies; (k) scope and financing of the program; (l) coordination with other organizations; (m) evaluation; and (n) general considerations.

### I. *Purpose of the Program*

The constant development of the medical sciences and the advances made in the prevention of disease have brought about in all countries a shortage of public health workers, such as physicians, sanitary engineers, nurses, and auxiliary personnel. The problem of training those workers varies from one country to another according to the stage of development the country has reached and the educational facilities and services it has available. Even though all the countries are expanding their national facilities for basic professional education, they must still turn to international cooperation for assistance in broadening the studies and specialized training of health personnel. Many agencies—private, governmental, and intergovernmental—have for years maintained fellowship programs for the purpose of offering opportunities and facilities for study and training abroad in the fields of public health, medicine, and related sciences when such training is not available in the candidate's own country. The Organization has participated systematically in this effort.

To fulfill these objectives, the Organization's fellowship program facilitates the training of personnel by making available opportunities for: (a) attendance at academic courses leading to a postgraduate certificate, degree, or diploma; (b) attendance at courses and similar group education activities limited to a specific purpose; and (c) observation of practices and techniques through visits to teaching centers and services.

Also, seminars of one or two weeks' duration are frequently organized for the purpose of promoting the study or the development of a specific technical project. There is no "professor-student" relationship in the seminars, since only highly qualified professionals are invited, in agreement with the governments. Persons attending a seminar are referred to as "participants" rather than "fellows."

### II. *Priorities*

Priorities within the fellowship program are adapted to the needs of countries and to the constantly changing developments with respect to public health problems. At present, the fields of study for which fellowships are awarded are classified as follows:

Public health administration
Environmental sanitation
Nursing
Maternal and child health
Other public health services, including: mental health, health education, occupational hygiene, nutrition, health statistics, dental health, rehabilitation, and control of pharmaceutical products

[1] Document CSP15/22.
[2] *Official Document PASO* 22, 21.

Communicable disease services
Medical sciences and education

As an example of the changing pattern of public health problems, one can cite the appreciable number of fellowships awarded recently for the study of such subjects as resistance to insecticides and the general aspects of ionizing radiation.

As a result of systematic planning of long-range programs sponsored by the different countries and by the Organization, an attempt has been made to incorporate fellowships as an integral part of national programs already under way or about to be initiated. It has been deemed advisable to give preference to fellowships that promote the development of programs undertaken by the countries with the collaboration of the Organization, as well as activities for the improvement of facilities and services for the education of professional and auxiliary personnel.

On the basis of these considerations, the following priorities are being applied at the moment:

Persons who are, or will be, working in projects conducted by the governments with the collaboration of the Organization.

Professors in schools of public health, and professors who are responsible for teaching preventive medicine and other public health subjects in schools of medicine, dentistry, nursing, veterinary medicine and engineering.

Deans and directors of schools of medicine, to study the basic organization of medical education programs.

Personnel of the public health services (physicians, dentists, sanitary engineers, nurses, veterinarians, health educators, statisticians, nutritionists, laboratory technicians, etc.) and hospital administrators working in government services.

Professors of basic sciences in schools of medicine.

Professors of clinical medicine, when it is necessary to correct an important deficiency in the educational program.

III. *Commitments Inherent to Fellowship Awards*

The application for and the award of a fellowship create specific responsibilities and obligations for the respective governments, for the candidate, and for the Organization, as follows:

1. In the fellowship application the government guarantees that "the studies to be made under this fellowship are necessary for the strengthening of the national health services of the country and in the case of a fellowship being granted, full use would be made of the fellow in the field covered by his (her) fellowship." Moreover, the government guarantees that "the absence of the candidate during his (her) studies abroad would not have any adverse effect on his (her) status, seniority, salary, pension and similar rights," and that "on return from the fellowship it is proposed to employ the fellow."

2. The candidate agrees to return to his home country "at the end of the fellowship and to continue in, or enter the service of, the national health administration—or a technical institution approved by it—for at least the first three years after completion of the fellowship" and to "comply with the rules summarized in the information booklet" which is delivered to the fellow when the fellowship is awarded.

3. The Organization makes the appropriate plans for study abroad, the necessary arrangements as regards countries and places of study, and provides the necessary financial assistance for these studies.

IV. *Selection of Fellows*

Of the entire process of awarding fellowships, the selection of qualified fellows is undoubtedly the most important phase. All the attention given and efforts expended in this connection are fully warranted, because the success of the fellowship program depends essentially on the manner in which the selection is made.

The selection of qualified candidates affects in the long run the efficiency of the program in which a fellow is to be employed, and it involves the most profitable utilization of time and money, for the government, for the fellow, and for the Organization. An unqualified fellow clearly jeopardizes the good relations that should exist between the Organization granting the fellowship and the institution receiving the fellow.

In making the selection of fellowship candidates, a number of varied factors must be considered. On the one hand, the technical and personal qualifications of the candidate are very important; on the other, it is necessary to take into account the number of acceptable candidates and their opportunities for making a career in the public health

services, as well as the relationship between the selected field of study and the priorities established by the countries.

The determining factors in every selection are: basic education, proficiency in previous studies, experience in the subject to be studied (at least two years), opportunities within the candidate's own country for the study of the particular subject, functions previously performed and those to be performed on completion of the fellowship, and benefits to be derived from the studies by the candidate's country of origin. At the same time that the candidate's technical qualifications and the educational background are determined, the following must be taken into consideration: age (not older than 55 if retirement age is 60); state of health; emotional stability and maturity; personality; aptitude for the planned work; and, particularly, adequate knowledge of the language in which the studies are to be taken.

In addition to those factors, the candidate wishing to study abroad should have the ability and adaptability necessary to draw flexible, rather than rigid, conclusions from his studies and observations. That is, he should be able to perceive how a program or experience can be applied in his own country, according to local conditions, and not seek to duplicate or copy exactly what he has observed abroad. He should also be prepared to participate in all the activities assigned to him in the country of study, whether related to his fellowship or extracurricular, without complaining constantly of difficulties due to differences in living conditions, diet, or cultural life.

Fellowship applications are processed only at the express request of the Member Governments, through national public health administrations. Some countries have established, within their governmental structure, a committee on selection of fellows, composed of representatives of the public health services and educational institutions, with personnel of the Bureau participating as consultants.

It can thus be seen that the selection of candidates for fellowships is not a simple task. Progressive improvement has been achieved in this selection, a fact that has been confirmed by authorities of the public health schools and other educational establishments, since the majority of them have stated that in general the fellows do meet the requirements for the chosen courses of study.

The main problems related to this matter are:

1. *Insufficient Knowledge of the Language in Which the Course is Taught*—It is obvious that one cannot study a subject satisfactorily without being fluent in the language in which the course is being taught. Up to now the policy has been that any candidate for a fellowship for study abroad must be able to prove, before leaving his own country, that he can speak, write, and understand the language in which he will study. Some have argued that such a requirement is too strict, and that fellowships are denied to many able persons who, if given the opportunity to spend a certain period in the country of study with only an elementary knowledge of that country's language, would be able in the new environment to learn the language much more rapidly and effectively than if they had studied it at home. This would, of course, involve additional expense for the period of language study and would also decrease proportionately the time the student could devote to his professional studies. For this reason, even though it is recognized that qualified persons may be denied the opportunity for study abroad, the policy of proof of language ability before leaving his country has been maintained.

To evaluate this ability in the candidate's own country is exceedingly difficult. As a practical matter, from the standpoint of academic studies, there is no real need to test persons whose mother tongue is Spanish and who are to study in a country where Portuguese is spoken, or vice versa. In a few instances it is necessary to test the ability of English-speaking or French-speaking persons to handle the Spanish language; but the major problem is to evaluate the English language ability of Spanish-speaking, Portuguese-speaking, or French-speaking persons who are going to study in an English-speaking country. After a series of trials with various methods, the Bureau has decided to use the facilities of a language institute in the United States which has a special service, with correspondents in almost all countries of the world, for giving a uniform test to candidates. The tests are both oral and written for candidates wishing to take academic studies, and oral only for those seeking travel grants. In practice, this method has proved very successful and the difficulties encountered previously have almost disappeared. Nevertheless, most of the universities still

insist, and with good reason, that applicants arrive at the school in time for a period of orientation and language refresher course in the environment in which they are to study.

2. *Age of the Fellow*—Besides the general age limitation imposed by the fellowship regulations, there exists a special problem with regard to academic study. The relation between age and ability to follow a complete course of study varies widely. Some persons at the age of 35 years have already passed the period in which they are able to learn easily. Others at 55 are still able to adapt to student life and to the need for learning new facts and new ideas. Undoubtedly the latter are in the minority. This problem is of great importance with respect to academic studies, and for this reason schools in general have established an age limit for applicants. Some public health schools do not accept students over 40 and most of them reject those over 45.

Each case must, of course, be considered individually, on the basis of the applicant's background and experience. In recent years the Organization has awarded fellowships for academic public health studies to only three candidates over 50 years of age; one of them failed completely, leaving the school and giving up his fellowship after six weeks; one completed the course with great difficulty and under physical and emotional stress; and only the third completed the course successfully.

3. *Medical Examination*—The fellowship application specifies that the medical report is to be filled out "after thorough clinical and laboratory examination including X-ray of the chest." An effort has been made to facilitate the fulfillment of this essential requirement and to permit the physician to establish precisely and clearly the results of his examination. Despite the care taken, however, there have occasionally been cases of fellows who arrived at the place of study in a state of health incompatible with the workload of studies they were to assume. Most important of these are the fellows forced to return home because of a cardiovascular lesion or other chronic conditions. There has even been a case of a fellowship recipient arriving in a fairly advanced stage of pregnancy.

4. *Inadequate Orientation and Lack of Understanding of the Objectives of the Studies*—It may happen, for various reasons, that some fellows fail to receive adequate and complete information on the nature of the studies they are to take, or are not interviewed by an adviser responsible for giving them prior orientation. Others who do receive full information and orientation accept the fellowship without endeavoring to understand thoroughly the nature of the courses they are to take, particularly when such studies are somewhat similar to the clinical specialty they practice in their professional work.

Both cases result, on arrival at the place of study, in surprise at the assigned program of studies and an attempt at any cost to change it, in order to take subjects more closely related to their private interests. For example, a fellow awarded a fellowship for studies in maternal and child health may seek to use it for studies in clinical pediatrics.

Such cases are gradually being eliminated, as the result of better selection and the insistence on interviewing applicants so as to explain to them in detail the nature of the course they are to take.

V. *Duration of Fellowships and Facilities Furnished*

Fellowships are awarded usually for periods of from two months to one year. In justified cases, however, such periods can be increased or decreased to meet the specific training needs of each candidate.

These limits are based on the consideration that, on the one hand, it is very difficult to obtain appreciable benefit in a period of less than two months, except in the case of a highly qualified professional and a selected specialty, and that, on the other hand, one year is generally sufficient for acquiring the basic training required for a specialized subject. By way of example one can cite the course for the Master of Public Health which covers only one year, including the field practice. Moreover, to extend fellowships beyond one year would involve consequent decrease in the number of fellowships that could be awarded.

The fellowship is designed to cover only those expenses directly related to the studies, such as: (a) costs of international travel and travel within the country of study; (b) tuition fees for courses included in the study program; (c) book grant, varying according to the type of studies; and (d) monthly stipend paid in the currency of the coun-

try of study, in an amount that varies from country to country.

There are two types of stipends: (a) the "travel rate," which is paid to fellows remaining in one place 30 days or less; and (b) the "resident rate," which is paid to those remaining more than 30 days in the same place.

The travel rate is higher than the resident rate. Obviously, the fellow who has to travel from one place to another must spend more money, since he has insufficient time to seek adequate and economical lodgings. For the same reasons, the first stipend paid to all fellows is of the "travel" type, since the individual does at first incur greater expenses, until he can settle down in his lodgings.

The amount of the stipend is established in accordance with the cost of living in the country of study, determined on the basis of background data compiled periodically. The information generally used is that from a special section of the United Nations responsible for establishing a "common scale of stipends" which is approved by all UN specialized agencies awarding fellowships, the purpose being to avoid differences that lead to grievances among fellows studying the same courses at the same place. In the matter of stipends, the Bureau also holds periodic consultations with other agencies, such as ICA and the Rockefeller Foundation, in order to maintain uniform criteria insofar as possible.

All international agencies have more or less the same system for covering fellowship expenses. However, one or two of them grant an additional special allowance to married fellows. The PASB and all United Nations specialized agencies have considered that the responsibility for these expenses should be borne by the fellow and his government. As has been stated in previous reports, "a stipend is not a salary or an honorarium; it is an allowance for room, board, and incidentals paid to a fellow while on official assignment for study abroad. *It is not supposed to cover the fellow's routine expenses at home* for self or family and should therefore *not be considered as a substitute for any salary* paid to a fellow at home." The governments, on submitting the fellowship application, certify that "the absence of the candidate during his (her) studies abroad would not have any adverse effect on his (her) status, seniority, *salary*, pension and similar rights."

It is for these reasons that, when deciding the amount of the stipend, consideration is given both to the cost of living in the country of study and to the need for providing the fellow with sufficient means to live comfortably and derive the maximum benefit from his studies.

Generally speaking, it is estimated that 40 per cent of the stipend covers lodging expenses, another 40 per cent food, and the remaining 20 per cent incidentals. The studies made in this regard show that the fellows at the various professional levels usually experience no financial difficulties and are able to support their families adequately when they receive, in addition to the stipend, the salary that should be paid them by their governments.

Despite the commitment established in the fellowship application, and the several resolutions adopted on the subject by the Directing Council (among them, Resolution XIX of the IX Meeting[1]), some governments suspend payment of the fellow's salary or provide only a "fellowship aid" representing but a small proportion of the salary. This situation undoubtedly jeopardizes the effective execution of the fellowship program. Many candidates refuse the fellowship at the last moment, when all the arrangements have already been completed; or, if they do accept the fellowship without retention of salary, there invariably arise disagreeable family and financial situations that unfavorably affect the results of their studies. For this reason fellows have on several occasions refused to stay for the period of practical training scheduled at the end of their academic studies, returning to their countries without having completed the plan established for the fellowship.

The book grant also has been the subject of study and investigation among both teachers and fellows. After introduction of more flexibility and an increase in the maximum, it appears that the grant is adequate to cover the needs for the basic books required in the courses of study.

### VI. *Processing of Fellowship Applications*

The proposed candidates for fellowships, after being chosen, fill out the fellowship application and submit it together with the necessary documentation attesting to their professional competence and past educational record. This documentation con-

[1] *Official Document PASO* 18, 13.

sists usually of photostatic copies of the professional degree and, in the case of students taking academic courses, copies of the ratings obtained in previous studies.

There have occasionally been complaints as to the difficulty of collecting the documentation required for submittal with the fellowship application, the implication being that this is merely a routine and bureaucratic measure. However, it should be borne in mind that the educational institutions and certain countries require this documentation as a basis for deciding whether the candidate meets the requirements for admission to such institutions or other training centers.

Once the fellowship application has been completed and the required documentation attached, it is transmitted by the health authorities to the appropriate PASB zone office, which seeks the opportunity to interview the candidate and examine his educational background and experience. If the zone office deems that the application meets the requirements of the project to which the fellowship will be charged, and that it conforms also to the established priorities, it will transmit the application to headquarters with the pertinent recommendations.

The headquarters office then makes the decision on the basis of the candidate's background and experience, the zone office's recommendation, and the budgetary situation; it is also responsible for placement and for other arrangements required in connection with the fellowship award.

In the case of fellowships for academic studies, arrangements are made directly with the university centers (schools of public health, nursing, etc.). For travel grants that include visits to governmental services or other specialized institutions, arrangements are made with the national health administrations, through the zone office concerned.

Any delay in receipt of the application has a considerable bearing on the proper functioning of the fellowship program. It is evident that the steps outlined above involve a certain amount of time. Furthermore, institutions and agencies that are being asked to receive students need additional time to study the applications and make their own decisions. Late applications force hurried and sometimes inadequately-considered decisions and often give rise to difficulties and misunderstandings for both the fellow and the institution that he is to attend. Such delays lead to unnecessary postponement of training.

To correct this situation, most schools have set a time limit for the receipt of applications, in some cases as long as five months before the proposed starting date. The Organization has been pleased to comply with this requisite because the time limit has made for better planning. There will, of course, always be emergency situations, but these can be kept to a minimum.

VII. *Program and Placement*

Equal in importance to the selection of applicants is the choice of the place of study. There is no doubt that the active cooperation and good will of national health administrations and of universities in receiving and accepting PASB/WHO fellows has greatly enhanced the fellowship program. It is essential that the selected place have available facilities, services, material, and teachers of a caliber consistent with the great effort involved in international study. In dealing either with academic institutions or with agencies offering services, there has to be awareness of the special needs of students from other countries. In this connection, the report of the recent meeting of the WHO Expert Committee on Professional Education, dealing with the problem of foreign students, is being awaited with interest.

To carry out the task of placement most efficiently, the Organization takes into consideration the following:

1. The suggestions of the government concerned, and the functions to be performed by the fellow on return to his own country.

2. The fellow's own suggestions, as well as his previous training and experience, and the language in which he is able to study.

3. The recommendations of the zone office concerned.

4. The information and experience available to the Bureau concerning training facilities and vacancies in educational institutions.

5. The desirability of the candidate's studying in countries where health and socio-economic conditions and problems are similar to those in his own country, if appropriate training facilities are available in those countries.

6. The possibility of including, when it can be

arranged, two or three month's field visits after an academic year's course.

7. The need for avoiding an excessive number of visits; obviously, it is far more advantageous for the fellow to make long stays in few institutions rather than short stays in many. Also, it is necessary to avoid arrangements for studies to commence during vacation periods and to exclude travel to distant places for short periods of stay.

The suggestions of the governments and of the candidates in this respect are most useful and valid, but frequently are based on information that is not completely up-to-date. They often suggest one or two establishments well known because of prestige acquired through the years and because of the number of fellows that have studied in them. However, owing to lack of information, no mention is made of new institutions that have developed in recent years, many of which offer not only special facilities in certain important fields of study but also new educational methods and ideas.

The Bureau has at its disposal up-to-date information on the quality of facilities available and vacancies in the various training centers, and it attempts always to place the fellow in the center or institution best suited to his needs, in accordance with his experience and previous training.

Another essential aspect of placement, as has been mentioned, is the need to find for the fellow an environment at the same time different from that to which he is accustomed, so that he may receive the stimulus of new ideas and new plans, and yet with living conditions and health problems similar to those in the fellow's own country. His adjustment in the country of study will thus be made easier, as will his return to the country of origin and his interpretation of the new knowledge acquired during his studies. The schools of public health of Santiago, São Paulo (Brazil), Mexico, and Puerto Rico fulfill these requirements admirably, as do the facilities offered by the national health services of those and other countries for field programs and observation visits. An effort is therefore made to send to the United States and Canada only those fellows who already have the necessary experience to observe there whatever might be most useful and adequate for them and for their countries, or those who are interested in acquiring a knowledge of subjects that are not yet taught fully in the Latin American countries.

The Bureau has promoted and aided in various ways (exchange of professors, assignment of visiting professors, provision of equipment, etc.) the development of facilities and services for study and training in the Latin American countries.

Another method used to improve the instruction given to fellows—one that has proved very profitable—is the award of fellowships to professors in the different schools of public health of the Americas to enable them to visit the countries from which the fellows come, study their problems, and adapt the teaching programs to the needs of those students. All the schools have participated in this program and the benefits from each fellowship have been spread through the respective faculty by means of reports and staff meetings. In this way it has been possible to obtain marked improvement in the personal relationships between professors and students, thanks to better understanding of the conditions and problems affecting fellows.

Choice of a proposed place of study by the Organization is only half the problem, for the institution or service concerned has to agree to accept the fellow.

Decision as to which students may be admitted to public health schools rests, of course, with each school, although some deans have been of the opinion that they have a moral obligation to admit any student who has passed through the rigorous selection of an international organization like PASB/WHO.

Public health schools, as well as other educational institutions used, generally receive a volume of applicants much larger than the number of vacancies available. Special selection committees have therefore been established to screen applications and choose the best qualified candidates. It is sometimes necessary to submit placement requests to several schools before one with available vacancies is found, and this is another reason for insisting that fellowship applications be submitted with the complete required documentation and within the established time limit. Another factor is the reduction in the number of vacancies in public health schools in the United States available for students from other countries, due to the recently expanded national fellowship program. That program has attracted many candidates and the schools have consequently been forced to be more strict about their entrance requirements.

Establishment of a program during the summer season in the countries of study also leads to difficulty. In those periods, educational institutions generally are closed and the staff of health centers and services, in a vacation period, is reduced to the minimum required to handle routine matters. It is therefore difficult, if not impossible, to make arrangements for visiting fellows. Many countries have made it clear that during the summer months they can receive no visiting students or only a very limited number in necessary cases.

VIII. *Notification of Fellowship Awards and Travel Arrangements*

Once the pertinent requirements have been met and the program of studies confirmed, the formal fellowship award is issued. Clearly, before a fellow is notified that he has been awarded a fellowship, there must be an assurance that he will be admitted to the center where he is to study. Notification of fellowship awards is made through the respective zone office; a certificate of award is forwarded, together with instructions, to the government and to the recipient. The letter of instruction contains the necessary information to guide the fellow as to where to report and whom he should see on arrival, the financial arrangements connected with the fellowship, and the office that will pay the stipends, as well as information on the program of studies and the itinerary he is to follow.

An information booklet on the fellowship is also forwarded with the letter of instruction. It describes procedures affecting the fellows and refers them, through a question-and-answer system, to the matters of greatest interest to them, such as amount of stipends to be paid, travel arrangements, expenses for which the Organization is responsible, those which the fellow must assume, etc.

Unfortunately, in interviews with fellows during their courses of study, it has been shown that only a small percentage of them read the booklet carefully and retain the information contained therein. This is true of both professional and nonprofessional fellows. Much of the correspondence between the Bureau and the fellows would be unnecessary if all fellows were to read this booklet with care.

The fellow is also instructed to obtain and take with him pertinent information on public health problems in his own country, so that he may be in position to report such information to his professors and fellow students in the course of his studies.

At the time the letter of instruction is forwarded, arrangements are made to furnish the fellow with the necessary transportation and to pay him the first stipend. Since the travel itinerary is determined by the program of studies, any change or delay enroute will be at the expense of the fellow.

Fellows must make the necessary arrangements to obtain passports and visas, although the Bureau will assist them when required. For example, to facilitate the securement of visas for certain countries that have established special requirements, a special document is sent to the fellow certifying that the applicant will be studying under the sponsorship of the Organization.

Visas have constituted a special problem in cases where the country of study does not maintain diplomatic relations with the fellow's country of origin. Generally, this problem can be overcome by having the fellow stop enroute in a third country where, with previous advice, consular services have usually been most helpful in providing visas. In the past, still another problem has arisen in the United States, a country receiving so many students, owing to a law that required a U.S. governmental or private organization to assume responsibility for a future fellow. The law did not take into account international organizations and each case had to be resolved by finding a sponsor in the United States. This presented no difficulty to fellows going to institutions, but it did entail many problems for those receiving travel grants. New regulations were issued in 1957, and these now enable the Organization to sponsor its fellows.

IX. *Orientation and Guidance during Courses of Study*

Whether the fellow is to take academic courses or to visit institutions, it is desirable that he have a clear idea of what his experience will cover and that he become familiar with the different details of his relationships during the fellowship period.

It is understandable that fellows, on arrival in a foreign country, may often encounter not only technical or administrative problems but also

problems of adjustment, since the culture and living conditions are sometimes very different from those in their own countries.

For fellows receiving travel grants, need for orientation varies according to the complexity of the proposed subject of study and the number of visits scheduled. Whenever possible, plans are made for fellows to visit the Washington Office or a zone office before embarking on their study journey.

The orientation of fellows who are to take academic courses is usually in two parts: a visit to the Organization's headquarters, or to the zone office, before proceeding to the institutions of learning, and a period of varying length at the school. During the first part, the program is reviewed, educational and administrative arrangements explained, and necessary adjustments made.

One of the main purposes of the second phase is to attempt to give the students ample opportunity to become accustomed to the language they are to use. In some schools specific instruction is provided for this purpose. Even where language does not constitute a problem, it is necessary for the fellows to have sufficient time to become acquainted with the school, the faculty, university life, the city, transportation facilities, and other general conditions. One university has insisted that the orientation course last six weeks for students whose mother tongue is one other than that used in the school. Others have arranged language courses of one to four weeks duration. Experience has shown that proper orientation is essential, but further studies are needed with respect to the duration and the content of the course.

During the school year the majority of schools assign to each student some member of the faculty as adviser. Depending on the interest of the adviser, the students derive much benefit from this ever-present source of counsel. Nevertheless, the faculty adviser, while he knows the problems connected with the school, may not be familiar with those related to the fellow's situation at home.

The assistance of Bureau personnel is of evident value in the solution of these problems and therefore, when the academic fellows are installed in their places of study, Bureau staff members visit them at least on two occasions. The first visit is made more or less half way in the first trimester, and the second, half way in the last trimester, before the end of the course. During the first visit, a lengthy and careful interview is held with the individual fellows in order to find out how each has adjusted to his new surroundings, what his living conditions are, what problems he has, how his studies are progressing, and what the results of the first tests and examinations have been. These interviews are complemented by others held with professors assigned to the individual students as counsellors. Also discussed with the professors are the fellow's attitude and conduct in class and the need, if any, for readjustments or changes in the program of studies. In some problem cases, it is necessary to hold several interviews both with the fellow and with the professor, until an adequate solution is found. An effort is also made to attend classes and group projects as a means of better understanding the situation and the manner in which fellows are participating in the studies.

Generally speaking, the purpose of the second visit is to discuss the field activities supplemental to the academic studies, in addition to reviewing the fellow's general situation. Experience obtained in these visits has shown the need for devoting at least two hours to each fellow.

On the other hand, fellows may at any time request, by correspondence, advice and guidance in solving any problem affecting them. The volume of such correspondence is heavy.

Contact is also maintained with fellows through the reports they are required to submit at the end of each quarter. These reports contain a description of their activities during the quarter, a list of professors they have had, and a list of the institutions visited. They also summarize the observations and impressions obtained during the studies.

This contact is greatly facilitated by the close and excellent relations maintained with the faculty of the teaching establishments and with the personnel of the health services, who give invaluable cooperation in the development of the fellowship program. Another contributing factor is the cooperation furnished to educational institutions through lectures for students and faculties on the activities and programs of PASB/WHO and the data furnished the schools on the countries of origin of the fellows.

During the school year 1957-1958, 23 educational establishments were visited in the United States and Canada, and two interviews were held with each of the 111 fellows studying in those es-

tablishments. The total of interviews was actually greater, for through a cooperative arrangement interviews were frequently held, during these visits, with persons attending the institution as fellows of the U.S. International Cooperation Administration. Staff of the Fellowships Branch also visited Latin American schools of public health and held interviews with 102 fellows. Although such visits are made only once a year, because of the distance and expense involved, these schools are also visited regularly by staff members of the respective zone office, through which continuous contact with the fellows is maintained.

X. *Contact with the Fellows after Completion of Studies*

To help evaluate the benefits derived from the fellowship program, an effort is made to maintain periodic contact with former fellows during a two-year period after completion of the fellowship studies.

On completing the fellowship, fellows are requested to submit a final report, which generally consists of three parts: (1) a summary of the studies taken; (2) an analysis of the knowledge acquired, with particular reference to the fellow's future work; and (3) any comments on the fellowship itself, especially if difficulties were encountered and, if so, how they were solved.

Subsequently, ex-fellows are asked to submit two supplementary reports on the opportunities they find for applying the knowledge and training acquired during their fellowship studies. The first report is due at the end of six months and the second, due within two years after return to the country of origin, is supplemented by an additional report from that country's national health administration on the utilization of the fellow's services and on the activities carried out in connection with the fellowship studies.

These reports provide very valuable data for evaluating the fellowship program and for avoiding the repetition of errors made in planning some fellowships. Awards made to professors of public health schools to enable them to visit the countries from which their students come and to renew relations with former fellows provide still another means of maintaining such contact and appraising how training acquired through fellowships is being utilized.

XI. *Scope and Financing of the Program*

As the funds available to the Organization for field activities have expanded, the number of fellowships has grown steadily. As a gross measure one can compare the total of 812 fellows and participants in the four-year period 1950-1953, with the total of 1,663 in the four years 1954-1957.

In the first three years in the latter period, the number of fellowships remained more or less stable, but in 1957 the increase was considerable.

The 57 per cent increase recorded in 1957 was due in large measure to activities for the training and preparation of personnel for malaria eradication programs; approximately one third of the increase corresponded to fellowships related to other programs. The number of fellows from other regions who come to the Americas to study has also increased from year to year.

All countries of the Hemisphere have participated in the development of the fellowship program. Table 2 shows the distribution of 1,236 fellowships, by country of origin and type of studies, during the four-year period 1954-1957. Basically, the differences in the extent of participation by the various countries are related to the differences in numbers of applications received, which, to some degree, reflect the number of cooperative projects between the countries and the Organization.

Table 1—*Number of PASB/WHO Fellowships, 1954-1957*

| Year | Number of fellowships awarded | Participants at seminars | Fellows from other regions studying in the Americas |
|---|---|---|---|
| 1954 ..... | 282 | 37 | 69 |
| 1955 ..... | 246 | 144 | 93 |
| 1956 ..... | 276 | 154 | 114 |
| 1957 ..... | 432 | 92 | 120 |
| Total ..... | 1,236 | 427 | 396 |

The number of fellowships for academic studies (527), which was considerably higher than the number for travel grants (336), reflects the demand for academic courses as a means of obtaining a solid foundation for specialization.

As the number of fellows has increased, much wider use has been made of institutions and services of the countries within the Region for the training of fellows. Experience gained in administering the fellowship program has shown that it is preferable to make use of existing local resources—rather than plan special international centers. As can be seen from Table 3, all the countries have participated in offering sites for study. Naturally, the figures are particularly high for the countries that have institutions or centers admitting foreign students (especially Brazil, Chile, Mexico, the United States, and Venezuela). At the same time, other countries, as well as these, have provided a very significant contribution by making their medical and public health services available for observation or by

Table 2—*Fellowship Awards and Seminar Participants in the Americas by Type of Study and Country of Origin, 1954-1957*

| Country | FELLOWSHIPS | | | | | Seminar participants | Total fellows and participants |
|---|---|---|---|---|---|---|---|
| | Courses organized or assisted by PASB/WHO | | Other courses | Other arrangements | Total fellowships | | |
| | Special short courses | Within academic inst. | | | | | |
| Argentina | 8 | 19 | 30 | 9 | 66 | 26 | 92 |
| Bolivia | 6 | 4 | 14 | 4 | 28 | 14 | 42 |
| Brazil | 38 | 4 | 8 | 13 | 63 | 64 | 127 |
| Canada | 1 | 0 | 2 | 3 | 6 | 1 | 7 |
| Chile | 8 | 0 | 11 | 33 | 52 | 32 | 84 |
| Colombia | 6 | 7 | 18 | 10 | 41 | 34 | 75 |
| Costa Rica | 26 | 6 | 8 | 7 | 47 | 13 | 60 |
| Cuba | 8 | 3 | 4 | 3 | 18 | 14 | 32 |
| Dominican Republic | 14 | 10 | 14 | 8 | 46 | 11 | 57 |
| Ecuador | 8 | 5 | 10 | 4 | 27 | 19 | 46 |
| El Salvador | 16 | 9 | 9 | 6 | 40 | 11 | 51 |
| Guatemala | 22 | 14 | 18 | 26 | 80 | 12 | 92 |
| Haiti | 22 | 1 | 20 | 13 | 56 | 9 | 65 |
| Honduras | 24 | 3 | 6 | 9 | 42 | 10 | 52 |
| Mexico | 34 | 8 | 32 | 48 | 122 | 42 | 164 |
| Nicaragua | 18 | 5 | 15 | 9 | 47 | 6 | 53 |
| Panama | 22 | 9 | 22 | 5 | 58 | 13 | 71 |
| Paraguay | 15 | 19 | 34 | 18 | 86 | 12 | 98 |
| Peru | 21 | 16 | 34 | 11 | 82 | 24 | 106 |
| United States | 8 | 0 | 0 | 25 | 33 | 7 | 40 |
| Uruguay | 8 | 15 | 22 | 7 | 52 | 9 | 61 |
| Venezuela | 3 | 6 | 8 | 16 | 33 | 23 | 56 |
| British Areas | 33 | 0 | 25 | 41 | 99 | 17 | 116 |
| Departments of France in the Americas | 3 | 0 | 0 | 4 | 7 | 2 | 9 |
| Surinam and the Netherlands Antilles | 1 | 0 | 0 | 4 | 5 | 2 | 7 |
| Total | 373 | 163 | 364 | 336 | 1,236 | 427 | 1,663 |

acting as host countries for organized short courses.

The close interrelationship between the various fields of study makes it very difficult to classify the fellows according to the subjects they have studied. Nevertheless, it is necessary to make some arbitrary rules, and for several years WHO has followed the principle of classifying a student under his field of major interest. For example, a large number of fellows who take the public health course are primarily interested in the communicable diseases. According to the rules used in this classification, such fellows are grouped under the heading "Communicable Diseases," even though their training is far broader and prepares them for work in general public health. The same holds true for such other headings as "Maternal and Child Health" and "Nursing." This factor should be kept in mind in studying Table 4.

A study of Table 4 shows, as might be expected, that the biggest category is "Communicable Diseases," which increased markedly in 1957 as the

Table 3—*Country or Region of Study for Fellowships Awarded in the Americas 1954-1957*

| Country or region of study | 1954 | 1955 | 1956 | 1957 | Total |
|---|---|---|---|---|---|
| Argentina | 5 | — | 1 | 5 | 11 |
| Bolivia | 2 | — | 2 | — | 4 |
| Brazil | 59 | 31 | 42 | 57 | 189 |
| Canada | 6 | 6 | 6 | 15 | 33 |
| Chile | 60 | 38 | 65 | 70 | 233 |
| Colombia | 6 | 5 | 9 | 8 | 28 |
| Costa Rica | 7 | 6 | 16 | 6 | 35 |
| Cuba | 20 | — | 1 | 1 | 22 |
| Dominican Republic | 2 | 1 | — | — | 3 |
| Ecuador | 13 | 8 | 3 | 6 | 30 |
| El Salvador | 8 | 17 | 18 | 31 | 74 |
| Guatemala | 21 | 23 | 12 | 36 | 92 |
| Haiti | 4 | 3 | — | — | 7 |
| Honduras | — | — | 1 | 1 | 2 |
| Mexico | 31 | 14 | 50 | 109 | 204 |
| Nicaragua | 1 | — | 1 | — | 2 |
| Panama | 4 | 11 | 21 | 7 | 43 |
| Paraguay | 2 | 3 | 3 | — | 8 |
| Peru | 5 | 10 | 10 | 37 | 62 |
| United States | 68 | 88 | 69 | 70 | 295 |
| Uruguay | 4 | 1 | — | 1 | 6 |
| Venezuela | 9 | 37 | 22 | 61 | 129 |
| British Areas | 13 | 12 | 4 | 8 | 37 |
| Departments of France in the Americas | 1 | 1 | 2 | 1 | 5 |
| Surinam and the Netherlands Antilles | — | — | 2 | 1 | 3 |
| Western Pacific Region | — | — | 1 | 2 | 3 |
| Eastern Mediterranean Region | — | 2 | — | 1 | 3 |
| European Region | 6 | 6 | 6 | 12 | 30 |
| South East Asia Region | — | — | 1 | — | 1 |
| Total* | 357 | 323 | 368 | 546 | 1,594 |

*Since some fellows visited more than one country or region, the totals do not correspond to those in Table 1.

result of the programs of malaria eradication. The fields of "Nursing," health statistics (included under "Other Health Services"), and "Sanitation" also occupy a prominent place in the classification, as does "Public Health Administration."

Funds to support the fellowship program come from all the categories available to the Organization, as can be seen from the following totals for the past four years:

| | |
|---|---|
| PASO—Regular budget | $ 323,284 |
| PASO—Other funds, including OAS funds for the Pan American Foot-and-Mouth Disease Center and, in 1957, the Special Malaria Fund | 117,897 |
| WHO—Regular budget | 778,942 |
| WHO—Technical Assistance | 1,003,831 |
| Total | $2,223,954 |

It is to be expected that WHO/Technical Assistance would provide the largest proportion, since fellowships, both as parts of projects and as individual projects, are readily acceptable under that Program. Furthermore, most of the Category II projects are fellowships and these are used for substitution as savings appear from delays in Category I projects. Sometimes these funds are made available only late in the year and it has been possible to utilize them only because enough good applications were on hand to permit prompt awards.

Another conclusion of great significance to be drawn from these figures is that one must have a single set of rules and procedures, regardless of the sources of funds.

### XII. *Coordination with Other Organizations*

Apart from numerous other considerations, the above-mentioned contributions of funds are an essential and determining factor in maintaining complete coordination with the procedures and regulations governing the award of fellowships in the WHO, which are applicable also to fellowships

Table 4—*Fellowships Awarded in the Americas by Country of Origin and Field of Study, 1954-1957*

| Country | Public health adm. | Sanitation | Public health nursing | Maternal and child health | Other health services | Communicable diseases | Medical science and education | Clinical medicine | Total |
|---|---|---|---|---|---|---|---|---|---|
| Argentina | 20 | 8 | 4 | 1 | 14 | 16 | 2 | 1 | 66 |
| Bolivia | 1 | 2 | 11 | — | 4 | 10 | — | — | 28 |
| Brazil | 2 | 2 | 4 | 1 | 5 | 46 | 2 | 1 | 63 |
| Canada | 2 | — | — | — | — | 2 | 2 | — | 6 |
| Chile | 5 | 1 | 8 | 5 | 6 | 12 | 10 | 5 | 52 |
| Colombia | 12 | 5 | 3 | — | 3 | 18 | — | — | 41 |
| Costa Rica | 1 | 10 | 12 | — | 10 | 14 | — | — | 47 |
| Cuba | — | 5 | — | — | 4 | 9 | — | — | 18 |
| Dominican Republic | 4 | 15 | 4 | — | 5 | 18 | — | — | 46 |
| Ecuador | 5 | 2 | 2 | 2 | 7 | 8 | — | 1 | 27 |
| El Salvador | 2 | 10 | 7 | — | 6 | 15 | — | — | 40 |
| Guatemala | 3 | 18 | 19 | 2 | 8 | 30 | — | — | 80 |
| Haiti | 8 | 4 | 10 | 1 | 1 | 30 | 2 | — | 56 |
| Honduras | 5 | 14 | 7 | — | 1 | 15 | — | — | 42 |
| Mexico | 6 | 21 | 17 | 5 | 17 | 51 | 4 | 1 | 122 |
| Nicaragua | 5 | 11 | 11 | — | 7 | 13 | — | — | 47 |
| Panama | 5 | 17 | 8 | 1 | 8 | 18 | 1 | — | 58 |
| Paraguay | 17 | 10 | 8 | 4 | 11 | 34 | 1 | 1 | 86 |
| Peru | 15 | 8 | 13 | 1 | 9 | 35 | — | 1 | 82 |
| United States | 1 | 1 | — | — | 1 | 9 | 20 | 1 | 33 |
| Uruguay | 8 | 10 | 14 | 2 | 5 | 12 | — | 1 | 52 |
| Venezuela | 4 | 6 | 2 | — | 4 | 17 | — | — | 33 |
| British Areas | 12 | 2 | 11 | 1 | 15 | 54 | 3 | 1 | 99 |
| Departments of France in the Americas | — | — | 2 | 1 | — | 4 | — | — | 7 |
| Surinam and the Netherlands Antilles | — | — | — | — | 1 | 4 | — | — | 5 |
| Total | 143 | 182 | 177 | 27 | 152 | 494 | 47 | 14 | 1,236 |

financed with funds of the Technical Assistance Program.

For the purpose of maintaining coordination between the United Nations and all specialized agencies that award fellowships, a Technical Working Group on Fellowships has been in operation for several years; the group meets periodically to study and recommend solutions to the common problems related to this subject. In this way, it has been possible to maintain close collaboration among all the interested agencies, and the policies and procedures governing fellowship awards have been improved progressively from year to year. Numerous difficulties seriously hampering the development of the program, such as those encountered when each agency unilaterally followed its own procedures, have now been eliminated.

The application of the measures and decisions adopted by the Technical Working Group suffer unavoidable delays, inasmuch as each agency has its own administrative procedures. Nevertheless, this fact has not significantly affected certain suggestions made by the Bureau, such as those for the increase of some stipends.

A mechanism has been established for the rapid exchange of information on variations in cost of living for fellows, so that all agencies will make, at the same time, whatever changes in stipends are considered necessary. In this way, in the Americas, for example, important increases have been made in the stipends fixed for Brazil, Chile, and the United States. Similarly, changes in other portions of the regulations, such as definition of travel status and payment of a higher stipend during the first month of an academic fellowship, have been agreed upon.

As requested by the X Directing Council, in the third paragraph of Resolution XV, the proposal to establish various categories of fellowships, in accordance with the professional status and experience of the fellow, was discussed with WHO headquarters and with the Technical Working Group on Fellowships. The general reaction was completely against the proposed system of points, which was considered far too complicated and likely to give rise to many misunderstandings and difficulties.

Progress is also being made in another aspect of the problem of coordination. In the Americas there are many other organizations awarding fellowships for purposes often similar to those of PASB/WHO. Most prominent are the Rockefeller Foundation and the Kellogg Foundation, particularly in the field of medical education, and the U. S. International Cooperation Administration, with its broad program of work in all aspects of health services. Since these groups have different basic financing and methods of operation, it is not at all easy to achieve uniformity of fellowship procedures. Nevertheless, the machinery of the Medical Education Information Center, set up in 1952, has served as a method for exchanging information on many fellowship problems. For example, distribution of a consolidated list of fellowships awarded has helped avoid duplication.

## XIII. *Evaluation*

The development of the fellowship program requires considerable effort on the part of the countries that select and propose the applicants, of the countries and institutions that provide the teaching services for training fellows, and of the agencies that award the fellowships. The cost of that program absorbs an important part of the budget of the Organization. It is therefore of the utmost importance to determine what results are being obtained.

On repeated occasions, stress has been laid on the value of international cooperation in the education and training of selected individuals who subsequently will utilize the knowledge acquired to contribute toward the improvement of health conditions in their countries. The Rockefeller Foundation, which has long experience in the matter, after analysing its fellowship program of 33 years (1917-1950), made the comment that "in retrospect, few activities of the Foundation appear of more general and enduring value."

On various occasions an effort has been made to define precisely the value and usefulness of fellowships, but difficulties are always encountered. There is no doubt that the selection of the fellow and the quality of his studies have a most significant bearing on the success or failure of the fellowship program. However, the basic aspect of evaluation is perhaps the ultimate use the fellow makes of the knowledge acquired.

The contribution that the fellow, on returning to his own country, makes in matters relating to the expansion of existing services, the introduction of new methods and techniques, the establish-

ment of new types of services, or the improvement of local educational and training facilities, will serve to evaluate the results of a fellowship. To this end, a requirement has been established whereby the former fellow and the national health administration concerned must report, within two years from the termination of the studies, on the activities carried out and services rendered during that period, for the purpose of ascertaining whether the services are in keeping with the training acquired.

Recently, the WHO made a general evaluation of fellowships awarded with WHO funds. The results obtained are applicable also to PASB because of the similarity of the two programs.

The study was made by sending to each former fellow a questionnaire, to be returned through his government, reporting on the position he was occupying and how he was applying the knowledge acquired during his fellowship.

The resulting statistics were discussed at the Eleventh World Health Assembly. Although certain criticisms were made of this material because of the relatively small proportion of questionnaires returned in the Americas, the experience of the zone office and project staff, as well as interviews by the staff of the Fellowships Branch, nevertheless, indicate that the following generalizations are justified:

1. A large majority of the fellows assumed, on their return to their own countries, the specific functions for which they were trained.

2. Most of these fellows demonstrated the necessary ability to introduce new methods of work, to establish new services in the agencies or institutions where they worked, and to disseminate the knowledge acquired abroad, through lectures and articles. Some have trained local personnel to replace foreign specialists. Others have been active in promoting the promulgation of new health laws or the revision of those in force. Moreover, nearly half the former fellows maintained contact with their fellow students and professors, for the purpose of exchanging information on the work they were carrying out.

3. Very few of the former fellows stated that the studies followed had not proven adequate to meet the needs of their assigned functions.

Undoubtedly, the results vary from one country to another, and they are of course better when the fellowships form part of a project directed toward the development of a specific aspect of some public health program or service.

The number of former fellows who do not put their training to proper use is very small. Many of the failures are due to non-compliance with the commitment assumed by governments to employ fellows on their return. On the other hand, there have been cases, although fortunately few, where fellows have for one reason or another refused to accept the position offered by the government on their return to their country.

### XIV. *General Considerations*

It has been rightly said that the caliber of any public health program can be measured in the ability and competence of the people running it. Thus, the great contribution of the fellowship program is to facilitate provision of the kind of international education and training that will raise that competence to the highest possible degree. It is clear from this study that the fellowship program constitutes a large and significant part of the Organization's work, that it embraces all fields of activity, and that its operation is a complicated matter presenting a large number of interrelated problems.

In any fellowship activity, one is dealing essentially with individual human beings who, despite similarity of requirements and standardization of programs, will vary enormously in personality, concern for personal comfort, likes and dislikes, capacity for independence, and adaptability to other lands. Even in the simplest cases there are myriad details to settle for each fellow, most of which have been barely touched on in this study. Some measure of the complicated nature of the administrative problems involved may be obtained from a management study carried on recently on the operations and staffing of the Fellowships Branch. This study was made in the light of the constant efforts to simplify procedures and to decentralize activities and decisions to the greatest extent possible. Nevertheless, it was demonstrated that the average number of letters, memoranda, and documents of various types connected with each academic fellowship was 145, and that the average for each travel fellowship (approximately 3 months' duration) was 73. For a fellow who presents unusual problems, such as a highly specialized field of study or unforeseen circumstances

during his fellowship, these figures are much higher.

It is inevitable that fellows will wish to make changes even after a program is well advanced. Such changes often require cables and long-distance telephone calls and may result in inconvenience for all concerned, particularly those who have already made plans to receive a fellow. They also require a much greater expenditure of staff time. Thus, changes must be kept to a minimum, even though sometimes they are desirable and essential.

It is for reasons such as these that the various foundations and governmental agencies granting fellowships believe that a professional staff member should not have more than 50 or 60 fellows for whom he is responsible. The average at the Bureau has been considerably higher, but recent additions to the staff have reduced the average to manageable proportions, although it is still substantially higher than in other agencies.

Administrative complications and variations in sources of funds make it particularly important that advance planning be carried out to the greatest extent possible. As brought out earlier in this study, funds often become available for fellowships on short notice at the end of the year. Only by having ready a series of good applications that have gone through all the preliminary stages is it possible to make good use of these funds. In this planning national health administrations must play an active role to maintain their personnel needs under constant review, while being always on the lookout for the sort of person who can profit from international study.

Throughout this study there is abundant evidence of the need for recognizing the tripartite responsibility described in Chapter III. The fellow must do his part, but cooperation between the Organization and the government is essential at every stage. Through mutual participation and effort, the true dynamic quality of a broad fellowship program can bring about the basic aim of strengthening the health services of the Member Countries.

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## Annex 10

## PROPOSED NEW CONDITIONS OF EMPLOYMENT[1]

The Director has the honor to present the following document on the topic Proposed New Conditions of Employment, in two parts. Part I is submitted, at the request of the Director-General of the World Health Organization, to the Conference acting in its capacity as Regional Committee for the Americas. Part II is presented as a result of the action taken by the 34th Meeting of the Executive Committee.

### Part I

#### REVIEW OF SALARIES, ALLOWANCES, AND BENEFITS

*Legislative Origins*

The Tenth World Health Assembly, after examining a report by the Director-General on this subject, in addition to other action, adopted Resolution WHA10.49 as follows:

Considering:

(1) that since 1949 the Pan American Sanitary Organization has adopted essentially the staff regulations relating to salaries, allowances and benefits of the World Health Organization, in order to assure uniformity of conditions of employment for the combined staffs of WHO/PASB;

(2) that full realization of efforts to establish uniform and equitable conditions of appointment for the staff of WHO/PASB has not been achieved;

(3) that the present complicated system of multiple allowances presents a very difficult administrative problem;

(4) that, although the complicated group of allowances may, in certain cases, provide adequate remuneration, these allowances fail to attract to the Organization the young public health officer who should become the career officer of the Organization in the future;

(5) that the base remuneration for positions requiring a high degree of educational training and proficiency renders more difficult the recruitment of medical public-health workers; and

(6) that the Directing Council of PASO (which serves as Regional Committee of WHO for the Americas) at

[1]Document CSP15/12, Rev. 1.

its session in 1956 adopted a resolution[1] which provides, *inter alia*, that "in the event the United Nations fails to authorize a single system of salaries, allowances, and benefits for all staff in all programs, and the WHO Executive Board does not authorize such a system of employment, to take such steps as are necessary to effect a single set of conditions of employment for both regular and project staff,"

1. RESOLVES that the question of salaries, allowances and benefits for the staff of the Region of the Americas be referred to the Executive Board, with authority to make recommendations to the World Health Assembly with respect to the means of correcting the outstanding difficulties cited; and

2. REQUESTS that the Executive Board consult with the Directing Council of the Pan American Sanitary Organization regarding suitable staff regulations on salaries and allowances adapted to the needs of international health organizations.

As a consequence, the Executive Board gave preliminary consideration to this subject at its Twenty-first Session and adopted the following resolution (EB21.R53):

The Executive Board,

Noting the report of the Director-General on salaries, allowances and benefits, including the actions taken by the Directing Council of PASO, and particularly the divergence of practice which has arisen between PASO and WHO regarding minus post-adjustments;

Bearing in mind the mandate of the World Health Assembly to the Board, contained in Resolution WHA10.49,[2] to make a study of this matter and report to the Assembly "regarding suitable staff regulations on salaries and allowances adapted to the needs of international health organizations";

Considering that any such study must include an examination of what is required to meet the Organization's total staffing needs in all areas and from all sources of funds;

Recognizing that the essential data is not available on which to proceed with a complete examination of the subject at this session;

Considering that other studies relating to salaries, allowances and benefits are shortly to be undertaken;

Considering the need for internal consistency in the Organization in the matter of salaries; and

Considering that the Organization's salary arrangements should facilitate the application of the Organization's important policy of rotation of professional staff,

1. DECIDES to place this item on the agenda of its twenty-third session;

2. REQUESTS the Director-General to invite all regional committees to express their views on this subject at their next meeting so that such views will be available to the Board when it next considers the matter;

3. REQUESTS the Director-General to prepare for the twenty-third session of the Board a full report including the views of regional committees and any developments in the other specialized agencies and in the United Nations on this subject.

In accordance with the second operative paragraph of this resolution, the Regional Committee is invited to express, for the consideration of the Executive Board, any comments it may have on this subject.

In view of the limited time available to the Regional Committee, detailed documentation is not presented. Copies of the Staff Rules can be made available if the Committee wishes to examine the existing provisions regarding salaries and allowances.

The attention of the Regional Committee is invited to the following general considerations which seem of particular importance in dealing with this subject:

(a) The importance to a global health organization of a uniform system of salaries and allowances for all staff in all locations.

(b) The relationship between the system of salaries, allowances, and benefits and the ability of an international health organization to attract and retain adequately qualified staff.

(c) The need for both an adequate and a uniform system of salaries and allowances if professional staff are expected to rotate between various assignments and locations.

(d) The importance, to a decentralized and widely dispersed staff, of a system of salaries and allowances which is as simple of administration and understanding as is reasonably consonant with the requirements of equity to the individual staff member and his particular needs.

## Part II

At the 34th Meeting of the Executive Committee of the Directing Council of PASO, serving as working party of the Regional Committee of WHO, the Committee considered the following information on this subject, (as presented in Document CE34/5, Part A):[3]

[1] *Official Document PASO* 18, 12.
[2] *Off. Rec. Wld Hlth Org.* 79, 43.

[3] Mimeographed document.

PROPOSED NEW CONDITIONS OF EMPLOYMENT

Recent action of the governing bodies with respect to this subject is summarized below:

1. The Tenth World Health Assembly (1957) requested, in Resolution WHA10.49,[1] that the Executive Board (a) consult with the Directing Council of the Pan American Sanitary Organization regarding suitable staff regulations on salaries and allowances adapted to the needs of international health organizations, and (b) make appropriate recommendations to the World Health Assembly.

2. The X Meeting of the Directing Council (1957) reviewed in detail the question of basic principles for the establishment of new conditions of employment in the PASB and referred a staff paper on this matter back to the Executive Committee for further study, at the same time specifically rejecting the proposal to eliminate "non-pensionable, peripheral allowances."[2]

3. The Twenty-first Session of the WHO Executive Board, in reviewing the matter of conditions of employment, requested the Director-General to invite all regional committees to express their views on this subject and to present a full report to the Twenty-third Session of the Board.

The Director therefore presented to the Executive Committee for consideration the following report, which is a summary of the more important principles of his report to the 32nd Meeting of the Committee.

BACKGROUND

During the last eight and a half years in which the Pan American Sanitary Bureau has served as the Regional Office of the World Health Organization in the Americas, much progress has been made in defining the role of an international health agency. Organizational relationships have been clarified and a degree of stability has been reached with respect to plans, budgets, and major programs of both agencies. Programs of consultation and assistance which were initiated in certain fields on a trial basis have proven their value and are now accepted as a continuing responsibility of these organizations.

The present system of personnel administration in the Pan American Sanitary Bureau came into being in 1949, following the signature of the Agreement between the Pan American Sanitary Organization and the World Health Organization, under which the Pan American Sanitary Bureau serves as the Regional Office of the World Health Organization. This personnel system was officially adopted by the Directing Council of the Pan American Sanitary Organization at its III Meeting in 1949.[3] The Staff Rules have been amended periodically to maintain general conformity with those of the World Health Organization. The World Health Organization in turn has developed its personnel system within the broad outlines of the so-called "common system" of the United Nations and its specialized agencies.

The concepts of a common international civil service system has theoretical attractions for many people. It might be thought that there might be advantages for the organizations concerned and their employees in the establishment of a true "common system." With these possible advantages in mind, those responsible for establishing the current system attempted to develop a system which could be adopted uniformly by all international agencies in the UN system. In practice, however, the agencies participating in the UN system have not been able to attain this objective. The personnel systems of the International Bank and the International Monetary Fund differ markedly on such matters as grade and pay structure, education grants, pension system, and the like. From a practical viewpoint, there is no transferability with retention of tenure, seniority, pension, leave and other rights from these UN organizations to other UN agencies.

Even among the UN agencies in the so-called "common system" (UN Secretariat, WHO, FAO, ILO, ICAO, UNESCO, etc.) there is great variation in implementation of the essential elements of the "comon system."

It has been argued that a common system of personnel administration is necessary so that the staffs of different organizations that work side-by-side in the same country would have the same salary and conditions of employment. In practice, however, this is not and should not be the situation. To be satisfactory, the personnel system for any

[1] *Off. Rec. Wld Hlth Org.* 79, 43.
[2] *Official Document PASO* 22, 24.
[3] *PASB Publication* 247, 26.

organization must serve the particular mission of that organization. This is why a marked variation in the actual personnel practices and systems followed by the several international organizations has developed. Experience has shown that a single personnel system rigidly adhered to cannot serve equally well the needs of widely differing international agencies. The policy of the World Health Organization (Staff Regulation 3.2) very wisely provides for variations, when necessary, from the "common system." A similar principle was stated by the United Nations Salary Review Committee of 1956, when it declared that the common system "need not be applied with such rigid uniformity that an organization can never deviate from it, even if there is no other solution to its own particular staffing problems."

The international health programs have now reached a stage of development at which a re-examination of the underlying personnel system is greatly needed in order to establish a firm and more permanent basis for future progress and growth.

*Recruitment and Tenure*

A major weakness in the staffing of the Pan American Sanitary Bureau and the World Health Organization programs at the present time is the practice of making a majority of the appointments, particularly in the field, on a limited-term basis. This results in unnecessary turnover and unduly costly training programs for new employees.

Moreover, the programs and budgets of the PASO and WHO have reached a size, diversity, and maturity which would not only permit permanent appointments, but make it advantageous to both the organizations and the staff members to have many more permanent appointments.

Today 69 per cent of the physicians, 77 per cent of the nurses, and 86 per cent of the sanitary engineers in PASB/WHO are serving on temporary appointments of two years or less. There are, in this group, a number of public health workers with broad training and experience who would be an asset to the permanent staff of our Organization and who would be interested in the security of a career appointment.

An even more important justification for an expanded career service in the international health agencies is the real need of these agencies to be able to offer more attractive conditions of service to the capable young public health official, recently graduated from a school of public health, who may be interested in a career in international public health work. To bring in the best of such persons at the entrance grade, to provide them opportunity for professional growth and development on a variety of assignments, and to give them more responsible posts and higher salaries as they grow and develop—this represents the best possible type of a true career service.

If the Bureau adopts a personnel program enabling it to develop its own officials in the future by this means, it will thereby lessen the demand for experienced public health officials from the health ministries of Member Governments. With the present critical shortage of qualified public health workers, and bearing in mind that national health agencies carry the basic responsibility for providing health services, the international health organizations should not depend on recruitment from national health agencies to the extent they now do.

A substantial body of career service employees would have the advantage of providing a greater degree of flexibility. This would facilitate the easy interchange of staff between field operations and established stations of the Organization. Staff members would no longer think of their employment as limited to only one project, but would expect over a period of time to serve on a variety of projects as well as in some of the established offices. This variety of experience for each staff member would also represent opportunity for professional growth and development and a broader understanding of the work and problems of the Organization.

There are, of course, certain types of program activities, such as malaria eradication, in which specialized personnel are used and which by the nature of the program are needed for only relatively short periods of time. These should be appointed on a limited-term basis.

*Training*

A career service, which by definition encompasses the professional development of staff members, can only be successful if it incorporates a truly effective training program. This means that PASO and WHO should adopt a planned program of staff development which will include: (1) varying assignments in the field; (2) rotation between

headquarters and field assignments; and (3) educational leave and stipends for specialized and advanced academic training and other educational experience for promising staff members.

*Use of Secondments*

Even with an expansion of the career service concept in PASO and WHO, there will still be many posts in short-term projects requiring highly specialized skills which should be filled by the secondment of personnel from private foundations, universities and laboratories, and national ministries of health. This will be necessary because of the frequent need for personnel of particular competence to advise governments on problems of a very specialized nature, and because some personnel needs also will be of a definitely limited time duration.

The proper use of secondments will provide for the fullest possible development of individual public health workers and will eventually result in an enrichment of the programs of the agencies loaning as well as those utilizing such personnel. For this reason, it is hoped that governments will, wherever possible, facilitate transfers to international agencies by providing to employees who transfer full re-employment rights, seniority credit, and retirement credit for international service. But it is essential that (a) no transfers be effected which seriously impair the work of a national health ministry, research institution, etc.; (b) agreed upon time limits on secondments be rigidly observed; and (c) the needs and interests of the employees to be kept in mind at all times.

It must always be borne in mind that the national agencies, and not the international health agencies, carry the basic responsibility for providing health services to the people.

*Compensation*

The most important contribution of international health agencies is the competence and experience of its professional and scientific consultants who are responsible for advising and assisting governments in the development of their health services. In order to fulfill their responsibility, the international health agencies must be able to employ the highest competence available in the world. There is abundant evidence that salary rates in international health agencies are no longer adequate for recruitment of professional and technical specialists of high competence and that substantial increases are urgently needed.

There should be a realistic reappraisal of the basic salary scale in the Pan American Sanitary Bureau and the World Health Organization to make possible the recruitment of professional health workers of the required high competence.

In addition to a substantial increase in the basic professional staff salaries, there is need for a reexamination of the grade structure of the present compensation scale. At present, the number of grades is not adequate to reflect the varying levels of responsibility in positions presently established in the Pan American Sanitary Bureau and the World Health Organization.

For all practical purposes in PASB/WHO, there are only three grades (exclusive of two division chiefs in the Washington office) into which medical officer posts may be classified and graded under the present system. One of these grades is reserved for zone representatives, reducing to two the number available for all other medical posts. This covers positions of widely varying responsibilities, such as country project subordinates, project leaders, branch chiefs, posts with no supervisory responsibilities, assistant zone representatives, etc. What has been said about medical staff is true also for other professional staff.

The Director believes that at least two additional grades in the professional series should be introduced.

*Family Allowances*

The Directing Council, at its X Meeting (1957), discussed the matter of family allowances and also considered the Director's proposal to eliminate non-pensionable, peripheral allowances. It was the decision of the Directing Council that principle number 4 referring to the elimination of non-pensionable, peripheral allowances should not be included in the approved statement of principles.

However justifiable family allowances may be as means of supplementing salaries paid by national agencies, these justifications do not necessarily apply to international organizations employing highly qualified professional personnel. It is incumbent upon our Organization to provide a salary sufficient to permit a staff member to maintain a standard of living appropriate to his professional position and to discharge his responsibilities as

head of a family without the need for salary supplementation.

The overemphasis on family allowances has been an important factor in preventing adequate increases in base salaries. This system has also tended to discriminate against the young public health worker with few dependents and the more experienced, veteran official whose children are grown and no longer qualify as dependents. In both of these classes are well-qualified potential recruits for international health work.

In short, a salary scale for international public health workers should be based only on relative difficulty and responsibilities of the job to be done, and not on family status or other considerations affecting the incumbent personally.

The Director wishes to report, further, that there are particularly two provisions of the Staff Rules adopted by WHO effective January 1958 which complicate even further the administration of the dependent's allowance. These are: Staff Rule 210.3 (a), which provides that an allowance will not be payable for a spouse who is employed and earns more than US$1700[1] per year or the lowest entrance salary of the local scale; and Staff Rule 250, which provides that the allowance for a child will be reduced by the amount which is received, "by reason of such child, from public sources by way of social security payments or tax exemption."[2]

For the Organization to attempt to investigate and record in detail the provisions of social security and tax benefits for children in all countries is an enormous administrative chore. Therefore, the Organization has taken the measure of having each employee furnish this information. Our employees have found it difficult to obtain this information and to make a proper application in their individual cases. As a result they have asked the Personnel Office to make such study and analysis for them, so that in the end the result is the same as if the Organization had done the work in the first place.

Staff Rules 210.3 and 250 have served to reduce the amount of allowance payable to some staff members. It has produced some savings to the Organization, but it is questionable whether the savings have not been offset by increased administrative costs. Therefore, it is the opinion of the Director that this restrictive procedure governing the granting of dependency allowances should be discontinued.

*Post-Adjustment System*

In order to maintain equity in compensation, it is necessary to maintain parity of real income of internationally recruited staff in accordance with the cost of living of the place of assignment. The United Nations Salary Review Committee of 1956 noted certain difficulties of administration but recommended the continuation of the present United Nations cost-of-living adjustment system, with a strengthening of the statistical staff to improve the speed and accuracy of the adjustments. It is believed that this is a sound recommendation which should be implemented as soon as possible. It becomes even more urgent with the expansion of coverage to include project personnel assigned to many stations not now covered by the post-adjustment system. It is hoped that the Executive Board of the WHO will adopt the recommendation of the Directing Council for eliminating the application of minus post-adjustments and thereby make possible a single condition of employment for the staff of PASB/WHO.

*Pensions*

An organization which expects to carry on programs of strictly limited duration and employ temporary, fixed-term staff has relatively little need to emphasize adequate pensions for its staff members. On the other hand, an organization which conceives of its program as a continuing one requiring the stability of a permanent career staff requires a complete and adequate pension system as one of the essential elements in the recruitment and retention of permanent staff members. Aside from the need to provide adequately for retired staff members, such an organization cannot afford to be less liberal in the matter of pensions than the principal agencies and organizations with which it is competing for personnel.

The major deficiency in the United Nations pension system is the fact that annuities are based on net salary and not on total compensation received, as is the case in most other systems. This problem was recognized by the heads of the specialized agencies in their joint statement on the

[1] Changed to US$1850 effective 1 July 1958.
[2] The phrase "or tax exemption" deleted effective 1 July 1958.

report of the Salary Review Committee and it was recommended that further consideration be given to improving the Joint Staff Pension system.

An Expert Group on Pensionable Remuneration has now been appointed by the Administrative Committee on Coordination and it is hoped that recommendations for substantially improving the system will soon be developed by this group.

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On the basis of the above information the 34th Meeting of the Executive Committee resolved (Resolution V):

1. To recommend to the XV Pan American Sanitary Conference that it approve Document CE34/5 as a statement of basic principles to guide in general the development of an improved system of personnel administration for international health agencies.

2. To recommend to the Conference that it authorize the Executive Committee to negotiate with the Executive Board of the World Health Organization for the acceptance of these principles and their implementation through the adoption of revised Staff Rules and Regulations based thereon.

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## Annex 11

## BUILDINGS AND INSTALLATIONS FOR HEADQUARTERS AND ZONE OFFICES OF THE PAN AMERICAN SANITARY BUREAU[1]

The Director has the honor to report to the Conference on the accommodations for the zone offices and for headquarters.

The Organization effected the move of the Zone I Office from Kingston, Jamaica, to Caracas, Venezuela, on 1 July 1958. The Government of Venezuela met the cost of the removal of the staff and the property of the Office from Kingston to Caracas. The Government is providing rent for Zone I Office space at a cost of $10,740 per annum; the facilities consist of a building of 10 rooms, located at Avenida Los Jabillos 46, La Florida, Caracas. It is also contributing up to $53,000 annually to cover higher operational costs in Caracas as against the average of such costs in the other five zone offices. This is in addition to Venezuela's regular quota contribution to the Organization.

The Zone II Office is located at Calle de Roma Nº 36-B, Mexico City, in a four-story building, which is rented at a rate of $3,360 per annum. The office is centrally located, but the 15 rooms in the building are not adequate for the staff of the Zone Office, the Zone library, and other space needs.

The Zone III Office is located in a building solely occupied by the Organization at 9a Calle Nº 3-25, Guatemala City, which is rented at a cost of $3,000 per annum. The building contains 16 rooms, and is fully adequate for housing the current staff strength of the Zone Office.

The Zone IV Office is located in a building solely occupied by the Organization, located at Avenida Salaverry 722, Lima, and is rented at a rate of $2,150 per annum. The building consists of 10 rooms and meets the current requirements for housing the staff of the Zone Office, the Zone library, and other facilities.

The Zone V Office is located in a suite in an office building at Avenida General Justo Nº 275-B, Rio de Janeiro. The rent for this suite is $740 per annum. The suite inadequately provides current space requirements for the staff. Additional space for the Zone V Office is needed now.

The Zone VI Office is located in a suite in an office building at Charcas Nº 684, Buenos Aires. Until recently, this space was rented at a rate of $2,400 per annum. In March 1958, the Director was informed that the building in which the suite was located had been sold and that the Zone VI Office would have to vacate the premises or purchase the suite. An effort to find other accommodations was unsuccessful and this suite was purchased, after initial negotiations had been reported to the Executive Committee. The total purchase price, including interest, amounts to $20,610, spread over a two-year period. Maintenance costs will probably average $750 per annum.

The Field Office in El Paso is located in the U.S. Courthouse. The Government of the United States

[1]Document CSP15/15.

has made available, rent-free, three rooms which meet the current requirements of the Field Office.

The temporary headquarters office is located in three buildings at 1501, 1515, and 1520 New Hampshire Avenue, N.W., Washington, D.C. The first two of these buildings belong to the PASB, having been purchased in 1951 at a price of $296,000. The third building, at 1520 New Hampshire Avenue, is rented at a rate of $10,000 per annum. These three buildings comprise 25,058 square feet of usable space. As noted in the periodic reports of the Permanent Subcommittee on Buildings and Installations, the space available is inadequate to meet the current needs of the Organization. Not only is the total space insufficient, but the separation of operations in three buildings makes for difficulty and waste. This is particularly evident in the services to the building at 1520 New Hampshire Avenue, which is located across a broad and very busy street from the other two buildings. The need for additional service personnel and the loss of time and effort in providing custodial, messenger, and other services to three buildings bring additional costs each year estimated at no less than $10,000 per annum. Negotiations are progressing with the United States Government to obtain a site for a new headquarters building. To date, these negotiations have not been completed but efforts are being continued to bring this matter to an early decision, for the space problem at headquarters has become acute and a solution of this matter is required in the immediate future. As indicated in the reports of the Permanent Subcommittee on Buildings and Installations, it will take approximately four years after a grant of a site to plan the headquarters building, construct it, and establish the Bureau in it.

The Director believes it appropriate at this time to call the attention of the Conference to the need for expeditious action in planning for the headquarters and particularly for planning the financing of the construction of the building. Resolution XIV of the VIII Meeting of the Directing Council approved the establishment of a Building Reserve Fund and assigned to it the initial amount of $100,000. Resolution VII of the IX Meeting of the Directing Council approved the transfer of an additional $100,000 from the 1955 budget surplus to the Building Reserve Fund. It also transferred $23,524 to a special account for the purpose of meeting the initial expenses of architectural plans for the construction of a new headquarters building.

It is estimated that it will be possible to augment this building fund by approximately $525,000 from the sale of the two buildings presently owned and occupied by the PASB at 1501 and 1515 New Hampshire Avenue, N.W., Washington, D.C.

The Director believes it necessary that the matter of accommodations for the headquarters and zone offices receive the immediate attention of the Member Governments, and suggests that the Permanent Subcommittee on Buildings and Installations study the problem of financing the building for permanent headquarters and recommend action. Should the Conference concur, it may wish to consider a resolution along the following lines:

*Proposed Resolution*

The XV Pan American Sanitary Conference,

Having noted the critical need for permanent headquarters accommodations for the Pan American Sanitary Bureau and the requirements for zone office accommodations,

RESOLVES:

1. To take note of the action of the Director in obtaining zone office accommodations.

2. To request the Director to continue negotiations with the United States Government with the objective of solving at the earliest possible time the matter of a satisfactory site for the headquarters of the Bureau, and to report on these negotiations to the 37th Meeting of the Executive Committee.

3. To request the Permanent Subcommittee on Buildings and Installations to collaborate with the Director in the selection of the site, the determination of method of financing, the contracting for architectural plans, and the construction of the permanent headquarters building, and to report its action to future meetings of the governing bodies of the Organization.

## Annex 12

# REPORT OF THE COMMITTEE APPOINTED BY THE CONFERENCE TO STUDY ARTICLE 53 OF THE RULES OF PROCEDURE[1]

The Committee appointed to study Article 53 of the proposed Rules of Procedure of the Conference met on 22 September 1958. The Committee was composed of Dr. Bichat Rodrigues (Brazil), Dr. Alejandro Príncipe (Venezuela), Dr. Félix Hurtado (Cuba), Mr. Simon N. Wilson (United States), Dr. Jorge Torreblanca Droguett (Chile), Mr. Lucio Parada (Chile), and Dr. Mario Allaria (Argentina), and had the assistance of Dr. Fred L. Soper (Director, PASB) and Dr. Myron E. Wegman (Secretary General, PASB).

The Committee elected Dr. Mario Allaria (Argentina) Chairman and Rapporteur, and at his suggestion it was agreed to study the following matters:

1. Determination of the countries having the right to vote at the Pan American Sanitary Conference in the election of the Director.

2. Drafting of Article 53 of the Rules of Procedure of the Conference bearing in mind the text proposed by the Executive Committee and the wording of Article 53 of the Rules of Procedure of the XIV Pan American Sanitary Conference.

3. Inclusion of a provision on the duration of the term of office of the Director of the Pan American Sanitary Bureau, in the proposed Rules of Procedure of the Conference.

1. The various facets of the first matter were studied in full detail. It was thought that it was not incumbent on the Committee to enter into the political phases of the problem; it was the opinion of the Committee that the Conference is not the appropriate organ for studying a question that ought to be brought up before other international organizations.

Examination of the background material revealed that France, the Kingdom of the Netherlands, and the United Kingdom have voted at previous meetings of the Pan American Sanitary Conference in the election of the Director. It was believed that this is not the proper time to introduce changes on this point.

The Committee *unanimously agreed* to state as its opinion that there participate in the Pan American Sanitary Conference 24 countries, that is, the 21 American republics and France, the Kingdom of the Netherlands, and the United Kingdom, and that all of them can vote in the election of the Director.

The representative of Argentina, as he had done on other occasions, expressed his reservation to recognition of the right of European countries over their territories in the Western Hemisphere.

2. With respect to the second matter, the discrepancies between the English and the Spanish texts of the Constitution were studied. It was considered that there is no essential difference between Article 4-E of the Constitution and the wording of Article 53 of the Rules of Procedure of the XIV Pan American Sanitary Conference, and it was thought that the words "por dos tercios de los votos" (in the English version "by a two-thirds vote") refers to those that have exercised the right to vote by depositing a ballot in the ballot box. It was made clear that the electoral machinery in the case in point has to be as follows: When the voting starts, the list of those present is established in order to show that there is a quorum at the session. Next, the delegations deposit their votes. Then the tellers appointed by the Chair open the ballot box and count the ballots to determine the two thirds of those voting.

The Committee made it clear that a valid vote is understood to be a vote cast in favor of a person; a null and void vote is one on which any other writing appears; and a blank vote, a ballot on which nothing is written.

The Committee *agreed* to recommend to the Conference that the wording of Article 53 of the Rules of Procedure of the XIV Pan American Sanitary Conference be retained, with the understanding that the two thirds mentioned in that article will be determined on the basis of the ballots deposited in the ballot box at the time the election takes place.

In this connection, Mr. Wilson (United States) went on record to say that he did not agree with

[1] Text as amended and approved by the Conference at its sixth plenary session.

the interpretation of the majority, because in the opinion of the United States delegation, the appearance of the phrase "present and voting" in the basic documents of the Organization, except in Article 4-E of the Constitution, indicates the clear intention to make a difference between the election of the Director and voting in other cases. That difference is still more clear if the English text of Article 4-E of the Constitution, which says "represented," is compared with the Spanish text, which says "presentes." He believed that it is the wording of the Rules of Procedure that should be changed to conform to the Constitution. The delegation of the United States understands that the phrase "represented and with the right to vote" (in the Spanish text "presentes con derecho a votar"), which appears in the Constitution, includes all of the countries "present" at the *Conference*. By requiring the affirmative vote of two thirds of all the countries represented at the Conference, those who drafted the Constitution at the I Meeting of the Directing Council meant to establish the appointment of the Director of the Pan American Sanitary Bureau on a firm foundation, taking as a basis the explicit recommendation of the XII Conference and of the aforesaid I Meeting of the Directing Council of the Pan American Sanitary Organization with respect to the two-thirds vote of the countries represented.

3. In studying the third matter, the Committee bore in mind the fact that, since it had been agreed not to change the text of Article 53, it seemed unnecessary to introduce into it a new sentence, although there was no question that, as is evident from the Proceedings of the XIV Pan American Sanitary Conference, the term of office of the Director is four years.

The Committee *unanimously agreed* not to introduce any mention of the term of office of the Director of the Pan American Sanitary Bureau into Article 53, but it did agree that the term of office is four years.

4. The Committee, as a result of its careful study of the texts of the Constitution and the Rules of Procedure governing the Pan American Sanitary Organization, believes it opportune to invite the Conference to instruct the Executive Committee, with the advice of such legal counsel as is necessary, to study the texts of the Constitution and the Rules of Procedure and their antecedents and prepare the English and Spanish versions thereof so that the two will be properly equivalent, and that it submit the new texts to the Directing Council or to the next Conference. In making this recommendation, the Committee understands that the Director of the Pan American Sanitary Bureau should necessarily be elected by the largest possible number of delegations.

The Committee met five times and examined the texts of the Constitution and the Rules of Procedure that appear below:

(1) Constitution of the Pan American Sanitary Organization
(2) Constitution of the World Health Organization
(3) Agreement between the World Health Organization and the Pan American Sanitary Organization
(4) Agreement between the Council of the Organization of American States and the Directing Council of the Pan American Sanitary Organization
(5) Rules of Procedure of the Directing Council
(6) Rules of Procedure of the Executive Committee
(7) Resolution XV of the V Meeting of the Directing Council of the Pan American Sanitary Organization, III Meeting of the Regional Committee of the World Health Organization
(8) Rules of Procedure of the XIV Pan American Sanitary Conference
(9) Report of the Committee on Inter-American Organizations on changes proposed in the Constitution of the Pan American Sanitary Organization.
(10) Proceedings of the XII Pan American Sanitary Conference
(11) Proceedings of the X Meeting of the Directing Council of the Pan American Sanitary Organization
(12) Proceedings of the XIV Pan American Sanitary Conference

## Annex 13

# ELECTION OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU

*Note of the President*

### I. Rules to be Applied in the Election of the Director

The President, bearing in mind that neither the Constitution of the Pan American Sanitary Organization nor the Rules of Procedure of the Conference specify the manner in which the Director of the Pan American Sanitary Bureau is to be elected, proposes that the following provisions be taken into account:

1. Article 4-E of the Constitution provides: "The Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with the right to vote. In case of resignation, incapacity or death of the Director, between meetings of the Conference, the Directing Council shall elect a Director who shall act *ad interim.*"

2. Article 53 of the Rules of Procedure of the Conference provides: "In accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting. Acting as Regional Committee of the World Health Organization, and in conformity with Articles 49 and 52 of the Constitution of the World Health Organization, the Conference shall submit the name of the person so elected to the Executive Board of WHO for appointment as Regional Director."

3. With regard to the two articles mentioned above, it is advisable to recall the decisions contained in the report of the Committee appointed by the Conference to study Article 53 of the Rules of Procedure, as follows:

(a) The Committee *unanimously agreed* to state as its opinion that there participate in the Pan American Sanitary Conference 24 countries, that is, the 21 American republics, and France, the Kingdom of the Netherlands, and the United Kingdom, and that all of them can vote in the election of the Director.

(b) The Committee *agreed* to recommend to the Conference that the wording of Article 53 of the Rules of Procedure of the XIV Pan American Sanitary Conference be retained, with the understanding that the two thirds mentioned in that article will be determined on the basis of the ballots deposited in the ballot box at the time the election takes place.

(The report of the committee appointed by the Conference to study Article 53 of the Rules of Procedure was adopted by the full Conference at its sixth plenary session[1]).

4. After consultation with the General Committee, the President believes that, in determining the two-thirds vote, any fraction will be counted as the next higher number.

### II. Election Procedure

1. For the purpose of verifying the quorum, the Secretary will read the list of participants in the Pan American Sanitary Conference, in the approved order of precedence, and will note all those who reply *present.*

2. The President will then announce whether there is a quorum, in accordance with Article 17 of the Rules of the Procedure of the Conference, which reads: "Art. 17. A majority of the members participating and entitled to vote in the Conference shall constitute a quorum."

3. The President will appoint two tellers from among the members of delegations to assist him with the counting of votes.

4. The tellers appointed will sit on the rostrum, to the left of the President, and will verify that the ballot box is empty, then close it, and place it in full view of every one.

5. Each of the delegations present will be given a ballot.

6. The President will invite the delegates who are to vote on behalf of their respective countries to come to the rostrum and deposit their ballots in the box.

7. The Secretary will call the delegations by order of precedence, and when the delegate of Argentina, which is the last country according to that order, has cast his vote, the Secretary will again call the delegations that have not yet voted, and the President will then consider the voting complete.

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[1] See Part II, p. 137.

8. The counting of the ballots will then be carried out as follows:

(a) The tellers will open the ballot box and count the ballots deposited therein to determine the two-thirds vote required by the Constitution for the election of the Director. In their calculations they will take into account rules 3-b and 4 of Part I of this note.

(b) The President, with the information provided by the tellers, will announce to the plenary the figure that constitutes the two-thirds majority.

(c) The tellers, on their part, will examine the ballots and proceed to determine which of them are valid, void, or blank.

(d) The tellers will write down on special forms, which will be placed before them on the table where they are to sit, the following information on the voting: the number of ballots cast, the number of valid ballots, the number of void ballots, the number of blank ballots, the two-thirds majority, and the number of votes received by each person whose name appears on a ballot.

(e) The tellers will sign the ballot form and deliver it to the President, together with the ballots.

(f) The President will read the results appearing on the form signed by the tellers, and if any person has obtained the necessary two-thirds vote, he will declare that person elected. Otherwise, the President will call for a new vote, which will follow the same procedure as the previous vote.

The President would be glad to provide, to any delegation that so requests, any explanation regarding the rules and the election procedure proposed for the election of the Director of the Pan American Sanitary Bureau by the XV Pan American Sanitary Conference.

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*(For resolutions, page numbers are given in bold face. References to Executive Committee final reports are indicated in italics, at the end of each major topic.)*