

directing council



PAN AMERICAN
SANITARY
ORGANIZATION

VIII Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

VII Meeting



Washington, D. C.
September 1955

CD8/37 (Eng.)
14 September 1955
ORIGINAL: SPANISH

Topic 9: PROPOSED PROGRAM AND BUDGET OF THE PAN
AMERICAN SANITARY BUREAU FOR 1956

The Representative of Cuba, during VIII Meeting of the Directing Council, in the course of the discussion on Topic 9, Proposed Program and Budget of the Pan American Sanitary Bureau for 1956, requested the distribution of the attached document. The Directing Council approved this motion and Document CSP14/34, entitled "Unification of Action in Public Health Programs in the Region of the Americas," has therefore been included in the official documents of the VIII Meeting.



XIV Pan American Sanitary Conference

Santiago, Chile
October, 1954

VI Meeting Regional Committee



CSP14/34 (Eng.)
16 October 1954
ORIGINAL: ENGLISH

Topic 25: UNIFICATION OF ACTION IN PUBLIC HEALTH PROGRAMS
IN THE REGION OF THE AMERICAS

In accord with Resolution XVI of the VII Meeting of the Directing Council, the Director of the Pan American Sanitary Bureau made a study of the channeling of government funds to international health programs through various organizations and discussed the problem with representatives of various governments in both the health and foreign relations ministries. The Director attended the Tenth Inter-American Conference in Caracas early in the year prepared to present the problem for consideration but found no suitable occasion to do so.

The situation is peculiarly difficult because decisions are taken at various levels in government and by varying representations of governments in different international meetings.

The Director is particularly concerned over recent action (July 1954) of the Economic and Social Council providing that beginning in 1955 Technical Assistance funds should be devoted to over-all country programs to be negotiated directly between a representative of the United Nations and the government concerned with limitation of function for the World Health Organization and other specialized agencies to giving technical advice on individual projects. The result of this action will, in most instances, be a further reduction of health activities financed from Technical Assistance funds and will have a retrograde action on attempts to unify programs. It is disconcerting to learn that this action of ECOSOC was strongly supported by representatives of many of the same governments which approved Resolution XVI of the VII Meeting of the Directing Council, which indicates that "It is considered advantageous for the public health programs for the Americas to be concentrated in the American agency created especially for that purpose, namely, the Pan American Sanitary Organization, which also acts as a regional organization of the World Health Organization".

It will be seen from the table accompanying Document CE22/16 that the various international funds supported by governments have been in large part maintained by contributions of the United States Government.

While the Director believes that the present situation is unstable and will not be continued over a long period of time, it is, however, apparent that only as health authorities emphasize to other departments of national governments the difficulty of the present situation can corrective measures be taken. The alterations in the present situation must be brought about through action taken at the international political level.

Attachment: Document CE22/16



*executive committee of
the directing council*

PAN AMERICAN
SANITARY
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



22nd Meeting
Washington, D. C.
April 1954

CE22/16 (Eng.)
19 April 1954
ORIGINAL: ENGLISH

Topic 10: PRELIMINARY STATEMENT ON UNIFICATION OF ACTION IN
INTERNATIONAL HEALTH IN THE AMERICAS

In accord with Resolution XVI of the VII Meeting of the Directing Council, the Director has begun a study of unification of international health activities.

The approach is through analysis of the channels of financial contributions from the American Republics to international health activities and of the interference of various bodies in determining how these are employed. The accompanying chart shows how assessed and voluntary contributions of governments, all or part of which are destined for health activities, are diverted through various agencies within the framework of the United Nations and the Organization of American States.

The assessed contributions are 100% for international health activities and go directly to the World Health Organization and to the Pan American Sanitary Organization. The activities of these two Organizations are coordinated by the Pan American Sanitary Bureau, since it serves as the Regional Office of the World Health Organization.

The voluntary contributions, whether made through UN or OAS are intended only partially for health.

The attached table gives the assessed and voluntary financial obligations assumed by the American Republics for funds, all or part of which were devoted to health activities carried out by international organizations during the period 1947 to 1954.

Despite the obviously complicated channels of some of the health funds and the multiplicity of sources there is no duplication or overlapping in the health projects of international agencies. In the Americas all of these projects, except for health aspects of the American International Institute for the Protection of Childhood Program, are under the supervision of PASB, thus automatically assuring complete coordination in their implementation.

There is, however, no uniformity in the basis of operations financed from assessed and voluntary contributions. The programs financed by the assessed contributions of Member States to the World Health Organization and to the Pan American Sanitary Organization are subject to approval of the World Health Assembly and of the Pan American Sanitary Conference, respectively, both composed of technical representatives of the Health Services of Member States -- the same Health Services with which these two Organizations collaborate on field projects. The collaboration of PASO and WHO is harmonious, without appreciable duplication of effort, and altogether an outstanding example of integration of activities of world-wide and regional organizations.

Voluntary contributions on the other hand, come through the channels shown, with the intervention of numerous non-technical bodies, influencing the choice of programs, administrative procedure and even at times, technical orientation.

This preliminary statement is presented for information. No attempt has yet been made to consult the Member Governments and the appropriate international organizations with a view to finding practical solutions to the problem, as provided in Resolution XVI of the VII Meeting of the Directing Council.

CHANNELS OF GOVERNMENT FUNDS THROUGH INTERNATIONAL ORGANIZATIONS

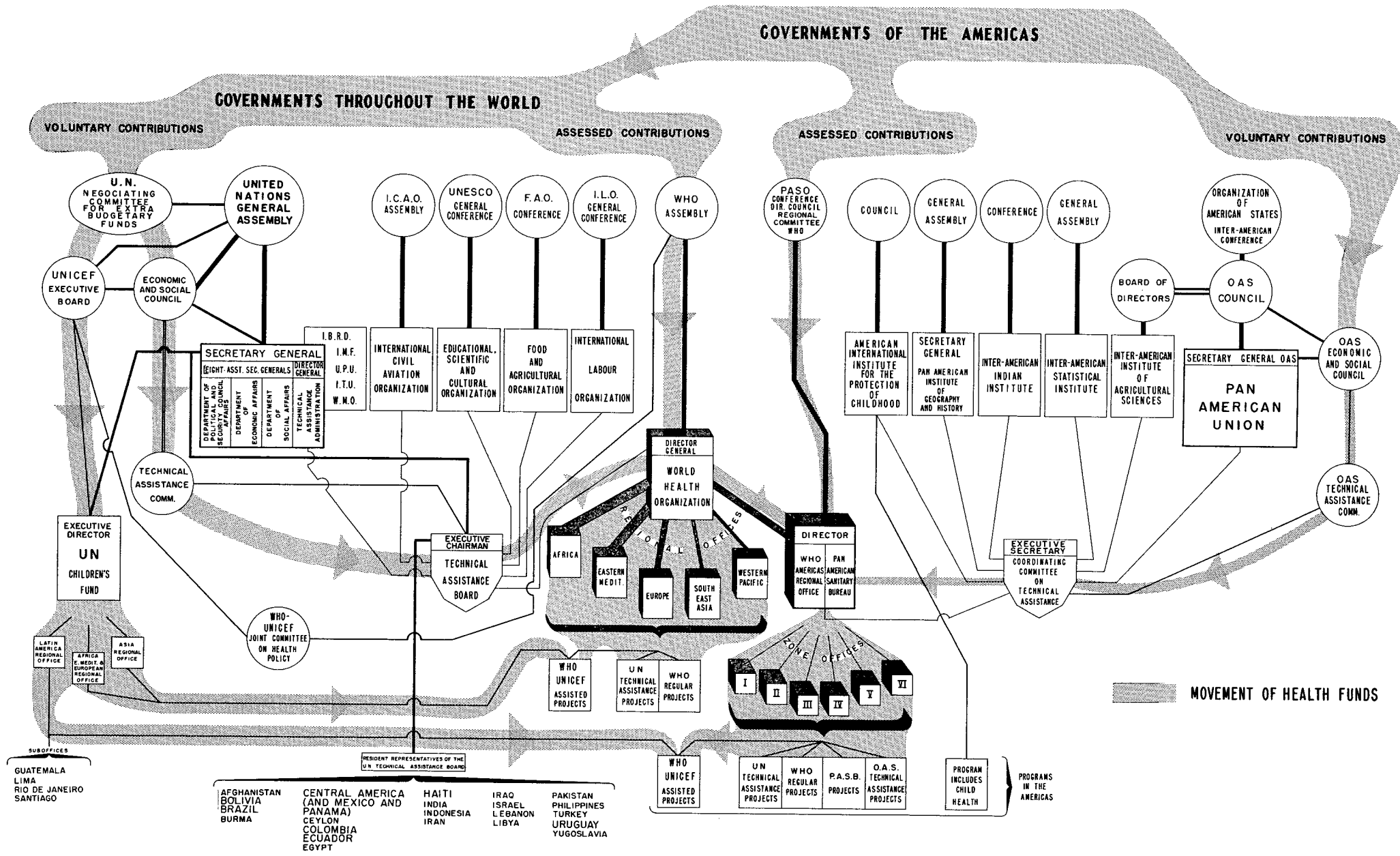


CHART N° 4

RECAPITULATION OF ALL FUNDS
PLEDGES OR ASSESSMENTS

<u>Country</u>	PASO <u>1947-1954</u> (dollars)	WHO <u>1948-1954</u> (dollars)	OAS/TA ^{1/} <u>1951-1954</u> (dollars)	UN/TA ^{2/} <u>1951-1954</u> (dollars)	UNICEF ^{3/} <u>1947-1954</u> (dollars)	<u>TOTAL</u> (dollars)
Argentina	734,160.41	879,110.00	263,571.00	285,714.28	-	2,162,555.69
Bolivia	61,462.60	38,774.00	14,776.00	14,027.06	30,000.00	159,039.66
Brazil	1,081,762.70	879,110.00	534,000.00	1,283,256.21	562,000.00	4,340,128.91
Chile	205,044.62	213,838.00	104,739.00	168,591.79	146,000.00	838,213.41
Colombia	235,174.49	7,504.00	132,702.00	376,020.00	42,000.00	793,400.49
Costa Rica	23,067.19	19,389.00	12,000.00	21,000.00	30,000.00	105,456.19
Cuba	175,499.85	121,628.00	68,572.00	150,000.00	15,000.00	530,699.85
Dominican Republic	39,132.96	23,758.00	23,275.43	16,000.00	290,000.00	392,166.39
Ecuador	48,624.47	23,264.00	25,426.00	21,661.46	14,000.00	132,975.93
El Salvador	38,689.51	23,758.00	18,284.00	23,000.00	20,000.00	123,731.51
Guatemala	55,477.99	23,264.00	15,000.00	27,500.00	11,000.00	132,241.99
Haiti	44,508.27	19,801.00	8,000.00	42,000.00	18,000.00	132,309.27
Honduras	27,223.83	19,389.00	10,143.00	33,600.00	40,000.00	130,355.83
Mexico	471,013.92	300,957.00	49,758.29	104,046.24	-	925,775.45
Nicaragua	23,376.56	17,376.00	14,000.00	9,990.00	24,000.00	91,742.56
Panama	26,523.18	17,326.00	10,856.00	9,000.00	-	63,705.18
Paraguay	26,599.70	19,389.00	10,000.00	18,000.00	-	73,988.70
Peru	148,906.31	93,062.00	17,428.57	22,000.00	345,497.00	626,893.88
United States of America	8,003,998.69	16,986,308.00	3,427,310.03	50,614,132.00	97,231,000.00	176,262,748.72
Uruguay	90,882.25	85,308.00	65,930.00	263,823.53	1,000,000.00	1,505,943.78
Venezuela	165,939.82	126,717.00	64,305.07	112,447.76	100,000.00	569,409.65
Sub-Total	11,730,069.32	19,939,030.00	4,890,076.39	53,615,810.33	99,918,497.00	190,093,483.04
<u>Voluntary Contributions</u>						
Brazil	250,000.00					250,000.00
Chile	1,857.46					1,857.46
El Salvador	2,538.79					2,538.79
Mexico	194,689.64					194,689.64
Venezuela	74,404.77					74,404.77
Sub-Total	523,490.66					523,490.66
Total	12,253,559.98	19,939,030.00	4,890,076.39	53,615,810.33	99,918,497.00	190,616,973.70

^{1/} Less than 1% for public health.

^{2/} 22% for public health.

^{3/} Percentage for health projects varies widely throughout world but in Latin America it is approximately 50%.