



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 12th PAN AMERICAN SANITARY CONFERENCE

*Caracas, Venezuela, 12 - 24 January 1947*

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### XII Pan American Sanitary Conference

#### RESOLUTIONS

**CSP12.R1** The XII Pan American Sanitary Conference,

Taking into consideration the statement of the Delegation of the United States of America to the effect that, having received the draft [revision of the Pan American Sanitary Code] just shortly before the Conference, it had not had time to study it in detail; and

Considering the possibility that the United States may not be the only country in this situation,

***Resolves:***

1. To defer approval of the draft revision of the Pan American Sanitary Code presented by the Pan American Sanitary Bureau, and to recommend that the modifications therein approved by the respective subcommittee be submitted to all the [Member] Countries for study by their experts, with the request that [any] observations and suggestions be forwarded to the Pan American Sanitary Bureau so that they may be taken into account at the next meeting of the Directing Council, which will be called for that purpose within the year.
2. To express the hope that final action will be taken at the said meeting.
3. To tender a vote of thanks to the committee that prepared the draft of the Code.

***Jan. 1947 Final Act, 48***

**CSP12.R2** The XII Pan American Sanitary Conference,

Meeting at Caracas, after having carefully studied the documents, reports, and statements presented by the Delegates of the American Republics; the reports of the Governing Board of the Pan American Union of 6 November 1946; the statement issued by the Directing Council of the Pan American Sanitary Bureau at its meeting in Havana on 1–10 October 1946; the resolution approved by the General Assembly of the United Nations on 14 December 1946; and other pertinent background documents;

Considering that it is imperative for humanity that there should emerge from the war a better world, more favorable to social existence, and that one of the immediate means of attaining this objective is to hasten the establishment of the World Health Organization, already provided for in agreements signed by nearly all the nations of the world;

Considering that the American Republics unanimously signed these pacts, thus testifying to their willingness to cooperate in the realization of the aforestated objectives; and

Considering that nothing would contribute more surely toward the realization of this objective than the unequivocal definition without delay of the relations that shall exist between the Pan American Sanitary Organization-represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences-and the World Health Organization, which relations have been concretely outlined in Article 54 of the Constitution of the World Health Organization,

***Resolves:***

1. To recognize expressly the need for and the benefit to the health of all peoples of the world and consequently to peaceful relations among all men, regardless of race, creed, or tongue, to be derived from the immediate establishment and operation of the World Health Organization and of its executive and technical organs.
2. To recommend to the Governments of the American Republics that have not yet done so [to approve] the Constitution of the World Health Organization,

signed in New York on 22 July 1946, through ratification in accordance with their respective constitutional processes.

3. That the Pan American Sanitary Organization, represented by the Pan American Sanitary Conference and the Pan American Sanitary Bureau, shall continue to function in its continental character in American aspects of health problems and shall act as Regional Committee and Regional Office of the World Health Organization in the Western Hemisphere, in accordance with the Constitution of the World Health Organization and the terms of the agreement envisaged in the following article.
4. To approve the principles contained in the attached document (Annex), which will serve as a basis for the formulation of the agreement envisaged in Article 54 of the Constitution of the World Health Organization.
5. To authorize the Directing Council of the Pan American Sanitary Bureau in the name of the American Republics to work out the details of the agreement within the general framework of the attached document (Annex), in accordance with subparagraph G of Article 2 of the agreement that established the Interim Commission of the World Health Organization.
6. That the agreement thus formulated shall enter into effect and have full legal force only after the following events have occurred:
  - a) The World Health Organization has been established;
  - b) The World Health Assembly has approved the terms of the agreement;
  - c) At least 14 of the American Republics have ratified the Constitution of the World Health Organization with or without reservations; and
  - d) The Director of the Bureau has signed the agreement on behalf of the Pan American Sanitary Conference.
7. That, pending the establishment of the World Health Organization and the entry into force of the agreement referred to in paragraph 5, the Pan American Sanitary Bureau shall maintain the closest possible relations with the Interim Commission of the World Health Organization for the general improvement of the health of the world, which is the common objective of both organizations.
8. That the provisions of Article 54 of the Constitution of the World Health Organization shall be carried out under the terms of the agreement here

envisioned or of one that may contain possible modifications suggested by the World Health Organization and approved by the Directing Council of the Pan American Sanitary Bureau, to which the Conference delegates the necessary authority. The points that are not contemplated in the bases contained in the Annex and that may be raised when the present draft agreement is concluded shall be resolved by the Directing Council of the Pan American Sanitary Bureau within the spirit of free and loyal cooperation that this Annex expresses.

9. To send this resolution and its annex to the Governments of the American Republics for the appropriate purposes.

*Annex to the Resolution Concerning the Agreement Between the Pan American Sanitary Bureau and the World Health Organization*

1. The Pan American Sanitary Organization, represented by the Pan American Sanitary Conference and the Pan American Sanitary Bureau, shall continue to function in its continental character in American aspects of health problems and shall act as Regional Committee and Regional Office of the World Health Organization in the Western Hemisphere, in accordance with the Constitution of the World Health Organization and the terms of the agreement [here] envisaged.
2. The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall retain their names and shall add the subtitles of "Regional Committee of the World Health Organization" and "Regional Office of the World Health Organization," respectively.
3. The self-governing States of the Western Hemisphere may become members of the Pan American Sanitary Conference and the Pan American Sanitary Bureau provided that they agree to comply with the common obligations of membership.
4. Territories or groups of territories within the Western Hemisphere that are not responsible for the conduct of their own international relations shall have the right to be represented and to participate in the Pan American Sanitary Conference as the Regional Committee of the World Health Organization, in accordance with the provisions of Article 47 of the Constitution of the latter [organization].
5. For the application of Article 53 of the Constitution of the World Health Organization to the personnel of the Pan American Sanitary Bureau, the agreement envisaged shall take into account the pertinent provisions of the By-Laws of the Pan American Sanitary Bureau.

6. Even after they have adhered to the World Health Organization, the American Republics will continue making the contributions to the Pan American Sanitary Bureau that the Pan American Sanitary Conferences may decide [upon], subject to approval by the respective Governments. In addition to paying the quotas fixed for the expenses of the World Health Organization, the American Republics may make such special contributions as they desire, either for the Pan American Sanitary Bureau or the World Health Organization.

7. The annual budget estimates for the expenses of the Pan American Sanitary Bureau as Regional Office for the Western Hemisphere shall be presented annually by the Director of the Pan American Sanitary Bureau to be considered in the preparation of the annual budget estimates of the World Health Organization. The funds allocated to the Pan American Sanitary Bureau in the budget of the World Health Organization shall be administered in accordance with the financial policies and procedures of the World Health Organization.

8. The Director-General of the World Health Organization is authorized to receive from the Director of the Pan American Sanitary Bureau full information regarding the administration and operations of the Regional Office for the Western Hemisphere.

9. The Pan American Sanitary Conference is free to promote and adopt sanitary standards and conventions in the Western Hemisphere, being required to take into account and to proceed in accordance with the standards, conventions, and plans of the World Health Organization. If any country decides that the application of such standards, conventions, and plans is contrary to its interests, it may refer the matter to the Directing Council of the Pan American Sanitary Bureau for prompt action. If the Council decides that the interests of the country have been adversely affected, it will submit its decision to the World Health Organization, requesting that the necessary changes be made to eliminate such discrimination.

10. The Pan American Sanitary Bureau may undertake any health programs of a Regional character in addition to those of a world character of the World Health Organization. For these programs the Pan American Sanitary Code and the resolutions of the Directing Council and of the Pan American Sanitary Conference shall govern, provided that such programs are not incompatible with the Constitution of the World Health Organization.

11. The Director of the Pan American Sanitary Bureau, at the time the present agreement goes into effect, shall assume the post of Regional Director until the end of the period for which he was elected.

12. The successors of the Director, to which the previous article refers, shall be elected in accordance with Article 52 of the Constitution of the World Health Organization, but no person may be named to the post of Regional Director unless he has received the vote of two thirds of the American Republics. The right of nonacceptance may be exercised only once for each period by the Directing Council of the World Health Organization or by the Pan American Sanitary Conference.

*Jan. 1947 Final Act, 48-51*

**CSP12.R3** The XII Pan American Sanitary Conference,

Records its satisfaction with the past successes of the Pan American Sanitary Organization and adopts as its own the words expressed in Havana to the effect that "the continued progress made by the Pan American Sanitary Organization has been a decisive factor in the promotion of advancement in public health in the Americas." It states, furthermore, that these results have been obtained in spite of the limited funds available to the Bureau, a fact that makes the work of the Director and the personnel of the Pan American Sanitary Bureau all the more commendable.

Nevertheless, the Conference wishes to point out that the progress made by the sciences of public health and medicine, together with newer and wider concepts of the functions of the Pan American Sanitary Organization, make it necessary to reorganize and strengthen the Bureau, which necessarily implies that its finances be also strengthened.

In accordance with these facts, the Conference believes that the primary aim of the Pan American Sanitary Bureau should be to fight disease, lengthen life, and promote the betterment of man in the Americas, both physically and mentally, by the coordinated efforts of all the countries of the Continent.

The Conference believes that in order to carry out this purpose the Bureau must adopt a new and broader program, including all medico-sanitary aspects of preventive medicine, medical care, and social welfare. The Conference also believes that the personnel of the Bureau must be increased in proportion to the

additional functions that it will assume, and it points out the necessity for new quarters and an enlarged budget.

Furthermore, the XII Conference believes that when an agreement is concluded between the Pan American Sanitary Bureau and the World Health Organization, as is provided for in the Constitution of the latter, the Bureau will have to assume additional obligations as Regional Office of the World Health Organization in this Continent, and that the agreement will thus affect both the method of financing and the total budget of the Bureau.

Finally, the Conference recognizes the fact that the broadened scope of activities of the Bureau, the acceptance of new responsibilities, and the reorganization of the personnel make it necessary to amend its Constitution and its Rules and Regulations.

In view of the above, the Conference

***Resolves:***

1. To entrust to the Executive Committee, as constituted in paragraph D below, the drafting of a reorganization plan, based on the following principles, to be submitted to the Directing Council before September 1947:
  - A. The Pan American Sanitary Organization shall consist of four parts, to be called: (a) the Pan American Sanitary Conference; (b) the Directing Council; (c) the Executive Committee; and (d) the Pan American Sanitary Bureau.
  - B. The Pan American Sanitary Conference is the supreme organ of the Organization, and it shall be constituted by a delegation from each of the Governments of the American nations. The Conference recognizes Canada as a member state of future Pan American Sanitary Conferences. Continental territories not responsible for the conduct of their international relations shall participate in Pan American Sanitary Conferences in the capacity in which the Conferences may determine. The Conferences must be held at least every four years at the site selected by the previous Conference.
  - C. The Directing Council shall consist of one representative from each of the States forming part of the Organization. The Conference recommends that these representatives and their alternates be selected by the respective Governments from among specialists in public health, preferably officials of the national department of health. All expenses incurred by these representatives shall be paid by their respective governments. The Directing Council shall meet at least once a

year. When the agreement between the Pan American Sanitary Bureau and the World Health Organization becomes effective, the Directing Council shall assume the responsibilities of the Regional Committee of the World Health Organization for the Western Hemisphere.

D. The Executive Committee will be composed of seven representatives, elected by the Directing Council from its members, for overlapping terms of three years. The first Executive Committee of seven members shall be formed at the present XII Pan American Sanitary Conference by election of countries, not of persons, determining by lot the terms of the members as follows: (a) three members for three years; (b) two members for two years; and (c) two members for one year.

The Executive Committee shall meet at least once every six months, or whenever a meeting is called by the Director of the Bureau or upon request of at least three countries.

E. The Executive Committee shall elect its own Chairman from among its members. He shall serve as Chairman for the duration of his term as a member of the Executive Committee.

F. After the expiration of the term of office of the Director of the Bureau elected by the present XII Pan American Sanitary Conference, the Director shall be designated by the Directing Council by a two-thirds vote of the representatives present. The term of office of the Director shall be four (4) years. The Director shall be ex-officio member of the Executive Committee, and he shall have a voice but no vote in its deliberations.

G. The Bureau shall have an Assistant Director and a Secretary General appointed by the Director, who will also appoint the personnel of the Bureau in accordance with the Rules and Regulations adopted by the Directing Council. These Rules and Regulations shall guarantee the exclusively inter-American character of the Bureau and of its personnel and shall also assure a geographically equitable distribution of staff positions insofar as possible of both technical and nontechnical personnel.

H. The Pan American Sanitary Bureau, composed of the Director and the personnel appointed as herein stated, shall supervise the work of the several Divisions of the Bureau, in accordance with the new program previously set forth covering the medico-sanitary aspects of preventive medicine, medical care, and social welfare. The Pan American Sanitary Bureau shall also supervise the work of the district offices approved by the Directing Council. The Director shall appoint the permanent or nonpermanent technical committees that the Pan

American Sanitary Conference or the Directing Council may recommend. The possibility is also envisaged of appointing consultants and advisers, whether Americans or not, to some of these committees.

2. To carry out the provisions of the previous articles, the Conference believes it necessary to alter the contributions of the countries to the Bureau as follows:

The Directing Council shall prepare an adequate budget for the work of the Bureau, which, in accordance with Article 60 of the Pan American Sanitary Code, shall be allocated among the signatory governments in accordance with the system under which the expenses of the Pan American Union are allocated. The Director shall likewise be instructed to request the approval by the various governments of the quotas established.

3. Except for the increase in individual quotas, which must be submitted to each government for its approval, the organizational details formulated in accordance with the bases set forth herein shall become effective immediately upon their approval by the Directing Council.

4. The Conference authorizes the Directing Council to begin at the earliest possible date the discussion and approval of the amendments to the Constitution and By-laws of the Pan American Sanitary Bureau.

5. For carrying out the provisions of this resolution, the Director of the Pan American Sanitary Bureau, in agreement with the Executive Committee, shall convoke a meeting of the Directing Council within the next nine months.

*Jan. 1947 Final Act, 51-54*

**CSP12.R4** The XII Pan American Sanitary Conference,

***Recommends:***

to the respective Governments:

1. That, for the organization and development of sanitary service, [they] establish technical and administrative standards, supervise their application throughout

their entire territories, and cooperate in the coordination of national, regional, local, and private efforts.

2. That for the administration of the various local sanitary programs preference be given to local health units dealing with all the sanitary problems of well-defined areas and populations, under a single direction.
3. That all activities of preventive or curative medicine carried out by social welfare organizations be promoted and developed in accordance with the standards established by the national health department, with the program of which all social welfare programs should be coordinated; [and], similarly, [that] the programs of all official or private institutions rendering services in social welfare and charity be carried out in accordance with these standards.
4. That legislation be enacted to establish: (a) stability of employment, (b) promotion of career personnel, and (c) the responsibilities of such personnel.
5. That a system of full-time employment with reasonable salaries be adopted for all positions in which such employment is desirable and necessary.
6. That [they] appropriate in their national budgets at least the equivalent of \$1.00 per inhabitant per year for preventive health work.

*Jan. 1947 Final Act, 54*

**CSP12.R5** The XII Pan American Sanitary Conference,

***Believes That:***

[Encouragement should be given to the] development of social insurance systems that help to make a reality of the right of citizens to the preservation of health, the treatment of illness, rehabilitation, and economic subsidies in time of major want or inability. The contribution of the insured insures that right.

The insurance system recommended is a transition toward a universal system that should aid all individuals in the best way and without distinctions of any kind.

In addition to being obligatory, social insurance should be amplified as much as possible to cover important sectors of the population and to check the creation of privileges and the artificial breaking up of families and groups of persons.

In order to be effective and to contribute to the improvement of collective health, social insurance should be carried out in accordance with the principles of preventive medicine, taking into consideration the causes of disease, the modes of transmission when communicable, and the social and emotional factors that may cause or aggravate them. Social insurance as a merely curative program fulfills a temporary need but has no appreciable influence on the indices of morbidity and mortality.

The money received and accumulated by social insurance is for the benefit of those who have actually contributed, and it is not fair, therefore, to devote it to the hypothetical benefit of future generations or other people. When the money is used for programs of wider scope, the State should at least cover the difference so as not to lessen the original amount belonging to the contributors.

When the funds are utilized for the carrying out of plans conceived and executed in a reasonable manner, the resources should not be curtailed with a view to balancing the budget or to overprotecting the reserve fund. It is known that insufficient funds nullify such plans but [that], on the contrary, a properly executed program lessens the burden of illness as well as future needs for which the funds were destined. The State must always be ready to grant necessary financial backing.

When carried out under good administrative standards, the structure of the social insurance programs may vary in different countries according to political or other circumstances. Whatever it be, it should follow a national program covering the functions of health protection and of medical care. Furthermore, it must avoid breaking up of the family, forced splitting of problems, and overlapping of efforts. The doctors should participate actively and decisively in directing the program and in [formulating] policy. Until unity is achieved—an ideal that the various countries are seeking by varying routes—it seems advisable to set up committees to maintain close relations among the different departments and to harmonize their activities.

Whatever the future evolution may be, sanitary units through which complete care can be given to population groups [may be considered of proven efficacy.] Each of these units marshals its resources and employs them in carrying out a plan that is in accord with the characteristics and requirements of the respective group, which it comes to know and with which it establishes permanent contact.

The unit is under the direction of a full-time health officer, assisted by general practitioners, various specialists, and a sufficient number of public health nurses.

The XII Pan American Sanitary Conference, convinced that modern techniques of preventive medicine can greatly improve the collective health, recommends that these [techniques] be put into practice, with the warning that they are expensive. The Governments should, then, provide budgets in accordance with the need, which should forestall the lowering of the economic level of the medical profession, and particularly should not injure any national programs that may have been proposed or are being carried out.

*Jan. 1947 Final Act, 54-56*

**CSP12.R6** The XII Pan American Sanitary Conference,

***Recommends:***

1. [That] a permanent commission composed of delegates from all countries interested in the brucellosis problem [be organized]; these delegates shall be selected by the Pan American Sanitary Bureau from a list of three submitted by each of the countries and, when selected, each delegate will organize a national committee in his own country for the study of brucellosis; the National Committee so organized will include membership from the professions of medicine, veterinary medicine, epidemiology, bacteriology, economics, and vital statistics.
2. That the brucellosis problem be declared one of international importance.
3. That the methods for diagnosis of brucellosis be standardized for the Americas.

*Jan. 1947 Final Act, 56*

**CSP12.R7** The XII Pan American Sanitary Conference,

***Recommends:***

1. That [with respect to rabies] the American countries intensify the control of vector animals, principally dogs, and that a census of these animals be made.
2. That laws or ordinances be enacted providing for rabies control methods, and that where such laws or ordinances already exist provision be made for their enforcement.
3. That in laws, ordinances, and regulations concerning rabies prophylaxis preferential attention be given to the provision that dogs allowed on the streets be properly muzzled and leashed.
4. That all ownerless stray dogs be captured and destroyed.

***Jan. 1947 Final Act, 56***

**CSP12.R8** The XII Pan American Sanitary Conference,

***Recommends:***

1. That [for the control of typhus] everything possible be done to provide appropriate rat-proof dwellings to the entire population.
2. That the use of residual insecticides and rodenticides be popularized and that their prices be lowered.
3. That the present official institutions for the study of typhus be strengthened and that private investigators of typhus be encouraged and aided.
4. That an attempt be made to standardize rickettsial disease nomenclature.

*Jan. 1947 Final Act, 56*

**CSP12.R9** The XII Pan American Sanitary Conference,

***Recommends:***

1. That in all countries where plague has been found in wild rodents investigations be intensified for the purpose of obtaining more exact knowledge of the epizootiology and epidemiology of sylvatic plague.
2. That all buildings be rat-proofed.

*Jan. 1947 Final Act, 56*

**CSP12.R10** The XII Pan American Sanitary Conference,

[Considering] that diarrheal disturbances constitute the principal cause of death in many of the American countries,

***Recommends:***

That the study of the salmonellas and other pathogenic intestinal parasites be intensified, that centers for their study be established, and that those in existence be improved.

*Jan. 1947 Final Act, 57*

**CSP12.R11** The XII Pan American Sanitary Conference,

***Recommends:***

1. That epidemiological surveys of Chagas' disease be made in the countries of the Western Hemisphere for the purpose of establishing what local conditions tend to perpetuate its endemicity.
2. That studies be carried out on the biology of Schistotrypanum cruzi, on the Triatomas, and on improvement of diagnostic methods.
3. That studies be made to design a new type of rural dwelling that will fulfill minimum health standards, taking into consideration the habits and economic condition of the rural population.
4. That a systematic study be made of insecticides in the campaign against the Triatomas.

***Jan. 1947 Final Act, 57***

**CSP12.R12** The XII Pan American Sanitary Conference,

***Resolves:***

1. To authorize the Director of the Pan American Sanitary Bureau to appoint for a period of three years the seven active members of the Pan American Malaria Committee, who may be re-elected; the term of office of two of these members after the first appointment shall be one year, and the term of office of two others shall be two years, these four members to be chosen by lot immediately.
2. [To provide] that in the budget of the Pan American Sanitary Bureau a sufficient amount be [allotted] to cover the expenses required for an annual

meeting of the seven active members of the Committee, as well as for a biannual plenary meeting, and for the expenses of the secretariat of the Committee.

3. To authorize the active members of the Pan American Malaria Committee to appoint two other groups of members: (a) corresponding members, who shall be the chiefs of the special malaria services in the national health departments, provided that such services represent primary administrative divisions within these departments; and (b) associate members, who shall be persons belonging to educational or health organizations devoted to the study of malaria or its control in America and who in the opinion of the active members of the Committee could contribute sound advice toward its work.
4. To authorize the active members of the Pan American Malaria Committee to appoint as corresponding or associate members persons from American territories of European nations who are interested in the teaching, research, or control of malaria.
5. [To grant] full authority to the Pan American Malaria Committee to adopt its own rules of procedure.
6. [To authorize] the Chairman of the Pan American Malaria Committee to request directly from the national health departments of the American countries information on all matters concerning malaria and its control, by means of questionnaires, for the drafting of a report which the Committee must present periodically to the Pan American Sanitary Conference regarding the progress of the antimalaria campaign in the Continent, [urging] the Departments of Health [to furnish their replies] promptly; [and to recommend] that the data thus compiled be published in the Boletín of the Pan American Sanitary Bureau, and that the report [in question] be submitted to specialized journals for publication.
7. [To recommend to] the national departments of health that, in the formulation of plans or programs for antimalaria campaigns, [their main efforts be] directed [toward taking] advantage of all opportunities offered for active cooperation with other government departments until [such time as] the malaria control program may be converted into one of rural improvement.
8. [To recommend] that the antimalaria services take the necessary steps with their respective governments to include malaria and malaria control measures among the subjects studied in grammar, high, and normal schools.
9. To recommend to those American countries in which malaria is a considerable problem: (a) [the need for] a periodic study of those measures that might

facilitate the control of the disease [so as] to be sure that the money and effort devoted to this end are in proportion to the importance of the problem; (b) the vital importance of employing, on a full-time basis, personnel trained in antimalaria work; and (c) the [desirability of using] the facilities offered by the School of Malaria at Maracay, Venezuela.

10. [To remind] the American countries that, with the present increase in travel, great attention should be given to the fact that insects of medical and economic importance, including the Anopheles, have been transported by land, sea, and aircraft, and that the [Governments] should take the necessary measures to protect themselves against the inadvertent transportation of such insects to their own territories and those of their neighbors.

11. To recommend the use of chloroquine and paludrine on a larger scale for the treatment of malaria, obtaining information on its use against species and strains of plasmodia not previously treated; [to recommend that] the effectiveness of these drugs for the suppression of malaria in endemic zones and for the rapid control of epidemics [be investigated experimentally]; and [to recommend] that interested persons and agencies [be provided with information] on their use.

12. [To direct] the attention of the American countries [to the need for] increasing the efficiency of their systems for the free distribution of antimalaria drugs; to the urgent need of reducing the cost of distribution; to the need for checking their purity and cost; and to the systems of mass distribution of antimalarial products now operating in Argentina and Venezuela-systems that they should study with the idea of adapting them to their own needs and requirements.

13. To call attention of the public health departments of the American countries to the insecticide dichloro-diphenyl-trichlorethane, known as DDT, which plays a most important role in malaria control programs, and to recommend that full efforts be made toward its utilization and toward a better knowledge of its use for the solution of those problems in which it has not yet been employed, with special studies on the reasons for its ineffectiveness under certain conditions; [to urge] that the Director of the Pan American Sanitary Bureau and the Pan American Malaria Committee, as its consulting body, expedite the exchange of information regarding the use and application of this insecticide, and that all DDT used be in accordance with the specifications of JAN-D-56-A of the Government of the United States of America.

14. [To express] thanks to the Venezuelan Government for its generous and inspiring action in granting scholarships for the training of specialized personnel from other countries in the School of the Division of Malaria at Maracay.

15. [To urge] that the Pan American Sanitary Bureau, the national health departments of the American countries, and other interested agencies in these countries accept the recommendations by the Pan American Malaria Committee at its III Meeting.

*Jan. 1947 Final Act, 57-59*

**CSP12.R13** The XII Pan American Sanitary Conference,

***Resolves:***

1. To recommend that the Pan American Sanitary Bureau create and establish a committee on drugs and foods, composed of representatives of each of the American countries and a central office, the primary function of such a committee being to study problems arising from the exportation, importation, manufacture, and supply of drugs, food, and cosmetics.

2. To recommend that the aforementioned committee prepare a Pan American Bromatological Code, which will define and classify human foods; establish standards of purity; regulate manufacture, preservation, labeling, and transportation; and contain rules and definitions regarding adulterations, alterations, and falsifications, determining the common methods with which to judge the quality and the preservation of the same; [and that,] pending the establishment of this committee, in view of the urgency of the matter, the drafting of a [proposed] Code be undertaken by the Pan American Sanitary Bureau.

3. To ratify by vote the recommendations suggested in previous Pan American Sanitary Conferences with regard to the promulgation of a Pan American Pharmacopoeia suitable for adoption by all the American countries, [and,] meanwhile, [to suggest] that the Pharmacopoeia of the United States of America be adopted, duly complemented by such national formularies and special regulations as each country may deem necessary.

4. To recommend that in the Boletín of the Pan American Sanitary Bureau a permanent section be devoted to the publication of data about new therapeutic products, techniques of identification and evaluation, applications, and indications, as well as full information regarding measures taken by the different American Governments with reference to specific therapeutic, food, and cosmetic products.
5. To recommend that the Pan American Sanitary Bureau take suitable steps in order to assure to the official laboratories of the American countries supplies of pharmacological and biological standards, as well as standard bacterial strains for determining the potency of such products as have or in the future may have official standards.

In addition, The XII Pan American Sanitary Conference,

***Recommends:***

1. That the Governments of the American countries enter into agreements to repress traffic and propaganda of therapeutical and food products that [may] in any form constitute fraud or danger, or that [may] not correspond to modern principles of therapeutics and bromatology.
2. That the Central Committee on Opium of the World Health Organization be asked to adopt necessary measures for the international shipment of narcotics to be made only in sealed containers so that possible violations may be detected.
3. For the greater security of public health, that health and university authorities of the American countries adopt measures and regulations which, while contributing to the more efficient and ethical practice of the medical and pharmaceutical professions, will at the same time regulate in the best possible manner the practice of the same, emphasizing the ethics and responsibilities of those professional men devoting themselves to the pharmaceutical industry, [and, further, that] university authorities include in their respective programs of study such courses as may be considered necessary to accomplish this purpose.
4. That duly authorized private laboratories in need of standards and strains to determine the potency of pharmaceutical and biological products obtain them from official national institutes or laboratories.
5. That the Governments of the American countries make a general revision of pharmaceutical, biological, endocrinic, and vitaminic products previously accepted for sale and revoke the sale licenses or registration of patent medicines

and pharmaceutical products not complying with existing regulations or with the fundamental principles of modern therapeutics, [and, further,] that sale licenses or permits be renewed for periods not to exceed five years.

6. That, pending the creation of a food and drug committee, national health authorities exact, as necessary requisite for the registration of therapeutical products, scientific proof for the purpose of establishing [their efficacy], consulting, whenever pertinent, with official institutions of the country itself or of other American countries.

7. That the Governments of the American countries [that have not yet] established special legislation covering production and sale of cosmetics and of toilet goods draft and promulgate such legislation, with all due care for the protection of the health of the public, and as far as possible in keeping with similar legislation of the other American countries.

*Jan. 1947 Final Act, 59-60*

**CSP12.R14** The XII Pan American Sanitary Conference,

***Recommends:***

1. That a unified control of the tuberculosis campaign [be created] within the national departments of health, under specialized technical direction, as the means to achieve best results, by avoiding lack of coordination, duplication of work, and application of different criteria; this technical direction shall comprise all the activities of control in the preventive, curative, and research fields, whatever the organizations may be that furnish the funds used.

2. That systematic and periodic examinations be made of apparently healthy contacts by means of the fluorographic method introduced by Dr. Abreu, preference being given to those groups that epidemiological studies show to be more seriously affected if and when available resources do not permit its general application; if this method is practiced for the purpose of epidemiological findings, the tuberculin reaction should also be added thereto; the work involved in the intensification of this method should not be undertaken at the expense of the dispensary, which represents the present basis of tuberculosis control.

3. That, keeping in mind that there are already some results that justify the introduction of BCG vaccine into the practice of sanitary administration, the use [of this vaccine be recommended,] subject to the classical principles established [in regard to its use and value, in addition to the other effective prophylactic measures already recognized for the control of tuberculosis, without any reduction of the latter].

*Jan. 1947 Final Act, 60-61*

**CSP12.R15** The XII Pan American Sanitary Conference,

In view of the great prevalence of venereal disease in all civilized nations, of its obvious gravity for the individual, of its preponderance among the causes of still birth and infant mortality, of its harmful effect on the health of the race, and of the economic losses that it represents to the State in [terms of forfeited] human capital and man-hours of work and the expense of official medical care,

***Recommends:***

That the States participating in this Conference devote special efforts and attention to the reduction or elimination of venereal disease, establishing complete systems of prophylaxis, equipped with sufficient economic resources and material and technical means, and mobilizing all [the sectors] of society whose participation is necessary.

*Jan. 1947 Final Act, 61*

**CSP12.R16** The XII Pan American Sanitary Conference,

***Resolves that:***

1. The time has arrived to study health conditions in the American Continent, to improve the conditions of health and comfort, and to plan coordinated programs, keeping in mind recent advances in the field of health.
2. With regard to the necessity of intensifying the campaign against communicable diseases, special attention should be given to the problems of tuberculosis, venereal disease, malaria, typhoid fever, and dysentery, the control of which may well benefit by advances achieved during the last war.
3. It is necessary to determine and always strengthen on solid bases the salutary policy of mutual aid among the countries of the Continent in regard to food problems.
4. The countries of the Americas, reaffirming their traditions and their conveniences, which are notable principally for the possibilities of increasing and improving their production and developing their potential resources, should follow a broad policy of immigration.
5. The countries of the Americas are free to decide on the basis of their own political, economic, and social conditions how they may face the problem of immigration; however, from a health point of view, they should all maintain unity in permitting only physically and mentally sound persons to enter their territories. All the indicated health requirements shall be applied to all travelers coming to reside permanently in a country by whatever means or class of transportation they may use to enter the country, with the exception of passengers classified as tourists.
6. For this purpose, the American countries should establish a plan of collaboration and mutual aid to conduct health examinations at points of concentration or ports of embarkation. This plan may be established by agreements between countries, either directly or through the Pan American Sanitary Bureau, without prejudice to the right of each country to conduct health inspections at ports of entry and possible repatriation, in accordance with the laws of that country.
7. The American countries shall maintain and develop a program of education and health care for the immigrants and shall carry on necessary studies to clarify the procedure of adaptation in regions climatically different from those of origin. In all areas devoted to colonization, the health authorities of each country shall proceed to make the necessary sanitary improvements and shall adopt the necessary health measures for their due and complete protection.

*Jan. 1947 Final Act, 61-62*

**CSP12.R17** The XII Pan American Sanitary Conference,

***Resolves:***

To approve the recommendation made by the II Pan American Conference on Health Education that a technical committee on health education be formed within the Pan American Sanitary Bureau and, furthermore, that a health educator be appointed to the technical staff of the Bureau, if this be possible within its budget.

*Jan. 1947 Final Act, 62*

**CSP12.R18** The XII Pan American Sanitary Conference,

***Recommends:***

That rheumatic fever be considered a notifiable disease, in order that precise statistics may be obtained on the extent of its morbidity and mortality, in view of its serious consequences and its effect on the health of children and adults.

*Jan. 1947 Final Act, 62*

**CSP12.R19** The XII Pan American Sanitary Conference,

recognizes the great value and effectiveness of the cooperative health programs that the Institute of Inter-American Affairs is carrying out in the republics of the Western Hemisphere.

*Jan. 1947 Final Act, 62*

**CSP12.R20** The XII Pan American Sanitary Conference,

At The XII Pan American Sanitary Conference, in accordance with the Constitution and Statutes of the Pan American Sanitary Bureau, Dr. Fred L. Soper was elected Director by acclamation.

Dr. Hugh S. Cumming was elected Director Emeritus, also by acclamation.

*Jan. 1947 Final Act, 62-63*

**CSP12.R21** The XII Pan American Sanitary Conference,

The XII Pan American Sanitary Conference elected the following members of the Executive Committee: United States of America, Chile, Costa Rica, Argentina, Cuba, Mexico, and Brazil.

The following were to serve for a period of three years: Mexico, Costa Rica, and Brazil; the following for two years: Cuba and the United States of America; and for one year: Argentina and Chile.

*Jan. 1947 Final Act, 63*

**CSP12.R22** The XII Pan American Sanitary Conference,

Guatemala City was chosen as the site of the XIII Pan American Sanitary Conference, which is to take place in 1950, the exact date to be determined by the Government of Guatemala in agreement with the Pan American Sanitary Bureau.

*Jan. 1947 Final Act, 63*

**Note:**

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