

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

regional committee

WORLD
HEALTH
ORGANIZATION



XX Meeting

XXIII Meeting

Washington, D.C.
September-October 1971

Provisional Agenda Item 14

CD20/21 (Eng.)
24 August 1971
ORIGINAL: ENGLISH

PROPOSED PROGRAM AND BUDGET ESTIMATES OF THE WORLD HEALTH ORGANIZATION FOR
THE REGION OF THE AMERICAS FOR 1973

The Executive Committee at its 66th Meeting, acting in its capacity as the Working Party of the Regional Committee of the World Health Organization for the Americas, adopted the following:

RESOLUTION XI

PROPOSED PROGRAM AND BUDGET OF THE WORLD HEALTH ORGANIZATION
FOR THE REGION OF THE AMERICAS FOR 1973

THE EXECUTIVE COMMITTEE,

Having considered in detail Official Document No. 107 submitted by the Director of the Pan American Sanitary Bureau, which contains the Proposed Program and Budget Estimates of the World Health Organization for the Region of the Americas for 1973;

Bearing in mind that the Proposed Program and Budget Estimates are to be submitted to the XX Meeting of the Directing Council, XXIII Meeting of the Regional Committee of the World Health Organization for the Americas, for review and transmittal to the Director-General of the World Health Organization so that he might take them into account in preparing the program and budget estimates of WHO for 1973; and

Having noted with concern that compared to recent years the rate of increase of the WHO budget assigned to the Region of the Americas has declined,

RESOLVES:

To recommend to the XX Meeting of the Directing Council, XXIII Meeting of the Regional Committee of the World Health Organization for the Americas, that it approve a resolution along the following lines:

THE DIRECTING COUNCIL,

Having considered Official Document No. 107, submitted by the Director of the Pan American Sanitary Bureau, which contains the Proposed Program and Budget Estimates of the World Health Organization for the Region of the Americas for 1973;

Bearing in mind that the Proposed Program and Budget Estimates are submitted to the Directing Council as Regional Committee of the World Health Organization for the Americas, for review and transmittal to the Director-General of the Organization so that he may take them into account in preparing the proposed budget estimates of WHO for 1973;

Having noted with concern that compared to recent years the rate of increase of the WHO budget assigned to the Region of the Americas has declined; and

Noting the recommendations made by the 66th Meeting of the Executive Committee,

RESOLVES:

1. To approve the Proposed Program and Budget Estimates of the World Health Organization for the Region of the Americas for 1973, appearing in Official Document No. 107, and to request the Regional Director to transmit them to the Director-General of the Organization so that he may take them into account in preparing the WHO budget estimates for 1973.
2. To request the Director-General that, when preparing those proposed budget estimates, he give favorable consideration to increasing the proportion assigned to the Region of the Americas.

Because of the timing of the preparation of the final budget estimates by the World Health Organization, the Director has anticipated the concurrence of the full Directing Council in Paragraph 2 above and has provided the necessary budget estimates for the additional projects to the World Health Organization for their consideration by the Director-General and inclusion in the 1973 WHO program and budget for the Region of the Americas. These projects are not included in Official Document No. 107, Proposed Program and Budget Estimates. They are:

Argentina-4600, Industrial Hygiene	\$ 29,836
Brazil-0100, Epidemiology	19,782
Colombia-0100, Epidemiological Surveillance	19,802
Paraguay-0100, Communicable Diseases	20,990
Peru-0100, Communicable Diseases	20,594
Uruguay-4801, Chronic Diseases	49,800
Uruguay-4803, Rheumatic Diseases Control	55,900
Venezuela-4803, Chronic Diseases	55,300
AMRO-0100, Epidemiology	37,300
AMRO-0115, Courses on Epidemiological Surveillance	136,800
AMRO-2118, Regional Pollution Monitoring Network	107,146
AMRO-2121, Environmental Epidemiology	85,450
AMRO-3215, Identification of Factors that Affect the Growth of the Nursing Profession	57,728
AMRO-4234, Relationship of Nutrition and Chronic Diseases	31,200
AMRO-4619, Occupational Health Services	45,910
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	\$773,538
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These projects are all in areas of concern as expressed by the Governing Bodies and the individual countries. They have been selected for proposal at this time since all are believed to be projects which fall in new or underexploited areas of interest to the Organization. Their implementation would result in a series of strategic initiatives believed to be consistent with the future development of public health in the Americas.

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XXIII Meeting

Washington, D. C.
September-October 1971

Agenda Item 14

CD20/21 (Eng.)
ADDENDUM I
30 September 1971
ORIGINAL: ENGLISH

PROPOSED PROGRAM AND BUDGET ESTIMATES OF THE WORLD HEALTH ORGANIZATION
FOR THE REGION OF THE AMERICAS FOR 1973

Attached are narrative statements describing the projects listed
on page 3 of CD20/21.

Attachment

PROPOSED PROGRAM AND BUDGET ESTIMATES OF THE WORLD HEALTH ORGANIZATION FOR
THE REGION OF THE AMERICAS FOR 1973

PRIORITIES

The suggested projects listed herein were selected with respect to two major criteria. (1) They all are intended to be responsive to statements of need or urgency expressed by the World Health Assembly, the Pan American Sanitary Conference or the Directing Council. (2) They all are also designed to assist in development of new or presently undeveloped activities or new approaches to existing ones.

The list includes both regional and country projects. In each activity field, except for nursing, there are thus included both AMROs and country projects. In each activity field (except nursing) the regional and country projects are designed to complement and supplement each other. For example, the four 0100 country projects are intended to take advantage of the services of epidemiologists trained or to be trained under project AMRO-0115.

With the above criteria in mind, the priorities could be suggested as follows:

1. Projects in the field of environmental health.
2. The project in the development of nursing as a profession.
3. Projects in the field of epidemiology and epidemiological surveillance.
4. Projects in the fields of chronic diseases.

ARGENTINA-4600, INDUSTRIAL HYGIENE

The recent survey conducted in Argentina to define the industrial hygiene problems, clearly showed the need for the control of many health and safety hazards now prevalent; hazards which are costing the nation large amounts in compensation and loss of production, to say nothing of the damage to human health and life.

The Ministry of Public Health of Argentina has established a Division of Industrial Hygiene and Air Pollution, staffed with approximately 50 persons, with key people well trained in the various disciplines, and provided with both field and laboratory equipment and facilities. What is urgently needed at this time is continuous advisory services to assist the Government in the development of this most important program so intimately related to the economy and welfare of the nation.

The Ministry of Public Health of Argentina has requested of the Organization the assignment of an advisor on several occasions over the past year.

BRAZIL-0100, EPIDEMIOLOGY
COLOMBIA-0100, EPIDEMIOLOGICAL SURVEILLANCE
PARAGUAY-0100, COMMUNICABLE DISEASES
PERU-0100, COMMUNICABLE DISEASES

Four epidemiologists, with duty stations in Asunción (Paraguay), the northern part of Brazil, Peru and Colombia would be useful in the organization of the surveillance network for South America.

These four projects would be designed to complement and supplement the activities to be carried out under projects AMRO-0100 and AMRO-0115. Activities would originally center about surveillance for smallpox; with other diseases added as soon as possible.

URUGUAY-4801, CHRONIC DISEASES

The pattern of mortality in Uruguay is typical of one with an aging population. 41.18% of deaths are due to cardiovascular diseases and 21.71% to tumors. In 1969, there were 597 deaths from diabetes or 2.44% of the total.

The purpose of the project would be to improve health care in the field of chronic diseases, particularly cardiovascular conditions, cancer and others.

It is proposed to undertake a study of the present system of care for cardiovascular and other chronic diseases, both in hospitals and health centers throughout the country, as a first step. After this, health care of these diseases would be organized, including peripheral and central care through a regionalized system to cope efficiently with the increasing demand.

BRAZIL-0100, EPIDEMIOLOGY
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URUGUAY-4803 - RHEUMATIC DISEASES CONTROL

Rheumatic diseases have increased significantly in Uruguay. Even though they do not represent an important cause of mortality, their incapacitating effects and the lack of facilities for diagnosis and treatment constitute a major health problem.

The Government has established a National Rheumatology Service under the Ministry of Public Health, with a modern and well-equipped building to serve not only for diagnosis and treatment but also for training of medical students and physicians.

It is proposed to develop an epidemiological study on the extent and significance of rheumatic diseases in the country and to establish standards and procedures for diagnosis and treatment of the disease to be applied by all government services. Training of medical students and physicians in care of patients with these diseases is of crucial importance.

VENEZUELA-4803, CHRONIC DISEASES

In 1968, Venezuela had 10,787 (16.70%) deaths due to cardiovascular diseases and 5,464 (8.46%) due to tumors, out of a total of 64,572 deaths. The trend of deaths from these diseases is an increasing one if one considers the last 10 years. The significant progress in the control of communicable diseases and the increased life expectancy have given chronic diseases major importance.

The purpose of this project is to prevent and reduce the effect of chronic diseases.

It is proposed to study the extent and importance given to primary prevention of rheumatic heart diseases, and Chagas' disease, and to plan secondary prevention of chronic diseases by applying the techniques of early detection and reduction of disability and mortality resulting from coronary artery disease, hypertensive vascular disease, diabetes and others. Training of general practitioners throughout the country on simple methods of early diagnosis and treatment would be important.

AMRO-0100, EPIDEMIOLOGY
AMRO-0115, COURSES ON EPIDEMIOLOGICAL SURVEILLANCE

It is proposed to organize and develop surveillance activities to provide epidemiologists trained for that purpose. Using the smallpox program and its surveillance activities as the starting point, other diseases such as poliomyelitis, measles, diphtheria and others would be incorporated later.

The maintenance of smallpox eradication in the Americas requires development of a surveillance network with qualified epidemiologists as an important complement of the attack and maintenance phases in the Region. In Latin America, where smallpox was endemic until recently in several countries such as Brazil, surveillance activities must be enforced.

The number of qualified epidemiologists in Latin America is insufficient to staff even minimal surveillance services. Therefore program activities must start with an intensive training program. A course for epidemiologists is now under way in the National Communicable Disease Center of the United States of America for nine selected candidates from Latin America. Similar courses will have to be conducted for at least four years longer, in order to have available a nucleus of qualified personnel for surveillance.

It seems logical that a hemisphere epidemiological surveillance program should depart from the eradication of smallpox, which is imminent in Brazil.

Thus planning centers around vigilance services in Brazil and contiguous countries in South America. Later on it would be planned to extend the services to include all of Latin America and the Caribbean.

AMRO-2118, ENVIRONMENTAL MONITORING AND SURVEILLANCE

The concern of governments with the increasing pollution of air, water, and soil has resulted in an increased interest in the monitoring of pollutants as they relate to human health. Monitoring networks of local, national and regional scope will be required to provide the environmental intelligence necessary for controlling the quality of the environment.

In recognition of the world-wide interest and concern, the World Health Assembly, in 1971 in Resolution WHA24.47, requested the Director-General to develop environmental health programs, emphasizing development of epidemiologic surveillance including monitoring systems to obtain basic information on environmental stresses.

It is proposed to extend technical assistance to governments in the development of water quality monitoring systems, and at the same time to investigate the possibilities of integrated monitoring of environmental hazards associated with air and soil. The objectives will be to enable Member Governments to develop systems for monitoring water quality and to share in a regional water quality monitoring system using compatible methods and to evaluate techniques of monitoring that will provide a measure of the total exposure of man through the major avenues of water, air, and soil.

Water quality monitoring has met with considerable interest on the part of governments. Several monitoring systems have been established for larger public water systems. With funds made available from UNDP/TA sources and with the support of several countries, a preliminary study of methodologies for designing, implementing and operating monitoring systems has been prepared. This study will provide valuable background for further development of national and regional water quality monitoring systems.

AMRO-2121, ENVIRONMENTAL EPIDEMIOLOGY

The World Health Assembly in 1971 adopted Resolution WHA24.47 which requested the Director-General to develop environmental programs, and specified, among other major objectives, agreements on criteria and codes, basic information on adverse effects, and support for research in environmental factors as related to health. It is widely acknowledged that prospective changes in the environment require new approaches and goals, based on new and existing data which will encourage formulation of parameters and bench-marks appropriate to changing conditions. On every hand observations indicate the need to offset, moderate or prevent damaging interactions associated with exploitation of natural resources, mobility, and growth, and consequent neglect of ecologic consequences. Among the phenomena already evident in advanced economies are increases in diseases such as lung cancer, emphysema and right heart failure, associated with chronic exposure to industrial toxins and other hazardous products, and individual and social psychopathology associated with urbanization.

For the purpose of assisting governments already concerned with these prospects to study the interactions of industrialization and environmental stresses on man, to focus efforts on rational programs for dealing with the newer environmental stresses; and to strengthen their epidemiologic resources in order to develop methods of predicting threats to health, a multidisciplinary approach is proposed involving establishment of causes and effects and agreement on parameters, criteria, and standards.

As the basis for design of future environmental programs, it is proposed to explore and evaluate present epidemiologic data, and data needs including potential systems of data collection and analysis in fields pertinent to the human environment. These studies will be coordinated with similar activities elsewhere in the world to avoid unnecessary duplication of effort and to maximize use of the findings of other investigators. They will encourage multinational agreement on standard terms, measures, and methods of data assembly while assuring at the same time that individual needs and variations will be served. The project is intended to continue for at least three years.

AMRO-3215, IDENTIFICATION OF FACTORS THAT AFFECT THE GROWTH OF
NURSING PROFESSION

Over the past decade the increase in the number of nurses per 10,000 population has been minimal for Middle America and has decreased in South America. In 1957 it was 2.4 and 2.6 for Middle and South America respectively while in 1969 the ratios were 3.7 and 2.2. On the other hand in Chile the production of nurses has tripled currently being 905 in the three-year period of 1968 to 1970 in contrast to 441 over a four-year period 1955 to 1959, or an annual average of 301 compared to 110 in the earlier period. The shortage of professional nurses has been cited as one of the more critical problems confronting the countries in Latin America in the extension and improvement of services. However while there are many opinions as to the cause of the above, little or no organized data exists which would help to identify the real causes.

The purpose of the study is to identify the factors that affect the growth of the nursing profession. The opinions and attitudes of different groups such as medical and other allied health professionals, health authorities, women university students, high school students, graduate nurses, civil service authorities, and the general public will be obtained. Some of the variables that might be included are career and job opportunities, social status, and financial compensation. An effort will be made to determine whether differences exist in countries such as Chile and in others where growth has occurred as compared with those in which growth is slow. The study would be carried out in 20 countries over a two-year period.

AMRO-4234, RELATIONSHIP OF NUTRITION AND CHRONIC DISEASES

In countries with an improvement in the standard of living and better organized health facilities, infant mortality and morbidity due to communicable diseases have decreased steadily in the last few decades. The result is greater longevity and a longer expectation of life at every age, and both are still increasing year by year. As a result, those diseases - many of them chronic - which are more prevalent in adult life than in childhood, are assuming greater relative importance. Argentina, Canada, United States including Puerto Rico and Uruguay have generally the same five principal causes of death. These causes include diseases of the malignant neoplasms, vascular lesions affecting the central nervous system, accidents and certain diseases of early infancy. For five other countries - Chile, Cuba, Jamaica, Trinidad and Tobago, and Venezuela - four of the same causes appear but influenza and pneumonia or gastroenteritis replace accidents. In the others, communicable diseases are more important and the chronic diseases less so. Thus it can be seen that atherosclerosis and its complications, and cancer are among the leading causes of death in several countries of Latin America.

In view of the rapid accumulation of knowledge on the influence of nutrition and role of dietary factors on the development of chronic degenerative diseases, it is felt that a review of this problem might yield results of value for future public health action, directed towards the early detection and prevention of atherosclerotic cardiovascular diseases, obesity and diabetes. The economic consequences of chronic diseases are manifold and can be divided into three major groups, the cost of prevention and care, sick benefits and disability pensions, and loss of productivity.

A study of the chronic degenerative diseases in Latin America and its effects such as loss of manpower through disability and death, though hard to estimate, is exceedingly important for national health planning.

AMRO-4619, EXPANSION OF OCCUPATIONAL HEALTH SERVICES

A resolution of the World Health Assembly, in 1971 in Resolution WHA24.30 recommended analyses of the means by which occupational health services can be expanded in countries undergoing industrialization. Rapid transformation of many populations from an agrarian culture to manufacturing, results in occupational exposures to many physical and chemical hazards. Consequently, occupational health problems in most countries have increased, with significant damage to the health of workers and economic losses in production and capital.

It is proposed to develop more effective approaches for occupational health; to provide technical assistance to countries for periods sufficient to define the national problem, to develop and initiate programs to control health hazards to the working force.

The problems of occupational health have been investigated in several countries. Presently there exist 14 government programs under development, but only 4 may be considered adequate. It is hoped that the scope and efficiency of existing national programs in occupational health can be significantly improved during the next five years.