

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XXV Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

XXIX Meeting



Washington, D.C.  
September-October 1977

Agenda Item 36

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REPORT OF THE IV SPECIAL MEETING OF MINISTERS OF HEALTH OF THE AMERICAS

The Director is pleased to bring to the attention of the XXV Meeting of the Directing Council the Final Report of the IV Special Meeting of Ministers of Health of the Americas, held at the Headquarters of the Pan American Health Organization on 26 and 27 September 1977.

Annex



PAN AMERICAN HEALTH ORGANIZATION

# VI SPECIAL MEETING OF MINISTERS OF HEALTH OF THE AMERICAS

WORLD HEALTH ORGANIZATION

Washington, D.C., 26-27 September 1977

REMSA4/FR (Eng.)  
27 September 1977  
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT

## FINAL REPORT

The IV Special Meeting of Ministers of Health of the Americas was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 26 and 27 September 1977, as convened by the Director of the Pan American Sanitary Bureau in accordance with Resolution XXXII of the Directing Council approved at its XXIV Meeting.

## PARTICIPANTS

The Meeting was attended by the Ministers of Health of the following Governments, or their representatives: Argentina, Bahamas, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, France, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Kingdom of the Netherlands, Nicaragua, Panama, Paraguay, Peru, Surinam, Trinidad and Tobago, United Kingdom, United States of America, Uruguay and Venezuela.

The Meeting was also attended by Dr. H. Mahler, Director-General of the World Health Organization, and by the Regional Directors of WHO for Africa, Eastern Mediterranean, Europe, South-East Asia and Western Pacific, as well as by observers from the United Nations Children's Fund, United Nations Development Programme, United Nations Economic Commission for Latin America, International Bank for Reconstruction and Development, Organization of American States, and Inter-American Development Bank.

## OFFICERS

The President, the two Vice Presidents and the General Rapporteur were elected pursuant to Rule 9 of the Rules of Procedure of the Meeting. The officers were as follows:

President:	Dr. Hermán Weinstok	Costa Rica
Vice Presidents:	Dr. Asdrúbal de la Torre	Ecuador
	Dr. Douglas Manley	Jamaica
General Rapporteur:	Dr. Rogelio Valladares	Venezuela
Secretary ex officio:	Dr. Héctor R. Acuña	Director Pan American Sanitary Bureau

## COMMITTEES

In Accordance with Rules 9, 30 and 31 of the Rules of Procedure, the Officers of Committees I and II were as follows:

## COMMITTEE I:

Chairman:	Dr. Asdrúbal de la Torre	Ecuador
Rapporteur:	Dr. Dorian Gorena	Bolivia

## COMMITTEE II:

Chairman:	Dr. Douglas Manley	Jamaica
Rapporteur:	Dr. W. A. van Kanten	Surinam

## AGENDA AND RULES OF PROCEDURE

At the first plenary session the IV Special Meeting of Ministers adopted its Rules of Procedure and Agenda as presented by the Director in Documents REMSA4/3 and REMSA4/2, respectively.

### SESSIONS

The Meeting held a preliminary meeting of Heads of Delegation, an inaugural session, and three plenary sessions. Committees I and II each held one session.

### CONCLUSIONS

As a result of their deliberations and presentations the Ministers of Health of the Americas, at the IV Special Meeting, reached the following conclusions:

Health is a basic human right and man is both the means and the end of socio-economic development. Consequently, health care plans must be an integral part of the national socio-economic development plans of the countries.

The analyses of the status of national coverage processes confirm that a large proportion of inhabitants of most of the countries still lack basic health services. If this situation is to be improved, the processes must be accelerated by making efficient use of the resources available and by devising new strategies.

Health service coverage must be universal; geographically, economically, and culturally accessible; and continuous. The strategies for achieving it must be designed and applied in the light of the political, socio-economic, and cultural realities of each country.

Primary health care and community participation are valuable strategies for accelerating the process of extending coverage.

Primary health care is a systematized combination of multisectoral activities applied to man and his environment and designed to produce an increasingly higher level of health for the community and to satisfy the health needs of its members. The resources are largely to be found in the community itself. These resources, which provide services without the benefit of technology, make up what may be called the community or traditional system. Carefully selected, they can be developed and mobilized with the support of the institutional system of health services; articulated with it, they can ensure that the communities have access to all levels of care for solving both their own problems and those of their individual members.

The scope and the form of the primary care being provided varies from country to country. There is no single model that is applicable in all the countries; but, whatever the model used, it must be dynamic if adjustments and advances consistent with the development of the communities are to be made.

If the community is to become aware of its problems and to shoulder responsibilities for their solution, it must be educated by means of a

reciprocal exchange of information with the institutional system, and organized. Appropriate training, both individual and collective, will make it possible to achieve a reasonable degree of sufficiency.

The participation of the community has proved to be essential in carrying out programs for its own benefit. To be effective, it must be enlisted at all stages of the administrative process, from the setting of priorities to the production and delivery of services.

If this is done, community participation will be active, conscious, deliberate, responsible, organized, and sustained.

The technical and logistic support of the institutional health system, including clearly defined referral procedures and appropriate technologies for each level of care, is required if primary care based on community participation is to be incorporated into the national health system. Such an organization will facilitate the administrative development necessary for increasing the operating capacity of the traditional and institutional systems at all levels.

Foremost among the obstacles and factors affecting the extension of health service coverage are the following:

- Failure to define policies for community participation and intersectoral coordination;
- Excessive number of institutions in the health sector and lack of mechanisms for coordinating them;

- Cultural barriers at the different levels, both in the population receiving and the institutions providing the services, which makes for resistance to change;

- The education and training of human resources is not sufficiently coordinated with the health services nor does it meet their requirements;

- Lack of knowledge about appropriate technologies for extending coverage based on primary care and community participation;

- Shortcomings in the processes of administrative development for satisfying operational needs in the rural areas and urban shantytowns that are the focus of extension of coverage;

- Scarcity of funds, especially for initiating the process with the vigor and speed required for inducing change.

The acceleration of the process of extending health service coverage is the common goal of the countries of the Region.

The strategies for accelerating the coverage extension process must be based on activities for eliminating the obstacles identified and for finding alternative viable solutions tailored to the distinctive features of each country.

The factors that affect the health service coverage process are common to most of the countries. The strengthening of primary care strategies and the promotion of community participation are therefore imperative. The Region has adopted that goal and the strategies for attaining it because of the results of the efforts and experiences of the Governments of the countries during the past decade and the projections for the immediate



future. New approaches will be adopted, and further adjustments will be made in the application of those strategies, as required by the health needs and characteristics of each country.

If the potential of these strategies is to be fully developed, the following principal actions are required:

- Review of plans for the development of manpower at all levels and the adoption of measures for improving its distribution and use;
- The design and application of administrative procedures for the timely introduction of the changes required;
- The conduct by countries with similar characteristics of joint programs for the evaluation, selection, and adaptation of appropriate technologies;
- The planned interchange of specialized personnel and of experiences with strategies and methods used in the countries for extending coverage;
- The systematized analysis of the requirements of the countries for external cooperation and of their capacity to make appropriate use of it in supplementing their national resources. This analysis can serve international agencies as a guide for policies and programs consistent with real needs of each country.

In accordance with the Convocation to the IV Special Meeting of Ministers of Health of the Americas, PAHO/WHO will issue the reports presented by the Heads of Delegation during the second plenary session in a special publication.

IN WITNESS WHEREOF, the Ministers of Health of the Americas 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 in Washington, D.C., this twenty-seventh day of September, nineteen hundred and seventy-seven. The Secretary shall deposit the original texts in the Archives of the Pan American Sanitary Bureau and shall send copies thereof to the Governments of the Organization.

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Manuel Irán Campo  
Secretary of State for Public  
Health of Argentina

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Perry G. Christie  
Minister of Health of Bahamas

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Billie A. Miller  
Minister of Health and National  
Insurance of Barbados

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Dorian Gorena Urizar  
Under Secretary of Public Health  
of Bolivia

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Paulo de Almeida Machado  
Minister of Health of Brazil

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A. J. de Villiers  
Director General of the Department  
of National Health and Welfare  
of Canada

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Fernando Matthei Aubel  
Minister of Public Health of Chile

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Abel Dueñas Padrón  
Secretary General of the Ministry  
of Health of Colombia

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Hermán Weinstok W.  
Minister of Health of Costa Rica

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José A. Gutiérrez Muñiz  
Minister of Public Health of Cuba

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Ney B. Arias Lora  
Secretary of State for Public  
Health and Social Welfare of  
the Dominican Republic

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Asdrúbal de la Torre  
Minister of Public Health of  
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Deputy Inspector General of the  
Ministry of Public Health and  
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Minister of Health of Guyana

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Willy Verrier  
Secretary of State for Public  
Health and Population of Haiti

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Enrique Aguilar Paz  
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Netherlands

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Carlos Gual Castro  
Under Secretary of Welfare of  
Mexico

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Minister of Public Health of  
Nicaragua

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Abraham Saied  
Minister of Health of Panama

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Adán Godoy Jiménez  
Minister of Public Health and  
Social Welfare of Paraguay

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Humberto Campodónico Hoyos  
Minister of Health of Peru

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Roel F. Karamat  
Ambassador of Surinam to the  
United States of America and  
to the Organization of American  
States

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Kamaluddin Mohammed  
Minister of Health and Minister  
of Local Government of  
Trinidad and Tobago

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Murray Baker  
Medical Adviser of the Ministry of  
Overseas Development of the  
United Kingdom

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Julius B. Richmond  
Assistant Secretary for Health of  
the Department of Health,  
Education and Welfare of the  
United States of America

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Antonio Cañellas  
Minister of Public Health of  
Uruguay

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Antonio Parra León  
Minister of Health and Social  
Welfare of Venezuela

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Héctor R. Acuña  
Director of the  
Pan American Sanitary Bureau  
Secretary ex officio

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