

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

XIV Meeting

Washington, D. C.  
September 1963

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



XV Meeting

Draft Agenda Item 8

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PROGRAM BUDGETING

At the 46th and 48th Meetings of the Executive Committee, draft plans were approved for an additional chapter in the budget presentation to provide a more comprehensive analysis of the program as a whole in relation to the funds required to carry it out.

The concept of program budgeting, as generally understood by public administrators, has been adapted to present a program classification for use of the Directing Council in evaluating the relative importance, measured in financial terms, of the various programs and activities of the Organization.

Expressions of general policy regarding important health problems of the continent have been used as the primary basis for program classification. It is recognized that no perfect classification plan exists, especially in matters of health where functions are complementary rather than mutually exclusive. For example, a sanitary engineer may be assigned to work simultaneously on one, two or three programs. A note of arbitrariness is necessary in the apportionment of the cost of his services. Although the apportionment may not be entirely accurate for each individual project, the final figures for each program will not be seriously distorted.

It is to be expected that as national plans for economic and social development are formulated, Governments will include sections on health needs and resources. As such plans are developed and influence health programs, the content of the program and budget of this Organization can be expected to change as may be necessary to reflect its collaboration in national programs.

Thus, this document outlines a transitional stage in the presentation of budget proposals by the Organization pending the time when all Governments have national health plans.

CLASSIFICATION PLAN - PROGRAMS SHOWN ON VERTICAL AXIS

Details of the classification will be found in Table 6 attached:  
Major Program Classifications have been established as follows:

Protection of Health  
Promotion of Health  
Education and Training  
Program Services  
Administrative Direction  
Governing Bodies  
Increase to Assets

These are expected to stand the test of time since their roots are clearly identifiable within the basic documents governing the operations of the Organization. It is expected that the specific programs under them may change from time to time to identify those of special concern at any one time because of their own importance, magnitude or special interest.

Protection of Health includes programs in communicable diseases and environmental sanitation, the latter encompassing water supplies and the eradication of Aedes aegypti, vector of urban yellow fever.

Promotion of Health has two categories of programs. One of the charges given to the Organization is the strengthening of health services in general. This includes advisory services on the over-all organization, integration and administration of health services. Of much interest, however, is the kind of general advisory services given and so programs have been established to identify elements of the budget related to general public health, nursing, laboratory services, health education, statistics, and administrative methods. In addition to these, the Organization has much interest in specific health activities being carried out by the various Member Governments. These are identified as a separate grouping in the Major Program Classification.

The third Major Classification, Education and Training, relates to cooperation with institutions and established courses in providing educational and training opportunities to professional medical and para-medical personnel. It is divided into programs for schools of public health, medicine, nursing, sanitation, veterinary medicine, dentistry, and biostatistics. It does not, however, include the services of consultants in in-service training programs or seminars and conferences designed to further specific programs since these are considered to be assistance in the execution of programs. Only those activities relating to the educational institutions and permanent courses themselves are included.

Program Services have been set apart to show the extent of supporting services which are a part of direct cooperation in health services.

However, they do not lend themselves readily to assignment to the programs identified above. These services include the selection and placement of fellows, technical publications of the Organization, visual aids, reporting, public information and the library.

Administrative Direction encompasses the executive direction and the administrative services. Their costs could with great force of logic and fact be attributed to each program. However, they have been held aside since they are generally a matter of separate analysis and review.

Governing Bodies covers the costs related to the legislative functions within the Organization. In it are included the costs of the meetings of the Directing Council and the Executive Committee together with supporting staff services.

Increase to Assets is the heading used to group budgeted increases to the Working Capital Fund and to the Emergency Revolving Fund since these items whose bearing on program activities is indirect are included in the total of the assessment budget.

#### CLASSIFICATION PLAN - ACTIVITIES SHOWN ON HORIZONTAL AXIS

The second classification, the horizontal axis on Table 6, identifies the type of activity that is planned for each program. These are categorized as follows:

Planning and Execution  
Development of Professional Personnel  
Research  
Indirect Program Costs

The Organization cooperates in the Planning and Execution of many activities. In the main, this is done through consultant services, assistance in in-service training, imported supplies and, occasionally, grants for specific purposes. Each in its own way contributes to the planning and execution of programs being carried out by national authorities.

Under Development of Professional Personnel is included the kind of training received through fellowships and participation in seminars or conferences. This kind of training is directed particularly at the development of individuals to fill specific positions or for the development of the technical skills of individuals in responsible positions through participation in international seminars and conferences in which technical matters are discussed with cohorts having similar problems. A point that may need some elaboration is that the Major Program Classification (as distinguished from activity classification) headed Education and Training groups services to educational institutions and permanent courses.

Advisers to these institutions are shown under the activity Planning and Execution in order to show the kind of services being made available.

The first two activity categories constitute the bulk of services to Member Governments. However, the Organization does carry out research in some areas and these activities are grouped under Research. In addition, there is an office in Washington that is responsible for coordinating the promotional aspects of research in the Hemisphere. This office is also included in this category.

The remaining category is Indirect Program Costs of the Organization.

FORMAT

The additional chapter presented in the budget document (Official Document No. 45) consists of seven tables. In summary, they are:

- Table 1: All Funds - 1963-1964-1965
- Table 2: Summary of Major Programs by Fund
- Table 3: Summary of Major Programs by Activities - All Funds
- Table 4: Distribution of Activities by Fund and Year
- Table 5: Summary of Estimated Expenditures by Fund  
and Object of Expenditure
- Table 6: Summary of Major Programs by Program and  
Activity - All Funds
- Table 7: Distribution of Personal Services, Fellowships,  
and Participants by Program and Year -  
All Funds

TABLE 1

ALL FUNDS

Table 1 displays the breakdown of funds anticipated for financing the programs of the Organization during a three year period. Derivation of funds is shown under two major headings:

Pan American Health Organization and  
World Health Organization

Each is shown as a percentage of the total budget. In addition, for each of the last two years the percentage increase over the previous year is given.

TABLE 1

ALL FUNDS

Fund	1963		1964		Increase of 1964 over 1963 %	1965		Increase of 1965 over 1964 %
	Appropriation or Allocation \$	% of Total	Proposed \$	% of Total		Proposed \$	% of Total	
<b><u>PAN AMERICAN HEALTH ORGANIZATION</u></b>								
Regular	5,990,000	38.3	6,560,000	38.4	9.5	7,190,000	39.6	9.6
Other								
Community Water Supply Fund	364,942	2.3	614,466	3.6	68.4	640,326	3.5	4.2
Grants and Other Contributions to PAHO	977,651	6.3	425,355	2.5	(56.5)	252,586	1.4	(40.6)
INCAP and Related Grants	727,499	4.7	892,746	5.2	22.7	1,012,021	5.6	13.4
Organization of American States - Technical Cooperation Program	662,143	4.2	859,516	5.1	29.8	895,602	4.9	4.2
Special Malaria Fund	3,000,000	19.2	3,533,093	20.7	17.8	3,623,187	19.9	2.6
Subtotal	11,722,235	75.0	12,885,176	75.5	9.9	13,613,722	74.9	5.7
<b><u>WORLD HEALTH ORGANIZATION</u></b>								
Regular	2,564,443	16.4	2,809,943	16.4	9.6	3,159,753	17.4	12.4
Technical Assistance	1,189,816	7.6	1,212,362	7.1	1.9	1,354,013	7.4	11.7
U. N. Special Fund	155,400	1.0	168,200	1.0	8.2	47,900	.3	(71.5)
TOTAL	15,631,894	100.0	17,075,681	100.0	9.2	18,175,388	100.0	6.4

TABLE 2

SUMMARY OF MAJOR PROGRAMS BY FUND

Table 2 displays for the three year period the seven Major Program Classifications, showing the source of funds under each. Funds for each program are shown as a percentage of the total and under each program the funds allocated to it are shown as a percentage of the total funds anticipated.

The Major Classifications are composed of various programs. These are detailed in Table 6.

TABLE 2  
SUMMARY OF MAJOR PROGRAMS BY FUND  
1963 - 1964 - 1965

Major Program and Fund	1963		1964		1965	
	Amount	Percent	Amount	Percent	Amount	Percent
	\$		\$		\$	
<b>I. Protection of Health - Total</b>	<u>6,597,302</u>	<u>42.2</u>	<u>7,494,320</u>	<u>43.9</u>	<u>7,740,602</u>	<u>42.6</u>
<u>Pan American Health Organization</u>	<u>5,444,021</u>	<u>34.8</u>	<u>6,251,039</u>	<u>36.6</u>	<u>6,477,916</u>	<u>35.6</u>
Regular	1,154,686	7.4	1,120,550	6.6	1,238,794	6.8
Other						
Community Water Supply Fund	364,942	2.3	614,466	3.6	640,326	3.5
Grants and Other Contributions to PAHO	281,074	1.8	138,380	.8	91,438	.5
Organization of American States - Technical Cooperation Program	662,143	4.2	859,516	5.0	895,602	4.9
Special Malaria Fund	2,981,176	19.1	3,518,127	20.6	3,611,756	19.9
<u>World Health Organization</u>	<u>1,153,281</u>	<u>7.4</u>	<u>1,243,281</u>	<u>7.3</u>	<u>1,262,686</u>	<u>7.0</u>
Regular	595,292	3.8	701,008	4.1	696,442	3.9
Technical Assistance	557,989	3.6	542,273	3.2	566,244	3.1
<b>II. Promotion of Health - Total</b>	<u>4,772,372</u>	<u>30.5</u>	<u>5,039,563</u>	<u>29.5</u>	<u>5,619,836</u>	<u>30.9</u>
<u>Pan American Health Organization</u>	<u>3,377,367</u>	<u>21.6</u>	<u>3,465,823</u>	<u>20.3</u>	<u>3,917,980</u>	<u>21.5</u>
Regular	2,015,099	12.9	2,337,042	13.7	2,775,374	15.3
Other						
Grants and Other Contributions to PAHO	634,769	4.1	236,035	1.4	130,585	.7
INCAP and Related Grants	727,499	4.6	892,746	5.2	1,012,021	5.5
<u>World Health Organization</u>	<u>1,395,005</u>	<u>8.9</u>	<u>1,573,740</u>	<u>9.2</u>	<u>1,701,856</u>	<u>9.4</u>
Regular	730,770	4.7	873,414	5.1	1,026,054	5.7
Technical Assistance	508,835	3.2	532,126	3.1	627,902	3.4
U. N. Special Fund	155,400	1.0	168,200	1.0	47,900	.3
<b>III. Education and Training - Total</b>	<u>1,021,704</u>	<u>6.5</u>	<u>1,216,049</u>	<u>7.1</u>	<u>1,423,802</u>	<u>7.8</u>
<u>Pan American Health Organization</u>	<u>444,584</u>	<u>2.8</u>	<u>690,683</u>	<u>4.0</u>	<u>716,363</u>	<u>3.9</u>
Regular	421,421	2.7	652,623	3.8	690,090	3.8
Other						
Grants and Other Contributions to PAHO	23,163	.1	38,060	.2	26,273	.1
<u>World Health Organization</u>	<u>577,120</u>	<u>3.7</u>	<u>525,366</u>	<u>3.1</u>	<u>707,439</u>	<u>3.9</u>
Regular	454,128	2.9	371,803	2.2	531,572	2.9
Technical Assistance	122,992	.8	153,563	.9	175,867	1.0
<b>IV. Program Services - Total</b>	<u>695,154</u>	<u>4.5</u>	<u>743,049</u>	<u>4.4</u>	<u>761,481</u>	<u>4.2</u>
<u>Pan American Health Organization - Regular</u>	<u>493,249</u>	<u>3.2</u>	<u>527,587</u>	<u>3.1</u>	<u>541,827</u>	<u>3.0</u>
<u>World Health Organization - Regular</u>	<u>201,905</u>	<u>1.3</u>	<u>215,462</u>	<u>1.3</u>	<u>219,654</u>	<u>1.2</u>



Major Program and Fund	1963		1964		1965	
	Amount	Percent	Amount	Percent	Amount	Percent
	\$		\$		\$	
V. <u>Administrative Direction - Total</u>	<u>1,908,098</u>	<u>12.2</u>	<u>1,902,441</u>	<u>11.1</u>	<u>1,987,524</u>	<u>10.9</u>
<u>Pan American Health Organization</u>	<u>1,408,617</u>	<u>9.0</u>	<u>1,361,816</u>	<u>8.0</u>	<u>1,391,120</u>	<u>7.6</u>
Regular	1,351,148	8.6	1,333,970	7.8	1,375,399	7.5
Other						
Grants and Other Contributions to PAHO	38,645	.3	12,880	.1	4,290	a/
Special Malaria Fund	18,824	.1	14,966	.1	11,431	.1
<u>World Health Organization - Regular</u>	<u>499,481</u>	<u>3.2</u>	<u>540,625</u>	<u>3.1</u>	<u>596,404</u>	<u>3.3</u>
VI. <u>Governing Bodies - Total</u>	<u>337,264</u>	<u>2.2</u>	<u>380,259</u>	<u>2.2</u>	<u>317,143</u>	<u>1.8</u>
<u>Pan American Health Organization - Regular</u>	<u>254,397</u>	<u>1.6</u>	<u>288,228</u>	<u>1.7</u>	<u>243,516</u>	<u>1.3</u>
<u>World Health Organization - Regular</u>	<u>82,867</u>	<u>.6</u>	<u>92,031</u>	<u>.5</u>	<u>73,627</u>	<u>.5</u>
VII. <u>Increase to Assets - Total</u>	<u>300,000</u>	<u>1.9</u>	<u>300,000</u>	<u>1.8</u>	<u>325,000</u>	<u>1.8</u>
<u>Pan American Health Organization - Regular</u>	<u>300,000</u>	<u>1.9</u>	<u>300,000</u>	<u>1.8</u>	<u>325,000</u>	<u>1.8</u>
GRAND TOTAL	<u>15,631,894</u>	<u>100.0</u>	<u>17,075,681</u>	<u>100.0</u>	<u>18,175,388</u>	<u>100.0</u>

a/ Less than .05 per cent.

TABLE 3

SUMMARY OF MAJOR PROGRAMS BY ACTIVITIES -

ALL FUNDS

Table 3 summarizes the costs of activities to be carried out under each major program. The activities are shown as a percentage of the cost of each major program.

TABLE 3  
SUMMARY OF MAJOR PROGRAMS BY ACTIVITIES - ALL FUNDS  
1963 - 1964 - 1965

Major Program and Activity	1963		1964		1965	
	Amount	Percent	Amount	Percent	Amount	Percent
	\$		\$		\$	
<u>Protection of Health</u>						
Planning and Execution	5,402,648	81.9	6,271,950	83.7	6,532,734	84.4
Development of Professional Personnel	479,121	7.3	535,171	7.1	587,320	7.6
Research	715,533	10.8	687,199	9.2	620,548	8.0
Indirect Program Costs	-	-	-	-	-	-
Total	6,597,302	100.0	7,494,320	100.0	7,740,602	100.0
<u>Promotion of Health</u>						
Planning and Execution	3,138,485	65.8	3,346,208	66.4	3,587,950	63.8
Development of Professional Personnel	815,290	17.1	869,352	17.2	1,201,484	21.4
Research	818,597	17.1	824,003	16.4	830,402	14.8
Indirect Program Costs	-	-	-	-	-	-
Total	4,772,372	100.0	5,039,563	100.0	5,619,836	100.0
<u>Education and Training</u>						
Planning and Execution	663,748	65.0	773,241	63.6	876,337	61.5
Development of Professional Personnel	357,956	35.0	442,808	36.4	547,465	38.5
Research	-	-	-	-	-	-
Indirect Program Costs	-	-	-	-	-	-
Total	1,021,704	100.0	1,216,049	100.0	1,423,802	100.0
<u>Program Services</u>						
Planning and Execution	558,404	80.3	598,534	80.6	612,260	80.4
Indirect Program Costs	136,750	19.7	144,515	19.4	149,221	19.6
Total	695,154	100.0	743,049	100.0	761,481	100.0
<u>Administrative Direction</u>						
Indirect Program Costs	1,908,098	100.0	1,902,441	100.0	1,987,524	100.0
Total	1,908,098	100.0	1,902,441	100.0	1,987,524	100.0
<u>Governing Bodies</u>						
Indirect Program Costs	337,264	100.0	380,259	100.0	317,143	100.0
Total	337,264	100.0	380,259	100.0	317,143	100.0
<u>Increase to Assets</u>						
	300,000		300,000		325,000	
GRAND TOTAL	15,631,894		17,075,681		18,175,388	

TABLE 4

DISTRIBUTION OF ACTIVITIES BY

FUND AND YEAR

Table 4 summarizes the costs of activities by fund and by year. Each fund has a percentage distribution of the total.

TABLE 4

DISTRIBUTION OF ACTIVITIES BY FUND AND YEAR

1963 - 1964 - 1965

Activity	1963									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	3,258,124	54.4	3,680,764	64.2	1,589,926	62.0	1,234,471	91.8	9,763,285	62.5
Development of Professional Personnel	722,870	12.1	512,890	9.0	328,709	12.8	87,898	6.5	1,652,367	10.6
Research	30,171	.5	1,481,112	25.8	-	-	22,847	1.7	1,534,130	9.8
Indirect Program Costs	1,678,835	28.0	57,469	1.0	645,808	25.2	-	-	2,382,112	15.2
Increase to Assets	300,000	5.0	-	-	-	-	-	-	300,000	1.9
<b>Total - 1963</b>	<b>5,990,000</b>	<b>100.0</b>	<b>5,732,235</b>	<b>100.0</b>	<b>2,564,443</b>	<b>100.0</b>	<b>1,345,216</b>	<b>100.0</b>	<b>15,631,894</b>	<b>100.0</b>

Activity	1964									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	3,386,961	51.6	4,495,931	71.1	1,833,276	65.2	1,273,765	92.2	10,989,933	64.4
Development of Professional Personnel	1,104,077	16.8	382,508	6.1	276,986	9.9	83,760	6.1	1,847,331	10.8
Research	69,274	1.1	1,418,891	22.4	-	-	23,037	1.7	1,511,202	8.8
Indirect Program Costs	1,699,688	25.9	27,846	.4	699,681	24.9	-	-	2,427,215	14.2
Increase to Assets	300,000	4.6	-	-	-	-	-	-	300,000	1.8
<b>Total - 1964</b>	<b>6,560,000</b>	<b>100.0</b>	<b>6,325,176</b>	<b>100.0</b>	<b>2,809,943</b>	<b>100.0</b>	<b>1,380,562</b>	<b>100.0</b>	<b>17,075,681</b>	<b>100.0</b>

Activity	1965									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	3,752,203	52.2	4,712,571	73.4	1,918,998	60.7	1,225,509	87.4	11,609,281	63.9
Development of Professional Personnel	1,328,138	18.5	353,118	5.5	502,353	15.9	152,660	10.9	2,336,269	12.8
Research	84,894	1.2	1,342,312	20.9	-	-	23,744	1.7	1,450,950	8.0
Indirect Program Costs	1,699,765	23.6	15,721	.2	738,402	23.4	-	-	2,453,888	13.5
Increase to Assets	325,000	4.5	-	-	-	-	-	-	325,000	1.8
<b>Total - 1965</b>	<b>7,190,000</b>	<b>100.0</b>	<b>6,423,722</b>	<b>100.0</b>	<b>3,159,753</b>	<b>100.0</b>	<b>1,401,913</b>	<b>100.0</b>	<b>18,175,388</b>	<b>100.0</b>

TABLE 5

SUMMARY OF ESTIMATED EXPENDITURES BY FUND  
AND OBJECT OF EXPENDITURE

Table 5 displays the budget by fund for objects of expenditure. Costs associated with the following are shown:

Personnel  
Fellowships and Participants  
Supplies and Equipment  
Grants and Other  
Increase to Assets

This display is without regard to program distribution.

TABLE 5

SUMMARY OF ESTIMATED EXPENDITURES  
BY FUND AND OBJECT OF EXPENDITURE  
1963 - 1964 - 1965

Object of Expenditure	1963									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,227,136	70.6	4,046,566	70.6	1,947,988	76.0	1,095,268	81.4	11,316,958	72.4
Fellowships and Participants	655,058	10.9	278,078	4.9	307,849	12.0	87,898	6.5	1,328,883	8.5
Supplies and Equipment	195,305	3.3	850,734	14.8	97,129	3.8	138,050	10.3	1,281,218	8.2
Grants and Other	612,501	10.2	556,857	9.7	211,477	8.2	24,000	1.8	1,404,835	9.0
Increase to Assets	300,000	5.0							300,000	1.9
<b>Total - 1963</b>	<b>5,990,000</b>	<b>100.0</b>	<b>5,732,235</b>	<b>100.0</b>	<b>2,564,443</b>	<b>100.0</b>	<b>1,345,216</b>	<b>100.0</b>	<b>15,631,894</b>	<b>100.0</b>

Object of Expenditure	1964									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,292,550	65.4	4,363,433	69.0	2,207,372	78.5	1,144,102	82.9	12,007,457	70.3
Fellowships and Participants	1,062,777	16.2	244,953	3.9	262,936	9.4	83,760	6.0	1,654,426	9.7
Supplies and Equipment	227,225	3.5	1,436,009	22.7	94,303	3.4	130,900	9.5	1,888,437	11.0
Grants and Other	677,448	10.3	280,781	4.4	245,332	8.7	21,800	1.6	1,225,361	7.2
Increase to Assets	300,000	4.6							300,000	1.8
<b>Total - 1964</b>	<b>6,560,000</b>	<b>100.0</b>	<b>6,325,176</b>	<b>100.0</b>	<b>2,809,943</b>	<b>100.0</b>	<b>1,380,562</b>	<b>100.0</b>	<b>17,075,681</b>	<b>100.0</b>

Object of Expenditure	1965									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,675,670	65.1	4,252,185	66.2	2,292,824	72.6	1,208,145	86.2	12,428,824	68.4
Fellowships and Participants	1,231,503	17.1	237,656	3.7	503,711	15.9	152,660	10.9	2,125,530	11.7
Supplies and Equipment	245,996	3.4	1,720,594	26.8	96,622	3.1	19,608	1.4	2,082,820	11.4
Grants and Other	711,831	9.9	213,287	3.3	266,596	8.4	21,500	1.5	1,213,214	6.7
Increase to Assets	325,000	4.5							325,000	1.8
<b>Total - 1965</b>	<b>7,190,000</b>	<b>100.0</b>	<b>6,423,722</b>	<b>100.0</b>	<b>3,159,753</b>	<b>100.0</b>	<b>1,401,913</b>	<b>100.0</b>	<b>18,175,388</b>	<b>100.0</b>

TABLE 5

SUMMARY OF ESTIMATED EXPENDITURES  
BY FUND AND OBJECT OF EXPENDITURE  
1963 - 1964 - 1965

Object of Expenditure	1963									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,227,136	70.6	4,046,566	70.6	1,947,988	76.0	1,095,268	81.4	11,316,958	72.4
Fellowships and Participants	655,058	10.9	278,078	4.9	307,849	12.0	87,898	6.5	1,328,883	8.5
Supplies and Equipment	195,305	3.3	850,734	14.8	97,129	3.8	138,050	10.3	1,281,218	8.2
Grants and Other	612,501	10.2	556,857	9.7	211,477	8.2	24,000	1.8	1,404,835	9.0
Increase to Assets	300,000	5.0							300,000	1.9
<b>Total - 1963</b>	<b>5,990,000</b>	<b>100.0</b>	<b>5,732,235</b>	<b>100.0</b>	<b>2,564,443</b>	<b>100.0</b>	<b>1,345,216</b>	<b>100.0</b>	<b>15,631,894</b>	<b>100.0</b>

Object of Expenditure	1964									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,292,550	65.4	4,363,433	69.0	2,207,372	78.5	1,144,102	82.9	12,007,457	70.3
Fellowships and Participants	1,062,777	16.2	244,953	3.9	262,936	9.4	83,760	6.0	1,654,426	9.7
Supplies and Equipment	227,225	3.5	1,436,009	22.7	94,303	3.4	130,900	9.5	1,888,437	11.0
Grants and Other	677,448	10.3	280,781	4.4	245,332	8.7	21,800	1.6	1,225,361	7.2
Increase to Assets	300,000	4.6							300,000	1.8
<b>Total - 1964</b>	<b>6,560,000</b>	<b>100.0</b>	<b>6,325,176</b>	<b>100.0</b>	<b>2,809,943</b>	<b>100.0</b>	<b>1,380,562</b>	<b>100.0</b>	<b>17,075,681</b>	<b>100.0</b>

Object of Expenditure	1965									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Personnel Costs (including Travel)	4,675,670	65.1	4,252,185	66.2	2,292,824	72.6	1,208,145	86.2	12,428,824	68.4
Fellowships and Participants	1,231,503	17.1	237,656	3.7	503,711	15.9	152,660	10.9	2,125,530	11.7
Supplies and Equipment	245,996	3.4	1,720,594	26.8	96,622	3.1	19,608	1.4	2,082,820	11.4
Grants and Other	711,831	9.9	213,287	3.3	266,596	8.4	21,500	1.5	1,213,214	6.7
Increase to Assets	325,000	4.5							325,000	1.8
<b>Total - 1965</b>	<b>7,190,000</b>	<b>100.0</b>	<b>6,423,722</b>	<b>100.0</b>	<b>3,159,753</b>	<b>100.0</b>	<b>1,401,913</b>	<b>100.0</b>	<b>18,175,388</b>	<b>100.0</b>



TABLE 6

SUMMARY OF MAJOR PROGRAM CLASSIFICATION BY  
PROGRAM AND ACTIVITY - ALL FUNDS

Table 6 is a display of all funds for programs broken down by year and activity.

In addition, the percentage of each major program classification and program to the total budget is shown.

Following the tables concise narratives describe for each program the present status of the problem, the Organization's policy with regard to it, and a summary of the activities for which funds are budgeted.



TABLE 7

DISTRIBUTION OF PERSONAL SERVICES,  
FELLOWSHIPS, AND PARTICIPANTS BY  
PROGRAM AND YEAR

Table 7 carries the analysis of the budget as a whole to a conclusion by displaying major programs and sub-programs in the following detail:

Number of professional posts  
Number of local posts  
Number of short-term consultant months  
Number of academic (long) fellowships  
Number of short fellowships  
Number of participants in conferences  
and seminars

TABLE 7

DISPRIBUTION OF PERSONAL SERVICES, FELLOWSHIPS, AND PARTICIPANTS  
BY PROGRAM AND YEAR - ALL FUNDS

Program	1963						1964						1965					
	Number of Posts		STC		Fellowships		Partici- pants		Number of Posts		STC		Fellowships		Partici- pants			
	Prof.	Local	Mos.	Long	Short		Prof.	Local	Mos.	Long	Short		Prof.	Local	Mos.	Long	Short	
<b>Protection of Health - Total</b>	<b>296</b>	<b>193</b>	<b>144</b>	<b>38</b>	<b>82</b>	<b>152</b>	<b>292</b>	<b>193</b>	<b>187</b>	<b>38</b>	<b>141</b>	<b>159</b>	<b>271</b>	<b>170</b>	<b>208</b>	<b>42</b>	<b>169</b>	<b>148</b>
<b>A. Communicable Diseases</b>	<b>220</b>	<b>181</b>	<b>50</b>	<b>21</b>	<b>43</b>	<b>66</b>	<b>215</b>	<b>181</b>	<b>51</b>	<b>15</b>	<b>61</b>	<b>66</b>	<b>196</b>	<b>158</b>	<b>63</b>	<b>16</b>	<b>87</b>	<b>66</b>
General	3	2	-	-	-	-	4	2	-	1	-	-	4	2	-	-	-	-
Malaria	166	13	12	12	20	27	160	7	6	1	28	41	147	7	4	1	19	-
Smallpox	4	1	2	-	3	-	4	1	2	-	-	-	2	1	2	-	6	27
Tuberculosis	7	1	12	5	1	-	6	1	16	4	2	25	6	1	18	7	15	25
Leprosy	4	-	10	1	4	39	3	-	7	4	6	-	3	-	13	2	9	-
Treponematoses	6	-	2	-	2	-	4	-	2	-	4	-	3	-	12	-	8	-
Zoonoses	11	42	2	-	1	-	10	37	8	2	3	-	10	37	4	3	4	-
Foot-and-Mouth Disease	19	122	4	3	12	-	24	133	2	3	15	-	21	110	-	3	20	-
Other	-	-	6	-	-	-	-	-	8	-	3	-	-	-	10	-	6	14
<b>B. Environmental Sanitation</b>	<b>76</b>	<b>12</b>	<b>94</b>	<b>17</b>	<b>39</b>	<b>66</b>	<b>77</b>	<b>12</b>	<b>136</b>	<b>23</b>	<b>80</b>	<b>93</b>	<b>75</b>	<b>12</b>	<b>145</b>	<b>26</b>	<b>82</b>	<b>82</b>
General	34	8	14	17	3	-	34	8	14	19	5	-	33	8	11	18	12	6
Water Supply	19	2	69	-	36	74	23	2	119	4	73	93	23	2	131	8	69	56
Aedes aegypti Eradication	21	-	6	-	-	-	17	-	-	-	-	-	16	-	-	-	-	-
Housing	2	2	5	-	-	12	3	2	3	-	2	-	3	2	3	-	1	20
<b>Promotion of Health - Total</b>	<b>189</b>	<b>153</b>	<b>223</b>	<b>100</b>	<b>81</b>	<b>231</b>	<b>186</b>	<b>168</b>	<b>186</b>	<b>134</b>	<b>126</b>	<b>98</b>	<b>201</b>	<b>180</b>	<b>283</b>	<b>157</b>	<b>168</b>	<b>316</b>
<b>A. General Services</b>	<b>106</b>	<b>32</b>	<b>140</b>	<b>66</b>	<b>66</b>	<b>176</b>	<b>109</b>	<b>34</b>	<b>93</b>	<b>92</b>	<b>87</b>	<b>78</b>	<b>116</b>	<b>33</b>	<b>163</b>	<b>103</b>	<b>113</b>	<b>149</b>
General Public Health	40	15	102	52	54	111	44	16	56	71	85	15	46	16	105	83	110	65
Nursing	31	7	-	1	2	37	32	7	-	4	-	37	32	7	6	3	-	20
Laboratory	5	1	20	11	10	-	6	1	19	11	2	-	6	1	30	11	2	33
Health Education	4	1	-	-	-	-	3	1	-	-	-	-	6	1	-	2	-	-
Statistics	22	8	15	2	-	14	21	9	18	4	-	12	21	8	10	2	-	11
Administrative Methods	4	-	3	-	-	14	3	-	-	2	-	14	5	-	12	2	1	20
<b>B. Specific Programs</b>	<b>83</b>	<b>121</b>	<b>83</b>	<b>34</b>	<b>15</b>	<b>55</b>	<b>77</b>	<b>134</b>	<b>93</b>	<b>42</b>	<b>39</b>	<b>20</b>	<b>85</b>	<b>147</b>	<b>126</b>	<b>54</b>	<b>55</b>	<b>167</b>
Maternal and Child Health	5	1	2	2	-	15	6	1	6	2	4	-	6	1	15	6	16	-
Nutrition	62	113	-	14	2	-	55	126	12	21	20	-	61	139	18	24	24	-
Mental Health	2	2	15	1	-	40	2	2	15	3	-	-	2	2	20	7	1	39
Dental Health	1	1	2	3	4	-	1	1	2	3	5	-	1	1	2	3	5	-
Radiological Health	3	2	3	1	6	-	3	2	7	2	1	-	3	2	7	1	-	44
Occupational Health	-	1	22	5	2	-	-	1	27	3	3	20	-	1	28	3	-	-
Food and Drug	-	-	13	1	-	-	-	-	9	-	3	-	-	-	10	-	3	-
Medical Care	10	1	26	7	1	-	10	1	15	8	3	-	12	1	26	10	6	84
<b>Education and Training - Total</b>	<b>32</b>	<b>6</b>	<b>87</b>	<b>45</b>	<b>41</b>	<b>105</b>	<b>31</b>	<b>6</b>	<b>130</b>	<b>67</b>	<b>68</b>	<b>70</b>	<b>34</b>	<b>6</b>	<b>164</b>	<b>77</b>	<b>99</b>	<b>63</b>
Public Health	5	2	9	8	5	31	5	2	24	8	9	-	5	2	43	7	20	30
Medicine	6	2	39	10	6	10	4	2	68	18	15	10	3	2	76	19	34	10
Nursing	19	1	20	22	2	39	20	1	5	28	5	20	24	1	9	37	4	-
Sanitation	-	-	4	1	1	-	-	-	14	4	8	-	-	-	16	4	11	23
Veterinary Medicine	1	-	7	1	2	25	1	-	7	3	1	-	1	-	7	3	1	-
Dentistry	-	1	-	-	4	-	-	1	8	3	4	40	-	1	10	4	3	-
Biostatistics	1	-	8	3	21	-	1	-	4	3	26	-	1	-	3	3	26	-
<b>Program Services - Total</b>	<b>25</b>	<b>35</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25</b>	<b>35</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25</b>	<b>35</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Administrative Direction - Total</b>	<b>46</b>	<b>115</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>38</b>	<b>104</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>37</b>	<b>95</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Executive and Technical Direction	11	10	-	-	-	-	11	10	-	-	-	-	11	10	-	-	-	-
Administrative Services	35	105	-	-	-	-	27	94	-	-	-	-	26	85	-	-	-	-
<b>Governing Bodies - Total</b>	<b>11</b>	<b>9</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11</b>	<b>9</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11</b>	<b>9</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>GRAND TOTAL</b>	<b>599</b>	<b>511</b>	<b>454</b>	<b>183</b>	<b>204</b>	<b>488</b>	<b>583</b>	<b>515</b>	<b>503</b>	<b>239</b>	<b>335</b>	<b>327</b>	<b>579</b>	<b>495</b>	<b>661</b>	<b>276</b>	<b>436</b>	<b>527</b>

## I. PROTECTION OF HEALTH

### A. Communicable Diseases

#### 1. General

Communicable diseases were the prime force in the establishment of international health agencies. However, despite improving sanitation and some heroic anti-disease campaigns, available statistics show that communicable diseases remain principal causes of death for all ages combined and especially in infancy and childhood.

The Organization collaborates in carrying out programs against communicable diseases. Priorities in its efforts are given on the basis of:

- a. Eradication of certain diseases for which there are at present practical and efficient means for their elimination and for which there are mandates from the Governing Bodies of the Organization, such as malaria, smallpox, yaws, and the eradication of the Aedes aegypti, the vector of urban yellow fever.
- b. Control of diseases for which technically and economically sound programs are feasible, such as tuberculosis, leprosy, diphtheria, pertussis, tetanus, poliomyelitis, rabies, venereal diseases, measles, plague, etc.
- c. Control of diseases which represent important problems in some areas of the Continent such as Chagas' disease, filariasis, onchocerciasis, schistosomiasis, hydatidosis, and other parasitic diseases.

While assisting the countries in their programs for the control of particular diseases, as part of the general activities of the public health services, the Organization is stimulating the development or strengthening of epidemiological services designed to give guidance on the general control of communicable diseases.

In addition to the consultants which assist the countries in projects for the control of communicable diseases, the Organization has a Communicable Diseases Branch and three epidemiologists for Zones II, III, and VI. The epidemiologist:

- a. promote the development of eradication and control programs against communicable diseases;
- b. advise on methods and techniques of control;

- c. coordinate the programs of control or eradication of communicable diseases in the countries of the respective Zone;
- d. promote better reporting of those diseases, and
- e. advise on all problems related to the application of the International Sanitary Regulations.

The Chief of the Communicable Diseases Branch and the epidemiologists are budgeted under the "general" category. Other staff members are apportioned to other programs.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$77,290	\$96,802	\$97,260
% of Total Budget	0.5	0.6	0.5
Professional Posts	3	4	4
Fellowships	-	1	-

## 2. Malaria

Since its foundation, the World Health Organization has considered malaria the most important single preventable disease, and its control deserving of first priority in programs of prevention of disease on a global basis. The change of concept from control to eradication, decided upon by the countries of the Americas in 1954, required participation by all countries. Eradication required intensification of control measures, and their application to all infected environments.

By the year 1962, all countries of the Americas with malaria had eradication programs. The total of the originally malarious area included 16.1 million square kilometers in which are living 153.7 million people. Of these, 59.3 million are in areas which have been freed of malaria in recent years (44 million in the United States of America); 30.4 million are in consolidation areas, where malaria transmission has been halted and house-spraying suspended; 49.3 million are presently in the attack phase, where spraying of houses or other attack measures are still in effect; and 14.7 million are in the preparatory phase, or the program has not yet started. A few countries are having trouble getting started due to financial or other administrative difficulties.

Administrative and financial troubles have delayed the success of the program, preventing timely completion of spraying in a number of countries. High turnover or inadequate supervision of personnel is a fairly common problem where thousands of employees do hand work in the field for very low pay.

Technical problems have arisen in some areas, or became manifest only as the program developed. Physiological resistance of the vector to insecticides is one of the first and most important, but for practical purposes, it is limited in area to the Pacific coast of Guatemala, El Salvador, Honduras, and Nicaragua. A second technical problem, irritability of certain strains of vectors towards DDT, has lessened the effectiveness of this measure. Sorption of certain insecticides into mud walls often reduces their span of effectiveness. A fairly new problem is resistance of the parasite to drugs. There has now been demonstrated a measure of tolerance or resistance of some P. falciparum strains to chloroquine in parts of Venezuela, Colombia, Brazil, and British Guiana

PAHO malaria funds have been used to provide 126 doctors, engineers, entomologists, and sanitary inspectors outside of Headquarters who assist in supervision and training of national personnel in malaria eradication programs. They also provide drugs and certain other items of supplies and equipment which the countries cannot obtain through other channels. They provide seminars and fellowships for training centers or exchange programs. And they provide for practical research and development of solutions for the technical problems encountered. They also assist in regional advisory meetings of national and ME staff personnel to improve cooperative efforts between countries and to disseminate the fine points and new developments of malaria eradication.

Methods for attacking problem areas were further field tested in seven countries, especially mass drug administration by drug distributors, and the use of chloroquine added to salt. The usefulness of various methods of larviciding was analyzed as was the effectiveness of newer insecticides against resistant mosquitoes. A contribution is being made to the study of chloroquine resistance in a new Screening Center sponsored by PAHO in Brazil.

PAHO personnel have provided important technical aid in almost all countries, and the actual leadership in one or two. The quality and ability of national leadership personnel is rising year by year. In 1962 there was a 70 per cent increase in the persons living in consolidation areas over the previous year. There was an increase from 57 million to 59.3 million living in areas where eradication has been achieved or certified.

In the majority of countries and areas, the program is progressing well, and the amount of malaria is steadily being reduced. Methods for combatting persistence of transmission were developed and practiced, and nuclei of personnel experienced in these methods have been created in the countries with problem areas. It remains to obtain the funds necessary to expand their application to the extent that the problem requires.

There were 22 countries directly assisted, plus 13 other interzone or intercountry projects.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$3,306,881	\$3,858,243	\$3,970,706
% of Total Budget	21.2	22.6	21.8
Professional Posts	166	160	147
Consultant Months	12	6	4
Fellowships	32	29	20
Seminar Participants	27	41	-

### 3. Smallpox

The development of national vaccination programs has resulted in the disappearance or progressive reduction of smallpox in areas where it had previously been endemic. The disease persists, however, in those countries where eradication campaigns have not begun, or having once begun, have been interrupted or have retrogressed because of economic or administrative difficulties.

In spite of this progressive reduction in morbidity from smallpox, the disease continues as an important health problem in the Americas. In 1962, there were reports of 3,082 cases, the greater part of them being concentrated in Brazil (2,812) and Ecuador (205).

The persistence of foci of the disease on the American Continent exposes areas free of it to its reintroduction. As a consequence eradication programs are having to be continued indefinitely, with the diversion of resources and personnel into this activity.

The Organization has collaborated with the Governments of the Americas in the organization and development of laboratories and the training of personnel for the preparation, on a large scale, of lyophilized vaccine. Argentina, Bolivia, Brazil, Colombia, Cuba, Ecuador, Mexico, Peru, Uruguay, and Venezuela now have well equipped laboratories and trained personnel for the production of both dried and glycerinated vaccine in amounts sufficient for their domestic uses as well as for the non-producing countries and territories that need it. In addition, arrangements have been made with the Serum Institute of Copenhagen to test the potency and purity of vaccines produced in national laboratories.

Full-time personnel and short-term consultants have cooperated with the various Governments in the study, organization, development and evaluation of national vaccination campaigns. In addition, the Organization has furnished supplies and equipment both for vaccination programs and for laboratories.



At the request of the XV Pan American Sanitary Conference, the Organization prepared criteria for certification as to the eradication of smallpox. This was approved by the XIII Meeting of the Directing Council.

The Organization proposes to continue collaborating with the Governments requiring technical assistance by providing full-time personnel and short-term consultants and supplies as its resources permit.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$61,776	\$50,294	\$62,507
% of Total Budget	0.4	0.3	0.4
Professional Posts	4	4	2
Consultant Months	2	2	2
Fellowships	3	-	6
Seminar Participants	-	-	27

#### 4. Tuberculosis

Lack of detailed information in most of the countries of the Americas hinders the satisfactory determination of the true prevalence and incidence of tuberculosis in the Americas.

In those cases where there is a good program of case finding, about eleven cases of tuberculosis for each annual death due to it are usually found. This observation gives an estimate of about 600,000 active cases in Latin America. Even within the limitations of the statistical data, there is no doubt, as pointed out in the Charter of Punta del Este, that tuberculosis continues as an important problem in Latin America due to the damage it produces in the population as well as the drain on national resources necessary to apply known techniques to all cases.

As a result of the rapid advances in scientific knowledge in the last few years, there are presently available specific procedures for the control of tuberculosis that, even within their intrinsic limitations, are sufficiently effective to contribute substantially to the solution of the problem. The difficulty arises when the attempt is made to put them into effect.

The control of tuberculosis consists of reduction of the transmission of the disease in communities and finally in all the population. Therefore, it is necessary to persist in the adoption of uniform objectives and expansion of the most economical diagnostic procedures and

treatment even though they may not be the best or most elaborate available today. When other more effective recourses are not available, examination of sputum for discovery of cases is recommended.

Anti-tuberculosis campaigns must be programmed as a continuing activity over a long period of time as one of the permanent health services. On the other hand, if tuberculosis is one of the most pressing problems affecting a community and anti-tuberculosis services are similar to other health services, the tuberculosis program regardless of its stage of development should be integrated into the existing public health services, including those related to medical care.

Following these concepts of control, demonstration areas are being established to: (1) determine the size of the problem in a representative sample of the population; (2) establish quantitative and qualitative objectives of control and to measure results obtained in a predetermined period of time, particularly in relation to the administrative efficacy of the methods employed; (3) determine the minimum resources required to attain the objectives of the campaign, bearing in mind that the anti-tuberculosis program ought to be carried out as an integral part of the public health services and not as a costly specialized service; (4) calculate the cost to attain the objectives established; and, (5) train the necessary personnel.

UNICEF cooperates in the anti-tuberculosis campaign and the Organization has a full-time regional adviser in tuberculosis, two Zone advisers, and a country adviser in Mexico. Programs are under way in Argentina, Brazil, Chile, Colombia, Dominican Republic, Guatemala, Honduras, Mexico, Panama, and Peru. Seminars on anti-tuberculosis campaigns are planned for 1964 and 1965.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$159,016	\$172,117	\$211,237
% of Total Budget	1.0	1.0	1.2
Professional Posts	7	6	6
Consultant Months	12	16	18
Fellowships	6	6	22
Seminar Participants	-	25	25

##### 5. Leprosy

Leprosy affects all the countries and territories in the Americas with the single exception of continental Chile, but the total number of cases is not known at the present time.

With the elimination of obligatory isolation of cases, many have come out of hiding to seek medical care; the number of known cases also grows in proportion to the number of physicians trained in the diagnosis of the disease. Thus, the prevalence of leprosy has shown a progressive increase in all countries to the point of transforming itself into a serious health problem even in those areas where it has formerly been thought of as of minor seriousness.

In almost all countries where leprosy exists there are modern programs of control underway even though in differing stages of development. In all of them, the treatment of cases is on an ambulatory, home-care basis. With the abolition of compulsory isolation, or lack of enforcement, leproseries are slowly being transformed into leprosy hospitals for temporary treatment on a voluntary basis; a requirement of the new methods of control is that cases and contacts be under regular medical supervision; and, finally, attention is now beginning to be given to the physical and social rehabilitation of leprosy cases.

The Organization is giving special attention to leprosy in the Americas. A survey to estimate the magnitude of the problem was made in 1961; a seminar on control and treatment of cases and contacts was held in 1958; four full-time consultants collaborate with Governments in studying the problem of leprosy, organization, development and evaluation of programs of control and it gives special attention to the training of personnel.

Through various actions, the Organization collaborates with the Governments in the physical rehabilitation of cases. A manual for training personnel is being translated into Spanish under authorization given by the International Society for the Rehabilitation of the Disabled.

A seminar to exchange ideas and information on planning, programming, and organizing leprosy control activities will be held in 1963, participating will be representatives of most of the countries and territories of the Americas.

The Organization will continue its technical cooperation in studies designed to define more clearly the problem of leprosy as well as in the planning, programming and organizing of control activities.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$139,634	\$107,268	\$111,777
% of Total Budget	0.9	0.6	0.6
Professional Posts	4	3	3
Consultant Months	10	7	13
Fellowships	5	10	11
Seminar Participants	39	-	-

## 6. Treponematoses

Yaws eradication programs in Haiti, the Dominican Republic and other Caribbean countries and territories are in differing stages of development: some are taking the final steps in the campaign or have achieved eradication, others are being developed, and others are in the process of developing campaigns.

A survey to determine the results achieved in Haiti and the Dominican Republic was planned for 1963 by a team of consultants organized by the Organization, but this survey was postponed due to extraneous reasons.

The countries of the Americas have increasing interest in the problem of the control of venereal diseases and are requesting the cooperation of the Organization, especially in the training of personnel.

A program of venereal disease control is developing in the Dominican Republic and the Government of Chile has begun a similar program. In both, the Organization is collaborating with technical personnel or with fellowships for training of personnel.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$94,896	\$86,025	\$101,760
% of Total Budget	0.6	0.5	0.6
Professional Posts	6	4	3
Consultant Months	2	2	12
Fellowships	2	4	8

## 7. Zoonoses

Many of the zoonoses exist in the Americas, some more extensive than others. Rabies, a controllable disease with presently known techniques, is a problem in all of the countries, causing both human deaths and extensive economic losses in a number of areas. Circumstantial evidence indicates that other zoonoses, such as anthrax, brucellosis, bovine tuberculosis, leptospirosis, the viral encephalitides, and others are causing large socio-economic burdens and much human disease in many of the countries. The lack of specific information on the incidence and prevalence of the zoonoses reveals the lack of adequately trained personnel, laboratory, epidemiological and control services to enable a factual evaluation or control of these problems.

The Organization cooperates in programs: (1) to create, expand, or improve the national services at all levels involved in the assessment, control and prevention of zoonotic problems; and (2) to help with programs against certain zoonoses, especially rabies. Involved in the former are the services in epidemiology and disease reporting, diagnostic services, production and control of biologics, control and prevention programs, training of personnel, and research. The latter includes actual control procedures.

In the past decade all Ministries of Health have established a unit or units responsible for zoonoses control, and for the first time disease occurrence data is being exchanged between the Ministries of Health and Agriculture. Many cases of human disease previously attributed to obscure or incorrect causes are now being properly diagnosed as specific zoonoses. Control programs for major zoonoses have been started and for some, especially rabies, the incidence has been reduced although from time to time epidemics occur. An improvement has been gained in the quantity and quality of biologics. Greatest gains have been in the field of education; both in professional courses and specialized training activities.

In an effort to try to meet the assistance needed, epidemiologists and veterinary public health advisors are provided at project, zone and headquarters levels. Some specific projects for rabies control, provide consultants, fellowships and some supplies and equipment while, as a general support service, the Pan American Zoonoses Center is continued at the same level.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$317,211	\$336,790	\$348,627
% of Total Budget	2.0	2.0	1.9
Professional Posts	11	10	10
Consultant Months	2	8	4
Fellowships	1	5	7

#### 8. Foot-and-Mouth Disease

Foot-and-mouth disease causes economic losses in the cattle raising countries of South America which are seriously affected. Furthermore, the countries of Central and North America and the Caribbean are free of the disease and the only permanent protection is to eliminate possible sources of infection.

To aid in the solution of this problem, the Pan American Foot-and-Mouth Disease Center was set up in 1951, in Brazil, with funds from the program of Technical Cooperation of the Organization of American States

and under the administrative responsibility of the Organization. In addition, the Host Government of Brazil, provides land and building, funds for utilities as well as some local labors.

The Center trains field and laboratory personnel working on foot-and-mouth disease, provides diagnostic and virus typing services; advises on prevention, diagnosis, control and eradication of aftosa and related diseases; provides international coordination and collaboration necessary for successful intercountry and regional activities; and conducts research in development of better vaccines against foot-and-mouth disease, in improvement of methods of diagnosis and virus typing, in basic studies of other vesicular diseases and in making epizootiological studies.

The Center has conducted a number of courses and seminars for periods up to two months, which covered both specific problems and general laboratory work.

Research activities are yielding results of practical value in the selection of virus strains for vaccine preparation. A series of strains are now available and rapid progress is being made on the development of a modified live virus vaccine with the three types of virus occurring in South America. This investigation is being given the highest priority. Consultation and assistance to country programs is being given to the fullest extent possible. Center staff members are stationed in Lima, Peru, and in Bogota, Colombia, for increased assistance to these and neighboring countries. In addition to the countries covered by these two consultants, other staff members of the Center visited in 1962 Argentina, Brazil, British Guiana, Chile, Costa Rica, Curaçao, El Salvador, French Guiana, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Uruguay.

Special assistance is being provided to Argentina where an aftosa eradication program has been initiated, and to a special border program for Colombia and Venezuela.

During 1962, 784 samples of vesicular epithelium were received for examination from a total of 12 countries (Argentina, Bolivia, Brazil, Costa Rica, Ecuador, El Salvador, Honduras, Nicaragua, Panama, Peru, Uruguay, and Venezuela).

These activities are carried out under project AMRO-77, which is financed by the Technical Cooperation Program of OAS and a contribution of the Brazilian Government. In addition, under an agreement with the U. S. Agency for International Development and the Government of Argentina, the Organization is conducting special studies related to the anti-aftosa program in Argentina.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$786,413	\$848,427	\$835,602
% of Total Budget	5.0	5.0	4.6
Professional Posts	19	24	21
Consultant Months	4	2	-
Fellowships	15	18	23

### 9. Other

Certain vector-borne and intermediate host diseases are of major importance in the Americas. Included in this group are Chagas' disease, plague, and schistosomiasis. It is estimated that there are seven million cases of Chagas' disease in the Americas. Schistosomiasis occurs in various islands of the Caribbean, in Venezuela, and in Brazil where it may be the largest single human disease and is constantly on the increase. Plague exists in seven countries of the Region, and it is a constant threat to their seaports.

In an effort to gain more knowledge about these diseases which might lead to their more effective control, the Organization has conducted numerous technical meetings to evaluate the total problems and to focus interest and attention on specific aspects. Consultants and fellowships have enabled countries to improve national services devoted to these diseases. Stimulation, guidance, and coordination are the means of promoting research studies.

In the last few years a greatly expanded interest has developed in these disease problems and increasing amounts of applied research have been undertaken. A monograph has been prepared on plague in the Americas which contains information on the present situation of this disease in each affected country and guidance for the development of ecological studies for each of the main known plague foci. A Schistosomiasis Snail Identification Center for the Americas has been established in Belo Horizonte, Brazil; this service is provided by the national health services of Brazil with a small annual grant from the Organization.

Consultative services and fellowships are provided for improvement in specialized attention to these diseases. A seminar in 1965 will be devoted to the techniques for surveillance and containment of sylvatic plague. Grants will continue to the snail identification center, and to scientific institutions for studies on the aspects of Chagas' disease.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$10,200	\$26,900	\$38,980
% of Total Budget	0.1	0.1	0.2
Consultant Months	6	8	10
Fellowships	-	3	6
Seminar Participants	-	-	14

## B. Environmental Health

### 11. General

Environmental sanitation conditions in the Americas represent one of the most pressing and serious problems affecting the health and well-being of a large percentage of the population. Diarrheal diseases are the leading cause of death in eleven countries and among the first five principal causes in five other countries. A significant proportion of these deaths could be prevented by adequate sanitation measures. In order of importance, the most pressing problems affecting the environment in Latin America are: water supply, sewerage and excreta disposal, housing and urbanization, industrialization and occupational health, garbage and other wastes disposal, food and milk sanitation and vector control. Ministries of Health, municipalities and other health and local agencies are very weak with regard to sanitation programs and personnel and often little importance is attached to the sanitary engineering units in such ministries and agencies. Lack of trained personnel is also an important problem; it is estimated that at least 6,000 trained sanitary engineers are needed in the countries as well as a large number of trained auxiliary personnel needed.

The Pan American Health Organization is assisting Ministries of Health and other federal and local agencies through the provision of consultants in sanitary engineering to advise on the planning and execution of environmental sanitation programs. A number of fellowships are awarded every year to key engineering personnel with the purpose of preparing the leaders and supervisors of these activities. Seminars, symposiums and other type of educational activities are organized periodically for the same purpose. Short-term experts in specialized fields are provided to assist the countries in the solution of specific problems.

Although progress has been achieved in several countries, with excellent results in a few, it is felt that in the majority of the countries the results are disappointing since environmental sanitation programs and



sanitary engineering personnel have not really begun to solve the acute problems in the countries.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$443,360	\$452,973	\$436,609
% of Total Budget	2.8	2.7	2.4
Professional Posts	34	34	33
Consultant Months	14	14	11
Fellowships	20	24	30
Seminar Participants	-	-	6

## 12. Water Supply

It is estimated that approximately 100 million people lack adequate water services in the urban and rural areas of Latin America. Some of the countries have as high as 70 per cent of their population without adequate provision of safe water. A survey of the conditions existing in the different countries shows that financing, administration and management of these public utilities constitute the main problems that have to be confronted and solved if water is to be provided to the majority of the people in the Americas. Lack of enough and adequately trained professional and auxiliary personnel is another of the stumbling blocks in this program.

An even larger proportion of the Latin American population is without adequate sewerage or excreta disposal systems. Taken together, water supplies and sewage disposal constitute major environmental sanitation problems warranting the highest priorities.

Experience with a sufficient number of well operated and soundly financed and managed water systems in Latin American countries gives the necessary assurance that provision of adequate water supplies can be considered a financially sound investment. Accordingly, the Organization is assisting the countries in the development of national, municipal or local agencies capable of planning, designing, financing, operating, and managing public water supplies and sewerage systems. This assistance is being given through the services of permanent or short-term consultants specialized in some phase of the water program; organization of short courses and seminars on financing, administration, management and design of water systems; preparation and provision of literature and publications; coordination with the international lending agencies, especially with the Inter-American Development Bank; and, in the preparation and training of engineers and auxiliary personnel.

Until May 1962, the Inter-American Development Bank had approved loans for approximately 175 million dollars to twelve countries who are contributing a similar amount for construction of new water and sewerage systems or expansion of the existing ones. Other international lending agencies have assigned over 30 million dollars for water supplies. It is estimated that all of these systems will provide safe water supply to an additional 15 million people. Seven countries have legally created new central water and sewerage authorities, and several other countries have plans and are preparing the necessary legislation for the creation of national central water authorities. Over 300 engineers have been involved in some type of training activity related to water and sewerage, and two short courses on design of water supplies have been held.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$770,230	\$1,083,493	\$1,125,090
% of Total Budget	4.9	6.3	6.2
Professional Posts	19	23	23
Consultant Months	69	119	131
Fellowships	36	77	77
Seminar Participants	74	93	56

### 13. Aedes aegypti Eradication

The presence of jungle yellow fever in the Americas poses a constant threat to any country of this Hemisphere infested with Aedes aegypti.

Human cases of the disease occur every year in the enzootic areas of South America, and the yellow fever virus periodically invades larger areas of the Continent. Through these human cases, and due to the facility and speed with which it is possible to travel over large distances nowadays, the virus could easily be introduced into cities infested with Aedes aegypti, and the urban cycle of the disease then could start.

Therefore, since eradication of jungle yellow fever is not feasible, the possibility of urban yellow fever occurring in the Americas will only be eliminated when all countries and territories in this Hemisphere are free from the urban vector of the disease.

For this reason the Directing Council on its first meeting (Buenos Aires, 1947) gave the PASB a mandate to promote and coordinate the eradication of Aedes aegypti from the Continent, and since then the Organization has been cooperating with the countries of this Region in their campaigns

against the vector. This cooperation, limited by the budgetary possibilities of the Organization, comprises technical assistance and the provision of some equipment and supplies.

So far, the Governing Bodies of the Organization have declared the mosquito eradicated from Bolivia, Brazil, British Honduras, the Canal Zone, Chile, Costa Rica, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

The campaign is in its final stage in Argentina, Mexico and Colombia; is well advanced in Trinidad and a few other islands in the Caribbean; and progresses satisfactorily in Cuba and Venezuela.

However, it has not yet started in the United States of America, and has been interrupted in Jamaica, Haiti, Dominican Republic, Guadeloupe, British Virgin Islands and Dominica. In the remainder of the Caribbean the campaign is stationary or progresses very slowly, with poor results.

The Government of the United States of America announced through its delegate to the XVI Pan American Sanitary Conference that this country is planning to start soon eradication operations in the continental United States of America as well as in Puerto Rico and the Virgin Islands.

This would leave only the problem in the Caribbean to be solved, and all efforts will now be concentrated in this area so that the administrative and technical difficulties which have been hindering the progress of the campaign may be overcome.

The Organization cooperates with the countries and territories still dealing with Aedes aegypti eradication through projects in French Antilles and Guiana, Netherlands Antilles, Surinam, Venezuela, Cuba, Dominican Republic, Mexico, Colombia, United States of America and two intercountry projects.

An intercountry adviser is stationed in Jamaica, and a regional consultant has his duty station in Washington. Also assigned to this interzone project is an entomologist presently stationed in Jamaica studying the resistance of the mosquito to the chlorinated hydrocarbons which is a widespread problem in the Caribbean.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$350,062	\$301,915	\$299,785
% of Total Budget	2.3	1.8	1.6
Professional Posts	21	17	16
Consultant Months	6	-	-

#### 14. Housing

It is estimated that over 50 per cent of the population in Latin America lives in completely unsatisfactory housing conditions. Lack of adequate sanitary facilities and other health components have a bearing on the high incidence of a number of communicable diseases. An acute and very pressing problem is being created in all the large cities of Latin America with the migration of thousands of farm laborers with their families to such urban areas. Adequate measures to provide safe water and sewerage system to new housing units are sometimes not taken with the consequent creation of serious problems to the environment of the new tenants.

The Organization provides advisory services in the public health aspects of housing and urbanization through two regional consultants. One inter-regional seminar was convened in 1963 and a regional one will be held in 1965. Closer collaboration with the OAS, BID and AID is expected in order to assure that the proper sanitary measures are included in all new housing projects.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$80,333	\$73,073	\$100,662
% of Total Budget	0.5	0.4	0.6
Professional Posts	2	3	3
Consultant Months	5	3	3
Fellowships	-	2	1
Seminar Participants	12	-	20

## II. PROMOTION OF HEALTH

### A. General Services

#### 21. General Public Health

The Governing Bodies of PAHO and WHO have put special emphasis on the need for strengthening the general health services of the countries and have assigned a high priority to this type of activity in the programs of their respective Organizations. These decisions were based on the knowledge that in most of the countries of this region, the present network of local health services leaves wide gaps of uncovered territory and, therefore, large groups of populations unprotected. On the other hand, the campaigns for the solution of certain health problems have produced or are about to

produce results. The responsibility for the maintenance of the gains of the special campaigns should be primarily transferred to the general network of health services. The assimilation of these new activities, resulting from special campaigns against tuberculosis, smallpox, yaws and malaria make it necessary to plan the extension and enlargement of these local health service programs to absorb the increased responsibilities.

It has been found that the administrative practices and the existing structures of the health services, both at regional and central level, could benefit from changes aimed at modernization of operational systems and service pattern. It has also been found that the financial and physical resources, as well as the skilled manpower available, could not immediately meet the demand for more comprehensive programs and more extended services in the majority of the countries. In order to make it possible to use the resources on hand in the most economical fashion, demonstration areas were organized and pilot projects developed with international assistance. The main objectives of these endeavors were to introduce modern administrative technics in public health and to determine the most efficient structural pattern for the existing conditions in the countries, as a first step toward a general reorganization of the national health services.

The needs for expediting the preparation of national health plans, stimulated by the recent emphasis on planning for economic development have led the countries to request the assistance of the Organization in the collection and analysis of basic information and the development of the actual plans for health services.

In spite of the considerable efforts made by the Organization, as well as bilateral programs and private foundations, to provide facilities and fellowships funds for the training of professional and subprofessional health personnel, the results achieved thus far have not been commensurate with the rate of expansion of services and have covered only part of the actual needs of the countries.

Some sanitary codes and general health regulations are considered archaic in view of the rapid expansion of scientific knowledge during recent years. Health authorities in some countries have expressed their desire to make a thorough revision of basic health legislation and to study the possibility of drawing up a modern health code.

In keeping with the terms of reference of the Organizations assistance in the field of general health services has been mainly represented by provisional advisory services, training and limited amounts of supplies and equipment. Up to 1963, 21 demonstration pilot projects were established in 19 different countries. In most of them, sufficient experience has been obtained in order to expand the services to other areas and, in some, regional or even national long-term health plans have been developed.

The proposal in 1964 and 1965 include activities in the above mentioned fields in all countries of the Americas, distributed among 67 and

74 projects, respectively. Long-term advisory services are provided for 29 projects in 1964 and 31 in 1965; fellowships in 45 and 55; short-term consultants in 8 and 13; and limited amounts of equipment and supplies in 7 projects for each of these two years. Of the total numbers of projects proposed, 11 in 1964 and 12 in 1965 are of an intercountry nature; the remaining are assigned to specific countries.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$1,422,969	\$1,457,215	\$1,718,652
% of Total Budget	9.1	8.5	9.4
Professional Posts	40	44	46
Consultant Months	102	56	105
Fellowships	106	156	193
Seminar Participants	111	15	65

## 22. Nursing

Nursing services in Latin America, as in many areas of the world, have for many years been performed by groups of people called "nurses" but who have not been trained for their functions. With the recognition that nursing services should be the responsibility of prepared nursing personnel, and with the increasing number of nursing schools and postgraduate courses which are preparing nurses for key positions, health authorities have been able to create positions in supervision and administration of nursing services.

Over the past ten years the Organization has paid particular attention to assisting Governments in the development of public health nursing services with emphasis on the preventive aspects; only recently has it begun to take into consideration the nurses' role in hospital nursing services, particularly her teaching role in the outpatient department. There are at present nursing advisers assigned to 21 field projects concerned with the development of health services, and an additional six nurses are giving advisory services on an intercountry basis.

The Organization has since its beginning paid particular attention to maternal and child health services and has had a number of nurse midwives on its staff. There are seven assigned to health projects, and one serving on an intercountry basis as consultant in the nursing-midwifery aspects of maternal and child health to all project personnel in the health services. Increasing emphasis on this field is directed toward the attainment of one of the objectives set forth in Resolution A.2 of the Punta del Este Charter, i.e.,

that the death rate of children under five may be reduced by 50 per cent in the next 10 years. The Organization has budgeted for a second nurse-midwife to be assigned on an intercountry basis.

One of the tangible evidences of development in the nursing services is the substantial increase in the number of prepared nurses who are in charge of nursing units in all the countries of Latin America, at national, intermediate and local levels, as well as in hospital nursing services.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$211,486	\$228,030	\$230,876
% of Total Budget	1.4	1.3	1.3
Professional Posts	31	32	32
Consultant Months	-	-	6
Fellowships	3	4	3
Seminar Participants	37	37	20

### 23. Laboratory

Public health laboratories are one of the basic elements of a general health program. Their work is important in the diagnosis, epidemiology, and control or eradication of communicable diseases. They have basic responsibilities in environmental health, production of biological products, food and drug control and in support of non-communicable disease programs. For the effective operation of general health services, and of medical care in particular, it is necessary for central and regional laboratories to contribute improved performance in clinical diagnostic laboratories, through evaluation, technical assistance, and training.

Despite the recent progress made in the development of public health laboratory services in Latin America, there are still many laboratories that have not yet attained a degree of efficiency that permits them adequately to fulfill their functions in diagnosis, public health research, manufacture of biological products, control of food and drugs, and in evaluation of public health programs.

For this reason, the Organization has continued to give special attention to public health laboratories, since the efficiency of their services is a prerequisite for the effective operation of general health services.

The Organization has cooperated in the development and improvement of public health laboratories of several countries through training of personnel,

the provision of services of short and long-term consultants and of our Zone personnel, who have assisted the countries in the planning and organization of central laboratories, as well as in specific fields, such as the production and control of biologicals, the establishment and improvement of animal colonies, serological methods and establishment, expansion, or reorganization of units for virological diagnosis. Another useful service has been the provision of biologicals reagents (microbiological or viral strains, typing sera, various antigens, biological standards, etc.) standardized antigens (tuberculin, histoplasmin, etc.), as well as the provision of the services of reference laboratories for safety and potency tests of vaccines and toxoids produced by the national laboratories. More frequent utilization of such services would undoubtedly result in the use of better control methods by the public health laboratories and, as a consequence, in the improvement of the quality of biological products in every country.

For the period 1964-1965 the Organization will continue to give the type of assistance above delineated and will also carry out a survey of the public health laboratory situation in the American countries and will hold a seminar on the organization and expansion of the laboratories.

As part of its program the Organization is cooperating with the following countries: Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Haiti, Mexico, and Venezuela. There are also two regional projects which provide services for all countries which request assistance.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$226,787	\$238,781	\$277,627
% of Total Budget	1.4	1.4	1.5
Professional Posts	5	6	6
Consultant Months	20	19	30
Fellowships	21	13	13
Seminar Participants	-	-	33

#### 24. Health Education

Recognition of the fact that all public health work, regardless of the field or the level of activity, has a role in education to play since it is an integral part of those programs in which the Organization cooperates. The Member Governments have repeatedly stressed in the meetings of the Governing Bodies the importance of health education, suggesting the expansion of its services within Ministries of Health. Special interest has been shown in the training of public health personnel of all categories in the methods and means employed in modern health education. On the other hand, intensive



programs, especially the specialized campaigns, have demonstrated the necessity for the cooperation of communities and the concomitant intensification and increase of health education activities.

The Organization has been cooperating with the Governments through consultant services and fellowships in the strengthening and expansion of their health education activities, as well as in the intensification of training in health education as an integral part of the training received by medical and paramedical personnel. In addition, it has promoted scientific investigations into the sociological and anthropological factors related to health education and has stimulated the interchange of technical information about health education among the countries of the region.

During 1964 and 1965, the services of a regional adviser in health education are expected to continue as well as those of specialists assigned to specific projects. During 1964, two consultants are to be assigned to country projects to which will be added three other consultants in 1965 who will assist groups of countries in the development of their health education activities.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$81,064	\$61,843	\$112,116
% of Total Budget	0.5	0.4	0.6
Professional Posts	4	3	6

## 25. Statistics

The program in the field of health statistics is to improve basic statistical data and utilization of such data for health planning at the local, national and international level. The quality of vital and health statistics data needs to be improved in many areas and extended to the entire region.

This program is carried out through the following types of projects in addition to an education and training program in biostatistics: (1) Central activities include collection, analysis, and publication of data in specific fields including notifiable diseases, health conditions as well as analytical services to the staff of the Bureau and planning for the regional statistics program for the Americas. (2) The Latin American Center for Classification of Diseases carries out regional activities in regard to the 1965 Revision of the Classification, in training on classification, and by preparing publications. (3) Field consultant services are provided through statistical consultants assigned in the Zones and in the countries. (4) Since hospitals are the source of basic data needed in many fields, a

training program in hospital records and statistics has been initiated in Argentina and will be extended. (5) Development of demonstration areas to provide data for health planning is being recommended. (6) Basic data is being developed on morbidity and mortality of chronic diseases. The program includes epidemiological and statistical research through collaborative projects.

A Planning Conference was held in February 1963 on Epidemiological Research in Cancer in Latin America. The field work of the Inter-American Investigation of Mortality was initiated in 1962 and a Planning Conference on the Study of Congenital Malformations was held on January 1963 for a similar collaborative project on births.

Positions have been established for statistical consultants in all six Zones and in three country projects (Brazil, Paraguay and Colombia). The planning conferences and research program have been supported from NIH grants.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$603,265	\$500,729	\$411,576
% of Total Budget	3.9	2.9	2.3
Professional Posts	22	21	21
Consultant Months	15	18	10
Fellowships	2	4	2
Seminar Participants	14	12	11

## 26. Administrative Methods

From a survey of the administrative methods and practices of national Ministries of Health, it is apparent that a cadre of persons trained in public administration is essential for the most effective use of funds made available for health services. Advisory services in general public administration are the responsibility of other international agencies. Therefore, the Pan American Health Organization limits its assistance to improvement of the operations of health departments within the existing legal framework and customary business practices of each country.

Delineation of broad administrative policies is needed in some countries and in others the need extends to the establishment of adequate processes in the most routine clerical and maintenance operations. The Organization has assisted in the administrative aspects of specific large scale programs, notably the malaria eradication campaign. The water supply program has pointed up a need in assistance in the administrative aspects of water projects comparable to the technical ones. These needs in both

these major health areas are not necessarily related to problems of the public administrative milieu within the country, but more directly related to the need for experienced know-how in specific fields so that these programs can be carried out within the existing administrative framework.

In addition, a general appreciation of getting the maximum result from the money invested in health services must be developed. In cooperation with the Department of Economic and Social Affairs of the United Nations seminars on administrative methods and practices for directors general of health are being held.

Taken all together, the objective of the Organization is to assist in the improvement of effective management of health funds. In addition to the services to the malaria and water programs, programmed efforts of the Organization are administrative methods consultants in three Zones, covering fourteen countries; short-term consultants on specific problems, for countries not included in the three Zones, and for newly independent nations; short fellowships for administrators needing orientation in health services; and, the continuation of the seminars for promotion of improved administrative methods. In addition, administrative methods consultants have or will be made available to the Dominican Republic, Panama, and Paraguay during 1963-1965.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$61,292	\$59,880	\$121,400
% of Total Budget	0.4	0.4	0.7
Professional Posts	4	3	5
Consultant Months	3	-	12
Fellowships	-	2	3
Seminar Participants	14	14	20

## B. Specific Programs

### 31. Maternal and Child Health

Countries in middle and southern America when compared to those of northern America have 2-10 times as many maternal deaths, 1½-3 times as many perinatal deaths, 5-12 times as many late infant deaths and 2-40 times as many preschool child deaths. The major age of contrast is at 6 months-2 years, the weaning period, during which some countries exhibit death rates 40-60 times as high. In most Latin American countries over half the total recorded

deaths are in childhood. The commonest cause of death is the synergistic combination of diarrheal and nutritional disease, known as "weanling diarrhea."

The reduction of mortality under five years of age by 50 per cent, a goal of the Alliance for Progress, requires social, economic, agricultural and educational development. In the health sector major efforts in sanitation and the expansion of health care services are called for. Since other programs of the Organization focus upon these general fields, the maternal and child health program has focussed specifically on assisting countries to strengthen the quality and organizational aspects of health care services to mothers and children. This requires close coordination and work with other organizational programs particularly those of medical care, nutrition, nursing, health education, mental health and communicable disease control.

The budgeted figure represents a portion of the efforts of all country integrated health services, a specific project to demonstrate and popularize new methods of organizing the delivery of maternal and child health care services, specific projects of midwifery training and consultation, short courses in clinical and social pediatrics for physicians and research into the nature and relationships of "weanling diarrhea." The budgeted figure does not reflect the many other activities or organizational programs which directly or indirectly affect the health of mothers and children since, in effect, one would have to include some portion of virtually all programs to do so.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$240,379	\$270,457	\$324,769
% of Total Budget	1.5	1.6	1.8
Professional Posts	5	6	6
Consultant Months	2	6	15
Fellowships	2	6	22
Seminar Participants	15	-	-

### 32. Nutrition

Malnutrition represents one of the most serious public health problems in Latin America today. It contributes significantly to the high infant and preschool mortality rates and produces physical and mental retardation in the growing child and lowered work output and decreased resistance to disease in the adult.

In many areas where the problem of malnutrition is most severe, local health services are undertaking little or no activities for its solution. Some of the principle reasons for this are: (a) a lack of adequate guidance

and orientation of health personnel with regard to the establishment of nutrition services within the health agency; (b) a lack of adequately trained personnel to plan, supervise and evaluate such services; (c) a scarcity of basic information with regard to the epidemiology and treatment of various forms of malnutrition; and (d) an absence of any local pilot demonstration areas.

These circumstances have led the Governing Bodies to place a high priority on the development of the nutrition program in the Region. In order to achieve the over-all goal of improved nutrition as a significant contribution to health and welfare of the population, the primary objective of this program is the total integration of nutrition into health services at all levels and on a national basis. A program has been established with four spheres of action: advisory services, training of personnel, research, elaboration of applied nutrition programs on a pilot basis in collaboration with other United Nations agencies. Nutrition advisers have been budgeted for each of the six Zones and for the Region as a whole as have short-term advisers and fellowships for current and future requirements for the staffing of key posts in nutrition units in or related to national health services.

Applied nutrition programs have quadripartite agreements between the national Government, FAO, UNICEF, and the Organization to realize integrated applied nutrition activities at the local level in selected areas which serve as demonstration units.

The Institute of Nutrition of Central America and Panama is a principal research agency in the nutrition field. It is financed by its Member Governments, numerous research and training grants and by the Organization. Extensive training programs are carried out by the Institute.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$1,028,827	\$1,296,746	\$1,444,931
% of Total Budget	6.6	7.6	8.0
Professional Posts	62	55	61
Consultant Months	-	12	18
Fellowships	16	41	48

### 33. Mental Health

It is significant that about one-third of the hospital beds in the Americas are devoted to the care of the mentally disturbed. Professionally qualified personnel in the area is scarce. This scarcity calls for a Continent-wide training program. There is also a pressing need to undertake research programs on an international scale to compare the etiology of mental

disorders and reap the advantages of the preventive implications of the knowledge at hand as well as of that which will be forthcoming from research.

To lay the foundation for a program in mental health, the Organization made investigations, during 1960 to 1962, of needs and resources in Latin America. The information gathered showed that the extent and variety of mental disorders among all age groups constitutes a public health problem that well justifies the increased concern of health workers. The data collected was examined by representatives of 20 Member Governments in two seminars where discussions were aimed at considering the measures to be taken in national mental health programs.

A Mental Health Information Center has been established to promote and coordinate pertinent research in Latin America. A third seminar, for the Caribbean, is scheduled for 1964. Projects in Venezuela and Argentina are budgeted as is an increase in training activities.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$97,332	\$75,488	\$134,793
% of Total Budget	0.6	0.5	0.7
Professional Posts	2	2	2
Consultant Months	15	15	20
Fellowships	1	3	8
Seminar Participants	40	-	39

#### 34. Dental Health

When the Organization started its dental activities back in 1955, a survey revealed a great shortage of public health dentists in Latin America. None of the internationally recognized schools of public health offered any kind of specialized formal training for dentists. Only 34 dentists in the 20 countries could be identified as having received training in schools of the United States of America in past years. This situation seemed to be one of the causes of the lack of a true public health orientation in most of the existing dental programs.

The approach chosen was that of assisting one of the schools of public health in developing a strong dental public health training program to be utilized by all the Latin American countries, through active support of the Organization's fellowship program. The program was developed at the School of Public Health of the University of Sao Paulo, and was jointly supported by the Organization and the W. K. Kellogg Foundation. At the beginning a special effort was made to provide training for dentists already occupying

key positions in the dental services of member countries. As these needs were satisfied the focus of the program was gradually shifted to other areas of dentistry (see Dental Education).

The results obtained so far have been satisfactory, both from the point of view of the number of dentists trained and from the point of view of their utilization. In a five-year period (1958-1962), 110 dentists from 19 countries received training through this program, 69 at the MPH level and 41 in short orientation courses. Almost half of those trained were under fellowships awarded by the Organization. An evaluation made in 1962 of utilization of these 42 WHO fellows has shown that 93 per cent of the fellows were being utilized in public health; 42.8 per cent on a full-time basis and 16.6 per cent in public health related part-time jobs which together are the equivalent of full-time employment.

A recent development in this field has been the introduction of dental public health training in other schools of public health in Latin America. Most of these new training programs are staffed by formal fellows of the Organization. As a result of national training being established in various countries, fellowships of the Organization will be more and more limited to those countries without schools of public health and in accordance with their needs.

There is one intercountry project in this area (AMRO-72) which permits the provision of training of dental health personnel for member countries. It also permits the rendering of special advisory services to the countries, when the Regional Adviser is not available for this purpose.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$48,090	\$51,963	\$52,792
% of Total Budget	0.3	0.3	0.3
Professional Posts	1	1	1
Consultant Months	2	2	2
Fellowships	7	8	8

### 35. Radiological Health

The Thirteenth and Fourteenth World Health Assemblies passed resolutions noting broadly the WHO's responsibilities include protection from radiation hazards and development of the medical uses of radiation while recognizing the anxiety of Member States concerning increased exposures to ionizing radiation. To appreciate the current concern of health authorities, attention is invited to a report of the United States Public Health Service which illustrates the growing problem of radiation as an

environmental health problem. Between 1925 and 1955 the estimated dose to the reproductive organs of the average individual from X-rays rose from 15 to 133 millirems, an increase of 900 per cent. By 1961, approximately 160 million X-ray exposures were being performed annually for medical diagnostic purposes. In addition, scientists are finding new ways of creating and using radioisotopes. The phenomenal growth in their medical use is illustrated by data for the period 1952-1958. Medical users of radioisotopes in the United States of America increased from 445 to nearly 2,000. Over a half million patients annually are currently being given radioisotopes tracers for diagnosis of a broad spectrum of conditions. Similar expansion is occurring in their use in industry, agriculture, and in other fields. In the world today, interest in the development of nuclear activities is by no means restricted to highly developed countries. In fact, the need for answers to radiation health questions is at least as urgent as the acquisition of the physical technology in developing countries where many radiation problems will be posed.

The Organization will continue to cooperate in determining the actual medical radiation problems in the Americas at the country level and in setting up proper health department units to control and regulate them. Posts have been budgeted for immediate service to the countries as have fellowships for the training of radiation protection health officers and funds for teaching supplies such as radioisotopes.

Seminars are held to indoctrinate the medical communities in the proper use of ionizing radiation. In addition, Spanish language motion pictures, projection slides, manuals, and scientific literature are made available for use as teaching aids. In Santiago, Chile, a Latin American Center for the training of physicians in the clinical uses of isotopes has been established. The services and facilities of the El Salvador Hospital of the University of Chile are utilized for this training which includes: physics of radiation, clinical utilization of radioisotopes, establishment of laboratories, and theoretical and practical instruction in the health and safety measures needed to safeguard the staff and patients.

The program for the utilization of radiation in Medical and Public Health Research was endorsed by the PAHO Scientific Group on Medical Research in June 1962. Two research projects in which the Organization has been active are currently in operation: (1) study of human populations residing in geographical areas of high background radiation in Brazil; and, (2) irradiation effects of the biology of Rhodnius prolixus, in Venezuela.

Six additional research projects are under consideration: two in Peru, one in Venezuela, and three in Chile and Brazil.

Radionuclide content of the environment is being determined at a number of Latin American Surveillance Stations, with equipment and scientific laboratory services being provided by agreement between the countries, PAHO, and the United States Public Health Service.



	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$99,297	\$103,173	\$127,576
% of Total Budget	0.6	0.6	0.7
Professional Posts	3	3	3
Consultant Months	3	7	7
Fellowships	7	3	1
Seminar Participants	-	-	44

### 36. Occupational Health

Studies of occupational health problems in thirteen Latin American countries show the high incidence of sickness and the resultant excessive costs which industry pays out in compensation. In some cases these costs amount to approximately 15 per cent of the national income. Occupational health practices for the control of accidents and occupational diseases are unknown or only just beginning to be introduced.

It has been indicated that some of the obstacles encountered in the development of the countries in Latin America are the many diseases which debilitate the worker and restrict his production. In addition to the common communicable and respiratory diseases, work related diseases such as silicosis, poisoning from toxic metals, gases, vapors and fumes are common. Silicosis is highly prevalent especially among certain mining, quarrying and sand blasting laborers.

The Organization, through the services of a regional consultant, is assisting the Governments in the institution of adequate measures and legislation to protect the workers against the risks created by the growing industrialization processes.

In Chile, with the cooperation of the United Nations Special Fund, the Organization is assisting in the creation of an Institute of Occupational Health and Air Pollution Research which is expected to serve as a training ground for professionals not only from Chile but from the other American countries. A First Seminar on Occupational Health in Latin America will be held in 1964 at Sao Paulo, Brazil, by which the Organization intends to arouse the interest of the countries in the solution of this important health and social problem.

In Chile and Peru, through the introduction of adequate control measures such as exhaust ventilation, suppression of dust by wet methods, respiratory protection and medical control, the incidence of silicosis has been drastically reduced. In other countries, through the application of

other occupational health measures, disease and disability have also been decreased, showing the benefits that are obtained through this type of program.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$184,640	\$209,998	\$74,864
% of Total Budget	1.2	1.2	0.4
Consultant Months	22	27	28
Fellowships	7	6	3
Seminar Participants	-	20	-

### 37. Food and Drug

Public confidence in the safety, purity and potency of foods, drugs, and biologics can be assured only by a governmental program regulating the industries involved and supervising the maintenance of acceptable standards. In most of the countries of the Hemisphere such regulatory services are minimal or practically non-existent. There is an urgent need to initiate services and to enlarge and improve those now in operation.

Initial help to a country in this field involves a complete study of the current situation and services and the preparation of a plan of action to gradually bring the national services up to minimal standards of operation. Early activities involve revision or creation of pertinent legislation and specialized training of national personnel. As a modern service begins to take shape, specialized consultants are provided to improve specific phases of the national services. In addition, Zone and project personnel, especially the veterinary public health advisors, cooperate continuously in both the laboratory and field aspects of foods, drugs, and biologicals control. The Organization also provides, upon request, reference testing and testing standards.

Basic surveys have been conducted in Brazil, Chile, Ecuador, Mexico, and Panama. Brazil has established a modern laboratory for the testing of drugs and recently began the testing of foods also. Chile has revised the legislation pertinent to this field and improved field services, while Ecuador has improved the national laboratory responsible for this work. Panama has increased the laboratory facilities for drug control, has revised its legislation and has begun an expansion and training of personnel for field services. Mexico has made improvements in many aspects of the laboratory work for the testing of foods, drugs and biologicals. All countries are making gradual improvements in the supervision of food supplies.

Within the projects in which the Organization cooperates, provision is made for fellowships for training additional personnel and for consultant services to improve specific phases of the work and to conduct basic surveys of individual national services for the control of foods, drugs, and biologics. Other projects for general public health improvement, as well as Zone and Headquarters personnel, contribute to the work in this field.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$26,100	\$21,300	\$22,100
% of Total Budget	0.2	0.1	0.1
Consultant Months	13	9	10
Fellowships	1	3	3

### 38. Medical Care

The program of the Organization in the field of medical care received recently a most valuable contribution requested by the work of the Advisory Group assembled in March 1962 in Washington and the documents and reports of the Technical Discussions of the Pan American Sanitary Conference held in Minneapolis in August of the same year.

The concepts contained in the definitions of medical care, accepted at that time, do not substantially differ from those used by the WHO Expert Committee on the subject. It is considered as the totality of direct and specific measures aimed at placing within reach of as many people as possible facilities for early diagnosis, prompt, thorough and restorative treatment, and follow-up.

Services in these fields have been demanded by the people of the countries as one of their most pressing and recognized needs. The scarcity of available resources, the pressure of the demand and the size of unmet needs make medical care "the oldest, the most continuous, unavoidable and costly of all health functions."

The existing resources are clearly not sufficient to meet the minimum needs for protection to the population against the risk of sickness nor have the existing resources been organized to maximum advantage.

It is universally accepted that, if unification of preventive and curative services cannot be achieved, at least adequate coordination should be established between these two services so that duplication of efforts could be avoided and the best possible returns of resources could be obtained.

The lack of sufficient basic information on medical care facilities has been pointed out as a problem requiring urgent solution. Such data are essential for proper planning and programming. However, even with such basic information, it would not be easy to build a picture of the present situation, owing to the peculiarities of the medical care system of each country. The multiplicity of independent organizations with their duplication of services and expenditures of resources are both cause and effect of the various complex possible solutions to the problem.

The assistance of the Organization in this field has been represented by advisory services, provided by long and short-term consultants, and funds for fellowships abroad. The international consultants have been asked to assist the national authorities in the collection of basic information, in the analysis of specific country problems and in the study of the most adequate medical care system, vis-à-vis the local conditions. It should be noted that the medical officers and the nurses assigned to general health services projects also devote part of their time to medical care activities. Specific requests have been received to cooperate in the organization of rehabilitation centers and the improvement of chronic diseases control services.

The proposals for 1964 and 1965 include activities in the field of medical care, rehabilitation and chronic diseases distributed among 36 different projects of which 24 also cover general health services. Of the remaining 12, two are specifically devoted to chronic diseases, four to rehabilitation and six to medical care and organization of hospital services. Fellowships are foreseen in seven projects and provision of limited amounts of equipment and supplies in four. At the Central Office a Regional Advisor, provides advisory services to countries which are not served by field consultants and orients and supplements specialized services given by the Zone and project personnel. In addition, a seminar on provision of medical care services is anticipated in 1965.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$440,844	\$463,960	\$565,764
% of Total Budget	2.8	2.7	3.1
Professional Posts	10	10	12
Consultant Months	26	15	26
Fellowships	8	11	16
Seminar Participants	-	-	84

### III. EDUCATION AND TRAINING

#### 41. Public Health

Technical reorganization and expansion of public health services require properly trained personnel at all levels of services. To fulfill

this necessity schools of public health are in existence in Argentina, Brazil, Chile, Colombia, Mexico, and Venezuela. The Organization has as its primary objective collaboration in strengthening, bettering and increasing the teaching programs, adapting them to the needs of each country.

For this purpose it cooperates in projects in each of the countries having schools of public health. In four of these, consultants in various disciplines are assigned; in four, short-term consultants are provided; in four, teaching supplies are provided; and, in two, provision of equipment is planned. All of these projects make provision for fellowships. In addition, during 1965 short-term consultants will be made available to the Training Center in Peru.

These projects are complemented by one providing fellowships for professors in schools of public health in the United States of America, by one providing for cooperation with schools not covered by a specific project, and by one for the Third Conference of Directors of Schools of Public Health.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$214,512	\$199,063	\$271,402
% of Total Budget	1.4	1.2	1.5
Professional Posts	5	5	5
Consultant Months	9	24	43
Fellowships	13	17	27
Seminar Participants	31	-	30

#### 42. Medicine

The disparity between the existing programs for training of physicians and the actual functions that they are called to serve in their own communities to solve the existing and foreseeable health problems is an ever increasing concern of health administrators and medical educators of Latin America. Of greatest concern is the inadequate orientation that, in general, the physician receives toward the role of physicians in the development of his community and his nation. Of equal concern is the lack of preparation of the physician to approach problems of health and disease from the preventive medicine viewpoint.

Furthermore there is a great need to establish some points of reference for determining the number of physicians that a country needs that may assist in the planning of medical education programs.

A critical gap in medical education in Latin America is the lack of educational facilities for the training of faculty members particularly in the way of providing training in pedagogical methods and administration of medical schools. Better training in technical subjects is still needed, but it is this aspect in which the most emphasis is now being placed by nearly all agencies interested in medical education.

The Organization is approaching the problem in various ways:

(1) through studies in cooperation with interested foundations, oriented to determining the need for physicians both quantitatively and qualitatively; (2) assisting in the development of Latin American centers for training of medical faculty; (3) advisory services by consultants and fellowships for improving the organization and administration of medical schools; (4) advisory services by consultants and fellowships for the strengthening and improvement of the teaching of social and preventive medicine as well as basic sciences and clinical subjects in medical schools at the undergraduate as well as post-graduate levels; (5) limited assistance to medical libraries in the form of training of medical librarians and books; (6) small amounts of laboratory equipment and supplies; and, (7) improving of communication among various international agencies interested in medical education in Latin America, for a more collaborative effort.

Ten individual country and nine intercountry projects are being carried out by which short-term consultant services, fellowships, small amounts of supplies and equipment or advisory services by Central Office or Zone staff are provided to 18 Latin American countries.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$232,946	\$332,452	\$360,337
% of Total Budget	1.5	1.9	2.0
Professional Posts	6	4	3
Consultant Months	39	68	76
Fellowships	16	33	53
Seminar Participants	10	10	10

#### 43. Nursing

Severe as are the shortages of health personnel generally, that of nursing personnel is among the most critical. Approximately 50 per cent of the hospitals of Latin America are staffed by untrained auxiliaries, and the graduate nurses now employed are for the most part not prepared to teach and guide them. In the remaining health services, the shortages are even more accentuated. Furthermore, a survey of schools of nursing in 1959 showed that

two-thirds of the instructors preparing future nurses for Latin America had not completed high school education and had had little or no preparation for teaching.

With a view to improving this situation, the goals in nursing education are threefold: (1) to prepare, through advanced courses in nursing, as many as possible of the existing graduate nurses so that they may train the auxiliary personnel now in the services and strengthen the teaching in the basic schools of nursing; (2) to broaden and reinforce the curricula of basic schools of nursing so that their graduates may function at the head nurse or supervisory levels in all health services; and, (3) to establish courses for the training of new auxiliary nursing personnel in such numbers that it may not be necessary for the health services ever again to employ untrained personnel.

The Organization is collaborating with the Governments of the following countries in Latin America in one, two, or even all three of the above programs: Argentina, Bolivia, Brazil, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Peru, Uruguay, Venezuela, and the West Indies. In addition, some assistance to these countries and to Chile, Colombia, El Salvador, Haiti, Panama, and Paraguay in the form of fellowships, travel grants, seminars or consultation in nursing education are available through other projects.

In summary, for the 22 projects in the budget primarily designed for collaboration in nursing education, provision is made for 19 to 24 advisers as well as for short-term consultants in nursing education, for fellowships in 13 projects, and for a small amount of supplies and equipment in 10 projects.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$391,896	\$429,056	\$503,934
% of Total Budget	2.5	2.5	2.8
Professional Posts	19	20	24
Consultant Months	20	5	9
Fellowships	24	33	41
Seminar Participants	39	20	-

#### 44. Sanitation

Trained personnel are basic to the development of programs for the provision of safe and ample water supplies to the population, for sewage disposal systems, for housing and for all the other environmental sanitation aspects that are essential for improved health and socio-economic development.

It is estimated that there are about 2,000 sanitary engineers in Latin America today with an immediate need for at least triple this number. Civil engineers are mostly employed at water and other sanitary works, and accordingly the teaching and preparation of such personnel should include many more subjects on basic sanitary engineering. Research and continuing education are practically nonexistent in the Latin American universities. Full time professors are the exception and not the rule. Tremendous lack of properly trained auxiliary personnel is found in such essential fields as plumbing, well drilling, water plant operators, surveyors and draftsmen, laboratory workers and many other ancillary personnel.

With the collaboration of the Organization, a Seminar on Teaching of Sanitary Engineering was held in 1961 in order to study the ways to strengthen the teaching of these subjects in the Faculties of Civil Engineering. Assistance has been given to universities and public works agencies in Colombia, Brazil, Mexico, Argentina, Venezuela, Costa Rica, and Guatemala, for the presentation of projects to the United Nations Special Fund for assistance in the development of centers or institutes of research, experimentation and preparation of personnel. In the future development of continuing education and applied research at educational institutions of engineering in Latin America will be stimulated.

Graduate schools for sanitary engineers are in existence in Argentina, Brazil, Chile, and Mexico. The National University of Colombia in Bogota has received a grant from the United Nations Special Fund for the improvement and expansion of the teaching of sanitary engineering. Applications for loan to the same Fund are expected to be presented shortly by Venezuela, Brazil, Costa Rica, and Argentina. With the cooperation of the OAS, short specialized courses in water supply design will be held in several universities with the aim of maintaining them as part of the regular activities in those universities.

Most of the countries count now with a core of graduate sanitary engineers, capable of directing and supervising engineering activities, trained through the regular fellowship program of the Organization and other international agencies.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$12,900	\$59,700	\$102,060
% of Total Budget	0.1	0.4	0.5
Consultant Months	4	14	16
Fellowships	2	12	15
Seminar Participants	-	-	23



#### 45. Veterinary Medicine

With better definition of the role of public health veterinarians in public health services has come ever-increasing demands for trained personnel. Some six new schools of veterinary medicine have been established since 1952 but more and better use of existing institutions and teaching personnel must be a first step to overcoming the present shortages of graduate veterinarians.

To the fundamental training in veterinary medicine must be added teaching in the specific problems, techniques and philosophy of public health in order for veterinarians to be fully effective in their role in providing health services. It is in this area especially that the Organization directs its efforts. Through consultative services, fellowship training and technical assistance, it provides the various schools help and guidance in the teaching of preventive medicine and public health.

In the recent past deans of all schools of veterinary medicine in the Americas met under the auspices of the Organization and made formal recommendations that preventive medicine and public health be included as major subjects in the veterinary medicine curricular of the various schools. Individual schools have since taken steps towards this end. The Organization cooperates in bringing about these changes. In addition, schools of veterinary medicine have a major interest in medical research since the search for much new knowledge is conducted in animals. The multi-discipline approach to biomedical research is demanding the participation of more veterinarians than are available.

Besides the fellowships for faculty members, the Organization during the period 1963-1965 will sponsor a follow-up seminar to the one recommending departments of preventive medicine and public health in schools of veterinary medicine with one for professors who will teach the subject to consider the specific content of the courses. More direct cooperation will be provided to schools in the Dominican Republic, Mexico, Brazil, and Guatemala and short-term consultants will be provided to follow-up on the seminar.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$56,101	\$44,603	\$46,664
% of Total Budget	0.3	0.2	0.2
Professional Posts	1	1	1
Consultant Months	7	7	7
Fellowships	3	4	4
Seminar Participants	25	-	-

#### 46. Dentistry

The interest of the Organization in dental education stems from the consideration that the practicing dentist is the key to dental health services. Public health dentists can only be effective in the measure that they have a core of dental clinicians, either in public health or private practice, for the actual rendering of dental services, be they preventive or curative. The desirability of a change in orientation of dental education does not need to be demonstrated. The dentist has usually been considered a strong individualist, with interest confined to the four walls of his office, and certainly the reason for this may be traced back to the inadequacy of a social and community orientation in his professional education. In the strict realm of dental technology dental schools have failed to impart to the student the consciousness of the social importance of the dentist's productivity which has a direct bearing on the cost and coverage of dental services. Other examples might be given that would show the many areas of dental education where there is room for improvement, even in the best dental schools.

In view of the large number of dental schools in Latin America, which now number 85, and the limited resources available, two approaches are used by the Organization, both of an indirect character. To stimulate change in the traditional, private-practice-centered, clinically-oriented dental curriculum, the Organization decided to bring dental educators together in a series of three Latin American Seminars for a careful analysis of the present situation. This analysis would be made on the basis of factual data collected in special surveys. To stimulate the idea of giving added emphasis to public health, preventive and social subjects in the dental curriculum, it was decided to assist in the development of a pilot department of preventive and social dentistry where the way of teaching these subjects could be demonstrated.

These two approaches are represented by two projects of the Organization: AMRO-257 and Colombia-27. The first project began in 1962 with a seminar in Bogota. The second project started in 1961 when the Department of Preventive and Social Dentistry was established in the University of Antioquia. It is too early to assess results of these projects but the response to them from the dental schools throughout Latin America has been excellent, and that although a cause and effect relationship is always difficult to establish, some changes are under way which can be traced back to one or other of these two projects.

The current activities of the Organization in dental education include in addition to those already mentioned, three other projects. One of them (Brazil-43) is for assistance to the dental schools in Brazil in relation to the teaching of preventive and social dentistry. Another (AMRO-284) is an intercountry project of a general character, aiming to assist the dental schools in the implementation of the recommendations made at the seminars. The last one (BRAZIL-37) gives support to the dental public health training program discussed under dental health.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$19,249	\$59,930	\$49,680
% of Total Budget	0.1	0.4	0.3
Consultant Months	-	8	10
Fellowships	4	7	7
Seminar Participants	-	40	-

#### 47. Biostatistics

The education and training program embracing health, medical and hospital statistics for personnel working at the professional, technical and auxiliary levels is fundamental in providing essential data for sound planning and for evaluation of programs. The statistical method is required in this process and is taught not only to impart a working knowledge of techniques and procedures but also to develop a full understanding of the reasoning and logical precepts involved in planning for the needs of a community or country in accordance with its resources. Several educational programs have been carried on with increasing success in schools of public health and medicine in Latin America.

At the Second Conference of Directors of Schools of Public Health special attention was focussed on teaching of biostatistics. The Conference agreed that schools of public health should prepare in their departments of statistics all types of students, some working with strictly statistical functions and others working in various other fields. It was recognized that not all schools of public health would prepare statisticians of the professional level but that preparation of technicians on health statistics would be the responsibility of all schools of public health. The program includes the development of courses on statistics for preparation of professors of medical statistics in schools of medicine. In the fields of training of personnel working on medical records and hospital statistics courses are recommended.

Since 1953 the School of Public Health in Chile has conducted each year an international training program in vital and health statistics. During the period 1953-1962, 328 students from 20 countries had received training. The School is now giving instruction in biostatistics also for physicians and other university graduates. Other schools of public health, in Buenos Aires, Argentina; Bogota, Colombia and Mexico City, Mexico are also giving courses in vital and health statistics at the intermediate level. The School of Public Health in Sao Paulo provided 6-week courses in medical statistics in 1961 and 1962. Training of personnel on medical records and hospital statistics is being carried out in Argentina. Courses on the International Classification of Diseases have been provided for over 400 persons by the Latin American Center in Caracas, Venezuela.

Fellowships are given for students for these courses; in addition grants are given to the School of Public Health in Chile and the Latin American Center for Classification of Diseases to facilitate these international courses. Also a consultant is provided on medical records and short-term consultants on medical and hospital statistics.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$94,100	\$91,245	\$89,725
% of Total Budget	0.6	0.5	0.5
Professional Posts	1	1	1
Consultant Months	8	4	3
Fellowships	24	29	29

#### IV. PROGRAM SERVICES

##### 51. Program Services

Certain activities of the Organization support directly programs of the various Member Governments but they do not lend themselves readily to distribution by program. These staff activities have been grouped in one category for review. They are the costs related to placement and follow-up of fellowship awards; production of visual aids, editorial services; public information, reporting and the library.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$695,154	\$743,049	\$761,481
% of Total Budget	4.5	4.4	4.2
Professional Posts	25	25	25
Local Posts	35	35	35

#### V. ADMINISTRATIVE DIRECTION

##### 61. Executive and Technical Direction

In a complex international organization whose efforts are based on the technical content of programs of the Member Governments, executive

and technical direction is heavily weighted on the side of program content rather than day-to-day administration common to most organizations. To reflect this, a separate category has been established to include the Director's Office, the Office of the Chief of Administration, and the Zone Representatives.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$341,545	\$346,392	\$358,061
% of Total Budget	2.2	2.0	2.0
Professional Posts	11	11	11
Local Posts	10	10	10

#### 62. Administrative Services

Administrative Services is currently in the process of reorganization in order to streamline the supporting services. The objective is to free field staff for program services by relieving them of as much administrative detail as possible. Personnel and accounting activities have been recentralized and allotments are being issued to Country Representatives in terms of the elements needed to carry out the program rather than in dollars. These actions have made reductions in Zone Office administrative staffs possible.

This grouping includes the offices for budget, finance, personnel, supply, property services, and records and communications as well as portions of each of the Zone Offices.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$1,027,751	\$973,333	\$938,631
% of Total Budget	6.6	5.7	5.1
Professional Posts	35	27	26
Local Posts	105	94	85

#### 63. General Expenses

General Expenses is the category that shows the routine supply and maintenance services for both direct and indirect program elements of the budget. General supplies, equipment, rentals, utilities, and the like are summarized under this heading.

Expenses under this heading increase markedly in 1965 because of the anticipated opening of the new Headquarters building.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$538,802	\$582,716	\$690,832
% of Total Budget	3.4	3.4	3.8

## VI. GOVERNING BODIES

### 71. Governing Bodies

The Pan American Health Organization is governed by the Pan American Sanitary Conference which meets every four years. The Directing Council acts for the Conference in the intervening years. In addition, the Executive Committee of the Directing Council holds two regular meetings every year.

By agreement with the World Health Organization, the Pan American Health Organization also serves as the Regional Committee of the World Health Organization.

The program Governing Bodies covers the cost of scheduled meetings and supporting staff. The staff also supports other seminars and conferences as time allows.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds budgeted	\$337,264	\$380,259	\$317,143
% of Total Budget	2.2	2.2	1.8
Professional Posts	11	11	11
Local Posts	9	9	9

## VII. INCREASE TO ASSETS

Under this category is shown the Amount for Increasing the Working Capital Fund in accordance with Resolution VII of the XI Directing Council. In addition, \$25,000 is budgeted in 1965 for increasing the Emergency Revolving Fund in accordance with Resolution VII of the 48th Meeting of the Executive Committee.

	<u>1963</u>	<u>1964</u>	<u>1965</u>
Funds Budgeted	\$300,000	\$300,000	\$325,000
% of Total Budget	1.9	1.8	1.8