

# Editorial

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## PAHO'S WORK IN 1974-1977: A QUADRENNIAL REVIEW<sup>1</sup>

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*Much has happened to influence health in the Americas and the work of PAHO since 1973. The following account describes these winds of change and provides a brief four-year overview of the activities and policies pursued by PAHO through 1977.*

In 1977 the Organization commemorated the 75th anniversary of its founding—a testimonial to the solidarity of the American nations in the field of health. Its work with the countries over those many years yielded the valuable experience that has shaped the traditions of what is today the Pan American Health Organization, gave its regional policies the dynamic qualities needed for adjusting to change, and contributed to the spirit of hemispheric cooperation.

In the past four years the Organization has endeavored to reorient its program of technical cooperation in order to meet the challenges of growth and progress that the Region has experienced. Positive advances in science and technology have resulted in both an increasing demand for goods and services and a greater need for protection against the harmful effects that progress can have on man and the human environment. The Organization has responded to these changes by taking a multidisciplinary and multisectoral approach to the problems of health and by promoting the development of health systems within the context of overall development in each country. There was also a growing awareness that pressing human problems required dynamic multisectoral solutions that would encourage the population—individuals and the community alike—to help themselves and to meet their own needs. Thus, existing and potential resources of the community play a key role in the Organization's program of technical cooperation.

A new dimension has come to characterize the program of cooperation: the fostering among developing countries of individual and collective self-sufficiency by strengthening their ability to deal creatively with national needs as they perceive them and within a context that is socially relevant. This program bolsters the spirit of solidarity, encourages the shared use of resources, and enhances the opportunity for the countries to engage in fruitful dialogue in their economic relations with more developed nations. These patterns of technical cooperation among developing nations are traditional in the Region of the Americas. Their present significance lies in their systematic and formal use as an instrument for collaboration among the countries of the Hemisphere.

The Organization has also reoriented its policies and strategies and adjusted its structures and functions to new situations and demands of the population and the

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<sup>1</sup>Condensed from the introduction to the *Report of the Director: Quadrennial 1974-1977, Annual 1977*, PAHO Official Document 158, Washington, D.C., 1978.

countries. All of this requires the Organization to make the most effective use of its human and material resources and to concentrate on those areas where the Governing Bodies and the Governments themselves believe that the greatest impact can be made. With this in view the Organization has undertaken a process of programming and evaluating its technical cooperation with the countries. The initial results have been promising, and it is expected that gradual progress can be made toward the principal objective of imparting greater efficiency and effectiveness to the Organization's collaboration with the countries in achieving the regional goals laid down in the Ten-Year Health Plan for the Americas.

### **Evaluation of the Ten-Year Health Plan for the Americas**

During the XXIV Meeting of the PAHO Directing Council (1976), the Governments and the Organization reviewed the progress achieved in carrying out the Ten-Year Health Plan. The initial evaluation was made in 1975-1976 with the participation of 22 countries representing 92 per cent of the total population of the Hemisphere. The analysis revealed the Governments' concern with formulating or adjusting national policies and strategies in keeping with the objectives and targets of the Plan. It was also found that most of the countries had taken steps to develop the program areas identified in the Plan. Substantial advances have been made, but there is still an evident need to intensify activities in the priority areas if the concerted efforts of the Hemisphere are to yield some of the results expected by the end of the decade. In communicable disease control, greater efforts will be required in order to expand immunization services and epidemiologic surveillance systems. In maternal and child health, coverage must be extended and the problems of intersectoral concern affecting family health must be confronted. Food and nutrition policies oriented toward the biologic needs of the population will have to be implemented. Though the targets for provision of urban water supply are close to reaching the regional objective, only a third of the countries have set national targets compatible with the Ten-Year Plan for providing water to the rural population. The situation is even less promising in regard to solid waste disposal services.

The most ambitious and far-reaching goal is that of extending the coverage of health services in the priority programs mentioned above. The initial evaluation showed that in spite of impressive efforts by most of the countries, the extension process has lagged behind the growth of the population and its health problems and demands. Stress was laid on the necessity of reexamining the causes of that gap and redefining the strategies for closing it, including intrasectoral consolidation mechanisms and relationships with other development sectors. It was recognized that the nature of the changes required calls for the introduction of modifications and adjustments in the conventional approaches to health problems and in the measures required for solving them.

### **IV Special Meeting of Ministers of Health of the Americas**

The Directing Council, in its XXIV Meeting, urged the adoption of new strategies in which primary health care would receive special consideration as an instru-

ment for speeding up the extension of coverage and achieving the proposed objectives. With this aim the IV Special Meeting of Ministers of Health of the Americas was convoked to examine the national and regional situation in regard to coverage and to introduce the necessary adjustments in national and Hemisphere-wide policies and strategies so that the relevant objectives of the Ten-Year Plan could be achieved in the shortest possible time. To implement this decision, the Governments and the Organization carried out a program that included meetings of three study groups, composed of experts from 16 countries of the Region and Organization staff, which examined the basic concepts of health service coverage and the strategies for primary care with community participation. The conceptual framework worked out by these three study groups served as the basis for country analyses made by 28 Governments of the Region as part of the preparations for the IV Special Meeting of Ministers of Health.

The Special Meeting was held in Washington, D.C., in September 1977. Its Final Report (PAHO Official Document 155) defines the characteristics of coverage of services and the concepts of primary care and community participation. It also identifies the restraints that limit coverage and suggests approaches to the goal of extending it.

On the basis of the Final Report of the Special Meeting of Ministers of Health, the Directing Council in its XXV Meeting (1977) adopted Resolution XIV making primary health care and community participation basic strategies of the Organization's policy and designating administrative development and the introduction of appropriate technologies as instruments for ensuring comprehensive, continuous, and effective coverage to all the population. This new component of the regional policy is being put into practice by the Member Governments as well as the Organization. A report of these decisions and the presentations of the Ministers of Health at the IV Special Meeting represent the basis for the contribution of the Region of the Americas to the International Conference on Primary Health Care, held in Alma Ata, Union of Soviet Socialist Republics, in September 1978.

### Health Services

The Organization intensified its collaboration with the Governments in their efforts to attain the regional goal of providing health services to those lacking them. Salient in this respect were the formulation and adjustment of health policies, the improvement of planning and administrative processes, the strengthening of administrative structures and the system as a whole, the development of human resources, and more effective use of financial resources provided locally and by international cooperation and lending institutions. At the end of the quadrennium five countries were carrying out programs for total coverage, seven were in the early stages of partial coverage programs with a view to extending them nation-wide in the coming years, and four had formulated programs scheduled to begin in the second half of 1978. The remaining countries had defined their health policies and were in the initial stages of programming.

External financing is taking on unique importance in the coverage extension programs as a means of providing the initial impetus in solving the problem of shortage of services. Fourteen countries have obtained or are negotiating loans

Nurses' home visiting—an important means of extending health care (photo: PAHO).



Demonstration of the operation of a hand pump for rural area teachers (photo: Government of Ecuador).



Rural health auxiliaries in training (photo: Government of El Salvador).

totalling approximately US\$200 million for the extension of coverage. These resources are being supplemented by funds provided by the countries themselves and the World Bank and bilateral programs.

The Organization also placed special emphasis on collaborating with the Governments in the establishment of health care levels and case-referral systems, as well as on creating institutional resources to make it possible to provide medical care to the 350 million persons that will be added to the total population of the Americas by the year 2000. This includes a gradual improvement in the effectiveness with which the installed capacity of the 13,000 hospitals in Latin America and the Caribbean is used. Continuing efforts were also made to strengthen the work of hospitals and relate them more closely to the network of health services. Outstanding in the field was the Organization's cooperation in defining the role of nurses in the extension of health services to rural and marginal urban areas in each country. Special attention was given to the role of nursing in primary care and to the establishment of nursing standards, which at the end of the quadrennium were being applied in 23 countries. The Governments confirmed their reliance on community participation as the instrument for extending coverage under the primary care strategy. In collaboration with eight countries, the Organization undertook to define the basic concepts and to design methodologic schemes for gaining a better knowledge of the characteristics of communities and laying the groundwork for relating the community health system to the institutional system.

The Organization collaborated with the countries in strengthening their planning processes, because it regards these as the key requirement for developing health services. Deserving of mention in this connection is the joint program of the Government of the United States of America and PAHO/WHO for periodic reviews and exchange of information among countries of the Americas and other regions concerning their experience in health planning.

## Disease Control

Despite specific steps to strengthen vaccination programs in various countries, the levels of immunity envisaged in the regional goals were yet to be attained. To intensify this work an Expanded Program on Immunization, based on the policy guidelines and strategies approved by the Directing Council at its XXV Meeting, was undertaken. The Program, which focuses on six important childhood diseases—poliomyelitis, diphtheria, whooping cough, tetanus, measles, and tuberculosis—is directed primarily to vaccination of infants up to one year of age and is carried out as part of the maternal and child health activities of programs for extending coverage under the primary care strategy.

Epidemiologic surveillance programs, undertaken by most of the Governments of the Region, were carefully analyzed in an effort to limit them to diseases determined to have priority. In order to help strengthen activities related to these programs, the Organization worked with the countries to bring about a continuing improvement in epidemiologic information of national and international interest and encouraged the introduction of simplified procedures for prompt recording of cases and deaths.

Epidemiologic surveillance activities in the Region were stepped up as a result of the dengue epidemic in the Caribbean area. The continuous spread of hemorrhagic fever led to the establishment of the National Center for Hemorrhagic Fever Research in Argentina, set up with the Organization's cooperation. Similarly, the discovery of hepatitis A and B viruses triggered an increase in epidemiologic surveillance, particularly in Costa Rica and Peru. The 16 national influenza centers in Latin America and the Caribbean continued their monitoring activity.

The Caribbean Epidemiology Center, established in 1975 to coordinate surveillance activities in the area and promote studies on the incidence and frequency of diseases, extended support to health laboratories and provided training in epidemiology and applied research techniques.

Enteric diseases continued to be the principal cause of mortality in infants and children under five years of age in Latin America and the Caribbean. Reporting of diarrheal symptoms was established in 1975 on a wide-spread basis in an effort to deal with and draw attention to this problem. In 1977, with collaboration from the Organization, an expanded program for the control of enteric diseases was undertaken in various countries. The program's emphasis is on early diagnosis and immediate rehydration, using the existing service infrastructure for this purpose.

Programs for the diagnosis, prevention, and control of venereal diseases were intensified in Brazil, Chile, Costa Rica, Cuba, Guatemala, Jamaica, and Trinidad and Tobago as part of the regular health programs.

Despite a decline in the incidence of tuberculosis in Latin America in recent years, it was felt that the drop would have been even sharper if control measures for the entire population had been intensified. The Organization collaborated with seven countries in their integrated programs and with 12 others within programs of communicable disease control, epidemiologic surveillance, or health services.

Leprosy prevention and control operations received substantial impetus as a result of the WHO Special Program for Research and Training in Tropical Diseases and the assistance of various donor agencies.

In malaria eradication the efforts of the Organization and the Governments were directed towards solving the technical and operational problems besetting the programs and keeping the epidemiologic situation from becoming worse. With this in view the Directing Council, at its XXIV Meeting, approved guidelines recommended by the directors of national malaria services for implementation of the new eradication strategy. The strategy introduces changes in methodology and emphasizes the urgency of intensifying epidemiologic studies, retraining personnel, and conducting research.

The Organization redoubled its efforts to collaborate with the countries in controlling emergencies arising from the presence of *Aedes aegypti* in order to limit or prevent the spread of the dengue epidemics that occurred in the Caribbean and the northern end of South America, particularly in 1977, owing to the introduction in the Region of dengue serotype 1. A total of 415 cases of yellow fever were reported in seven countries during the quadrennium. Outbreaks occurred in areas infested with *A. aegypti* that are close to major towns and have good means of communication with them. Bearing this in mind, the PAHO Directing Council at its

XXV Meeting reiterated the resolution calling for eradication of the vector from the Hemisphere.

In view of the increasing importance of chronic diseases in the Region, the Organization intensified its cooperation with the countries in cardiovascular diseases, cancer, diabetes, and chronic rheumatic diseases.

Zoonoses and foot-and-mouth disease control programs made considerable progress during the quadrennium. Several countries strengthened their laboratory infrastructure and control programs with the Organization's cooperation, using local funds, resources provided under the United Nations Development Program, and loans from the Inter-American Development Bank (IDB). All the South American countries have foot-and-mouth disease control programs under way. More than 70 per cent of their cattle population is being vaccinated on a systematic basis, and more than 600 million doses of vaccine per year are being produced under these programs. With the cooperation of the Pan American Foot-and-Mouth Disease Center—which completed its 25th year of operation in 1976—the programs in Brazil, Chile, Paraguay, and Uruguay were evaluated, and a significant and sustained reduction of morbidity from foot-and-mouth disease was observed in each case.

The number of cases of human rabies was reduced in various cities as a result of intensification of national canine vaccination programs.

Brucellosis control and eradication programs were also initiated or strengthened during the four-year period with financial assistance from IDB and technical collaboration from PAHO.

The Pan American Foot-and-Mouth Disease and Zoonoses Centers continued to provide decisive support to the countries in training and research and to serve as reference centers for diagnosis and the preparation of biologicals.

## Family Health

The Organization applied a multidisciplinary approach in its cooperation with the Governments for the solution of family health problems. Emphasis was placed on the coordination with other priority programs of maternal and child health, nutrition, mental health, dental health, and family education, within the context of extending health service coverage to the whole population. National maternal and child and family health units in most countries of the Region were strengthened in accordance with this approach. The Organization also collaborated on family planning programs in Brazil, Chile, Colombia, Cuba, Ecuador, Haiti, Honduras, Mexico, and Peru.

The Latin American Center for Perinatology and Human Development assisted 15 countries of the Region in systematizing and simplifying methods of perinatal care and in reducing the costs and improving the quality of services. The Center also took an active part in the reorganization of such services in Argentina, Cuba, and Mexico.

In nutrition the Governments recognized the urgent need to combine efforts and resources at the national and multinational levels if a substantial impact is to be made on the food and nutrition problems besetting the poorer and more vulnerable groups of the population. Highlights in this area were the technical

cooperation activities of the Institute of Nutrition of Central America and Panama and the Caribbean Food and Nutrition Institute, as well as the Inter-Agency Project for the Promotion of National Food and Nutrition Policies. At the end of the period progress was apparent in the formulation and implementation of national food and nutrition policies, particularly in Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, and Paraguay. Also of note was the design of systems to monitor the nutrition status of the population. Such systems are now operative in Brazil, Colombia, Costa Rica, and Honduras.

In regard to food supplement programs, numerous World Food Program projects were active in 11 countries of the Region; 16 of those projects, representing a total cost of approximately US\$105,742,100, were initiated in response to requests presented during 1974-1977; 62 per cent of this cost was for projects totally or partly under the responsibility of the health sector.

The mental health activities sponsored by the Organization were gradually being included in family health programs, particularly as the latter relate to the prevention of mental disorders and the promotion of mental health. During the period 24 countries and other political units received technical cooperation from the organization in national mental health programs, the development of support and rehabilitation services, and the evaluation of institutions and programs.

In dental health the Organization concentrated on the development of specialized units in the health ministries and the formulation of national programs.

### **Environmental Health**

The Organization intensified its technical cooperation with the countries in the planning and development of basic sanitation programs. Top priority was assigned to public water supply and solid waste disposal programs, including studies on the technical, institutional, economic, social, and financial feasibility of specific projects for urban, periurban, and rural areas.

While the water supply systems of the larger cities have been extended, 22 per cent of the people in urban areas still lack this service. In addition, only 34 per cent of the rural population is served by piped water. To collaborate with the Governments in extending these basic health services, the Organization worked closely with national planners and financial institutions in the development of new strategies. The World Bank, the Inter-American Development Bank, the Canadian International Development Agency, and the United Nations Development Program continued to supply financing for programs of this kind. A total of US\$1,355 million—\$717 million in the form of international loans and \$638 million from national funds—was invested during the past four years in the development of water and sewerage systems.

Special emphasis was placed on proper operation and maintenance of water systems so as to improve the quality of the water supplied. A number of training courses were conducted in this field. The Pan American Center for Sanitary Engineering and Environmental Sciences in Lima, Peru, increased its program for the dissemination of information on water supply and sanitation.

The increasing seriousness of the problem of solid waste disposal is an indication



of major shortcomings in the technical and administrative procedures applied in urban areas of the countries of the Region. The Organization redoubled its efforts to encourage the countries to formulate national or regional solid waste disposal plans and improve administrative practices for the operation of services and the maintenance of facilities.

Acting through the Pan American Center for Human Ecology and Health (ECO) and the Pan American Center for Sanitary Engineering and Environmental Sciences the Organization cooperated with the countries in the identification of critical situations and major problems leading to environmental damage which adversely affect health and the environment as well as economic development.

The Pan American Air Pollution Sampling Network, which now has sampling stations in 40 cities of 16 countries of the Region, provides information to the Governments on the extent and seriousness of air pollution in the leading urban centers.

In occupational health, the Organization, working jointly with other international agencies, helped the Governments develop programs on administration and application of preventive measures, with special emphasis on reducing accidents and chemical intoxication, especially among farm workers.

Development of radiation medicine services along rational lines is an area of concern to the Organization in its cooperation with the countries. Technical specifications were developed for simple, low-cost radiology units for use in urban and rural areas.

## **Human Resources and Research**

Technical cooperation in the human resources area was concentrated on the development of the countries' institutional infrastructure. Activities were oriented toward enabling the countries to implement the recommendations of the Pan American Conference on Health Manpower Planning (Canada, 1973) regarding the need to relate the training of health personnel to the requirements of services and needs of the population.

The Organization, in keeping with the strategy set forth in the Ten-Year Health Plan for the Americas, worked with the countries in formulating procedures for programming the training of health personnel so that greater numbers can be trained as they are needed by the individual countries of the Region. This action is a fundamental means of providing the requisite support for programs to extend coverage of health services.

A W. K. Kellogg Foundation grant to the Pan American Health and Education Foundation enabled the Organization to launch the Latin American Program of Educational Development for Health in 1976. The program's aim is to expedite the experimental application of teaching-service integration systems.

The Organization's cooperation in the area of health and social medicine education and the support it extended to the Latin American Association of Schools of Public Health should also be cited.

In medical education the Organization continued to provide support to schools of medicine, primarily for their programs of integrated teaching and service.

Education activities in nursing were directed at increasing the supply of nursing personnel—which in some countries was nearly quadrupled—and to defining the role and responsibilities of nurses and orienting the curricula toward community health and primary care.

The Latin American Centers for Educational Technology in Health in Brazil and Mexico were active in the efforts to adjust the teaching-learning process to the requirements of health programs in the community. The Centers provided training and reorientation in health to 12,000 professors and instructors.

Regarding scientific and technological information, the Organization continued its assistance through the Regional Library of Medicine and the Health Sciences and the Network of National Technological and Scientific Information and Documentation Centers. It also helped to implement and develop the MEDLINE system and the programs for selective dissemination of information on priority areas in the Ten-Year Health Plan. Cooperation in the area of technological resources was rendered through the program for provision of instructional materials, the medical and nursing textbook programs, and the program to provide basic diagnostic equipment to medical students. During the quadrennium students purchased more than 400,000 copies of the 29 available titles, which included books on the basic sciences as well as medical and nursing textbooks.

In relation to health research, the Advisory Committee on Medical Research was reorganized and reoriented to cover the priority fields of the Ten-Year Health Plan and the national programs for extension of services to neglected areas. A series of subregional meetings was called for the purpose of encouraging countries to formulate health research policies. Surveys were made concurrently to determine the health research resources in these countries and ways of structuring activities in each country so as to foster technical cooperation among researchers and instructors. The Organization encouraged research by providing grants for projects and aiding in the training of instructors; it also promoted the exchange of experience and information through scientific meetings, courses, and seminars, and through distribution of informative material.

### **Information Systems**

Technical cooperation in the redesign and operation of health information systems was oriented toward the training of personnel, the reorganization of statistics and medical records systems, and the establishment of reporting systems—all of which was related to the programs for extending the coverage to rural areas and underserved periurban districts.

### **Emergency Situations**

Several natural catastrophies occurred during the quadrennium, creating serious health problems and affecting the countries' development processes. The Organization provided prompt cooperation at the request of the affected Governments.

In 1976 the Organization, pursuant to a resolution of the XXIV Meeting of the

Directing Council, established an Emergency Preparedness and Disaster Relief Coordination Unit to help deal with these problems.

### **Relations with Other Agencies**

A meeting of senior executives of the Inter-American Development Bank (IDB) and the Organization was held in 1977 to examine substantive aspects of health in the Latin American and Caribbean countries and review the outlook for the next 10 years in the field of health. The definition of an IDB policy for operations in health was a useful development in connection with joint activities of the two organizations at country level. The Bank provided loans for three areas: development of the health infrastructure for coverage-extension programs, water supply and sewerage projects, and animal health programs.

The World Bank, for its part, increased its contribution for water and sewerage studies in Argentina, Bahamas, Bolivia, Central America, Chile, and Mexico.

A special meeting of officials of UNICEF's regional and country offices and PAHO/WHO Headquarters staff was held in 1977. Guidelines were proposed and accepted for joint action in health and cooperation of the Organization with the United Nations Development Program.

### **Internal Reorganization**

The Organization is increasing its operating capacity through a number of important changes in its structure and procedures, all aimed at improving its ability to perform its functions and meet the Governments' requirements efficiently. The programs and their supporting structures were regrouped into six areas: disease control, environmental health, family health, health services, human resources and research, and supporting services. The functions of the Area Offices—formerly Zone Offices—were redefined, and basic aspects of responsibility and authority were decentralized towards the countries. The emphasis on improvement of administration and better utilization of the Organization's human resources was reaffirmed with the development of new training programs for the staff. A Headquarters Programming Committee was established as an instrument for bringing a multidisciplinary approach to bear on technical cooperation activities in the countries. A new programming and evaluation system was developed in 1976 for the purpose of assuring the effectiveness of health programs carried out by the countries with the Organization's cooperation. The new system is based on active participation of the Governments in all stages of the formulation and evaluation of programs carried out with technical cooperation from PAHO/WHO. The system also places emphasis on a comprehensive approach under which the execution of isolated activities of piecemeal projects is avoided, and all the components of the process are coordinated—with sufficient flexibility, however, to allow them to adapt to conditions in each country. The system is compatible with those employed by the United Nations and other external cooperation agencies. As part of the process of active participation of the Governments in definition of the Organization's program and budget, the Executive

Committee played a highly active role in the analysis and presentation of the program and budget to the PAHO Directing Council.

### Technical Cooperation among Developing Countries

The increasing emphasis on technical cooperation among developing countries—which is a way of building up self-confidence in the developing countries and strengthening their capabilities through a planned exchange of knowledge and experience, experts, consulting services, training, equipment, and supplies—was itself a highlight in the Region's development effort. This approach was being widely applied by PAHO, which was increasingly using the resources of one country in countries with similar conditions. More than 90 per cent of the Organization's personnel providing cooperation in the countries of the Hemisphere come from Latin America and the Caribbean. More than 80 per cent of its fellowships are awarded for studies in institutions or agencies in Latin American or Caribbean countries. In view of its experience in this Hemisphere, the Director-General of the World Health Organization selected the Pan American Health Organization as the focal point for the global program of technical cooperation among developing countries.

### Concluding Remarks

The Organization's budget increased substantially during the quadrennium, from \$45.0 million in 1973 to \$70.4 million in 1977. The total budget for 1974-1977 was \$98.5 million more than that for 1970-1973, with 52.5 per cent of the increase corresponding to extrabudgetary funds. This vigorous growth was accompanied by improvements in quota collections and in several countries' payment procedures, all of which made possible a stable situation facilitating the proper execution of programs.

An effort has been made here to summarize some of the salient features of the work of the Governments and the Organization during the 1974-1977 quadrennium. The countries' efforts to solve the most pressing health problems are obviously contributing to the accomplishment of the regional goals adopted by the Governments in the Ten-Year Health Plan for the Americas. The better knowledge of the characteristics of problems and the valuable experience gained in the years just passed, together with the resolve of the Governments, will make it possible to direct activities towards increasingly more specific targets and to surmount the serious obstacles lying ahead. While much remains to be done, the concerted will and efforts of all the Governments of the Hemisphere will measure up to the task.