

The following excerpts from the introduction to the 1975 Annual Report of the Director,¹ Pan American Health Organization, give a view of current orientation in some of PAHO's major areas of endeavor. They reflect the policies adopted and the work accomplished by the Organization during the first full year under the directorship of Dr. Héctor R. Acuña.

It is no small task that faces the Pan American Health Organization and its Member Governments as the first half of the 1970's draws to a close. The commitment to bring primary health services within the reach of every man, woman, and child in the Americas must be met without delay. This and all the other objectives of the Ten-Year Health Plan for the Americas, 1971-1980; the WHO Sixth General Program of Work, 1978-1983; the resolutions of the Governing Bodies of PAHO; and the national health plans of the countries themselves must be vigorously pursued. To these ends, national policies and strategies must be set and programs implemented. And the Organization must constantly strive to increase the efficiency of its response to the health needs of the Region, to improve its service to the Governments.

In fulfillment of these aims a new, unified Program of Technical Cooperation has been developed and approved which envisages:

- The provision of technical cooperation upon request by the Governments concerned;
- The setting of priorities by the Governments, with or without the assistance of the Organization, in the context of their national policies, plans, goals, and targets for socioeconomic development; and
- Continuing, dynamic interaction between the Organization and the Governments in program formulation and implementation, taking into account specific current needs.

Indeed, PAHO can look back on 1975 as a year of action and reaction: as one in which important changes were made to adjust to new Hemisphere realities, yet as one in which a gloomy worldwide economic situation forced sharp cutbacks in the Organization's programs. The first have given occasion for hope and optimism about the future; the second has had only a transitory effect.

¹PAHO Official Document 143, Washington, 1976, pp. vii-xiii.

In order to develop an organizational and functional structure capable of fulfilling the multifaceted and ever-expanding mission that has been entrusted to PAHO, a reorganization of its secretariat, the Pan American Sanitary Bureau, was initiated in 1975, the first year of operation under its new Director. The major program priority areas of the PAHO Program of Technical Cooperation—namely, health services delivery, control of communicable and chronic diseases, family health (including maternal and child health and nutrition), environmental health, and human resources and research—have become the focus for program planning and implementation. Each of these areas now corresponds to a substantive division within the Bureau.

The aims, policies, and programs of PAHO are to be compatible with the purposes and policies of the World Health Organization. Indeed, the contribution of the Region to the WHO Sixth General Program of Work is based on the content and priorities of the Ten-Year Health Plan for the Americas. The essential elements of policy expressed in the Plan for the Americas coincide with those of the worldwide program for 1978-1983—and they will continue, of course, to be just as valid during the early years of the next decade. Thus the collaborative efforts of PAHO and WHO in the Region are being oriented toward the same priority areas and the same central goal.

During 1975 the pursuit of PAHO/WHO objectives was made especially difficult by worldwide recession and inflation. Slackened economic activity in the developed countries caused budgetary constraints on important sources of funds for international agencies. At the same time, the Organization's real income was reduced by sharp rises in the costs of goods and services. The effect of rising wages, a result of the continuing escalation of living costs and the inflationary process in general, was severely felt both in the form of mounting charges for all kinds of labor and in a revision of the Organization's own salary scale. Emergency steps were taken. The reorganization already mentioned, while primarily envisaging the attainment of goals, was geared to the demands of the situation. Programs were reassessed and costs pared wherever possible. Some activities were postponed to 1976. Thanks to these measures and to the cooperation and support of the Bureau's staff and of the Governments, the Organization was in fact able to keep expenditures from exceeding income and even to end the year with a small surplus. But what is more important, it continued to carry out its mission and work actively toward fulfilling its purposes under the Program of Technical Cooperation without any reduction in activities within the countries.

Health Services Delivery

In 1975 the Directing Council reiterated the mandate to strive for the extension of basic health services to all the people in the Americas. Its resolution on the subject urged the Member Governments to expand and improve their services in rural areas and to "use all the possible manpower resources of the community served through continuous efforts to train

professional, technical, and auxiliary personnel in accordance with local needs." Also, it stressed that the health services delivery system should be strengthened within the context of the country's overall socioeconomic development. This involves the identification of possible weaknesses or deficiencies in the system and the adoption of measures to remedy them. It also implies a multidisciplinary approach involving all the related sectors of the economy. And it means that there must be diagnoses and solutions systematically programmed on the basis of reliable and relevant data.

As part of this undertaking, steps have been taken to study approaches for tying the community in with the institutional system: means of using the primary health services system to reach the population, patient referral systems, supervisory systems, logistic support programs, and development of the community's own resources. The national political context and the characteristics of the country's socioeconomic and cultural development are always taken into account.

Disease Control

Epidemiologic surveillance, an activity in which the Pan American Sanitary Bureau has been engaged since its inception, was the subject of new focus and attention in 1975 as efforts were undertaken to integrate disease surveillance and control programs into basic health services systems, particularly in rural areas. The reorganization of PAHO has made it feasible to develop a single surveillance system at the regional and national levels for communicable diseases, including malaria, the zoonoses, and chronic diseases. The economic situation has served to stimulate interest in cooperation on the part of program staff who had previously worked independently. While the function of disease reporting is being integrated into the general health services in a number of countries, similarly the concept of the independent mobile vaccination team is being abandoned in favor of immunization through existing health services at fixed sites.

The role of laboratory services in disease control programs is being increasingly recognized by the Governments, and PAHO/WHO has given strong support in this area as well. Its efforts have focused on the promotion of central network laboratory systems, which have been demonstrated to be the most effective and efficient means of obtaining maximum coverage.

Family Health

Both the Executive Committee and the Directing Council passed resolutions during the year calling for increased attention to the subject of health and youth.

International Women's Year was celebrated in 1975 with active participation by the Organization in several conferences held in the Region. The Directing Council, in a resolution on this subject, urged the Member Governments to advance the promotion and protection of women's health.

Although nutritional deficiencies continued to be a priority problem throughout much of the Region and a major cause, direct or contributory, of

morbidity and mortality, particularly among young children, progress has been made in the implementation of strategies for their reduction and eventual control.

Environmental Health

Areas of high priority for the Organization have been the development of national plans for improving the quantity and quality of drinking water and the provision of basic sanitary facilities for the people of the Region. Progress may be measured by the fact that at the end of 1975, 63 per cent of the people of Latin America (193 million) had the benefit of water services, and about 26 per cent (79 million), of sewage disposal.

Protection of the environment is a major concern of the Organization. Problems relating to disposal of the growing volume of industrial and human wastes without harmful effects on the environment are becoming more serious and complex and often require large-scale, long-term solutions. PAHO/WHO is helping the countries to meet their needs in this area through technical assistance in program planning and institutional development.

Human Resources and Research

Success in extending health services and enlisting the community's participation in their delivery will depend in large measure on the use of innovative approaches to develop a wide variety of human resources. Special attention is being focused on new types of health personnel with sufficient training to work at the level of primary health services, particularly for rural and other underserved populations. PAHO/WHO efforts in this program area have involved a continuing search for new alternatives in the educational processes for the preparation of health personnel.

This effort must also involve educational development, integration of practice and instruction, development of teaching institutions, and provision for advanced studies and continuing education—all of these geared toward achievement of the goals of the Ten-Year Health Plan for the Americas.

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And so it is that the work of the Organization has moved ahead in the various program areas. The experience of 1975, with its successes despite the financial stringencies, has provided guidelines for future courses of action. The continued strong support of the Member Governments has been reflected in the record budget voted by the Directing Council for activities in 1976. This funding will enable PAHO/WHO to meet rising costs due to inflation, carry out some of the activities that had to be postponed in 1975, and advance in the pursuit of its goals. The strength and vitality of the Program of Technical Cooperation is assured.