



PANAMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION



XVIII PAN AMERICAN SANITARY CONFERENCE
XXII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C., U.S.A.
SEPTEMBER-OCTOBER 1970

Provisional Agenda Item 13

CSP18/28 (Eng.)
25 September 1970
ORIGINAL: SPANISH

GENERAL PROGRAM OF WORK OF THE PAN AMERICAN HEALTH ORGANIZATION/
WORLD HEALTH ORGANIZATION FOR THE PERIOD 1973-1977

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
PROGRAM	4
<u>A. Infrastructure of the Health Sector</u>	4
1. <u>Administration</u>	4
1.1 Organization	5
1.2 Information	6
1.2.1 Information on health and sickness	6
1.2.2 Information on activities and resources	7
1.3 Research	7
1.4 Planning and programing	8
1.5 Evaluation	9
1.6 Legislation	9
2. <u>Resources for Health</u>	10
2.1 Human resources	10
2.2 Technical resources	12
2.3 Material resources	12
2.4 Financial resources	13
<u>B. Health Services</u>	13
1. <u>Comprehensive Medical Care</u>	14
1.1 Communicable diseases	15
1.2 Non-transmissible diseases	16
1.3 Maternal and child health and population dynamics	16
1.4 Nutrition	17
1.5 Dental health	18
1.6 Mental health	19
2. <u>Environmental Improvements</u>	20
2.1 Water supply and sewerage	20
2.2 Development of river basins	22
2.3 Industrial hygiene and air pollution	22
2.4 Control of the quality of drugs and processed foods	23
2.5 Veterinary public health	24
2.6 Housing	24
3. <u>Supplementary Services</u>	25
3.1 Health laboratories	25
3.2 Health education	25
4. <u>Final Considerations</u>	26
SUMMARY	27

GENERAL PROGRAM OF WORK OF THE
PAN AMERICAN HEALTH ORGANIZATION/
WORLD HEALTH ORGANIZATION
FOR THE PERIOD 1973-1977

INTRODUCTION

Economic goods have value as long as man, whatever his geopolitical situation, has the right and the ability to enjoy them and put them to work for his own development and welfare and the survival of the species. It is universally accepted that health, the essence of well-being, can only be comprehended in its entirety within a social and economic framework. Consequently, a study of the social and economic environment is indispensable in a survey of the health situation. Such knowledge, as comprehensive as possible and as profound as necessary, is essential to planning the activities which will produce a lasting improvement in health.

Generally speaking, the programs of work of the Pan American Health Organization have their source in the programs of the Governments, and these are based on regional health policies decided upon by the Governing Bodies. These programs are so formulated as to assure effective coordination with the other agencies of the Inter-American System and of the United Nations.

Since 1952, the World Health Organization, in accordance with the instructions of its Directing Bodies, has developed a succession of working programs for specific periods. The purposes and objectives are based on a set of principles, which are applied with considerable flexibility so as to adapt PAHO's cooperation to scientific and technical progress and to changes occurring in health problems at the national, regional, and world levels.

The requests on the part of the Governments for more and more specialized technical cooperation and the limited funds available make it necessary to strengthen administrative efficiency pari passu with measures for increasing the availability of funds.

A permanent overall evaluation of problems and programs is needed. This will lead to the adoption of methods and strategies that will assure the appropriateness and timeliness of such cooperation and its maximum efficiency.

In the last ten years the interest of the Governments of Latin America in the continuous study of health and its development within the framework of the social and economic environment has been highly significant. The Act of

Bogotá, the Charter of Punta del Este, the Declaration of American Presidents, and the recommendations made in the meetings of Ministers of Health of the Americas have expressed this interest and served as a guide for the PAHO/WHO programs of cooperation.

The experience acquired and the growing possibility of arriving at a useful understanding of health problems are giving to planning a degree of excellence not only as regards better utilization of available resources but also the creation of new ones.

In adopting the recommendation for longer term planning, it was considered appropriate and necessary to review former procedures and design a system practical and firm, but sufficiently flexible to be adapted to varying health conditions in the Americas.

The system by which the PAHO/WHO cooperative activities will be planned in this Region has been given the name "Four-Year Projections of the Activities of the Organization in the Americas" and is aimed at meeting the requirements indicated above. This system is based on a joint and continuous effort by national health authorities and officials of the Organization to plan the cooperation required from the Organization for tackling priority health problems in the various countries and also for fulfilling its international responsibility. This system consists of five main stages, which follow one another in an unending series.

In the first stage a useful knowledge of existing health conditions in a socioeconomic environment is acquired, thus establishing the baseline situation. The second stage consists in identifying main problem areas of high priority based on knowledge acquired in the first stage. The third stage entails the selection of activities which must be carried out to solve or reduce the problems identified in the second stage. The fourth stage, which gave rise to the program of work presented in this document, consists of indicating the so-called critical fields in which the Governments desire PAHO cooperation, and the objectives and goals to be accomplished in a given period of time. This stage leads to the preparation of a set of PAHO/WHO projects (for a country, Zone, or Region), which may serve as a basis for formulation of the appropriate budget. The fifth stage completes the cycle. It includes periodic evaluation which, beginning again with the first stage, enables the necessary readjustment to be made in the subsequent program.

On this first occasion, only readily available information was utilized, thus avoiding laborious retrospective studies and special investigations. The task was a difficult one, but the interest shown by the Governments at all levels was most encouraging. The first fact that this investigation brought to light was the lack of comprehensive information on the problems most closely

related to the well-being of man in the Americas. Most of the statistics that came to hand expressed average situations and phenomena as if they were uniformly distributed among the population. This is very far from reality. This is true when we are dealing with a single country, but becomes much more serious when we are considering an entire region or its geographical and political subdivisions.

Moreover, the differences among the countries of Latin America as regards level of development are very marked. The health situation itself, the general features of which are common to most of the countries, presents great variations when examined in the light of their social and economic environment. To study these differences the data supplied were analyzed and an attempt was made to sketch individual profiles of development which show graphically the characteristics of each country, and thus be able to arrange them in reasonably homogeneous groups.

Data were assembled from 26 countries and territories of the Americas on the many varied denominators included within the health-environment ratio. From these, 21 interrelated indicators were selected to represent the principal fields of development. Basic importance was given to life expectancy as an overall indicator, and four of the most significant indicators were selected for each one of the following entities: (1) structure and resources for health; (2) the environment; (3) educational levels and structures; (4) economic levels and structures; and (5) population structure. On this basis it was possible to make a preliminary classification of the countries in accordance with their stage of development.

On the other hand, it was found that in some cases countries and territories, although belonging to the same group with similar levels of development, had a different historical and cultural background or a special political structure (not identified by the indicators). This made it necessary to devise an additional grouping of countries and territories.

There were many obstacles and limitations which impeded the attainment of conclusive results in this first attempt. Despite this fact, the grouping selected can be accepted on a provisional basis and taken as a starting point for future corrections. The results of this first attempt at classification should therefore be interpreted with reserve. It should be understood that its primary purpose was to provide the foundation for a program to give relevance to the PAHO/WHO cooperative effort.

We are thus complying with Resolution XIV passed by the Executive Committee in its 61st Meeting, with Resolution XXVII of the XIX Meeting of the Directing Council of the PAHO, both on long-term planning and evaluation, and with Resolution WHA23.59 passed by the 23rd World Health Assembly on the General Program of Work for a specific period.

In accordance with the relevant part of Resolution XV of the Executive Committee in its 64th Meeting, the General Program of Work for the period 1973-1977, herewith presented for the consideration of the XVIII Pan American Sanitary Conference, if approved, will be submitted to the Director-General for inclusion in the Fifth Working Program of the World Health Organization for the period 1973-1977.

PROGRAM

The basic information obtained through the system of four-year projections and the information periodically supplied by the Governments on their problems of greatest importance were analyzed in the light of the declarations and recommendations on health in the Act of Bogotá and the Charter of Punta del Este and in the final reports of the meetings of Chiefs of State and Ministers of Health of the Americas.

The results of this study make it possible to orient the work of PAHO/WHO to two large areas of cooperation: (A) the infrastructure of the sector and (B) the health services complementing each other systematically balanced from their very conception and with a single goal. The first field of cooperation stresses administration in its broadest sense, that is to say, as a dynamic process seeking continuously to understand health phenomena, to invigorate knowledge, ability, and attitude, and to utilize resources, adapting them to constant changes in health problems.

The second field of cooperation deals with the production of services in the form of specific activities to meet the most significant problems of the community, satisfy the demands of the most needy "consumers," and direct the services towards the places which have the greatest need.

A. Infrastructure of the Health Sector

A rational and solid sectorial infrastructure is an essential requirement to assure the efficiency and timeliness of health services. For the purposes of this program it is considered that infrastructure is made up of two large components: (1) administration and (2) resources.

1. Administration

Problems of an administrative nature are present to a greater or lesser degree in all of the countries. These problems have proved to be the principal obstacles to the production of services which are adequate in quality, quantity and coverage. Weakness in management is considered to be one of the characteristics of general underdevelopment. Although there is no doubt that the elimination of structural or functional deficiencies in the system is not enough in itself to raise the development of a country to the desired level, it is

also recognized that rational administrative reform can increase the efficiency of a service immediately and substantially, eliminate stagnation, and lead to a gradual and orderly achievement of objectives.

The agencies in charge of health in most of the countries of Latin America have recognized the importance of the problem, and the progress achieved in solving these problems is worthy of note. PAHO/WHO will continue to cooperate in this field of activity, both by strengthening and expanding Regional and Zone specific projects and by reinforcing the health administration component in all projects, regardless of their purpose and sphere of activity.

Health administration cannot be independent of public administration in general, and the condition of the latter is always reflected in the condition of the former. Moreover, the improvement of the health infrastructure complements national administrative reform and often stimulates it.

1.1 Organization. There have been marked changes in the last two decades, caused primarily by administrative inflexibility in confronting the rising demand for services, specially for institutional medical care which absorbs almost 80 per cent of the total expenditure on health services. These changes have resulted in a proliferation of government, para-government, and private agencies in the health field. In most of the countries coordination among these agencies is weak, and unnecessary duplication of efforts and resources is often observed.

The social pressures for achieving better standards of living and the urgent need of bridging the gap separating the countries of the world into two major categories of development are factors which, among others, change the value and concept of many health problems and consequently the organization created for solving them.

PAHO/WHO will continue to cooperate with the Governments in the great task of reorganizing the various agencies of the public and private sectors so that, while respecting their individuality, it will become possible to achieve integration of efforts and services, provide for regional distribution, and procure the informed participation of the community at all levels.

Although the problems of organization are common to all the countries, each one of the countries has individual characteristics which appear when these problems are analyzed through national parameters of an ideological, traditional, sociocultural, legal, technical, and economic nature. Consequently, the terms of this cooperation must be studied carefully with the Governments so that PAHO/WHO cooperation can be used to promote and strengthen the methods which each country considers appropriate to achieve the desired improvement.

1.2 Information. The imperative need to substitute, or at least support, intuition by a profound understanding of the phenomena, actions, and reactions that affect health and fall outside its scope, gives a high place to information in the processes of planning, production, and supervision of services. The term information in this sense means the planned development of a system of communication, recording, processing, and analysis of data, in order to build up a body of knowledge useful for the determination of policies, the formulation of plans and programs, and the evaluation and selection of operational techniques and strategy, as well as to control the operations themselves.

The efforts and achievements of the countries of Latin America in the last few years in the field of statistics are noteworthy, particularly as regards the recording and processing of data on vital and health statistics. There is a growing trend towards improving these activities in quality and coverage. The hope thus arises that in the near future all of the countries of Latin America will have complete, reliable, and comparable statistics to provide better and more thorough knowledge not only in the health sector itself but also in the framework of general development, as well as information concerning changes brought about by health plans and programs.

PAHO/WHO will continue to assist in the structural and functional strengthening of statistical units in the countries of Latin America to consolidate and expand the achievements already obtained. It will place particular emphasis on the development of systems of input, analysis, and output of statistics as the primary ingredient to produce a continuous flow of essential information, promoting at the same time its creative use in the dynamic process of planning. The special studies on mortality and human reproduction have proved to be good examples. PAHO/WHO will continue to stimulate and promote this development. Particular attention will be devoted to strengthening national institutions for research and training in vital and health statistics endeavoring to enable them to give multinational or regional scope to their services. The use of the electronic computer in health programs will continue to be promoted according to the needs and possibilities of each country. PAHO/WHO will continue to support national electronic data processing centers such as the one recently created in Argentina so that their coverage will be extended to the multinational level. In addition to the internal services which it provides to the Organization, the Data Processing Section set up at Headquarters acts as a regional cooperative project through which support is provided to the countries, together with training for national and international personnel, on systems analysis, data processing, and programming, primarily with regard to (a) administrative and health statistics systems; (b) hospital information systems; and (c) research in those national or multinational investigation and training projects in which PAHO/WHO participates.

1.2.1 Information on health and sickness. A system of information on the health-sickness phenomenon is fundamental for the planning, implementation and evaluation of measures for the prevention of disease and the promotion and restoration of health.

The strengthening and consolidation of this information will continue to be a matter of priority for PAHO/WHO. In each country, according to its needs, the Organization will stimulate the planning and operation of systems of epidemiological intelligence and surveillance with respect to communicable diseases as well as to those non-communicable diseases which are of epidemiological interest. PAHO/WHO will cooperate with the Governments in carrying out comprehensive epidemiological studies and will promote measures that make for the efficiency and widespread dissemination of the reporting of communicable diseases and of medical records that provide more accurate knowledge of the structure of mortality and morbidity.

PAHO/WHO will orient with increasing concern the work on epidemiological surveillance at the local, national, and regional levels to prevent the introduction of new diseases, the reappearance of those diseases which have already been eradicated, and the recrudescence of those diseases which have been brought under control.

1.2.2 Information on activities and resources. "Program inventories" must be kept up to date to show, within a general information system, the progress of work and the resources used. The Organization will continue to assist with the development of practical systems of periodical reporting which would include, in addition to numerical data on activities, the recording of achievements made towards the objectives and targets of each program. It will also cooperate in the design and application of analytical methods for evaluating the effectiveness of various combinations of resources brought into play for tackling a problem.

1.3 Research. In the last few years there has been a growing interest on the part of the Governments in the development of research as an essential source and complement of the information system in the processes of planning, operation, and teaching. The general purpose of PAHO/WHO cooperative work is to increase the capability of the peoples of the Americas to raise their health standards and protect themselves against disease. The objectives of this work are, among others, the strengthening of the existing capacity for biomedical and administrative research, promotion of and assistance to research on priority health problems, and coordination of the research work which national and international agencies are carrying out in these fields.

For this purpose PAHO/WHO will continue vigorously to support the development of multinational programs in various subjects.* Epidemiological and administrative research programs will be the subject of particular attention, and the Organization will support and stimulate their inclusion in the regular activities of health services.

* PAHO/WHO Document RD 49/5(9)-R, Research in Progress, 1970.

The Organization will continue to support the dissemination and exchange of information and reports in the Americas. It will also continue to support the work done by individual research workers and their education and training in fields relevant to the health problems of the Region. PAHO/WHO will continue to assist in the implementation of national studies on human resources for health and education in health sciences as a foundation for the planning of education, training, and better utilization of health personnel.

1.4 Planning and programing. All of the countries of Latin America have complied, each one in its own terms, with the urgent need for planning and programing health activities through the establishment of administrative mechanisms which put into effect, using political and technical criteria, processes aimed at (a) the identification of major health problems, (b) the determination of their relative priority, and (c) the rational assignment and utilization of existing and acquired resources, as well as the creation of new resources.

Experience has shown that this process can only be implemented when it is included from the very beginning in the framework of general development planning with a sense of wholeness, as an enterprise which really integrates all levels of administration and as a self-supporting exercise capable of being improved.

In most of the countries of Latin America the goals of health planning and the implementation of this process have been jeopardized by the weakness of the infrastructure. This weakness is the cause of low levels of productivity.

PAHO/WHO will pay particular attention to research, training, and exchange of information in this field. It will continue to collaborate in consolidating and strengthening, in content and coverage, the national health plans which are already in operation, and in formulating policy and strategy for the development of the planning process in those countries in which it has not been started or is not yet in the operational stage. It will place renewed emphasis on the planning of regional health programs as an integral part of overall development plans in river basins and border areas, in areas of multinational geopolitical interest, as well as in industrial and agricultural nuclei of development.

The Pan American Program for Health Planning, a multinational center created with the assistance of the United Nations Development Program, will have the functions of training, research, and exchange of information. It will promote the decentralization of research. It will stimulate and support the development of research that contributes to the creation and application of planning techniques which supplement the present methodology of health planning. The Program will make a particular effort to include in its teaching activities the principles and practice of continuing education, thus assuring a solid preparation for key personnel so that they in turn can promote intensive training programs in their own countries.

1.5 Evaluation. Program evaluation is the last link in the chain of activities involved in the administrative process and gives it renewed vigor. Evaluation provides the impulse which prevents stagnation of effort and which guides the distribution of resources for their better utilization.

Through its cooperative projects at various levels PAHO/WHO will encourage the formulation of precise objectives for each program, identification of appropriate criteria and indicators which make it possible to measure progress and determine and interpret the degree of success achieved, and the creation and operation of practical mechanisms assuring the dynamic character of the evaluation and fostering inclusion of its results and recommendations in the general administrative process. Cooperation will continue to be given to the Governments in carrying out special studies for program and project evaluation, particularly those projects which are or may become the subject of international cooperation in the field of health as a part of general development.

1.6 Legislation. Every individual and community has a right to health. This right is recognized and protected by law. The law in its turn imposes on the individual and the community the duty to abstain from violating this right as well as to cooperate in its exercise. Integrated services for individual and community health, based on scientific principles constantly updated and executed by a capable, community-minded staff, work satisfactorily only with a solid sectorial infrastructure, supported by laws that are comprehensive and relevant to the health situation.

The recognition of health as a social benefit and its inclusion among social rights guaranteed by the Government are expressed in the constitutions of most of the countries of Latin America. Basic laws and regulations are in effect in all of these countries. Their volume, content, applicability, and terminology vary considerably from one country to another. Progress in science and technology, the development of health programs within the framework of national socioeconomic development, and the trend towards multinational economic integration pose various problems of a legal nature. These problems require revision of national laws to bring them up to date and amplify them so that, besides satisfying the requirements of each country, they may be included in a uniform inter-American system of health legislation.

In cooperation with the various Governments, PAHO/WHO made a preliminary study of the current status of basic health laws in the Americas and their development over the past 20 years (1948-1968). The results of that study will serve as a guide for the Organization's program of work in this field. PAHO will continue to assist the Governments in studies for updating and amplifying their laws and regulations along rational lines. When the study has been analyzed, a decision will be made as to whether there should be changes in the present Pan American Sanitary Code to give it greater dynamism and flexibility.

2. Resources for Health

The complexity of the technology applied to human health and improvement of the environment, the ever-increasing cost of health activities, together with the growing social and institutional demand for goods and services of high quality, available to all, require a rational allocation and more adequate utilization of human and material resources to assure successful completion of priority programs integrated within the framework of general development.

The cooperation of PAHO/WHO in this critical field of health development will be directed more strongly towards the study of problems related to resources and the best methods to confront these problems. This assistance will be geared primarily to national efforts and their coordination with multinational programs of technical and financial assistance.

2.1 Human resources. Man is at once the source and the goal of all health activities. The results of a health program, no matter how good its design and organization and the availability of techniques, facilities, and money, cannot be any better than the results achieved by the dedication, intelligence, and training of the coordinated team that implements the program. Significant changes can only be obtained in programs of integrated medical care and sanitation when the educational and training institutions identify with the desired changes and produce men and women who know how and where to do what is needed.

In all the countries of Latin America there is shortage and poor distribution of personnel qualified in the various branches of health work. The needs and demands for services increase pari passu with progress in the science and technology of health, but at a much greater pace than the human resources required to satisfy them. It is evident that current programs for training and utilization of health personnel have to be more consistent with the development plans and programs of the sector and with the general trend of development.

The Governments have recognized the seriousness of this situation and in the last few years have been adopting vigorous measures to achieve better identification of the problem and its characteristics in order to tackle it in a rational and efficient way. Also committed to this task are the universities and training centers which are now undergoing an interesting process of educational and administrative reform. These changes cannot be overlooked by the health authorities.

Among the areas of cooperation of PAHO/WHO, human resources for health will continue to be given high priority because of the effective contribution it makes to the pool of talent, the most valuable resource for development.

The planned training and utilization of health personnel require will and effort from two main sources: a source within the sector itself and an extrasectorial source. Complete coordination between the two and adequate

communications are required for this planning. Above all, it is necessary to develop attitudes of solidarity in the institutions and individuals to assure efficiency and prevent duplication and waste. PAHO/WHO will support the plans which the Governments develop for these purposes according to the individual circumstances of each country. In all cases it will promote coordination between the agencies in charge of health and the institutions responsible for training personnel, in particular with the universities teaching health sciences. In close cooperation with the inter-American and United Nations agencies, it will encourage the efforts of the Governments to improve undergraduate education and introduce general concepts of public health into the curricula of institutions outside of the health sector.

PAHO/WHO will continue to contribute to the progress of studies on human resources as regards their quantity and quality, interdisciplinary ratio, geographical distribution of personnel, sources of training, teaching content, methods of study, and the efficiency of teamwork. It will enhance its cooperation in the promotion and strengthening of new educational structures that integrate the widely dispersed facilities for educating and training students in various areas and at different levels with a multidisciplinary and comprehensive insight into national health problems. It will continue to cooperate with training centers in strengthening their programs of research, education, and services not only with respect to their administration, in the broad concept of this term, but also as regards teaching techniques and equipment and the relationships between teacher and student and between the two and the national community.

In order to achieve greater dissemination and better utilization of both national and international cooperative resources, renewed attention will be given to the development of multinational centers for specialized training, research, and the dissemination of information, promoting at the same time the decentralization of training and research in accordance with the needs and capabilities of the countries of the Region.

At the national level, assistance to institutions for professional training will be directed towards strengthening the teaching of community health, administration, and behavioral sciences, their incorporation in the curriculum, and the introduction of epidemiology into the teaching of clinical sciences. PAHO will encourage joint planning by health authorities and universities of systems of continuing education, particularly for the benefit of personnel working outside large cities. It will also promote the development of experimental programs from which may emerge practical methods applicable to other countries.

Renewed attention will be devoted to national programs for the development and training of health personnel in the intermediate and auxiliary categories designed to meet needs identified by studies on human resources and in

accordance with the absorption capacity of each country. Development of programs of this type is necessary in all fields, particularly in nursing, where proper utilization of the very small number of professional nurses has been seriously hindered by the general shortage of intermediate and auxiliary personnel.

Collaboration in the training of key personnel for research, teaching and administration of health services and in certain specialized disciplines through the PAHO/WHO fellowship program has contributed to the strengthening of health institutions in the Americas. The evolution of national training resources and needs is reflected in changes in the fields of study in which Governments are requesting fellowships. In order to be in the best position to meet these requests, PAHO/WHO will continuously evaluate its fellowship program both as regards the appropriate utilization of the knowledge acquired and as regards the quality of facilities offered by the centers at which fellows are trained. This will also make it possible to make arrangements to explore new forms and fields of international training for which facilities at the national level have not yet been developed.

2.2 Technical resources. Scientific progress has increased the availability of new techniques of varied complexity both for the development of the infrastructure and for the provision of health services. Money and other resources are needed to put these techniques into practice. Furthermore, general development plans, regardless of the extent of their orientation towards social development, necessarily impose a limit on the proportion of funds allocated to the health sector. This makes it necessary to formulate a flexible health policy. In addition to establishing the order of priority which should be given to the problems, this policy involves the adoption of methods that are determined by the nature of the problems themselves and the operational capacity of the country.

PAHO/WHO will collaborate with the Governments in the selection of techniques whose complexity is compatible with the resources available for implementing them and in the selection of the strategy for their wide application. The Organization will stimulate and support operations research and cost-effect analysis, as well as activities for developing new methods and exchange of information on the experience acquired.

2.3 Material resources. The same considerations hold true with regard to the rational use of the facilities, equipment, and transportation which are necessary to adapt the infrastructure to meet the requirements of integration and regionalization.

PAHO/WHO will collaborate with the Governments, primarily through regional projects, in the training of key personnel for plant maintenance, simplification of equipment, and dissemination of information on selected sources of low-cost materials, particularly for health teaching. The administration and

methods of financing the program for the provision of textbooks to medical schools promise to show ways to develop self-financed programs for the provision of equipment and materials in other fields. Within its financial limitations, PAHO/WHO will continue to allocate funds for supplies and equipment which are not readily obtainable in the countries for the basic purpose of supporting that local training which is implicit in every cooperative project.

2.4 Financial resources. Financing of the health sector in the Americas is one of the most complex problems. The level of overall development and the status and functioning of the sectorial infrastructure impart certain features to the problem in each country. These characteristics have to be thoroughly studied in order to find practical methods for dealing with them. Population increase and rising aspirations, as well as the emergence of new problems and the need to finance the resources in the infrastructure, require the mobilization of more and more financial resources. In order to better utilize the eventual increase in financial resources, it is essential to plan and develop the maximum internal effort by means of institutional coordination, establishment of priorities, increased productivity of existing resources, and their planned assignment to selected socioeconomic groups and geographical regions, the selection being determined by national development policy.

The collaboration of PAHO/WHO in the strengthening of the health infrastructure will assume compliance with the requirements of budget and program organization, justifying and supporting the rational increase and utilization of internal and external financial resources. Because of the difficulty of increasing public investment in the health sector, it is necessary to investigate new sources and forms of financing in the community itself and in other development sectors. The Organization will continue to promote revision of the credit policies that guide foreign financing, as regards its mechanisms and destination, the latter being oriented towards the development of sectorial infrastructures and broad health programs of national and multinational interest.

The experience obtained in the last few years in promoting the use of credit resources from inter-American and bilateral development institutions for health purposes has been very encouraging. Consequently, there are great possibilities of expanding the use of these resources, at the same time attempting to ensure that new national and international sources give to the financing of the health sector the priority that it deserves.

B. Health Services

The collaboration of PAHO/WHO in the strengthening of the sectorial infrastructure accompanies the efforts by the Governments throughout the basic process of administration and operational management and in the production and utilization of resources leading to the establishment of policies for coordinated provision of health services adequate in regard to quality, scope, and

continuity. In the final process of production and provision of services, PAHO/WHO will continue to collaborate in the preparation, consolidation, and expansion of programs for (1) integrated medical care to the individual and community and (2) the preservation and improvement of the environment.

1. Comprehensive Medical Care

Integrated medical care is obtained by the timely and harmonious application of efforts and resources and the provision of services related to the promotion, protection, and restoration of health and rehabilitation, with a comprehensive and balanced approach and for highly social ends.

Life expectancy and the structure of mortality and morbidity help to provide a panoramic view of the situation prevailing in this field and determining the content and coverage of medical care programs.

The progress achieved by the countries in the last decade in the process of integration and improvement of their health services is gratifying. According to the data on deaths by age group supplied by the countries which have information available, it is estimated that from 1960 to 1969 life expectancy in Mexico, Central America, and the Caribbean increased by 1.5 years, and in South America, by 2.6 years.

The death rate of children 1 to 4 years of age decreased by more than 90 per cent, although the rate remains high in some countries, with figures ranging from 18.7 to 33 per 1,000. The fall in infant mortality has been slower and there are still areas in the interior of many countries where infant mortality exceeds 100 per 1,000 live births. The mortality and morbidity of children under 5 years of age continues to be one of the principal problems in most of the countries of the Americas.

The preliminary results of the Inter-American Mortality Study show that the mortality rates in the cities studied are less than those of the rest of the area of the participating countries. The same situation may exist in all of the countries, and this would show that, despite the efforts made and the progress achieved in Latin America, approximately 65 per cent of the population living in areas which are geographically and functionally remote from the centers of economic and technical concentration still do not receive the medical care which they need.

The PAHO/WHO program of cooperation for improving integrated medical care services will give greater emphasis to the development of national health systems that include all specialized activities within services effectively integrated, regionalized, and coordinated. Special stress will also be laid on the proper utilization and greater productivity of existing resources, bearing in mind that coordination of these resources, together with the efficiency of the services, are essential factors to assure the success of a health plan or program.

The Member Countries are experiencing ever increasing difficulty in promoting programs for building hospitals and other health facilities. Their high cost requires a very careful evaluation of the real needs, and it will frequently be preferable to orient the program towards out-patient medical care, which requires a smaller investment of capital. A program of hospital remodeling and maintenance would give the final touch to the system of physical facilities needed for carrying out the health program at the local level.

1.1 Communicable diseases. In most of the American countries, mortality caused by infectious and parasitic disease has declined considerably in the last ten years. In Latin America the death rate for infectious diseases has dropped by 48 per cent; that for diseases of the digestive tract, usually gastroenteritis, by 44 per cent; and that for respiratory diseases, principally pneumonia and influenza, by 26 per cent. Nevertheless, infectious and parasitic diseases still account for 30 to 66 per cent of deaths from all causes in Latin America, excluding Argentina, Cuba, and Uruguay.

Moreover, the prevalence or incidence of many of the traditional communicable diseases is still high, while other diseases are taking on increasing epidemiological importance. Despite the efforts made, malaria and smallpox have not yet been eradicated from the Hemisphere. Even though reporting is not complete, the incidence of venereal diseases is clearly on the increase; and the areas affected by Chagas' disease, hemorrhagic fevers, encephalitis, and onchocerciasis, among other diseases, are more extensive and the situation in the areas in which leprosy, sylvatic plague, and other infectious and parasitic disease are endemic is little changed.

It is estimated that at least three-fourths of the mortality and morbidity caused by this group of diseases could have been prevented. Techniques of proven effectiveness and relatively low cost are now available for protection against and control of the vast majority of these diseases, and the number and quality of trained personnel has been gradually increased, thanks to the emphasis that has been placed on national and international education and programs. What is needed now is to strengthen the decision-making process and develop or strengthen smoothly operating administrative mechanisms for rapidly and methodically achieving objectives and targets of comprehensive medical care programs for the eradication or control of communicable diseases.

PAHO/WHO will devote increasing attention to communicable disease eradication and control programs in the Hemisphere, as well as to programs for the control of those diseases of regional or national epidemiological importance that have the greatest bearing on the overall development of the countries. It will lay emphasis on the strengthening of epidemiological reporting and surveillance and on bringing epidemiological and ecological studies up to date. It will continue to assist in the promotion of techniques and resources for the production of antigens, sera, and vaccines. It will encourage and foster the evaluation of on-going programs, the coordination of resources, review of techniques, and the adaptation of strategy to the general and epidemiological conditions prevailing in each country.

Special attention will be given to ensure that immunizing agents are available and potent and that the level of immunity necessary to protect the population is attained. The malaria eradication strategy is being revised to this end, in conformity with Resolution WHA 22/39.

1.2 Non-transmissible diseases. As a result of health factors which have lengthened life expectancy and changed the population structure, as well as of cultural and environmental changes stemming from rapid urbanization and increased industrialization, non-communicable diseases, particularly chronic and degenerative diseases, are acquiring more and more epidemiological importance in all the countries of the Americas.

As early as the beginning of the last decade it was noted that malignant tumors and cardiovascular diseases were responsible for 53 per cent of all deaths in Uruguay, 46 per cent in Cuba, 38 per cent in Argentina, and between 20 and 30 per cent in Venezuela, Chile, and the State of São Paulo, Brazil. In addition, the Inter-American Investigation of Mortality,* covering 12 cities of the Americas, revealed that these and other chronic diseases, such as diabetes, mental diseases, bronchitis, gastric and duodenal ulcers, alcoholism, cirrhosis of the liver, and gall bladder conditions, account for two-thirds of all deaths in persons between 15 and 74 years of age. The protracted - sometimes permanent - disability caused by this group of diseases, in addition to affecting health, limits an individual's opportunities for social and economic improvement and thereby restricts his contribution to the general development of the community.

PAHO/WHO will continue to encourage and support the development of regional and national programs for epidemiological research as well as for training specialized personnel. It will assist in the study and dissemination of techniques and in the formulation of strategy for the inclusion of techniques for early diagnosis within the regular programs of the health services. Through the regional centers for research and training in medical care administration, it will foster a wider use of administrative methods and procedures for the more rational management and utilization of facilities for diagnosis, rehabilitation, and treatment.

1.3 Maternal and child health and population dynamics. For women in the child-bearing age, children, and adolescents, a special approach to comprehensive medical care is needed. This is because of the greater risks to which these groups are exposed; they are especially vulnerable and more dependent on the social and economic environment. The value of the available information is limited by under-reporting of cases of disease and deaths associated with child-bearing and childhood; moreover, this information by itself would not give a true picture of the size, depth, and scope of these increasingly complex problems, which are to be found in all countries, whatever their state of development.

* PAHO/WHO, Scientific Publication 151, Patterns of Urban Mortality.

These groups, taken together, constitute the human potential, understood in the holistic sense; of this adolescents are an inseparable part, sharing as they do the many problems inherent in the continuous physical, physiological, and cultural development of the child. Furthermore, the "youthfulness" of the population in most of the countries renders the dependence of these groups an increasing burden on the family and society. This burden is not expected to diminish in the near future; rather, it will tend to increase if mortality rates continue to decline and birth rates remain high.

Most of the Governments of the Americas are interested in the study of population dynamics and in determining their own national population policies. Participation of the health authorities in the formulation and execution of such policies is unavoidable and calls for the strengthening of health infrastructures with respect to administrative procedures and the creation and utilization of resources, as well as a revision and organization of their maternal and child health programs as part of comprehensive medical care services.

PAHO/WHO, through its cooperative projects for the general strengthening of health infrastructures, and specific projects in nutrition, mental health, dental health, and planning of health education, will encourage and continue to support programs for the improvement of both the content and techniques and strategy of maternal and child health care. It will help the Governments to set up intrasectorial multidisciplinary mechanisms as well as machinery for coordination with agencies in other sectors, so as to give continuity to these services and fill in acknowledged gaps in the care of pre-school children and adolescents.

With regard to population dynamics, PAHO/WHO will continue to help the Governments with studies of human ecology and genetics; psychological, sociological, and physiological aspects of reproduction; demography; operations research; and such other studies as will contribute to the formulation of the population policies that each Government, by its own decision, may consider it desirable to introduce. It will also continue to assist universities and other educational agencies in the preparation of personnel at all levels. The Organization will foster the coordination of health research and service activities carried out in this field by other international or bilateral organizations.

1.4 Nutrition. Man's initiative and capacity to organize the production and consumption of the foods he requires to maintain his health and assure his physical and mental development have been a major factor in his cultural, social, and economic history. And it is the level of availability, consumption, and utilization of foods that determines the extent of nutritional problems. Thus it is that such problems present varying characteristics in the Americas, since they are related in each country to the economic and social conditions of the urban and rural population, its cultural traditions, and the greater or lesser availability of nutritional resources.

Progress has clearly been made in the application of criteria and techniques for the diagnosis and treatment of nutritional diseases. However, health protection and promotion in this field have not been sufficiently emphasized, mainly because arrangements for ensuring the supply of foods adequate in nutritional content are, for the most part, beyond the possibilities of direct action by the health sector. This, in turn, is a result of the lack of specific food and nutrition policies that reconcile the priority biological needs of the population with the countries' requirements for economic development. The nutrition problem in its broadest sense is a multisectorial problem and requires coordinated and harmonious action by the agencies of government, and active community participation.

The following major targets have been established for the PAHO/WHO assistance program for the period covered herein: (a) effective inclusion of well-defined activities for the improvement of nutrition as part of the regular programs of comprehensive medical care, especially those in the area of maternal and child health; and (b) formulation and implementation of national food and nutrition policies in all the countries of the Region. The Organization will continue to assist in the establishment and development of a regional center for the compilation, analysis, and dissemination of nutrition information in the Americas. The same applies to the training of specialized personnel in this field and the evaluation and revision of food and nutrition programs developed by national and multinational institutions. PAHO/WHO will do this work through the Institute of Nutrition of Central America and Panama, the Caribbean Food and Nutrition Institute, and other multinational programs. The aim in each case will be to ensure that research, teaching, and service activities contribute in a coordinate and harmonious manner to the formulation of policies and to the satisfaction of needs as required for their effective implementation.

PAHO/WHO will continue to assist the Governments in reviewing and adopting techniques and strategies to strengthen the programs for iodization of salt, enrichment of cereals, and marketing of low-cost foods with a high protein content. Renewed attention will be given to studies that will lead to the incorporation, from the outset, of food and nutrition programs in regional programs for the development of certain geographic areas or watersheds, such as the Andean region, northwestern Argentina, and the basins of the River Plate, the Magdalena River in Colombia, the Lerma River in Mexico, and the Santa Lucía River in Uruguay.

1.5 Dental health. The high incidence and prevalence of caries and periodontal disease is a reminder that in most of the countries of the Region problems of dental health are an important area that needs to be included in the programs of comprehensive medical care. These problems, with their social and economic repercussions, affect large population groups and are closely related to the problems of nutrition and maternal and child health.

Despite the advances made in the last two decades in the area of dental health techniques and methods, particularly with respect to protection and promotion of dental health, the health infrastructures of most of the countries have not been correspondingly strengthened to permit the adaptation of these methods and techniques and their use within the health plans and programs.

PAHO/WHO will continue to encourage and sponsor studies aimed at the formulation and development of comprehensive programs including education and training of personnel at all levels and at the adoption of techniques, equipment, and materials of recognized practical value that will permit larger and better operational coverage - and at their effective integration into the national health plans and programs. In the field of dental materials, the Organization will continue to develop the programs of the Center established in Caracas. In collaboration with the dental schools and authorities, it will continue to encourage and sponsor pilot programs such as the one in progress in Zulia, Venezuela, for the formulation and application of model systems of dental care directed to widening the coverage of services and establishing operational strategies in keeping with the economic situation and amount of resources available. PAHO/WHO will continue to encourage the development of fluoridation programs.

1.6 Mental health. The Governments of the American countries share the worldwide concern over the increased prevalence of mental diseases, principally psychoses, neuroses, and drug addiction, and the resulting loss in terms of death and total or partial disability. Many of the countries in the Region have yet to formulate a mental health policy. The provision of mental care is usually unrelated to the general health programs and is very limited in its coverage, being restricted to hospital services which, for the most part, are of the custodial type. This situation is made even worse by the relative scarcity and inadequate performance of the services for mental patients, particularly those for children and adolescents, and by the extremely short supply of psychiatrists, nurses, and other professionals specially trained for mental health work.

Some of the countries have shown an interest in improving the quality of their psychiatric facilities and services; in instituting community services for psychotherapy, work therapy, rehabilitation, and the like; in carrying out epidemiological surveys on attitudes; in transcultural psychiatry; and in the general trend of mental disease in the community.

PAHO/WHO will continue to assist the Governments in formulating their national policies for mental health and in strengthening health infrastructures for the incorporation of community mental health and psychiatric services into their general programs at all levels.

2. Environmental Improvement

The progress of science and technology toward better utilization of natural resources and production of new by-products has profoundly affected every sector of economic and social development, particularly the health sector. The impressive advances made in the last decade by the countries of Latin America and the Caribbean in the field of sanitation and sanitary facilities, especially water supply and sewerage services, are seriously threatened by the growth of cities and shanty towns, industrial expansion, and population increase, all of which combine to give new dimensions to the problems of environmental health, the solution of which require intensive efforts and the harmonious, concerted application of multidisciplinary resources.

In recent years, PAHO/WHO, while continuing to concern itself with the traditional fields of water supply and sewerage services, veterinary public health, vector eradication and control, and drug control, has also given increasing attention to air and water pollution, development of river basins, and industrial health, among other problems.

PAHO/WHO will continue to assist the Governments through the Pan American Sanitary Engineering and Environmental Sciences Center in Lima, Peru, and through its regional, zone, and country projects, in the consolidation and strengthening of national sectorial infrastructures, both in general administration and in the development of human, technical, and financial resources required for the success of the programs. Special emphasis will be placed on strengthening of sanitary engineering and sanitation units in the Ministries of Health and in educational institutions, so as to assure proper performance of the regulatory teaching, and operational functions assigned to these institutions.

At the multinational and national levels, PAHO/WHO will continue to assist the Governments and international and bilateral lending institutions in the formulation of investment plans and the design of new sanitary engineering and sanitation programs, in the prompt mobilization of supplementary external financing, and in efforts to ensure the rapid and optimum use of investments made in this field.

2.1 Water supply and sewerage. Water ranks with food and clothing among the essential needs of man. The availability of this element, indispensable to life, has been a determining factor in the settlement of communities and the development of culture and civilization. An adequate amount of water of good quality is an inalienable right of every human being. The Governments of the Americas have on repeated occasions stated that in health programs, high priority should be given to water supply and sewerage services. One of the goals set by the signatory Governments of the Charter of Punta del Este

was to provide water and sewerage services for 70 per cent of Latin America's urban population and 50 per cent of its rural population within the ten year period from 1961 to 1971.

The combined efforts and resources of the national water and sewerage agencies and the international, technical, and financial organizations have grown at a very encouraging rate in the last ten years. The target for the supply of water to the urban population was reached in most of the Latin American and Caribbean countries and, indeed, substantially exceeded in some. This does not hold true for the population in the rural areas, where the problems, mainly financial and economic, are greater. However, the provision of water supplies to small communities was sharply stepped up, thanks to the active interest of the authorities, the financial assistance provided by national and international organizations, and, above all, the establishment and development of responsive cooperative agencies and practical administrative methods in which effective participation of the beneficiary communities is assured from the planning stage. The establishment of national revolving funds administered by the community has given excellent results in community development work in the rural areas.

As regards sewerage services, the progress has not been as great, and the countries have progressed only about two-thirds of the way to the goals established. Progress has been far greater in urban than in rural areas. Of the 64 million rural inhabitants to be benefited according to the established target, only 3 million now have this service.

PAHO/WHO will assist the Governments in consolidating advances already made and in reinforcing their water supply and sewerage programs and services, especially in rural areas. It will encourage the application of the methods and procedures originally designed for water supply to the organization of sewerage services and others involving the health and well-being of the community. These methods include the disposal or treatment of trash and solid wastes. To meet the infrastructure needs that must be satisfied if these programs are to be strengthened and expanded, PAHO/WHO will continue to assist in organization, special studies, and training of qualified personnel, and in the mobilization of technical and financial resources, both national and multinational, including those available from international lending institutions, for the purpose of enabling each country to develop, according to its own policies and organization, the machinery best suited for ensuring effective coordination of its resources and efforts.

2.2 Development of river basins. Programs for the integrated development of river basins in Latin America and the Caribbean continue to receive increasing attention from the Governments and the international technical assistance agencies. It is in programs of this kind that the need to coordinate multidisciplinary efforts and resources at a national or multinational level becomes most urgent. The projects involve a wide variety of sanitary engineering and sanitation aspects, including, among others, research on the biochemical properties of surface and ground waters, determination of urban

and rural water needs for household consumption and industry, and establishment and operation of national water-quality control programs. Systems for the treatment of household and industrial wastes, for the control of pollution of surface and ground waters, and for the prevention of ecological conditions favoring the breeding and multiplication of vectors of such diseases as schistosomiasis, onchocerciasis, dengue fever, yellow fever, and malaria, are an integral part of water resources development programs. The health authorities must participate actively in the planning and development of the programs, so that they will be prepared to cope with the health problems deriving from urbanization, industrialization, land settlement, and housing, and with the occupational hazards which are among the natural consequences of river basin development.

PAHO/WHO is participating in various regional and national programs aimed at either integrated development (basins of the River Plate and Amazon basins and of the watershed of the Santa Lucia River in Uruguay, the Guayas in Ecuador, and the Huallaga, Chirivacu, and Nieva Rivers in Peru), or at the solution of specific problems, as in the Lerma River project in Mexico.

PAHO/WHO will continue to provide Governments and international institutions that are working together on the development and strengthening of sectoral infrastructures with assistance in organization, research and information, planning and evaluation, and training of personnel involved in the health component of those programs, as well as in the studies of water pollution problems at all levels.

2.3 Industrial hygiene and air pollution. Rapid industrialization, particularly in the larger cities, is characteristic of economic development in most of the countries in the Region and has contributed during the last decade to the worsening of pre-existent socioeconomic problems and the creation of new ones whose effect on health is becoming more and more evident. Inadequate health and safety conditions at work sites, air pollution, and the mushrooming of extremely unhealthy shanty towns around the cities are among the problems to which high priority is being devoted in the countries' overall development programs and which are being studied by the health authorities in most of them.

PAHO/WHO's program of work for 1973-1977 envisages increased efforts to assist the Governments in strengthening and expanding studies in this field and in developing multidisciplinary programs for dealing with the problems. Special attention will be given to the maintenance and expansion of the Pan American Air Pollution Control Network. Continued assistance will be given to the programs of research, teaching, and advisory services at the Institute of Occupational Hygiene and Air Pollution in Santiago, Chile. PAHO/WHO will continue to foster the development of national institutions devoted to research and training in these fields, in order to place

them in a position to serve other countries. It will also encourage effective coordination among the public health and labor authorities and the universities in the planning and development of activities leading to the setting up of standards and the improvement of health conditions in places of work, as well as in the study and control of hazards arising from the use of equipment and work materials and from toxic products, dust, smoke, aerosols, gases, and vapors.

One of the most important aspects of environmental health is the emergence of problems connected with the handling of radioactive materials. PAHO/WHO will continue to collaborate with specialized international agencies and within the national research and teaching institutions in the study of problems and accidents arising from the handling, misuse, and inadequate disposal of radioactive materials, which are being increasingly emphasized in medical diagnosis and treatment, industrial research, and food preservation. It will also cooperate in the training of specialized personnel and in familiarizing the health personnel with these new areas of knowledge.

2.4 Control of the quality of drugs and processed foods. The pharmaceutical industry has grown considerably in the last few years in Latin America. According to a study recently made by PAHO/WHO in cooperation with the Governments, the Latin American countries now have approximately 2,150 establishments for the manufacture of drugs, their combined production supplying approximately 90 per cent of consumption in Latin America. To ensure that safe and effective products are available, constant research is necessary on the immediate and late effects of the drug concerned, as is continuing supervision throughout the manufacturing process. The supervision must be underlined by a well-defined national policy, appropriate legislation, and regulations to facilitate enforcement.

PAHO/WHO will continue to assist the Governments with the formulation of drug control policies and the organization and strengthening of health structures, including general administration and development and use of resources. It will encourage and support programs for regionalization and coordination of research and training activities in institutions such as the LEA Laboratories at the University of Panama and the proposed multinational center in Uruguay; the costly technological resources in this field can then be used on a cooperative basis, thereby ensuring that maximum use is made of them and their benefits are widely shared.

The food-processing industry, like the drug industry, has developed at a rapid rate in the countries of the Region. Technological advances have brought a number of changes in the production, protection, storage, preservation, and processing of foods of animal and vegetable origin that need to be taken into account in sanitation programs. However, food control programs and the formulation and application of health standards have not kept pace with these changes in most of the countries.

As an integral part of overall development, this field, which is closely allied to nutrition and health in general, will receive renewed attention and support from PAHO/WHO through pertinent regional or country programs.

As in other fields, PAHO/WHO will emphasize, in its assistance activities, the strengthening of all aspects of the health infrastructure as a basis for the gradual and balanced development of food quality control programs.

2.5 Veterinary public health. Reference has been made in previous paragraphs to the important contribution of the veterinary public health services in the fields of zoonoses control, quantitative and qualitative improvement in the supply of animal protein, and food hygiene in general. This contribution has encompassed both the investigation of problems and of technologies for their solution and the training of the professional and technical personnel of the health team. Reinforcement of the activities of the Pan American Foot-and-Mouth Disease and Zoonoses Centers will help to strengthen coordination between the health sector and the other development sectors, as well as to promote national research and teaching programs.

Effective inclusion of programmed veterinary public health services in a system of national and multinational regionalization embracing the regular health programs at all levels is one of the most important needs of all the countries of Latin America and the Caribbean. To satisfy this need, it will be necessary to strengthen the machinery for the coordination of the government agencies responsible for the provision of services and the educational and training institutions.

PAHO/WHO, through the Pan American Foot-and-Mouth Disease and Zoonoses Centers and its regional, zone, and country projects, will continue to assist the Governments in strengthening the infrastructure required for the operation of veterinary public health services, mainly in the fields of information, research, and planning, as well as in the development and rational, coordinated use of resources. It will also increase its assistance to schools of veterinary medicine and educational institutions for the health sciences in general, with a view to coordinating their teaching programs and resources and revising their curricula, thereby ensuring integrated provision of services in their particular fields and within the general context of social and economic development.

2.6 Housing. In all communities of the Americas there are population groups living in dwellings that do not meet the most fundamental requirements of human habitation. In spite of the efforts being made in all the countries to solve this problem, which is of far-reaching social and political importance and undoubtedly affects health conditions, the problem continues and is made more acute each day by the effects of population growth and by rapid urbanization and industrialization. The proportion of the population of the Americas living under conditions which are undesirable from every point of view grows larger day by day. Because of implications of the housing problem

for the epidemiology of certain diseases (whether communicable, as in the case of Chagas' disease, or non-communicable, as in certain mental diseases), its relationship to environmental sanitation, and its dependence on other economic and social factors, it is necessary to increase the participation of the health authorities in housing programs, as well as concerted multidisciplinary action by all sectors of general development.

Through the Pan American Sanitary Engineering Center and through its regional and zone projects, PAHO/WHO will continue to assist the Governments in fostering inter-institutional coordination with a view to regional or national studies of housing and urban development problems, the formulation and dissemination of basic urbanization standards, and the conduct of pilot programs such as those in operation in Colombia, Ecuador, Peru, and Venezuela for the improvement of rural housing.

PAHO/WHO will place emphasis on the mobilization of national and international loan funds for the strengthening and expansion of housing and urban development programs and on the study of financing arrangements which, like the system of revolving funds, can be geared to economic conditions of each community, particularly in rural areas.

3. Supplementary Services

If comprehensive medical care services and services for environmental improvement and preservation are to be provided, supplementary services to enhance their quality and specific value and ensure the enlightened participation of the individual and the community will be needed.

3.1 Health laboratories. The development of health laboratories should proceed hand in hand with the development of general health services, as part of the sectoral infrastructure and in line with the overall characteristics and systems of a country. PAHO/WHO will continue to concentrate its assistance to Governments in the following two fields: (1) planning, development, and strengthening of national systems of health laboratories at the local, intermediate, and central levels; and (2) improvement and expansion of the production of biological products, sera, vaccines, and antigens to supply the requirements of national or multinational priority programs. In the first of these fields, it will place the emphasis on strengthening central laboratories to enable them to serve as the hub of a national system in matters of research, training, standardization, reference, and supervision.

As regards the production of biological products, PAHO/WHO will continue to foster multinational arrangements for the establishment or strengthening of regional reference and production laboratories, thus helping to enlarge the network of laboratories now serving this purpose in Argentina, Brazil, Canada, Guatemala, Mexico, the United States of America, and other countries.

3.2 Health education. Health education could not but be part of the general process of educational revision and reform in which the American

countries are now engaged. Health education is an essential component of health sector activities. It has the dual role of influencing the demand for and the supply of services in line with individual and collective needs within the context of general development and of fostering behavioral patterns and attitudes that tend to ensure maximum acceptance and utilization of those services. At the same time, it serves as an instrument for community organization and for the mobilization of the valuable resources that a well-informed community can contribute to health activities planned for its direct benefit. Health education, conceived as a continuing educational effort by each and every health worker at every level, requires the supervision and guidance of specialized units capable of providing the members of the health team with educational material of a type and content suited to the sociocultural characteristics of the community and the requirements of the health program to be carried out.

PAHO/WHO's work program for 1973-1977 calls for continued assistance to the Governments in: (a) reinforcing of sectorial infrastructures for strengthening or reorganization of their central health-education units, for the inclusion of health education in planning and evaluation, and for the training of specialized personnel; (b) fostering studies and research on community behavior and attitudes in the field of health and on education techniques and materials; (c) reviewing the health aspect of curricula for various levels of general education and in teacher-training centers; and (d) establishing or strengthening mechanisms for coordinating the education and health sectors, agricultural extension, community development, social work, and others whose field of activity affords opportunities for health education. It will also promote the development of a system for the regional exchange of experience with a view to keeping the health personnel up to date in this field, and it will continue to assist in the design and application of a model for evaluating the educational component of health programs.

4. Final considerations

The technical and administrative structure of the Organization in the Americas has, in the course of its history, undergone a series of adaptations to changes in the Hemisphere's problems, in accordance with the instructions of its Governing Bodies. The existing structure underpins the general and special services provided by the Organization, at the regional, zone and national levels, for the purpose of carrying out specific health programs, their continuous evaluation, and the dissemination of scientific and public information. It makes provision for close cooperation and coordination with the agencies of the Inter-American system and of the United Nations, besides facilitating a constant exchange of views with the Member Governments and exercise by the Governing Bodies of their supervisory role.

Lastly, the structure in question meets administrative needs with respect to budget and finance, administrative management, and personnel. All this takes place within the framework of an internal programming process reflected year by year in the presentation of program budgets.

As an initial result, the system of quadrennial projections introduced by the Governments and the Organization has made possible a methodical review of health problems in the Americas as a whole and more realistic appreciation of the specific problems affecting each individual country or common to particular groups of countries. This knowledge has been used in preparing the program of work which is presented here, and which inevitably is still of a general character. The improvement and continuity of the system will, with the cooperation of the Governments, gradually lead to the acquisition of more accurate information on health problems and their prevalence in the various countries. This in turn will enable the Organization to define more clearly the form and emphasis of its programs and to make in its structure the adjustments dictated by the needs of efficiency.

SUMMARY

At its 64th Meeting, the Executive Committee of the Pan American Health Organization recommended to the Director of the Pan American Sanitary Bureau, in its Resolution XV, paragraphs 2 and 3, "that the program and budget estimates of the Organization reflect the importance assigned to the critical areas in which priority assistance from PAHO/WHO is needed" and that "the projects for the Region of the Americas that will be included in the Fifth General Program of Work of the World Health Organization for the period 1973-1977, be based on joint programming by the Governments of the Region and the Organization."

The General Program of Work of PAHO/WHO for the period 1973-1977, which is here submitted for the consideration of the XVIII Pan American Sanitary Conference, has been formulated with due regard to the recommendations quoted above. The critical areas in which assistance will be concentrated were determined by analyzing the results obtained in the first attempt at joint programming called "quadrennial projections", interpreting them in the light of the declaration and recommendations concerning health included in the important policy decisions which the Governments of the Americas adopted by common consent during the 1960's.

Efforts have been made to identify, firstly, the priority health problems which require the assistance of PAHO/WHO and, secondly, the resources and development capacity of the countries as a guide to the content of assistance in each individual case. An attempt has also been made to expand assistance programs designed to strengthen national institutions capable of extending their sphere of action so as to contribute, in the fields of research, teaching and services, to regional or multinational programs. The aim is to encourage

by this means new patterns of regional cooperation, in which the solidarity of the countries of the Americas will find expression in the pooling of resources so that they can be turned to the best possible account in solving common health problems.

In the interests of a methodical approach, the critical fields of assistance are divided into two major groups: (A) those connected with the infrastructure of the sector as the underpinning for health functions and activities; and (B) those relating to specific activities directly focused on man or his environment. Throughout the program, stress is laid on the decisive influence that the operational quality of the infrastructure exerts upon the efficiency of the service.

In every case, an effort will be made to adapt the content and method of assistance to the general level of economic and social development, and to the historical, cultural and political characteristics peculiar to each country or common to groups of countries. Without neglecting traditional health problems at the national, regional and world levels, or failing to hold itself in readiness to help countries in emergency situations, PAHO/WHO will place particular emphasis on the subjects listed below, as being of outstanding importance in relation to the two major fields of assistance previously mentioned.

1. Improvement of health service institutions and of administrative methods and procedures. Design and operation of flexible mechanisms for internal and intrasectorial coordination, as well as for coordination with extrasectorial agencies concerned with health.
2. Improvement of the collection, processing, analysis and dissemination of health statistics, with particular regard to their relevance to the definition of problems and their usefulness as pointers to possible solutions. Establishment of comprehensive information system to support the formulation and evaluation of plans and programs, as well as the process of operational and budgetary control.
3. Continuation of the research programs already in progress, with renewed emphasis on the promotion and sponsorship of research projects in the fields of epidemiology, administration and technology. Strengthening of regional reference and communication centers as well as institutions for the training of research workers.
4. Invigoration of national and multinational planning procedures, especially with respect to the definition and application of operational policies and strategies, the reform of the infrastructure and the effective integration of health programs into economic and social development plans, whether of an overall character or centering upon agricultural, industrial or river-basin development at the national or multinational levels.

Formulation and development of long-term national health plans, so that the health sector may be in the best possible position to play its full part in regional and world plans for the Second Development Decade, which begins in 1970.

5. Revision of each country's laws in order to bring them up to date in terms of support for the implementation of health plans and programs of their regional harmonization.
6. Strengthening and expansion of studies on human resources, in all disciplines and at all levels, as a basis for policies and strategies relating to the rational preparation of health personnel of various types as required by health plans. Every available means will be used to foster closer links between the health and university authorities, so that all institutions concerned with health sciences and with the functions of research, teaching and service, may participate smoothly and in a coordinated manner in planning in general as well as in the programing of activities in specific fields.
7. Application of the findings of technological research to the selection of techniques and equipment, with a view to adapting these to each country's requirements and to the conditions imposed by its economic and social characteristics. Programing of the use and socio-geographical distribution of installed capacity in relation to sectorial policy and strategy.
8. Studies on sources, uses and mechanisms of financing, both internal and external, and application of their findings to the development or reform of financing systems for the efficient implementation of health plans and programs.
9. Establishment or strengthening of structures, administration and resources for the closer integration of and wider coverage by medical services. Application of the principles of internal, national, state or provincial regionalization on the most effective lines, and provision of suitable facilities for the administration of services at the central, intermediate and local levels. It is hoped that in this way a better geographical distribution of resources will be ensured, together with a true extension of comprehensive medical care services, as regards both quality and coverage, to the rural population.
10. Encouragement and support of decisions to step up programs for the eradication or control of communicable diseases, on the basis of the evaluation of programs already underway and the consequent overhauling of infrastructures, more efficient administration and the more appropriate allocation and use of resources. Effective incorporation of epidemiological research and information systems into planning at all levels, and improvement of epidemiological surveillance activities.

11. Promotion and sponsorship, in health institutions and research and teaching centers, of studies and medical care programs in the field of non-communicable diseases of epidemiological and socioeconomic importance, especially chronic and degenerative diseases, occupational diseases and others related to industrial development and urbanization.

12. Improvement of the quality and coverage of specific comprehensive medical care services for those population groups with which maternal and child health services are concerned. Strengthening of school health services and promotion and expansion of studies on health problems among adolescents.

Adjustment of the structures of basic health services, especially those concerned with maternal and child care, so that they may be best fitted to meet the health needs entailed by such family planning measures as each Government may, on its own initiative, decide to adopt.

13. Establishment and development of national food policies in the context of the nutritional requirements of the population in general and of mothers and children in particular. Promotion and coordination of the inflow of resources from the several sources of external aid, in such a way as to ensure that their administrative and use will be consistent with the food policies established in each country.

14. Stepping-up of basic sanitation programs and of activities relating to water supply and sewage disposal facilities (especially for the rural population), on the basis of updating of the targets established for the 1960's.

15. Strengthening of studies and programs bearing on water conservation and pollution control, both in respect of existing sources and systems, and in relation to national and multinational plans for the overall development of river basins. Promotion and sponsorship of epidemiological studies, including relevant questions of social anthropology, starting at the preinvestment stage and continuing throughout the planning and development process.

16. Encouragement and support of the definition of national policies on air pollution, ionizing radiation, and housing, and on health problems arising out of urbanization, accelerated industrial development, and the formation of shanty towns, policies which will find expression in priority programs for research as well as for the training of health personnel.

17. Organization or strengthening of national and regional technico-administrative systems to control the quality, efficacy and dangers of the pharmaceutical and biological products at the disposal of the medical profession and of the general public.

18. Strengthening of the sectorial infrastructure and of mechanisms for coordination with related institutions in the agricultural, industrial and business sectors, with a view to the formulation of effective food hygiene programs.

19. Establishment and improvement of veterinary public health services in Ministries of Health, and their coordination with Ministries of Agriculture in order to strengthen zoonoses control programs and the implementation of food policies designed to increase available animal protein supplies.

20. Programing and development of national health laboratory networks, as part of the sectorial infraestructure, through which health services at the local, intermediate and central levels can be given that support diagnosis, research and training that is essential for the efficiency of specific health activities focused on man and his environment.

PAHO/WHO will continue to collaborate with national laboratories producing biological products and to sponsor external assistance arrangements designed to promote the development and strengthening of regional production and reference laboratories.

21. Design and application of a model for the evaluation of the education component in the various health programs. Revision and updating of the health education content in the curricula of primary and secondary schools and of training centers for primary school teachers.

22. Promotion and sponsorship of conferences, seminars, working groups and other meetings for the updating of scientific information on general and special health topics. Constant improvement and programed diversification of PAHO publications in the fields of scientific communication, teaching materials, and bibliography. Continuation of public information activities through the fullest possible use of the communications media available at Headquarters and in the various Zones and countries.

23. Strengthening of the quadrennial projections for the formulation of long-term assistance programs and those covering specific periods, as well as the annual review of projects.

24. To carry out the proposed general program, PAHO will bring into play the whole of its administration and resources, introducing whatever changes are necessary to ensure the efficient implementation of this program.