

PAN AMERICAN SANITARY ORGANIZATION

**Official Documents
No. 17**

July, 1956

INDEXED

PROPOSED PROGRAM AND BUDGET ESTIMATES

PAN AMERICAN SANITARY ORGANIZATION, 1957

WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1958

PAN AMERICAN SANITARY ORGANIZATION, PROVISIONAL DRAFT, 1958



**Pan American Sanitary Bureau
Regional Office of the World Health Organization
1501 New Hampshire Avenue, N.W.
Washington 6, D. C., U. S. A.**

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ABBREVIATIONS

AMRO	The Americas Regional Office (Regional symbol for Intercountry and Interzons Projects)
BCG	Bacillus Calmette-Guerin
CAPEP	Campanha de Aperfeiçoamento de Pessoal de Nivel Superior (Campaign for the Advanced Education of Professional Personnel)
COMEP	Coordination Office of the Malaria Eradication Program
DDT	Dichlorodiphenyltrichloroethane
FAO	Food and Agriculture Organization
IA-ECOSOC	Inter-American Economic and Social Council
ICA	International Cooperation Administration
ICB	Inter-American Center of Biostatistics
IIAA	Institute of Inter-American Affairs
ILO	International Labour Organisation
INCAP	Institute of Nutrition of Central America and Panama
OAS/TA	Organization of American States - Technical Assistance
OEBF	Other Extra Budgetary Funds
PAS	Para-aminosalicylic acid
PASB	Pan American Sanitary Bureau
PASO	Pan American Sanitary Organization
PAU	Pan American Union
SCIDA	Servicio Cooperativo Interamericano de Agricultura (Inter-American Cooperative Agricultural Service)
SCISP	Servicio Cooperativo Interamericano de Salud Pública (Inter-American Cooperative Public Health Service)
SESP	Servicio Especial de Salud Pública (Special Public Health Service)
TAA	Technical Assistance Administration
TAB	Technical Assistance Board
TAC	Technical Assistance Committee
TARO	The Americas Regional Office (UNICEF)
Ung	Ungraded
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UN/TA	United Nations Technical Assistance
USPHS	United States Public Health Service
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

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LETTER OF TRANSMITTAL AND AUTHORITY

In accordance with the provisions of the Constitution of the Pan American Sanitary Organization, and with the instructions of the Director-General of the World Health Organization, the Director has the honor to present the following proposed program and budget estimates for consideration:

1. The proposed program and budget estimates of the Pan American Sanitary Organization for the financial year 1957, as prepared by the Executive Committee in cooperation with the Director.
2. The proposed program and budget estimates of the World Health Organization for the Region of the Americas for the financial year 1958.
3. The provisional draft of the proposed program and budget estimates of the Pan American Sanitary Organization for the financial year 1958.

Fred L. Soper
Director

INTRODUCTION

The 25th Meeting of the Executive Committee approved the principle of the preparation of a single document containing the budget estimates of the Pan American Sanitary Organization and of the World Health Organization for the Region of the Americas. In conformity with such a principle, this document contains: (a) the Proposed PASO Program and Budget for 1957; (b) the Proposed WHO Regional Program and Budget for 1958; and (c) the provisional draft of the Proposed PASO Program and Budget for 1958.

Incorporated in the document under the column "Other Extra-budgetary Funds" there are also the budget estimates related to the activities of: (a) the Pan American Foot-and-Mouth Disease Center, financed by the Technical Cooperation Program of the Organization of American States; (b) the Institute of Nutrition of Central America and Panama, which is supported by the regular quotas of the Member Governments of INCAP and by grants to this Institute from various sources; (c) the special funds for malaria and smallpox, appropriated by the Directing Council; and (d) special grants made to PASB for specific activities. In addition, estimates are included for the expected participation of UNICEF in the international health programs in the Americas, according to the plans current at the time of preparation of the document. These estimates are provisional, except in those projects for which an allocation has already been approved by the Executive Board of UNICEF.

The procedure of presenting a single document containing the proposed multilateral international health program in the Americas has, among other advantages, that of providing to the governing bodies of PASB/WHO the opportunity for a comparative study of the health programs in which the Organization collaborates. This facilitates an over-all analysis of the distribution of funds by geographical location, as well as by major fields of activity. In this manner, all sources of funds are taken into consideration as a whole, thereby emphasizing the fact that the program of PASB/WHO is one, irrespective of the financial sources available for its implementation.

1. Program and Budget of PASO for 1957

The Constitution of the Pan American Sanitary Organization gives to the Executive Committee the function of preparing, with the cooperation of the Director, a proposed budget for consideration by the Directing Council. The Director presented to the 28th Meeting of the Executive Committee the relevant part of the PASB Official Documents No. 12, together with suggestions (Document CE28/8) for modifications of the relevant portions of the above-mentioned document. In so doing, the Director presented his reasons for the suggestions in the statements reproduced below:

"During the early months of 1956 the program of the Pan American Sanitary Bureau, as the international health agency for the Americas, has been reviewed. Changes in the health needs of Member Governments as well as opportunities for expansion and for work in new fields have been carefully analyzed in relation to the potential capacity of the Bureau to provide the required international cooperation. As a result of this study, the Director feels strongly that it is his duty to recommend to the Executive Committee that the program of the PASO for 1957 be financed on the basis of a budget of \$2,400,000. In this respect, the

Director wishes to make clear that the proposed increase of \$200,000 would meet only a fraction of the needs of Member Governments and of the opportunities for the Organization to render additional services in the field of international health.

"As will be seen from this document, the recommended increase is necessary to meet urgent needs which fall largely into two categories: (a) revised estimates for statutory obligations and essential central services, and (b) expansion of some important field activities. The first category represents requirements which, if met within the budgetary ceiling of 1956, would inevitably force reductions in the effective field program.

"In regard to the first category, a survey carried out last year revealed that the salary scale for the staff recruited locally in Washington was not keeping in line with prevailing salaries paid by the U.S. Government and private institutions for similar and comparable jobs. With the concurrence of the World Health Organization, a new revised salary scale was put into effect on 1 November 1955 on the basis of a six per cent increase in the then-existing scale. Furthermore, the experience of the past year permitted a more accurate and realistic appraisal of the costs of such services as postage, cables, supplies, replacement of obsolete equipment, and reproduction of Official Documents of the Organization. Finally, it has been necessary to provide three posts to carry the workload in the services of reports, fellowships, and reproduction. The revised estimates for the above items represent a net increase of \$58,223 over the corresponding figures of Parts I and II of Official Documents No. 12.

"The proposed increase in the field program (\$141,777) includes some very important activities requiring extension beyond 1956. There are also some additional projects which need to be expanded, namely poliomyelitis, diarrheal diseases, yellow fever, and zoonoses, details of which will be found in the body of this document.

"It goes without saying that these projects represent the final selection from a long list of useful activities the implementation of which would far exceed funds currently available from all sources. As a matter of fact, activities which have been proposed to be financed with funds from the WHO regular budget and the UN Technical Assistance Program go beyond what can be expected from those sources.

"In view of the reasons presented above, the Director requests that the Executive Committee give favorable consideration to a program and budget of PASO for 1957 in the amount of \$2,400,000. As national economies expand, the importance of public health to manpower and productive power increases steadily. It is believed that this is an investment which the Member Governments can and should make, and would be willing to do so."

After detailed study and discussion, the Executive Committee approved for presentation to the IX Meeting of the

Directing Council the Program and Budget of the PASO for 1957 in the amount of \$2,400,000. The proposed budget is to be financed by assessments on the Member Governments of \$2,300,000 and by casual income estimated at \$100,000. The corresponding assessments are shown in the attached table and are based on the scale adopted by the Council of the Organization of American States.

2. WHO Regional Program and Budget for 1958

The Proposed WHO Regional Program and Budget for 1958 is submitted for the consideration of the IX Meeting of the Directing Council of PASO acting as Regional Committee of WHO. It includes the activities to be financed by the Regular funds of WHO, as well as those to be financed by Technical Assistance funds. The program to be implemented under the regular budget of WHO makes provision for increased activities in the event that the present inactive members may resume participation in financing the work of WHO. These "supplementary activities" are clearly marked in the document.

As a result of the budget action taken by the Ninth World Health Assembly, the WHO regular funds for the Americas have been cut by \$121,349 from the estimates approved by the VIII Meeting of the Directing Council. This leaves an amount of \$1,402,970 as the regional budget, out of which \$783,480 are for field activities. In these figures, an amount of \$215,660 has been included to become effective in the event that in 1957 all Member Governments of WHO actively participate. At the present time, therefore, the effective working budget amounts to \$1,187,310 only for 1957.

The budget estimates for 1958 amount to a total of \$1,567,980, out of which \$883,780 relate to field activities. Likewise, an amount of \$215,670 has been included for the above-mentioned "supplementary activities."

The figures for PASB/WHO participation in the UN/TA Fund for 1957 and 1958 are provisional and subject to the decision of each government on the use of TA funds allotted to the respective country, and these figures are also subject to the financial uncertainties characteristic of the TA Fund from its inception. The estimates for the Americas for Category I, field projects, amount to \$952,090 in 1957 and to \$947,000 in 1958; and to \$454,950 and \$455,000, respectively, for Category II projects.

The recommendations of the Directing Council on the WHO Program and Budget for 1958 will be transmitted to the Director-General for use in the preparation of his budget estimates for next year.

3. Program and Budget of PASO for 1958

The draft of the 1958 Program and Budget of the Pan American Sanitary Organization, in the amount of \$3,000,000, is presented for the information of and preliminary consideration by the Directing Council. It will subsequently be presented, together with any comments or modifications as may appear appropriate, for the consideration of the 31st meeting of the Executive Committee, which will prepare, in cooperation with the Director, the program and budget of PASO for final review and approval by the X Meeting of the Council. The proposed increase of \$600,000 over the 1957 level can be roughly divided as follows:

(1) An amount of approximately \$100,000 for the normal statutory increments and the projection of the 1957 activities, were these activities to remain static. In this connection, it seems pertinent to mention that, as a result

of an increasing stability of staff, there is anticipated a downturn in departures, fewer vacancies, and consequently less savings in lapses and delays in filling positions. Another cost factor is the longer service of employees, moving to higher steps within the respective grades and the accumulation of the maximum period of leave authorized by the Staff Rules, requiring more frequent use of temporary personnel to fill the long periods of vacation.

(2) Approximately \$100,000 for the increasing cost and volume of common services for all offices, as well as for new positions in technical and administrative units at Headquarters, which are indispensable to meet rapidly expanding services in the total program of the Organization.

(3) Approximately \$400,000 for the expansion of field activities, as described in the appropriate sections of this document, some of which are briefly outlined as follows: (a) expansion of the fellowship program, an essential part of the training and education activities which the governing bodies of the Organization have constantly emphasized; (b) increasing commitments of the Organization in the continental programs of eradication of smallpox, malaria, and *A. aegypti*, if advantage is to be taken of the effort and money already spent by the Organization; (c) collaboration with Member Governments in the field of diarrhea and enteritis, of prime importance as a cause of mortality and morbidity in the Americas; and (d) fields for which newer developments and possibilities call for more active cooperation of the Bureau, such as poliomyelitis, tuberculosis, and leprosy.

In the planning of the program and budget of PASO for 1958 the Director has taken into account the needs and opportunities for international collaboration in public health in the Americas, as well as the stage of development of the Bureau, which has reached a position of being able to expand effectively "to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people," as stated in the Constitution of the Organization. The Director believes that the Member Governments should take advantage of the technical and administrative machinery already built up by the Bureau, by providing the necessary financial support for an expansion of its work. The Director also believes that the future success of international health organizations is absolutely dependent on their ability to finance with their own regular funds the programs approved by their technical governing bodies, according to the procedures and policies established by them. This would relieve the uncertainty and complicated procedures inherent in any program contingent upon funds controlled by external agencies, subject to non-technical influences and whose governing bodies are not always aware of the importance of health problems and the need for international collaboration in health.

The proposed budget of PASO for 1958 provides for a miscellaneous income of \$100,000, leaving an amount of \$2,900,000 to be financed by the quotas of Member Governments. The attached table shows the tentative scale of assessments based on the scale for the Pan American Union for 1956-1957. This scale is that adopted for 1956-57 and is subject to possible modification by the Council of the Organization of American States.

4. General Considerations

The Director wishes to present some considerations of a general character which apply to all three proposed program and budget estimates appearing in this document.

In the planning and implementation of the activities of PASB/WHO, the Director has followed the directives established by the governing bodies of the Organization. The VII Meeting of the Directing Council approved the development of a plan of long-range public health programs aiming toward (a) the strengthening of fundamental health services in the countries; (b) provision of means of development of resources for the training of professional and subprofessional personnel for Member Countries; and (c) coordination and assistance in the planning and operation of individual or regional programs of eradication.

The VIII Meeting of the Council reaffirmed these principles and adopted a General Program of Work for the period 1957-60 which established the general guide for the preparation of detailed annual programs of the Organization. In adopting this General Program of Work, the Directing Council gave special emphasis to the preparation of national plans for public health work by the Governments concerned and indicated the need for the Organization to give highest priority to collaboration with governments in this task.

During the recent past there has been increasing evidence of the interest of the health authorities in national health planning as a prerequisite for an orderly development of their health services. The Organization has already started to collaborate in this activity, and has given special attention to this work in the plans for both 1957 and 1958.

As education and training constitute a major component of the work of the Organization, provision is made in most of the individual projects for the technical preparation of national staff, through either the granting of fellowships or the use of international consultants for helping in the training programs, within the country, particularly for sub-professional personnel. In addition, several projects are especially devoted to schools of medicine and public health, nursing education, and to seminars and courses, all of which are intended to expand the facilities and raise the level of education for public health personnel in the Americas.

The application of the principle of eradication as a method of attacking communicable diseases has become one of the basic approaches in international health work in the Western Hemisphere. Very well known is the already traditional activity of the Bureau for the elimination of urban yellow fever, through the continental eradication of *A. aegypti*. To continue this work, provision is made for projects in several countries as well as for the expansion of the regional coordination of intercountry activities so necessary in this field.

The smallpox eradication program established by the Directing Council in 1952 and further supported by the XIV Pan American Sanitary Conference, which provided special funds for its implementation in the early stages, can be continued in 1957 under those special funds but will require financing from regular funds of PASO in 1958 and future years.

An attempt has been made to take advantage of all possible sources of funds to finance the malaria eradication program. The expansion of the program is proceeding faster than funds become available from all sources. Several countries have initiated nation-wide eradication campaigns;

others have completed concrete plans and the remainder are doing so.

With the special funds allocated by the XIV Conference and the VIII Meeting of the Directing Council, the Bureau has supported the machinery established for the coordination of the continental program and has been able to collaborate with some Member Governments at critical moments, when funds from the regular budget or from the Technical Assistance program have not been available or have been insufficient. Since these special funds will be exhausted by the end of 1957 and the uncertainty of the TA funds is likely to continue, provision must be made by PASO to meet these contingencies during the peak efforts of governments in 1958 and future years.

The Director wishes to emphasize that during the preparation of the programs which are presented in this document, health authorities of Member Governments have been consulted as fully as possible. This consultation provides the opportunity of a review by the national health authorities of the needs and resources in relation to the national health plans and the nature and extent of the cooperation of the Organization, as well as the national participation and support for intercountry and continental programs. In this annual planning procedure provision is made for the necessary flexibility to adjust previous advance planning to changing events and requirements. Thus, while advance plans are being made for the second year ahead, the previously drawn plans for the first year ahead are being adjusted to new problems and potentialities. Active participation of governments in this consultation is essential for the success of planning for long-term, intermediate, and even immediate programs related to their health needs and problems.

During the VIII Meeting of the Directing Council, important discussions took place stressing the fact that many countries still need direct international aid, so that they may organize and strengthen their health administrations for carrying out their responsibilities in the execution of their own programs. As a result of those discussions the Council recommended that, in the preparation of the annual program and budget, the Director and the Executive Committee should continue to bear in mind the advisability of carrying out programs within countries that need and desire such programs. This interest of the Directing Council has been taken into account, and in addition several intercountry programs have been planned to meet important needs of individual countries. For obvious reasons of presentation, the advantages to each Member Country cannot be reflected in this document. Experience has shown that, when properly planned and implemented, these intercountry activities are highly beneficial for individual countries in preparing the ground for the development of their own health programs.

Finally, it must be indicated that, besides the field activities described under specific projects, a substantial contribution to the field program is made through technical advisory services provided upon request by the regular staff of the Bureau. These technical consultation services are being increasingly used by the health authorities and have proved to be an important part of the work of the Organization, aiming toward the strengthening of the health services of the Member Governments.

METHOD OF PREPARATION

Preface

In accordance with Resolution II of the 25th Meeting of the Executive Committee of PASO, a number of modifications have been introduced in the format of the budget document.

The document has been reduced to half the size as compared with the 1956 budget; the pages have been more fully utilized, and the table of contents expanded. Also, cross references between text and schedules have been inserted.

Text and schedules have been separated in such a way that the book is divided into two parts. The first part contains the text in its entirety; the other part, all the schedules. Finally, the sources of funds have been rearranged on the schedules, showing PASO and WHO estimates on the left page and the UN/TA and OEEF estimates on the opposite right page.

In general, the programs and budget estimates follow the same pattern as in previous budgets, with the exception of the aforesaid modifications which first were introduced in Official Documents No. 12. Three new annexes, however, have been included, viz.:

- Annex 1, World Health Organization: Extract of estimates pertaining to supplementary allocations, included in WHO regular project totals;
- Annex 2, United Nations Technical Assistance: Summary of programs for 1957 and 1958, by priorities;
- Annex 3, World Health Organization: Additional projects requested by governments and not included in the WHO programs and budget estimates.

The 1956 budget estimates are presented for comparison only, since separate budgets for that year have been submitted previously. These estimates are given in totals by section, chapter or projects only, and are based on the latest allotment analyses at the time of the preparation of this budget document. For easy comparison, however, the number of posts according to functions and grades has been shown throughout also for the year 1956.

The 1957 budget estimates are likewise presented for comparison only, except in the case of PASO, which budget-- as explained in the Introduction-- is a modification of the relevant part of the PASB Official Documents No. 12 and is now presented to the Directing Council for final consideration and approval. The estimates under all funds for 1956 and 1957 have been adjusted to reflect in this new presentation any changes due to revised planning and intervening developments.

Contents

This document includes the Director's letter of transmittal and authority, salary scales, various informational summaries, descriptions of activities and projects, and schedules of estimated expenditures for the years 1956, 1957, and 1958 displayed according to source of funds, with estimates in totals for all funds.

The schedules are arranged in three parts: Part I,

"Pan American Sanitary Organization," consists of three sections, entitled "Conference Services," "Organizational Meetings," and "Common Staff Costs," the latter being various cost items over and above regular salaries to staff members listed in this part of the budget; Part II, "Pan American Sanitary Bureau - Headquarters" shows the personnel assigned to Headquarters, Washington, D.C., and activities closely related to Headquarters and has been divided into six sections, viz., "Executive Offices," "Division of Education and Training," "Division of Administration," "Division of Public Health," "Common Staff Costs," and "Common Services" for Headquarters; Part III, "Pan American Sanitary Bureau - Field and Other Programs" covers the Zone Offices (including Field Offices), programs, and publications.

The schedules of detailed estimated expenditures show the number of posts according to functions and salary grades, and the estimated cost for salaries and various other items by source of funds, over-all total, and by year (1956, 1957 and 1958).

The summary schedules expressed in U.S. dollars, are:

A summary of posts and estimated expenditures by parts and source of funds.

A functional summary of posts and estimated expenditures by activity or program and source of funds.

A summary of related activity showing percentage by source of funds.

A summary by source of funds and by major items of expenditures (Personal Services and Allowances, Travel and Transportation, Supplies and Equipment, Fellowships and Participants, and Contractual Agreements).

Separate summaries for each source of funds listing all the projects and the estimated expenditures grouped by major program activity.

A summary by source of funds of total expenditures of field operations under each Zone Office and Headquarters.

A summary of posts by parts divided into professional and local personnel.

Under each organizational unit in Parts I and II are displayed estimates of Personal Services (salaries) and Cost-of-Living Adjustments. Allowances for dependents, repatriation grant, contributions to the UN Joint Staff Pension Fund and the respective share of premiums for accident and sickness insurance contributed by the respective organizations, home leave travel, recruitment travel, and reimbursement of income tax with respect to the staff, have been grouped under a sectional heading entitled "Common Staff Costs" at the end of Part I and Part II. In Part III, these estimated costs are shown under the individual Zone Offices, Field Offices, or projects, as applicable.

Other non-staff costs have been displayed under the appropriate activities and projects.

Where projects are carried on in more than one country but fall within the jurisdiction of a single Zone and that Zone Office is responsible for the administration of

such projects, they have been shown under the heading "Inter-country Programs" and incorporated into the total programs of the Zone. In cases where projects are carried on in more than one Zone, they have been shown as a separate category entitled "Interzone Programs."

Annex 1, entitled "World Health Organization: Extract of estimates pertaining to supplementary allocations, included in WHO regular project totals," reflects details of project requirements for 1957 and 1958. These are included in the WHO budget, in the event that all Member Governments of WHO will actively participate in 1957 and as a consequence additional funds will become available.

Annex 2, entitled "United Nations Technical Assistance: Summary of programs for 1957 and 1958, by priorities," reflects the program for 1957 and 1958 to be financed from United Nations Technical Assistance funds. The program should be considered as provisional since it is subject to adjustments which may result under the program planning procedures established by TAC and TAB. Under these procedures the governments will reconsider their over-all requirements and develop their program requests for services to be provided by all the participating organizations. This will not be done until late in 1956 for the program that is to be implemented in 1957, and until late in 1957 for the 1958 programs. The Category II program is mainly intended to provide substitutes for Category I programs which for various reasons may be delayed or withdrawn. In order to give a better picture of the elements included in the Category II programs, the Category II summaries have been divided into three groups: Personnel, Fellowships, and Supplies.

Annex 3, entitled "World Health Organization: Additional projects requested by governments and not included within WHO programs and budget estimates," reflects additional WHO projects for 1958, although requested by governments, they cannot be financed within the limits (including the supplementary allocation) of the proposed regular 1958 budget.

Method of Computation

For the year 1956 the latest allotment analyses at the

TABLE OF AVERAGES

	<u>PASS</u>		<u>WHO and UN/TA</u>	
	<u>All Grades</u>	<u>D2-P5</u>	<u>P4-P3</u>	<u>P2-P1</u>
<u>Permanent Staff (International)</u>				
Dependents' Allowance (including Education Grant)	\$ 400	300	\$ 240	\$ 120
Installation Allowance	Actual prevailing rates	750	700	400
Travel on Initial Recruitment and Repatriation	1,500	650	600	300
Home Leave Travel	1,100	1,800	1,100	550
Transportation of Household Goods	1,500	600	500	250
<u>Consultants</u>				
Fees			600	
Travel			600	
<u>Project Staff (International)</u>				
Dependents' Allowance (including Education Grant)	\$ 600		\$ 240	\$ 60
Installation Allowance	Actual prevailing rates		600	450
Travel on Initial Recruitment and Repatriation (including Field Equipment Allowance)	700		900	800
Home Leave Travel	1,000		750	750
<u>Short-term Consultants</u>			<u>Senior</u>	<u>Junior</u>
Fees	700		700	400
Travel	600		600	600

time of the preparation of this document serve as basis for the requirements.

The situation as of 1 January 1956 has been used for projecting salaries and common staff costs for all established positions under Parts I and II of the budget and Zone and Field Offices for the years 1957 and 1958. New positions, if any, have been costed as from the date they are expected or planned to be filled. Positions planned to be abolished have been costed through the projected termination date.

Vacant and new positions in projects have been costed from the date they are expected or planned to be filled, except in cases of new projects under WHO and UN/TA funds. As to WHO, such posts have been costed from the beginning of the operating year, however, with a factor of an estimated three months' delay in recruitment applied to such posts and deducted from the over-all total of the projects. In the case of UN/TA, posts (including allowances) in new projects have been costed for nine months only in the initial year, and this is reflected in the estimates for the projects affected.

When computing the personnel costs, actual entitlements have been used for filled positions. In respect of vacant positions, the base pay of the appropriate grade has been applied in computing salaries. For other personnel costs, appropriate averages have been used for vacant positions. Averages used, which appear below, differ according to source of funds. The differences arise from the fact that the PASO averages are derived from experience in the Americas, whereas WHO and UN/TA averages are based on world-wide data.

Estimated costs other than personnel costs have been based on actual requirements, plans, or experience.

Savings derived from turnover of personnel during the operating years are not reflected in the budget since any such savings are expected to cover terminal accrued leave payments, temporary personnel, increments due to language proficiency, additional children's allowances, education grants, and other imponderable factors for which no provisions have been made in the budget.

SALARY SCHEDULESINTERNATIONAL STAFF WAGE SCALE
U.S. Dollars (Effective 1 April 1951)

	I	II	III	IV	V	VI	VII	VIII	IX	X
P 1	3,600	3,800	4,000	4,200	4,400	4,600	4,800	5,000		
P 2	4,800	5,000	5,200	5,400	5,600	5,800	6,000	6,200	6,400	
P 3	6,000	6,200	6,400	6,625	6,850	7,075	7,300	7,525	7,750	8,000
P 4	7,300	7,525	7,750	8,000	8,250	8,500	8,750	9,000	9,250	9,500
P 5	8,750	9,000	9,250	9,500	9,800	10,100	10,400	10,700	11,000	
D 1	10,000	10,400	10,800	11,200	11,600	12,000				
D 2	11,000	11,400	11,800	12,200						
P D	12,000	12,500								

ANNUAL LOCAL WAGE SCALE - WASHINGTON
U.S. Dollars (Effective 1 November 1955)

	I	II	III	IV	V	VI	VII	VII(*)
WL 1	2,080	2,170	2,260	2,350	2,440	2,530	2,620	2,710
WL 2	2,225	2,315	2,405	2,495	2,585	2,675	2,765	2,855
WL 3	2,520	2,615	2,710	2,805	2,900	2,995	3,090	3,185
WL 4	2,815	2,935	3,060	3,180	3,300	3,425	3,545	3,670
WL 5	3,065	3,200	3,340	3,475	3,615	3,750	3,890	4,030
WL 6	3,340	3,485	3,635	3,785	3,935	4,080	4,230	4,380
WL 7	3,645	3,815	3,985	4,155	4,325	4,495	4,665	4,835
WL 8	4,030	4,220	4,410	4,600	4,790	4,980	5,175	5,365

ANNUAL LOCAL WAGE SCALE - EL PASO
U.S. Dollars (Effective 1 January 1954)

	I	II	III	IV	V	VI	VII
EPL 1	1,500	1,560	1,620	1,690	1,760	1,840	1,930
EPL 2	2,000	2,070	2,140	2,220	2,300	2,390	2,500
EPL 3	2,400	2,470	2,550	2,650	2,750	2,860	2,980

ANNUAL LOCAL WAGE SCALE - FIELD OFFICE OF CARIBBEAN (JAMAICA)
Expressed in U.S. Dollars (Effective 1 February 1955)

	I	II	III	IV	V	VI	VII	VIII
JL 1	400	430	460	490	520	550	580	610
JL 2	725	775	825	875	925	975	1,025	1,075
JL 3	1,200	1,260	1,320	1,380	1,440	1,500	1,560	1,620
JL 4	1,750	1,830	1,910	1,990	2,070	2,150	2,230	2,310
JL 5	2,050	2,140	2,230	2,320	2,410	2,500	2,590	2,680
JL 6	2,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100

ANNUAL LOCAL WAGE SCALE - ZONE II (MEXICO)
Mexican Pesos (Effective 1 July 1955)

	I	II	III	IV	V	VI	VII	VIII	VIII(*)
ML 1	7,000	7,350	7,700	8,050	8,400	8,750	9,100	9,450	9,800
ML 2	9,000	9,450	9,900	10,350	10,800	11,250	11,700	12,150	12,600
ML 3	12,000	12,600	13,200	13,800	14,400	15,000	15,600	16,200	16,800
ML 4	15,500	16,150	16,800	17,450	18,100	18,750	19,400	20,050	20,700
ML 5	19,500	20,300	21,100	21,900	22,700	23,500	24,300	25,100	25,900
ML 6	23,500	24,450	25,400	26,350	27,300	28,250	29,200	30,150	31,100
ML 7	28,000	29,150	30,300	31,450	32,600	33,750	34,900	36,050	37,200
ML 8	33,000	34,350	35,700	37,050	38,400	39,750	41,100	42,450	43,800

*Additional step for language proficiency.

SALARY SCHEDULES (continued)ANNUAL LOCAL WAGE SCALE - ZONE III (GUATEMALA)
Guatemalan Quetzales (Effective 1 January 1955)

	I	II	III	IV	V	VI	VII
GL 1	720	760	800	840	880	920	960
GL 2	900	960	1,020	1,080	1,140	1,200	1,260
GL 3	1,200	1,290	1,380	1,470	1,560	1,650	1,740
GL 4	1,500	1,590	1,680	1,770	1,860	1,950	2,040
GL 5	1,800	1,900	2,000	2,100	2,200	2,300	2,400
GL 6	2,100	2,200	2,300	2,400	2,500	2,600	2,700
GL 7	2,400	2,520	2,640	2,760	2,880	3,000	3,120
GL 8	2,700	2,820	2,940	3,060	3,180	3,300	3,420
GL 9	3,000	3,120	3,240	3,360	3,480	3,600	3,720
GL 10	3,600	3,750	3,900	4,050	4,200	4,350	4,500
GL 11	4,500	4,700	4,900	5,100	5,300	5,500	5,700
GL 12	5,700	5,900	6,100	6,300	6,500	6,700	6,900

ANNUAL LOCAL WAGE SCALE - ZONE IV (LIMA)
Peruvian Soles (Effective 1 April 1955)

	I	II	III	IV	V	VI	VII	VIII	VIII(*)
LL 1	9,000	10,000	11,000	12,000	13,000	14,000	15,000		
LL 2	15,000	16,000	17,000	18,000	19,000	20,000	21,000		
LL 3	22,500	24,000	25,500	27,000	28,500	30,000	31,500	33,000	34,500
LL 4	30,000	31,500	33,000	34,500	36,000	37,500	39,000	40,500	42,000
LL 5	36,000	38,000	40,000	42,000	44,000	46,000	48,000	50,000	52,000
LL 6	46,000	48,000	50,000	52,000	54,000	56,000	58,000	60,000	62,000
LL 7	54,000	56,500	59,000	61,500	64,000	66,500	69,000	71,500	74,000

ANNUAL LOCAL WAGE SCALE - ZONE V (RIO DE JANEIRO)
Brazilian Cruzeiros (Effective 1 January 1955)

	I	II	III	IV	V	VI	VII	VIII	IX	X	X(*)
RL 0	27,400	28,700	30,000	31,300	32,600	33,900	35,200	36,500	37,800	39,100	40,400
RL 1	34,650	36,300	37,950	39,600	41,250	42,900	44,550	46,200	47,850	49,500	51,150
RL 2	52,800	55,200	57,600	60,000	62,400	64,800	67,200	69,600	72,000	74,400	76,800
RL 3	79,200	82,800	86,400	90,000	93,600	97,200	100,800	104,400	108,000	111,600	115,200
RL 4	110,880	115,680	120,480	125,280	130,080	134,880	139,680	144,480	149,280	154,080	158,880
RL 5	151,800	157,800	163,800	169,800	175,800	181,800	187,800	193,800	199,800	205,800	211,800
RL 6	178,200	185,400	192,600	199,800	207,000	214,200	221,400	228,600	235,800	243,000	250,200

ANNUAL LOCAL WAGE SCALE - ZONE VI (BUENOS AIRES)
Argentine Pesos (Effective 1 December 1955)

	I	II	III	IV	V	VI	VII	VII(*)
BAL 1	16,560	17,940	19,320	20,700	22,080	23,460	24,840	26,220
BAL 2	18,000	19,380	20,760	22,140	23,520	24,900	26,280	27,660
BAL 3	20,700	22,080	23,460	24,840	26,220	27,600	28,980	30,360
BAL 4	28,800	31,560	34,320	37,080	39,840	42,600	45,360	48,120
BAL 5	40,800	44,160	47,520	50,880	54,240	57,600	60,960	64,320
BAL 6	44,400	47,760	51,120	54,480	57,840	61,200	64,560	67,920
BAL 7	69,000	73,080	77,160	81,240	85,320	89,400	93,480	97,560

*Additional step for language proficiency.

SCALE OF ASSESSMENTS OF THE
MEMBER STATES OF THE PAN AMERICAN SANITARY
ORGANIZATION FOR THE FINANCIAL YEAR ENDING
31 DECEMBER 1957, BASED ON THE PAN AMERICAN
UNION SCALE OF 1956-1957

Country	Percentage	Amount
	%	\$
Argentina	7.49	172,270
Bolivia	0.31	7,130
Brazil	7.52	172,960
Chile	2.07	47,610
Colombia	2.57	59,110
Costa Rica	0.25	5,750
Cuba	1.88	43,240
Dominican Republic	0.31	7,130
Ecuador	0.31	7,130
El Salvador	0.38	8,740
Guatemala	0.44	10,120
Haiti	0.25	5,750
Honduras	0.25	5,750
Mexico	4.82	110,860
Nicaragua	0.25	5,750
Panama	0.31	7,130
Paraguay	0.25	5,750
Peru	1.00	23,000
United States	66.00	1,518,000
Uruguay	1.08	24,840
Venezuela	2.26	51,980
	<u>100.00</u>	<u>2,300,000</u>

Assessments in respect to the territories of:*

France	5,525
Netherlands	2,815
United Kingdom	15,000

In accordance with Article LX of the Pan American Sanitary Code, the assessment scale adopted by the Council of the Organization of American States is binding upon the Member States of the Pan American Sanitary Organization.

TENTATIVE SCALE OF ASSESSMENTS OF THE
MEMBER STATES OF THE PAN AMERICAN SANITARY
ORGANIZATION FOR THE FINANCIAL YEAR ENDING
31 DECEMBER 1958, BASED ON THE PAN AMERICAN
UNION SCALE OF 1956-1957

Country	Percentage	Amount
	%	\$
Argentina	7.49	217,210
Bolivia	0.31	8,990
Brazil	7.52	218,080
Chile	2.07	60,030
Colombia	2.57	74,530
Costa Rica	0.25	7,250
Cuba	1.88	54,520
Dominican Republic	0.31	8,990
Ecuador	0.31	8,990
El Salvador	0.38	11,020
Guatemala	0.44	12,760
Haiti	0.25	7,250
Honduras	0.25	7,250
Mexico	4.82	139,780
Nicaragua	0.25	7,250
Panama	0.31	8,990
Paraguay	0.25	7,250
Peru	1.00	29,000
United States	66.00	1,914,000
Uruguay	1.08	31,320
Venezuela	2.26	65,540
	<u>100.00</u>	<u>2,900,000</u>

Assessments in respect to the territories of:*

France	6,965
Netherlands	3,549
United Kingdom	15,000

In accordance with Article LX of the Pan American Sanitary Code, the assessment scale adopted by the Council of the Organization of American States is binding upon the Member States of the Pan American Sanitary Organization. This scale which is presented for informational purposes only, is the 1956-1957 scale and is subject to review by the Council of the Organization of American States.

*Amounts calculated in accordance with Resolutions XV and XL of the V Meeting of the Directing Council.

PROPOSED APPROPRIATIONS RESOLUTION

THE DIRECTING COUNCIL

RESOLVES:

1. To appropriate for the financial year 1957 an amount of \$ _____ as follows:

Purpose of Appropriation

PART I	PAN AMERICAN SANITARY ORGANIZATION	
PART II	PAN AMERICAN SANITARY BUREAU - HEADQUARTERS	
PART III	PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS	
	Total - All Parts	\$ _____
	<u>Less:</u>	
	Estimated Miscellaneous Income	\$ _____
	Contributions on behalf of the territories of France, the Netherlands, and the United Kingdom	_____
	Total	_____
	TOTAL FOR ASSESSMENT	\$ _____

2. Amounts not exceeding the appropriations noted under Paragraph 1 shall be available for the payment of obligations in accordance with the Financial Regulations of the Bureau incurred during the period 1 January to 31 December 1957, inclusive.

3. The appropriations as noted above shall be financed by contributions from Member Governments according to Article LX of the Pan American Sanitary Code; from contributions on behalf of the territories of France, the Netherlands and the United Kingdom according to Resolutions XV and XL of the V Meeting of the Directing Council, and miscellaneous income accruing to the Pan American Sanitary Bureau.

4. The Director is authorized to transfer credits between parts of the budget, provided that such transfers of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between parts of the budget in excess of 10% may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council.

PART I

PAN AMERICAN SANITARY ORGANIZATION

SECTION 1 - Conference Services (See page 92)

The Conference Services Office has the function of assisting in the planning, organization, and conduct of the meetings of the PASO governing bodies and of other meetings convoked by the Director or held under the auspices of PASB.

Experience has shown that the posts established under previous budgets for the permanent staff in the office are inadequate, particularly as regards the posts shown under the Minutes and Translating Service. This personnel, in addition to drafting the minutes and translating and editing the documents for the meetings, provides the translating services required in the normal operation of the Bureau throughout the year.

In order to meet the increasing demands for translation of technical and informational material, as well as to provide adequately for the précis minutes service at the organizational meetings, provision is made in 1958 for two additional posts of reviser-translator at the P.3 level, one under PASB funds and the other under WHO funds. The two clerical posts now assigned to this service are inadequate for the volume of translating work performed, and provision is therefore made for two additional posts, one clerk-typist WL.5, and one clerk-stenographer WL.6, both under PASB funds in 1958.

SECTION 2 - Organizational Meetings (See page 92)

Provision is made in Chapter 1 for the meetings of the Directing Council and the XV Pan American Sanitary Conference, as well as for the meetings of the Executive Committee that

immediately precede and follow those of the Council and the Conference. The lower anticipated expenditure in 1957, as compared with 1956, is due to the fact that the 1957 meeting of the Council will take place in Washington, whereas the site of the 1956 meeting is Guatemala.

The XV Pan American Sanitary Conference will meet in 1958 in San Juan, capital of the Commonwealth of Puerto Rico, in accordance with the invitation extended by the United States Government and accepted by the XIV Conference (Santiago, 1954). In estimating the costs of the Conference, consideration was given to the agreement to be signed with the host government pursuant to the terms of Resolution III of the 26th Meeting of the Executive Committee (Washington, 1955), concerning meetings of the PASO governing bodies held away from Headquarters. The Directing Council does not meet in the year in which the Conference is held.

Estimated costs under Chapter 2 provide for the meetings of the Executive Committee that are usually held in April in Washington. These estimates are based on previous years' experience and reflect no increase in costs.

SECTION 3 - Common Staff Costs (See page 92)

A detailed explanation of the items included under this section appears in Part II of the budget (page 13). The incidence of home leave eligibility varies from year to year and accounts for the decrease in the estimates for 1957 and, together with recruitment travel, for the increase in 1958.

PART II

PAN AMERICAN SANITARY BUREAU - HEADQUARTERS

SECTION 1 - Executive Offices (See page 94)

The Executive Offices are composed of the Office of the Director, the Office of Public Information, the Office of Coordination, the Editorial Office, and the Library. The Assistant Director and the Secretary General are included under the Office of the Director. These officials have responsibility for the subordinate elements of the Executive Offices. The Assistant Director has direct responsibility for the Offices of Coordination and Public Information; the Secretary General has responsibility for the Editorial Office and the Library, as well as for the Conference Services Office, which appears in Part I of the budget.

Provision is made under the Office of the Director for the WHO Medical Adviser to UNICEF/TARO and for the clerical staff assigned to the senior officials. Duty travel for all personnel of the Executive Offices is shown under the Office of the Director.

The reports activity, although under the immediate direction of the Office of the Director, is shown separately. It will be noted that the staff assigned to this activity will be reduced by one post, reports officer P.1, in 1958. This post is charged to PASB funds.

Anticipated expenditures for informational activities, as well as salary costs of the office personnel, are shown under the Office of Public Information. Planning with respect to public information anticipates a continuing increase of interest in the activities of the Bureau, and a proportionate increase in informational activities. This will be reflected especially in wide distribution of the Newsletter and in other informational activities.

The increasing workload in the Office of Public Information has made necessary the creation of a post of information officer P.2, under PASB funds for 1958.

Statistical data show that there are some areas where current public information activities, compared with those of 1950, have increased nearly 500 per cent, i.e., pieces of mail received daily totaled 30 in 1950, 45 in 1955, and 125 so far in 1956. Pieces of outgoing mail daily (excluding kits, the Newsletter, and press releases) totaled 15 in 1950, 20 in 1955, and 66 to date in 1956. Special kits sent to meet specific requests so far in 1956, compared with 1950, have increased 500 per cent. In 1954, 1,500 kits of general information were mailed out (102 per cent increase over 1953); in 1955 they totaled 3,034 (107 per cent over 1954) and as of June 1956, 2,279, with an anticipated increase of 100 per cent in 1956 over 1955. In 1955, feature stories were prepared or assistance was given to persons engaged in the preparation of feature stories on 66 occasions. The workload in this area during the first six months of 1956 shows an increase of 50 per cent over 1955.

Estimates for the Library include the usual provision for acquisition of books, pamphlets, periodicals, manuscripts, documents, and other printed material relating to the work of the Bureau. No increase in the total number of positions is anticipated.

No increase is anticipated in the staff of the Office of Coordination during the years under review.

The interest expressed by Member Governments in improving the Bulletin and increasing its volume, and the need for disseminating technical information through the preparation and release of special publications, make it apparent that the existing staff of the Editorial Office must be augmented by two additional posts in 1958. Only with the addition of another editor P.2 and a typist WL.5, under PASB funds, will it be possible for the Bureau to continue to provide the Member Countries with the amount of technical information they need and have requested.

SECTION 2 - Division of Education and Training
(See page 96)

The organizational structure of the Division consists of the Office of the Chief, the Fellowships Branch, and the Professional Education Branch.

High priority given to preparation of national personnel, as the Organization program has expanded, has brought about a marked increase in the fellowships program. Since 1952 the total number of awards in the Americas has more than doubled and additional increases may be expected. Furthermore, to draw maximum benefit from a fellowship it is essential that periodic visits be made to the fellows at their place of study. An exhaustive managerial study of the Fellowships Branch in early 1956 has shown serious understaffing and grave excess in workload. Provision is therefore made for an additional post of training officer P.3, under UN/TA funds, and an additional clerk-stenographer WL.5, under PASB funds, in the Fellowships Branch.

No other changes are anticipated within the Division during the years under review.

SECTION 3 - Division of Administration (See page 98)

The Division is composed of the following organizational units: the Office of the Chief, the Supply Office, the Administrative Management and Personnel Branch, the Budget and Finance Branch, and the General Services Office.

Provision of the personnel, budgetary, fiscal, procurement, and other related services, as well as development of means for further improving the efficiency of these functions, are the responsibilities of the Division of Administration.

It has become evident after four years of seeking to provide the service required of the Personnel Office of the Administrative Management and Personnel Branch, that an additional professional post is essential in order to cope with the complex problems arising from the administration of a personnel program based on rules and regulations pertaining to the several sources of funds for implementing the programs of the Pan American Sanitary Organization. Accordingly, an additional post of personnel officer P.2 on the PASB rolls is included in this estimate for 1958.

A WL.5 clerk budgeted under UN/TA funds for the year 1958 will be assigned to the Documentation and Regulations Unit, Personnel Office, to assist in the preparation of personnel actions, travel authorizations, dependents' allowances,

reports, and other correspondence as required. The Unit is presently understaffed and the additional workload anticipated with the increase in budget makes it imperative that this post be established.

It has become apparent, after three years' experience with the current staff, that additional clerical assistance is required in the Budget Office. It has therefore been necessary to make provision in 1958 for two additional posts, one budget clerk WL.8, and one clerk typist WL.5, under PASB funds. The budget clerk will cooperate and assist in the preparation of budget documents, allotment analyses which are undertaken at least four times a year on the PASB, WHO, UN/TA, and other extra-budgetary funds, and in the preparation of various reports and statistics that the Office is called upon to prepare periodically. Similarly, it has been necessary to re-establish under PASB funds the post of a clerk typist which was abolished 1 January 1955. Only by assigning temporary personnel and by having personnel on loan from other offices has it been possible to carry out the functions and discharge the responsibilities of the Office. These additions to the staff of this Office will also permit a more orderly and timely preparation of documentation that has been resting to this point on two budget analysts only.

With the general expansion of the program of the Bureau, additional assistance will be required in several of the service areas. Specifically, these requirements for 1958 include an additional post of chauffeur-clerk WL.4 to meet the demands for such services, which at present must be handled by assigning other clerks away from their full-time duties to the extent of seriously impairing other operations. These activities, which include clearing passports, securing visas, tax clearances, etc., have increased to such an extent that at times the one chauffeur is tied up most of the day on such duties. The incumbent of this post will also assist in the heavy workload activity of outbound mailing and shipments, which has increased 58 per cent from 1953 to 1955, and in which an additional increase of 50 per cent is expected by 1958.

An additional post of draftsman WL.8, is required to enable the Cartographic and Drafting Unit to attempt to keep pace with an ever-increasing workload of requests for maps, charts, graphs, exhibits, photographs, and other visual aids and materials, requests for which in most cases have to be handled under rush deadlines. Also, the current increase in reporting and public information activities, coupled with the widening of field programs, brings additional workload burdens which can be met only by increasing the staff strength. This workload has increased 30 to 50 per cent from 1953 to 1955 and in 1956, on the basis of a half year of actual performance, is 35 to 50 per cent over 1955. It is estimated that by 1958, the increase over 1956 will be in the order of 50 per cent, thereby making critically necessary the addition of this post for 1958.

Both of the above positions are included under PASB funds.

SECTION 4 - Division of Public Health (See page 102)

The Division is composed of the Office of the Chief, the Health Promotion Branch, the Communicable Diseases Branch, and the Environmental Sanitation Branch.

The Division's performance of its responsibilities in the planning, review, and advisory service activities has been consistently expanded over the past several years. Following the study in 1954 and 1955 of means for better execution of these responsibilities, substantial progress has been accom-

plished during 1956 in the attainment of a number of major objectives of the Division.

The staff of twelve professional personnel will continue to be given special field assignments at the Zone and Field Offices and on projects. This will serve the dual purpose of bringing the specialized abilities of the Headquarters personnel directly to the operating level, while constantly renewing their familiarity with actual field problems and conditions. The staff of the Division will continue to share a major responsibility in the operation of interzone programs, with special emphasis being placed on the organization of intercountry seminars and the dissemination of technical information on fields of interest to the Member Countries.

There is an increase of one post, clerk-stenographer WL.5, in the Office of the Chief for the year 1958, chargeable to the PASB funds. The dental officer post which was created through funds made available by the Kellogg Foundation grant will continue under PASB funds at the expiration of the grant in 1957.

SECTION 5 - Common Staff Costs (See page 102)

Common Staff Costs comprise dependents' allowance, repatriation grant, the Organization's contribution to the UN Pension Fund, the Organization's contribution to staff insurance, home leave travel, recruitment travel, and reimbursement of income tax. These costs, which cover all charges for personal services other than salary and cost-of-living charges, are grouped at the end of Parts I and II of the budget, rather than being attributed to the individual offices within each Part.

Dependents' allowance is computed on the basis of the known entitlements of staff, at the time of preparation of the budget, for all occupied positions. A factor is applied for all vacant positions.

Repatriation grant is based on years of service at an official station outside the staff member's home country and is payable in the year of termination of contract. After completion of two years of service, a staff member without dependents is entitled to four weeks of salary. A staff member with dependents is entitled to eight weeks of salary. For each additional year of service outside the home country, the staff member without dependents earns one additional week and the staff member with dependents earns two weeks, with a maximum of \$2,500 and \$5,000 respectively.

PASB budgetary provision is made annually on the basis of liabilities to be incurred during the year. Funds accrued are placed in a reserve fund from which all earned payments are made at the time of termination. WHO budgetary provision is made annually on the basis of an average of \$100 for each eligible staff member. Since the WHO does not establish a reserve, all payments are met from the current year's provision.

The Organization's contribution to the UN Pension Fund is equal to 14 per cent of the staff member's salary, exclusive of allowances, and the small increase is in proportion to the rise in salary costs due to normal within-grade increments.

Provision is made for the Organization's share of the cost of staff insurance. On salaries below \$5,000, the Bureau and WHO contribute .875 per cent of the base salary and the staff member contributes .325 per cent. For salaries above \$5,000, the contributions are .725 and .475 per

cent, respectively. For budgetary purposes, the Organization's contributions were estimated on an average of 1 per cent for all staff.

Home leave estimates are furnished on the known eligibility of staff members at the time of preparation of the document. Since a staff member is eligible for home leave every two years from the date of appointment, the incidence of budgetary requirement varies with the appointment dates.

Recruitment travel estimates are based on the known vacant positions at the time of preparation of the document and are costed in the year when recruitment will take place.

As in past years, an item is included for reimbursement of income tax to staff members who are required by their government to pay this tax.

SECTION 6 - Common Services (See page 104)

The estimates for the various Common Services for the Washington Office are shown in detail in the schedules. All costs are divided on a pro-rata basis between PASO, WHO, and UN/TA funds, except where an asterisk appears. The asterisked items are charged directly to the appropriate sources of funds.

Chapter 1. The increase of \$3,600 in Space and Equipment Services is intended to cover possible rate increases in contract and utility services; minor increases have been shown for these items, consisting of electricity \$200, gas and water \$50 each, oil deliveries \$200, trash removal and exterminating \$200, equipment repairs and maintenance \$100; the contract cleaning and landscaping has been increased by \$500 to offset minor adjustments in the contracts due to rising labor costs and the possibility of requiring some replacements of the formal garden plants; the elevator service

costs are increased by \$600 to cover full, rather than partial, maintenance costs, to avoid the payment for major repairs in future years; the item of janitorial supplies consisting of soap, paper towels, light bulbs, laundry services and miscellaneous building hardware is increased by \$500 and building repairs and upkeep by \$1,200 to cover those building maintenance items of a minor nature.

Chapter 2. In this category, the increase of \$3,905 is intended to cover increasing costs in postage \$1,000, long distance telephone calls \$600, increased telephone services \$400, audit costs \$1,000, medical examinations \$600, miscellaneous items such as bank charges, contributions to staff association, etc. \$205, and vehicle maintenance \$100.

Chapter 3. The rising costs for supplies and paper items and the increased use and heavy reproduction of printed material make it necessary to increase this category by \$4,000: for office supplies and forms and cartographic and drafting supply items \$2,200, printing supplies and paper \$1,000, and outside photographic work by \$800.

Chapter 4. This category has been increased slightly to cover possible premium cost increases and additional valuation coverage in increased stocks of equipment and supplies.

Chapter 5. By 1958 it will be necessary to replace old and outmoded reproduction equipment, such as the mimeograph and multilith machines estimated at \$1,100 and \$6,500 each, respectively; the cost of these items will more than take care of the \$9,400 increase and the balance remaining will be used to purchase new equipment for new personnel and to continue the yearly replacement program on 5 and 6-year-old typewriters and other office machines; there is also for consideration the replacement of some wooden desks and bookcases, as well as the replacement of old and unserviceable filing equipment.

PART III

PAN AMERICAN SANITARY BUREAU
FIELD AND OTHER PROGRAMS

Zone and Field Offices

In accordance with the principles enunciated by the governing bodies, and with the aims of assuring that the planning and implementation of programs achieve maximum effectiveness in meeting the needs of Member Governments, and of contributing to the strengthening of national health services, the Pan American Sanitary Bureau, Regional Office of the World Health Organization for the Americas, established a plan for decentralization of its activities. Under this plan, the Americas were geographically divided into six areas, each of them to be served by a Zone Office, except in the case of Zone I, responsibility for which was retained by the Washington Office. These six Zones are as follows:

Zone I : Alaska, Canada, United States, and the non-self-governing territories, except British Honduras. Activities of Zone I are under the jurisdiction of the Washington Office, but responsibility for supervision of the activities dominant in the Caribbean Area is delegated to the Field Office located in Kingston, Jamaica. (See page 110). The Office established in El Paso is an inter-country field program concerned with stimulating cooperation and coordination of activities among border health officers of Mexico and the United States in solving common health problems. (See page 200)

Zone II : Cuba, Dominican Republic, Haiti, and Mexico. The Zone Office is located in Mexico, D.F. (See page 112)

Zone III : Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and British Honduras. The Zone Office is located in Guatemala City, Guatemala. (See page 130)

Zone IV : Bolivia, Colombia, Ecuador, Peru, and Venezuela. The Zone Office is located in Lima, Peru. (See page 148)

Zone V : Brazil. The Zone Office is located in Rio de Janeiro, Brazil. (See page 168)

Zone VI : Argentina, Chile, Paraguay, and Uruguay. The Zone Office is located in Buenos Aires, Argentina. (See page 176)

The Principles of Decentralization have reserved for Headquarters the responsibility for provision of certain technical and administrative services that can be more efficiently carried out from the Washington Office. Under these Principles, the responsibility and authority for relations with the governing bodies of the Organization and their Members are retained by the Director.

The Zone Offices are responsible for operational program activities, both in the provision of direct technical advice to health administrations and in the field planning and operation of projects. This system has had the advantage of making the technical advice of Zone staff continuously available to the governments. Further, it assures that projects will be planned in cooperation with the national health personnel who will be responsible for their execution, and thus in a manner appropriate to local conditions.

The estimates for the Zone and Field Offices are arranged as in previous years. Duty travel and common staff costs for personnel of the offices appear under the personnel services estimates for each office; common services costs for the operation of each office are similarly shown. In general, the estimates conform to those of previous years.

The provisions for home leave, repatriation grant, and dependents' allowance cause some fluctuation between years, since computations are based on known eligibility at the time of preparation of this document. A more detailed explanation of the common staff cost computations may be found under "Method of Preparation." Common services estimates are based on the experience of the previous years. The item for Acquisition of Capital Assets is for the purpose of replacing obsolete equipment. Estimates for local expenditures have been based on the rates of exchange prevailing at 1 January 1956 and some fluctuation in cost as compared to previous years has been reflected, due to change in rates, especially in the case of Zone VI.

PART III

ZONE I

Barbados-2, Local Health Services
(See page 106)

In 1953, at the request of the Government, three consultants of the Organization made a survey of the health services of Barbados. Their report was accepted by the Government, which has taken action to implement the recommendations, with particular reference to the centralization of responsibilities under the Director of Medical Services, the organization of regional health centers, each of them responsible for the development and coordination of health activities in a specific number of parishes, and the establishment of a central public health laboratory. Special attention is to be given, in developing regional centers, to the improvement of cottage hospitals.

Planning was essentially complete at the end of 1955, and the activities since that time have been to extend the integrated services and initiate programs in maternal and child health, BCG vaccination, public health dentistry, and public health laboratory services. A venereal disease program is planned for 1957. The cooperation of the Organization will emphasize training of personnel.

UNICEF is providing equipment and supplies in support of this program.

The Organization is expected to provide in 1957 one laboratory adviser, some supplies and equipment, and some fellowships.

French Guiana-1, Maternal and Child Health
(See page 106)

This is a project for the development of maternal and child health services throughout the country as part of the expansion of the general health services. UNICEF is providing equipment and supplies. Technical advice will be given by the staff of the Field Office for the Caribbean and by the Regional Office. Provision is made for fellowships in 1956.

Jamaica-7 (WHO), Jamaica-8 (PASB), Public Health Administration Fellowships
(See page 106)

This is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1956 and 1958.

United States-6, Treponema pallidum Immobilization (TPI) Study
(See page 106)

This is a study of the *Treponema pallidum* immobilization test carried out with the financial support of the

Organization, at the New York State Department of Health, Division of Laboratories and Research. The objectives were possible changes toward simplification of the test, its evaluation, and its application to the study of the so-called biological false positive serological tests for syphilis.

The tests were expected to be completed by the end of 1956. Early in 1956 the basic techniques of the TPI test had been improved to the point where the test could be placed on a reproducible, quantitative basis. The studies have widened the number of known factors in this highly complex immunologic procedure, and simplification and eventual wide-scale practical application of the test was in sight.

United States-7, WHO Public Health Administration Fellowships
(See page 108)

The objective of this project is to provide fellowships in the field of public health for the purpose of collaborating with the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Three fellowships already have been provided under this project and additional fellowships are provided in 1956.

United States-8, Mental Health
(See page 108)

Mental deficiency is a widely prevalent condition whose public health importance comes into greater prominence as communicable diseases and environmental problems are brought under control. Available knowledge and current research point toward the feasibility both of effective prevention activity and of improvement in and education of the mentally handicapped to enable them to assume a more useful position in the community.

The Government of the United States requested the Organization to provide a short-term consultant to give advice and to exchange views on this subject. In 1956 the consultant visited several schools of medicine and public health departments, hospitals, and rehabilitation centers where mental deficiency is being dealt with, discussing ways of preparing specialized teachers and personnel and of changing the family and public health attitude toward retarded children.

AMRO-8, Malaria and *Aedes aegypti* Eradication (Caribbean)
(See page 108)

Under this project the Organization is providing technical cooperation for both malaria and *A. aegypti* eradication. The widely scattered islands in the Caribbean area make it necessary for the consultants to provide advice on both subjects. However, within each territory or area the two campaigns have separate organizations.

Aedes aegypti eradication campaigns have been under way in about half the area of the Caribbean since 1950. The campaigns are in progress in the remainder of the area, except for Curacao, Aruba, and Bonaire, where they are in the initial stage. The importance of Aedes aegypti campaigns was dramatically illustrated by the occurrence of cases of urban yellow fever in Trinidad in 1954. By 1955 A. aegypti eradication was complete in Bermuda and French Guiana, and substantially complete in British Guiana and Grenada. It is hoped that eradication may be achieved by 1957 in St. Kitts, St. Lucia, and Carriacou. Considerable progress has been made in the remainder of the area, but it is not yet possible to predict the date of final eradication.

The methods employed for aegypti eradication conform to the norms established by the Pan American Sanitary Bureau. Each territory has been divided into localities, and cycles of inspection and perifocal treatment are now being completed on a 12-week basis. Where malaria is a concurrent problem, the residual treatment of houses has greatly facilitated the work of the aegypti squad, but perifocal treatment in all instances remains the basis of the aegypti eradication effort.

Malaria continues to be a major public health problem in the Caribbean area and a principal cause of physical and economic disability. The Governments, the Organization, and UNICEF have collaborated for several years in control programs, but steps are now being taken to convert from control measures to eradication in order to give permanent protection to the population of the islands and to protect other countries from reinfestation, as part of the hemisphere-wide malaria eradication program. Plans have been completed and approved for malaria eradication campaigns in Grenada and St. Lucia, and preliminary planning for conversion to eradication is under way with the health authorities of Jamaica, Guadeloupe, Dominica, Trinidad, and Surinam. As fast as these plans are completed, eradication programs will be undertaken, and it is hoped that conversion will be under way in all territories by the end of 1957, with the possible exception of Trinidad, where the existence of Anopheles bellator poses a difficult technical problem.

The phase of total residual house-spraying coverage will extend for a period of 4 years, which period is necessary in order to interrupt transmission for three consecutive years. After this will follow the phase of epidemiological evaluation and surveillance, together with necessary measures to clear up any local infestations, for as long as any problem remains.

The international team will include one Aedes aegypti adviser and one malarologist in 1957 and 1958, nine sanitarians in 1957, and seven sanitarians in 1958. Provision is also made for fellowships in 1957 and 1958, and for supplies and equipment in 1958.

AMRO-47, Yaws Eradication and Syphilis Control (Caribbean)
(See page 108)

The treponematoses are a major public health problem in many territories of the Caribbean. Yaws has a high prevalence in Jamaica, St. Kitts, Guadeloupe, Martinique, Dominica, St. Lucia, St. Vincent, Grenada, and Trinidad. Syphilis is also endemic in all the territories of the area; as in the case of yaws, good prevalence figures are not available, but the number of cases reported treated by the local

clinics is high for the limited population of the islands. The treponematoses seriously impair the economic development of the affected areas and an effective attack on the problem is far beyond the local resources available. The "disease-poverty-disease" cycle can be broken only by a concentrated effort.

The health administrations of the area are aware of the problem and have closely observed the excellent results of the yaws eradication problem in Haiti. They have asked for international collaboration in an attempt to eradicate the treponematoses from their territories, following the general principles of the Haiti campaign.

The long range objective of this project are (1) the eradication of yaws in the Caribbean; (2) the reduction of syphilis and gonorrhea prevalence; (3) the strengthening of territorial venereal disease services, including laboratory serological services; (4) the education of the public on matters pertaining to yaws and the venereal diseases; and (5) the training of local professional, auxiliary, and technical personnel in mass campaign methods.

Mass campaigns in Grenada, St. Kitts, St. Vincent, and the British Virgin Islands began early in 1956. The program will later be extended to Jamaica, Trinidad, and Tobago, and the other affected areas.

If the necessary data is not available, a brief epidemiological survey is conducted to determine the prevalence of treponemal disease. In all areas the house-to-house method will be employed. In conjunction with the mass injection campaign, a 10% serological sample will be taken in order to provide a sound serological base-line. (The mass campaign will be preceded by a program of health education to stimulate the interest and participation of the general population.) Serological laboratory services will be strengthened. In each of them, the VDRL qualitative and quantitative examination has or will be instituted. The Caribbean Medical Center in Trinidad will serve as a regional laboratory for the Leeward and Windward Islands and will periodically check and standardize the work of the smaller laboratories, in addition to providing training facilities for laboratory personnel. In-service training of technicians and the institution of the VDRL examination will be provided in 1956 and 1957 by the WHO Serologist, who will assist the governments in the development of a regional laboratory system.

The medical consultant to this project, in addition to assisting each territory in the organization and operation of the mass campaign and follow-up, will assist each health department in the strengthening of its permanent venereal disease service, including contact tracing, and in the conduct of training programs for district medical officers in order to strengthen routine diagnosis and treatment, particularly in the rural areas.

Six senior health officials will attend the Seminar on Treponematoses Eradication to be held in Haiti in 1956.

UNICEF is providing equipment and supplies and has already allocated funds to Grenada, St. Kitts, Nevis, and St. Vincent. It is expected that similar assistance will be provided to other territories.

Provision is made for one medical officer in 1957 and 1958, and for one serologist in 1957, and for fellowships in 1957 and 1958.

AMRO-95, Environmental Sanitation (Caribbean)
(See page 110)

Major public health problems in the Caribbean Area are related to diseases which can be directly connected with environmental sanitation.

Of the 22 health departments in this area, at least 19 are interested in the collaboration of WHO and UNICEF in expanding their present efforts in this field. In 1954 the Government of St. Kitts-Nevis-Anguilla (in the Leeward Islands) requested the assistance of UNICEF and WHO in expanding its environmental sanitation program, with special reference to water supply, excreta disposal, and health education.

Early in 1955 a member of the Organization's staff visited the area and prepared the first draft of a plan of operations.

In some areas, water chlorination will be enough to provide adequate water supply. In many rural areas new wells will be needed, and in some, hand pumps alone will satisfactorily increase the output. Assistance will be provided also in planning for increased production and distribution of sanitary latrines and in this, home-owners will be encouraged to cooperate. The aim is to construct and install 10,800 latrines in five years and to establish a satisfactory program of maintenance. Island-wide programs of health education will be developed for schools, and increased attention to adult education will be provided through the facilities of the health department.

As the St. Kitts project proceeds, the Organization will assist other health departments of the British, French, and Dutch Caribbean in the planning of a similar expansion in environmental sanitation activities.

To stimulate interest in this field, the Organization will sponsor a Workshop for Public Health Engineering Assistants or Chief Sanitary Inspectors in 1957, to which 20 health departments will be invited to send representatives.

A public health engineer arrived in 1956 and will continue in 1957 and 1958. Several fellowships are also provided, in addition to the training course.

AMRO-22, Training Center for Public Health Nurses and Sanitary Inspectors (Caribbean)

(See page 110)

Many of the health departments of the Caribbean suffered from a shortage of trained public health inspectors and nurses. Recognizing the importance of the responsibilities of these two categories of public health personnel, the Government of Jamaica, with the assistance of the Rockefeller Foundation, established more than 25 years ago the British West Indies Public Health Training Center.

The Government of Jamaica is interested in the further development of the Center, including, as required, revisions of the curriculum and teaching methods, expansion of the physical facilities, improved training for the staff, and better regional utilization of the facilities offered.

Fellowships for the teaching staff of the Center are provided in 1957.

Field Office (See page 110)

For text see "Zone and Field Offices", page 15.

PART III

ZONE II

Zone Office (See page 112)

For text see "Zone and Field Offices", page 15.

Cuba-5, Malaria Eradication
(See page 112)

Malaria was one of the most important public health problems in Cuba; it was present throughout the island, including the municipal area of Havana. After intensive work done with the cooperation of the Rockefeller Foundation, there remains a limited problem in the Province of Oriente and on the north coast of Pinar del Rio, where there is an estimated population of 430,000, of whom almost 80% live in rural areas.

The production of sugar cane is seriously affected by the existence of malaria in agricultural areas.

The purpose of this project is to eradicate malaria in Cuba in order to protect the population of Cuba, and to form part of a hemisphere-wide eradication campaign in which eradication must be completed in each country to protect others from reinfestation.

The program will start with an epidemiological survey to determine the infested area. A house-to-house spraying with residual insecticides controlled by epidemiological surveillance will follow.

It is expected that transmission will be interrupted after four years of total coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease.

It is proposed to provide a medical officer in 1957 and 1958 and some fellowships in 1957.

Cuba-1, Aedes aegypti Eradication
(See page 114)

In November 1953 an agreement was signed with the Government of Cuba for the implementation of a project to eradicate *Aedes aegypti*. This step was followed by the training of national personnel until November 1954, when the field work against *Aedes aegypti* began in Havana. The field operations are being progressively extended to the rest of the country, and it is expected to complete this program by 1959.

Up to January 1956, 453,730 houses and 12,240,940 deposits were treated with DDT, covering a total population of 2,268,650.

It is proposed for 1957 and 1958 to retain the insect control adviser and the sanitarian attached to the project. Some supplies and equipment are also provided.

Cuba (AMRO-60), Smallpox Eradication
(See page 114)

In order to assist the health authorities of Cuba in planning and organizing a national smallpox eradication campaign, the Organization has provided to that country the services of a smallpox consultant.

Equipment for one dry smallpox vaccine production unit was furnished, together with the services of an expert in the production of this type of vaccine.

A fellowship to train the professional in charge of the smallpox vaccine laboratory in the techniques of dry vaccine production was awarded.

This program is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Cuba-3, Public Health Services
(See page 114)

The Government of Cuba wishes to provide public health services throughout rural areas and to establish central health services adequate to support this expansion. Several professionals who have been trained in public health with the cooperation of the Organization will be utilized in this new project.

It is planned to organize a rural health unit to serve both as a demonstration service and as a training center for other health workers who will be employed elsewhere in the country. Travel grants and fellowships for officials in key positions in the Ministry of Health will help to carry out a reorganization at the central level with the technical cooperation of international consultants.

During 1955 a survey of the health services and of the health needs of Cuba was conducted by national personnel with the cooperation of a consultant of the Organization. In 1957, it is expected that at least one rural health unit will be functioning fully, promoting the health work of the community it serves and training public health personnel for operations elsewhere in Cuba.

During 1957 and 1958 the Organization expects to provide one medical officer, one sanitary engineer, and one public health nurse.

Cuba-6, PASE Public Health Administration Fellowships
(See page 114)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide 8 fellowships in 1958.

Cuba-4, Nursing Education

(See page 116)

There are six nursing schools attached to general and specialized hospitals in Cuba, and the Government wishes to modernize the organization and curriculum to meet present needs.

The purpose of this project is to provide technical cooperation to the Government for the strengthening of nursing education, through a pilot program conducted in one of the nursing schools.

The project is planned to be developed in several stages: (a) a survey of the nursing problems and resources; (b) the organization of a national commission to plan for nursing needs; (c) the development of courses to prepare nursing instructors and supervisors; (d) the implementation of a pilot program to serve as a demonstration for other schools; and (e) the development of plans to improve nursing schools in the rest of the country.

It is expected that at the end of 4 years the pilot school will be functioning with an adequate curriculum, in accordance with modern principles of administration and professional education for nurses, which will lead to improved programs in other schools.

Provision is made for one nurse-educator in 1957 and 1958 and for fellowships in 1957.

Dominican Republic-2, Malaria and *Aedes aegypti* Eradication

(See page 116)

In this project the Organization, for reasons of administrative efficiency, is providing technical cooperation for both malaria and *Aedes aegypti* eradication. Within the country, however, each campaign is organized and operated separately.

In the past, malaria constituted a major public health problem in the Dominican Republic. The Government, the Organization, and UNICEF collaborated in a program of insect control which, since its initiation in 1952, has been very successful. Through this cooperative program, more than 1,000,000 persons have been protected in the malarious areas.

In 1955 it was decided to convert from control measures to an eradication campaign to give permanent protection to the population of the country and to protect other countries from reinfestation, as part of the hemisphere-wide malaria eradication program. A plan was prepared and the training of personnel was undertaken. The phase of total residual house-spraying coverage will extend for a period of four years starting in mid-1956. This will interrupt transmission for three consecutive years, after which will follow the phase of epidemiological evaluation and surveillance, together with necessary measures to clear up any local infestations, for as long as any problem remains.

The vector of urban yellow fever, *Aedes aegypti*, is also present in the country and represents a threat because of the possibility of outbreaks of yellow fever in a population highly susceptible after the long absence of the disease from the country.

The program of *Aedes aegypti* eradication is progressing. House-to-house inspection and perifocal application of DDT wettable powder is being used. In some areas it may be necessary to use DDT in emulsion or dieldrin, where mosquito

resistance to DDT wettable powder occurs. A total of 193,459 houses received treatment in 1955.

The international team, which consists of a medical officer and a sanitarian, will continue for the duration of the project.

Provision is made for fellowships in 1957 and for supplies and equipment in 1957 and 1958.

Dominican Republic-52, Venereal Disease Control

(See page 116)

The Organization is collaborating with the Government of the Dominican Republic to control venereal diseases and other treponematoses. Activities were started in 1953, and the collaboration of the Organization is expected to continue through 1958. Epidemiological surveys in different areas of the country have provided information on the problem of treponematoses that will serve as the basis for field operations aimed at eradicating certain treponematoses by mass approach.

The method employed in the eradication of yaws consists in the thorough coverage of affected areas by means of house-to-house canvassing, superficial diagnosis, and treatment of all cases with 600,000 units of penicillin and of contacts with 300,000 units. Insofar as syphilis is concerned, preliminary serological surveys are being conducted and steps are being taken to reorganize the venereal disease dispensaries.

Some progress has been made in the coverage of the Provinces of Gaspar Hernández, Moca, and Samaná; it is expected that, with additional government funds, all affected areas will be covered in the next two years.

Provision is made for retaining the medical officer in 1957 and 1958.

Dominican Republic (AMRO-60), Smallpox Eradication

(See page 116)

A national vaccination campaign is being contemplated in Dominican Republic. The Organization will cooperate in the planning and implementation of this campaign, awarding a fellowship in 1957 to the medical officer in charge of it, to enable him to observe the development of similar campaigns in other countries. The Organization will provide also some amount of supplies for the vaccination campaign in 1958. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Dominican Republic-4, Reorganization of Local Health Services

(See page 118)

In 1953 an agreement was signed with the Government for cooperation in the reorganization of the public health structure at the central level and the establishment of local health services throughout the country.

Steps have been taken by the Government to reorganize the structure of the national services, and the Organization has cooperated in the drafting of a sanitary code.

So far, more than 12 professionals have been trained abroad and are already occupying key positions in the Ministry of Public Health. Courses for sanitarians and nursing auxiliaries have been successfully organized. The San Cristóbal Unit is fully equipped and operating in its new building. Plans are being made to establish two more health units in the cities of Ciudad Trujillo and Santiago de los Caballeros in 1956.

Provision is made for fellowships in 1958 and for retaining the medical officer, the public health engineer, and the public health nurse in 1957 and 1958.

UNICEF is providing supplies and equipment.

Dominican Republic-7, UN/TA Public Health Administration Fellowships

(See page 118)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Four fellowships already have been provided under this project and it is proposed to provide fellowships in 1957 and 1958.

Dominican Republic-3, Nursing Education

(See page 118)

In the last few years many new hospitals have been built in the Dominican Republic and new public health services have been developed, while in the same period the two existing private schools of nursing were closed in order to concentrate efforts on the establishment of a modern school of nursing under national government auspices. Once this school is started, three years will elapse before the graduation of nurses will be resumed. It is therefore urgent that their preparation be initiated as soon as possible. The Government has been aware of this problem for some time and has asked the collaboration of the Organization in setting up the new school.

The principal objective will be to set up a program of nursing studies along modern lines designed to prepare graduate nurses for work in any of the health services of the country. It is expected that the project will be in operation for five years.

In 1957 advisory services of one nurse-educator will be provided, as well as one fellowship; in 1958 provision is made for three nurse-educators and two fellowships.

Haiti-4, Malaria and *Aedes aegypti* Eradication

(See page 118)

Under this project the Organization, for reasons of administrative efficiency, is providing technical cooperation for both malaria and *Aedes aegypti* eradication. Within the country, however, each campaign is organized and operated separately.

Malaria constitutes a major public health problem

in Haiti and one of the major problems in the Hemisphere. The Government, the Organization, and UNICEF have collaborated in a program of insect control for several years. In 1955 it was decided to convert from control measures to an eradication campaign to give permanent protection to the population of the country and to protect other countries from reinfestation, as part of the hemisphere-wide malaria eradication program. A plan was prepared and the training of personnel was undertaken. The phase of total residual house-spraying coverage, using dieldrin, will extend for a period of four years starting in mid-1956. This will interrupt transmission for three consecutive years, after which will follow the phase of epidemiological evaluation and surveillance, together with necessary measures to clear up any local infestations, for as long as any problem remains.

The vector of urban yellow fever, *Aedes aegypti*, is also present in the country and represents a threat because of the possibility of outbreaks of yellow fever in a population highly susceptible after the long absence of the disease from the country.

The program of *Aedes aegypti* eradication is progressing. House-to-house inspection and perifocal application of DDT wettable powder is being used. In some areas it may be necessary to use DDT in emulsion or dieldrin, where mosquito resistance to DDT wettable powder occurs.

The international team, consisting of one medical officer and three sanitarians, will continue for the duration of the project. Supplies and equipment will be provided in 1957 and 1958.

Haiti-1, Yaws Eradication and Syphilis Control

(See page 120)

Yaws was undoubtedly one of the most pressing public health problems in Haiti. There were almost no statistical data, but it was known that the disease was highly prevalent in rural areas, with an estimated 50-70 percent of the population affected in some localities.

Early in 1949 the Government of Haiti requested the cooperation of the Organization in the eradication of yaws from the Republic. In 1950 the Government, the Organization, and UNICEF agreed to unite in attacking the problem through a mass eradication campaign. Activities began in July 1950 and have progressed very satisfactorily. Penicillin, in doses of 600,000 units for "cases" and of 300,000 units for "contacts" has been used. Up to October 1951, the application of the mass treatment was made by the so-called "daily-clinics" method, under which 666,738 persons were treated, 356,211 as yaws "cases" and 310,497 as "contacts." It was found that only 62.5 per cent of the inhabitants had been treated by the clinic methods, which confirmed the original thinking that a house-to-house approach was necessary for the success of the program. Consequently this method was adopted and by its use the total or almost total number of inhabitants has been covered.

Up to 31 December 1954, 3,501,450 persons were treated, representing 97.2 per cent of the population of the area to be covered. Of these, 1,279,564 were considered "cases" and 2,221,886, "contacts."

The house-to-house coverage of the entire country was completed in 1954. In 1955 Haiti was divided up in 78 zones with the assignment of one single inspector to each zone, with the task of unearthing the few remaining infectious cases, followed by treatment of the cases and contacts

with penicillin. Surveys of current prevalence of yaws were conducted during 1955, showing very satisfactory results, with an over-all rate in Haiti of under 1/3 of 1 per cent of infectious cases. Adequate systems of supervision of the work of the field inspectors are being established to improve the quality of work.

In 1956 the number of inspectors was reduced to 59, and therefore their sectors were enlarged accordingly.

The period of intensive inspection and treatment of any isolated yaws cases will continue through 1957, after which time the international staff can be reduced.

The syphilis control work has gone beyond the stage of planning, and during 1955 practically all of the large urban centers were treated by the mass method with penicillin.

Provision is made for four medical officers and two sanitarians in 1957 and for two medical officers in 1958.

Haiti (AMRO-60), Smallpox Eradication (See page 120)

Although no cases of smallpox have been notified in Haiti in the last years, the immunological level of the population is considered to be low. The organization of a vaccination campaign is being planned and the Organization will contribute with a fellowship in 1957 for the training of the medical officer in charge of the campaign and with some amount of supplies in 1958 for the vaccination work in the field. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Haiti-2, Local Health Services (See page 120)

The Organization has collaborated with the Government of Haiti in specialized programs against communicable diseases such as yaws, syphilis, and malaria, and in the training of a great number of public health personnel. However, the basic organization of national, local, and state health services needs to be expanded to cover the whole country.

In 1951 a survey of a region of the country (Petit Goâve) was carried out, and the establishment of a health demonstration area with all the basic health services was recommended.

It is proposed to send in 1957 an international team composed of a medical officer, a sanitary engineer, and a public health nurse, to study thoroughly the national, state, and local health organization of the country and to make recommendations for the demonstration of local health services. Particular attention is to be given to rural sanitation and to the strengthening of sanitary inspection services with national personnel.

It is expected that a better service can be provided to the population in the demonstration area as an immediate result, and an extension of well-organized local health services throughout the country can be expected as a long-term result.

It is proposed to provide the international team for several years. Training of personnel started in 1954 and

will continue for the duration of the project. It is expected that UNICEF will provide some supplies and equipment.

Haiti-9, Public Health Laboratory (See page 122)

The Government of Haiti is interested in the development of well-organized public health laboratories. Since 1953, as an extension of the serological laboratory for the yaws eradication campaign, a consultant has been in Haiti and has collaborated in the conversion of a specialized laboratory into a Central Public Health Laboratory and in the establishment of regional laboratories.

Up to 1955, the technicians for syphilis serology, parasitology, bacteriology, and food control have been trained abroad with fellowships given by PASB. The Director of the Laboratory has had the opportunity to observe in the United States the methods of organization and administration of public health laboratories, also through a PASB travel grant. The departments of bacteriology and parasitology and syphilis serology are not yet working at full speed.

Provision is made for one public health laboratory adviser in 1957.

Haiti-11, Physical Rehabilitation (See page 122)

In January 1955 the Government of Haiti completed the construction of a rehabilitation center in Petionville, ready to begin with approximately 34 patients. This rehabilitation center is well equipped in general and includes a physiotherapy room with apparatus for massage, heat therapy, hydrotherapy, and galvano-therapy, and one installation for hydrotherapy in the open air.

The Government of Haiti requested the cooperation of the Organization to establish technical and administrative procedures for the efficient operation of this center; to train national personnel in the techniques of physiotherapy and general rehabilitation; and to serve as consultant in these fields to the Public Health Department.

The consultant provided by the Organization arrived in March 1956 for an initial period of 6 months.

Haiti-12, PASB Public Health Administration Fellowships (See page 122)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

Haiti-10, Training of Midwives (See page 122)

Neonatal and maternal mortality rates are a major

concern of the health authorities of Haiti. Since an estimated 87% of the mothers are assisted during deliveries by lay midwives, the Government of Haiti requested cooperation in setting up a training program for this group.

The immediate objective is to establish six training centers for lay midwives of the rural areas and gradually to extend these training courses throughout the country. As nurse midwives are prepared in Haiti and abroad, they will move to different rural health centers in order to begin the training of lay midwives and set up a system of continuous supervision within a maternal and child health program.

A fellowship was provided to one nurse for observation of public health programs for lay midwives. She has returned and is organizing and directing the program in Haiti. The Organization also provided, from May 1955 to May 1956, the services of a public health nurse. UNICEF has provided some supplies and equipment. Provision is made for one nurse-educator in 1957 and 1958.

Mexico-53, Malaria Eradication
(See page 124)

Malaria in Mexico is one of the most important public health problems in that country and the largest malaria problem in the Americas. The malarious area covers some 2,000,000 square kilometers, with a population of 16,000,000. Following Resolution XLII on malaria eradication in the Americas, approved by the XIV Pan American Sanitary Conference, the Government of Mexico decided to convert its control measures to a nation-wide eradication program, with the cooperation of the Organization and UNICEF. The total cost of the entire program is estimated to exceed \$20,000,000. The importance of this campaign cannot be overestimated in its effects on the economy and welfare of Mexico and its implication for eradication in the Americas and throughout the world.

The plan was completed and approved in 1955 and the year of training and preparation started. An important number of fellowships were awarded by the Organization in 1955 and 1956 for malariologists, engineers, epidemiologists, entomologists, and other professionals to receive specialized training in Venezuela, Brazil, and the U.S.A. Several courses for various types of professional and auxiliary workers have already been completed or are under way in Mexico, often with the participation of students from other countries. The National Malaria Service, with the collaboration of the Organization, has almost completed a set of operational manuals covering all phases of the spraying campaign and the epidemiological evaluation to be carried out in the zones of operation, all of which are in the final process of organization. The magnitude of this operation is indicated by the fact that it requires a total staff of nearly 4,000 persons and nearly 900 vehicles to perform about 4 million sprayings each year. In September 1956 a pilot campaign will be initiated to test the functioning of the system that is to be applied on a nation-wide scale. The phase of total spraying coverage is expected to start in January 1957 and continue for a period of four years. This will interrupt transmission for three consecutive years, after which epidemiological surveillance will be undertaken, together with necessary measures to clear up any local infestations discovered, for as long as any problem remains.

The international team in 1957 and 1958 will comprise three malariologists, one sanitary engineer, and two sanitary inspectors.

Mexico-13, Venereal Disease Training Course
(See page 124)

The epidemiological investigation of cases and contacts is of primary importance in the control of syphilis and other venereal diseases, inasmuch as early discovery is essential for purposes of control. It is therefore extremely important adequately to train lay investigators in contact-tracing and follow-up of cases. This type of training, through intensive short courses, is required not only for Mexico but for most countries in Latin America, which do not possess adequate training facilities. The purpose of this project is to train lay investigators in the techniques of contact-interviewing and follow-up of venereal disease patients.

Short courses are organized periodically in suitable premises, fully equipped, with the cooperation of PASB.

Approximately 12 courses have been organized with the attendance of Mexican lay investigators.

Provision is made for supplies and equipment in 1957.

Mexico-20, Virus Center
(See page 124)

The national health administration of Mexico has considered it necessary to expand its virus-diagnosis facilities in order to obtain a better knowledge of the virus diseases of the country.

The Organization is collaborating with the Government in this program to improve the present diagnosis facilities, to give general and specialized training to professional and technical personnel in all aspects of the virus disease problem, and to integrate these activities later into the general communicable-disease-control service of the Ministry of Health.

The Public Health Virus Laboratory was inaugurated in November 1955 as a part of the Central Public Health Laboratories. The assigned personnel will be given short-term fellowships in 1956 and 1957 for the study of the different phases of virus work and the production and control of biologicals. The Organization has also provided laboratory equipment not available in Mexico.

Mexico-26, Aedes aegypti Eradication
(See page 124)

The presence of Aedes aegypti in Mexico in the coastal areas and valleys represents a potential danger because of the proximity of the yellow fever virus in Central America. In view of the importance of this threat to the health of the population and the economy of both Mexico and neighboring nations, the Government is planning a nation-wide eradication campaign, with the cooperation of the Organization.

The campaign will be carried out according to the methods and norms established by the Organization for perifocal spraying and inspection. Yellow fever vaccine and laboratory services for the diagnoses also will be provided.

The international team in 1957 and 1958 will comprise one insect control adviser and two sanitary inspectors.

Provision is made for supplies and equipment in 1958.

Mexico (AMRO-60), Smallpox Eradication
(See page 126)

The Organization assisted the health authorities of Mexico in consolidating the smallpox eradication campaign by furnishing the equipment for a dry smallpox vaccine production unit.

The services of one expert in vaccine production were also provided.

One fellowship will be awarded in 1956 to train the professional in charge of the smallpox vaccine laboratory at the Institute of Health in Mexico City in the techniques of dry vaccine.

This program is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Mexico-22, Integrated Health Services
(See page 126)

The health services in Mexico have been established through the leadership of many able health administrators. However, the expansion of local health services is handicapped by the size of the country and the distribution of the rural population in many small sized communities. Under the federal system of government in Mexico, the national health service can stimulate and influence the development of health services but the basic responsibility lies with the respective state services.

The Government is at present studying new patterns for the relationship between federal and state administrations, as well as coordination and expansion of its health services within the states.

The purpose of the present project is to cooperate in the planned reorganization of the state health administration and expansion of integrated health services in the State of Guanajuato with emphasis on the training of auxiliary personnel. As a first step of this long-range project, assistance is contemplated in the organization of comprehensive, coordinated local health services in one large district, with gradual expansion to the whole state.

The project comprises two phases: (a) planning, to include a survey and preparation of a detailed plan of operations, largely to be completed in 1956; and (b) execution, with gradual development to the end of 1960.

The international team consists of one public health administrator, one public health engineer, one public health nurse, and a sanitarian in 1957 and 1958. Fellowships will also be provided in 1957 and 1958. UNICEF is providing some supplies and equipment.

Mexico-18 (WHO), Mexico-24 (UN/TA), Mexico-25 (PASB),
Public Health Administration Fellowships
(See page 126)

This is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of

health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1956, 1957, and 1958.

Mexico-11, Course for Nursing Instructors
(See page 126)

This project began in 1952 and three courses have already been successfully completed. The main objective is to prepare instructors for the schools of nursing and supervisors for hospitals and public health services throughout the country.

Since the shortage of this type of personnel still subsists, provision is being made for a short-term consultant and fellowships for a course in 1957, after which it is expected that national personnel will continue the project without the need for international collaboration.

Mexico-12, National University, School of Nursing
(See page 126)

At the request of the Government of Mexico, this project for strengthening the professional education of nurses and midwives in the National School of Nursing and Midwifery was started in 1954, and is planned to last approximately six years.

The main objectives are to study the nursing needs of Mexico and to formulate a teaching program that will meet these needs. The curriculum to be established should integrate the social and public health aspects of nursing and be aimed at broadening the scope of preparation of nurses and midwives. It is hoped that the National School of Nursing and Midwifery of Mexico will become a pilot center serving as pattern for schools in the different states of Mexico and will prepare the nursing faculties for those schools. The first stage of the project, namely survey and planning, is complete and two nurse fellows have returned from study abroad.

Provision is made for two nurse-educators and one nurse in 1957 and 1958, as well as for fellowships.

Mexico-23, National Institute of Nutrition
(See page 128)

In previous years, the Rockefeller Foundation and other agencies participated in the establishment of the Institute of Nutrition of Mexico. There is now a need to reorganize the work of the Institute so as to take advantage of technical developments, especially in basic food analysis and biochemical and clinical investigations, and to coordinate its activities with the public health services. The Government has requested the technical cooperation of the Organization to achieve these objectives.

It is proposed to provide one medical officer and fellowships in 1957 and 1958.

AMRO-105, Field Study of Dieldrin and Other Insecticides
(See page 128)

The Pan American Sanitary Bureau, being interested

in the evaluation of insecticides for use in malaria eradication, has undertaken a study of dieldrin and other insecticides under practical field conditions. The investigation program will have three principal phases: (1) evaluation of the biological effectiveness of the test pesticide against the important vectors of malaria under various climatic conditions in different geographic areas; (2) studies of susceptibility levels of the malaria vectors to the test pesticide; (3) evaluation of the toxicological and chemical aspects of a malaria eradication program.

A cooperative agreement has been signed with the Government of Mexico for carrying out the investigation under the field conditions of the malaria eradication program.

The study is planned to last two years, starting in mid-1956. The team consists of a scientist (team leader) and 3 entomologists (group leaders), with 2 biological aides in each group. A grant from the Shell Chemical Corporation is being used to finance the study.

PART III

ZONE III

Zone Office (See page 130)

For text see "Zone and Field Offices", page 15.

British Honduras-3 (UN/TA), British Honduras-4 (WHO),
Public Health Administration Fellowships
(See page 132)

This is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1956, 1957 and 1958.

Costa Rica-2, Malaria Eradication
(See page 132)

The Government of Costa Rica had carried on a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

It is expected to have the plan for eradication ready for approval by the spring of 1957, so that conversion can be completed and full operations undertaken by the end of 1957.

Residual house-spraying will be carried out in all malarious areas. It is expected that transmission will be interrupted for three consecutive years, with four years of total spraying coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

It is expected to assign one sanitary inspector, in addition to the consultant services which will be available from the central unit for Central America and Panama (AMRO-7). Provision is also made for fellowships in 1957.

Costa Rica-15, PASE Public Health Administration Fellowships
(See page 132)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

Costa Rica-3, Nursing Education
(See page 132)

Well-prepared nurses and nursing auxiliaries are fundamental to the operation of hospital and public health services. In Costa Rica, as in other countries of America, there is a marked shortage of this personnel. To collaborate with the country in meeting this shortage, a plan was developed and put into operation during 1952 to reorganize,

strengthen, and improve the School of Nursing operated by the Government in connection with the San Juan de Dios Hospital.

There are three phases to this project: (1) to prepare a limited number of graduate nurses for nursing instruction, hospital nursing practice, and public health nursing practice; (2) to train nursing auxiliary personnel; and (3) to establish a postgraduate course for nurse-midwives.

A faculty of nurse-instructors for the School of Nursing and for the auxiliary training program has been developed through the fellowship program and by in-service training within the School itself. The auxiliary training program has been extended to two other hospitals within the country. National nurses are now taking the major responsibility for the operation of the School of Nursing and the auxiliary training program.

Following a complete review of the program, curricula, and needs of the School of Nursing, with the Government, it is considered that the basic objectives of this project have been fulfilled. The last member of the international technical staff can be withdrawn by 1957. Provision for fellowships and for supplies and equipment will be continued in 1958.

El Salvador-2, Malaria Eradication
(See page 134)

Malaria has been a major public health problem in El Salvador and was one of the principal causes of morbidity and mortality, the latter being particularly high among infants and young children. The Government had carried out a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

The process of conversion is well advanced and a full-scale eradication program has already begun.

Residual house-spraying will be carried out in all malarious areas. Starting in 1956 it is expected that transmission will be interrupted for three consecutive years, with four years of total spraying coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

It is expected to assign one sanitary inspector in addition to the consultant services which will be available from the Central Unit for Central America and Panama (AMRO-7). Fellowships will also be provided in 1957 and 1958.

El Salvador-5, Health Demonstration Area
(See page 134)

The need for more widespread rural health services based on the modern techniques and methods of public health

and allied sciences, together with the need to consider the social and economic development of the rural areas of the country, have been felt by the Government of El Salvador for some time. Following the formulation of the concept of health demonstration areas by the Second and Third World Health Assemblies, the Government of El Salvador requested that such an area be established in that country. After a survey, an area of approximately 1,800 square kilometers, with a population of approximately 170,000, was chosen in the San Andrés Valley, about 40 kilometers from San Salvador. The project was started in 1951 and its basic purpose has been to develop, within the resources of the country, a public health service designed to meet the specific needs of the rural areas. It has included the integration of public health, medical care, educational, social, and economic activities, with emphasis on community development and action. The program has been designed to utilize and conserve the natural resources of the area and to promote the development of a healthy population.

A large measure of the success of the program has been due to the development of programs for training public health personnel for use within the demonstration area and the other parts of the country. In the last two years the general public health program within the demonstration area has become more and more the responsibility of the national personnel. At the same time, however, requests have been received from other governments of the region to send public health personnel to the demonstration area for training.

Following an analysis of the operations of the area in early 1955, a program to increase the training phase of the project was developed. The use of the demonstration area for field training of public health personnel who had received advanced training at one of the schools of public health, was encouraged. At the same time, the training programs for sanitary auxiliaries, nursing auxiliaries, and public health nurses were enlarged to include personnel from other countries.

The development of the demonstration area and the training of the national personnel for its operation of the considered to be a success and practically completed. The objective in continuing the project is to use the demonstration area as a training center for public health personnel to staff integrated rural health services being established in the remainder of the country, which has been divided into areas of approximately the same size as the demonstration area.

It is proposed that the training staff and facilities be expanded to allow an increase in the number of trainees in the fields of sanitation, public health nursing, and nursing auxiliaries from the neighboring countries. In addition, it is planned to use this area as a field training center for physicians, sanitary engineers, public health nurses, and sanitarians who have received their formal training at one of the national schools of public health. The training methods and curricula developed can be applied in other countries of the area and of the Hemisphere.

Provision is made in 1957 and 1958 for one medical officer, one sanitary engineer, three public health nurses, and for supplies and equipment.

El Salvador-9, PASB Public Health Administration Fellowships
(See page 134)

The objective of this project is to provide fellowships in the field of public health for the purpose of assist-

ing the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

Guatemala-1, Malaria Eradication
(See page 134)

Malaria is a major public health problem in Guatemala and is one of the principal causes of morbidity and mortality, the latter being particularly high among infants and young children. The Government had carried on a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

The process of conversion has reached the stage where a full-scale eradication program can be expected to start in 1957. Residual house-spraying with dieldrin will be carried out in all malarious areas.

It is expected that transmission will be interrupted for three consecutive years, with four years of total spraying coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

Provision is made in 1957 and 1958 for a malariologist, a public health engineer, and a sanitary inspector, in addition to the consultant services which will be available from the central unit for Central America and Panama (AMRO-7). Fellowships will also be provided in 1957.

Guatemala-11, BCG Vaccination
(See page 136)

The national authorities are aware of the importance of the tuberculosis problem in the country and are desirous of making special efforts to cope with it. As part of a campaign to control the disease, the Government wishes to undertake, with the international cooperation of the Organization and of UNICEF, a nation-wide BCG vaccination program using modern methods and techniques. It is expected that at least 500,000 persons will be reached by the campaign. After this phase is completed, BCG vaccination will continue as a regular procedure integrated within the activities of the local health services.

An international consultant started in mid-1956 and will continue in 1957, sharing his services with Honduras, where a similar project is being undertaken.

Guatemala-7 (UN/TA), Guatemala-12, (PASB), Public Health Administration Fellowships
(See page 136)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good

basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1957 and 1958.

Guatemala-8, Rural Public Health Services
(See page 136)

The Government of Guatemala requested the collaboration of the Organization in planning and implementing a program to reorganize and expand the health facilities in the rural areas of the country. The project has been designed to develop the essential health services in the rural areas and to train professional and auxiliary personnel for these services. It is expected to last for a period of five years, with the Government assuming increasing responsibility for the services established.

Activities started in mid-1954. A survey was made and a plan of operations prepared, proposing the establishment of model health units, a training program for professional and subprofessional personnel, the application of modern public health practices, and the operation of a system of rural health units. It is also proposed to improve and establish water supply systems and sewage disposal facilities. UNICEF has assisted in the implementation of this program by providing supplies and equipment.

During 1955 the training center and the model health center were built and put into operation. The first group of physicians, public health nurses, and sanitary inspectors have received their training. Two additional new health centers have been built and will be put into operation in 1956. Two physicians who received training abroad have returned for service within the program. The techniques and methods necessary to meet the specific needs of the country are in development. Record forms have been prepared and statistical systems developed to serve the needs of the expanding service.

The Organization will provide technical advice in all phases of the development of this project, including the strengthening of central services necessary to support the continuation and expansion of health services throughout the country.

The international team for which provision is made in 1957 and 1958 is composed of a medical officer, a sanitary engineer, and two public health nurses. Supplies and equipment, and long-term fellowships are also proposed for 1957 and 1958.

Guatemala-6, Training of Auxiliary Nurses
(See page 138)

A survey initiated in June 1954 showed that there were 227 graduate nurses and 1,059 auxiliary nurses gainfully employed in Guatemala. Most of the auxiliary nurses were performing, without graduate nurse supervision, nursing functions that require great skill. Up to the present time, these auxiliary workers have received only unplanned observational training under a system which leans heavily on apprenticeship. From this survey it is estimated that the country requires an additional 560 graduate nurses and 1,580 trained auxiliary nurses. The Government requested the collaboration of the Organization in developing a program to train auxiliary nurses.

The plan of operations prepared by the Government and the Organization provides for training of auxiliary nurses and

of instructors to teach them by means of a central training program in Guatemala City, and extension training programs in the Departments, including in-service training in institutions that employ untrained auxiliaries.

The project is expected to strengthen hospital nursing services in the country and to supply the additional auxiliary nurses urgently needed for all health services.

It is proposed to expand this project in 1958 to include technical cooperation in the improvement and expansion of basic schools of nursing by strengthening and broadening the curriculum and preparing instructors for these schools.

It is proposed to provide the services of one nurse-educator in 1957 and three in 1958. Provision is also made for some supplies and equipment and several long-term fellowships in 1957 and 1958.

Honduras-1, Malaria Eradication
(See page 138)

Malaria is a major public health problem in Honduras and is one of the principal causes of morbidity and mortality, the latter being particularly high among infants and young children. The Government had carried on a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

The process of conversion started in 1956 and the full-scale eradication program will start in 1957.

Residual house-spraying will be carried out in all malarious areas. It is expected that transmission will be interrupted for three consecutive years, with four years of total coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

Provision is made in 1957 and 1958 for one malariologist and one sanitary inspector, in addition to the consultant services which will be available from the central unit for Central America and Panama (AMRO-7). Fellowships will also be provided in 1957.

Honduras-5, BCG Vaccination
(See page 138)

The problem of tuberculosis in Honduras is a matter of concern to the national authorities. As part of a program to control the disease, the Government wishes to start a nation-wide BCG vaccination program, with the international cooperation of the Organization and of UNICEF. It is expected that at least 400,000 persons will be reached by the campaign. The Government will develop methods for integrating BCG vaccination in the regular health services, after the completion of the mass phase of the campaign.

An international consultant (shared with Guatemala, where a similar campaign is being undertaken) started in mid-1956 and will continue in 1957.

Honduras-4, Rural Public Health Services
(See page 138)

The Government of Honduras has requested the collaboration of the Organization together with the assistance of UNICEF and the ICA in planning and implementing a program to strengthen the basic public health services in the rural areas of the country.

This program will absorb and continue the work started during 1954 by the Government and UNICEF to improve the sanitary facilities in the rural schools. The Republic of Honduras has an area of approximately 112,000 square kilometers and a total population of 1,308,000, of which 940,000 live in the rural areas. The rural areas of the country have extremely high mortality and morbidity rates from preventable diseases.

The project began in 1955. It is anticipated that a training center will be established for the training of public health personnel, both professional and auxiliary, and the development of methods and practices applicable to the environmental circumstances. The first group of professional personnel have been sent to schools of public health outside of the country for professional training. The training of auxiliary personnel and in-service training of professional personnel already existing in the country began early in 1956.

A comprehensive survey of the public health situation and a determination of the needs of the rural areas of the country is at present under way. Plans are being developed for the gradual organization of rural public health units and for the training of professional and auxiliary personnel. It is anticipated that this development will take place over a period of approximately five years, with the concomitant reorganization of the central Department of Public Health.

Provision is made in 1957 and 1958 for one medical officer, one public health engineer, two nurses, and for some supplies and equipment, and fellowships.

Honduras-6, PASB Public Health Administration Fellowships
(See page 140)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

Nicaragua-1, Malaria Eradication
(See page 140)

Malaria is a major public health problem in Nicaragua and is one of the principal causes of morbidity and mortality, the latter being particularly high among infants and young children. The Government had carried on a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

The preparation of the plan for the eradication program is almost complete. As soon as it is approved the preparations for conversion can be completed, and the full-scale pro-

gram is expected to start late in 1957.

Residual house-spraying will be carried out in all malarious areas. It is expected that transmission will be interrupted for three consecutive years, with four years of total coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

Provision is made in 1957 and 1958 for one sanitary inspector, in addition to the consultant services which will be available from the central unit for Central America and Panama (AMRO-7). Fellowships are also proposed for 1957.

Nicaragua-3, Rural Public Health Services
(See page 140)

This project has been planned with the Government of Nicaragua to establish training facilities for local health personnel and to reorganize and develop rural health services throughout the country.

It is anticipated that over a five-year period reorganization of the rural public health services will take place. At the same time, some reorganization of the central governmental unit for public health is expected. A training program for public health personnel has begun. A group of professional personnel have been trained outside of the country and are returning for service in the public health department.

A comprehensive survey of the public health needs of the rural areas has begun and a plan of operations is in preparation. A model unit will be established to serve as a center for training professional and auxiliary personnel needed for the local health services. Plans are also being made to reorganize the central public health services so that they may support and maintain the expanding health services throughout the country.

UNICEF is providing some supplies and equipment.

Provision is made for one medical officer, one public health engineer, and two public health nurses in 1957 and 1958, and for fellowships in 1957.

Nicaragua-7, PASB Public Health Administration Fellowships
(See page 142)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

Nicaragua-5, Nursing Education
(See page 142)

Plans for increasing services in medical care and public health in Nicaragua have shown the need for providing

more trained nurses for hospitals and public health facilities. A survey of the National School of Nursing in Managua in 1953 showed that a general reorganization of the School, its curriculum, and its faculty was needed. Following discussions with the Government, a plan of operations was developed to meet the specific needs of the School.

The objectives of the project, which started early in 1955, are to establish a permanent effective program of nursing education in the National School of Nursing; to broaden and improve the basic curriculum of the School; to integrate the social, preventive, and community concepts of health into the nursing education; to prepare for teaching positions; and to improve the buildings, classrooms, and laboratories of the School. The project is planned to extend over six years.

The provision made in 1957 and 1958 is for three nurse-educators, some supplies and equipment, and long-term fellowships.

Panama-2, Malaria Eradication
(See page 142)

Malaria is a major public health problem in Panama. The Government had carried on a control program for several years, but following the resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

The preparation of the plan for the eradication program is almost complete. As soon as it is approved the preparations for conversion can be completed, and the full-scale program can start in 1957.

Residual house-spraying will be carried out in all malarious areas. It is expected that transmission will be interrupted for three consecutive years, with four years of total spraying coverage. Complete epidemiological investigation will then be undertaken for evaluation and determination of whatever additional measures are necessary to achieve eradication of the disease. This program forms an integral part of the continental eradication campaign.

Provision is made in 1957 and 1958 for one malariologist and one public health sanitarian, in addition to the consultant services which will be available from the central unit for Central America and Panama (AMRO-7). Fellowships will also be provided in 1957.

Panama-1, Public Health Services
(See page 144)

In 1952 the Government of Panama requested the cooperation of the Organization in strengthening the rural public health services. Accordingly, this program was established to organize, develop, and coordinate public health activities in the rural portions of the country; to develop effective methods of public health administration based on the social, economic, and cultural needs of the country; to provide facilities for the training of public health personnel, both auxiliary and professional; and to organize and develop the Central Laboratory in Panama City and the necessary rural laboratories. In August 1955, the Government of the Republic of Panama became responsible for maintenance of the urban public health services in the cities of Panama and Colón. These had previously been under the administration of the Canal Zone authorities. In 1955 the Government re-

quested the further assistance of the Organization in the reorganization and development of these urban services.

With the exception of the plans for the urban areas, the planning phase has been completed. A complete evaluation of the public health needs, with priorities for the development of a program to meet them, has been made. The planning and study phase to meet the needs of the urban areas is in progress. The second phase of the program consisted of actual field work in the reorganization of the rural health services. It began in 1954 and is at present over 50 per cent completed. Plans for the construction, or reconstruction, and organization of health centers to cover the entire rural area have been completed.

The training courses and classes for physicians, nurses, sanitary inspectors, dentists, laboratory technicians, and public health auxiliary workers continued, and several nationals who were given fellowships abroad are now working on the project. The Central Laboratory has been completed and equipped, and subsidiary laboratories in the health centers have been equipped.

The amplification of the program during the coming two years will be in the field of urban public health. Reorganization and development of the services of the cities of Panama and Colón will take place. A study of the organization of the services and the necessary legal changes for their development is being made.

UNICEF is providing some supplies and equipment.

Provision is made in 1957 and 1958 for two medical officers, one public health engineer, three public health nurses, and for supplies and equipment. Fellowships will also be provided in 1958.

Panama-8, PASB Public Health Administration Fellowships
(See page 144)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. It is proposed to provide fellowships in 1958.

AMRO-7, Malaria and *Aedes aegypti* Eradication (Central America and Panama)

(See page 144)

Under this project, for reasons of administrative efficiency, the Organization is providing technical cooperation for both malaria and *Aedes aegypti* eradication.

The malaria eradication personnel constitute a central unit of technical consultants who provide periodic short-term advice and assistance to the individual country malaria projects in planning, training, operation of the spraying campaign, evaluation, and epidemiological surveillance. This unit assures maximum utilization of the limited numbers of technical personnel available.

The campaign for eradication of *A. aegypti* has been in progress since 1950 but has not yet been completed. This fact is of particular significance in view of the recent move-

ment of the yellow fever virus northward at least as far as Guatemala. The program is in its final stages in British Honduras, Costa Rica, Nicaragua, and Panama and well in progress in El Salvador, Guatemala, and Honduras. The A. egypti personnel provide periodic consultation to governments throughout the area.

Provision is made in 1957 and 1958 for two medical officers, two sanitarians, and for supplies and equipment.

AMRO-60, Smallpox Eradication (Zone III)
(See page 114)

Although smallpox does not seem to be present in Central America, it is considered advisable to maintain a high level of immunity in the population of these countries. In order to make available to the different health authorities of the Zone a smallpox vaccine of good quality capable of withstanding the field conditions of the area, it is planned to provide to one of the national laboratories the equipment necessary for the production of dry smallpox vaccine. The dry vaccines produced in this laboratory will be made available to the other countries. A fellowship for training a laboratory worker in the techniques of dry vaccine production will be provided. Fellowships will also be awarded in 1957 to enable the medical officers in charge of vaccination campaigns in different countries of the Zone to observe the development of similar campaigns in other countries. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

AMRO-54, Assistance to INCAP
(See page 116)

Under the Protocol of Tegucigalpa, the Institute of Nutrition of Central America and Panama was formed in 1949 as a cooperative enterprise supported jointly by the participating governments. The PASB has acted in the capacity of member of its Council and has been made responsible for its administration and supervision. A new basic statute was ratified by the Member Countries in 1954, making the Institute a permanent organization.

INCAP has carried out important field and laboratory studies on nutrition, as the basis for establishing methods and techniques that could be applied by the Member Countries to improve the nutritional condition of their population.

The Bureau has been giving assistance to INCAP and has made available to the Institute the services of specialists, on both a long-term and a short-term basis. Members of the staff of the Bureau have been assigned to act as Director and Assistant Director of the Institute. In addition, provision is made under this project for assigning short-term consultants, for calling meetings of the Technical Advisory Committee for the purpose of evaluating the work done and advising the Director of PASB on future programs, and for calling the annual meetings of the Council.

AMRO-104, Short Course in Well-Drilling
(See page 116)

Provision of safe and adequate water supplies is an essential part of the expanded rural health programs in the countries of Central America and Panama. Drilling of wells with the modern equipment furnished in some cases by UNICEF is an effective method of providing such water supplies, but there is a shortage of technicians trained in the operation of this equipment.

During October and November 1956 a short introductory course of training in well-drilling will be held in Managua, Nicaragua, to serve the countries of Panama, Costa Rica, El Salvador, Honduras, Guatemala, and Nicaragua.

Well-drilling equipment furnished by UNICEF to Nicaragua will be used in the course, which will be largely practical in nature. The training will be given by the regular staff of the Organization and of the Institute of Inter-American Affairs stationed in Central America.

Fifteen fellowships of three weeks each will be provided by the Organization to technicians from Panama, Costa Rica, El Salvador, Honduras, and Guatemala.

PART III

ZONE IV

Zone Office (See page 148)

For text see "Zone and Field Offices", Page 15.

Bolivia-4, Malaria Eradication
(See page 148)

In spite of twenty-five years of intermittent malaria control operations, Bolivia is still afflicted with malaria. The disease was controlled in the most seriously infected areas, but moderately severe infection remained in an area containing over half a million people. Another half million live in fringe areas where infection, though moderate, is endemic and must be removed if eradication is to be achieved.

Following the Resolution of the XIV Pan American Sanitary Conference in 1954, it was decided to convert these control measures into an eradication program, with the assistance of the Organization and UNICEF.

At the beginning of 1956 an agreement was reached by the Government with ICA/SCISP whereby the latter will make available 250,000,000 bolivianos for 1956 in order to survey the malarious areas of the country and prepare a plan of operations for a malaria eradication campaign to begin in 1957. The pre-eradication survey will include geographical reconnaissance, house numbering, and preparation of itineraries, which will shorten the period of preparation for starting total spraying coverage.

The phase of total residual house-spraying coverage will extend over a period of four years. This will interrupt transmission for three consecutive years, after which will follow the phase of epidemiological evaluation and surveillance, together with necessary measures to clear up any local infestations, for as long as any problem remains.

In 1957 and 1958 the international team will consist of one malarialogist and two inspectors.

Bolivia-12, Leprosy Control
(See page 150)

Although complete recent data are not available, the survey made in 1951 by a consultant provided by the Organization, supplemented by other local information, is sufficient to indicate that leprosy constitutes an important problem in the central valley and tropical region of Bolivia.

There is need for bringing up to date the basic information on the severity and characteristics of the leprosy problem, serving to develop a modern and comprehensive plan for the control of the disease. To these ends, in 1958 the Organization will assign a consultant to collaborate with the Government and will award fellowships for the specialized training of national personnel.

Bolivia (AMRO-60), Smallpox Eradication
(See page 150)

Smallpox is an important public health problem in Bolivia. In order to assist the Government of this country to produce a vaccine capable of withstanding the adverse conditions of climate and transportation in the rural areas of the country, the Organization provided the equipment for the installation of a dry vaccine production unit. In 1958 a fellowship will be awarded to the medical officer in charge of the vaccination program to enable him to observe vaccination campaigns in other countries. In 1958 the assistance of a consultant will be provided in the planning, organization, and implementation of a national eradication campaign. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Bolivia-10, Public Health Services
(See page 150)

The main purposes of this project are: to organize, within the Ministry of Public Health, a Central Office for Planning and Coordination; to give further assistance in the organization of the central services and the development of a full-time, adequately paid, well-trained, public health career service in Bolivia; to organize and develop in the rural areas of Bolivia, and progressively in the whole country, a system of health centers and peripheral sub-centers, with particular emphasis on maternal and child health; and to organize a program for the training of professional and auxiliary personnel.

A survey of the present organization of the public health services in the country is being made, as a preliminary step in the implementation of the project.

It is estimated that at least five years will be required for the successful completion of the project, at which time it is expected to have developed a well-organized central service at the Ministry level, integrated health services in various parts of the country, especially in rural areas, as well as an adequate number of well-trained professional and auxiliary personnel.

UNICEF has provided assistance in the form of supplies and equipment, and it is expected that further assistance will be obtained in the future.

In 1957 and 1958 the international team comprises a medical officer, a sanitary engineer, and a public health nurse.

Provision is also made for long-term fellowships in 1957 and 1958.

Bolivia-11, Joint Field Mission on Indigenous Populations
(See page 150)

Approximately twenty per cent of the people of

Bolivia are inhabitants of the Andean Region, where they are concentrated in the unproductive, difficult highlands and separated from the economic and social life of their country. There are no health and medical services available. Typhus is endemic in the area, infant and maternal mortality rates are unduly high, and standards of environmental sanitation are precarious.

This project has been designed to accelerate the natural development of the peoples of this area and to integrate them socially and economically in the national life. The chief method being employed is to resettle the people at lower altitudes on fertile soil where they can improve their economic status. The problem is to carry out this change while taking also into account the cultural patterns of the people.

Several agencies (ILO, FAO, UNESCO, and WHO) have undertaken to cooperate with the Government to stimulate this development. In February 1955 the Organization assigned a medical officer to advise on the public health aspects of the program. Advisory services have been rendered to the SCISF-operated health center in Pillapi on matters related to the control of communicable diseases, maternal and child health, nutrition, health education, and environmental sanitation.

In the Cotoca area, where resettlement of Indians is being accomplished, a complete study was made of the health status of the immigrants and adequate health requirements were set up for movement of population. A health center was created to provide for medical care and preventive services.

It is expected that by the end of 1957 small health centers will be established at each site where the Mission develops its activities, and that enough local personnel will be trained to take over the health work.

Provision is made for one public health administrator in 1957.

Bolivia-5, Nursing Education (See page 152)

Following a study of nursing resources and needs, the Government and the Organization agreed on a cooperative project to assist the National School of Nursing, through: (a) the assignment of nursing consultants to assist in revising the curriculum and expanding the field practice areas; (b) a fellowship program for both graduate and undergraduate nurses, designed to prepare quickly a nucleus of nurses to serve as instructors and supervisors; and (c) provision of limited supplies and equipment.

The first consultant, who arrived in 1953, acts as team leader and is responsible for the over-all planning. The second consultant, to advise on nursing arts, arrived in July 1954, and the third, specialized in public health nursing instruction, arrived in January 1955 for a stay of one year. A new curriculum, designed to meet the needs of the country, is being prepared. Fellowships for two graduate nurses and six undergraduate nurses have been awarded.

At the beginning of 1956 an agreement was reached between the Government and the ICA/SCISF whereby the latter will provide 100,000 bolivianos for the School of Nursing which will serve partially to enlarge the faculty and the student body, as well as to secure adequate premises for

the School.

It is hoped that, with the reorganization of the School and with the appointment of returned fellows to the faculty, a School of Nursing can be developed that will produce the leaders for the expanding nursing services.

Provision is made in 1957 and 1958 for the retention of the three nurse-educators, and for several long-term fellowships.

Bolivia-6, Study of Water Supply (La Paz) (See page 152)

The Organization provided a short-term consultant to study the water supply problem of La Paz and to make recommendations for its improvement. It has also provided a limited amount of supplies and equipment, most of which were needed by the consultant in his studies. One fellowship was provided to an engineer to receive training and visit water supply systems abroad. Further assistance will be given to this project in 1956 by means of two fellowships: one in administration of water systems and the other in water treatment.

Colombia-5, Malaria Eradication (See page 152)

Malaria is one of the most important health problems in Colombia. From 1 January to 30 November 1954, 67,670 cases were reported to the Ministry of Health. The malaria area has an estimated population of 7,200,000 inhabitants living in approximately 1,400,000 houses.

In accordance with Resolution XLII on malaria eradication in the Americas, approved by the XIV Pan American Sanitary Conference, the Government of Colombia is developing a program for converting from control to eradication of the disease in the country. Plans have been made and have been technically approved by WHO for a nation-wide malaria survey to provide the basic data for the preparation of the eradication project, with the assistance of the Organization and UNICEF.

This pre-eradication survey, starting in the second quarter of 1956, will be completed within a year. The survey will not only delimit the extension of the malaria area, but also will include geographical reconnaissance, numbering of houses, preparation of itineraries, all of which will constitute advance performance of work normally required in the preparatory year preceding full spraying coverage.

The phase of total residual house-spraying coverage will extend for a period of four years starting at the end of 1957. This will interrupt transmission for three consecutive years, after which epidemiological surveillance will be undertaken, together with necessary measures to clear up any local infestations discovered, for as long as any problem remains.

The international team will continue to comprise two malaricologists in 1957 and 1958, and one entomologist in 1957.

Colombia-15, Tuberculosis Control (BCG)
(See page 152)

At the end of 1953, the Government of Colombia requested the collaboration of the Organization and of UNICEF to initiate a nation-wide mass campaign, using the most recent techniques, as a complement to the already existing services for the control of tuberculosis. It was planned to test about 4,000,000 persons under 30 years of age and to vaccinate with BCG those found to be tuberculin-negative reactors. Work was started in 1954. Standard tuberculin and BCG vaccine, produced by a WHO-approved laboratory and provided by UNICEF, have been used. The program is being carried out through ten especially trained field teams, whose work is preceded by an intensive health education campaign. From 20 September 1954 to 31 March 1956 some 3,000,000 persons were tested and almost 2,000,000 negative reactors vaccinated with BCG. It is estimated that the campaign will continue through August 1956.

The Organization provided a medical BCG specialist for one year ending in May 1956, the salary being partly reimbursed by UNICEF.

Colombia-19, Leprosy Control
(See page 154)

It is estimated that in Colombia there are about 12,000 leprosy patients, which would mean a prevalence of about 1 per 1,000 inhabitants, for the country as a whole. The prevalence of the disease, however, varies widely according to the different regions of the country, with most of the cases concentrated in the central-eastern and southeastern regions.

The Government has requested international cooperation for the reorganization of the leprosy services in the country and the planning of a control program based on modern techniques and procedures. This assistance will be provided in 1958 through the services of an international consultant and the award of fellowships for the specialized training of national personnel.

UNICEF is expected to provide some supplies and equipment.

Colombia-22, Aedes aegypti Eradication
(See page 154)

Yellow fever is endemic in the jungle areas, and *Aedes aegypti* is present in many localities of the country. There is therefore constant risk of outbreaks of the urban type of the disease.

Under a program of *Aedes aegypti* eradication, house-spraying in the Caribbean area was started in May 1952 and was followed by two other cycles of spraying, the third completed in December 1954.

The results of the *Aedes aegypti* eradication campaign may be considered very satisfactory. Up to April 1956, 2,785 localities were inspected and 318 were found positive. In the same period, 308 localities already treated were checked, and only 5 persistently remained positive. It is estimated that the *Aedes aegypti* eradication campaign will require continuation until about 1960.

The international team in 1957 and 1958 will include

one insect control adviser and two sanitary inspectors.

Colombia-52, Yellow Fever (Carlos Finlay Institute)
(See page 154)

The resolution adopted by the Directing Council at its meeting in Buenos Aires in 1947 entrusted the PASB with the solution of the problem of urban yellow fever in the Continent. A program of yellow fever control was to be developed by the Bureau, which, in agreement with the interested countries, was to take the necessary measures to solve such problems as might emerge in the campaign against yellow fever. As the result of the 1947 resolution, it became increasingly important to guarantee a high standard of work in one or two yellow fever laboratories so as to serve the needs of the Hemisphere. Over the past years, a series of agreements have been negotiated with the Government of Colombia, with the aim of providing material and technical assistance to support the Carlos Finlay Institute. The Government granted semi-autonomous status to the Institute, which has a directing council composed of the Minister of Health, the Director of PASB, and the Director of the Institute. The last agreement, signed with the Government on 20 August 1952, established a yearly contribution of the PASB to the Institute.

The purpose of this project is to make available the facilities of the Institute to other countries in Latin America in order to assist those countries in the control of yellow fever, by furnishing yellow fever vaccine, performing protection tests, making anatomic pathological examinations of liver samples, and conducting entomological, mammological, and ecological field investigations. A further purpose is to use the facilities of the Institute for the training of personnel from other countries and to advance studies related to other health campaigns.

The Institute has continued its activities in accordance with the above-mentioned purposes. During 1955 it distributed 663,600 doses of vaccine among several countries of the Region, in addition to the vaccine produced for use in Colombia, and performed 908 protection tests and 748 pathological examinations of liver samples sent from various countries.

The Organization will continue its yearly contribution to the Institute and will give technical advice through the Washington and Zone Offices.

Colombia (AMRO-60), Smallpox Eradication
(See page 154)

The Government of Colombia, with the assistance of the Organization, is carrying out a national smallpox eradication campaign. The Organization has provided the services of a medical consultant to advise the national authorities in the planning and implementation of this campaign. The assistance of a vaccination inspector was also provided to advise in the training of vaccinators.

The equipment for a dry smallpox vaccine production unit was furnished by UNICEF. The Organization made available to the public health authorities of Colombia a supply of dry vaccine so that the campaign could commence as soon as possible with adequate supplies, until such time as the nationally produced vaccine became available. The assistance of an expert in dry vaccine production was also provided. A fellowship was awarded to the medical officer in

charge of the vaccination campaign to enable him to observe the development of a similar campaign in a neighboring country. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Inter-zones.

Provision is made for one medical officer in 1957.

Colombia-4, Public Health Services
(See page 154)

The Government has been interested in the reorganization and expansion of local public health services throughout the country for several years. To collaborate in the accomplishment of this objective, the Organization agreed in 1955 to redescribe the cooperative project on maternal and child health already in progress so as to include the development of a strong central health structure staffed by well-trained, full-time personnel.

During 1956 an international public health team gave advice in formulating detailed plans, which in their present form include four major phases: (a) study and reorganization of the Ministry as a primary task of a Planning Commission responsible also for gradual implementation of the measures to be recommended; (b) the development of modern local health services, starting in two departments and to be extended to five departments in the coming years and later throughout the entire country, with special emphasis on the sanitation and maternal and child health phases; (c) the training of professional and auxiliary personnel, outside as well as within the country, in special courses and in selected health centers.

UNICEF is providing some supplies and equipment.

Considerable progress was made during 1956 in the selection of a number of fellows who are studying abroad, in improving the national training facilities, and in completing the information needed to start the health centers in the first department in 1957.

Provision is made in 1957 and 1958 for two medical officers, one public engineer, and three public health nurses. Fellowships are also proposed for 1958.

Colombia-20, Planning and Evaluation of Public Health Services
(See page 156)

Early in 1956 the Government of Colombia made a special request for the advice of the Organization in connection with its plans for evaluation and reorganization of the national health services. Collaboration was given during 1956 by the regular staff of the Organization in cooperation with the project staff in Colombia-4. In 1957 this type of collaboration will continue and may be expanded, according to the needs and availability of resources.

In 1958 provision is made for short-term consultants on specialized aspects of public health administration.

Colombia-21, PASB Public Health Administration Fellowships
(See page 156)

The objective of this project is to provide

fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1958.

Colombia-16, National Institute of Nutrition
(See page 156)

The National Institute of Nutrition of Colombia was established in 1944 by an agreement signed between the SIGSP and the Government of Colombia. In April 1954, the President signed a decree which made the Institute a direct dependency of the Ministry of Health. The Government has requested the assistance of the Organization for the reorganization of the Institute and its integration with the national health services.

The purposes of this project are: to reorganize and improve the functioning of the National Institute of Nutrition of Colombia, in order to develop a sound program for the improvement of the nutritional habits of the population; to further develop the scientific studies on nutrition, especially in relation to basic food analysis and biochemical and clinical investigation; to provide means for the training of the professional and auxiliary personnel of the Institute and to collaborate with universities and agricultural organizations in all matters related to food and nutrition. A Technical Advisory Committee on Nutrition will review periodically the program of the Institute and present recommendations and suggestions for the improvement of the technical activities.

It is expected that, after 5 years, a well-organized Institute, with adequately paid and well-trained personnel, will be developed and that a sound nutritional program, coordinated with the activities of the Public Health Department, will be implemented.

In 1957 and 1958 the Organization will cooperate by providing one medical nutritionist and by awarding fellowships to train the technical personnel of the Institute.

Ecuador-14, Malaria Eradication
(See page 156)

In recent years the Government of Ecuador has been carrying on a program of malaria control. Following the resolution of the XIV Pan American Sanitary Conference, the Government became interested in a country-wide eradication campaign. With the technical cooperation of the Organization, intensive work was done on a survey and preparation of a plan which is expected to provide the basis for a cooperative project of the Government, the Organization, and UNICEF. It is hoped that all necessary approvals and preparatory work can be completed so that spraying can be started in November 1956 in order to achieve interruption of transmission during the transmission season.

The program will follow the established pattern and standards developed by the Organization in other countries. The period of total spraying coverage will require four years in order to achieve interruption of transmission for three consecutive years. Finally will come the period of epidemiological surveillance and follow-up for as long as

may be necessary. The international team will consist of one malarialogist and two sanitary inspectors in 1957 and 1958. Fellowships are proposed for 1958.

Ecuador-5, Tuberculosis Teaching Center
(See page 158)

This program was undertaken in 1951 to improve and extend the already existing diagnostic and therapeutic facilities so as to serve the needs of an over-all tuberculosis control program and to provide facilities for the training of workers from Ecuador and other countries of the Americas.

During the first year technical consultation was provided on the establishment of the central diagnostic laboratory, on the improvement of the departments of pulmonary physiology and histopathology, and on the expansion of the BCG campaign, the public health visiting services, and other control activities.

The first course for national medical and nursing personnel in which a consultant of the Organization participated was held in 1953. The second course, held in 1954, was attended by professionals from several other Latin American countries. A similar course was given in 1955. Courses will continue without the participation of international consultants, the Organization providing only some fellowships for non-Ecuadorian candidates. UNICEF has provided the equipment for the Center, and the Government of Ecuador is offering food and lodging for foreign students.

Ecuador-11, National Institute of Health
(See page 158)

In 1952 an agreement was signed between the Government of Ecuador and the Organization to cooperate in a project to improve and expand the standards and services of the National Institute of Health in Guayaquil. As the national public health laboratory service for Ecuador, it produces vaccines needed in the control of communicable diseases, provides diagnostic facilities, and performs epidemiological investigations. The Institute is responsible also for the control of drugs and foods imported into the country.

The project is planned with the following objectives: (a) to improve the services of diagnosis and control of communicable diseases and the scientific research of the Institute; (b) to provide means for the technical training of the staff of the Institute, and of local professionals and technicians, in modern methods of diagnosis and control of communicable diseases, as well as in the techniques of analyses of biological and food products; (c) to reorganize and set up modern standards for the section of food and drug control; (d) to organize a new section for animal colonies; (e) to improve the section of vaccine production.

The Organization is providing consultant services in virology and bacteriology and short-term consultants for the animal colony laboratory.

With the cooperation of the Organization, several courses for physicians, medical students, and laboratory technicians have been held at the Institute, principally in general laboratory and bacteriological techniques.

Provision is made for a specialist in virology and one chemist in 1957 and for fellowships in 1957 and 1958.

Ecuador-18, Leprosy Control
(See page 158)

Owing to the scarcity of available data and the lack of an official service for the control of leprosy, it is difficult to make an accurate statement on the prevalence of the disease in Ecuador. It is known, however, that it is not extensive, being confined to the southern section of the country, in the three provinces of El Oro (which has the highest prevalence), Loja, and Azuay, although small isolated foci are known to exist in other sections of the country.

In order to obtain a more accurate picture of the characteristics of the endemic and the facilities available to cope with it, the Organization will provide in 1958 the services of a short-term consultant, who also will collaborate with the Government in the elaboration of a modern plan for leprosy control. Fellowships will be provided in 1958 for the specialized training of national personnel.

Ecuador (AMRO-60), Smallpox Eradication
(See page 158)

In order to assist the Government of Ecuador in eradicating smallpox from the country, the Organization furnished to the National Institute of Health in Guayaquil the equipment to install a dry smallpox vaccine production unit and the services of an expert in this field to advise on the installation of the equipment and on the methods of production of this type of vaccine. Supplies for the vaccination campaign were also provided.

The assistance of a consultant to help in planning, organizing, and implementing a national eradication campaign will be made available in 1957 as soon as arrangements with the Government are completed. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Ecuador-4, Rural Public Health Services
(See page 160)

Early in 1953, The Government requested the Organization and UNICEF to collaborate in a project with the following purposes: to establish a Maternal and Child Health Division within the National Department of Health which would set standards for and coordinate all maternal and child care activities throughout the country; to set up a system of rural centers for maternal and child care; and to organize training courses for professional and auxiliary personnel for these centers.

The first phase of the project was completed in 1955. A central Division of Maternal and Child Health and ten health centers were organized. The majority of the health centers are located in small towns.

In order to continue and extend the activities so far carried out, it is proposed, as the second phase, to develop plans for strengthening and integrating the public health services of the country, including the development of a public career service. An Office of Planning and Coordination will be set up within the Office of the Director General of Health. This office will work out a plan to improve the technical and administrative machinery and to provide well-balanced health services. Additional

centers will be established, especially in rural areas. Additional courses for professional and auxiliary personnel, as well as in-service training in the existing centers, will be organized.

Provision is made in 1957 and 1958 for a medical officer and a public health nurse, and for long-term fellowships.

Ecuador-19, PASE Public Health Administration Fellowships

(See page 160)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1958.

Ecuador-16, Nursing Education

(See page 160)

In Ecuador, as in many countries of Latin America, there is a great need for graduate nurses in the development of general public health activities. The Government of Ecuador wishes to strengthen and expand the School of Nursing in Guayaquil and has requested the collaboration of the Organization.

The objective of this project is to improve nursing education in Ecuador by strengthening the organizational pattern of the School and by developing a curriculum designed to integrate the social and health concepts of nursing. Plans will be made for coordinating the work of the School with that of government-supported hospitals and of the public health services.

In 1957 the Organization will provide a nurse-educator, and in 1958 a second nurse will be assigned to the project. Long-term fellowships are also proposed for 1958.

Ecuador-53, National Institute of Nutrition

(See page 160)

The Organization has cooperated with the National Institute of Nutrition of Ecuador since 1950, especially through advisory services. The Kellogg Foundation has provided certain items of equipment. In September 1955 a new agreement was signed with the Government, extending the collaboration of the Organization for five years.

The purposes of this project are: to further develop the scientific studies on nutrition, especially in relation to basic food analysis and biochemical and clinical investigation; to provide means for the training and technical improvement of the Institute personnel; and to develop the organization and operation of the Institute, coordinating its activities with the public health programs in order to formulate a sound program for the improvement of the nutrition of the population.

The first phase of this project, completed in 1955, accomplished the organization of the activities of the

Institute, especially the bromatological laboratory and the training of some of its personnel. During the second phase, the clinical nutrition laboratory will be organized and a careful survey of the dietary habits of the population will be made in order to institute an educational program.

The FAO will also cooperate in this project, especially in the animal nutrition section, by providing a consultant and the necessary equipment. It is expected that the Kellogg Foundation will provide some necessary equipment for the Institute's clinical nutrition laboratory.

The Organization will cooperate by providing one medical nutritionist for a period of at least two years and by awarding fellowships.

Peru-5, Malaria Eradication

(See page 162)

The Government of Peru for several years carried on a program of malaria control with the assistance of the Organization. In December 1953 the control program was discontinued. Following the resolution of the XIV Pan American Sanitary Conference, the Government became interested in the eradication of malaria.

A nation-wide survey to determine the malarious areas in the country was started in 1955. It is expected to complete this survey in 1956 and to have a detailed plan ready by the end of 1956 for a cooperative arrangement among the Government, the Organization, and UNICEF for a nation-wide program. It is possible that the plan may be divided into two parts, so that the eradication program will start, first, in the malarious areas west of the Andes and, a year later, in the area east of the Andes.

The program will follow the established pattern and standards developed by the Organization in other countries. First will come the preparatory period for organization and training. The period of total spraying coverage will require four years in order to achieve interruption of transmission for three consecutive years. Finally will come the period of epidemiological surveillance and follow-up for as long as may be necessary. The international team will consist of one malarialogist and one sanitary inspector in 1957 and 1958. Provision is also made for fellowships in 1957 and 1958.

Peru-24, Leprosy Control

(See page 162)

On the basis of available information, it can be concluded that leprosy, which is endemic in Peru, is progressing slowly but continuously, showing a high percentage of lepromatous forms and affecting groups of population that have low resistance to the infection. Eighty per cent of the endemic is localized in the northeastern region of the country, and there is a higher incidence in the age group of 0-5 years. All these characteristics point toward the need for a stepped-up program for control of the disease.

With the objective of collaborating with the Government in the planning and development of such a program in 1958, the Organization will assign a short-term consultant and will provide fellowships for the specialized

training of national personnel.

Peru-22, Public Health Services
(See page 162)

In 1954 the national health authorities, with the collaboration of the Organization, analyzed the health problems of the country and evaluated the cooperative program of the past years. The study showed a need for integrating and coordinating the central services so as to give better support to the local health services.

The purpose of this project is to provide a team of international experts to assist the Government of Peru in establishing an Office of Planning and Coordination attached to the Office of the Director General of Health. This Office will study the actual needs of the country and plan health programs, taking into consideration the economic conditions of the country and the best utilization of the technical and financial means available. It is hoped that this new Office will prepare the basic documentation and plan for the improvement of the technical and administrative machinery of the health services of Peru.

During the first stage of the work the international advisers will study the present organization of the local health services, the characteristics of the population and their social and economic status, the present organization of the Ministry of Public Health, and the health legislation of the country. After acquiring a thorough knowledge of the present conditions, the advisers will assist in the preparation of plans for strengthening the health services.

It is also planned that the consultants will cooperate in the reorganization of some local health services, especially those considered suitable for the in-service training of personnel who are to be used in expanding the work throughout the country. The former cooperative projects (Peru-10, Peru-13) as well as the project presently being carried out (Peru-20) will be used for this purpose.

The development of such a project is expected to require at least 5 years and should result in modern and better balanced health services for Peru. UNICEF is expected to provide some supplies and equipment.

Provision is made in 1957 and 1958 for a medical officer, a public health engineer, a public health nurse, for supplies and equipment and for fellowships for the training of national counterparts.

Peru-23, Joint Field Mission on Indigenous Populations
(See page 164)

Approximately twenty per cent of the people of Peru are inhabitants of the Andean Region, where they are concentrated in the unproductive, difficult highlands and separated from the economic and social life of their country. There are no health and medical services available. Typhus is endemic in the area, infant and maternal mortality rates are unduly high, and standards of environmental sanitation are precarious.

This project has been designed to accelerate the natural development of the peoples of this area and to integrate them socially and economically in the national life. The chief method being employed is to resettle the people at lower altitudes on fertile soil where they can improve

their economic status. The problem is to carry out this change while taking into account the cultural patterns of the people.

Several agencies (ILO, FAO, UNESCO, and WHO) have undertaken to cooperate with the Government to stimulate this development. In October 1955 the Organization assigned a medical officer to advise on the public health aspects of the program. Health centers in the Indian communities of the Puno area of Peru are in the planning stage.

It is hoped that by the end of 1957 small health centers will be established at each site where the Mission develops its activities, and that enough local personnel will be trained to take over the health work.

Provision is made for one public health administrator in 1957.

Peru-25, PASB Public Health Administration Fellowships
(See page 164)

The objective of this project is to provide fellowships in the field of public health for the purpose of assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1958.

Venezuela-52, Venereal Disease Laboratory
(See page 164)

In 1949 the Government of Venezuela expressed interest in strengthening the venereal disease control program. One of the main problems existing at the time was the need for new local laboratories, the expansion of existing ones, and the standardization of methods used in the serological diagnosis of syphilis. This project was established with the following objectives: (a) to study, select, and recommend the most adequate serological techniques for use in Venezuelan laboratories; (b) to promote the standardization of all serological laboratories in the country; (c) to organize training courses for venereal-disease-laboratory technicians from Venezuela and from other countries; and (d) to cooperate in the study of the incidence and prevalence of venereal diseases in Venezuela.

The Organization provided the services of a consultant for four years and furnished some equipment and supplies for the Central Training Laboratory. During the first four years (until the end of 1953), 161 laboratory technicians, 45 physicians, 8 venereologists, 63 rural physicians, and 30 students of the regular course for general laboratory technicians were trained. One laboratory technician from Ecuador and one from the Dominican Republic, and two venereologists from Paraguay also received training.

Plans have been completed for beginning the evaluation of 59 provincial laboratories in 1956. These laboratories will be evaluated and standardized according to the standards enforced at the Division of Laboratories of the Ministry of Health. In March 1956, a new course began for laboratory technicians working in the provincial laboratories. Three 12-week courses in techniques of syphilis serology will be given each year, in order to train the labo-

ratory technicians working in the provincial laboratories.

It is expected that by the end of 1957, the evaluation of the serological laboratories in Venezuela will be accomplished, and that their personnel will be trained in modern principles and techniques of syphilis serology.

The cooperation of the Organization will end in 1956.

Venezuela (AMRO-60), Smallpox Eradication
(See page 164)

In order to assist the health authorities of Venezuela to establish a dry smallpox production unit, a fellowship was awarded to the professional in charge of the smallpox vaccine laboratory for training in the techniques of the production of this type of vaccine.

This program is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Venezuela-1, Local Health Services
(See page 166)

After the Second World Health Assembly approved the organization of health demonstration areas in interested countries, the Government of Venezuela requested the establishment of such a program and selected the Tuy River Valley, where living conditions are typical of those in the interior of Venezuela, as a suitable region.

A WHO short-term consultant made the preliminary studies in the proposed area in March and April 1953. It is planned that UNICEF will provide equipment and supplies.

The main objectives of this project are: (a) to demonstrate a unit of well-balanced rural health services, including medical and dental care, within the resources of the Valley, this unit to serve also as a national training field for public health personnel; (b) to demonstrate the application to a community of modern methods of public health practice for the prevention of diseases and the promotion of health; and (c) to demonstrate that health is the determining factor in an organized effort toward the social and economic development of an area.

The Organization will provide a team of advisers to work with their national counterparts in making a careful survey that will provide a basis for coordinating and integrating the health activities being carried out. A detailed study will also be made to resolve each health problem in the area through the expansion and improvement of appropriate control services, with emphasis on health education and community participation.

Provision is made in 1957 and 1958 for a public health administrator, a public health engineer, and a public health nurse. Long-term fellowships are also provided.

Venezuela-4 (UN/TA), Venezuela-9 (PASE), Public Health Administration Fellowships
(See page 166)

The objective of this project is to provide fellowships in the field of public health for the purpose of

assisting the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1957 and 1958.

Venezuela-8, Medico-Legal Services
(See page 166)

The Government of Venezuela wishes to reorganize the Venezuelan Medico-Legal Institute and the Chair of Legal Medicine of the Central University of Venezuela and to organize medico-legal sections in the states which will work under the technical guidance of the Institute.

In 1957 the Organization will cooperate with the Government of Venezuela by providing the services of an expert in legal medicine, to advise in the reorganization of the central Institute, in the organization of provincial sections in accordance with modern principles and techniques, and in the training of local personnel.

It is expected that fairly well-organized legal medicine sections in the state health departments, as well as a modern central institute, will be operating by the end of 1957.

AMRO-74, Plague Investigation (Bolivia, Ecuador, Peru)
(See page 166)

For many years the Organization has been cooperating in antiplague campaigns and epidemiological studies on plague in the Western Hemisphere. During the IV Meeting of the Tripartite Border Health Committee, held in July 1953 in Arica, Chile, emphasis was placed on the importance of epidemiological studies of plague in Bolivia, where the disease has been showing a tendency to spread toward the Amazon basin. At the request of the Government of Bolivia, a project was started in August 1953 to collaborate in studies on the ecology of rodents and fleas existing in the epidemic areas of Bolivia and on the geographic distribution of the disease.

The cooperation of scientific institutions of England and Brazil was obtained for the classification of rodents, fleas, and other arthropods. These studies have clearly established the simultaneous existence of the two known types of plague, murine and sylvatic, in Bolivia. A very extensive study of the varieties of rodents present in the plague areas of Bolivia was carried out. The fleas collected from the wild rodents were also studied.

The consultant has finished his studies in Bolivia and during 1956 will proceed with similar studies in Peru and Ecuador and assist in the development of national plague-control activities.

AMRO-83, Typhus Control (Bolivia, Peru)
(See page 166)

Since 1951 the Governments of Peru and Bolivia, with the assistance of WHO and UNICEF, have been developing a program of typhus control in the highland regions. Epidemiological and laboratory studies have been undertaken

to bring about a better understanding of the epidemiology of the disease and to develop methods for control, within the economic resources of the countries.

The objectives of this project are to organize good laboratory facilities for diagnosis of typhus; to determine and establish adequate and economical technical standards and procedures for large-scale typhus control operations, to strengthen the public health organization of both countries, with special reference to the departments of communicable diseases; and to train professional and auxiliary personnel in the methods and techniques of typhus control.

The typhus control operation has consisted of periodic application of residual-effect insecticides to the population residing in the epidemic and endemic typhus regions

in Peru and Bolivia. In the areas where DDT dusting has been accomplished, a sharp decrease in the morbidity and mortality rates for typhus has been shown. With the cooperation of the Department of Epidemiology of the School of Medicine, Tulane University, a careful field test of strain E of *Rickettsia prowazeki* vaccine has been developed in Ilave, Peru. A careful study is being made on the incidence of typhus among the vaccinated groups, as well as the control groups. A special study of recrudescence of typhus is under way in Chincheros, Cusco, Peru. If the results at the end of the experiment are satisfactory, an economical method for the control of typhus will be available, and the interested Governments will be able to organize a typhus control program within their limited resources.

Provision is made for one short-term consultant in 1957.

PART III

ZONE V

Zone Office (See page 168)

For text see "Zone and Field Offices", page

Brazil-24, Malaria Eradication
(See page 168)

Malaria is endemic in many regions in Brazil. Much is being done in the way of control, but the affected area is so vast that the manpower and financial resources of the country do not permit a nation-wide eradication program, although such a campaign has been started in the states of Sergipe and Alagoas.

It is therefore proposed to attack the problem area by area, over a period of ten years. A basic plan for this type of operation is under preparation and will be ready by the end of 1956. It is expected that UNICEF will contribute to this program, but in smaller proportion to the total problem than it does to similar campaigns in smaller countries.

The cooperation of the Organization will be provided through the periodic visits of highly specialized staff. The eradication program will follow the pattern developed in other eradication programs, with such additional controls as may be necessary to protect the areas of eradication from reinfestation as the total area of coverage gradually expands.

Brazil-20, Yaws Eradication
(See page 168)

Yaws is an important public health problem in eleven northeastern and coastal states of Brazil, north of the city of Rio de Janeiro. It is estimated that there are about 500,000 cases in this area. To date, only active cases have been treated, and no attempt has been made to control the disease by treating contacts or latent cases. There has been an increase in the incidence of the disease in the areas mentioned, and with the great internal migration of population southward there has been a tendency toward the spreading of the disease.

The Government wishes to organize a national campaign against yaws in order to eradicate the disease, following methods used in the eradication program in Haiti.

It is expected that the short-term effect will be the immediate interruption of the spread of the disease and that the long-term effect will be eradication.

Provision is made for two medical officers in 1957 and 1958 and for a fellowship in 1957. It is expected that UNICEF will provide supplies and equipment for this project.

Brazil-8, Immunochemistry and Histochemistry Demonstration
(See page 170)

The purpose of this project is to collaborate with the Oswaldo Cruz Institute in biological research and vaccine pro-

duction, and to train national personnel for work in these fields in other laboratories. This will be done through: (a) assistance in immunochemistry and histochemistry research to the Departments of Immunology and Pathology; (b) the training of specialists in these subjects; and (c) assistance in research for the improvement of various antigens and vaccines.

One expert in immunochemistry will be required in mid-1957 for approximately twelve months, to be followed by one expert in histochemistry for approximately twelve months in 1958.

Brazil-17, Hydatidosis Control
(See page 170)

The immediate purpose of this project is to cooperate with the Government of Brazil in developing and operating a sound, practicable program for the control of hydatidosis. The long-range objectives are to lower the human incidence of hydatidosis and to minimize it as a human health hazard by (a) education of the public; and (b) effective control in domestic animals.

Mobile field units will be employed in selected zones to carry out an intensive campaign. The work in each zone will include (a) disparasitization of the dogs; (b) improvement in the manner of disposal of infected viscera from slaughtered animals; and (c) active and continuous efforts through health education techniques and community organization to inform the public about the disease and how they can avoid it and help control it. Technical advice will be given by the public health veterinarian of the Zone Office, and fellowships will be provided in 1956, 1957, and 1958 for veterinarians of the Ministry of Health.

The result expected is a definite and progressive decrease in hydatidosis in the zones selected. It is expected to be economically feasible to apply gradually, intensive control measures throughout the entire affected area.

Brazil-21, Trachoma Control
(See page 170)

Information collected over a period of years by the National Health Department shows that this disease is endemic in several regions of Brazil and that its incidence is increasing. There are three distinct foci in the country located in the interior of the states of Ceará, São Paulo, and in Rio Grande do Sul and adjoining regions. The number of cases is estimated at 750,000 and the problem has serious economic consequences for the affected regions.

Recent technical developments in the treatment and control of the disease have encouraged the Government to initiate in 1957 a pilot program to delineate with more detail the extent of trachoma areas in the country, as well as to establish the basis for an economical and useful method of control to be applied in a nation-wide program.

During 1957 and 1958 the Organization is expected to

provide one trachoma expert. It is expected that UNICEF will provide some supplies and equipment.

Brazil-51, Yellow Fever Laboratory
(See page 170)

The highly specialized nature of the techniques required for the production of vaccine has indicated the desirability of utilizing the existing resources and the past experience of Brazil for the preparation of vaccine to be used in the campaigns under way in other countries of the Americas. Local production in each country would not be convenient, not only because of the comparatively small amount of vaccine to be produced in each one, but also because of duplication of laboratory equipment and technical personnel.

An agreement was signed in 1950 between the Government of Brazil and the Pan American Sanitary Bureau for cooperation in a continental campaign against yellow fever. According to this agreement, the Oswaldo Cruz Institute was expected to provide pathological and serological services, as well as to supply yellow fever vaccine for use by other American countries. Thus, it has been possible to use a reliable vaccine in the yellow fever campaigns in several countries of the Americas. At the same time, it has been possible to establish the diagnosis of a number of suspected cases that occurred in countries where diagnostic facilities do not exist.

In 1955 about 8,000,000 doses of vaccine were produced, of which nearly 1,000,000 doses were supplied to other South and Central American countries for use in their own vaccination programs. The Brazilian Yellow Fever Service vaccinated approximately 5,000,000 people during the year and over 5,000 microscopic examinations for yellow fever were made of human liver specimens.

Provision is made in 1957 and 1958 for one yellow fever laboratory specialist and for supplies and equipment.

Brazil-53, Schistosomiasis
(See page 172)

This has been a joint project of the Government of Brazil, the Pan American Sanitary Bureau, and the United States Public Health Service, for the study of the efficacy of the newer molluscicides, the ecology of the molluscan intermediate hosts in different parts of Brazil and the establishment of a mail control program.

From 1953 to 1955 ecological studies were made and practical field trials conducted to ascertain the chemical best suited as a molluscicide under the prevailing conditions. Fellowships were awarded to train nationals in the health education aspect of schistosomiasis control.

Technical advice was continued during 1956, in order to consolidate the work done and to expand the control measures.

Brazil (AMRO-60), Smallpox Eradication
(See page 172)

Smallpox is still an important public health problem in Brazil. With the purpose of assisting this country in producing dry smallpox vaccine essential for the vaccination

of the population of the rural areas, the Organization has made arrangements to provide laboratory equipment in 1957 and 1958 for the production of this type of vaccine.

Because of the vast area of the country, provision has been made for two dry vaccine production units to take care of two different regions, and a third one is being contemplated for another area. Technical advice for the installation and functioning of these units will also be provided. This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Brazil-16 (UN/TA), Brazil-28 (PASB), Public Health Administration Fellowships

(See page 172)

The purpose is to provide fellowships in the field of public health in order to assist the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1957 and 1958.

Brazil-18, National Drug Service
(See page 172)

In Brazil a central Federal Drug Control Laboratory and Service has been established by law to control the chemical, bacteriological, and biological standards as well as the proper labelling of drugs imported or manufactured in the country and offered for sale. The Government has a laboratory building in the city of Rio de Janeiro which is being renovated, adapted, and modernized for the establishment of this Drug Control Service. The Government has requested the assistance of the Organization in the planning and development of the laboratory and field services.

It is proposed to provide one short-term fellowship of approximately 4 months during 1957 for one of the senior staff members of the Service. One expert consultant (specialist in drug control service) will be provided in 1956 and 1957.

Brazil-22, Nursing Education
(See page 172)

It is estimated that there are less than 3,000 graduate nurses in Brazil, only a few of them trained in public health. The Rockefeller Foundation is prepared to assist a nursing program when the needs are known.

The Ministry of Health, in cooperation with the Campaign for the Advanced Education of Professional Personnel, CAPES, (Campanha de Aperfeiçoamento de Pessoal de Nível Superior) and the National Nursing Association, is making a thorough survey of the actual nursing needs of the country and has requested the collaboration of the Organization in the survey and in planning a nursing program based on its findings.

The results to be expected are, first, to determine the type and the number of nurses and nursing auxiliaries needed to satisfy the nursing requirements of the country

and, second, to develop the training facilities of the schools of nursing so that more useful and better-coordinated nursing facilities may become available to the country.

During 1957 and 1958 the Organization proposes to continue to provide the services of one nurse-educator.

Brazil-3, Maternal and Child Health
(See page 174)

In recent years the Government of Brazil, with the collaboration of the Organization and of UNICEF, has been conducting a program to improve maternity and children's institutions throughout the northeastern states of the country. The program has progressed to the point where a new plan has been developed with the aim of bringing about closer integration of the work of the Department of the Child with the facilities of the State Health Departments, the National Health Department, and the Special Public Health Service (SESP). It has also been considered necessary to expand the activities of the program to include basic rural sanitation work.

The international assistance has consisted principally of supplies provided by UNICEF. The Organization has provided, through its regular staff, technical advice in the establishment of maternal and child health services, the aim being to integrate them into the general public health activities. It is proposed to continue technical advice and to provide fellowships. In 1957 and 1958 it is planned to provide one public health engineer in order to cooperate in the expansion of rural environmental sanitation, and fellowships. It is also expected that UNICEF will continue giving substantial support to the program.

Brazil-12, Refuse Disposal
(See page 174)

The immediate objective of this program is to advise larger cities on refuse collection and disposal practices. The long-range objective is to improve municipal sanitation practices in Brazil.

The program is planned to commence in 1957 and will consist of the services of a short-term consultant to advise the larger municipalities, through the National Health Department, on refuse collection and disposal practices.

A fellowship is to be provided in 1957 for a sanitary engineer, who will be responsible on his return to the National Health Department for furnishing technical advice to municipalities on refuse collection and disposal.

Brazil-19, School of Public Health
(See page 174)

Graduate education of public health personnel in Brazil started some twenty-five years ago with courses in public health in the National Ministry of Health and Education. In 1924, legislation was approved to organize an Institute of Hygiene at São Paulo. This Institute was later reorganized as a school, became part of the University of São Paulo in 1938, and now has both national and international status, but it cannot, however, meet all the national training needs of a country as large as Brazil.

Later, when the National Department of the Child was formed, similar courses in maternal and child health and related subjects were organized and have been continued both at a training center in Rio de Janeiro and in extramural courses in the various states.

The Government wishes to reorganize and unify the existing courses so as to establish a national institute for professional education in public health. During 1954 a review of the situation was undertaken by Organization staff, and recommendations were made for both individual and long-range steps leading to the desired ends. The necessary legislation has been passed to authorize and finance this integration. It is expected that definitive steps will be taken during 1957.

In 1957 and 1958 the Organization will provide the services of a professor of public health, short-term consultants, as well as some fellowships.

PART III

ZONE VI

Zone Office (See page 176)

For text see "Zone and Field Offices", page 15.

Argentina-8, Malaria Eradication
(See page 176)

Argentina is among the first countries to organize an extensive, nation-wide campaign for control of malaria. It is now necessary to convert this campaign into an eradication program, as part of the plan for eradication of malaria in the Americas. A new plan must therefore be prepared in order to maintain the interruption of transmission which has been achieved in the provinces of Santiago del Estero, Catamarca, La Rioja, Córdoba, San Juan, and San Luis, and to undertake a total-coverage spraying campaign in the remaining areas where complete interruption of transmission has not yet been achieved. In order to take advantage of the work already done, it is planned to classify areas according to whether they require one, two, three, or four years of total spraying coverage.

It is expected that UNICEF will support an eradication campaign by providing supplies and equipment. The Organization will collaborate through its regular technical staff and will assign special personnel, if necessary.

Argentina-11, Rabies Control
(See page 176)

National health authorities have indicated that rabies control is one of the fields in which they would most like to receive international cooperation. There are at least three major foci of canine rabies: (1) the provinces of Mendoza and San Juan; (2) Greater Buenos Aires; and (3) Córdoba. In each of those regions the disease reached epidemic proportions in 1955. Rabies also exists in the sylvatic bat-transmitted form in the northern part of the country, causing large losses to the livestock industry.

A short-term consultant in rabies laboratory techniques and vaccine production will be provided in 1958 and advisory services in the development and operation of field control measures will be given by the public health veterinarian of the Zone Office. Fellowships will be awarded in 1958 for specialized study and observation of rabies laboratory work and control procedures. Supplies and equipment for laboratory diagnosis and vaccine production for use in field coordination will be provided in 1958.

Argentina-51, *Aedes aegypti* Eradication
(See page 178)

The objective of this project is to eradicate *Aedes aegypti* from Argentina, as part of the continent-wide eradication program. The infested area extends to the north and east from Bahia Blanca in the south and Mendoza in the west. The presence of jungle yellow fever in neighboring Zones emphasizes the danger of the spread of the virus across the bor-

der to *Aedes aegypti*-infested areas. The eradication of the mosquito in Argentina is essential also for the protection of neighboring countries where this vector has already been eradicated.

In 1953 activities were concentrated on the training of personnel. In 1954 the control and training program in the northern part of Argentina continued on a limited scale. In the latter part of the year a formal agreement for a nation-wide campaign was signed and subsequently a plan of operations was prepared. The plan provides for work to be carried out by the Department of Malaria and Yellow Fever Control. The field operations commenced in 1955, in the northeast of the country in the city of Corrientes, where a training center was established for inspectors. Some 70 men received their training and preliminary surveys were undertaken in the city of Corrientes and in the provinces of Corrientes and Misiones.

The plan of operations provided that 500 men employed by the Government will be working in six sectors, which will include the city of Buenos Aires.

Provision has been made in 1957 and 1958 for one medical officer, two sanitary inspectors, and for supplies and equipment.

Argentina-4, Malbran Institute
(See page 178)

The Malbran Institute fulfills important functions in the public health organization of Argentina. It produces many of the biological and chemical products used in the diagnosis and treatment of diseases of public health importance and serves as a center for medical and epidemiological research.

The Organization is cooperating with the Government of Argentina in increasing the efficiency and improving the scientific standards of the Institute. In 1956 a short-term consultant made a preliminary survey and presented recommendations. Provision is made in 1957 and 1958 for collaboration of the Organization consisting of the services of a scientist, some supplies, and fellowships for professional training. It is possible that the technical consultation, as an alternative, will be provided in the form of several specialized short-term consultants serving for a total period approximately equal that of a full-time scientist.

Argentina-6 (WHO), Argentina-13 (PASB), Public Health Administration Fellowships
(See page 178)

The purpose is to provide fellowships in the field of public health in order to assist the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1956 and 1958.

Argentina-7, Local Health Services
(See page 178)

The Government has requested the cooperation of the Organization in a survey of its health needs and resources (Argentina-12) and in the planning and implementation of a program for the expansion and strengthening of the health services at all levels.

Plans have been made for the reorganization of the Ministry of Welfare and Public Health and the application of modern techniques of public health administration to the health services at the national, provincial, and local levels. As in other countries, it is difficult to extend integrated public health services to rural areas.

The objectives of this project are to meet the public health needs of the population in a selected area of the country and to promote the extension and reproduction of the same type of services in other areas. An area will be selected where the public health problems of the urban and rural population are more or less typical of the country as a whole. A demonstration of integrated local health services will be organized with health centers and subcenters, including programs for maternal and child care, education in nutrition, communicable disease control, and environmental sanitation. Training courses for health personnel will be organized. A health education program will be carried out and community participation encouraged.

It is expected that, in the development of this type of local health services, experience will be acquired and methods developed suitable to the cultural pattern of the people, so that similar services can be reproduced in other parts of the country. The training facilities will serve to prepare staff for other areas. This is a long-term project which will require several years for completion. During 1957 and 1958 international staff will consist of a public health administrator, a public health nurse, and a sanitary engineer; provision is also made for supplies, equipment, and fellowships. It is expected that UNICEF will also provide some supplies and equipment.

Argentina-12, Survey of Health Services
(See page 180)

In 1956 the Government of Argentina requested special consultative services of the Organization in connection with a survey to determine the bases for effecting a reorganization of the public health services. The objectives of the survey were: (a) to analyze the health problems of the country; (b) to evaluate the available resources and the manner in which they are at present being applied; and (c) to formulate concrete recommendations for improvement of the public health services at the national, provincial, and municipal levels, within the framework of a long-range public health plan compatible with the political, social, and economic conditions of the country and with universally accepted standards of public health administration.

The Organization has collaborated in this important undertaking to the fullest possible extent, through its regular staff and by providing special consultants. It has obtained the services of a group of experts to serve as international advisers making up a committee of consultants. This group met in Buenos Aires in April 1956 to consult with national authorities in order to exchange views on the nature and scope of the survey, on basic aspects of governmental policy applicable to public health, and on a general plan of work for the survey. The collection of data is being

carried out by a coordinating office established by the Ministry of Health and working with the cooperation of the international staff. When the survey data has been compiled, the committee of consultants will meet again to undertake a critical study of the information collected, the acquisition of supplementary data, if required, the direct appraisal of problems and resources, and preparation of a final report and recommendations. It is expected that the final report will be prepared during 1956.

It is expected that the Organization, through its regular staff and short-term consultants, will continue to collaborate in future years with respect to the implementation of whatever recommendations the Government may wish to adopt.

Provision is made in 1958 for short-term consultants.

Argentina-3, Nursing Education
(See page 180)

For the last ten years nursing education has progressed slowly in Argentina, while during the same period the increase of hospitals and other health services in the country has created a need for large numbers of nurses.

In 1955 and 1956 the Bureau received requests for cooperation in the establishment of schools of nursing in the universities of Córdoba and Rosario, and it is anticipated that several other schools may be organized during the coming years. Details of the program for collaboration will be worked out on the basis of the findings of the national health survey (Argentina-12), but it is expected that in the beginning at least two of the schools will benefit from this program.

Provision is made in 1957 and 1958 for one nurse-educator, teaching supplies, and fellowships.

Chile-10, Tuberculosis Control (BCG)
(See page 180)

The Government of Chile, with the assistance of UNICEF, constructed and equipped a laboratory for the production of BCG. The laboratory was subsequently approved by members of the WHO Expert Advisory Panel on Biological Standardization, and early in 1956 a field vaccination campaign began.

The Government requested the services of a nurse experienced in training personnel and in the organization and execution of mass BCG campaigns, to assist in the early phases of the field work, namely, the testing and vaccination of the age group 1-30 years in rural areas with small populations. The nurse was provided for 6 months in 1956.

Chile-16 (UN/TA), Chile-25 (WHO), Chile-26 (PASB), Public Health Administration Fellowships

(See page 180)

The purpose is to provide fellowships in the field of public health in order to assist the Government in training personnel for the improvement and expansion of health services. The most important element in each health adminis-

tration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1956, 1957, and 1958.

Chile-20, Midwifery Education

(See page 180)

Statistics indicate that problems connected with maternal and child health affect some forty per cent of the population, and recent figures show that a great number of deaths are due to causes related to pregnancy, delivery, and puerperium. Infant mortality data show that prematurity and congenital debility are leading causes of infant deaths. It is believed that the midwives should be prepared to give care not only during delivery, as they do at present, but also during the prenatal period, and to give general health education.

In the past few years a theoretical course in nursing has been added to the three-year program in midwifery given at the University of Chile. This program needs to include more public health training.

The Government of Chile has requested the collaboration of the Organization in establishing a center in Concepcion for midwifery training. Provision is made in 1957 and 1958 for a nurse-midwife, fellowships, and a small amount of teaching equipment.

Chile-12, Demonstration Center for Care of Premature Infants

(See page 182)

This is a project in which the Government of Chile, WHO, and UNICEF are collaborating to: (a) lower the mortality rate among prematurely born infants; (b) establish a demonstration and training center for professional and auxiliary personnel; (c) develop norms and procedures; and (d) integrate the services for the care of premature infants with those for improved care of the newborn and into the general plan for family health services.

The Organization awarded fellowships to the medical director and the chief nurse of this demonstration center for study abroad of modern methods. Supplies provided by UNICEF for the existing center have been delivered. The renovated quarters for the center were officially opened and students were accepted early in 1956. A nursing adviser was assigned by the Organization to assist in the work of the center from mid-1955 to the end of 1956.

It is anticipated that, once the center has been satisfactorily established in the Calvo Mackenna Hospital in Santiago, a new center will be developed in the university hospital at Concepcion.

The development of home care services for prematures, as part of a program of improved care of the newborn, will be initiated late in 1956.

Additional fellowships also will be provided in 1957.

Chile-17, University of Chile -- Medical School Laboratory

(See page 182)

The Medical School of the National University of Chile,

which is an important international training center, suffered extensive damage in the fire several years ago and has since been lacking some of the equipment necessary to provide optimum teaching facilities.

The Government has requested the cooperation of the Organization in obtaining for the School: printing, audio-visual and library equipment, surgical instruments, microscopes, etc.

It is expected that these items will be supplied in 1956, utilizing a special allocation of "difficult" currencies.

Paraguay-1, Malaria Eradication

(See page 182)

Limited malaria control activities were carried out in Paraguay from 1950 to 1955. As part of the continental program for the eradication of malaria, it is necessary to adopt a new approach to malaria work in Paraguay.

In order to obtain the basic information required and to determine the extent and location of malaria in the country, a survey was conducted from October 1955 to January 1956. The Organization provided, in addition to personnel from COMEP, 3 short-term consultants to participate in this survey. The results of the survey proved the existence of malaria in Paraguay.

The plan for the organization and operation of the malaria eradication campaign is ready for final approval and will form the basis for cooperation of the Organization and UNICEF with the Government.

It is expected that the preparatory period of training and organization can be completed in sufficient time so that the spraying can be started in 1957. Spraying will be continued for four years, followed by epidemiological surveillance. As in the malarious areas in many countries, roads are poor in these areas in Paraguay, and special preparation must be made to assure 100 per cent coverage.

In 1957 and 1958 the international team will consist of one malarologist and one sanitary inspector. Provision is also made for fellowships in 1957.

Paraguay-7, BCG Vaccination

(See page 182)

In December 1953 an agreement was signed between the Government, the Organization, and UNICEF, and a nation-wide BCG campaign was started in August 1954, as part of the national tuberculosis control program. The campaign was completed in December 1955.

Tuberculin testing and BCG vaccination were performed by field teams, under a national director of the campaign and with the advice of international medical and nursing consultants. The program was preceded and accompanied by intensive health education efforts and will be integrated into the general antituberculosis program of the country.

Initially, the number of persons to be tested was estimated at 350,000. However, the census figures showed a much higher population and, altogether, 691,859 persons were tuberculin tested and of this number 628,110 returned to complete their examination. Of the 386,651 persons who were "negatives", 383,538 were vaccinated. The response from the population was very good.

In 1956, after completion of the campaign, the nurse-adviser assisted in the preparation of a plan for consolidation of the mass BCG campaign in Paraguay.

Paraguay-9, Leprosy Control
(See page 184)

Leprosy is a serious public health problem in Paraguay. In 1954 the Organization assigned a consultant to collaborate with the Government in developing a comprehensive plan for the control of the disease. The Organization also provided fellowships to local physicians for training in modern aspects of leprosy control.

As a result of the survey made, plans have been prepared for a project to reduce the incidence of leprosy through sterilization of sources of infection by intensive sulfone therapy. An intensive case-finding and treatment program is planned for the whole country, followed by regular periodic examination of all contacts to detect inapparent cases while they are still in the infectious stage. Field operation is expected to start by the end of 1956.

UNICEF is assisting with supplies and equipment.

Provision is made in 1957 for one medical officer and for fellowships.

Paraguay (AMRO-60), Smallpox Eradication
(See page 184)

The Organization has assisted the health authorities of Paraguay in developing a smallpox vaccination campaign by providing some amount of dry vaccines.

Supplies and materials for a larger vaccination campaign will be provided in 1957 and 1958. A fellowship for training the medical officer in charge of this campaign will be provided in 1957.

The services of the smallpox consultant stationed in the Zone VI Office have been made available.

This program is part of the region-wide program for which the central unit is shown under AMRO-60, Interzones.

Paraguay-10, Public Health Services
(See page 184)

The Organization has collaborated with the Government of Paraguay since 1950 in several fields covering major national health problems, including programs for the control of tuberculosis, venereal diseases, hookworm disease, and smallpox. Considerable progress has been achieved in strengthening the health services of the country and in building up a wide appreciation of health problems on the part of the medical and related professions and the general public. A substantial number of physicians, engineers, and other professionals have been trained both abroad and in special courses locally.

Allocations for health programs in the national budget have increased to three times the 1950 level, and the principle of full-time service for professionals has been established. Early in 1955, the Government reorganized the Ministry of Health to provide a more efficient and better-coordinated administration. It also plans to extend the system of health centers and sanitary posts throughout the country. A central public health laboratory will be estab-

lished and additional laboratories will be created in rural areas. In addition to other training activities, the first in a permanent series of annual courses for the full training of sanitary inspectors was started in 1956. The Organization has been requested to continue its collaboration in a changed program adapted to the progress made.

The Organization will continue to advise on the development of the central and local services. The control of communicable diseases, environmental sanitation, health education, and statistics will be major activities in the health centers. Training of personnel will continue to receive high priority, and maximum use will be made of existing and potential facilities within the country.

It is expected that the Government will make the necessary budgetary provision and create positions in the national administration for the successful continuation of the program upon withdrawal of international support.

The provision for 1957 and 1958 is for a team consisting of a medical officer, a maternal and child health adviser, a sanitary engineer, a medical bacteriologist, one public health nurse, and a public health veterinarian. Supplies and equipment and long-term fellowships are also proposed for 1957.

UNICEF has already provided supplies and equipment for maternal and child health, and in 1956 it provided assistance for the environmental sanitation program.

Paraguay-13, PASB Public Health Administration
Fellowships

(See page 184)

The purpose is to provide fellowships in the field of public health in order to assist the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1958.

Uruguay-6, National Zoonosis Service
(See page 186)

The Government of Uruguay, recognizing the importance of the zoonoses as a public health problem in the country, has made preliminary plans for the conversion of the Antirabies Institute into a national zoonosis service, within the Ministry of Health. It has requested the Organization's collaboration in this project.

This project will operate in direct relation with hydatidosis control in Uruguay (AMRO-43) and it is expected that it will also develop antizoonosis field services in relation with the rural health services project (Uruguay-5).

Advisory services will be provided through the staff of the Zone Office and, in 1958, by a short-term consultant. It is proposed for 1957 and 1958 to provide facilities for the training of professionals and to furnish laboratory and field equipment not available in the country.

Uruguay (AMRO-60), Smallpox Eradication
(See page 186)

The services of the smallpox consultant stationed in Zone VI Office have been made available to the health authori-

ties of Uruguay in order to cooperate in organizing and starting a smallpox eradication campaign.

In 1957 a fellowship will be awarded to the medical officer in charge of the campaign to enable him to observe the development of similar campaigns in other countries.

This program is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

Uruguay-5, Rural Health Services
(See page 186)

Rural health care, training of public health personnel, and coordination of the activities of the various national health agencies are among the principal concerns of the health authorities of Uruguay.

The main objective of this project is to assist in organizing and improving the basic rural health service by: (a) combining the efforts of all the institutions operating in the field of public health, under the direction of the Ministry of Public Health; (b) creating integrated services in connection with health centers, improving existing centers and establishing new ones in the more remote communities, as well as more subcenters; (c) organizing community participation; (d) training all levels of local public health personnel.

All these activities will be supported by a wide and permanent program of health education. The Government named a coordinating committee which will act in an advisory capacity, and will have as members representatives of the various organizations outside the Ministry of Health concerned with rural health services.

The Ministry of Health was partly reorganized, to make adequate administrative arrangements for the new activities. The plan of operations provides for coordinating services in five departments of the country. Activities began in the Department of Rivera, with the initiation of smallpox control, Chagas' disease control, and the training of auxiliary nurses and other personnel.

The program will be implemented in stages, with the assistance of supplies and equipment provided by UNICEF, to cover distinctive fields such as maternal and child health, environmental sanitation, and school health.

At the conclusion of the program model rural health services, which can later be spread to the whole country, will have been established.

The Organization will provide in 1957 and 1958 one medical officer, one public health nurse, one public health engineer, one health educator, and fellowships. A small amount of supplies which do not fall within the field of UNICEF will be provided in 1958.

Uruguay-8, PASB Public Health Administration
Fellowships
(See page 186)

The purpose is to provide fellowships in the field of public health in order to assist the Government in training personnel for the improvement and expansion of health services. The most important element in each health administration is a staff with good basic education and with

opportunity to obtain refresher training as needed to keep up with technical and organizational developments. Provision is made for fellowships in 1958.

Uruguay-4, Nursing Education
(See page 186)

In 1953 and again in 1955 and 1956 the Government of Uruguay requested the cooperation of the Organization in strengthening the Dr. Carlos Nery School of Nurses. A study made with the cooperation of the Organization indicated the need in the country for some five hundred additional graduate nurses, and also for a group of nursing instructors to undertake the training of auxiliary personnel. Recommendations were made to the Government and these have been carried out as far as possible.

The Bureau has also assisted by awarding a total of ten fellowships between 1953 and 1955, and arrangements are being made for the placing of further fellows for 1956.

Provision is made for fellowships in 1957 and 1958.

AMRO-43, Hydatidosis Control (Argentina, Chile, Uruguay)
(See page 188)

This project was undertaken in 1953 in three phases: (a) a field demonstration established in Uruguay to show the effectiveness of practical field control techniques and to train national personnel in the methods of conducting a control program; (b) a grant to the Malbran Institute in Argentina, for a study of newer chemicals and drugs in an effort to find a more efficient ovicide and an improved technique in the treatment of canines; and (c) a grant to the Parasitological Institute in Chile for a study of the influence of wildlife on the perpetuation of this disease.

During 1955 and 1956 a small amount of money was provided for additional equipment and materials for the field demonstration unit, and fellowships were awarded. In 1957 it is proposed to undertake further investigation to find more suitable chemical products for treatment of canines; to extend the field demonstration work to new areas; and to provide fellowships for national workers engaged in hydatidosis control activities. Advisory services for this project are provided by the Zone public health veterinarian. The program in 1958 will follow the same lines.

AMRO-60, Smallpox Eradication (Zone VI)
(See page 188)

In order to assist the countries of the Zone in planning, organizing, and developing smallpox eradication campaigns, a smallpox vaccination consultant has been stationed in Zone VI Office and will continue through 1957.

Equipment for dry smallpox vaccine production units has been furnished to Argentina and Chile. The services of an expert on dry vaccine production were also provided. Some amount of dry vaccine has been made available to Paraguay to assist in the vaccination campaign.

This project is part of the region-wide program for which the central unit is shown under AMRO-60, Interzone.

PART III

INTERZONE

AMRO-90, Eradication of Malaria (COMEP)

(See page 188)

The XIV Pan American Sanitary Conference in 1954 issued an urgent mandate to the Pan American Sanitary Bureau to take all possible measures to eradicate malaria in the Americas as rapidly as possible. The Conference, considering the need to provide the Bureau with financial resources to carry out that mandate, authorized the Director of PASB to use \$100,000 of surplus funds available at the end of 1954 for this purpose, and approved an increase of \$100,000 in the total of the proposed 1956 budget above that of 1955 to continue this activity.

With the financial support given by the Conference's action, and in order to facilitate the implementation of the program, a special unit has been established within the Pan American Sanitary Bureau to provide technical advice on and coordination of the antimalaria activities that are being or will be carried on by the Organization in the Western Hemisphere. This special unit, known as the Coordination Office of the Malaria Eradication Program (COMEP), which includes five technical advisers, has been established as an inter-zone project with headquarters initially located in Mexico City.

The broad objectives of the Bureau in establishing COMEP are: (a) to develop technical standards for the malaria eradication programs in the Continent; (b) to give technical advice to governments in the planning, operation, and evaluation of malaria eradication projects; (c) to train personnel for malaria eradication activities; (d) to devise terminal procedures for assuring the successful completion of the program; and (e) to develop a system for evaluating field activities.

From the organizational point of view, the technical activities of COMEP come within the functions of the Division of Public Health. Steps have been taken to assure a proper coordination with the Zone Offices, which will maintain direct responsibilities for the operation of the malaria eradication projects within their respective geographical jurisdictions.

The rapid development of malaria eradication projects has thrown such a heavy load of work on COMEP in 1955 and 1956 that it has not always been able to deal at once with the requests, many of which arrived simultaneously, for assistance in making plans for and carrying out pre-eradication surveys and in preparing the full plan for an eradication program. This emphasizes the importance of recruiting technical personnel for country projects and strengthening project staffs as the load of work increases.

AMRO-109, Malaria Eradication (Supplemental Assistance to Country Projects)

(See page 190)

The rapid expansion of the hemisphere-wide malaria program has created requirements for international cooperation in excess of available resources. Furthermore, the individual country programs, planned on a nation-wide basis and according to the exacting standards of perfection

needed for successful eradication, require more international technical personnel than anticipated. In view of the character of these campaigns, in which the choice is between 100 per cent effectiveness or failure, it is essential to be able to meet emergency requirements in various country projects.

During 1956 it has been possible to use the Special Fund, which had been allocated by the Directing Council from surplus funds, to recruit personnel and provide fellowships required in excess of available resources in the respective projects.

In 1957 similar emergency needs are certain to arise and can be met from the balance of the Special Fund. The amount used in either year is not large in comparison with the total requirements of the program, but its availability to meet critical needs often means the difference between success and failure. By 1958 the Special Fund will be exhausted and this activity is shown in the regular budget.

Provision is made in 1957 and 1958 for two malariologists, one sanitary engineer, and two sanitary inspectors.

AMRO-110, Tuberculosis Prevention

(See page 190)

Tuberculosis continues to be one of the important causes of incapacity and mortality in the Americas, although a marked decline has occurred in the death rates. The reduction in the number of cases has been much less dramatic, but in many places the balance is clearly against the survival of the Tubercle bacillus, thus opening the possibility of eradicating the disease.

Since the introduction of treatment with drugs such as streptomycin, PAS, and especially isoniazid, the public health approach to the tuberculosis problem has completely changed. The effect of chemotherapy of patients with pulmonary tuberculosis is that their life expectancy is increased and most cases are rendered non-infectious. Mortality figures can no longer be used as an index of the tuberculosis problem.

The possibility of large-scale application of chemotherapy and chemoprophylaxis is leading to a great reduction of the need for isolation of patients in hospital beds. This means a reduction in the cost of tuberculosis programs, making it economically possible to extend them on a nation-wide scale.

In the last few years the collaboration of the Organization has been devoted mostly to mass BCG vaccination projects. In ten countries the campaigns have been terminated, and in five others they are nearing completion. In addition, assistance has been given to three countries for the organization of BCG production laboratories, to three for tuberculosis diagnostic facilities, and to two other for training courses. A number of nationals have been trained under fellowships provided by the Organization. The tuberculosis control program has been incorporated as an active phase of the integrated health projects in several countries.

These efforts will be continued where needed, but it is necessary to expand the activities toward fields such as ambulatory chemotherapy and chemoprophylaxis, which offer great possibilities as public health measures against this disease.

The purpose of this project is to collaborate with governments in utilizing the new developments for an aggressive program to prevent the transmission of tuberculosis, extending diagnostic and treatment facilities. An important initial step is to gain more accurate and complete information on the tuberculosis program and available resources in the countries, to permit the large-scale use of chemotherapy and chemoprophylaxis as soon as results are conclusive.

Short-term consultants will visit as many countries as possible to collaborate with national health services in the expansion of the tuberculosis programs. Late in 1958 it is proposed to hold a seminar on tuberculosis in order to discuss ways and means of fulfilling the above-stated objectives and to stimulate action in country programs.

The activities covered under this project are to be continued and expanded in the following years.

Provision is made in 1958 for short-term consultants and for participants.

AMRO-66, Seminar on Venereal Diseases
(See page 190)

The use of antibiotics in the mass treatment of venereal diseases, and the advances in serodiagnosis have recently permitted mass campaigns of spectacular success. This fact is illustrated in Paraguay, where since 1953 the Government has been carrying out a control program with the collaboration of the Organization. Although the program has produced very good results, a number of problems are still unsolved, especially those of controlling the spread of venereal infection through international borders.

It is believed that an intercountry seminar would be a useful means of sharing the knowledge gained, of discussing suitable measures for frontier-control, and of stimulating antivenereal disease work in all countries. It is proposed to bring together a number of venereal disease experts from the southern part of the Continent. The meeting will probably take place in Paraguay.

In 1957 requirements for this project will consist of fellowships for participants and a limited amount of supplies and equipment.

AMRO-103, Seminar on Treponematosis Eradication
(See page 190)

Yaws and pinta constitute major public health problems in a number of countries of the Americas. Technically, eradication of these treponematoses has become entirely feasible, owing to the availability of a cheap, non-dangerous, and effective drug, penicillin, that can easily be given to the people in mass campaigns. It can be said that eradication of pinta and yaws is now only an administrative problem. Despite these conditions, the majority of the affected countries still have only control programs, or no programs at all. The exceptions are precisely those countries where the Organization is taking an active part in the campaigns.

It can be expected that persons now working in control programs could be stimulated toward undertaking eradication by offering them the opportunity to see personally the results being achieved, and by organizing a seminar to discuss and exchange views concerning problems of starting and executing mass campaigns. A seminar will be held in November 1956 in Haiti with the following objectives: (a) to discuss the extent of the yaws and pinta problems in the different countries of the Region; (b) to discuss the objectives, methods, and results of the eradication programs as against the control measures; (c) to review and observe the progress and achievements of the Haiti-1 project; (d) to study the administration, methods of work, training of personnel, supervision, evaluation, and budgetary aspects in the treponematosis eradication programs; (e) to review the international cooperation in these programs, including that of PASB/WHO, UNICEF, ICA, etc.; and (f) to promote the study of possible new eradication programs in other countries of the Region.

AMRO-26, Brucellosis Training Course
(See page 190)

Studies of brucellosis control activities in various countries, from 1950 to 1952, revealed a marked variation in diagnostic techniques, control methods, and knowledge of this disease. To promote a sound and uniform approach to the control of brucellosis, a series of training courses were planned for the national officials and technicians. The first series of courses was on standard diagnostic techniques, one held in Santiago, Chile, in 1952 for South American countries, and the other in Mexico City in 1954 for Central America and the Caribbean.

The second series of courses will be designed to train professionals in field control of brucellosis and in the diagnosis and handling of human cases; the 1957 course will be for South American countries including professionals from Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. A similar course is planned for 1958 for professionals from British Honduras, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, and the Caribbean. Each course will last two weeks, with at least one epidemiologist and one epizootiologist from each country attending.

Provision is made in 1957 and 1958 for short-term consultants, supplies and equipment, and fellowships.

AMRO-57, Yellow Fever Studies
(See page 192)

The outbreaks of yellow fever in recent years in Central America and Trinidad, and the continued presence of the disease in many places in Brazil, Colombia, Venezuela, and elsewhere, in spite of intensive vaccination of the human population, show very clearly that there are still a great many aspects of the epidemiology of yellow fever which need to be studied. It is now obvious that yellow fever virus is permanently ensconced in the jungles in several places in South America, and that it cannot be eradicated from its last refuge with any procedure now known.

This project was originally set up to study the epidemiology of the current wave of jungle yellow fever in Central America and to help the Member Governments provide protection against the disease to their citizens. This

epidemic is unique in the degree to which it was preceded and accompanied by a fatal epizootic in the monkeys of the region—so much so that the progress of the yellow fever virus could be traced by the monkeys it killed through large areas in which there were no human fatalities.

The epidemic appeared to have burned itself out in northern Honduras in late 1954. But such was not the case, for in February 1956 two monkeys dead of yellow fever were found in eastern Guatemala, as well as two more near Esparta, Honduras. This locality is only 20-30 kilometers from the place where two monkeys dead of yellow fever had been collected in July and August 1954. Furthermore, extensive studies of mosquitoes in the area have revealed that the well-known South and Central American vector of yellow fever, *Haemagogus spegazzinii falco*, does not occur in the places where these six monkeys were killed by yellow fever virus. Therefore, it seems that some other vector transmits the virus in this region. This matter needs to be studied.

It is expected that the Central American epidemic will resume its advance to the north and east into British Honduras and the Guatemalan Petén, thence into the Mexican States of Chiapas, Tabasco, and Vera Cruz.

In 1957 the area in which these epidemiological studies are to be carried out is expanded to all areas of the Americas wherever yellow fever may occur.

Epidemiological studies of yellow fever involve the use of a variety of laboratory procedures, such as: the isolation of virus from man, from monkeys and other warm-blooded forest vertebrates, and from mosquitoes and other blood-sucking arthropods; serologic studies of man, monkeys, and other vertebrates, using one or more different techniques; the collection of human and monkey tissues for histopathologic examination; and taxonomic and distributional studies of mosquitoes. All the laboratory procedures need to be coordinated by adequate field observations so that the all-important ecological aspects of the problem may receive full attention.

Close cooperation is envisaged with several interested scientific institutions, among which are the Carlos Finlay Institute, the Gorgas Memorial Institute, and the Rockefeller Foundation Virus Laboratories.

Provision is requested for continuing the services of one medical officer, one entomologist, and two sanitarians, as well as the insect collectors who may be needed. Since 1955 the Rockefeller Foundation has been contributing the services of an additional medical officer whose duties are those of adviser on studies of the epidemiology of jungle yellow fever. Provision has also been made for the PASB to assume the cost of the services of this medical officer late in 1957. Fellowships are also provided. Funds have been included for the purchase of the equipment which will be required to enable one or more strategically located public health laboratories to undertake studies of yellow fever virus.

AMRO-58, Leprosy Control
(See page 192)

Leprosy constitutes a serious public health problem for a number of countries in the Region, with deep social, economic, and psychological repercussions. There is a widespread recognition of the essential need of knowing, as accurately as possible, the extent and characteristics of the problem.

Before planning any control measures, it is essential to determine the incidence of leprosy, its distribution by age, sex, and racial groups, and other information of epidemiological importance. This information will make it possible to ascertain the stage reached by the disease, that is, whether it is increasing, stationary, or diminishing. Such data can be obtained through leprosy surveys, varying in type according to local factors and the possibilities of the country.

Among the measures of control, attention should be paid to early diagnosis, properly organized and supervised treatment with sulfones, selected and temporary isolation of infectious cases, adequate protection of infants and children, and appropriate legal measures. Research is at the present moment a fundamental need for any progressive program.

In 1951 the services of a consultant were provided by the Organization to survey the leprosy problem and facilities in Paraguay, Bolivia, Peru, Ecuador, and Colombia. In 1955 similar surveys were carried out in Trinidad and Surinam, and in 1956 in French Guiana, British Guiana, Guadeloupe, Martinique, St. Lucia, and Grenada. As a result of these surveys, control program plans have been outlined, and preparations for their implementation are in some cases under way, with international cooperation from the Organization and UNICEF.

It is necessary to complete the survey in the other countries and territories of the Region; it is expected that these new surveys will be followed by comprehensive and modern plans for control programs, which must include the above-stated measures.

Provision is made in 1957 and 1958 for short-term consultants and supplies and equipment.

AMRO-60, Smallpox Eradication (Interzone)
(See page 192)

The XIII Pan American Sanitary Conference recommended to the Member Governments the development of a systematic program for smallpox vaccination and revaccination in the respective territories, under the auspices of PASB, in agreement with the interested countries. Later on, the governing bodies of the Organization established a special fund of \$219,089 to be utilized for a program of smallpox eradication in the Continent. The continuation of this program will require additional funds under the PASB regular budget in 1958.

The objective of the program is to stimulate and assist the countries of the Americas in the planning and development of vaccination campaigns and smallpox eradication programs, integrated in the general framework of the public health services of the countries, with the aim of obtaining the final eradication of the disease from the Western Hemisphere.

As a first step, it was considered of the utmost importance to have available a vaccine that could withstand the difficult field conditions in many countries where facilities of transportation and refrigeration are scarce. To meet this need, technical advice and equipment have been provided to countries showing immediate active interest, and fellowships have been furnished for training the persons who will be in charge of the vaccine production. Arrangements have been made with the Serum Institute of Copenhagen for testing the dry smallpox vaccines produced by

the national laboratories.

Inasmuch as many countries have required the assistance of the Organization in the planning and implementation of vaccination campaigns, consultant services have been provided, together with fellowships for the training of the national personnel working in the field.

The Bureau, through agreements signed with various governments, is furnishing essential supplies and equipment to enable laboratories in those countries to prepare potent and adequately controlled dry smallpox vaccines. Up to the end of 1955 the Bureau has furnished such equipment and supplies to Ecuador, Bolivia, Argentina, Cuba, Chile, and Mexico. Technical assistance has been given to Colombia for the organization and development of an eradication campaign.

During the coming year, similar cooperation will be extended to other interested countries. The assistance to individual countries is shown as units of this project under the respective countries.

Provision is made for short-term consultants in 1957 and 1958 and for fellowships in 1958.

AMRO-61, Rabies Control
(See page 192)

Rabies is a disease of considerable importance because of its high fatality rate in human beings; this can be prevented by eradication and control of the disease in domestic and wild animals. This problem has become a matter of concern to health officials in ninety per cent of the countries of the Americas. The movement of animals, both wild and domestic, makes it necessary to coordinate national and international programs and studies if the work is to be effective. One aspect of this project (US-Mexico) continues the work begun under a project now terminated (Mexico-4, Rabies Control).

The objectives of this project are to provide technical aid and coordination in national and local rabies control programs; to coordinate these programs internationally; to guide and coordinate the study of the ecology of bats and their importance in the continued existence of rabies; and to assist in training national officials. Regional training courses covering rabies control methods are planned.

Assistance and technical advice is provided in all aspects of rabies control, with laboratory diagnosis, vaccine and hyperimmune serum production, and anti-canine-rabies control programs receiving the greatest attention. It is expected that short-term advisers and demonstrators will assist with the training courses and with demonstrations of the destruction of predatory wild animals that harbor and spread the disease. Small amounts of specialized diagnostic equipment, vaccine production materials, and teaching aids will be provided each year. Fellowships are provided to train key personnel for national control programs. Provision is made in both 1957 and 1958 for a full year of consultant services, for supplies and equipment, and for fellowships.

AMRO-76, Vaccine Testing
(See page 194)

Some of the operating projects in which the Organi-

zation cooperates are concerned with establishing facilities for the manufacture of vaccines to be used in current vaccination campaigns.

In order to help the new production laboratories maintain the high standards in potency and safety that these vaccines require, testing services of proven quality for the control of those biological products have been obtained from the Michigan Department of Health Laboratories, to which a yearly grant is provided.

AMRO-81, Pan American Zoonoses Center
(See page 194)

The zoonoses constitute a very important public health problem, being in addition the cause of enormous economic losses. Each year the countries report increases in these diseases in man and in animals, with little being done to control or eradicate the causative agents.

In the past, the zoonoses have not received due attention in most of the countries. Scientific knowledge is available that should be disseminated to all those concerned with the practical application of preventive control and eradication measures. There is need for education and stimulation in the use of this newer knowledge and in applied research adapted to the existing conditions in each country or area.

The purpose of this project is to provide technical cooperation for all of the American governments by establishing a Pan American Zoonoses Center for the Americas. The Center will: (a) train personnel in the laboratory field and in phases of diagnosis and control; (b) provide consultative services pertaining to the control of zoonotic diseases to any country upon request; (c) provide special diagnostic services and testing of biologicals; and (d) conduct applied research for the improvement of the techniques of diagnosis and control of these diseases.

The first formal action concerning the international zoonoses center was taken in Caracas, in February 1953, when on the basis of a proposal by the Government of Argentina the Inter-American Economic and Social Council, at its III Special Session, resolved to "request that the Coordinating Committee on Technical Assistance, within the established regulations, in the next program (1954) of Technical Cooperation of the Organization of American States, consider the inclusion of a project for the creation of a Training Center for the Study and Control of Zoonoses."

This subject was referred to the Bureau, which, following a detailed study, decided that it would be appropriate for international action and presented a project proposal. The project was approved by the Inter-American Economic and Social Council (Resolutions 1/54 and 20/54) as part of the Program for Technical Cooperation of the OAS for operation as soon as funds were available. No funds were available in 1954 or 1955. There is no prospect of funds from this source in 1956 or 1957.

The VIII Meeting of the PASO Directing Council considered this problem in September 1955. In the discussion of this subject the government delegates stressed the importance of zoonoses as a problem in the Americas and the need for a Center of the type proposed. They also took note of the fact that this proposal was circulated to all governments and a majority of them have expressed in writing their desire to participate. In order to promote the development

of this activity, the Directing Council authorized the Director of the Pan American Sanitary Bureau to take appropriate measures so that the Pan American Zoonoses Center might receive, at the earliest possible date, the funds required for its operation.

In view of the above mandate of the Directing Council, the Director considered possible sources of funds and decided to submit the proposal to the Director-General of WHO for presentation to the Technical Assistance Board for financing under the UN Program of Technical Assistance. This project has now been included provisionally in the TA program for 1957 and 1958, for the limited amount of \$45,000.

As the prospective funds from the UN Program of Technical Assistance will be inadequate, it is proposed to assure initiation of the Center by providing the Director of the Center from PASS.

The proposed list of project staff for the first year of operation will include, a Center Director, one epidemiologist, one comparative pathologist, and one administrative officer. Provision is also made for supplies and equipment in 1957 and 1958, and for fellowships in 1958.

AMRO-88, *Aedes aegypti* Eradication
(See page 194)

Complying with specific instructions of its governing bodies, the Pan American Sanitary Bureau since 1947 has been devoting concentrated efforts toward eradicating *Aedes aegypti* from the Western Hemisphere. Continuous stimulation and technical advice have been given to almost every government, and a number of projects are in operation. The results of this campaign to date have been very rewarding. The elimination of the urban yellow fever vector from large areas and a great reduction in the infestation index in other areas have been accomplished. There is need for extending this work to regions where the existence of the vector is well known and to other regions where the factors for its propagation are favorable. The threatening occurrence during 1954 of cases of jungle yellow fever in the vicinity of *Aedes aegypti*-infested areas, as well as the movement of the virus northward in Central America, makes the need to complete this program more pressing.

This project is designed to intensify and coordinate the eradication work by assisting in the preparation and execution of national programs consistent with the regional plan; by training and supervising personnel, both in demonstration courses and in the field; and by developing standard procedures and providing information to assist and promote the collaboration of countries. It will provide better means for the Washington Office to coordinate and stimulate field activities connected with this very important problem.

Experience has shown the importance of having a central pool of staff and supplies and equipment to supplement individual projects as the need arises. Provision is therefore made in 1957 and 1958 for one *Aedes aegypti* adviser, short-term consultants, supplies and equipment, and for three sanitary inspectors in 1958.

AMRO-91, Seminar on Application of the International Sanitary Regulations
(See page 196)

Seminars of one week's duration on the International

Sanitary Regulations are being planned in order to create better understanding of the Regulations, explain the action taken by the Eighth World Health Assembly, and develop reporting procedures designed to carry out the Regulations and serve as the basis of national and international health programs. Directors of health and others responsible for the International Sanitary Regulations and for case-reporting in Cuba, Dominican Republic, Haiti, Mexico, and the countries of Central America participated (three per country) in a seminar held in Costa Rica in 1955. A second seminar for the ten countries of South America is planned for 1956 in Caracas, Venezuela.

AMRO-92, Poliomyelitis
(See page 196)

Poliomyelitis is causing growing concern to the health administrations of many countries of the Continent. The incidence of paralytic poliomyelitis is increasing in countries where the disease has been present for some time, and the disease is appearing in areas previously believed to be free. The last epidemic in Argentina, as well as the epidemics which occurred recently in Chile, Haiti, Costa Rica, Jamaica, and Mexico, not to mention the United States and Canada, are good examples.

The availability of a vaccine that has already been used with reported good results in mass vaccination campaigns in several countries, especially the United States, Canada, and Denmark, has aroused the interest of the countries of the Region in tackling and solving the poliomyelitis problem. Some of them are already producing or taking steps toward the production of a vaccine.

The successful use of this vaccine, as well as future development in this field, may depend on the knowledge of the characteristics of the prevalent poliomyelitis viruses in the various countries, as well as of other associated viruses.

On the other hand, if a mass vaccination campaign is considered advisable in a given country or area of a country, it would be necessary to decide which groups would have to receive the vaccine to obtain the maximum benefit with minimum costs.

In countries where accurate records of the age incidence of paralytic poliomyelitis over a number of years are not available or are incomplete, serological surveys will have to be carried out to obtain good information on the general immunological status of the population. For carrying out this type of work, laboratory facilities and highly trained scientific personnel are necessary. Both are lacking or insufficiently developed in many countries of the Region.

The WHO has organized a world network of Regional Laboratories designated as Poliomyelitis Centers for the isolation, typing, and further study of poliomyelitis virus. Owing to the limited funds available, it has been possible to establish only one Regional Center in the Americas, namely, the Poliomyelitis Unit of the Section of Preventive Medicine of Yale University.

The extension and importance of the problem in the Continent requires that more emphasis be put on the study of poliomyelitis and that an effort be made to establish more poliomyelitis centers to permit better coverage of the problem in the Americas.

The increasingly frequent and devastating poliomye-

litis epidemics have resulted in larger numbers of crippled children, adolescents, and even adults, creating a more urgent need to establish measures for their rehabilitation. Requests for assistance in this field have already been received from several countries.

Other virus diseases are also being recognized as of great importance from the public health point of view. A better knowledge of laboratory diagnostic and preventive methods available is advisable and must be stimulated.

This project will enable the WHO/PASB to fulfill its coordinating function, acting as a clearing center for technical, epidemiological information and research activities, organizing training courses and seminars, and channelling all available resources for assistance to countries in normal as well as in emergency conditions.

This project provides: (1) consultant services to help in the organization of virus laboratories, and in the study of specific problems related to poliomyelitis; (2) fellowships for training in the modern techniques of virology, particularly in the field of poliomyelitis; (3) consultant services for the therapy of poliomyelitis cases and physical rehabilitation; (4) fellowships for training in rehabilitation techniques, according to needs and availability of national personnel; (5) some essential equipment difficult to obtain locally for laboratory work; (6) laboratory courses on the application of virus techniques for the diagnosis, epidemiology, and control of poliomyelitis and other virus diseases.

AMRO-96, Plague Training Course
(See page 196)

For many years plague has been of concern to the Organization because of the international implications of the disease. In recent years it has been reported from rural areas of Argentina, Bolivia, Brazil, Ecuador, Peru, the United States, and Venezuela. In each of the countries it is enzootic among wild rodents, thereby representing a constant threat to the domestic murine population and to man.

The accumulated experience of the Organization indicates the importance of adequate training for the personnel responsible for the national antiplague services. For this reason, it is proposed to hold a training course on the epidemiology, diagnosis, and treatment of plague and on the most recent techniques of rat and flea destruction for the control of the disease.

The course will be held in the spring of 1957, with the collaboration of the Government of Brazil, advantage being taken of the excellent organization of the National Plague Service of that country.

Provision is made in 1957 for short-term consultants, supplies and equipment, and fellowships.

AMRO-10, Inter-American Program for Education in Biostatistics
(See page 196)

This project was established to improve vital and health statistics in Latin American countries by training technical personnel of the various statistical services. The principal objectives are to develop a training center for vital and health statistics at the School of Public

Health of the University of Chile, with teaching in Spanish, and at the same time to work with the Government offices in Chile concerned with the various aspects of vital and health statistics, so that they may serve as model offices for demonstration. The annual training course consists of 6 months of academic studies and 3 months of field training.

The international experts provided by the Organization participate both as professors in the academic phases of the program and as consultants to the Government of Chile for the development of statistical services.

A total of about 120 students from 19 countries have received training in the 3 annual courses given (1953-55). As of 1 January 1956, this Inter-American Program for Education in Biostatistics (continuation of teaching of the Inter-American Center of Biostatistics) is sponsored by the Government of Chile and the WHO, with the School of Public Health in Chile assuming major responsibility. Fellowships are awarded by the Organization, the UN, and other agencies for the 9-month course in vital and health statistics.

Provision is made in 1957 and 1958 for one expert in hospital statistics, short-term consultants, fellowships, and assistance to the local institutions in expanding their staff and facilities to provide instruction for technical personnel from other countries.

AMRO-45, Laboratory Services
(See page 198)

This project was planned originally to assist national public health laboratories with the establishment of reliable and disease-free animal colonies. Many of the colonies are not properly housed, reproduction rates are low, and diseases often kill off the animals faster than they can be replaced. Natural diseases frequently confuse the pathology found in post-mortem of laboratory animals, making this means of diagnostic testing impossible. Requests have been received for breed-stock of laboratory animals, and for cultures, strains, antigens, and other biologicals.

More recent experience has shown that assistance is required also for other services basic to a public health laboratory, such as standardization of diagnostic and production techniques, potency, and safety-testing of biologicals.

The purpose of this project is to supply technical advice for the improvement of public health laboratory facilities and services through short-term consultant services in 1957 and 1958. Provision is made also to permit shipment of cultures, etc., used for the development of diagnostic aids and production of biologicals, and for the breeding of stock animals. Fellowships are proposed for the training of key laboratory personnel.

AMRO-84, Assistance to Veterinary Public Health Services
(See page 198)

This project has been in operation since 1955 for assistance to a limited number of countries in zoonosis control. The assistance has included technical advice from a Zone public health veterinarian, and fellowships for training appropriate officials in national services. Experience to date has shown that zoonosis control generally is a responsibility of a ministerial division devoted

to veterinary public health problems and that the responsibilities of such a unit include attention to other problems, especially food control. As requests for advice and assistance include all aspects of veterinary public health services, the scope of this project has been expanded accordingly.

The purpose of this project is to furnish fellowships and also consultant services of regular staff to veterinary public health units. This project serves all countries of the Americas.

Provision is made for fellowships in 1957 and 1958.

AMRO-85, Latin American Center for Classification of Diseases
(See page 198)

In collaboration with the Government of Venezuela, a Center has been established for instruction and interpretation of the International Statistical Classification of Diseases, for the Spanish-speaking countries of the Americas. It is hoped that this Center will contribute to the improvement of comparable mortality and morbidity statistics in the Americas.

The objectives of the Center are to serve as a clearing house for problems arising in the application of the Spanish edition of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death; to collect suggestions for subsequent revisions of the Classification; and to check the coding of samples submitted by countries in order to ensure comparable coding procedures. The Center will also provide short training courses in statistical coding, study problems of medical certification, and make recommendations for the improvement of medical certification in Latin America. A two-week training course was held in 1955, attended by twelve students. A similar course is scheduled for August 1956. The course scheduled for 1957 will be for officials from the 18 Spanish-speaking countries and Brazil and its purposes will be to discuss the changes in the Classification (1955 revision); to stimulate the application of the Revision on 1 January 1958; to develop ways of improving completeness of medical certification; and to establish close working relations with the Center.

The budgetary estimates include provision for short-term fellowships each year, together with a small amount for supplies and equipment to supplement the operations of the Center.

AMRO-86, Health Statistics
(See page 198)

The collection, analysis, and utilization of basic data concerning health and related conditions and resources are essential to the success of balanced program planning. In order to provide more effective consultant services to governments in health statistics, provision has been made for three full-time advisers. Their functions are: (a) to give advice to countries for the improvement of vital and health statistics, with special emphasis on notifiable-diseases statistics, on the development of health statistics in accordance with recommended standards, and on the use of the data in program planning; (b) to give courses in statistics and assist in the selection and follow-up of fellowship students and in the development of seminars, workshops, and

other training in statistics; and (c) to advise on statistical aspects of projects in which the Organization cooperates and assist in the compilation and analysis of information in the countries for program planning.

In 1955 and 1956 one consultant worked in Zones II and III, stationed in Guatemala City; another consultant was added in mid-1956, stationed in Bogotá, to serve countries in Zones IV and VI. In view of the large territory and the requests received from the governments, a third consultant will be provided exclusively for countries in Zone II as of 1957.

AMRO-98, Working Group on Medical Certification
(See page 198)

Education of medical students on medical certification is needed to improve the quality of statements of causes of death and to obtain medical certification for a large proportion of certificates. A small working group of approximately 20 persons will be brought together for a week in Venezuela at the Latin American Center for Classification of Diseases in order to make a complete review of education and training on medical certification in medical studies and to prepare a teaching manual to be made available to medical schools. The group will include professors of preventive medicine, and health officials with special interest in teaching of medical statistics and medical certification, leaders in vital statistics in Latin America, and a few consultants. The Organization would prepare certain basic documents in accordance with recommendations of the First International Conference of National Committees on Vital and Health Statistics and would participate in the organization of the working group. Provision is made in 1958 for fellowships and some supplies and equipment.

AMRO-106, Seminar on Public Health Administration
(See page 200)

Local health services have been established in recent years and are developing in many countries, with the assistance of the Organization. Public health administration practices now need to be reviewed and modified to meet changes inherent in these developments. Some of the major subjects requiring analysis and discussion within and among countries are orderly methods for health planning and decentralization; redefinition of the needs, functions, and means for training of various categories of personnel; integration of local, regional, and national health services; and evaluation of technical and administrative procedures.

To meet this need it is proposed to hold a series of seminars throughout the Region in order to assist and stimulate the exchange of experience and information on these matters among national health authorities and professionals. It is anticipated that each country will be represented by public health administrators, nurses, engineers, and other workers responsible for both national and local or regional programs. The active discussion of an agenda jointly developed well in advance will stimulate free exchange of views and promote at the same time the necessary team spirit among health personnel at all levels. Full advantage will be taken of experience gained from a meeting of international advisers of integrated health projects, planned for late 1956.

In 1958 provision is made for participants and for short-term consultants.

Field Office - El Paso
(See page 200)

The length of the Mexico-U.S. frontier and the large number of cities and towns whose health problems affect the whole community, but whose administrations are divided by the border, lead to health problems necessitating international action. The El Paso Office, responsible to the Washington Office, has been established to collaborate with local health authorities on both sides of the border in the solution of common health problems. It is an interzone program whose functions include: (a) stimulating and promoting joint study and planning of health activities in border communities for the mutual improvement of health services and the solution of health problems, that is, promoting and assisting in the development and operations of joint councils; (b) providing a channel for the exchange of epidemiological and other public health information between border health authorities; and (c) acting as secretariat for the Mexico-U.S. Border Public Health Association.

AMRO-23.4, Fourth Regional Nursing Congress
(See page 200)

Since 1949 three congresses have provided an opportunity to nursing leaders of the Continent for discussion of professional problems and ways of meeting them. As an educational process, it has been very fruitful to have these contacts between nurses from countries where the profession is in its initial stages and nurses from countries where it is well developed. The governments have supported these meetings by sending one or more nurses and paying their expenses. The Government of Mexico has extended an invitation to have the Fourth Congress meet in Mexico City in September 1956.

Budgetary provision is made for conference services and for a limited amount of supplies and equipment.

AMRO-28, Advanced Nursing Education
(See page 200)

The objective of this project is to develop a course for the preparation of graduate nurses for administrative, teaching, and supervisory positions in schools of nursing, hospitals, and public health services. The first course held in 1955 gave special emphasis to the preparation of instructors in communicable disease nursing. In subsequent years it is planned to add courses in teaching of other specialized fields of nursing and in administration of hospitals and public health services.

Each year a number of fellowships are available for nurses from countries of Latin America to help strengthen the schools and health services in the countries from which they come.

Provision is made in 1957 and 1958 for the assistance of a full-time adviser in teaching and administration and for supplies, equipment, and fellowships.

AMRO-46, Workshop on Nursing Education
(See page 202)

To stimulate interest in and improve the training of

nursing personnel, four workshops have been held to date. The discussions in three of them centered around teaching methods (Santiago, 1950; Guatemala, 1951; and Lima, 1952); the fourth (Mexico, 1954) started a second series on the question of educational programs in nursing to meet the needs of a specific country.

The fifth and sixth workshops on the topic of this second series are planned for several of the countries in South America in 1957 (Brazil, Chile, Ecuador, Uruguay, and Venezuela) and 1958 (Argentina, Bolivia, Colombia, Paraguay, and Peru), with the participation of national health agencies in the various countries. Approximately thirty nurses will be invited to attend each year, and the staff will be made up of several consultants from various fields.

The workshop will last four weeks but the staff will meet one week preceding and one week following it for planning and for drawing up the final report.

Provision is made in 1957 and 1958 for short-term consultants, fellowships, and supplies and equipment.

AMRO-63, Assistance to Schools of Nursing
(See page 202)

While assistance is at present being given directly to four schools of nursing in many countries of the Region, other countries are aided in the field of nursing education only through fellowships. In the future, various other forms of professional assistance should also be extended, such as: services of short-term consultants; interchange of instructors; travel grants to senior members of nursing faculties for observation of teaching methods, of demonstration programs, and of new trends in curriculum planning; and opportunities for senior members of nursing faculties in the United States and Canada to visit countries in Latin America from which their students come, so that they may be in a better position to adjust the teaching and field programs arranged for the fellows to the health organization and general conditions of those countries.

Provision is made in 1958 for short-term consultants and fellowships.

AMRO-100, Seminar on Nursing Supervision and Administration
(See page 202)

Nursing services in hospitals and other community health agencies have developed and expanded in the countries of Zone IV, and nurses are wanted for supervisory, administrative and teaching posts. Four two-week courses, to be held in Colombia, Ecuador, Peru and Venezuela, are contemplated. Two would emphasize nursing supervision and administration and two, nursing education. A maximum of twenty-five nurses in key positions would be invited for each course; nurses who have attended previous congresses, workshops, seminars or who have studied abroad would serve as group discussion leaders. WHO nurses would act as consultants to the groups, with the assistance of the zone and regional nursing advisers. The provision required would be a short-term consultant, a hundred participants and supplies and equipment.

AMRO-111, Study of Auxiliary Nursing
(See page 202)

Collaboration of the Organization in programs for the

training of auxiliary nursing personnel has been organized and carried out in at least eight countries of the Region. Some of the programs have been in operation for nearly five years. In several other countries the national health authorities have been sponsoring the training of auxiliary personnel for over ten years. The majority of these programs have been set up, independently one of the other, in order to meet immediate needs of the health services. They have been in operation long enough now to furnish valuable data on the possibilities of training and performance of subprofessional personnel in nursing activities in many health fields, preventive as well as curative.

Critical evaluation of a number of the programs which have been in operation longest could permit preparation of a statement as to the functions of such auxiliaries, their place in the over-all educational pattern of the country, and how future programs may be planned to meet the needs of the country for nursing services in properly balanced fashion. Results would certainly be of significance for other countries and other regions.

Provision is made in 1958 for short-term consultants and for supplies and equipment.

AMRO-29, Cultural Anthropology
(See page 202)

It appears that public health services in many areas are not realizing their full possibilities in solving or appreciably reducing the public health problems of their areas. In order that countries may adjust their health programs to meet these problems more efficiently, it is necessary to obtain basic cultural data on the various social groups of the area.

A survey of this type provides useful information as to geographical area corresponding to a given cultural type; relative population densities; major patterns of social organization, including political organization, family groupings, economic organization, and specific habit patterns related to the health problems of each area.

The project, which was started in 1953 in Central America, included the services of an anthropologist and a health educator working as a team to study the various areas. The anthropologist delineated culture areas and made the detailed studies described above, and the health educator studied the problems of public health education in the same area.

Surveys have been completed in Nicaragua, Panama, Guatemala, El Salvador, and Honduras, and will be published. The knowledge obtained from these surveys will assist the governments in adapting public health methods to the social and cultural background of the population.

It is planned to continue the program in cultural anthropology in 1957 and 1958. Provision is made in 1957 and 1958 for one anthropologist.

AMRO-93, Health Education
(See page 204)

To give more effective consultant services in health education, provision has been made for two advisers. One was stationed in Mexico City in October 1955 to serve Mexico and the Caribbean area; one adviser will be stationed in Guatemala, beginning 1957, to serve the countries of Central America and Panama. For the countries of South America, it

is expected that the ICA will provide health education consultation in coordination with the health activities of the Organization.

These advisers will: (a) study the situation to determine the needs of the various countries; (b) advise on the best ways of assisting the countries to meet their problems; (c) assist in imparting this knowledge to other workers of the public health team, both professional and auxiliary; and (d) assist in the selection and training of national health educators.

AMRO-112, Fundamental Education Training Center
(See page 204)

The Latin American Fundamental Education Center, CREFAL (Centro Regional de Educación Fundamental para la América Latina), was established in 1951 at Pátzcuaro, Michoacán, Mexico, by agreements between the Government of Mexico, UNESCO, and the Organization of American States and in collaboration with specialists provided by the UN, the ILO, and FAO. The WHO provided one consultant from April 1951 to December 1953, to assist in the teaching of health education and in its integration into the over-all program of the Center.

Since that time health training has been carried on by the medical officer of the Center, who is paid from UNESCO funds. This situation has adversely affected the health training aspects at CREFAL in two ways. First, it has been difficult for the medical officer to carry on the responsibility for health training while serving as a physician to the Center and to communities in the Pátzcuaro area. Secondly, health training, not having the benefit of full technical support by the WHO, has suffered in comparison to CREFAL training aspects that are supported by the other organizations.

In 1956 the consultant in health education attached to the Zone Office participated in a mission for the appraisal of CREFAL. The mission, carried out by representatives of the UN, ILO, and UNESCO, recommended that the WHO be invited to resume official participation in CREFAL in order to strengthen the health training program. WHO participation in CREFAL would improve and give correct orientation to the teaching of health education at the Center, and create an opportunity for the Organization to extend and improve its facilities for professional training. The Organization could encourage and implement the use of CREFAL as a field training experience for Latin American students of various schools of public health, thereby assisting in the solution of one of the most serious problems of professional public health training.

In the expectation that participation in CREFAL may be resumed, provision is made for one health educator in 1957 and 1958.

AMRO-94, Diarrheal Diseases
(See page 204)

Diarrheal diseases are among the major health problems in Latin America. Statistics indicate that diarrhea is one of the principal causes of death in almost all the Latin American countries and is the leading cause in nine countries. Excessive death rates are noted in children under five years of age. In eight countries in 1952 the infant death rates from diarrheal diseases were ten times higher than the lowest recorded country rate in the Americas. The contrast was even sharper for the age group 1-4 years; in three

countries the death rates were 150 times higher than the lowest rate.

The high levels of illness from diarrheal disease, resulting in the excessive death rates, impose a heavy burden on the limited financial and professional resources of the health services.

The purpose of this project is to collaborate in the development of programs in Latin America for the substantial reduction of mortality and morbidity due to diarrheal diseases. There are two specific methods capable of potential application on a mass scale, namely, availability of water in homes for personal cleanliness, and simple means for prevention and early treatment of severe dehydration, which is the lethal factor of the disease.

One immediate objective is to apply these methods under the prevailing conditions in Latin America, and at the same time evaluate their effectiveness for use in other areas. Another important objective is to assist in the study of the complex etiology of these diseases, with particular reference to the relationship of malnutrition. Such studies are an essential basis for sound program planning of a national and regional basis for the removal of diarrheas as a major cause of death in the Americas.

In order to achieve these objectives, the Organization proposes to collaborate with interested governments in the development and evaluation of the following phases of their public health programs: (a) increased availability of water in selected communities where diseases have high incidence; (b) early oral rehydration, making full use of auxiliary health workers, as a simple lifesaving measure in areas lacking adequate medical care facilities. In connection with INCAP, studies will be carried out to ascertain the epidemiological distribution of etiologic agents and the relation of diarrheal disease to nutritional deficiencies, particularly in children under five years.

A team of special consultants will assist in these programs, which will be continuously focused on short cuts for practical application. These consultants will be available for collaboration with all interested governments.

A series of intercountry seminars designed to impart presently available knowledge have been planned for 1956, 1957 and 1958. These seminars will bring together from each of the various countries a multi-professional team including maternal and child health officers, in charge of the control of communicable diseases, professors of pediatrics, public health nurses, laboratory directors, sanitary engineers, and health educators.

For 1957 the budget provides for an epidemiologist, a bacteriologist, a statistician and a nurse, for limited supplies and equipment, and local contractual services. In 1958 the budget will be expanded according to the needs and requests of the countries, including the additional personnel and fellowships. The project is planned to permit development of long-term programs directed to the prevention of morbidity and mortality from diarrheal disease.

Provision is also made for participants in 1957 and 1958.

AMRO-102, Seminar on Pediatric Education
(See page 206)

In 1955, in project AMRO-68, a survey of pediatric education was made on the lines of previous surveys in other

parts of the world. The results of such a survey depend on visits paid to individual schools and on the consideration of the report by the several universities. Experience has shown that those results are better when periodical meetings are held to exchange ideas on methods and plans. It is proposed to arrange two such meetings in 1957, when the report of project AMRO-68 will have been distributed and studied. The provision made is for short-term consultants, supplies and equipment, participants and conference staff.

AMRO-1, Environmental Sanitation Training
(See page 206)

Inadequate sanitation facilities represent one of the principal limiting factors for the development of a sound public health program in Latin America.

The object of this project is to train sanitary engineers and auxiliary personnel to form a nucleus of leading public health workers who will staff and strengthen both national and local health departments. Cooperation will be given to the Schools of Public Health in Brazil, Chile, and Mexico as well as to the School of Sanitary Engineering in the latter country, in order to strengthen their courses and expand facilities for the training of environmental sanitation personnel from all countries in the Americas. On returning to their own countries, the trainees will carry out sanitation programs and give in-service training to their co-workers.

The course for sanitary engineers at the School of São Paulo lasts eleven months, including two months of field training. This School held the first full-year course for sanitary inspectors in 1955-56. The School in Santiago now has a five-month course for sanitary inspectors. Its first specialized course for sanitary engineers began in 1956. In Mexico, discussions have been held with a view to expanding and coordinating the training facilities at the School of Public Health and the School of Sanitary Engineering.

It is envisaged that in the future some assistance will be given to schools of sanitary engineering in other countries.

Provision is made in 1957 and 1958 for one professor of sanitary engineering and one junior sanitary engineer, fellowships, and supplies and equipment.

AMRO-17, Waterworks Training Course
(See page 206)

An adequate supply of potable water is of extreme importance in eliminating water-borne diseases that are prevalent in large areas of the Americas. The proper use of existing systems is of great economic importance. Since 1942, many governments, often in cooperation with the IIAA, have constructed many new water systems and have improved existing systems, at a cost of millions of dollars.

The purpose of this project is to train water-plant operators for the better operation of existing plants, the improvement of water quality, and the maintenance of plant equipment. Courses were held in 1953 and 1955 for Panama and the Central American countries. A similar course will be held in 1956 for Mexico, Cuba, Haiti, and the Dominican Republic.

It is proposed that similar courses be held in suitable locations, with laboratory and training facilities, to serve other countries in the Continent.

Provision is made in 1957 and 1958 for consultant services, fellowships, and some supplies and equipment.

AMRO-50, Fluoridation of Water
(See page 206)

Fluoridation of water supplies is now being accepted as an effective and economical method of preventing dental decay, and many governments have requested information about it.

This project includes assistance in establishing demonstration pilot plants in suitable places, where water supply and public health engineering personnel can visit and make use of the analytical facilities in connection with studies of water supplies that naturally contain fluorine. The immediate objective is to demonstrate to water supply and health service engineers of the Latin American countries economical and safe methods for fluoridation. The long-range purpose is to promote sound fluoridation practice in all places where this treatment is needed.

In 1956 a consultant visited a number of cities, including several where fluoridation has begun or is contemplated, and advised on fluoridation procedures and equipment, and analytical methods, and the organization and content of short training courses in water fluoridation for water supply and health personnel.

In 1957 this consultation will be continued and extended. Provision is made in 1957 for consultant services, a small amount of supplies and equipment, and for attendance at short courses and for short visits to demonstration installations.

AMRO-62, Housing Sanitation
(See page 208)

In June 1952 the Pan American Union, in collaboration with the National University and the Land Credit Institute (Instituto de Credito Territorial) of Colombia, created the first inter-American center for the study of the housing problem. This Inter-American Housing Center trains personnel from all the American countries and from other parts of the world, in the different aspects of housing. Environmental sanitation is a part of the basic training program, and the Center has asked for and received the collaboration of the Organization in this field. During 1953, 1954, and 1955, the Organization's assistance consisted of the services of a sanitary engineer who, during three to four weeks of each year, gave for the students of the Center a series of lectures and demonstrations on sanitary engineering problems related to housing. This help is not considered sufficient, and it is desirable to expand it to stimulate needed coordination between national housing and health activities. It is proposed to provide consultant services to assist the Center in expanding instruction in the sanitation aspects of housing, in organizing one or more one-month seminars for housing and health personnel of the national services, and in undertaking research and producing and disseminating information on housing.

In addition to the consultants' services, fellowships and a limited amount of supplies are proposed for 1957 and 1958.

AMRO-64, Seminar on Sanitary Engineering (See page 208)

To promote and strengthen the interest of professionals

in public health engineering, it is important that leading sanitation workers of the various countries meet from time to time to exchange information and discuss common problems. Experience has shown that this objective can successfully be accomplished by seminars on particular aspects of sanitary engineering.

Seminars of this kind have been held in Managua, Nicaragua (1952), San José, Costa Rica (1954), Caracas, Venezuela (1954), and San Juan, Puerto Rico (1955). These seminars have proved to be most effective in promoting inter-American cooperation in sanitation and in furthering the study of the ways of improving the present status of public health engineering in the various countries and of integrating their activities in the general health program.

A fifth seminar is planned to be held in the southern part of the Continent, to deal with national sanitation plans. A subsequent seminar on the same topic should be held for the countries in the northwestern part of South America.

Provision is made in 1957 for supplies and equipment and for participants.

AMRO-97, Seminar on Training of Sanitary Inspectors
(See page 208)

All the Member Countries are showing increasing interest in the training of sanitary inspectors, whose work is essential for the adequate operation of local public health services.

It is proposed to hold two regional seminars for national personnel directly responsible for the training of sanitary inspectors, one to be held in El Salvador to serve North and Central America and the Caribbean, and the other in South America, for the other countries of the Americas.

The objectives of these seminars will be: (a) to review the present status of training programs in the different countries; (b) to establish a logical basis on which countries can determine their present and future needs; (c) to discuss the type and amount of academic, field, and in-service training needed by sanitary inspectors at different levels; and (d) to make recommendations as to the type, duration, and content of the training, qualifications for admission, instructors, training facilities, and other pertinent matters.

Provision is made in 1958 for participants and for supplies and equipment.

AMRO-18, Medical and Public Health Education
(See page 208)

The need for improving medical and public health education in Latin America has become evident in a number of studies made recently and has led the governing bodies of the Organization to adopt specific directives calling for the concentration of efforts on the training of personnel. Cooperation is being extended to schools of medicine and of public health and is to be continued in the future in various forms: services of short-term consultants; provision of visiting professors; fellowships to teaching personnel for further training in universities in the Americas and in other countries; travel grants to deans and senior members of the faculties for observation of teaching methods and discussions of curriculum planning, and demonstration programs.

Under this project, professors of schools of public health have had the opportunity, since 1953, of visiting the

countries from which their students come, in order to adjust their teaching in the light of health organization and general conditions of those countries. Visiting professors have dealt with such subjects as epidemiology, health education, biostatistics, and nutrition. Materials have been provided in a limited amount, inasmuch as equipment is not a primary objective of this project. Another expanding phase of this program is the strengthening of instruction in preventive medicine for undergraduate medical students, as a means of influencing the fundamental organization of medical education.

This long-range project, closely related with numerous activities of the Organization in many countries, also is coordinated with the activities of a number of nongovernmental and bilateral international agencies in the development of professional education. The Medical Education Information Center (operated by the Organization) has been specially set up by agencies interested in medical education and training of health personnel, for the exchange of information and the coordination of such activities.

It is expected that the strengthening of schools of medicine and of public health will have a deep and lasting impact on medical care and public health programs in the various countries.

Provision is made in 1957 and 1958 for consultant services, fellowships, and some supplies and equipment.

AMRO-35, Fellowships (Unspecified)
(See page 208)

As a general policy, most fellowships to be financed from the resources available to the Organization are included in the individual projects. This policy favors a more logical program development, since it concentrates on the training of personnel needed immediately for urgent health services.

Great importance, however, has been attached by the governing bodies to providing facilities for the training of basic public health personnel and of specialists most needed for the development of certain public health programs. With funds so provided, forty awards were made in 1953, forty-seven in 1954, and twenty-seven in 1955, in a wide variety of subjects, for the training of personnel from most of the countries of the Continent. A similar program is being carried out in 1956 and others are planned for 1957 and 1958.

AMRO-48, Seminar on Teaching of Public Health in Schools of Veterinary Medicine
(See page 208)

The increased attention given by health authorities to the problems of the zoonoses, and of food control, has created a demand for full-time public health veterinarians in all levels of public health. To promote and strengthen the interest of veterinarians and their training, it is important to bring together the deans and professors of schools of veterinary medicine in order to discuss suitable ways of incorporating modern teaching of preventive medicine and hygiene into future curricula.

It is proposed to hold a regional seminar during 1958 for deans and professors of preventive medicine from the schools of veterinary medicine of Latin America, with participants from twenty-three schools located in Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Peru, Uruguay, and Venezuela. Short-term consultants will be recruited to assist in the conduct of the seminar. During 1956 and 1957 short-term consultants under project AMRO-67 will

assist in the preparation of working documents and plans.

Provision is made in 1958 for several consultant months, supplies and equipment, and participants.

AMRO-49, Seminar on Teaching of Preventive Medicine
(See page 210)

Increased recognition of the role played by the individual physician in prevention, whether he be actively engaged in public health work or in private practice, has brought about realization of the inadequacy of present-day teaching of preventive medicine in many medical schools throughout the world. This difficulty is aggravated by uncertainty as to which phases of instruction should be emphasized for undergraduate medical students. Greater attention has been paid in recent years to the understanding of human beings and to the sociological implications of medical practice, as well as to the still more important traditional aspects of communicable-disease prevention.

The first seminars on the teaching of preventive medicine were held in Viña del Mar, Chile, and Tehuacán, Mexico, in October 1955 and April 1956, respectively, with outstanding enthusiasm and success. Representation from over ninety per cent of the medical schools was obtained and all the participants, as a result of the group discussion method which was employed, contributed to the discussions and reports. True measure of success is evidence of follow-through, and this has come with reports from many sources of enthusiastic introduction of the recommendations of the seminar regarding curriculum revision. It is thought that by 1958 a sufficient interval will have elapsed so that results of some of the new teaching ideas should begin to be apparent in the medical faculties. It is proposed that two consultants, if possible the same ones who worked on the regional seminars, make field visits to select schools for periods of one or two weeks to observe and participate in the teaching program. Provision is also made for supplies and equipment.

AMRO-67, Veterinary Medicine Education
(See page 210)

Increasing interest in the zoonoses has led to the extension of the veterinary public health activities of the Organization. Inadequate attention is given to preventive aspects in most schools of veterinary medicine. This project is designed to strengthen the teaching of epidemic-spizootic and veterinary hygiene in the schools of the Americas, through the provision of short-term consultants in 1957 and 1958, and fellowships in 1958.

AMRO-75, Statistical Education
(See page 210)

The purpose of this project is to assist in the development of professional statistical education in the Americas and to provide graduate education for statisticians. Efforts will be directed toward the creation of a statistical profession in which qualifications include a university education and at least one year of specialized education in health statistics. Such a development requires undergraduate university preparation of students, through elementary courses in statistics in the various countries, and also a graduate center or centers specializing in health statistics (in which a degree comparable to that of Master of Science is awarded). The project provides in 1957 and 1958 for the award of fellowships to university faculty for the improve-

ment of professional statistical education and for graduate education of statisticians, for short-term consultants, for supplies and equipment, and for strengthening teaching of statistics in schools of public health.

AMRO-77, Pan American Foot-and-Mouth Disease Center
(See page 210)

The Pan American Foot-and-Mouth Disease Center was established under the Technical Cooperation Program of the Organization of American States, with the Bureau serving as the operating agency. The Center was set up near Rio de Janeiro, Brazil, to make possible a continent-wide attack against this disease and to provide needed services not available at the national level in most countries. These services include: (a) a training program for personnel in the laboratory and field phases of diagnosis and control, as related to conditions in individual countries; (b) a diagnostic service to provide proper services to those countries that have not been able to establish a reliable laboratory of their own, and a confirmatory service for those already doing their own work; (c) consultative service to advise countries on the practical application of prevention, control, and eradication programs, including coordination of activities with other countries (in this service, consultants are available for field visits upon request); and (d) basic research to complement training and to improve the means of effective control and eradication.

The facilities and services of the Center have been established and five training courses of two months each have been conducted. Steps have been taken that will enable the Center to establish a pilot plant for the production of vaccines, based on the improvements gained through the research work. It is expected that the Host Government will provide isolation stables and other facilities in 1956 and 1957, so as to enable this Center to reach its maximum level of operations and to provide all the services originally planned.

AMRO-101, Medical School Libraries
(See page 212)

The scope of medical education has expanded so much in recent years that the need for a first-class library has become even greater than before for any institution of higher learning. Many libraries of medical schools in the Americas are recognized as deficient in organization and management as well as in resources. Limited trials have shown that technical advice of the organization and management of the library, local training of auxiliary personnel, and long-term fellowships for selected individuals who will be permanent librarians, can help to raise the level of library services. The project requested would provide for the services of a medical librarian who would spend several weeks or months in each institution, to give such technical advice. Fellowship training would also be required.

PART III

SECTION 3 - Publications of the PASB
(See page 212)

The sum of \$40,000 is provided for the Bulletin in 1958. The actual expenditures for this publication have been somewhat more than the \$30,000 allotted in previous budgets. The increase will make up for this difference and also allow for enlarging the publication's volume so as to permit inclusion of the increasing amount of scientific literature related to the programs in which the Organization collaborates, or offered for publication from many professionals.

Statistical publications and reports include purchases of guides, acquisition and distribution among health authorities and institutions of publications on epidemiological and statistical matters, especially the new edition of the International Statistical Classification of Diseases, Injuries, and Causes of Death (Clasificación Estadística Internacional de Enfermedades, Traumatismos y Causas de Defunción), which is scheduled for publication in 1957.

The increase in the budget allotment for special publications as compared with previous budget documents reflects the increased activity in this field as the result of the countries' continued demand. The need is foreseen to extend the topics covered in these publications to include other fields, so as to keep abreast of the Bureau's current and new activities—for example, in the field of communicable diseases (leprosy and tuberculosis); in education and training, to cover reporting of seminars held and preparation of guides for persons engaged in various activities in the international health field. An increase in the number of copies for distribution is also foreseen. Increasing activities are reflected in the enlarged program for 1958, which already includes the VI Report on the Status of Malaria Eradication in the Americas and the Summary of Reports on Health Conditions in the Americas, to be based on the reports of Member Governments to the XIV Pan American Sanitary Conference.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						SUMMARY	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES				
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$		
14	14	17	167,940	156,170	221,020	3	3	4	39,010	25,320	58,020	PART I PAN AMERICAN SANITARY ORGANIZATION	
124	126	135	954,920	992,090	1,096,240	54	54	54	512,800	537,460	565,990	PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS	
118	123	131	1,077,140	1,251,740	1,682,740	38	48	47	627,790	840,190	943,970	PART III PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS	
256	263	283	2,200,000	2,400,000	3,000,000	95	105	105	1,179,600	1,402,970	1,567,980	TOTAL - ALL PARTS	
			100,000	100,000	100,000							LESS MISCELLANEOUS INCOME	
			2,100,000	2,300,000	2,900,000							TOTAL FOR ASSESSMENT	
14	14	17	68,790	77,600	93,080	3	3	4	14,820	16,520	23,400	PART I PAN AMERICAN SANITARY ORGANIZATION	
												Sect. 1. <u>Conference Services</u>	
												Sect. 2. <u>Organizational Meetings</u>	
			58,270	36,380	77,860				18,300	5,920	24,750	Ch. 1. Meetings of the Pan American Sanitary Conference, Directing Council, Executive Committee and WHO Regional Committee	
			19,000	19,000	19,000							Ch. 2. Meetings of the Executive Committee	
			77,270	55,380	96,860				18,300	5,920	24,750		
			1,570	1,800	2,200				200	200	140	Sect. 3. <u>Common Staff Costs</u>	
			1,090	550	580					200	300	Ch. 1. Dependents' Allowance	
			8,900	10,270	12,390				1,810	2,190	3,090	Ch. 2. Repatriation Grant	
			500	730	860				100	160	220	Ch. 3. Pension Fund	
			1,550	2,000	2,700				3,660		3,880	Ch. 4. Staff Insurance	
			8,270	7,840	8,230				120	130	1,800	Ch. 5. Home Leave Travel	
											1,800	Ch. 6. Recruitment Travel	
											140	Ch. 7. Reimbursement of Income Tax	
			21,880	23,190	31,080				5,890	2,880	9,870		
14	14	17	167,940	156,170	221,020	3	3	4	39,010	25,320	58,020	TOTAL - PART I	
13	13	12	92,740	101,790	97,310	1	1	1	34,180	34,480	34,780	PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS	
2	2	3	16,660	16,780	22,260	3	3	3	59,020	61,280	61,640	Sect. 1. <u>Executive Offices</u>	
2	2	2	5,360	10,530	10,890	4	4	4	22,580	23,540	24,220	Ch. 1. Office of the Director	
6	6	6	32,280	33,020	33,440	1	1	1	5,380	5,380	5,380	Ch. 2. Office of Public Information	
11	11	13	53,290	55,180	65,200	1	1	1	5,780	6,000	6,210	Ch. 3. Office of Coordination	
												Ch. 4. Library	
												Ch. 5. Editorial Office	
34	34	36	200,330	217,300	229,100	10	10	10	126,940	130,680	132,230		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						SUMMARY	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES				
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$		
2	2	2	12,470	14,110	14,250	1	1	1	18,160	20,870	21,120	Sect. 2. <u>Division of Education and Training</u> Ch. 1. Office of the Chief Ch. 2. Fellowships Branch Ch. 3. Professional Education Branch	
5	5	6	22,990	26,100	29,960	7	7	7	31,600	38,610	39,580		
5	5	5	26,730	30,660	31,490	1	1	1	1,960	8,090	8,330		
12	12	13	62,190	70,870	75,700	9	9	9	51,720	67,570	69,030		
2	2	2	23,430	22,760	22,960				1,300	1,300	1,300	Sect. 3. <u>Division of Administration</u> Ch. 1. Office of the Chief Ch. 2. Supply Office Ch. 3. Administrative Management and Personnel Branch Ch. 4. Budget and Finance Branch Ch. 5. General Services Office	
8	8	8	40,570	41,620	42,680	4	4	4	16,040	16,490	17,170		
6	6	7	29,250	31,830	38,000	4	4	4	22,450	22,690	23,510		
14	14	16	66,870	71,350	80,950	8	8	8	39,070	40,590	41,960		
27	27	29	113,720	114,810	124,930	7	7	7	24,760	30,190	31,170		
57	57	62	273,840	282,370	309,520	23	23	23	103,620	111,260	115,110		
3	3	4	33,070	33,600	37,270				14,000	14,000	14,000	Sect. 4. <u>Division of Public Health</u> Ch. 1. Office of the Chief Ch. 2. Health Promotion Branch Ch. 3. Communicable Diseases Branch Ch. 4. Environmental Sanitation Branch	
2	4	4	14,200	21,580	26,880	4	4	4	25,180	26,600	27,010		
13	13	13	76,860	79,330	80,840	6	6	6	34,320	35,410	36,640		
3	3	3	12,080	16,630	17,190	2	2	2	13,770	14,130	14,610		
21	23	24	136,210	151,140	162,180	12	12	12	87,270	90,140	92,260		
			13,890	12,470	14,000				5,520	5,800	5,800	Sect. 5. <u>Common Staff Costs</u> Ch. 1. Dependents' Allowance Ch. 2. Repatriation Grant Ch. 3. Pension Fund Ch. 4. Staff Insurance Ch. 5. Home Leave Travel Ch. 6. Recruitment Travel Ch. 7. Reimbursement of Income Tax	
			8,030	7,200	6,730					2,900	2,900		
			80,110	88,370	95,840				38,820	42,790	44,290		
			4,850	6,390	7,010				2,240	3,040	3,150		
			19,390	10,150	22,630				7,750	850	6,920		
			12,270		11,820				5,740				
			63,000	66,150	69,460				43,740	43,480	47,140		
			201,540	190,730	227,490				103,810	98,860	110,200		
			27,730	26,600	29,000				11,790	11,300	12,320	Sect. 6. <u>Common Services - Headquarters</u> Ch. 1. Space and Equipment Services Ch. 2. Other Services Ch. 3. Supplies and Materials Ch. 4. Fixed Charges and Claims Ch. 5. Acquisition of Capital Assets	
			30,110	30,110	32,380				17,140	17,140	18,530		
			18,000	18,000	20,670				7,650	7,650	8,780		
			3,670	3,670	4,200				1,560	1,560	1,530		
			1,300	1,300	6,000				1,300	1,300	6,000		
			80,810	79,680	92,250				39,440	38,950	47,160		
124	126	135	954,920	992,090	1,096,240	54	54	54	512,800	537,460	565,990	TOTAL - PART II	

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	2	1,000 3,110	1,000 3,250	1,000 9,840							3 13	3 13	3 15	31,630 57,700	35,980 67,960	36,370 79,380
												6	6	6	28,690	38,750	39,820
1	1	2	4,110	4,250	10,840							22	22	24	118,020	142,690	155,570
3	3	3	11,840	12,340	12,700							2 15	2 15	2 15	24,730 68,450	24,060 70,450	24,260 72,550
2	2	3	8,860	9,240	12,700							12	12	14	60,560	63,760	74,210
3	3	3	10,080	10,640	11,070							25	25	27	116,020	122,580	133,980
2	2	2	5,820	7,280	7,550							36	36	36	144,300	152,280	163,650
10	10	11	36,600	39,500	44,020							90	90	96	414,060	433,130	468,650
			3,500	2,000	2,000	2			5,640 11,090	1,710 4,450		3 8 19	3 8 19	4 8 19	56,210 50,470 111,180	51,310 52,630 114,740	53,270 53,890 117,480
												5	5	5	25,850	30,760	31,800
			3,500	2,000	2,000	2			16,730	6,160		35	35	36	243,710	249,440	256,440
			200	200	440				800	330					20,410	18,800	20,240
				100	200										8,030	10,200	9,830
			6,080	6,420	7,920				1,470	600					126,480	138,180	148,050
			380	460	550				100	40					7,570	9,930	10,710
			2,210		2,500					3,400					29,350	14,400	32,050
					1,800										18,010		13,620
			2,070	1,980	2,080				550	200					109,360	111,810	118,680
			10,940	9,160	15,490				2,920	4,570					319,210	303,320	353,180
			2,080	2,000	2,180				18,770						60,370	39,900	43,500
			2,845	2,845	3,090										50,095	50,095	54,000
			1,350	1,350	1,550										27,000	27,000	31,000
			275	275	270										5,505	5,505	6,000
															2,600	2,600	12,000
			6,550	6,470	7,090				18,770						145,570	125,100	146,500
12	12	14	66,550	67,870	86,060	2			38,420	10,730		192	192	203	1,572,690	1,608,150	1,748,290

ESTIMATED EXPENDITURE												BUDGET SUMMARY BY RELATED ACTIVITY	
P A S B						W H O R E G U L A R							
1956		1957		1958		1956		1957		1958			
\$	%	\$	%	\$	%	\$	%	\$	%	\$	%		
												GROUP I	
												<u>Administrative Services</u>	
92,740	4.2	101,790	4.2	97,310	3.2	34,180	2.9	34,480	2.5	34,780	2.2	Office of the Director	
16,660	.7	16,780	.7	22,260	.8	59,020	5.0	61,280	4.4	61,640	3.9	Office of Public Information	
5,360	.2	10,530	.4	10,890	.4	22,580	1.9	23,540	1.7	24,220	1.5	Office of Coordination	
233,270	10.6	240,750	10.0	266,840	8.9	87,580	7.4	94,770	6.7	97,940	6.2	Division of Administration (Excluding Supply Office)	
80,810	3.7	79,680	3.3	92,250	3.1	39,440	3.3	38,950	2.7	47,160	3.0	Common Services - Headquarters	
100,340	4.6	94,060	4.0	113,570	3.7	54,070	4.7	49,860	3.6	52,950	3.5	Common Staff Costs	
529,180	24.0	543,590	22.6	603,120	20.1	296,870	25.2	302,880	21.6	318,690	20.3	TOTAL - GROUP I	
												GROUP II	
												<u>Technical Services and Supply</u>	
136,210	6.2	151,140	6.3	162,180	5.4	87,270	7.4	90,110	6.4	92,260	5.9	Division of Public Health	
62,190	2.8	70,870	3.0	75,700	2.5	51,720	4.4	67,570	4.8	69,030	4.4	Division of Education and Training	
32,280	1.5	33,020	1.4	33,440	1.1	5,380	.5	5,380	.4	5,380	.3	Library	
53,290	2.4	55,180	2.3	65,200	2.2	5,780	.5	6,000	.4	6,210	.4	Editorial Office	
40,570	1.9	41,620	1.7	42,680	1.4	16,040	1.3	16,490	1.2	17,170	1.1	Supply Office	
434,370	19.7	447,090	18.6	461,840	15.4	56,730	4.8	56,710	4.0	60,190	3.8	Zone Offices	
101,200	4.6	96,670	4.0	113,920	3.8	49,740	4.2	49,000	3.6	57,250	3.7	Common Staff Costs	
860,110	39.1	895,590	37.3	954,960	31.8	272,660	23.1	291,290	20.8	307,490	19.6	TOTAL - GROUP II	
												GROUP III	
												<u>Field Projects and Publications</u>	
592,270	26.9	754,150	31.4	1,157,400	38.6	571,060	48.4	783,480	55.8	883,780	56.4	Programs	
50,500	2.3	50,500	2.2	63,500	2.1							Publications of the PASB	
642,770	29.2	804,650	33.6	1,220,900	40.7	571,060	48.4	783,480	55.8	883,780	56.4	TOTAL - GROUP III	
												GROUP IV	
												<u>Part I-Pan American Sanitary Organization</u>	
68,790	3.1	77,600	3.2	93,080	3.1	14,820	1.3	16,520	1.2	23,400	1.5	Conference Services	
77,270	3.5	55,380	2.3	96,860	3.2	18,300	1.6	5,920	.4	24,750	1.6	Organizational Meetings	
21,880	1.1	23,190	1.0	31,080	1.1	5,890	.4	2,880	.2	9,870	.6	Common Staff Costs	
167,940	7.7	156,170	6.5	221,020	7.4	39,010	3.3	25,320	1.8	58,020	3.7	TOTAL - GROUP IV	
2,200,000	100.0	2,400,000	100.0	3,000,000	100.0	1,179,600	100.0	1,402,970	100.0	1,567,980	100.0	TOTAL - BUDGET	

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	PERSONAL SERVICES AND ALLOWANCES			TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958
	\$	\$	\$	\$	\$	\$
PAN AMERICAN SANITARY BUREAU	335,190	387,730	528,210	96,360	112,610	172,360
WORLD HEALTH ORGANIZATION	237,000	374,650	399,550	81,850	99,880	96,390
UNITED NATIONS TECHNICAL ASSISTANCE	594,440	851,560	850,960	146,560	158,220	128,990
OTHER EXTRA BUDGETARY FUNDS	323,830	328,990	244,380	69,580	43,330	36,000
TOTAL - ALL FUNDS	1,490,460	1,942,930	2,023,100	394,350	444,040	433,740
<u>PAN AMERICAN SANITARY BUREAU</u>						
MALARIA						
AMRO-90, Eradication of Malaria (COMEP)	65,950	61,720	63,230	25,060	30,950	29,740
AMRO-109, Malaria Eradication (Supplemental Assistance to Country Projects)			43,130			6,900
Total - Malaria	65,950	61,720	106,360	25,060	30,950	36,640
TUBERCULOSIS						
AMRO-110, Tuberculosis Prevention			3,500			3,000
Total - Tuberculosis			3,500			3,000
VENEREAL DISEASES AND TREPONEMATOSES						
Dominican Republic-52, Venereal Disease Control	12,210	12,650	12,960	1,090	740	1,550
Haiti-1, Yaws Eradication and Syphilis Control	9,180	9,870	10,100	3,620	720	1,720
Mexico-13, Venereal Disease Training Course						
United States-6, Treponema pallidum Immobilization (TPI) Study						
Venezuela-52, Venereal Disease Laboratory	14,250			2,080		
Total - Venereal Diseases and Treponematoses	35,640	22,520	23,060	6,790	1,460	3,270
ENDEMO-EPIDEMIC DISEASES						
Argentina-51, Aedes aegypti Eradication	21,840	23,570	30,720	2,390	2,230	8,970
Bolivia-12, Leprosy Control			4,200			3,600
Bolivia (AMRO-60), Smallpox Eradication			9,310			700
Brazil-51, Yellow Fever Laboratory	1,820	1,540	1,540			
Brazil-53, Schistosomiasis	100			5,910		
Brazil (AMRO-60), Smallpox Eradication						
Colombia-19, Leprosy Control			4,900			4,200
Colombia-52, Yellow Fever, Carlos Finlay Institute						
Cuba-1, Aedes aegypti Eradication	23,030	25,630	26,590	5,970	2,000	8,610
Dominican Republic (AMRO-60), Smallpox Eradication						
Ecuador-18, Leprosy Control			4,200			3,600
Haiti (AMRO-60), Smallpox Eradication						
Paraguay (AMRO-60), Smallpox Eradication						
Peru-24, Leprosy Control			4,200			3,600
AMRO-43, Hydatidosis Control (Argentina, Chile, Uruguay)						
AMRO-57, Yellow Fever Studies	24,900	33,920	46,070	8,940	17,200	19,200
AMRO-60 (Zone III), Smallpox Eradication						
AMRO-60 (Inter Zone), Smallpox Eradication			2,100			3,800
AMRO-74, Plague Investigation (Bolivia, Ecuador, Peru)	9,350			1,530		
AMRO-81, Pan American Zoonoses Center		10,490	10,740		1,510	1,380
AMRO-83, Typhus Control (Bolivia, Peru)	5,000	1,400		3,140	1,200	
AMRO-88, Aedes aegypti Eradication	11,570	13,510	34,750	5,440	5,360	11,520
AMRO-92, Poliomyelitis		9,100	11,000		9,640	12,000
Total - Endemo-Epidemic Diseases	97,610	119,160	193,320	33,320	39,140	81,180
PUBLIC HEALTH ADMINISTRATION						
Argentina-12, Survey of Health Services	6,490		4,200	12,560		3,600
Argentina-13, PASB Public Health Administration Fellowships						
Bolivia-10, Public Health Services	19,200	27,310	28,010	1,000	6,740	2,540
Brazil-28, PASB Public Health Administration Fellowships						
Chile-26, PASB Public Health Administration Fellowships						

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	PERSONAL SERVICES AND ALLOWANCES						TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958			
	\$	\$	\$	\$	\$	\$			
PAN AMERICAN SANITARY BUREAU (continued)									
PUBLIC HEALTH ADMINISTRATION (continued)									
Colombia-20, Planning and Evaluation of Public Health Services			4,200			3,600			
Colombia-21, PASB Public Health Administration Fellowships									
Costa Rica-15, PASB Public Health Administration Fellowships									
Cuba-6, PASB Public Health Administration Fellowships									
Dominican Republic-4, Reorganization of Local Health Services	32,710	30,450	33,360	2,240	6,040	2,240			
Ecuador-19, PASB Public Health Administration Fellowships									
El Salvador-9, PASB Public Health Administration Fellowships									
Guatemala-12, PASB Public Health Administration Fellowships									
Haiti-9, Public Health Laboratory	9,940	10,790			2,460				
Haiti-12, PASB Public Health Administration Fellowships									
Honduras-6, PASB Public Health Administration Fellowships									
Jamaica-8, PASB Public Health Administration Fellowships									
Mexico-25, PASB Public Health Administration Fellowships									
Nicaragua-7, PASB Public Health Administration Fellowships									
Panama-8, PASB Public Health Administration Fellowships									
Paraguay-13, PASB Public Health Administration Fellowships									
Peru-25, PASB Public Health Administration Fellowships									
Uruguay-8, PASB Public Health Administration Fellowships									
Venezuela-9, PASB Public Health Administration Fellowships									
AMRO-98, Working Group on Medical Certification			700			600			
AMRO-100, Seminar on Public Health Administration	20,960	21,660	22,380	2,500	2,500	2,500			
El Paso - Field Office									
Total - Public Health Administration	89,300	90,210	92,850	18,300	17,740	15,080			
NURSING									
Mexico-11, Course for Nursing Instructors		4,900			4,200				
Mexico-12, National University School of Nursing	9,020	20,320	20,920	2,060		2,370			
AMRO-111, Study of Auxiliary Nursing			6,300			5,400			
Total - Nursing	9,020	25,220	27,220	2,060	4,200	7,770			
MATERNAL AND CHILD HEALTH									
AMRO-94, Diarrheal Diseases	2,800	32,980	45,440	2,400	8,220	11,400			
Total - Maternal and Child Health	2,800	32,980	45,440	2,400	8,220	11,400			
NUTRITION									
AMRO-54, Assistance to INCAP	7,950	7,200	7,200	5,600	5,600	5,600			
Assistance to INCAP - Administration	26,920	27,320	28,160	2,500	4,100	2,500			
Total - Nutrition	34,870	34,520	35,360	8,100	9,700	8,100			
ENVIRONMENTAL SANITATION									
AMRO-97, Seminar on Training of Sanitary Inspectors								4,720	
AMRO-104, Short Course in Well-Drilling				330					
Total - Environmental Sanitation				330				4,720	
OTHER PROJECTS									
AMRO-22, Training Center for Public Health Nurses and Sanitary Inspectors (Caribbean)									
AMRO-35, Fellowships (Unspecified)		1,400	1,400		1,200	1,200			
AMRO-75, Statistical Education									
Total - Other Projects		1,400	1,400		1,200	1,200			
TOTAL - ALL DISEASES	335,190	387,730	528,210	96,360	112,610	172,360			

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	PERSONAL SERVICES AND ALLOWANCES						TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958			
	\$	\$	\$	\$	\$	\$			
<u>WORLD HEALTH ORGANIZATION</u>									
TUBERCULOSIS									
Chile-10, Tuberculosis Control (BCG)	2,420			2,200					
Ecuador-5, Tuberculosis Teaching Center									
Total - Tuberculosis	2,420			2,200					
VENEREAL DISEASES AND TREPONEMATOSES									
Haiti-1, Yaws Eradication and Syphilis Control	35,150	41,680	10,980	12,160	10,150	1,570			
AMRO-66, Seminar on Venereal Diseases									
AMRO-103, Seminar on Treponematoses Eradication	440			820					
Total - Venereal Diseases and Treponematoses	35,590	41,680	10,980	12,980	10,150	1,570			
ENDEMO-EPIDEMIC DISEASES									
Mexico-20, Virus Center			1,400					1,200	
Argentina-11, Rabies Control	2,810	5,640		1,390	1,800				
Paraguay-9, Leprosy Control			2,100					1,800	
Uruguay-6, National Zoonosis Service			2,100		1,800			1,800	
AMRO-26, Brucellosis Training Course		2,100		1,100	3,000			3,000	
AMRO-58, Leprosy Control	700	3,500	3,500	4,900	12,150	5,250			
AMRO-61, Rabies Control	8,390	14,690	9,000						
AMRO-76, Vaccine Testing									
AMRO-91, Seminar on Application of International Sanitary Regulations		1,400			3,600				
AMRO-92, Poliomyelitis									
AMRO-96, Plague Training Course									
Total - Endemo-Epidemic Diseases	11,900	27,330	18,100	7,390	22,350	13,050			
PUBLIC HEALTH ADMINISTRATION									
Argentina-4, Malbran Institute	1,950	8,690	8,930	2,020	1,500	750			
Argentina-6, WHO Public Health Administration Fellowships									
Brazil-18, National Drug Service	2,200	6,470		1,740	900				
British Honduras-4, WHO Public Health Administration Fellowships									
Chile-25, WHO Public Health Administration Fellowships									
Ecuador-4, Rural Public Health Services	6,900	17,630	18,090	4,210	3,500	5,400			
Guatemala-8, Rural Public Health Services	35,640	36,400	37,310	2,850	3,000	1,500			
Haiti-11, Physical Rehabilitation	4,830			3,350					
Jamaica-7, WHO Public Health Administration Fellowships									
Mexico-18, WHO Public Health Administration Fellowships									
Mexico-22, Integrated Health Services	21,050	33,630	33,110	6,900	2,420	4,760			
United States-7, WHO Public Health Administration Fellowships									
AMRO-45, Laboratory Services	3,530	4,200	4,200	3,000	3,600	3,600			
AMRO-85, Latin American Center for Classification of Diseases									
AMRO-86, Health Statistics	13,920	28,460	29,140	6,770	8,750	8,800			
Total - Public Health Administration	90,020	135,480	130,780	30,840	23,670	24,810			
NURSING									
Argentina-3, Nursing Education		7,380	7,580		1,500	750			
Bolivia-5, Nursing Education	15,720	19,960	20,590	1,400	1,310	1,310			
Chile-20, Midwifery Education	3,280	7,960	8,160	1,380	250	750			
Dominican Republic-3, Nursing Education		7,880	21,210		1,500	3,250			
Ecuador-16, Nursing Education		7,740	14,290		1,800	2,600			
Guatemala-6, Training of Auxiliary Nurses	7,890	8,160	23,180	350	750	3,100			
Haiti-10, Training of Midwives	3,760	7,930	8,130	450	1,500	750			
Nicaragua-5, Nursing Education	18,430	22,290	22,920	450	1,650	2,250			
AMRO-23,4, Fourth Regional Nursing Congress	300			1,600					
AMRO-28, Advanced Nursing Education	3,450	7,690	7,890	1,100	250	750			

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			CONTRACTUAL AGREEMENTS			T O T A L		
1956	1957	1958	1956	1957	1958	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
			3,100	2,500	2,500				4,620		
			3,100	2,500	2,500				3,100	2,500	2,500
									7,720	2,500	2,500
300									47,610	51,830	12,550
1,500	1,000			5,140					17,230	6,140	
			10,750			3,720					
1,800	1,000		10,750	5,140		3,720			64,840	57,970	12,550
3,550				1,000	6,500				3,550	1,000	13,600
		4,500		2,500					4,200	9,940	
	1,000	1,000		4,000	4,000					5,000	8,900
	1,500	1,500		8,970	8,970		1,000	1,000		15,370	15,370
	2,000	2,000							1,800	8,500	8,500
780	3,000	3,000		6,000	6,000		1,000	1,000	14,070	36,840	23,250
						3,730	3,730	3,730	3,730	3,730	3,730
550			13,950						14,500		
	4,000	4,000		8,000	8,000					12,000	12,000
	1,500			6,000						12,500	
4,880	13,000	16,000	13,950	36,470	33,470	3,730	5,730	4,730	41,850	104,880	85,350
	1,500	1,500		8,000	8,000				3,970	19,690	19,180
			10,120	2,500					10,120		
			3,970						3,940	9,870	
			4,440						3,970		
			8,000	8,000	8,000				4,440		
610	5,000	1,200	9,500	8,000	8,000				19,110	29,130	31,490
									48,600	52,400	48,010
									8,180		
									7,240		
			7,240						10,850		
			10,850	8,000	8,000				27,950	44,050	45,870
									610		
400	400	400		4,000	4,000				6,930	12,200	12,200
300	1,000	1,000	6,000	6,000	6,000				6,300	7,000	7,000
									20,690	37,210	37,940
1,310	7,900	4,100	60,730	44,500	42,000				182,900	211,550	201,690
	1,000	1,000		8,000	8,000					17,880	17,330
		2,000							17,120	21,270	23,900
	1,000	1,000		4,000	4,000				4,660	13,210	13,910
				4,000	4,000					13,380	32,460
2,600	1,200	1,200	6,810	8,000	8,000					9,540	21,890
									17,650	18,110	35,480
3,710	5,000	5,000	3,480	8,000	8,000				4,210	9,430	8,880
500	2,000	2,000				1,700			26,070	36,940	38,170
750			10,500	10,500	10,500				4,100		
									15,800	20,440	21,140

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	E S T I M A					
	PERSONAL SERVICES AND ALLOWANCES			TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	
<u>WORLD HEALTH ORGANIZATION (continued)</u>						
NURSING (continued)						
AMRO-46, Workshop on Nursing Education		1,050	1,400		900	1,200
AMRO-63, Assistance to Schools of Nursing			2,100			1,800
AMRO-100, Seminar on Nursing Supervision and Administration			2,800			2,400
Total - Nursing	52,830	98,040	140,250	6,730	11,410	20,910
HEALTH EDUCATION OF THE PUBLIC						
AMRO-29, Cultural Anthropology	5,420	9,410	9,650	1,830	2,100	1,350
AMRO-93, Health Education	10,220	19,660	20,150	1,900	3,120	3,850
Total - Health Education of the Public	15,640	29,070	29,800	3,730	5,220	5,200
MATERNAL AND CHILD HEALTH						
Brazil-3, Maternal and Child Health		8,630	8,860		2,900	2,550
Chile-12, Demonstration Center for Care of Premature Infants	7,930			800		
AMRO-102, Seminar on Pediatric Education			2,100			1,800
Total - Maternal and Child Health	7,930	8,630	10,960	800	2,900	4,350
MENTAL HEALTH						
United States-8, Mental Health	1,810			2,450		
Total - Mental Health	1,810			2,450		
NUTRITION						
Mexico-23, National Institute of Nutrition		9,110	9,340		1,500	750
AMRO-54, Assistance to INCAP	1,890			670		
Total - Nutrition	1,890	9,110	9,340	670	1,500	750
ENVIRONMENTAL SANITATION						
AMRO-1, Environmental Sanitation Training	8,020	12,390	12,660	1,510	4,380	3,400
AMRO-17, Waterworks Training Course	4,240	8,400	8,400	3,000	7,200	7,200
Total - Environmental Sanitation	12,260	20,790	21,060	4,510	11,580	10,600
OTHER PROJECTS						
Brazil-19, School of Public Health		11,430	11,660		3,900	3,150
AMRO-18, Medical and Public Health Education	2,480	4,200	4,200	4,000	3,600	3,600
AMRO-48, Seminar on Teaching of Public Health in Schools of Veterinary Medicine						900
AMRO-49, Seminar on Teaching of Preventive Medicine	860		2,800	3,750		2,400
AMRO-67, Veterinary Medicine Education	1,370	4,200	4,200	1,800	3,600	3,600
AMRO-101, Medical School Libraries			7,260			1,500
Total - Other Projects	4,710	19,830	30,120	9,550	11,100	15,150
SUB-TOTAL - ALL PROJECTS	237,000	389,960	401,390	81,850	99,880	96,390
Less: Delay Factor for New Projects in 1957 and 1958		(15,310)	(1,840)			
TOTAL - ALL PROJECTS	237,000	374,650	399,550	81,850	99,880	96,390

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			CONTRACTUAL AGREEMENTS			T O T A L		
1956	1957	1958	1956	1957	1958	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	500	950		10,000	10,400					12,450	13,950
		2,600			11,930						15,830
					21,500						29,300
7,560	10,700	15,750	20,790	52,500	95,330	1,700			89,610	172,650	272,240
7,560									11,810	11,510	11,000
									12,120	22,780	21,000
7,560									26,930	34,290	35,000
				8,000	8,000					19,530	19,410
		1,000		3,000	10,000				8,730	3,000	11,900
		1,000		11,000	18,000				8,730	22,530	34,310
									4,260		
									4,260		
				4,000	4,000				2,560	11,610	11,090
				4,000	4,000				2,560	11,610	11,090
10,000	7,230	7,940	46,400	45,000	45,000				65,930	69,000	69,000
1,500	2,880	2,880	7,490	10,000	10,000				16,230	28,480	28,480
11,500	10,110	10,820	53,890	55,000	55,000				82,160	97,480	97,480
4,500	10,400	10,400	25,000	9,000	9,000				35,980	24,330	23,810
				30,000	30,000					18,200	48,200
1,000		2,000			12,740						15,640
		500	13,000		8,000	1,740			20,350	7,800	5,700
					12,500				3,170		15,800
5,500	10,400	12,900	38,000	39,000	72,210	1,740			59,500	80,330	130,410
40,110	53,110	60,570	201,210	250,110	322,540	10,890	5,730	4,730	571,060	798,790	885,620
										(15,310)	(1,840)
40,110	53,110	60,570	201,210	250,110	322,540	10,890	5,730	4,730	571,060	783,480	883,780

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMA

	PERSONAL SERVICES AND ALLOWANCES			TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958
	\$	\$	\$	\$	\$	\$
<u>UNITED NATIONS TECHNICAL ASSISTANCE</u>						
MALARIA						
Bolivia-4, Malaria Eradication	8,730	17,780	19,800	2,400	2,090	5,190
Colombia-5, Malaria Eradication	13,640	18,160	16,350	3,390	3,020	1,870
Costa Rica-2, Malaria Eradication		2,780	3,850		1,400	1,550
Cuba-5, Malaria Eradication		7,670	7,900		250	750
Dominican Republic-2, Malaria and <u>Aedes aegypti</u> Eradication	11,380	12,570	12,770	2,960	800	2,300
Ecuador-14, Malaria Eradication		17,640	18,280		1,300	2,250
El Salvador-2, Malaria Eradication	2,160	3,820	4,020	1,400	1,100	1,600
Guatemala-1, Malaria Eradication	19,220	19,920	20,580	5,950	2,950	1,750
Haiti-4, Malaria and <u>Aedes aegypti</u> Eradication	19,340	22,280	23,150	4,470	1,050	4,030
Honduras-1, Malaria Eradication	4,540	11,540	11,980	1,600	500	1,500
Mexico-53, Malaria Eradication	13,840	28,010	30,090	2,980	3,600	3,450
Nicaragua-1, Malaria Eradication		3,800	4,000		250	750
Panama-2, Malaria Eradication	5,080	11,560	12,000	1,650	500	1,500
Paraguay-1, Malaria Eradication	3,050	12,730	13,170	2,870	500	1,500
Peru-5, Malaria Eradication		8,090	12,790		1,700	1,500
AMRO-7, Malaria and <u>Aedes aegypti</u> Eradication (Central America and Panama)	38,070	29,810	30,750	12,930	11,000	10,120
AMRO-8, Malaria and <u>Aedes aegypti</u> Eradication (Caribbean)	66,240	64,770	57,400	25,500	25,890	23,100
Total - Malaria	205,290	292,930	298,880	68,100	57,900	64,710
TUBERCULOSIS						
Colombia-15, Tuberculosis Control (BCG)	3,680			2,650		
Guatemala-11, BCG Vaccination	5,670	2,280		3,390		
Honduras-5, BCG Vaccination	2,100	5,600		1,800	4,800	
Total - Tuberculosis	11,450	7,880		7,840	4,800	
VENEREAL DISEASES AND TREPONEMATOSES						
Brazil-20, Yaws Eradication		13,310	15,620		1,800	1,500
AMRO-47, Yaws Eradication and Syphilis Control (Caribbean)	17,810	15,250	8,760	6,860	7,290	3,000
Total - Venereal Diseases and Treponematoses	17,810	28,560	24,380	6,860	9,090	4,500
ENDEMO-EPIDEMIC DISEASES						
Brazil-8, Immuno-Chemistry and Histo-Chemistry Demonstration		3,810	7,620		900	900
Brazil-17, Hydatidosis Control					900	
Brazil-21, Trachoma Control		3,810	7,730		900	
Colombia-22, <u>Aedes aegypti</u> Eradication	16,160	21,290	21,980	380	3,670	1,130
Ecuador-11, National Institute of Health	3,380	7,620		1,000	1,800	
Mexico-26, <u>Aedes aegypti</u> Eradication	18,030	18,680	19,330		3,620	2,070
AMRO-81, Pan American Zoonoses Center		17,350	23,870		4,850	3,450
Total - Endemo-Epidemic Diseases	37,570	72,560	80,530	1,380	15,740	7,550
PUBLIC HEALTH ADMINISTRATION						
Argentina-7, Local Health Services		16,130	22,010		2,700	2,250
Barbados-2, Local Health Services	10,070	7,670		2,080	800	
Bolivia-11, Joint Field Mission on Indigenous Population	8,900	8,410		600	2,250	
Brazil-16, UN/TA Public Health Administration Fellowships						
British Honduras-3, UN/TA Public Health Administration Fellowships						
Chile-18, UN/TA Public Health Administration Fellowships						
Colombia-4, Public Health Services	35,260	43,450	44,830	5,570	3,130	3,370
Cuba-3, Public Health Services		7,490	21,760		2,600	2,250
Dominican Republic-7, UN/TA Public Health Administration Fellowships						
El Salvador-5, Health Administration Area	33,480	38,440	39,630	5,460	3,450	2,850
Guatemala-7, UN/TA Public Health Administration Fellowships						

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			CONTRACTUAL AGREEMENTS			TOTAL		
1956	1957	1958	1956	1957	1958	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
			5,330						11,130	19,870	24,990
				3,000					22,360	21,180	18,220
800	2,500	1,000		1,600						7,180	5,400
				1,600					15,140	9,520	8,650
					4,950					17,470	16,070
					2,000					18,940	25,480
360	1,750	2,000	1,600	2,000	2,000				3,560	6,920	7,620
				2,000					25,170	24,870	22,330
									25,770	25,080	29,180
				2,000					6,140	11,040	13,480
									16,820	31,610	33,540
				2,000						6,050	4,750
				2,000					6,730	14,060	13,500
				2,000					5,920	15,230	14,670
				5,600	10,600					15,390	24,890
710	1,710	5,000	4,000						55,710	42,520	45,870
7,160		15,110		6,000	12,000				98,900	96,660	107,640
9,030	5,960	23,140	10,930	29,800	29,550				293,350	386,590	416,280
									6,330		
									9,060	2,280	
									3,900	10,400	
									19,290	12,680	
				2,000							
				4,000	4,000				24,670	17,110	17,120
										26,540	15,760
				6,000	4,000				24,670	43,650	32,880
			5,060	4,000	4,000				5,060	4,710	8,520
										4,000	4,000
										4,710	7,730
									16,540	24,960	23,110
				7,000	8,000				4,380	16,420	8,000
	11,000	3,500	1,730						19,760	22,300	24,900
		11,000			12,150					33,200	50,470
	11,000	14,500	6,790	11,000	24,150				45,740	110,300	126,730
100	11,450	10,000	3,910	15,550	12,000						
	1,000			20,000					16,160	45,830	46,260
									9,500	29,470	
				4,000	8,000					10,660	
										4,000	8,000
				8,000	8,000					8,000	8,000
				8,000	4,000					8,000	4,000
	100		15,320		16,000				56,150	46,680	64,200
										10,090	24,010
				8,000	8,000					8,000	8,000
11,360	1,000	2,000	8,500	6,000	4,000				58,800	48,890	48,480
				8,000	16,000					8,000	16,000

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	PERSONAL SERVICES AND ALLOWANCES						TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958			
	\$	\$	\$	\$	\$	\$			
<u>UNITED NATIONS TECHNICAL ASSISTANCE (continued)</u>									
PUBLIC HEALTH ADMINISTRATION (continued)									
Haiti-2, Local Health Services		13,460	21,810		5,550	6,570			
Honduras-4, Rural Public Health Services	22,100	26,640	27,500	340	2,950	750			
Mexico-24, UN/TA Public Health Administration Fellowships									
Nicaragua-3, Public Health Services	380	25,380	27,430		2,200	3,000			
Panama-1, Public Health Services	39,940	45,930	47,320	3,500	4,520	4,020			
Paraguay-10, Public Health Services	73,820	49,770	43,990	17,220	7,590	7,210			
Peru-22, Public Health Services	7,270	19,180	22,310	2,370	1,400	2,250			
Peru-23, Joint Field Mission on Indigenous Population	10,100	8,650		2,040	1,650				
Uruguay-5, Rural Health Services	16,440	30,450	31,350	1,380	2,050	2,150			
Venezuela-1, Local Health Services	17,500	23,140	23,830	3,790	3,740	750			
Venezuela-4, UN/TA Public Health Administration Fellowships									
Venezuela-8, Medico-Legal Services		4,200			3,600				
AMRO-10, Inter-American Program for Education in Biostatistics	15,010	14,820	14,930	5,920	4,820	3,600			
AMRO-84, Assistance to Veterinary Public Health Services									
Total - Public Health Administration	290,270	383,210	388,700	50,270	55,000	41,020			
NURSING									
Bolivia-5, Nursing Education		8,000	8,270		1,180				
Brazil-22, Nursing Education		18,500	7,050		1,100	1,100			
Costa Rica-3, Nursing Education	21,250	4,730	6,450	2,570	900	750			
Cuba-4, Nursing Education									
Uruguay-4, Nursing Education									
Total - Nursing	21,250	31,230	21,770	2,570	3,180	1,850			
HEALTH EDUCATION OF THE PUBLIC									
AMRO-112, Fundamental Education Training Center		6,820	9,280	990	1,500	750			
Total - Health Education of the Public		6,820	9,280	990	1,500	750			
MATERNAL AND CHILD HEALTH									
French Guiana-1, Maternal and Child Health									
Total - Maternal and Child Health									
NUTRITION									
Colombia-16, National Institute of Nutrition		5,710	7,780		900	750			
Ecuador-53, National Institute of Nutrition	3,880	7,740	7,980	3,120	250	750			
Total - Nutrition	3,880	13,450	15,760	3,120	1,150	1,500			
ENVIRONMENTAL SANITATION									
Bolivia-6, Study of Water Supply (La Paz)									
Brazil-12, Refuse Disposal		1,100			1,200				
AMRO-50, Fluoridation of Water		2,100		1,600	1,800				
AMRO-62, Housing Sanitation		2,100	2,100		1,800	1,800			
AMRO-64, Seminar on Sanitary Engineering					2,050				
AMRO-95, Environmental Sanitation (Caribbean)	6,920	9,320	9,560	3,810	3,010	5,310			
Total - Environmental Sanitation	6,920	14,920	11,660	5,430	9,860	7,110			

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

E S T I M A

	ESTIMA					
	PERSONAL SERVICES AND ALLOWANCES			TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	
<u>UNITED NATIONS TECHNICAL ASSISTANCE (continued)</u>						
OTHER PROJECTS						
Chile-17, University of Chile -- Medical School Laboratory						
Total - Other Projects						
TOTAL - ALL PROJECTS						
	594,440	851,560	850,960	146,560	158,220	128,990
<u>OTHER EXTRA BUDGETARY FUNDS</u>						
MALARIA						
Argentina-8, Malaria Eradication						
Bolivia-4, Malaria Eradication						
Brazil-24, Malaria Eradication						
Colombia-5, Malaria Eradication						
Costa Rica-2, Malaria Eradication						
Dominican Republic-2, Malaria and <u>Aedes aegypti</u> Eradication						
Ecuador-14, Malaria Eradication						
El Salvador-2, Malaria Eradication						
Guatemala-1, Malaria Eradication						
Haiti-4, Malaria and <u>Aedes aegypti</u> Eradication						
Honduras-1, Malaria Eradication						
Mexico-53, Malaria Eradication						
Nicaragua-1, Malaria Eradication						
Panama-2, Malaria Eradication						
Paraguay-1, Malaria Eradication						
Peru-5, Malaria Eradication						
AMRO-8, Malaria and <u>Aedes aegypti</u> Eradication (Caribbean)						
AMRO-105, Field Studies of Dieldrin and other Insecticides						
AMRO-109, Malaria Eradication (Supplementary Assistance to Country Projects)						
	38,360	45,720	9,060	8,710	3,500	4,010
	20,370	42,520		16,510		
Total - Malaria	58,730	88,240	9,060	25,220	3,500	4,010
TUBERCULOSIS						
Paraguay-7, BCG Vaccination						
	2,470					
Total - Tuberculosis	2,470					
VENEREAL DISEASES AND TREPONEMATOSES						
Brazil-20, Yaws Eradication						
AMRO-47, Yaws Eradication and Syphilis Control (Caribbean)						
Total - Venereal Diseases and Treponematoses						
ENDEMO-EPIDEMIC DISEASES						
Bolivia, (AMRO-60), Smallpox Eradication						
Brazil-21, Trachoma Control						
Brazil, (AMRO-60), Smallpox Eradication						
Colombia-19, Leprosy Control						
Colombia, (AMRO-60), Smallpox Eradication						
	15,860	5,890		1,600	1,800	
	10,540			1,700		
Cuba, (AMRO-60), Smallpox Eradication						
Dominican Republic, (AMRO-60), Smallpox Eradication						
Ecuador, (AMRO-60), Smallpox Eradication						
		9,410			1,330	
Haiti, (AMRO-60), Smallpox Eradication						
Mexico, (AMRO-60), Smallpox Eradication						
Paraguay, (AMRO-60), Smallpox Eradication						
Uruguay, (AMRO-60), Smallpox Eradication						

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			CONTRACTUAL AGREEMENTS			T O T A L		
1956	1957	1958	1956	1957	1958	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
70,000									70,000		
70,000									70,000		
100,160	64,510	67,770	176,470	317,750	339,280	15,000	15,000	15,000	1,032,630	1,407,040	1,402,000
	50,000									50,000	
	100,000	100,000								100,000	100,000
	500,000	500,000								500,000	500,000
40,000	700,000	700,000							*40,000	700,000	700,000
	50,000	50,000								50,000	50,000
62,000	75,000	75,000							*62,000	75,000	75,000
160,000	130,000	134,000							160,000	130,000	134,000
90,000	90,000	90,000							90,000	90,000	90,000
254,000	280,000	150,000							*254,000	280,000	150,000
	130,000	100,000								130,000	100,000
207,000	215,000	150,000							207,000	215,000	150,000
1,500,000	1,500,000	1,500,000							1,500,000	1,500,000	1,500,000
125,000	125,000	125,000							125,000	125,000	125,000
75,000	75,000	75,000							75,000	75,000	75,000
50,000	50,000	50,000							50,000	50,000	50,000
	550,000	500,000								550,000	500,000
173,500	216,700	216,100							(1)173,500	216,700	216,100
18,280	9,080	3,280							65,350	58,300	16,350
720			4,930	8,200					(2)42,530	(2)50,720	
2,755,500	4,845,780	4,518,380	4,930	8,200					2,844,380	4,945,720	4,531,450
15,000									17,470		
15,000									17,470		
65,000	120,000								65,000	120,000	
	10,000	10,000								10,000	10,000
65,000	130,000	10,000							65,000	130,000	10,000
			1,000						1,000		
8,000	34,000								8,000	34,000	
	8,000									8,000	
8,000	35,000								25,460	35,000	
									12,240	7,690	
				1,000						1,000	
			1,000	1,000					1,000	10,740	
				1,000						1,000	
			2,000						2,000		
				1,000						4,000	
	3,000			1,000						1,000	
				1,000							

*Allocated by UNICEF Executive Board

SUMMARY OF PROGRAMS BY MAJOR EXPENSE

ESTIMATA

	PERSONAL SERVICES AND ALLOWANCES			TRAVEL AND TRANSPORTATION		
	1956	1957	1958	1956	1957	1958
	\$	\$	\$	\$	\$	\$
<u>OTHER EXTRA BUDGETARY FUNDS (continued)</u>						
ENDEMO-EPIDEMIC DISEASES (continued)						
Venezuela, (AMRO-60), Smallpox Eradication						
Zone III, (AMRO-60), Smallpox Eradication						
Zone VI, (AMRO-60), Smallpox Eradication	9,280	9,500		2,000	2,900	
AMRO-60, Smallpox Eradication	2,910	2,100		6,840	1,800	
Total - Endemo-Epidemic Diseases	38,590	26,900		12,140	7,830	
PUBLIC HEALTH ADMINISTRATION						
Argentina-7, Local Health Services						
Bolivia-10, Public Health Services						
Dominican Republic-4, Reorganization of Local Health Services						
Ecuador-4, Rural Public Health Services						
Guatemala-8, Rural Public Health Services						
Haiti-2, Local Health Services						
Honduras-4, Rural Public Health Services						
Mexico-22, Integrated Health Services						
Nicaragua-3, Rural Public Health Services						
Paraguay-10, Public Health Services						
Peru-22, Public Health Services						
Uruguay-5, Rural Health Services						
Total - Public Health Administration						
MATERNAL AND CHILD HEALTH						
Brazil-3, Maternal and Child Health						
French Guiana-1, Maternal and Child Health						
Total - Maternal and Child Health						
NUTRITION						
AMRO-54, Assistance to INCAP	99,240	70,660	85,170	3,160		
Total - Nutrition	99,240	70,660	85,170	3,160		
ENVIRONMENTAL SANITATION						
AMRO-95, Environmental Sanitation (Caribbean)						
Total - Environmental Sanitation						
OTHER PROJECTS						
AMRO-77, Pan American Foot-and-Mouth Disease Center	124,800	143,190	150,150	29,060	32,000	31,990
Total - Other Projects	124,800	143,190	150,150	29,060	32,000	31,990
TOTAL - ALL PROJECTS	323,830	328,990	244,380	69,580	43,330	36,000

1) Of this amount \$55,500 has already been allocated by the UNICEF Executive Board.

3) Of the total, \$75,000 in 1956 and \$105,000 in 1957-58 is made up of quota contributions of Member Governments to INCAP; the balance being comprised of various contributions.

2) The amounts budgeted represent the unexpended balance at 31 December 1955 of amounts totalling \$154,593.75 authorized out of 1954 surplus by the XIV Pan American Sanitary Conference and the VIII Directing Council.

4) Organization of American States Technical Assistance.

T E D E X P E N D I T U R E

SUPPLIES AND EQUIPMENT			FELLOWSHIPS AND PARTICIPANTS			CONTRACTUAL AGREEMENTS			T O T A L		
1956	1957	1958	1956	1957	1958	1956	1957	1958	1956	1957	1958
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	5,000		660	2,000					660	7,000	
2,000	1,000		8,000						11,280	12,400	
18,000	86,000		12,660	6,000					19,750	4,900	
									81,390	126,730	
	30,000									30,000	
	25,000									25,000	
	50,000									50,000	
	15,000									15,000	
	50,000	50,000								50,000	50,000
	25,000									25,000	
	40,000	40,000								40,000	40,000
10,000	75,000	100,000								75,000	100,000
	50,000								10,000	50,000	
15,000	40,000	40,000							15,000	40,000	40,000
100,500	25,000	25,000							*100,500	25,000	25,000
	50,000	50,000								50,000	50,000
125,500	425,000	305,000							125,500	425,000	305,000
	50,000	50,000								50,000	50,000
12,500									*12,500		
12,500	50,000	50,000							12,500	50,000	50,000
50,570	19,340	19,830	500				15,000		(3)153,470	(3)105,000	(3)105,000
50,570	19,340	19,830	500				15,000		153,470	105,000	105,000
	3,000									3,000	
	3,000									3,000	
100,590	114,070	126,650	24,110	17,750	23,620				(4)278,560	(4)307,010	(4)332,410
100,590	114,070	126,650	24,110	17,750	23,620				278,560	307,010	332,410
3,142,660	5,673,190	5,029,860	42,200	31,950	23,620		15,000		3,578,270	6,092,460	5,333,860

*Allocated by UNICEF Executive Board

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						TOTAL OPERATIONS BY ZONE	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES				
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$		
			29,560	31,390	31,140				500	500	500		<u>ZONE I OPERATIONS</u>
													Field Office Costs (Jamaica)
													<u>Cost of Projects</u>
			7,750	12,400	4,000				12,110				Zone Projects (Including Inter-Country)
									1,800				Inter-Zone Projects Administered by Zone I: (1956: AMRO-58)
			7,750	12,400	4,000				13,910				Total Projects
			37,310	43,790	35,140				14,410	500	500		TOTAL - ZONE I OPERATIONS
													<u>ZONE II OPERATIONS</u>
			82,360	80,020	83,610				28,620	26,140	29,170		Zone Office Costs
													<u>Cost of Projects</u>
			124,370	153,070	159,420				102,350	134,300	113,850		Zone Projects (Including Inter-Country)
									71,980	36,840	23,250		Inter-Zone Projects Administered by Zone II: (1956: AMRO-17, 23, 49, AMRO-61, 103, 112) (1957: AMRO-61, 112) (1958: AMRO-61, 112)
			124,370	153,070	159,420				174,330	171,140	137,100		Total Projects
			206,730	233,090	243,030				202,950	197,280	166,270		TOTAL - ZONE II OPERATIONS
													<u>ZONE III OPERATIONS</u>
			89,040	90,440	92,720				11,980	13,770	12,860		Zone Office Costs
													<u>Cost of Projects</u>
			44,470	45,220	76,460				98,850	107,450	121,660		Zone Projects (Including Inter-Country)
			37,240	68,120	91,270								Inter-Zone Projects Administered by Zone III: (1956-7-8: AMRO-57)
			81,710	113,340	167,730				98,850	107,450	121,660		Total Projects
			170,750	203,780	260,450				110,830	121,220	134,520		TOTAL - ZONE III OPERATIONS
													<u>ZONE IV OPERATIONS</u>
			93,740	94,240	97,410				11,730	12,400	13,760		Zone Office Costs
													<u>Cost of Projects</u>
			87,150	76,250	162,460				39,330	62,440	79,780		Zone Projects (Including Inter-Country)
					10,570				20,800	7,000	7,000		Inter-Zone Projects Administered by Zone IV: (1956: AMRO-91, 85) (1957: AMRO-62, 85) (1958: AMRO-62, 85, 98)
			87,150	76,250	173,030				60,130	69,440	86,780		Total Projects
			180,890	170,490	270,440				71,860	81,840	100,540		TOTAL - ZONE IV OPERATIONS

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															30,060	31,890	31,640
			157,760	169,000	142,270				251,000	229,700	226,100				428,620	411,100	372,370
															1,800		
			157,760	169,000	142,270				251,000	229,700	226,100				430,420	411,100	372,370
			157,760	169,000	142,270				251,000	229,700	226,100				460,480	442,990	404,010
															110,980	106,160	112,780
			77,490	172,910	207,930				1,641,590	1,915,300	1,791,350				1,945,800	2,375,580	2,272,550
			990	8,320	10,030										72,970	45,160	33,280
			78,480	181,230	217,960				1,641,590	1,915,300	1,791,350				2,018,770	2,420,740	2,305,830
			78,480	181,230	217,960				1,641,590	1,915,300	1,791,350				2,129,750	2,526,900	2,418,610
															101,020	104,210	105,580
			302,680	353,580	334,600				914,470	1,087,000	835,000				1,360,470	1,593,250	1,367,720
															37,240	68,120	91,270
			302,680	353,580	334,600				914,470	1,087,000	835,000				1,397,710	1,661,370	1,458,990
			302,680	353,580	334,600				914,470	1,087,000	835,000				1,498,730	1,765,580	1,564,570
															105,470	106,640	111,170
			206,520	288,460	321,290				243,120	1,598,430	1,459,000				576,120	2,025,580	2,022,530
				11,250	9,830										20,800	18,250	27,400
			206,520	299,710	331,120				243,120	1,598,430	1,459,000				596,920	2,043,830	2,049,930
			206,520	299,710	331,120				243,120	1,598,430	1,459,000				702,390	2,150,470	2,161,100

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						TOTAL OPERATIONS BY ZONE	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES				
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$		
			47,430	60,150	58,230				1,000	1,000	1,000	<u>ZONE V OPERATIONS</u>	
												Zone Office Costs	
			12,830	6,540	16,540				3,940	53,730	43,220	<u>Cost of Projects</u>	
												Zone Projects	
										12,500		Inter-Zone Projects Administered by Zone V: (1956: AMRO-77) (1957: AMRO-77, 96) (1958: AMRO-77)	
			12,830	6,540	16,540				3,940	66,230	43,220	Total Projects	
			60,260	66,690	74,770				4,940	67,230	44,220	TOTAL - ZONE V OPERATIONS	
												<u>ZONE VI OPERATIONS</u>	
			92,240	90,850	98,730				2,900	2,900	2,900	Zone Office Costs	
												<u>Cost of Projects</u>	
			46,480	42,800	89,490				40,740	68,720	72,920	Zone Projects (Including Inter-Country)	
				12,000	12,120				15,800	26,580	21,140	Inter-Zone Projects Administered by Zone VI: (1956: AMRO-10,28,81) (1957: AMRO-10,28,66,81) (1958: AMRO-10,28,81)	
			46,480	54,800	101,610				56,540	95,300	94,060	Total Projects	
			138,720	145,650	200,340				59,440	98,200	96,960	TOTAL - ZONE VI OPERATIONS	
												<u>FIELD ACTIVITIES ADMINISTERED BY HEADQUARTERS - WASHINGTON</u>	
												<u>Cost of Projects</u>	
												Inter-Zone Projects Administered by Headquarters - Washington: (1956: AMRO-1,18,29,35,45,50,60, AMRO-67,76,86,88,90,93,94, AMRO-109, Field Office) (1957: AMRO-1,17,18,26,29,35,45, AMRO-46,50,58,60,64,67,75, AMRO-76,84,86,88,90,92,93, AMRO-94,99, Field Office) (1958: AMRO-1,17,18,26,29,35,45, AMRO-46,48,49,58,60,63,67, AMRO-75,76,84,86,88,90,92, AMRO-93,94,97,100,101,102, AMRO-106,109,110,111, Field Office)	
			231,980	337,750	535,070				163,360	289,230	402,800	TOTAL - FIELD ACTIVITIES ADMINISTERED BY HEADQUARTERS - WASHINGTON	
			231,980	337,750	535,070				163,360	289,230	402,800		
			1,026,640	1,201,240	1,619,240				627,790	855,500	945,810	TOTAL OPERATIONS - ALL ZONES	
										(15,310)	(1,840)	Less: Delay in implementation of new WHO Projects	
									627,790	840,190	943,970		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															48,430	61,150	59,230
			5,060	50,310	53,640				8,000	712,000	550,000				29,830	822,580	663,400
									278,560	307,010	332,410				278,560	319,510	332,410
			5,060	50,310	53,640				286,560	1,019,010	882,410				308,390	1,142,090	995,810
			5,060	50,310	53,640				286,560	1,019,010	882,410				356,820	1,203,240	1,055,040
															95,140	93,750	101,630
			214,180	212,920	187,410				179,250	187,400	140,000				480,650	511,840	489,820
			66,330	102,840	119,000										82,130	141,420	152,260
			280,510	315,760	306,410				179,250	187,400	140,000				562,780	653,260	642,080
			280,510	315,760	306,410				179,250	187,400	140,000				657,920	747,010	743,710
			1,620	37,450	16,000				62,280	55,620					459,240	720,050	953,870
			1,620	37,450	16,000				62,280	55,620					459,240	720,050	953,870
			1,032,630	1,407,040	1,402,000				3,578,270	6,092,460	5,333,860				6,265,330	9,556,240	9,300,910
																(15,310)	(1,840)
															6,265,330	9,540,930	9,299,070

PAN AMERICAN SANITARY BUREAU			WORLD HEALTH ORGANIZATION			SUMMARY OF PROFESSIONAL AND LOCAL PERSONNEL
NUMBER OF POSTS			NUMBER OF POSTS			
1956	1957	1958	1956	1957	1958	
8	8	10	2	2	3	PART I PAN AMERICAN SANITARY ORGANIZATION Professional Local Total - PART I
6	6	7	1	1	1	
14	14	17	3	3	4	
51	52	54	29	29	29	PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS Professional Local Total - PART II
73	74	81	25	25	25	
124	126	135	54	54	54	
22	22	22	4	4	4	PART III PAN AMERICAN SANITARY BUREAU - FIELD AND OTHER PROGRAMS <u>Zone Offices</u> Professional Local Total - Zone Offices
54	54	54	4	4	4	
76	76	76	4	4	4	
32	37	45	33	43	42	<u>Projects</u> Professional Local Total - Projects
10	10	10	1	1	1	
42	47	55	34	44	43	
54	59	67	37	47	46	Total - Zone Offices and Projects - PART III Professional Local Total - PART III
64	64	64	1	1	1	
118	123	131	38	48	47	
113	119	131	68	88	78	ALL PARTS Professional Local Total - PERSONNEL
143	144	152	27	27	27	
256	263	283	95	105	105	

U. N. TECHNICAL ASSISTANCE			OTHER EXTRA BUDGETARY FUNDS			TOTALS		
NUMBER OF POSTS			NUMBER OF POSTS			NUMBER OF POSTS		
1956	1957	1958	1956	1957	1958	1956	1957	1958
1	1	1				11 7	11 7	14 8
1	1	1				18	18	22
1 11	1 11	1 11	1 1			82 110	82 110	84 117
12	12	12	2			192	192	201
						26 54	26 54	26 54
						80	80	80
87	130	119	42 56	41 60	35 60	194 67	251 71	241 71
87	130	119	98	101	95	261	322	312
87	130	119	42 56	41 60	35 60	220 121	277 125	267 125
87	130	119	98	101	95	341	402	392
89 11	132 11	121 11	43 57	41 60	35 60	313 238	370 242	365 250
100	143	132	100	101	95	551	612	615

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART I	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			CONFERENCE SERVICES AND ORGANIZATIONAL MEETINGS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$		
1	1	1		8,670	8,920								SECTION 1
1	1	1		3,490	3,640								CONFERENCE SERVICES (For text see page 11)
													Chief of Office, .12
													Secretary, .16
													Conference Arrangements and Document Services
1	1	1		6,000	6,200								Conference Services Officer, .13
1	1	1		5,000	5,000								Document Officer, .14
1	1	1		3,820	3,990								Document Clerk, .18
1	1	1		4,270	4,500								Clerk, .17
1	1	1		3,590	3,730								Clerk Typist, .28
													Minutes and Translation Services
2	2	3		13,040	19,480			1			6,000		Reviser Translator, .19, .23
4	4	4		22,290	23,090		2	2		11,020			Translator, .20, .21, .22, .288, 4.24,
							1	1		4,670			4.25, 4.26
													Clerk, 4.27
1	1	1		3,280	3,420								Clerk Stenographer
					3,060								Clerk Stenographer, .232
				4,150	4,710					830			Clerk Typist
													Cost-of-Living Adjustment
14	14	17	68,790	77,600	93,080	3	3	4	14,820	16,520	23,400		TOTAL
													SECTION 2
													ORGANIZATIONAL MEETINGS (For text see page 11)
													Ch. 1. Meetings of the Pan American Sanitary Conference, Directing Council, Executive Committee and WHO Regional Committee
			18,410	11,660	36,240				7,360	4,140	14,500		Personal Services
			18,500	1,550	19,640				7,400	550	7,860		Travel and Transportation
					360						140		Space and Equipment Services
			1,930	1,990	2,000				770	710	800		Other Services
			19,430	21,180	19,620				2,770	520	1,450		Supplies and Materials
			58,270	36,380	77,860				18,300	5,920	24,750		TOTAL
													Ch. 2. Meetings of the Executive Committee
			6,365	6,365	6,365								Personal Services
			8,645	8,645	8,645								Travel and Transportation
			76	76	76								Space and Equipment Services
			1,026	1,026	1,026								Other Services
			2,888	2,888	2,888								Supplies and Materials
			19,000	19,000	19,000								TOTAL
													SECTION 3
													COMMON STAFF COSTS (For text see page 11)
			1,570	1,800	2,200				200	200	440		Ch. 1. Dependents' Allowance
			1,090	550	580					200	300		Ch. 2. Repatriation Grant
			8,900	10,270	12,390				1,810	2,190	3,090		Ch. 3. Pension
			500	730	860				100	160	220		Ch. 4. Insurance
			1,550	2,000	2,700				3,660		3,880		Ch. 5. Home Leave Travel
					4,120						1,800		Ch. 6. Recruitment Travel
			8,270	7,840	8,230				120	130	140		Ch. 7. Reimbursement of Income Tax
			21,880	23,190	31,080				5,890	2,880	9,870		TOTAL

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II HEADQUARTERS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			SECTION 1 EXECUTIVE OFFICES (For text see page 12)		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	SECTION 1 EXECUTIVE OFFICES (For text see page 12)		
												Ch. 1. <u>Office of the Director</u>		
1	1	1		16,000	16,000							Director, .1	Ung	
1	1	1		15,000	15,000							Assistant Director, .2	Ung	
1	1	1		14,000	14,000	1	1	1		9,980	10,280	Secretary General, .3	Ung	
				8,400	8,400							Medical Adviser, 4.653	P5	
1	1	1		5,000	5,000							Consultant, .242	Ung	
2	2	2		9,140	9,520							Administrative Officer, .6	FL	
1	1	1		3,490	3,640							Secretary, .7, .8	WL2	
												Clerk Stenographer, .10	WL6	
												<u>Office of Reports</u>		
1	1	1		6,000	6,000							Consultant		
2	2	1		6,200	6,400							Reports Officer, .293	P3	
1	1	1		10,000	5,000							Reports Officer, .5, .255	FL	
1	1	1		3,750	3,900							Clerk, .289	WL6	
1	1	1		4,030	4,030							Clerk Typist, .11	WL5	
				(15,000)	(15,000)							Contribution of WHO to Director's Salary		
				3,780	3,420							Cost-of-Living Adjustment		
			81,740	89,790	85,310				24,680	24,980	25,280	Cost of Posts		
			5,000	6,000	6,000				7,000	7,000	7,000	Duty Travel for Executive Offices		
									2,500	2,500	2,500	Duty Travel for Medical Adviser to UNICEF/TARO		
			6,000	6,000	6,000							Representation Allowance of the Director		
13	13	12	92,740	101,790	97,310	1	1	1	34,180	34,480	34,780	TOTAL		
												Ch. 2. <u>Office of Public Information</u>		
		1			4,800	1	1	1		8,000	8,000	Chief of Office, 4.29	P3	
1	1	1		4,130	4,300	1	1	1		3,980	4,180	Information Officer	P2	
1	1	1		3,650	3,800	1	1	1		3,400	3,550	Information Officer, 4.30	FL	
					360					900	910	Information Assistant, .32	WL7	
												Secretary, .31	WL6	
												Cost-of-Living Adjustment		
			7,660	7,780	13,260				14,020	16,280	16,640	Cost of Posts		
									27,960	27,960	27,960	Newsletters		
									3,000	3,000	3,000	Translations and Revisions		
			2,600	3,000	3,000				5,310	5,310	5,310	Press Releases		
			3,750	3,750	3,750				3,150	3,150	3,150	Exhibits		
									5,000	5,000	5,000	World Health Day		
			2,650	2,250	2,250				580	580	580	Miscellaneous		
2	2	3	16,660	16,780	22,260	3	3	3	59,020	61,280	61,640	TOTAL		
												Ch. 3. <u>Office of Coordination</u>		
1	1	1		6,200	6,400	1	1	1		9,500	9,500	Chief of Office, 4.33	P4	
						1	1	1		4,530	4,800	Administrative Officer, .34	P2	
						1	1	1		4,260	4,500	Administrative Officer, 4.35	P2	
1	1	1		3,860	4,010	1	1	1		4,200	4,350	Secretary, 4.36	WL7	
												Clerk Stenographer, .9, 4.117	WL6	
												Clerk, 4.196	WL5	
				470	480					1,050	1,070	Cost-of-Living Adjustment		
2	2	2	5,360	10,530	10,890	4	4	4	22,580	23,540	24,220	TOTAL		

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		16,000	16,000
												1	1	1		15,000	15,000
												1	1	1		14,000	14,000
												1	1	1		9,980	10,280
												1	1	1		8,400	8,400
												1	1	1		5,000	5,000
												2	2	2		9,140	9,520
												1	1	1		3,490	3,640
												1	1	1		6,000	6,000
												2	2	1		6,200	6,400
												1	1	1		10,000	5,000
												1	1	1		3,750	3,900
												1	1	1		4,030	4,030
																3,780	3,420
															106,420	114,770	110,590
				1,500	1,500										12,600	14,500	14,500
															2,500	2,500	2,500
															6,000	6,000	6,000
				1,500	1,500							14	14	13	126,920	137,770	133,590
												1	1	1		8,000	8,000
												1	1	1		4,800	4,800
												1	1	1		3,980	4,180
												1	1	1		4,130	4,300
												2	2	2		7,050	7,350
																900	1,270
															21,680	24,060	29,900
															27,960	27,960	27,960
															3,000	3,000	3,000
			500	500	500										8,410	8,810	8,810
			500	500	500										7,400	7,400	7,400
															5,000	5,000	5,000
			350	350	350										3,580	3,180	3,180
			1,350	1,350	1,350							5	5	6	77,030	79,410	85,250
												1	1	1		9,500	9,500
												1	1	1		6,200	6,400
												1	1	1		4,530	4,800
												1	1	1		4,260	4,500
												2	2	2		8,060	8,360
1	1	1		3,640	3,770							1	1	1		3,640	3,770
																1,520	1,550
1	1	1	3,500	3,640	3,770							7	7	7	31,440	37,710	38,880

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			HEADQUARTERS		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Ch. 4. <u>Library</u>		
1	1	1		8,000	8,000	1	1	1		5,000	5,000	Chief of Section, .37		P3
1	1	1		4,080	4,230							Cataloger, 4.38		P1
2	2	2		8,760	8,760							Clerk Stenographer, .39		WL6
1	1	1		3,520	3,660							Clerk, .40, .41		WL5
1	1	1		3,310	3,440							Clerk Typist, .42		WL5
				600	600					380	380	Clerk, .43		
			27,530	28,270	28,690				5,380	5,380	5,380	Cost-of-Living Adjustment		
			4,750	4,750	4,750							Cost of Posts		
												Library Acquisitions and Binding		
6	6	6	32,280	33,020	33,440	1	1	1	5,380	5,380	5,380	TOTAL		
												Ch. 5. <u>Editorial</u>		
1	1	1		8,670	8,920	1	1	1		5,580	5,780	Chief of Office, .44		P4
2	2	3		10,870	16,070							Editor, .46, .47, 4.45		P2
3	3	3		13,760	14,080							Sub-Editor, .48, .49, .50		P1
1	1	1		4,790	4,980							Clerk, .51		WL8
2	2	2		7,850	8,140							Clerk Stenographer, .52, .54		WL6
2	2	3		6,730	10,070							Clerk Stenographer, .53, .55		WL5
				2,510	2,940					420	430	Cost-of-Living Adjustment		
11	11	13	53,290	55,180	65,200	1	1	1	5,780	6,000	6,210	TOTAL		
												SECTION 2		
												DIVISION OF EDUCATION AND TRAINING (For text see page 12)		
												Ch. 1. <u>Office of the Chief</u>		
1	1	1		4,670	4,670	1	1	1		11,800	12,030	Chief of Division, 4.56		D2
1	1	1		3,440	3,580							Secretary, .58		WL7
												Clerk Stenographer, .59		WL5
			7,970	8,110	8,250					880	900	Cost-of-Living Adjustment		
			4,500	6,000	6,000				12,500	12,680	12,930	Cost of Posts		
									5,660	8,190	8,190	Duty Travel for Division		
2	2	2	12,470	14,110	14,250	1	1	1	18,160	20,870	21,120	TOTAL		
												Ch. 2. <u>Fellowships Branch</u>		
1	1	1		7,790	8,040	1	1	1		10,470	10,770	Chief of Branch, 4.69		P5
1	1	1		6,320	6,530							Medical Officer, .61		P4
										6,080	6,280	Nurse, .234		P3
										5,000	5,000	Training Officer		P3
										3,750	3,900	Administrative Officer, 4.62		P1
2	2	2		6,910	7,210					8,130	8,270	Secretary, 4.63		WL6
					3,060					3,550	3,700	Clerk, 4.64, 4.65, .243, .292		WL6
1	1	1		4,030	4,030							Clerk Stenographer		WL6
				1,050	1,090					1,630	1,660	Clerk Typist, .66, 4.254		WL5
												Cost-of-Living Adjustment		
5	5	6	22,990	26,200	29,960	7	7	7	31,600	38,610	39,580	TOTAL		
												Ch. 3. <u>Professional Education Branch</u>		
1	1	1		9,000	9,250	1	1	1		7,530	7,750	Chief of Branch, .67		P5
1	1	1		8,460	8,710							Medical Officer, 4.235		P4
1	1	1		3,870	4,020							Nurse Educator, .68		P4
1	1	1		3,640	3,790							Secretary, .71		WL6
1	1	1		4,380	4,380							Clerk, .231		WL6
				1,310	1,340					560	580	Clerk Stenographer, .70		WL5
												Cost-of-Living Adjustment		
5	5	5	26,730	30,660	31,490	1	1	1	1,960	8,090	8,330	TOTAL		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		8,000	8,000
												1	1	1		5,000	5,000
												1	1	1		4,080	4,230
												2	2	2		8,760	8,760
												1	1	1		3,520	3,660
												1	1	1		3,310	3,440
																980	980
															32,910	33,650	34,070
															4,750	4,750	4,750
												7	7	7	37,660	38,400	38,820
												1	1	1		8,670	8,920
												3	3	4		16,450	21,850
												3	3	3		13,760	14,080
												1	1	1		4,790	4,980
												2	2	2		7,850	8,140
												2	2	3		6,730	10,070
																2,930	3,370
												12	12	14	59,070	61,180	71,410
												1	1	1		11,800	12,030
												1	1	1		4,670	4,670
												1	1	1		3,440	3,580
																880	900
															20,470	20,790	21,180
			1,000	1,000	1,000										11,160	15,190	15,190
			1,000	1,000	1,000							3	3	3	31,630	35,980	36,370
												1	1	1		10,470	10,770
												1	1	1		7,790	8,040
												1	1	1		6,320	6,530
		1			6,000							1	1	2		6,080	12,280
												1	1	1		5,000	5,000
												1	1	1		3,750	3,900
												4	4	4		15,040	15,480
1	1	1		3,250	3,390							1	1	2		3,550	6,760
					450							2	2	2		7,280	7,420
																2,680	3,200
1	1	2	3,110	3,250	9,840							13	13	15	57,700	67,960	79,380
												1	1	1		9,000	9,250
												1	1	1		7,530	7,750
												1	1	1		8,460	8,710
												1	1	1		3,870	4,020
												1	1	1		3,640	3,790
												1	1	1		4,380	4,380
																1,870	1,920
												6	6	6	28,690	38,750	39,820

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II HEADQUARTERS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			SECTION 3 DIVISION OF ADMINISTRATION (For text see page 12)		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	SECTION 3 DIVISION OF ADMINISTRATION (For text see page 12)		
1	1	1		12,070	12,200							Ch. 1. <u>Office of the Chief</u>		
1	1	1		4,780	4,840							Chief of Division, .112		D2
				910	920							Secretary, .114		WL7
												Cost-of-Living Adjustment		
			19,930	17,760	17,960							Cost of Posts		
			3,500	5,000	5,000				1,300	1,300	1,300	Duty Travel for Division		
2	2	2	23,430	22,760	22,960				1,300	1,300	1,300	TOTAL		
1	1	1		7,530	7,750							Ch. 2. <u>Supply Office</u>		
1	1	1		6,700	6,700	1	1	1		5,170	5,370	Chief of Office, .119		H4
1	1	1		5,000	5,000							Buyer, 4.121		P2
1	1	1		4,570	4,770							Specifications Officer, .120		P2
1	1	1		4,680	4,840	1	1	1		4,220	4,410	Translator, .136		F1
2	2	2		7,920	8,220							Supply Services Officer, .123		F1
1	1	1		3,440	3,580	1	1	1		3,540	3,680	Senior Supply Clerk, 4.124, 4.134		WL8
				1,780	1,820							Junior Supply Clerk, .137		WL7
						1	1	1		3,170	3,310	Clerk, .125, .129		WL6
						1	1	1				Clerk Stenographer, 4.128, 4.131		WL6
												Clerk, .253, 4.132		WL5
												Clerk Typist, 4.130		WL5
												Cost-of-Living Adjustment		
8	8	8	40,570	41,620	42,680	4	4	4	16,040	16,490	17,170	TOTAL		
1	1	1		4,190	4,340	1	1	1		9,950	10,250	Ch. 3. <u>Administrative Management and Personnel Branch</u>		
1	1	1		5,400	5,600							Chief of Branch, 4.138		P5
1	1	1		5,400	5,600							Secretary, .139		WL6
1	1	1		6,300	6,510							<u>Management Office</u>		
1	1	1		4,100	4,300	1	1	1		4,930	5,130	Management Officer, .141		P2
1	1	1		4,840	4,840							Management Officer, .236		P2
				1,600	2,010							<u>Personnel Office</u>		
						1	1	1				Personnel Officer, .148		P3
												Personnel Officer, 4.145, 4.146		P2
												Personnel Officer, .150		F1
												Administrative Assistant, .241		WL8
						1	1	1		3,490	3,640	Clerk, 4.144		WL7
						1	1	1		3,200	3,340	Clerk, 4.142		WL6
												Clerk, 4.218		WL5
												Cost-of-Living Adjustment		
6	6	7	29,250	31,830	38,000	4	4	4	22,450	22,690	23,510	TOTAL		
1	1	1		9,380	9,650							Ch. 4. <u>Budget and Finance Branch</u>		
1	1	1		4,230	4,230							Chief of Branch, .152		P5
												Secretary, .157		WL6
												<u>Budget Section</u>		
2	2	2		10,960	11,360	1	1	1		6,780	7,000	Budget Officer, 4.153		P3
		1			4,030							Budget Analyst, .154, .155		P2
		1			3,060							Budget Clerk		WL8
												Clerk, .158		WL5

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		12,070	12,200
												1	1	1	4,780	4,840	
															910	920	
															19,930	17,760	17,960
															4,800	6,300	6,300
												2	2	2	24,730	24,060	24,260
												1	1	1		7,530	7,750
												1	1	1		5,170	5,370
												1	1	1		6,700	6,700
												1	1	1		5,000	5,000
1	1	1		4,220	4,410							1	1	1		4,570	4,770
												2	2	2		8,440	8,820
												1	1	1		4,680	4,840
1	1	1		4,010	4,030							2	2	2		7,920	8,220
1	1	1		4,110	4,260							2	2	2		7,550	7,710
												2	2	2		7,550	7,840
												1	1	1		3,170	3,310
																2,170	2,220
3	3	3	11,840	12,340	12,700							15	15	15	68,450	70,450	72,550
												1	1	1		9,950	10,250
												1	1	1		4,190	4,340
												1	1	1		5,400	5,600
												1	1	1		5,400	5,600
1	1	1		5,100	5,300							1	1	1		6,300	6,510
												2	2	3		10,030	15,230
												1	1	1		4,100	4,300
1	1	1		3,760	3,930							1	1	1		4,840	4,840
												1	1	1		3,760	3,930
		1			3,070							1	1	1		3,490	3,640
												1	1	2		3,200	6,410
				380	400											3,100	3,560
2	2	3	8,860	9,240	12,700							12	12	14	60,560	63,760	74,210
												1	1	1		9,380	9,650
												1	1	1		4,230	4,230
												1	1	1		6,780	7,000
												2	2	2		10,960	11,360
														1			4,030
														1			3,060

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			HEADQUARTERS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
Budget and Finance Branch (continued)													
<u>Finance Section</u>													
2	2	2		10,130	10,530	1	1	1		6,480	6,700	Finance Officer, 4.160	P3
1	1	1		5,030	5,230							Senior Accountant, .170, .177	P2
1	1	1		4,580	4,780	3	3	3		13,680	14,080	Disbursing Officer, .250	P2
2	2	2		8,790	9,180							Junior Accountant, .165, 4.164, 4.171, 4.172	P1
1	1	1		3,960	4,130	1	1	1		3,900	4,070	Senior Accounting Clerk, .179, .233	WL8
1	1	1		4,060	4,210	2	2	2		7,720	8,020	Junior Accounting Clerk, .163, 4.166, 4.180	WL7
2	2	2		7,230	7,440							Clerk, .162, 4.174, 4.176, 4.182	WL6
				3,000	3,120					2,030	2,090	Clerk, .167, .168, 4.169	WL5
Cost-of-Living Adjustment													
14	14	16	66,870	71,350	80,950	8	8	8	39,070	40,590	41,960	TOTAL	
<u>Ch. 5. General Services Office</u>													
1	1	1		8,210	8,460							Chief of Office, .184	P4
1	1	1		4,030	4,180							Secretary, .186	WL6
<u>Travel</u>													
1	1	1		4,330	4,500	1	1	1		4,680	4,880	Travel Officer, 4.187	P1
						1	1	1		3,060	3,200	Clerk, .188	WL7
												Clerk Stenographer, 4.189	WL5
<u>Records and Communications</u>													
1	1	1		4,380	4,580							Records and Communications Officer, .191	P1
2	2	2		8,440	8,460	1	1	1		3,950	4,090	Clerk, .192, .193, 4.194	WL6
1	1	1		3,730	3,870							Clerk, .195, 4.198	WL5
1	1	1		3,000	3,120							Clerk, .200	WL4
<u>Printing</u>													
1	1	1		3,830	4,000	1	1	1		5,000	5,000	Printing Officer, 4.201	P1
1	1	1		4,380	4,380							Printing Technician, .202	WL7
2	2	2		6,840	7,120	1	1	1		3,490	3,640	Clerk, .203	WL6
												Clerk Operator, 4.291	WL6
												Machine Operator, .207, .208, 4.204	WL5
<u>Property Services</u>													
1	1	1		5,180	5,180	1	1	1		5,730	5,930	Property Officer, 4.215	P2
2	2	2		7,440	7,740							Technician, .217	WL8
1	1	1		4,380	4,380							Clerk, .216, .219	WL6
1	1	1		3,740	3,880							Switchboard Supervisor, .220	WL6
1	1	1		3,280	3,420							Switchboard Operator, .221	WL5
1	1	1		3,010	3,130							Clerk, .223	WL5
						1	1	1		3,120	3,240	Clerk, .214	WL4
1	1	1		2,690	2,810							Mail Clerk, 4.224	WL4
1	1	1		3,090	2,790							Chauffeur Clerk	WL4
					3,090							Chauffeur Laborer, .227	WL3
												Handy Man, .225	WL3
<u>Visual Aids</u>													
1	1	1		7,530	7,750							Visual Aids Officer, .209	P3
1	1	1		5,000	5,000							Technician, .210	P1
3	3	4		13,150	17,760							Draftsman, .211, .212, .213	WL8
1	1	1		3,260	3,400							Clerk Stenographer, .214	WL5
				1,890	1,930					1,160	1,190	Cost-of-Living Adjustment	
27	27	29	113,720	114,810	124,930	7	7	7	24,760	30,190	31,170	TOTAL	

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		6,480	6,700
												2	2	2		10,130	10,530
												1	1	1		5,030	5,230
												4	4	4		18,260	18,860
1	1	1		3,950	4,090							2	2	2		8,790	9,180
1	1	1		3,420	3,570							3	3	3		11,810	12,290
1	1	1		3,270	3,410							4	4	4		15,200	15,800
												3	3	3		10,500	10,850
																5,030	5,210
3	3	3	10,080	10,640	11,070							25	25	27	116,020	122,580	133,980
												1	1	1		8,210	8,460
												1	1	1		4,030	4,180
												1	1	1		4,680	4,880
												1	1	1		4,330	4,500
												1	1	1		3,060	3,200
1	1	1		3,720	3,860							1	1	1		4,380	4,580
												3	3	3		12,390	12,550
												2	2	2		7,450	7,730
												1	1	1		3,000	3,120
1	1	1		3,560	3,690							1	1	1		5,000	5,000
												1	1	1		3,830	4,000
												1	1	1		4,380	4,380
												1	1	1		3,490	3,640
												3	3	3		10,400	10,810
												1	1	1		5,730	5,930
												1	1	1		5,180	5,180
												2	2	2		7,440	7,740
												1	1	1		4,380	4,380
												1	1	1		3,740	3,880
												1	1	1		3,280	3,420
												1	1	1		3,010	3,130
												1	1	1		3,120	3,240
																	2,810
												1	1	1		2,690	2,790
												1	1	1		3,090	3,090
												1	1	1		7,530	7,750
												1	1	1		5,000	5,000
												3	3	4		13,150	17,760
												1	1	1		3,260	3,400
																3,050	3,120
2	2	2	5,820	7,280	7,550							36	36	38	144,300	152,280	163,650

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II HEADQUARTERS	GRADE	
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	SECTION 4		
			\$	\$	\$				\$	\$	\$	DIVISION OF PUBLIC HEALTH (For text see page 13)		
												Ch. 1. <u>Office of the Chief</u>		
1	1	1		11,400	11,670							Chief of Division, .72		
1	1	1		4,080	4,250							Secretary, .73		
1	1	2		3,260	6,470							Clerk Stenographer, .74, .286		
				860	880							Cost-of-Living Adjustment		
			22,070	19,600	23,270							Cost of Posts		
			11,000	14,000	14,000				14,000	14,000	14,000	Duty Travel for Division		
3	3	4	33,070	33,600	37,270				14,000	14,000	14,000	TOTAL		
												Ch. 2. <u>Health Promotion Branch</u>		
1	1	1		9,700	10,000	1	1	1		9,500	9,500	Chief of Branch, .75		
						1	1	1		8,190	8,440	Medical Officer, 4.79		
1	1	1		4,760	7,900							Public Health Nurse, 4.77		
1	1	1		4,120	4,270							Dental Officer, .237		
1	1	1		1,910	3,370	2	2	2		7,590	7,730	Secretary, .82		
				1,090	1,340					1,320	1,340	Clerk Stenographer, 4.83, 4.92, .238		
												Cost-of-Living Adjustment		
2	4	4	14,200	21,580	26,880	4	4	4	25,180	26,600	27,010	TOTAL		
												Ch. 3. <u>Communicable Diseases Branch</u>		
1	1	1		9,980	10,280							Chief of Branch, .86		
1	1	1		9,500	9,500	2	2	2		16,060	16,560	Veterinarian, .88		
1	1	1		3,490	3,640							Medical Officer, 4.89, 4.239		
2	2	2		8,120	8,300	1	1	1		3,210	3,350	Secretary, .91		
												Clerk Stenographer, 4.84, .93, .95		
												<u>Epidemiological and Statistical Section</u>		
1	1	1		8,230	8,480							Technical Officer, .96		
1	1	1		7,750	8,000							Statistician, .97		
1	1	1		6,400	6,400	1	1	1		5,980	6,180	Statistician, .98, 4.99		
2	2	2		10,000	10,000							Statistician, .100, .101		
1	1	1		4,480	4,660	1	1	1		4,320	4,510	Technical Assistant, .102, 4.103		
2	2	2		7,480	7,620	1	1	1		4,190	4,340	Clerk Stenographer, .104, .105, 4.106		
				3,900	3,960					1,650	1,700	Cost-of-Living Adjustment		
13	13	13	76,860	79,330	80,840	6	6	6	34,320	35,410	36,640	TOTAL		
												Ch. 4. <u>Environmental Sanitation Branch</u>		
1	1	1		8,440	8,690	1	1	1		9,900	10,200	Chief of Branch, 4.107		
						1	1	1		3,490	3,640	Public Health Engineer, .245		
2	2	2		7,560	7,850							Secretary, 4.111		
				630	650					740	770	Clerk Stenographer, .110, .246		
												Cost-of-Living Adjustment		
3	3	3	12,080	16,630	17,190	2	2	2	13,770	14,130	14,610	TOTAL		
												SECTION 5		
												COMMON STAFF COSTS (For text see page 13)		
			13,890	12,470	14,000				5,520	5,800	5,800	Ch. 1. Dependents' Allowance		
			8,030	7,200	6,730					2,900	2,900	Ch. 2. Repatriation Grant		
			80,110	88,370	95,840				38,820	42,790	44,290	Ch. 3. Pension Fund		
			4,850	6,390	7,010				2,240	3,040	3,150	Ch. 4. Staff Insurance		
			19,390	10,150	22,630				7,750	850	6,920	Ch. 5. Home Leave Travel		
			12,270		11,820				5,740			Ch. 6. Recruitment Travel		
			63,000	66,150	69,460				43,740	43,480	47,140	Ch. 7. Reimbursement of Income Tax		
			201,540	190,730	227,490				103,810	98,860	110,200	TOTAL		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		11,400	11,670
												1	1	1		4,080	4,250
												1	1	2		3,260	6,470
																860	880
															22,070	19,600	23,270
			3,500	2,000	2,000				5,640	1,710					34,140	31,710	30,000
			3,500	2,000	2,000				5,640	1,710		3	3	4	56,210	51,310	53,270
												1	1	1		9,700	10,000
												1	1	1		9,500	9,500
												1	1	1		8,190	8,440
						1				2,900		1	1	1		7,660	7,900
												1	1	1		4,120	4,270
						1				1,330		3	3	3		10,830	11,100
										220						2,630	2,680
						2			11,090	4,450		8	8	8	50,470	52,630	53,890
												1	1	1		9,980	10,280
												1	1	1		9,500	9,500
												2	2	2		16,060	16,560
												1	1	1		3,490	3,640
												3	3	3		11,330	11,650
												1	1	1		8,230	8,480
												1	1	1		7,750	8,000
												2	2	2		12,380	12,580
												2	2	2		10,000	10,000
												2	2	2		8,800	9,170
												3	3	3		11,670	11,960
																5,550	5,660
												19	19	19	111,180	114,740	117,480
												1	1	1		9,900	10,200
												1	1	1		8,440	8,690
												1	1	1		3,490	3,640
												2	2	2		7,560	7,850
																1,370	1,420
												5	5	5	25,850	30,760	31,800
			200	200	440				800	330					20,410	18,800	20,240
				100	200										8,030	10,200	9,830
			6,080	6,420	7,920				1,470	600					126,480	138,180	148,050
			380	460	550				100	40					7,570	9,930	10,710
			2,210		2,500					3,400					29,350	44,400	32,050
					1,800										18,010		13,620
			2,070	1,980	2,080				550	200					109,360	111,810	118,680
			10,940	9,160	15,490				2,920	4,570					319,210	303,320	353,180

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART II HEADQUARTERS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
			16,000	16,000	16,335				6,800	6,800	6,940			
			1,470	1,470	1,600				620	620	680			
			4,000	4,000	4,135				1,700	1,700	1,755			
			300	300	330				128	128	145			
			300	300	330				128	128	145			
			530	530	935				229	229	395			
			400	400	530				170	170	230			
			1,000	1,000	1,335				425	425	560			
			2,330	1,200	2,000				995	505	850			
			1,400	1,400	1,470				595	595	620			
			27,730	26,600	29,000				11,790	11,300	12,320			
			8,500	8,500	8,500				3,825	3,825	4,675			
			4,600	4,600	4,600				6,290	6,290	6,290			
			1,100	1,100	1,300				1,105	1,105	1,440			
			6,400	6,400	6,665				2,720	2,720	2,835			
			200	200	200				1,000	1,000	1,000			
			5,000	5,000	6,000				850	850	850			
			2,000	2,000	2,600				745	745	810			
			920	920	1,055				145	145	145			
			330	330	330				315	315	340			
			730	730	800				145	145	145			
			330	330	330									
			30,110	30,110	32,380				17,140	17,140	18,530			
			6,530	6,530	8,000				2,780	2,780	3,400			
			5,335	5,335	6,000				2,265	2,265	2,550			
			5,335	5,335	5,335				2,265	2,265	2,265			
			800	800	1,335				340	340	565			
			18,000	18,000	20,670				7,650	7,650	8,780			
			3,670	3,670	4,200				1,560	1,560	1,530			
			1,300	1,300	6,000				1,300	1,300	6,000			
			27,730	26,600	29,000				11,790	11,300	12,320			
			30,110	30,110	32,380				17,140	17,140	18,530			
			18,000	18,000	20,670				7,650	7,650	8,780			
			3,670	3,670	4,200				1,560	1,560	1,530			
			1,300	1,300	6,000				1,300	1,300	6,000			
			80,810	79,680	92,250				39,440	38,950	47,160			

* Direct Charges

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
			1,200	1,200	1,230										24,000	24,000	24,505
			110	110	120										2,200	2,200	2,400
			300	300	310										6,000	6,000	6,200
			22	22	25										450	450	500
			22	22	25										450	450	500
			41	41	70										800	800	1,400
			30	30	40										600	600	800
			75	75	100										1,500	1,500	1,995
			175	95	150				18,770						22,270	1,800	3,000
			105	105	110										2,100	2,100	2,200
			2,080	2,000	2,180				18,770						60,370	39,900	43,500
			675	675	825										13,000	13,000	14,000
			1,110	1,110	1,110										12,000	12,000	12,000
			195	195	260										2,400	2,400	3,000
			480	480	500										9,600	9,600	10,000
															1,200	1,200	1,200
			150	150	150										5,000	5,000	6,000
			130	130	135										3,000	3,000	3,600
			25	25	25										1,795	1,795	2,000
															500	500	500
			55	55	60										1,100	1,100	1,200
			25	25	25										500	500	500
			2,845	2,845	3,090										50,095	50,095	54,000
			490	490	600										9,800	9,800	12,000
			400	400	450										8,000	8,000	9,000
			400	400	400										8,000	8,000	8,000
			60	60	100										1,200	1,200	2,000
			1,350	1,350	1,550										27,000	27,000	31,000
			275	275	270										5,505	5,505	6,000
															2,600	2,600	12,000
			2,080	2,000	2,180				18,770						60,370	39,900	43,500
			2,845	2,845	3,090										50,095	50,095	54,000
			1,350	1,350	1,550										27,000	27,000	31,000
			275	275	270										5,505	5,505	6,000
															2,600	2,600	12,000
			6,550	6,470	7,090				18,770						145,570	125,100	146,500

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1			7,360													
				24,070													
				800													
				1,000													
				20,000													
2	1		16,160	29,470								2	1		16,160	29,470	
															(100,000)	(100,000)	
2	1		16,160	29,470								2	1		16,160	29,470	
									*12,500								
			3,300														
			3,300						12,500						15,800		
															(225,000)		
			3,300						12,500						15,800		
															7,240		4,000
															7,240		4,000
															7,750		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE I	
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION	
									610			<u>United States-7, WHO Public Health Administration Fellowships</u> (For text see page 16)	
												<u>Fellowships</u>	
												MENTAL HEALTH	
									4,260			<u>United States-8, Mental Health</u> (For text see page 16)	
												<u>Short-term Consultants</u>	
			7,750						4,870			TOTAL - UNITED STATES	
												INTER-COUNTRY PROGRAMS	
												MALARIA	
												<u>AMRO-8, Malaria and Aedes aegypti Eradication (Caribbean)</u> (For text see page 16)	
												Aegypti Adviser, 4.905	Pl
												Malariologist, 4.906	Pl
												Sanitarian, 4.283, 4.994	P2
												Sanitarian, 4.907, 4.908, 4.909, 4.910, 4.284, 4.1088	Pl
												Cost of Posts	
												<u>Allowances</u>	
												Dependents'	
												Staff Insurance	
												<u>Travel and Transportation</u>	
												Duty	
												Initial Recruitment and Repatriation	
												Home Leave	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
												VENEREAL DISEASES AND TREPONEMATOSES	
												<u>AMRO-47, Yaws Eradication and Syphilis Control (Caribbean)</u> (For text see page 17)	
												Medical Officer, 4.1083	Pl
												Serologist, 4.1015	P3
												Cost of Posts	
												<u>Allowances</u>	
												Dependents'	
												Staff Insurance	
												<u>Travel and Transportation</u>	
												Duty	
												Initial Recruitment and Repatriation	
												Home Leave	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															610		
															4,260		
															12,620		
1	1	1		7,580	7,810												
1	1	1		7,750	8,000												
2	2	2		10,970	11,370												
6	7	5		28,080	21,280												
				54,380	48,460												
				9,840 550	8,440 500												
				20,000	17,000												
				1,780	6,100												
				4,110	15,140				1/173,500	216,700	216,100						
				6,000	12,000												
10	11	9	98,900	96,660	107,640				173,500	216,700	216,100	10	11	9	272,400	313,360	323,740
															(700,000)	(500,000)	(500,000)
1	1	1		7,640	7,880												
1	1	1		6,660	7,880												
				14,300	7,880												
				800	800												
				150	80												
				6,000	3,000												
				350													
				940													
				4,000	4,000				65,000	10,000	10,000						
2	2	1	24,670	26,540	15,760				65,000	10,000	10,000	2	2	1	89,670	36,540	25,760
															(200,000)	(200,000)	(200,000)

1/Of this amount \$55,500 has already been allocated by the UNICEF Executive Board.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE I		
			\$	\$	\$				\$	\$	\$	ENVIRONMENTAL SANITATION		Pl
												AMRO-95, Environmental Sanitation (Caribbean) (For text see page 18)		
												Public Health Engineer, 4.1106		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Reimbursement of Income Tax</u>		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												OTHER PROJECTS		
												AMRO-22, Training Center for Public Health Nurses and Sanitary Inspectors (Caribbean) (For text see page 18)		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												FIELD OFFICE (For text see page 15)		
												Area Supervisor, .275		
												Administrative Assistant, .285		
												Secretary, .276		
												Clerk Stenographer, .279		
												Clerk Typist, .287		
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Repatriation Grant		
												Pension Fund		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave Household Goods		
												<u>Hospitality</u>		
												<u>Common Services</u>		
												Space and Equipment Services		
												Other Services		
												Supplies and Materials		
												Fixed Charges and Claims		
												Acquisition of Capital Assets		
5	5	5	29,560	31,390	31,140				500	500	500	TOTAL		
5	5	5	29,560	43,790	31,140				500	500	500	TOTAL - INTER-COUNTRY PROGRAMS		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
1	1	1		7,450	7,680												
				600 70	600 80												
				1,200	1,200												
				3,010	3,010 2,300												
				4,000	4,000					3,000							
1	1	1	14,730	16,330	18,870					3,000		1	1	1	14,730	19,330	18,870
															(500,000)	(650,000)	(800,000)
																12,400	
																(35,000)	
												1	1	1		9,500	9,800
												1	1	1		3,920	4,120
												1	1	1		2,490	2,580
												1	1	1		1,900	1,980
												1	1	1		1,260	1,320
															18,300	19,070	19,800
															800	800	800
															420	750	560
															2,560	2,670	2,770
															140	190	200
															3,000	3,000	3,000
															1,130	300	1,200
															400		
															100	100	100
															50	50	50
															2,350	2,350	2,350
															400	400	400
															110	110	110
															300	2,100	300
												5	5	5	30,060	31,890	31,640
13	14	11	138,300	139,530	142,270				238,500	229,700	226,100	18	19	16	406,860	413,520	400,010

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
1	1	1		11,300	11,600							Zone Representative, .300		D1
1	1	1		8,380	8,630	1	1	1		8,670	8,920	Veterinarian, .337		Pl
						1	1	1		8,670	8,920	Public Health Engineer, 4.303		Pl
1	1	1		6,780	7,000							Medical Officer, 4.302		Pl
1	1	1		6,490	6,720							Public Health Nurse, .304		P3
1	1	1		2,470	2,560							Administrative Officer, .305		P3
1	1	1		2,550	2,640							Chief Supervisor, .310		ML7
1	1	1		1,990	2,070							Accountant, .330		ML7
												Accounting Clerk, .341		ML6
5	5	5		8,700	9,020							Clerk Stenographer, .331, .332, .308, .309, .349		ML5
1	1	1		1,060	1,110							Chauffeur, .311		ML3
1	1	1		630	660							Janitor, .340		ML1
			49,660	50,350	52,010				13,300	17,340	17,840	Cost of Posts		
			1,530	2,430	1,400				210	600	600	<u>Allowances</u>		
			1,790	1,390	1,330				1,900	200	200	Dependents'		
			6,950	7,050	7,280				1,670	2,420	2,500	Repatriation Grant		
			400	510	550				90	180	180	Pension Fund		
												Staff Insurance		
			5,000	5,000	5,000				4,400	4,400	4,400	<u>Travel and Transportation</u>		
			6,790	3,050	5,800				1,970		2,450	Duty		
									4,080			Home Leave		
			200	200	200							Initial Recruitment and Repatriation		
												<u>Hospitality</u>		
			2,970	2,970	2,970				1,000	1,000	1,000	<u>Common Services</u>		
			5,200	5,200	5,200							Space and Equipment Services		
			1,200	1,200	1,200							Other Services		
			170	170	170							Supplies and Materials		
			500	500	500							Fixed Charges and Claims		
												Acquisition of Capital Assets		
14	14	14	82,360	80,020	83,610	2	2	2	28,620	26,140	29,170	TOTAL		
												CUBA		
												MALARIA		
												Cuba-5, Malaria Eradication (For text see page 19)		
												Medical Officer		Pl
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Fellowships</u>		
												Estimated Government Contribution		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES		
1	1	1		8,380	8,630							<u>Cuba-1, <i>Aedes aegypti</i> Eradication</u> (For text see page 19)		
1	1	1		5,370	5,570							Insect Control Adviser, .336 Sanitarian, .344		Ph Ph
				13,750	14,200							Cost of Posts		
												<u>Allowances</u>		
				4,800	4,800							Project Service		
				4,390	4,790							Dependents'		
				640	660							Repatriation Grant		
				1,920	1,990							Pension Fund		
				130	150							Staff Insurance		
												<u>Travel and Transportation</u>		
				2,000	2,000							Duty		
					6,610							Home Leave		
				10,000	10,000							<u>Supplies and Equipment</u>		
2	2	2	40,100	37,630	45,200							Estimated Government Contribution		
												<u>Cuba, (AMRO-60), Smallpox Eradication</u> (For text see page 19)		
												Medical Officer, .1069		Ph
												PUBLIC HEALTH ADMINISTRATION		
												<u>Cuba-3, Public Health Services</u> (For text see page 19)		
												Medical Officer		
												Sanitary Engineer		Ph
												Public Health Nurse		Ph P3
												Cost of Posts		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation		
												Home Leave		
												Estimated Government Contribution		
												<u>Cuba-6, PASB Public Health Administration Fellowships</u> (For text see page 19)		
					8,000							<u>Fellowships</u>		
												NURSING		
												<u>Cuba-4, Nursing Education</u> (For text see page 20)		
												Nursing Educator		P3
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Cuba-4, (continued)		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
2	2	2	40,100	37,630	53,200							TOTAL - CUBA		
												<u>DOMINICAN REPUBLIC</u>		
												MALARIA		
												<u>Dominican Republic-2, Malaria and Aedes aegypti Eradication</u> (For text see page 20)		
												Medical Officer, 4.316 Sanitarian, 4.317		Pl P2
												Cost of Posts		
												<u>Allowances</u>		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												VENEREAL DISEASES AND TREPONEMATOSES		
												<u>Dominican Republic-52, Venereal Disease Control</u> (For text see page 20)		
												Medical Officer, .320		Pl
												<u>Allowances</u>		
												Project Service Dependents' Repatriation Grant Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
1	1	1	13,300	13,390	14,510							<u>Estimated Government Contribution</u>		
												ENDEMO-EPIDEMIC DISEASES		
												<u>Dominican Republic, (AMRO-60), Smallpox Eradication</u> (For text see page 20)		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												2,000		
												2,000		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
1	1	1		7,960	8,210							<u>Dominican Republic-4, Reorganization of Local Health Services</u> (For text see page 20)		
1	1	1		7,710	7,960							Medical Officer, .342		Pl
1	1	1		6,370	6,570							Public Health Engineer, .353		Pl
				22,040	22,740							Public Health Nurse, .343		P3
												Cost of Posts		
												<u>Allowances</u>		
				5,190	5,190							Project Service Dependents'		
				3,000	5,200							Staff Insurance		
				220	230									
												<u>Travel and Transportation</u>		
				1,160	1,160							Duty		
				4,880	1,080							Home Leave		
												<u>Supplies and Equipment</u>		
												4,000		
												<u>Fellowships</u>		
3	3	3	34,950	36,490	39,600									
												<u>Estimated Government Contribution</u>		
												<u>Dominican Republic-7, UN/TA Public Health Administration Fellowships</u> (For text see page 21)		
												<u>Fellowships</u>		
												NURSING		
												<u>Dominican Republic-3, Nursing Education</u> (For text see page 21)		
							1	1	6,000	6,200	6,200	Nurse Educator		P3
								2		9,600	9,600	Nurse Educator		P2
									6,000	15,800		Cost of Posts		
												<u>Allowances</u>		
									1,580	4,890	4,890	Project Service Dependents'		
									240	360	360	Staff Insurance		
									60	160	160			
												<u>Travel and Transportation</u>		
									1,500	2,500	2,500	Initial Recruitment and Repatriation		
										750	750	Home Leave		
									4,000	8,000	8,000	<u>Fellowships</u>		
							1	3	**13,380	**32,460				
4	4	4	48,250	49,880	56,110		1	3	13,380	32,460		TOTAL - DOMINICAN REPUBLIC		
												HAITI		
												MALARIA		
												<u>Haiti-4, Malaria and Aedes aegypti Eradication</u> (For text see page 21)		
												Medical Officer, 4.324		Pl
												Sanitarian, 4.325		P2
												Sanitarian, 4.357, 4.358		P1
												Cost of Posts		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Haiti-4, (continued)		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
												VENEREAL DISEASES AND TREPONEMATOSES		
												<u>Haiti-1, Yaws Eradication and Syphilis Control</u> (For text see page 21)		
1	1	1		7,470	7,690	1	1	1		7,540	7,770	Medical Officer, 4.335, 4.363		Ph
						2	2			12,670		Medical Officer, 4.323, 4.352		P3
						2	2			9,800		Public Health Sanitarian, 4.364, 4.365		P2
				7,470	7,690					30,010	7,770	Cost of Posts		
												<u>Allowances</u>		
				1,730	1,730					8,650	1,730	Project Service		
				600	600					2,720	1,400	Dependents'		
				70	80					300	80	Staff Insurance		
												<u>Travel and Transportation</u>		
				720	720					6,000	720	Duty		
										2,550	850	Initial Recruitment and Repatriation		
					1,000					1,600		Home Leave		
1	1	1	12,800	10,590	11,820	5	5	1	47,610	51,830	12,550			
												<u>Estimated Government Contribution</u>		
												ENDEMO-EPIDEMIC DISEASES		
												<u>Haiti, (AMRO-60), Smallpox Eradication</u> (For text see page 22)		
					3,000							<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
					3,000									
												PUBLIC HEALTH ADMINISTRATION		
												<u>Haiti-2, Local Health Services</u> (For text see page 22)		
												Medical Officer		Ph
												Sanitary Engineer		Ph
												Public Health Nurse		P3
												Cost of Posts		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty		
												Initial Recruitment and Repatriation		
												Home Leave		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Haiti-2, (continued)		
												Supplies and Equipment		
												Fellowships		
												Estimated Government Contribution		
1	1			7,580								Haiti-9, Public Health Laboratory (For text see page 22)		
				1,730								Public Health Laboratory Adviser, .339		P4
				1,400								Allowances		
				80								Project Service Dependents' Staff Insurance		
				2,460								Travel and Transportation		
												Initial Recruitment and Repatriation		
1	1		10,840	13,250								Estimated Government Contribution		
												Haiti-11, Physical Rehabilitation (For text see page 22)		
									8,180			Short-term Consultants		
												Estimated Government Contribution		
												Haiti-12, PASB Public Health Adminis- tration Fellowships (For text see page 22)		
					4,000							Fellowships		
												NURSING		
												Haiti-10, Training of Midwives (For text see page 22)		
						1	1	1	6,000	6,200		Nurse Educator, 4.359 Nurse Educator		P2 P3
									6,000	6,200		Cost of Posts		
									1,870	1,870		Allowances		
									60	60		Project Service Staff Insurance		
									1,500			Travel and Transportation		
										750		Initial Recruitment and Repatriation Home Leave		
						1	1	1	4,210	**9,430	**8,880	Estimated Government Contribution		
2	2	1	23,640	23,840	18,820	6	6	2	60,000	61,260	21,430	TOTAL - HAITI		

**Includes elements for WHO Supplementary Program. See Annex 1.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
					8,000					25,000							
	3	3		19,010	36,380					25,000			3	3		14,010	36,380
																(100,000)	(100,000)
												1	1		10,840	13,250	
															(50,000)	(50,000)	
															8,180		
															(20,000)		
																	4,000
												1	1	1	4,210	9,430	8,880
															(5,000)		
4	7	7	25,770	44,090	65,560					156,000	100,000	12	15	10	109,410	285,190	205,810

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	<u>MEXICO</u>		
												<u>MALARIA</u> <u>Mexico-53, Malaria Eradication</u> (For text see page 23) Medical Officer, 4.338, 4.360 Sanitary Engineer, 4.361 Sanitarian Cost of Posts <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Duty Initial Recruitment and Repatriation Home Leave <u>Supplies and Equipment</u>		Pl Pl Pl
												<u>Estimated Government Contribution</u>		
												VENEREAL DISEASES AND TREPONEMATOSES <u>Mexico-13, Venereal Disease Training Course</u> (For text see page 23) <u>Supplies and Equipment</u> <u>Estimated Government Contribution</u>		
			300	300								ENDEMO-EPIDEMIC DISEASES <u>Mexico-20, Virus Center</u> (For text see page 23) 3,550 <u>Supplies and Equipment</u> 1,000 <u>Fellowships</u>		
									3,550	**1,000		<u>Estimated Government Contribution</u>		
												<u>Mexico-26, Abdes aegypti Eradication</u> (For text see page 23) Medical Officer, 4.314 Sanitarian, 4.347 Sanitarian, 4.348 Cost of Posts <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Home Leave <u>Supplies and Equipment</u>		Pl P2 Pl

**Includes elements for WHO Supplementary Program. See Annex 1.

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
2	2	2		14,810	15,300												
1	1	1		7,580	7,810												
	1	1		3,600	4,950												
				26,020	28,060												
				1,730	1,740												
				260	290												
				1,200	1,200												
				800													
				1,600	2,250												
									1,500,000	1,500,000	1,500,000						
3	4	4	16,820	31,610	33,540				1,500,000	1,500,000	1,500,000	3	4	4	1,516,820	1,531,610	1,533,540
															(3,000,000)	(3,000,000)	(3,000,000)
															300	300	
															(5,000)	(5,000)	(5,000)
															3,550	1,000	
															(30,000)	(30,000)	(30,000)
1	1	1		8,080	8,330												
1	1	1		5,200	5,400												
1	1	1		3,930	4,130												
				17,210	17,860												
				1,300	1,300												
				170	170												
				3,620	2,070												
					3,500												
3	3	3	19,760	22,300	24,900							3	3	3	19,760	22,300	24,900

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Mexico, (AMRO-60), Smallpox Eradication (For text see page 24)		
												<u>Fellowships</u>		
												PUBLIC HEALTH ADMINISTRATION		
												Mexico-22, Integrated Health Services (For text see page 24)		
						1	1	1		7,490	7,710	Public Health Administrator, 4.354		Fl
						1	1	1		7,410	7,640	Sanitary Engineer, 4.367		Fl
						1	1	1		6,280	6,490	Public Health Nurse, 4.356		P3
						1	1	1		4,900	5,100	Sanitarian, 4.366		P2
										26,080	26,940	Cost of Posts		
												<u>Allowances</u>		
										4,600	4,600	Project Service		
										1,300	1,300	Dependents'		
										250	270	Staff Insurance		
										1,400		Reimbursement of Income Tax		
												<u>Travel and Transportation</u>		
										1,500	1,500	Duty		
										920	3,260	Home Leave		
												<u>Supplies and Equipment</u>		
										8,000	8,000	<u>Fellowships</u>		
						4	4	4	27,950	**44,050	45,870	Estimated Government Contribution		
												Mexico-1B (WHO), Mexico-24 (UN/TA), Mexico-25 (PASE), Public Health Administration Fellowships (For text see page 24)		
					4,000				10,850			<u>Fellowships</u>		
												NURSING		
												Mexico-11, Course for Nursing <u>Instructors</u> (For text see page 24)		
										4,900		Short-term Consultants		
										4,200		-Fees		
										4,000		-Travel		
												<u>Fellowships</u>		
					13,100							Estimated Government Contribution		
												Mexico-12, National University - School of Nursing (For text see page 24)		
1	1	1		6,100	6,300							Nurse Educator, .329		P3
1	1	1		5,280	5,480							Nurse Educator, .345		P2
1	1	1		5,230	5,430							Nurse, .350		P2
				16,610	17,210							Cost of Posts		

**Includes elements for WHO Supplementary Program. See Annex 1.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
									2,000						2,000		
										75,000	100,000						
										75,000	100,000	4	4	4	27,950	119,050	115,870
															(100,000)	(100,000)	(100,000)
				20,000	20,000										10,850	20,000	24,000
																13,100	
																(10,000)	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE II		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Mexico-12 (continued)		
												<u>Allowances</u>		
				3,450	3,450							Project Service		
				100	100							Dependents'		
				160	160							Staff Insurance		
												<u>Travel and Transportation</u>		
					2,370							Home Leave		
				8,000	4,000							<u>Fellowships</u>		
2	3	3	12,080	28,320	27,290							<u>Estimated Government Contribution</u>		
												NUTRITION		
												Mexico-23, National Institute of Nutrition (For text see page 24)		
						1	1		7,300	7,530		Medical Nutritionist		Pl
												<u>Allowances</u>		
									1,500	1,500		Project Service		
									240	240		Dependents'		
									70	70		Staff Insurance		
									600			Installation		
												<u>Travel and Transportation</u>		
									900			Initial Recruitment and Repatriation		
										750		Home Leave		
									4,000	4,000		<u>Fellowships</u>		
							1	1	**14,610	**14,090				
2	3	3	12,380	41,720	31,290	4	5	5	42,350	59,660	59,960	TOTAL - MEXICO		
												<u>INTER-COUNTRY PROGRAMS</u>		
												MALARIA		
												AMRO-105, Field Studies of Dieldrin and Other Insecticides (For text see page 24)		
												Entomologist		Ung
												Entomologist		P3
												Biological Aide		ML7
												Biological Aide		ML5
												Cost of Posts		
												<u>Allowances</u>		
												Project Service		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty		
												Initial Recruitment and Repatriation		
												Household Goods		
												<u>Common Services</u>		
												<u>Contingencies</u>		
												TOTAL - INTER-COUNTRY PROGRAMS		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE		
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE III				
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE OFFICE (For text see page 15)				
			\$	\$	\$				\$	\$	\$					
1	1	1		11,300	11,600							Zone Representative, .400 Medical Officer, .401 Sanitary Engineer, .402 Public Health Nurse, .405 Administrative Officer, .407 Accountant, .409 Records and Communications Clerk, .410 Secretary, .411 Senior Clerk, .414 Accounting Clerk, .439 Accounting Assistant, .457 Clerk, .458 Clerk Stenographer, .412, .413, .415, .454 Junior Clerk, .416 Janitor-Messenger, .417		D1		
1	1	1		7,690	7,940	1	1	1		8,150	8,400					Fl
1	1	1		7,020	7,240											Fl
1	1	1		6,930	7,150											P3
1	1	1		3,420	3,420											P3
1	1	1		3,000	3,120											GL8
1	1	1		2,520	2,640											GL7
1	1	1		2,240	2,340											GL6
1	1	1		2,200	2,300											GL6
1	1	1		2,300	2,400											GL6
1	1	1		2,190	2,280											GL6
4	4	4		8,290	8,680											GL5
1	1	1		1,640	1,730											GL3
1	1	1		1,080	1,140											GL2
			60,580	61,810	63,980				7,900	8,150	8,400	Cost of Posts				
												<u>Allowances</u>				
			1,960	2,200	2,200				500	800	800	Dependents'				
			2,080	2,190	1,300				100	100	100	Repatriation Grant				
			8,380	8,650	8,950				1,100	1,140	1,180	Pension Fund				
			480	620	630				80	80	80	Staff Insurance				
												<u>Travel and Transportation</u>				
			3,000	3,000	3,000				1,300	1,300	1,300	Duty				
			2,150	1,560	2,250					1,200		Home Leave				
			200	200	200							<u>Hospitality</u>				
												<u>Common Services</u>				
			3,170	3,170	3,170							Space and Equipment Services				
			5,150	5,150	5,150				1,000	1,000	1,000	Other Services				
			1,000	1,000	1,000							Supplies and Materials				
			390	390	390							Fixed Charges and Claims				
			500	500	500							Acquisition of Capital Assets				
17	17	17	89,040	90,440	92,720	1	1	1	11,980	13,770	12,860	TOTAL				
												<u>ASSISTANCE TO INCAP</u> (For text see page 31)				
1	1	1		10,550	10,850							Medical Director, .946		P5		
1	1	1		8,000	8,250							Assistant Director, .438		Fl		
1	1	1		3,120	3,120							Editorial Assistant, .997		GL7		
				21,670	22,220							Cost of Posts				
												<u>Allowances</u>				
				1,800	2,000							Dependents'				
				3,030	3,120							Pension Fund				
				500	500							Repatriation Grant				
				220	220							Staff Insurance				
												<u>Travel and Transportation</u>				
				2,500	2,500							Duty				
				1,600								Home Leave				
				100	100							<u>Hospitality</u>				
3	3	3	29,420	31,420	30,660							TOTAL				

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		11,300	11,600
												1	1	1		7,690	7,940
												1	1	1		8,150	8,400
												1	1	1		7,020	7,240
												1	1	1		6,930	7,150
												1	1	1		3,420	3,420
												1	1	1		3,000	3,120
												1	1	1		2,520	2,640
												1	1	1		2,240	2,340
												1	1	1		2,200	2,300
												1	1	1		2,300	2,400
												1	1	1		2,180	2,280
												4	4	4		8,290	8,680
												1	1	1		1,640	1,730
												1	1	1		1,080	1,140
															68,480	69,960	72,380
															2,460	3,000	3,000
															2,180	2,290	1,400
															9,480	9,790	10,130
															560	700	710
															4,300	4,300	4,300
															2,150	2,760	2,250
															200	200	200
															3,170	3,170	3,170
															6,150	6,150	6,150
															1,000	1,000	1,000
															390	390	390
															500	500	500
												18	18	18	101,020	104,210	105,580
																10,550	10,850
																8,000	8,250
																3,120	3,120
																21,670	22,220
																1,800	2,000
																3,030	3,120
																500	500
																220	220
																2,500	2,500
																1,600	
																100	100
												3	3	3	29,420	31,420	30,660

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	<u>BRITISH HONDURAS</u> PUBLIC HEALTH ADMINISTRATION <u>British Honduras-3, (UN/TA), British Honduras-4, (WHO), Public Health Administration Fellowships</u> (For text see page 26) Fellowships		
									3,970					
									3,970			TOTAL - BRITISH HONDURAS		
												<u>COSTA RICA</u> MALARIA <u>Costa Rica-2, Malaria Eradication</u> (For text see page 26) Sanitarian Allowances Dependents' Staff Insurance Travel and Transportation Duty Initial Recruitment and Repatriation Home Leave Supplies and Equipment Fellowships		F1
												<u>Estimated Government Contribution</u> PUBLIC HEALTH ADMINISTRATION <u>Costa Rica-15, PASE Public Health Administration Fellowships</u> (For text see page 26) Fellowships		
					4,000									
												NURSING <u>Costa Rica-3, Nursing Education</u> (For text see page 26) Nurse Educator, 4.420 Nurse Educator, 4.421, 4.423, 4.444 Cost of Posts Allowances Dependents' Staff Insurance Travel and Transportation Initial Recruitment and Repatriation Home Leave Supplies and Equipment Fellowships		P3 P2
												<u>Estimated Government Contribution</u>		
					4,000							TOTAL - COSTA RICA		

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				8,000	8,000										3,970	8,000	8,000
				8,000	8,000										3,970	8,000	8,000
	1	1		2,700	3,750												
				50	60												
				30	40												
				600	800												
				800	750												
				3,000						50,000	50,000						
	1	1		7,180	5,400					50,000	50,000	1	1			57,180	55,400
																(50,000)	(50,000)
																	4,000
1	1	1		6,760	6,980												
3	2			10,570													
				17,330	6,980												
				1,000	70												
				170													
				1,100	600												
					500												
				2,000	1,000												
				8,000	4,000												
4	3	1	30,020	29,600	13,150							4	3	1	30,020	29,600	13,150
															(150,000)	(150,000)	(150,000)
4	4	2	30,020	36,780	18,550					50,000	50,000	4	4	2	30,020	86,780	72,550

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE III		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	EL SALVADOR		
			\$	\$	\$				\$	\$	\$	MALARIA		
												El Salvador-2, Malaria Eradication (For text see page 26)		
												Public Health Sanitarian		P1
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												El Salvador-5, Health Demonstration Area (For text see page 26)		
												Medical Officer, 4.425 Sanitary Engineer, 4.426 Public Health Nurse, 4.428, 4.455 Public Health Nurse, 4.427		P4 P4 P3 P2
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												El Salvador-9, PASB Public Health Administration Fellowships (For text see page 27)		
					4,000							<u>Fellowships</u>		
					4,000							TOTAL - EL SALVADOR		
												GUATEMALA		
												MALARIA		
												Guatemala-1, Malaria Eradication (For text see page 27)		
												Medical Officer, 4.1105 Public Health Engineer, 4.1094 Public Health Sanitarian, 4.995		P4 P4 P1
												Cost of Posts		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Guatemala-1, (continued)		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												<u>Guatemala-11, BCG Vaccination</u> (For text see page 27)		
												Medical Officer, 4.461		Pl
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Guatemala-7, (UN/TA), Guatemala-12,</u> (FASB), Public Health Administration <u>Fellowships</u> (For text see page 27)		
					4,000							<u>Fellowships</u>		
												<u>Guatemala-8, Rural Public Health Services</u> (For text see page 28)		
						1	1	1		7,830	8,080	Medical Officer, 4.442		Pl
						1	1	1		7,730	7,980	Sanitary Engineer, 4.447		Pl
						1	1	1		6,270	6,480	Public Health Nurse, 4.443		P3
						1	1	1		5,100	5,300	Public Health Nurse, 4.456		P2
										26,930	27,840	Cost of Posts		
												<u>Allowances</u>		
										7,200	7,200	Project Service		
										2,000	2,000	Dependents'		
										270	270	Staff Insurance		
												<u>Travel and Transportation</u>		
										500	500	Duty		
										2,500	1,000	Home Leave		
										5,000	1,200	<u>Supplies and Equipment</u>		
										8,000	8,000	<u>Fellowships</u>		
						4	4	4	48,600	52,400	48,010	<u>Estimated Government Contribution</u>		

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				860 190	860 200												
				2,950	1,750				* 254,000	280,000	150,000						
				2,000													
3	3	3	25,170	24,870	22,330				254,000	280,000	150,000	3	3	3	279,170	304,870	172,330
															(254,000)	(280,000)	(150,000)
1	1			1,940													
				320 20													
1	1		9,060	2,280								1	1		9,060	2,280	
				8,000	16,000											8,000	20,000
										50,000	50,000						
										50,000	50,000	4	4	4	48,600	102,400	98,010
															(500,000)	(500,000)	(500,000)

*Allocated by UNICEF Executive Board

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												NURSING		
												<u>Guatemala-6, Training of Auxiliary Nurses (For text see page 28)</u>		
						1	1	2		6,300	12,510	Nurse Educator, 4.453		P3
								1			4,800	Nurse Educator		P2
										6,300	17,310	Cost of Posts		
												<u>Allowances</u>		
											300	Dependents'		
										1,800	5,400	Project Service		
										60	170	Staff Insurance		
												<u>Travel and Transportation</u>		
										350	350	Duty		
										400	2,750	Initial Recruitment and Repatriation		
												Home Leave		
										1,200	1,200	<u>Supplies and Equipment</u>		
										8,000	8,000	<u>Fellowships</u>		
						1	1	3	17,650	18,110	35,480			
												<u>Estimated Government Contribution</u>		
					4,000	5	5	7	66,250	70,510	83,490	TOTAL - GUATEMALA		
												HONDURAS		
												MALARIA		
												<u>Honduras-1, Malaria Eradication (For text see page 28)</u>		
												Malariologist, 4.1108		P4
												Sanitarian		P1
												Cost of Posts		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												<u>Honduras-5, BCG Vaccination (For text see page 28)</u>		
												Short-term Consultants		Ung
												-Fees		
												-Travel		
												PUBLIC HEALTH ADMINISTRATION		
												<u>Honduras-4, Rural Public Health Services (For text see page 29)</u>		
												Medical Officer, 4.450		P4
												Sanitary Engineer, 4.451		P4
												Public Health Nurse, 4.446		P3
												Nurse		P2
												Cost of Posts		

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	3	17,650	18,110	35,480
															(50,000)	(50,000)	(50,000)
4	4	3	34,230	35,150	38,330				254,000	330,000	200,000	9	9	10	354,480	435,660	325,820
1	1	1		7,430	7,660												
	1	1		3,700	3,900												
				11,130	11,560												
				300	300												
				110	120												
				500	1,500												
				2,000					*207,000	215,000	150,000						
1	2	2	6,140	11,040	13,480				207,000	215,000	150,000	1	2	2	213,140	229,040	163,480
															(207,000)	(215,000)	(150,000)
				5,600													
				4,800													
			3,900	10,400											3,900	10,400	
1	1	1		7,580	7,810												
1	1	1		7,620	7,850												
1	1	1		6,270	6,470												
	1	1		4,800	5,000												
				26,270	27,130												

* Allocated by UNICEF Executive Board

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Honduras-4, (continued)		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												Honduras-6, PASB Public Health Administration Fellowships (For text see page 29)		
					4,000							<u>Fellowships</u>		
					4,000							TOTAL - HONDURAS		
												NICARAGUA		
												MALARIA		
												Nicaragua-1, Malaria Eradication (For text see page 29)		
												Public Health Sanitarian		P1
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												Nicaragua-3, Rural Public Health Services (For text see page 29)		
												Medical Officer, 4.445 Public Health Engineer, 4.441 Public Health Nurse, 4.446 Nurse, 4.460		P1 P1 P3 P2
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Nicaragua-3, (continued)		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
					4,000							Nicaragua-7, PASE Public Health Administration Fellowships (For text see page 29)		
												<u>Fellowships</u>		
												NURSING		
												Nicaragua-5, Nursing Education (For text see page 29)		
						1	1	1		6,370	6,590	Nurse Educator, 4.448		P3
						2	2	2		10,050	10,450	Nurse Educator, 4.459, 4.449		P2
										16,420	17,040	<u>Cost of Posts</u>		
												<u>Allowances</u>		
										5,550	5,550	Project Service		
										160	160	Dependents'		
										160	170	Staff Insurance		
												<u>Travel and Transportation</u>		
										1,650	1,500	Initial Recruitment and Repatriation		
											750	Home Leave		
										5,000	5,000	<u>Supplies and Equipment</u>		
										8,000	8,000	<u>Fellowships</u>		
						3	3	3	26,070	36,940	38,170			
												<u>Estimated Government Contribution</u>		
					4,000	3	3	3	26,070	36,940	38,170	TOTAL - NICARAGUA		
												PANAMA		
												MALARIA		
												Panama-2, Malaria Eradication (For text see page 30)		
												Medical Officer, 4.1107 Sanitarian		P4 P1
												<u>Cost of Posts</u>		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				4,000					10,000	50,000							
	4	4	380	31,580	30,430				10,000	50,000			4	4	10,380	81,580	30,430
															(150,000)	(200,000)	(200,000)
																	4,000
												3	3	3	26,070	36,940	38,170
															(50,000)	(70,000)	(80,000)
	5	5	380	37,630	35,180				135,000	175,000	125,000	3	8	8	161,450	249,570	202,350
1	1	1		7,450	7,680												
	1	1		3,700	3,900												
				11,150	11,580												
				300	300												
				110	120												
				500	1,500												
				2,000					75,000	75,000	75,000						
1	2	2	6,730	14,060	13,500				75,000	75,000	75,000	1	2	2	81,730	89,060	88,500
															(75,000)	(75,000)	(75,000)

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
												Panama-1, Public Health Services (For text see page 30)		
												Medical Officer, 4.432, 4.434 Public Health Engineer, 4.433 Public Health Nurse, 4.435 Nurse, 4.440		P4 P4 P3 P2
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												Panama-8, PASB Public Health Administration Fellowships (For text see page 30)		
					8,000							<u>Fellowships</u>		
					8,000							TOTAL - PANAMA		
												INTER-COUNTRY PROGRAMS		
												MALARIA		
												AMRO-7, Malaria and Aedes aegypti Eradication (Central America and Panama) (For text see page 30)		
												Medical Officer, 4.900, 4.902 Sanitarian, 4.903 Sanitarian, 4.904		P4 P2 P1
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Home Leave		
												<u>Supplies and Equipment</u>		
												ENDEMO-EPIDEMIC DISEASES		
												AMRO-60, Smallpox Eradication (Zone III) (For text see page 31)		
					4,000							<u>Supplies and Equipment</u>		
					4,000							<u>Fellowships</u>		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												NUTRITION		
												AMRO-51, Assistance to INCAP (For text see page 31)		
												<u>INCAP Meeting Costs</u>		
												<u>Technical Advisory Committee</u>		
				3,000	3,000							Travel of Consultants		
				2,000	2,000							<u>Meeting of the Council</u>		
				1,000	1,000							Travel and Transportation Supplies and Materials		
				4,200	4,200							Short-term Consultants		
				3,600	3,600							-Fees		
												-Travel		
			14,550	13,800	13,800				2,560					
												<u>INCAP Operations - Finances by Member Countries</u>		
												Personal Services and Allowances		
												Travel and Transportation		
												Space and Equipment		
												Other Services		
												Supplies and Materials		
												Fixed Charges and Claims		
												Grants and Contracted Technical Services		
												Fund for Scientific Publications		
												Reserve Fund		
												<u>INCAP Projects - Financed from Contributions and Grants</u>		
												Books, Supplies and Equipment		
												Laboratory Equipment		
												Research and Administrative Services		
												-Library		
												-Graphic Art		
												-Laboratory Equipment		
												-Corn Study		
												Study of Varieties of Corn		
												Nutritional Diseases Investigations		
												Study of Indigenous Plants		
												Protein Nutrition Study		
												Dietary Factors in Kwashiorkor		
												Education and Training		
			14,550	13,800	13,800				2,560			TOTAL - ASSISTANCE TO INCAP		
												ENVIRONMENTAL SANITATION		
												AMRO-104, Short Course in Well- Drilling (For text see page 31)		
			500									All Purposes		
			15,050	13,800	17,800				2,560			TOTAL - INTER-COUNTRY PROGRAMS		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE IV		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE OFFICE (For text see page 15)		
			\$	\$	\$				\$	\$	\$	Zone Representative, .600		D1
1	1	1		11,300	11,600							Medical Officer, .601		P4
1	1	1		8,100	8,350							Public Health Engineer, .602		P4
1	1	1		7,530	7,750	1	1	1		7,530	7,750	Public Health Veterinarian, 4.605		P4
1	1	1		6,200	6,400							Public Health Nurse, .606		P3
1	1	1		6,720	6,940							Administrative Officer, .608		P3
1	1	1		2,820	2,920							Accountant, .609		LL6
1	1	1		2,150	2,250							Accounting Clerk, .654		LL5
1	1	1		2,280	2,380							Secretary, .610		LL5
1	1	1		1,750	1,830							Office Services Clerk, .614		LL4
5	5	5		9,400	9,780							Clerk Stenographer, .611, .612, .613, .615, .616		LL4
1	1	1		720	770							Chauffeur, .617		LL1
1	1	1		610	660							Messenger, .619		LL1
			55,540	59,580	61,630				2,430	7,530	7,750	Cost of Posts		
			2,140	3,000	3,000				130	240	240	<u>Allowances</u>		
			920	2,260	2,180				100	100	100	Dependents'		
			7,690	8,340	8,050				340	1,050	1,090	Repatriation Grant		
			440	600	620				20	80	80	Pension Fund		
												Staff Insurance		
			7,500	7,500	7,500				2,400	2,400	2,400	<u>Travel and Transportation</u>		
			7,480						5,310			Duty		
			1,400	2,330	3,800						1,100	Initial Recruitment and Repatriation		
			200	200	200							Home Leave		
												<u>Hospitality</u>		
			3,590	3,590	3,590				1,000	1,000	1,000	<u>Common Services</u>		
			4,800	4,800	4,800							Space and Equipment Services		
			1,370	1,370	1,370							Other Services		
			170	170	170							Supplies and Materials		
			500	500	500							Fixed Charges and Claims		
												Acquisition of Capital Assets		
16	16	16	93,740	94,240	97,410	1	1	1	11,730	12,400	13,760	TOTAL		
												BOLIVIA		
												MALARIA		
												Bolivia-4, Malaria Eradication (For text see page 32)		
												Malariologist, 4.655		P4
												Sanitary Inspector		P2
												Cost of Posts		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty		
												Initial Recruitment and Repatriation		
												Home Leave		
												<u>Supplies and Equipment</u>		
												Estimated Government Contribution		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1		11,300	11,600
												1	1	1		8,100	8,350
												1	1	1		7,530	7,750
												1	1	1		7,530	7,750
												1	1	1		6,200	6,400
												1	1	1		6,720	6,940
												1	1	1		2,820	2,920
												1	1	1		2,150	2,250
												1	1	1		2,280	2,380
												1	1	1		1,750	1,830
												5	5	5		9,400	9,780
												1	1	1		720	770
												1	1	1		610	660
															57,970	67,110	69,380
															2,270	3,240	3,240
															1,020	2,360	2,280
															8,030	9,390	9,140
															460	680	700
															9,900	9,900	9,900
															12,790		
															1,400	2,330	4,900
															200	200	200
															3,590	3,590	3,590
															5,800	5,800	5,800
															1,370	1,370	1,370
															170	170	170
															500	500	500
												17	17	17	105,470	106,640	111,170
1	1	1		7,900	8,150												
	2	2		8,400	9,950												
				16,300	18,100												
				1,310	1,520												
				170	180												
				490	490												
				1,600	4,700												
									100,000	100,000							
1	3	3	11,130	19,870	24,990							1	3	3	11,130	119,870	124,990
															(67,118)	(250,000)	(250,000)

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES <u>Bolivia-12, Leprosy Control</u> (For text see page 32) Short-term Consultants -Fees -Travel <u>Fellowships</u>		
					4,200 3,600 5,000									
					12,800									
					7,520							<u>Bolivia, (AMRO-60), Smallpox Eradication</u> (For text see page 32) Medical Officer <u>Allowances</u> Project Service Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation <u>Fellowships</u>		Pl
					1,110 600 80									
					700									
					10,010									
1	1	1		7,670	7,920							PUBLIC HEALTH ADMINISTRATION <u>Bolivia-10, Public Health Services</u> (For text see page 32) Medical Officer, .661 Sanitary Engineer, .662 Public Health Nurse, .663 Cost of Posts <u>Allowances</u> Project Service Dependents' Staff Insurance <u>Travel and Transportation</u> Duty Home Leave <u>Supplies and Equipment</u> <u>Fellowships</u>		Pl Pl P3
1	1	1		7,670	7,920									
1	1	1		6,170	6,370									
				21,510	22,210									
				1,980	1,980									
				3,600	3,600									
				220	220									
				1,540	1,540									
				5,200	1,000									
				8,000	8,000									
2	3	3	20,200	42,050	38,550							Estimated Government Contribution <u>Bolivia-11, Joint Field Mission on Indigenous Population</u> (For text see page 32) Public Health Administrator, 4.1022 <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation Home Leave		Pl

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	12,800
									1,000								
									1,000						1,000		10,010
										25,000							
										25,000		2	3	3	20,200	67,050	38,550
															(10,526)	(10,526)	(10,526)
1	1			7,730													
				600													
				80													
				800													
				1,450													
1	1		9,500	10,660								1	1		9,500	10,660	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												NURSING		
												Bolivia-5, Nursing Education (For text see page 33)		
						1	1	1		6,700	6,930	Nurse Educator, 4.651		P3
						2	2	2		10,180	10,580	Nurse Educator, 4.656, 4.665		P2
										16,880	17,510	Cost of Posts		
												<u>Allowances</u>		
										2,850	2,850	Project Service		
										60	60	Dependents'		
										170	170	Staff Insurance		
												<u>Travel and Transportation</u>		
										60	60	Duty		
										1,250	1,250	Home Leave		
											2,000	<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
						3	3	3	17,120	21,270	23,900			
												<u>Estimated Government Contribution</u>		
												ENVIRONMENTAL SANITATION		
												Bolivia-6, Study of Water Supply (La Paz) (For text see page 33)		
												<u>Fellowships</u>		
2	3	3	20,200	42,050	61,360	3	3	3	17,120	21,270	23,900	TOTAL - BOLIVIA		
												COLOMBIA		
												MALARIA		
												Colombia-5, Malaria Eradication (For text see page 33)		
												Malaria Eradication Adviser, 4.674		Ph
												Malarialogist, 4.675		Ph
												Entomologist, 4.680		P3
												Cost of Posts		
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty		
												Initial Recruitment and Repatriation		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												Colombia-15, Tuberculosis Control (BCG) (For text see page 34)		
												Medical Officer, 4.659		Ph
												<u>Estimated Government Contribution</u>		

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
			3,300	4,500	6,000												
			3,300	4,500	6,000							3	3	3	20,420	25,770	29,900
															(8,537)	(32,927)	(32,927)
			2,300												2,300		
2	4	3	26,230	35,030	30,990				1,000	125,000	100,000	7	10	9	64,550	223,350	216,250
1	1	1		7,340	7,560												
1	1	1		7,530	7,750												
1	1			2,050													
				16,920	15,310												
				1,080	880												
				160	160												
				370	370												
				1,600													
				1,050	1,500												
									*40,000	700,000	700,000						
3	3	2	22,360	21,180	18,220				40,000	700,000	700,000	3	3	2	62,360	721,180	718,220
															(835,000)	(2,000,000)	(2,000,000)
1			6,330									1			6,330		
															(200,000)		

*Allocated by UNICEF Executive Board

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	ENDEMO-EPIDEMIC DISEASES <u>Colombia-19, Leprosy Control</u> (For text see page 34) Short-term Consultants -Fees -Travel <u>Supplies and Equipment</u> <u>Fellowships</u>		
					4,900 4,200									
					5,000									
					14,100							<u>Estimated Government Contribution</u> <u>Colombia-22, Aedes aegypti Eradication</u> (For text see page 34) Technical Adviser, 4.622 Sanitarian, 4.624 Sanitary Inspector Cost of Posts <u>Allowances</u> Dependents' Pension Fund Staff Insurance <u>Travel and Transportation</u> Duty Initial Recruitment and Repatriation Home Leave		Ph P2 P2
												<u>Colombia-52, Yellow Fever, Carlos Finlay Institute</u> (For text see page 34)		
			31,600	31,600	31,600							<u>Cooperative Agreement</u> <u>Estimated Government Contribution</u> <u>Colombia, (AMRO-60), Smallpox Eradication</u> (For text see page 34) Medical Officer, .1084 Sanitary Inspector, .1093		Ph P1
												<u>Allowances</u> Project Service Dependents' Staff Insurance <u>Travel and Transportation</u> Duty		
												PUBLIC HEALTH ADMINISTRATION <u>Colombia-4, Public Health Services</u> (For text see page 35) Medical Officer, 4.666 Public Health Engineer, 4.667 Medical Officer Public Health Nurse, 4.621, 4.668 Public Health Nurse, 4.679 Cost of Posts		Ph P1 P1 P3 P2

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE IV		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Colombia-4, (continued)		
												<u>Allowances</u>		
												Dependents' Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Colombia-20, Planning and Evaluation of Public Health Services</u> (For text see page 35)		
												Short-term Consultants -Fees -Travel		
					4,200									
					3,600									
					7,800									
												<u>Colombia-21, PASB Public Health Administration Fellowships</u> (For text see page 35)		
												<u>Fellowships</u>		
					10,000									
												NUTRITION		
												<u>Colombia-16, National Institute of Nutrition</u> (For text see page 35)		
												Nutritionist		Pl ₁
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
			31,600	31,600	63,500							TOTAL - COLOMBIA		
												ECUADOR		
												MALARIA		
												<u>Ecuador-11, Malaria Eradication</u> (For text see page 35)		
												Medical Officer Sanitary Inspector		Pl ₁ P2
												Cost of Posts		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				840 1,230 400	840 1,260 410												
				670 900 1,560 100	670 2,700												
					16,000												
5	6	6	56,150	46,680	61,200							5	6	6	56,150	46,680	61,200
															(200,000)	(680,000)	(1,436,000)
																	7,800
																	10,000
	1	1		5,480	7,470												
				180 50	210 70												
				900	750												
				6,000	8,000												
	1	1		12,610	16,530								1	1		12,610	16,530
															(40,000)	(40,000)	(40,000)
11	13	12	101,380	105,430	122,060	2	1		65,460	742,690	700,000	13	14	12	198,440	879,720	885,560
	1 2	1 2		7,410 9,700	7,640 10,100												
				17,110	17,740												

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Ecuador-14, (continued)		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												TUBERCULOSIS		
												Ecuador-5, Tuberculosis Teaching Center (For text see page 36)		
									3,100	2,500	2,500	<u>Fellowships</u>		
												ENDEMO-EPIDEMIC DISEASES		
												Ecuador-11, National Institute of Health (For text see page 36)		
												Specialist in Viruses, 4.645 Chemist, 4.646		Ph Ph
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												Ecuador-18, Leprosy Control (For text see page 36)		
												Short-term Consultants -Fees -Travel		
												<u>Fellowships</u>		
												4,200 3,600 5,000 12,800		
												Ecuador, (AMRD-60), Smallpox Eradication (For text see page 36)		
												Medical Officer		Ph
												<u>Allowances</u>		
												Project Service Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
				360 170	360 180												
				800 500	2,250				160,000	130,000	134,000						
					4,950												
	3	3		18,940	25,480				160,000	130,000	134,000		3	3	160,000	148,940	159,480
															(177,143)	(354,286)	(354,286)
															3,100	2,500	2,500
1 1	1 1			3,650 3,650													
				7,300													
				240 80													
				1,800													
				7,000	8,000												
2	2		4,380	16,420	8,000							2	2		4,380	16,420	8,000
															(172,911)		
																	12,800
							1			7,300							
										1,440 600 70							
										1,330							
							1		1,000	10,740			1		1,000	10,740	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE IV		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
						1	1	1		7,470	7,690	Ecuador-4, Rural Public Health Services (For text see page 36)		P4 P3
							1	1		6,940	7,170	Medical Officer, 4.652 Public Health Nurse, 4.678		
										14,410	14,860	Cost of Posts		
												<u>Allowances</u>		
										2,880	2,880	Project Service		
										200	200	Dependents'		
										140	150	Staff Insurance		
												<u>Travel and Transportation</u>		
										3,500	3,500	Duty		
											1,900	Home Leave		
												<u>Supplies and Equipment</u>		
										8,000	8,000	Fellowships		
						1	2	2	19,110	29,130	31,490			
												<u>Estimated Government Contribution</u>		
					4,000							Ecuador-19, PASB Public Health Administration Fellowships (For text see page 37)		
												<u>Fellowships</u>		
												NURSING		
												Ecuador-16, Nursing Education (For text see page 37)		
							1	1		6,000	6,200	Nurse Educator		P3 P2
								1			4,800	Nurse Educator		
										6,000	11,000	Cost of Posts		
												<u>Allowances</u>		
										1,440	2,880	Project Service		
										240	300	Dependents'		
										60	110	Staff Insurance		
												<u>Travel and Transportation</u>		
										300	600	Duty		
										1,500	1,250	Initial Recruitment and Repatriation		
											750	Home Leave		
											5,000	Fellowships		
							1	2		9,540	21,890			
												<u>Estimated Government Contribution</u>		
												NUTRITION		
												Ecuador-53, National Institute of Nutrition (For text see page 37)		
												Medical Nutritionist		P4
												<u>Allowances</u>		
												Dependents'		
												Staff Insurance		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Ecuador-53, (continued)		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
					16,800	1	3	4	22,210	41,170	55,880	TOTAL - ECUADOR		
												PERU		
												MALARIA		
												<u>Peru-5, Malaria Eradication</u> (For text see page 37)		
												Medical Officer Sanitary Inspector		Pl P2
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												ENDEMO-EPIDEMIC DISEASES		
												<u>Peru-24, Leprosy Control</u> (For text see page 37)		
					4,200							Short-term Consultants -Fees -Travel		
					3,600							<u>Fellowships</u>		
					5,000									
					12,800									
												PUBLIC HEALTH ADMINISTRATION		
												<u>Peru-22, Public Health Services</u> (For text see page 38)		
												Medical Officer, 4.681 Sanitary Engineer Public Health Nurse, 4.682		Pl Pl P3
												Cost of Posts		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE	
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES						
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958				
			\$	\$	\$				\$	\$	\$			Peru-22, (continued)	
														<u>Allowances</u>	
														Dependents' Staff Insurance	
														<u>Travel and Transportation</u>	
														Initial Recruitment and Repatriation Home Leave	
														<u>Supplies and Equipment</u>	
														<u>Fellowships</u>	
														<u>Estimated Government Contribution</u>	
														<u>Peru-23, Joint Field Mission on Indigenous Population</u> (For text see page 38)	
														Public Health Administrator, 4.1089	Pl
														<u>Allowances</u>	
														Dependents' Staff Insurance	
														<u>Travel and Transportation</u>	
														Initial Recruitment and Repatriation	
														<u>Peru-25, PASB Public Health Adminis- tration Fellowships</u> (For text see page 38)	
					4,000									<u>Fellowships</u>	
					16,800									TOTAL - PERU	
														<u>VENEZUELA</u>	
														VENEREAL DISEASES AND TREPONEMATOSES	
														<u>Venezuela-52, Venereal Disease Laboratory</u> (For text see page 38)	
														Serologist, .650	P3
1			16,330											<u>Estimated Government Contribution</u>	
														ENDEMO-EPIDEMIC DISEASES	
														<u>Venezuela, (AMRO-60), Smallpox Eradication</u> (For text see page 39)	
														<u>Fellowships</u>	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE IV		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	PUBLIC HEALTH ADMINISTRATION		
												<u>Venezuela-1, Local Health Services</u> (For text see page 39)		
												Public Health Administrator, 4.671 Public Health Engineer, 4.672 Public Health Nurse, 4.673		Pl Pl P3
												Cost of Posts		
												<u>Allowances</u>		
												Dependents' Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												<u>Venezuela-4 (UN/TA), Venezuela-9 (PASB), Public Health Administration Fellowships</u> (For text see page 39)		
					4,000							<u>Fellowships</u>		
												<u>Venezuela-8, Medico-Legal Services</u> (For text see page 39)		
												Short-term Consultants -Fees -Travel		
												<u>Estimated Government Contribution</u>		
1			16,330		4,000							TOTAL - VENEZUELA		
												INTER-COUNTRY PROGRAMS		
												ENDEMO-EPIDEMIC DISEASES		
												<u>AMRO-74, Plague Investigation (Bolivia, Ecuador, Peru)</u> (For text see page 39)		
1			10,880									Medical Officer, .996		Pl
												<u>AMRO-83, Typhus Control (Bolivia, Peru)</u> (For text see page 39)		
1												Medical Officer, .1014 Short-term Consultants -Fees -Travel		Pl
												1,400 1,200		
1			8,140	2,600								<u>Estimated Government Contribution</u>		
2			19,020	2,600								TOTAL - INTER-COUNTRY PROGRAMS		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE V		
			\$	\$	\$				\$	\$	\$	<u>ZONE OFFICE</u> (For text see page 15)		
1	1	1		11,300	11,600							Zone Representative, .700 Public Health Engineer, .702 Administrative Officer, .705 Secretary, .707 Accounting Clerk, .706 Clerk-Stenographer, .708 Clerk, .709 Office Assistant, .710 Chauffeur, .711 Janitor, .712		D1 P4 P3 RL6 RL5 RL4 RL4 RL3 RL2 RL1
1	1	1		7,520	7,750									
1	1	1		6,850	7,070									
1	1	1		2,900	3,010									
1	1	1		2,460	2,550									
1	1	1		1,820	1,890									
1	1	1		1,810	1,880									
1	1	1		1,360	1,420									
1	1	1		960	1,000									
1	1	1		700	720									
			29,230	37,680	38,890							Cost of Posts <u>Allowances</u> Dependents' Repatriation Grant Pension Fund Staff Insurance <u>Travel and Transportation</u> Duty Home Leave <u>Hospitality</u> <u>Common Services</u> Space and Equipment Services Other Services Supplies and Materials Fixed Charges and Claims Acquisition of Capital Assets		
			400	1,200	1,200									
			720	870	770									
			4,090	5,270	5,440									
			230	380	400									
			3,600	3,600	3,600									
				4,290	1,100									
			200	200	200									
			1,970	1,970	1,970									
			3,650	3,650	3,650				1,000	1,000	1,000			
			400	400	400									
			140	140	110									
			2,800	500	500									
10	10	10	47,430	60,150	58,230				1,000	1,000	1,000	TOTAL		
												<u>BRAZIL</u> MALARIA <u>Brazil-24, Malaria Eradication</u> (For text see page 41) <u>Supplies and Equipment</u> VENEREAL DISEASES AND TREPONEMATOSES <u>Brazil-20, Yaws Eradication</u> (For text see page 41) Chief Medical Consultant Field Administrative Medical Officer		Pl Pl
												Cost of Posts <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation Home Leave <u>Supplies and Equipment</u> <u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE V		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												ENDEMO-EPIDEMIC DISEASES <u>Brazil-8, Immunochemistry and Histochemistry Demonstration</u> (For text see page 41) Immuno-Chemist Histo-Chemist Cost of Posts <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation		Pl
												<u>Estimated Government Contribution</u>		
												<u>Brazil-17, Hydatidosis Control</u> (For text see page 41) <u>Fellowships</u> <u>Estimated Government Contribution</u>		
												<u>Brazil-21, Trachoma Control</u> (For text see page 41) Medical Eye Specialist <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation <u>Supplies and Equipment</u>		Pl
												<u>Estimated Government Contribution</u>		
1	1	1		1,530	1,530							<u>Brazil-51, Yellow Fever Laboratory</u> (For text see page 42) Consultant, .714 <u>Allowances</u> Staff Insurance <u>Supplies and Equipment</u>		
				10	10									
				5,000	5,000									
1	1	1	6,820	6,540	6,540									
												<u>Estimated Government Contribution</u>		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
	1	1		3,650	1,820												
		1			5,480												
				3,650	7,300												
				120	250												
				40	70												
				900	900												
	1	2		4,710	8,520								1	2		4,710	8,520
																(20,000)	(20,000)
			5,060	4,000	4,000										5,060	4,000	4,000
															(50,000)	(50,000)	(50,000)
	1	1		3,650	7,410												
				120	240												
				40	80												
				900						34,000							
	1	1		4,710	7,730					34,000			1	1		38,710	7,730
																(35,000)	(50,000)
												1	1	1	6,820	6,540	6,540
															(60,000)	(75,000)	(75,000)

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE V		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	<u>Brazil-53, Schistosomiasis</u> (For text see page 42) Seconded Experts, U.S.P.H.S. <u>Estimated Government Contribution</u>		
			6,010									<u>Brazil (AMRO-60), Smallpox Eradication</u> (For text see page 42) <u>Supplies and Equipment</u>		
					6,000							PUBLIC HEALTH ADMINISTRATION <u>Brazil-16 (UN/TA), Brazil-28 (PASB),</u> <u>Public Health Administration</u> <u>Fellowships</u> (For text see page 42) <u>Fellowships</u>		
					4,000							<u>Brazil-18, National Drug Service</u> (For text see page 42) Drug Control Specialist <u>Allowances</u> Project Service 770 Dependents' 180 Staff Insurance 50 <u>Travel and Transportation</u> Initial Recruitment and Repatriation 900 Fellowships 2,500		Pl
						1	1			5,470		<u>Brazil-18, National Drug Service</u> (For text see page 42) Drug Control Specialist <u>Allowances</u> Project Service 770 Dependents' 180 Staff Insurance 50 <u>Travel and Transportation</u> Initial Recruitment and Repatriation 900 Fellowships 2,500		
						1	1		3,940	9,870		<u>Estimated Government Contribution</u>		
												NURSING <u>Brazil-22, Nursing Education</u> (For text see page 42) Public Health Nurse, 4,716		P3
												<u>Allowances</u> Pension Fund Staff Insurance <u>Travel and Transportation</u> Home Leave		
												<u>Estimated Government Contribution</u>		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															6,010		
															(100,000)		
									8,000	8,000					8,000	8,000	6,000
				4,000	8,000											4,000	12,000
												1	1		3,910	9,870	
															(500,000)	(120,000)	
	1	1		6,960	7,190												
				970 70	1,010 70												
				1,180													
	1	1		9,180	8,270								1	1		9,180	8,270
															(10,000)	(10,000)	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE V		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												MATERNAL AND CHILD HEALTH		
												<u>Brazil-3, Maternal and Child Health</u> (For text see page 43)		
							1	1		7,300	7,530	Public Health Engineer		Pl
												<u>Allowances</u>		
										1,020	1,020	Project Service		
										240	240	Dependents'		
										70	70	Staff Insurance		
												<u>Travel and Transportation</u>		
										1,400	1,800	Duty		
										1,500		Initial Recruitment and Repatriation		
											750	Home Leave		
												<u>Supplies and Equipment</u>		
										8,000	8,000	<u>Fellowships</u>		
							1	1		**19,530	**19,410			
												<u>Estimated Government Contribution</u>		
												ENVIRONMENTAL SANITATION		
												<u>Brazil-12, Refuse Disposal</u> (For text see page 43)		
												Short-term Consultants		
												-Fees		
												-Travel		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		
												OTHER PROJECTS		
												<u>Brazil-19, School of Public Health</u> (For text see page 43)		
							1	1		7,300	7,530	Professor of Public Health		Pl
										2,800	2,800	Short-term Consultants		
										2,400	2,400	-Fees		
												-Travel		
												<u>Allowances</u>		
										1,020	1,020	Project Service		
										240	240	Dependents'		
										70	70	Staff Insurance		
												<u>Travel and Transportation</u>		
										1,500		Initial Recruitment and Repatriation		
											750	Home Leave		
										9,000	9,000	<u>Fellowships</u>		
							1	1		**24,330	23,810			
												<u>Estimated Government Contribution</u>		
1	1	1	12,830	6,540	16,540	1	2	1	3,940	53,730	43,220	TOTAL - BRAZIL		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE VI	GRADE	
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ZONE OFFICE (For text see page 15)		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
1	1	1		11,300	11,600								Zone Representative, .800	D1
1	1	1		8,560	8,810								Medical Officer, .804	P4
1	1	1		9,500	9,500								Public Health Veterinarian, .801	P4
1	1	1		7,040	7,260								Public Health Nurse, .805	P3
1	1	1		6,920	7,150								Administrative Officer, .806	P3
1	1	1		2,510	2,640								Accountant, .807	BAL7
1	1	1		1,680	1,790								Accounting Clerk, .836	BAL6
1	1	1		1,520	1,630								Secretary, .808	BAL5
2	2	2		2,820	3,030								Clerk Stenographer, .809, .810	BAL5
1	1	1		1,000	1,070								Clerk Stenographer, .843	BAL4
1	1	1		1,100	1,180								Clerk Typist, .811	BAL4
1	1	1		1,100	1,180								File Clerk, .812	BAL4
1	1	1		720	760								Chauffeur, .813	BAL2
1	1	1		540	580								Messenger, .814	BAL1
			53,200	56,310	58,180								Cost of Posts	
													<u>Allowances</u>	
			1,740	4,000	4,000								Dependents'	
			3,220	1,670	1,540								Repatriation Grant	
			7,360	7,880	8,120								Pension Fund	
			400	560	590								Staff Insurance	
													<u>Travel and Transportation</u>	
			6,000	6,000	6,000				1,900	1,900	1,900		Duty	
			6,210	460	6,330								Home Leave	
			200	200	200									
													<u>Hospitality</u>	
													<u>Common Services</u>	
			4,140	4,000	4,000								Space and Equipment Services	
			7,500	7,500	7,500				1,000	1,000	1,000		Other Services	
			1,610	1,610	1,610								Supplies and Materials	
			160	160	160								Fixed Charges and Claims	
			500	500	500								Acquisition of Capital Assets	
14	14	14	92,240	90,850	98,730				2,900	2,900	2,900		TOTAL	
													<u>ARGENTINA</u>	
													MALARIA	
													<u>Argentina-8, Malaria Eradication</u>	
													(For text see page 44)	
													Supplies and Equipment	
													ENDEMO EPIDEMIC DISEASES	
													<u>Argentina-11, Rabies Control</u>	
													(For text see page 44)	
													Short-term Consultants	
												1,400	-Fees	
												1,200	-Travel	
												4,500	Supplies and Equipment	
												6,500	Fellowships	
												**13,600		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE VI		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
1	1	1		7,660	7,900							<u>Argentina-51, Abdes aegypti Eradication</u> (For text see page 44) Medical Officer, .815 Sanitary Inspector, .837, .849 Cost of Posts <u>Allowances</u> Project Service Dependents' Staff Insurance <u>Travel and Transportation</u> Duty Home Leave <u>Supplies and Equipment</u>		P4 P2
2	2	2		10,740	15,940									
				18,400	23,840									
				3,150	4,200									
				1,840	2,440									
				180	240									
				1,730	5,520									
				500	3,450									
				3,000	3,000									
3	3	3	27,430	28,800	42,690									
												<u>Estimated Government Contribution</u> PUBLIC HEALTH ADMINISTRATION <u>Argentina-4, Malbran Institute</u> (For text see page 44) 1 1 7,300 7,530 Scientist <u>Allowances</u> 1,080 1,080 Project Service 240 240 Dependents' 70 80 Staff Insurance <u>Travel and Transportation</u> 1,500 Initial Recruitment and Repatriation 750 Home Leave 1,500 1,500 <u>Supplies and Equipment</u> 8,000 8,000 <u>Fellowships</u>		P4
							1	1	3,970	**19,690	19,180			
												<u>Estimated Government Contribution</u> <u>Argentina-6 (WHO), Argentina-13 (PASB),</u> Public Health Administration <u>Fellowships</u> (For text see page 44) 10,000 10,120 <u>Fellowships</u>		
												<u>Argentina-7, Local Health Services</u> (For text see page 45) Public Health Administrator Sanitary Engineer Public Health Nurse Cost of Posts <u>Allowances</u> Dependents' Staff Insurance <u>Travel and Transportation</u> Initial Recruitment and Repatriation Home Leave		P4 P4 P3

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE VI		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												Argentina-7, (continued)		
												Supplies and Equipment		
												Fellowships		
												Estimated Government Contribution		
												Argentina-12, Survey of Health Services (For text see page 45)		
												Short-term Consultants -Fees -Travel		
			19,050		7,800									
												NURSING		
												Argentina-3, Nursing Education (For text see page 45)		
							1	1		6,000	6,200	Nurse Educator		P3
												Allowances		
										1,080	1,080	Project Service		
										240	240	Dependents'		
										60	60	Staff Insurance		
												Travel and Transportation		
										1,500		Initial Recruitment and Repatriation Home Leave		
											750			
										1,000	1,000	Supplies and Equipment		
										8,000	8,000	Fellowships		
							1	1		**17,880	**17,330			
												Estimated Government Contribution		
3	3	3	46,480	28,800	60,490	2	2		14,090	37,570	50,110	TOTAL - ARGENTINA		
												CHILE		
												TUBERCULOSIS		
												Chile-10, Tuberculosis Control (BCG) (For text see page 45)		
										4,620		Short-term Consultants		
												Estimated Government Contribution		
												PUBLIC HEALTH ADMINISTRATION		
												Chile-16 (UN/TA), Chile-25 (WHO), Chile-26 (PASS), Public Health Administration Fellowships (For text see page 45)		
												Fellowships		
												NURSING		
												Chile-20, Midwifery Education (For text see page 45)		
							1	1	1	6,080	6,280	Nurse Educator		P3
												Allowances		
										1,580	1,580	Project Service		
										240	240	Dependents'		
										60	60	Staff Insurance		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE VI		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	Chile-20, (continued)		
												Travel and Transportation		
										250	750	Home Leave		
									1,000	1,000		Supplies and Equipment		
									4,000	4,000		Fellowships		
						1	1	1	4,660	13,210	13,910			
												Estimated Government Contribution		
												MATERNAL AND CHILD HEALTH		
						1						Chile-12, Demonstration Center for Care of Premature Infants (For text see page 46)		
												Public Health Nurse, 4.845		P3
										3,000		Fellowships		
						1			8,730	**3,000				
												Estimated Government Contribution		
												OTHER PROJECTS		
												Chile-17, University of Chile -- Medical School laboratory (For text see page 46)		
												Supplies and Equipment		
					4,000	2	1	1	22,450	16,210	13,910	TOTAL - CHILE		
												PARAGUAY		
												MALARIA		
												Paraguay-1, Malaria Eradication (For text see page 46)		
												Malariaologist Sanitary Inspector		P4 P2
												Cost of Posts		
												Allowances		
												Dependents' Staff Insurance		
												Travel and Transportation		
												Home Leave		
												Supplies and Equipment		
												Fellowships		
												Estimated Government Contribution		
												TUBERCULOSIS		
												Paraguay-7, BCG Vaccination (For text see page 46)		
												Public Health Nurse, 4.841		P2
												Supplies and Equipment		

**Includes elements for WHO Supplementary Program. See Annex 1.

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	1	4,660	13,210	13,910
															(100,000)	(200,000)	(200,000)
												1			8,730	3,000	
															(75,000)	(75,000)	
			70,000												70,000		
			70,000	8,000	4,000							2	1	1	92,450	24,210	21,910
	1	1		7,410	7,640												
	1	1		4,900	5,100												
				12,310	12,740												
				300	300												
				120	130												
				500	1,500												
									50,000	50,000	50,000						
				2,000													
	2	2	5,920	15,230	14,670				50,000	50,000	50,000		2	2	55,920	65,230	64,670
															(10,000)	(10,000)	(10,000)
							1		2,470								
									15,000								
							1		17,470				1		17,470		

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS ZONE VI	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			ENDEMO-EPIDEMIC DISEASES	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958		
			\$	\$	\$				\$	\$	\$	Paraguay-9, Leprosy Control (For text see page 47)	
						1	1			4,870		Medical Officer	Pl
										720		<u>Allowances</u>	
										50		Project Service Staff Insurance	
												<u>Travel and Transportation</u>	
										1,200		Duty	
										600		Initial Recruitment and Repatriation	
										2,500		<u>Fellowships</u>	
						1	1		4,200	9,940			
												<u>Estimated Government Contribution</u>	
												Paraguay (AMRO-60), Smallpox Eradication (For text see page 47)	
					3,000							<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
					3,000								
												PUBLIC HEALTH ADMINISTRATION	
												Paraguay-10, Public Health Services (For text see page 47)	
												Medical Officer, 4.830	Pl
												Maternal and Child Health Adviser, 4.825	Pl
												Public Health Educator, 4.832	Pl
												Sanitary Engineer, 4.831	Pl
												Bacteriologist, 4.822	Pl
												Public Health Veterinarian	Pl
												Serologist, 4.829	P3
												Public Health Nurse, 4.823	P3
												Pediatric Nurse, 4.839	P3
												X-Ray Technician, 4.824	P2
												Sanitarian, 4.833	P2
												Cost of Posts	
												<u>Allowances</u>	
												Dependents'	
												Pension Fund	
												Staff Insurance	
												<u>Travel and Transportation</u>	
												Duty	
												Initial Recruitment and Repatriation	
												Home Leave	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Estimated Government Contribution</u>	
												Paraguay-13, PASB Public Health Administration Fellowships (For text see page 47)	
					4,000							<u>Fellowships</u>	
					7,000	1	1		4,200	9,940		TOTAL - PARAGUAY	

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1		4,200	9,940	
															(50,000)	(50,000)	
										3,000							
										1,000							
										4,000						4,000	3,000
1	1	1		8,460	8,710												
	1	1		7,300	7,530												
1	1	1		8,190	8,440												
1	1	1		8,350	2,130												
	1	1		7,300	7,530												
1	1	1		6,370	6,590												
1																	
1																	
1																	
1																	
				45,970	40,930												
				2,180	1,430												
				1,180	1,220												
				440	410												
				3,790	3,650												
				1,800	1,000												
				2,000	2,560												
				18,000						40,000	40,000						
				20,000													
9	6	6	109,860	95,360	51,200					40,000	40,000	9	6	6	109,860	135,360	91,200
															(241,935)	(241,935)	(241,935)
																	4,000
9	8	8	115,780	110,590	65,870	1			67,470	94,000	90,000	11	9	9	187,450	214,530	162,870

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE VI	
			\$	\$	\$				\$	\$	\$	<u>URUGUAY</u>	
												ENDEMO-EPIDEMIC DISEASES	
												<u>Uruguay-6, National Zoonosis Service</u> (For text see page 47)	
												Short-term Consultants	
												-Fees	
												-Travel	
												2,100	
												1,800	
												1,000	
												1,000	
												<u>Supplies and Equipment</u>	
												4,000	
												4,000	
												<u>Fellowships</u>	
												**5,000	
												8,900	
												<u>Estimated Government Contribution</u>	
												<u>Uruguay (AMRO-60), Smallpox</u> <u>Eradication</u> (For text see page 47)	
												<u>Fellowships</u>	
												PUBLIC HEALTH ADMINISTRATION	
												<u>Uruguay-5, Rural Health Services</u> (For text see page 48)	
												Medical Officer, 4.846	
												Public Health Engineer, 4.847	
												Health Educator	
												Public Health Nurse, 4.848	
												Cost of Posts	
												<u>Allowances</u>	
												Dependents'	
												Staff Insurance	
												<u>Travel and Transportation</u>	
												Initial Recruitment and Repatriation	
												Home Leave	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												<u>Uruguay-8, PASB Public Health Adminis-</u> <u>tration Fellowships</u> (For text see page 48)	
												4,000	
												<u>Fellowships</u>	
												NURSING	
												<u>Uruguay-4, Nursing Education</u> (For text see page 48)	
												<u>Fellowships</u>	
												4,000	
												5,000	
												8,900	
												TOTAL - URUGUAY	

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**Includes elements for WHO Supplementary Program. See Annex 1.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																5,000	8,900
															(50,000)	(50,000)	
										1,000						1,000	
1	1	1		7,600	7,830												
1	1	1		7,360	7,580												
1	1	1		7,300	7,530												
1	1	1		6,280	6,490												
				28,540	29,430												
				1,630	1,630												
				280	290												
				900	650												
				1,150	1,500												
					3,780				*100,500		50,000						
				8,000	20,000												
3	4	4	28,400	40,500	57,280				100,500		50,000	3	4	4	128,900	40,500	107,280
																	4,000
				8,000	11,000											8,000	11,000
3	4	4	28,400	48,500	71,280	1	1		100,500	1,000	50,000	4	5	4	128,900	54,500	134,180

*Allocated by UNICEF Executive Board.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	ZONE VI	
			\$	\$	\$				\$	\$	\$	<u>INTER-COUNTRY PROGRAMS</u>	
												ENDEMO-EPIDEMIC DISEASES	
												AMRO-43, Hydatidosis Control (Argentina, Chile, Uruguay) (For text see page 48)	
				4,000	4,000							<u>Supplies and Equipment</u>	
				8,000	8,000							<u>Fellowships</u>	
				2,000	2,000							<u>Grant</u>	
				14,000	14,000							Zone VI, (AMRO-60), Smallpox Eradication (For text see page 48)	
												Medical Officer, .1091	Pl
												<u>Allowances</u>	
												Project Service	
												Dependents'	
												Staff Insurance	
												<u>Travel and Transportation</u>	
												Duty	
												Initial Recruitment and Repatriation	
				14,000	14,000							TOTAL - INTER-COUNTRY PROGRAMS	
												PART III	
												FIELD AND OTHER PROGRAMS	
												INTER-ZONE	
												MALARIA	
												AMRO-90, Eradication of Malaria (COMEP) (For text see page 49)	
1	1	1		12,000	12,000							Medical Officer, .1023	Ung.
1	1	1		7,670	7,920							Entomologist, .1071	Pl
2	1	1		7,410	7,610							*Parasitologist, .1072, .1130	Pl
1	1	1		7,580	7,810							Epidemiologist, .1073	Pl
1	1	1		8,600	8,850							Sanitary Engineer, .1074	Pl
1	1	1		2,090	2,160							Statistical Clerk, .1075	ML6
1	1	1		2,080	2,150							Supervising Clerk, .1076	ML5
1	1	1		1,620	1,690							Clerk Stenographer, .1077	ML5
1	1	1		1,670	1,730							Filing Clerk, .1078	ML5
2	2	2		3,330	3,460							Clerk, .1079, .1080	ML5
1	1	1		780	820							Chauffeur Messenger, .1081	ML2
				54,830	56,230							Cost of Posts	
												<u>Allowances</u>	
				3,450	3,450							Project Service	
				1,000	1,000							Dependents'	
				390	430							Repatriation Grant	
				1,490	1,510							Pension Fund	
				560	580							Staff Insurance	
												<u>Travel and Transportation</u>	
				27,950	24,420							Duty	
				3,000	5,320							Initial Recruitment and Repatriation	
				500	500							Home Leave	
				6,830	6,530							<u>Supplies and Equipment</u>	
												<u>Common Services</u>	
13	12	12	100,000	100,000	100,000								

*Temporary post (.1072) to provide supplemental assistance to Mexico-53.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	INTER-ZONE	
		4	\$	\$	\$				\$	\$	\$	AMRO-109, Malaria Eradication, (Supplemental Assistance to Country Projects) (For text see page 49)	Pl Pl Pl F2 Ung Pl
		1			29,200							Malariologist Malariologist/Epidemiologist Sanitary Engineer Sanitarian Sanitarian Sanitary Inspector	
					3,600							Cost of Posts	
					32,800							Allowances	
					7,010							Project Service	
					3,000							Dependents'	
					320							Staff Insurance	
					6,900							Travel and Transportation	
					4,800							Initial Recruitment and Repatriation	
					54,830							Fellowships	
		5										TUBERCULOSIS	
												AMRO-110, Tuberculosis Prevention (For text see page 49)	
					3,500							Short-term Consultants	
					3,000							-Fees	
					9,500							-Travel	
					16,000							Participants	
												VENEREAL DISEASES AND TREPONEMATOSES	
												AMRO-66, Seminar on Venereal Diseases (For text see page 50)	
									1,000			Supplies and Equipment	
									5,140			Participants	
									**6,140			Estimated Government Contribution	
												AMRO-103, Seminar on Treponematosi Eradication (For text see page 50)	
									17,230			All Purposes	
												Estimated Government Contribution	
												ENDEMO-EPIDEMIC DISEASES	
												AMRO-26, Brucellosis Training Course (For text see page 50)	
									2,100		2,100	Short-term Consultants	
									1,800		1,800	-Fees	
									1,500		1,500	-Travel	
									1,000		1,000	Supplies and Equipment	
									8,970		8,970	Contractual Services	
									15,370		**15,370	Fellowships	
												Estimated Government Contribution	

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			INTER-ZONE		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
	1	1	\$	\$	\$				\$	\$	\$	<u>AMRO-57, Yellow Fever Studies</u> (For text see page 50)		Ung Pl P3 Pl
	1	1		2,100	8,400							Consultant Medical Officer, .922 Entomologist, .1021 Sanitarian, .991, .1082		
	1	1		9,250	9,500							Cost of Posts		
	1	1		6,380	6,610							Short-term Consultants -Fees -Travel		
	2	2		7,620	8,020							<u>Allowances</u>		
				25,350	32,530							Project Service Dependents' Staff Insurance		
					4,900							<u>Travel and Transportation</u>		
					4,200							Duty Initial Recruitment and Repatriation Home Leave		
				6,320	6,320							<u>Supplies and Equipment</u>		
				2,000	2,000							<u>Fellowships</u>		
				250	320							<u>Contractual Services</u>		
3	5	5	37,240	68,120	91,270									
												<u>AMRO-58, Leprosy Control</u> (For text see page 51)		
										3,500	3,500	Short-term Consultants -Fees -Travel		
										3,000	3,000			
										2,000	2,000	Supplies and Equipment		
									1,800	**8,500	**8,500			
												<u>AMRO-60, Smallpox Eradication</u> (Inter-Zone)(For text see page 51)		
					2,100							Short-term Consultants -Fees -Travel		
					1,800							<u>Vaccine Testing</u>		
						1,500						Supplies and Equipment		
												<u>Fellowships</u>		
						2,000						<u>Central Office</u>		
					7,400							Duty Travel		
												<u>AMRO-61, Rabies Control</u> (For text see page 52)		
							1	1		380		Mammalogist, 4.1018 Rabies Adviser		Pl Pl
							1	1		7,300	7,530			
										7,680	7,530	Cost of Posts		
										5,500		Short-term Consultants -Fees -Travel		
										6,300	500			
												<u>Allowances</u>		
										1,150	1,150	Project Service Dependents' Staff Insurance		
										280	240			
										80	80			

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	AMRO-61, (continued)		
												<u>Travel and Transportation</u>		
										4,000	4,000	Duty		
										1,850		Initial Recruitment and Repatriation		
											750	Home Leave		
										3,000	3,000	<u>Supplies and Equipment</u>		
										6,000	6,000	<u>Fellowships</u>		
										1,000		<u>Contractual Services</u>		
						1	2	1	14,070	**36,840	23,250			
												<u>Estimated Government Contribution</u>		
												<u>AMRO-76, Vaccine Testing</u> (For text see page 52)		
									3,730	3,730	3,730	Grant		
												<u>AMRO-81, Pan American Zoonoses Center</u> (For text see page 52)		
	1	1		8,750	9,000							Center Director Epidemi-Epizootiologist Comparative Pathologist Administrative Officer		P5 P4 P2
				8,750	9,000							Cost of Posts		
				1,050	1,050							<u>Allowances</u>		
				600	600							Project Service		
				90	90							Dependents'		
												Staff Insurance		
				350	1,380							<u>Travel and Transportation</u>		
				1,160								Duty		
												Initial Recruitment and Repatriation		
												Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
	1	1		12,000	12,120									
												<u>Estimated Government Contribution</u>		
												<u>AMRO-88, Aedes aegypti Eradication</u> (For text see page 53)		
	1	1		9,650	9,920							Medical Officer, .1017		
		3			14,400							Sanitary Inspector		P4 P2
				9,650	24,320							Cost of Posts		
				2,100	2,100							Short-term Consultants		
				1,200	1,200							-Fees		
												-Travel		
												<u>Allowances</u>		
					4,570							Project Service		
					1,800							Dependents'		
				410	430							Repatriation Grant		
				1,260	1,290							Pension Fund		
				90	240							Staff Insurance		

**Includes elements for WHO Supplementary Program. See Annex 1.

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	2	1	14,070	36,840	23,250
															(50,000)	(50,000)	(50,000)
															3,730	3,730	3,730
	1	1		5,470	7,470												
	1	1		5,470	7,470												
	1	1		3,600	4,950												
				11,540	19,890												
				2,430	3,240												
				230	540												
				150	200												
				600	1,200												
				4,250	2,250												
				11,000	11,000												
					12,150												
	3	3		33,200	50,470								4	4		45,200	62,590
																(150,000)	(150,000)

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	AMRO-88, (continued)		
				4,160	4,000 4,480 1,840							<u>Travel and Transportation</u>		
				200	16,800							Duty Initial Recruitment and Repatriation Home Leave		
1	1	4	17,210	19,070	63,070							<u>Supplies and Equipment</u>		
												AMRO-91, Seminar on Application of the International Sanitary Regulations (For text see page 53)		
									14,500			<u>All Purposes</u>		
												<u>Estimated Government Contribution</u>		
												AMRO-92, Poliomyelitis (For text see page 53)		
				9,100 7,800	14,000 12,000							Short-term Consultants -Fees -Travel		
				1,840								<u>Travel and Transportation</u>		
				2,000	13,000					4,000	4,000	Duty <u>Supplies and Equipment</u>		
				19,560	22,000						8,000	8,000	<u>Fellowships</u>	
				40,300	61,000						12,000	12,000		
												AMRO-96, Plague Training Course (For text see page 54)		
										2,400		<u>Duty Travel</u>		
										1,400		Short-term Consultants -Fees		
										1,200		-Travel		
										1,500		<u>Supplies and Equipment</u>		
										6,000		<u>Fellowships</u>		
										**12,500				
												<u>Estimated Government Contribution</u>		
												PUBLIC HEALTH ADMINISTRATION		
												AMRO-10, Inter-American Program for Education in Biostatistics (For text see page 54)		
												Expert in Hospital Statistics, 4.912 Fl		
												Short-term Consultants -Fees -Travel		
												<u>Allowances</u>		
												Project Service Staff Insurance		
												<u>Travel and Transportation</u>		
												Home Leave		

**Includes elements for WHO Supplementary Program. See Annex I.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	1	4	17,210	19,070	63,070
															11,500		
															(1,500)		
																52,300	73,000
																12,500	
																(1,500)	
1	1	1		9,400	9,500												
				4,200	4,200												
				3,600	3,600												
				1,130	1,130												
				90	100												
				1,220													

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	AMRO-10, (continued)		
												<u>Supplies and Equipment</u>		
												<u>Fellowships</u>		
												<u>Grant</u>		
												<u>Estimated Government Contribution</u>		
												<u>AMRO-15, Laboratory Services</u> (For text see page 54)		
										4,200	4,200	Short-term Consultants		
										3,600	3,600	-Fees		
												-Travel		
										400	400	<u>Supplies and Equipment</u>		
										4,000	4,000	<u>Fellowships</u>		
									6,930	12,200	12,200			
												<u>AMRO-84, Assistance to Veterinary Public Health Services</u> (For text see page 54)		
												<u>Fellowships</u>		
												<u>AMRO-85, Latin American Center for Classification of Diseases</u> (For text see page 55)		
										1,000	1,000	<u>Supplies and Equipment</u>		
										6,000	6,000	<u>Fellowships</u>		
									6,300	7,000	7,000			
												<u>Estimated Government Contribution</u>		
												<u>AMRO-86, Health Statistics</u> (For text see page 55)		
							1	1		7,300	7,530	Statistical Consultant		
							1	1		7,410	7,640	Statistician		
							1	1		6,890	7,110	Statistician, 4.1016		Ph Ph P3
										21,600	22,280	<u>Cost of Posts</u>		
												<u>Allowances</u>		
										4,860	4,860	Project Service		
										1,780	1,780	Dependents'		
										220	220	Staff Insurance		
												<u>Travel and Transportation</u>		
										7,000	7,000	Duty		
										1,500		Initial Recruitment and Repatriation		
										250	1,800	Home Leave		
						2	3	3	20,690	**37,210	**37,940			
												<u>AMRO-98, Working Group on Medical Certification</u> (For text see page 55)		
												<u>Supplies and Equipment</u>		
												<u>Common Services</u>		
												<u>Fellowships</u>		
												<u>Estimated Government Contribution</u>		

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												AMRO-106, Seminar on Public Health Administration (For text see page 55)		
												Short-term Consultant -Fees -Travel		
												Common Services		
												Participants		
												Estimated Government Contribution		
												FIELD OFFICE (For text see page 56)		
												Area Supervisor, .334 Clerk Stenographer, .326, .327		P5 EPL3
												Cost-of-Living Adjustment		
												Cost of Posts		
												Allowances		
												Dependents' Pension Fund Staff Insurance		
												Travel and Transportation		
												Duty		
												Hospitality		
												Common Services		
												Space and Equipment Other Services Supplies and Materials Fixed Charges and Claims Acquisition of Capital Assets Reimbursement of Income Tax		
												NURSING		
												AMRO-23.4, Fourth Regional Nursing Congress (For text see page 56)		
												All Purposes		
												AMRO-28, Advanced Nursing Education (For text see page 56)		
												Nursing Educator		P3
												Allowances		
												Project Service Staff Insurance		
												Travel and Transportation		
												Home Leave		
												Supplies and Equipment		
												Fellowships		
												Estimated Government Contribution		

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	8,270
																	(1,500)
												1	1	1		10,300	10,600
												2	2	2		5,090	5,280
																770	790
															15,670	16,160	16,670
															400	400	400
															2,090	2,150	2,210
															120	150	170
															2,500	2,500	2,500
															100	100	100
															220	220	220
															720	720	720
															300	300	300
															160	160	160
															300	2,000	300
															2,580	2,700	2,830
												3	3	3	25,160	27,560	26,580
												1	1	1	15,800	20,440	21,440
															(100,000)	(100,000)	(100,000)

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												<u>AMRO-46, Workshop on Nursing Education</u> (For text see page 56)		
												Short-term Consultants -Fees -Travel		
										1,050	1,400			
										900	1,200			
										500	950	<u>Supplies and Equipment</u>		
										10,000	10,400	<u>Fellowships</u>		
										12,450	13,950			
												<u>Estimated Government Contribution</u>		
												<u>AMRO-63, Assistance to School of Nursing</u> (For text see page 56)		
												Short-term Consultants -Fees -Travel		
											2,100			
											1,800			
											11,930	<u>Fellowships</u>		
											15,830			
												<u>AMRO-100, Seminar on Nursing Supervision and Administration</u> (For text see page 56)		
												Short-term Consultants -Fees -Travel		
											2,800			
											2,400			
											2,600	<u>Supplies and Equipment</u>		
											21,500	<u>Participants</u>		
											**29,300			
												<u>Estimated Government Contribution</u>		
												<u>AMRO-111, Study of Auxiliary Nursing</u> (For text see page 56)		
												Short-term Consultants -Fees -Travel		
					6,300									
					5,400									
					1,000							<u>Supplies and Equipment</u>		
					12,700									
												HEALTH EDUCATION OF THE PUBLIC <u>AMRO-29, Cultural Anthropology</u> (For text see page 57)		
						1	1	1		7,300	7,530	Anthropologist, 4.970		Pl
												<u>Allowances</u>		
										1,800	1,800	Project Service		
										240	240	Dependents'		
										70	80	Staff Insurance		
												<u>Travel and Transportation</u>		
										600	600	Duty		
										1,500	750	Initial Recruitment and Repatriation Home Leave		
						1	1	1	14,810	**11,510	**11,000			

**Includes elements for WHO Supplementary Program. See Annex 1.

U. N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																12,450	13,950
																(1,500)	(1,500)
																	15,830
																	29,300
																	(1,500)
																	12,700
												1	1	1	14,810	11,510	11,000

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
						1	2	2		15,740	16,220	<u>AMRO-93, Health Education</u> (For text see page 57) Public Health Educator, h.670,h.1095		Fl
												<u>Allowances</u> Project Service Dependents' Staff Insurance		
												<u>Travel and Transportation</u> Duty Initial Recruitment and Repatriation Home Leave		
						1	2	2	12,120	22,780	24,000			
												<u>AMRO-112, Fundamental Education Training Center</u> (For text see page 57) Medical Officer		Fl
												<u>Allowances</u> Project Service Dependents' Staff Insurance		
												<u>Travel and Transportation</u> Initial Recruitment and Repatriation Home Leave		
												MATERNAL AND CHILD HEALTH <u>AMRO-94, Diarrheal Diseases</u> (For text see page 57) Epidemiologist Bacteriologist Bacterio-Epidemiologist Statistician Public Health Nurse		Fl Fl P3 P2 P2
1	1			7,300	7,530							Cost of Posts Short-term Consultants -Fees -Travel		
1	1			7,300	7,530							<u>Allowances</u> Project Service Dependents' Staff Insurance		
1	1			4,800	5,000							<u>Travel and Transportation</u> Duty Initial Recruitment and Repatriation		
1	1			3,600	4,950							<u>Supplies and Equipment</u> <u>Contractual Services</u> <u>Conference Services</u> <u>Fellowships</u> <u>Participants</u>		
				23,000	31,020									
				2,800	4,900									
				2,400	4,200									
				5,150	6,510									
				1,800	2,400									
				230	320									
				1,000	6,000									
				4,820	1,200									
				8,000	7,500									
				7,000	6,500									
				500										
					8,000									
				10,000	8,940									
4	5		14,000	66,700	87,480									

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
												1	2	2	12,120	22,780	24,000
	1	1		5,470	7,470												
				1,120	1,500												
				180	240												
				50	70												
				1,500	750												
	1	1	990	8,320	10,030								1	1	990	8,320	10,030
													4	5	11,000	66,700	87,480

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	INTER-ZONE	
			\$	\$	\$				\$	\$	\$		
													AMRO-102, Seminar on Pediatric Education (For text see page 58)
													Short-term Consultants
													2,100 -Fees
													1,800 -Travel
													500 Supplies and Equipment
													500 Conference Services
													10,000 Participants
													14,900
													Estimated Government Contribution
													ENVIRONMENTAL SANITATION
													AMRO-1, Environmental Sanitation Training (For text see page 58)
						1	1	1		7,660	7,900		Professor of Sanitary Engineering, U.1019
						1	1	1		3,090	3,120		Junior Sanitary Engineer, U.1097
													Cost of Posts
										10,750	11,020		Allowances
													Project Service
										1,130	1,130		Dependents'
										400	400		Staff Insurance
										110	110		Travel and Transportation
													Duty
										1,000	1,000		Initial Recruitment and Repatriation
										3,380	2,400		Home Leave
													Supplies and Equipment
										7,230	7,940		Fellowships
										45,000	45,000		
						2	2	2	65,930	**69,000	69,000		Estimated Government Contribution
													AMRO-17, Waterworks Training Course (For text see page 58)
													Short-term Consultants
										8,400	8,400		-Fees
										7,200	7,200		-Travel
													Supplies and Equipment
										2,880	2,880		Fellowships
										10,000	10,000		
										16,230	**28,480	28,480	Estimated Government Contribution
													AMRO-50, Fluoridation of Water (For text see page 59)
													Short-term Consultants
													-Fees
													-Travel
													Supplies and Equipment
													Fellowships

**Includes elements for WHO Supplementary Program. See Annex 1.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
																	11,900
																	(1,500)
												2	2	2	65,930	69,000	69,000
															(100,000)	(100,000)	(100,000)
															16,230	28,480	28,480
															(3,000)	(3,000)	(3,000)
				2,100													
				1,800													
				3,000													
				4,000													
			1,620	10,900											1,620	10,900	

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III	GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			FIELD AND OTHER PROGRAMS	
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	INTER-ZONE	
			\$	\$	\$				\$	\$	\$	AMRO-62, Housing Sanitation (For text see page 59)	
												Short-term Consultants -Fees -Travel	
												<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
												AMRO-64, Seminar on Sanitary <u>Engineering</u> (For text see page 59)	
												<u>Duty Travel</u>	
												<u>Supplies and Equipment</u>	
												<u>Participants</u>	
												<u>Estimated Government Contribution</u>	
												AMRO-97, Seminar on Training of Sanitary <u>Inspectors</u> (For text see page 59)	
												<u>Travel and Transportation</u>	
					4,720							Duty	
					400							<u>Supplies and Equipment</u>	
					200							<u>Conference Services</u>	
					8,300							<u>Participants</u>	
					13,620							<u>Estimated Government Contribution</u>	
												OTHER PROJECTS	
												AMRO-18, Medical and Public Health <u>Education</u> (For text see page 59)	
									2,480	4,200	4,200	Short-term Consultants	
									4,000	3,600	3,600	-Fees	
									4,500	10,400	10,400	-Travel	
									25,000	30,000	30,000	<u>Supplies and Equipment</u>	
												<u>Fellowships</u>	
									35,980	**48,200	48,200		
			75,610	64,520	64,520							AMRO-35, Fellowships (Unspecified) (For text see page 60)	
												<u>Fellowships</u>	
												AMRO-48, Seminar on Teaching of Public <u>Health in Schools of Veterinary Medicine</u> (For text see page 60)	
												900 <u>Duty Travel</u>	
												1,000 <u>Supplies and Equipment</u>	
												1,000 <u>Conference Services</u>	
												12,740 <u>Participants</u>	
											**15,640		
												<u>Estimated Government Contribution</u>	

**Includes elements for WHO Supplementary Program. See Annex 1.

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$	AMRO-49, Seminar on Teaching of Preventive Medicine (For text see page 60)		
												2,800	Short-term Consultants	
												2,400	-Fees	
													-Travel	
												500	Supplies and Equipment	
									20,350			5,700		
													AMRO-67, Veterinary Medicine Education (For text see page 60)	
													Short-term Consultants	
										4,200	4,200		-Fees	
										3,600	3,600		-Travel	
												8,000	Fellowships	
									3,170	**7,800	15,800			
													AMRO-75, Statistical Education (For text see page 60)	
				1,400	1,400								Short-term Consultants	
				1,200	1,200								-Fees	
													-Travel	
				2,000	2,000								Supplies and Equipment	
				15,000	15,000								Fellowships	
				19,600	19,600									
													AMRO-77, Pan American Foot-and-Mouth Disease Center (For text see page 61)	
													Director, .923	P5
													Senior Veterinarian, .925	P4
													Chief Field Services, .924	P4
													Virologist, .926	P4
													Serologist, .927	P3
													Training Officer, .928	P3
													Virologist, .1020	P3
													Administrative Officer, .929	P2
													Laboratory Technician, .930	P1
													Senior Accounting Clerk, .173	WL8
													Clerk, .135	WL5
													Senior Veterinarian, .987	RL6
													Librarian	RL6
													Junior Veterinarian, .988	RL5
													Chief Clerk, .931	RL5
													Secretary (Bilingual), .990, .1109	RL5
													Research Assistant, .989	RL4
													Laboratory Technician, .971	RL4
													Property and Supply Clerk, .933	RL4
													Clerk Typist, .934	RL4
													Laboratory Animal Specialist, .932	RL3
													Clerk Typist	RL3
													General Maintenance Officer, .935	RL3
													Chauffeur-Bus, .936	RL2
													Chauffeur-Passenger, .937	RL2
													Chauffeur-Truck, .969	RL2
													Laboratory Aide, .1010, .1011	RL2
													Laboratory Aide, .938, .939, .940, .941, .943, .986	
													Chief Watchman, .942	RL1
													Janitor-Office Boy, .944	RL1
													Senior Laborer, .1024, .1026, .1027, .1028, .1029, .1030, .1031, .1033, .1036, .1037, .1038, .1041, .1045	RL1
													Junior Laborer, .945, .1025, .1032, .1034, .1035, .1039, .1040, .1042, .1043, .1044	RL1
													Cost of Posts	

**Includes elements for WHO Supplementary Program. See Annex I.

U.N. TECHNICAL ASSISTANCE						OTHER EXTRA BUDGETARY FUNDS						TOTALS					
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES		
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958	56	57	58	1956	1957	1958
			\$	\$	\$				\$	\$	\$				\$	\$	\$
															20,350		5,700
															3,170	7,800	15,800
																19,600	19,600
						1	1	1	8,810		9,060						
						1	1	1	8,600		8,850						
						1	1	1	8,370		8,620						
						1	1	1	7,830		7,600						
						1	1	1	6,170		6,370						
						1	1	1	6,790		7,020						
						1	1	1	6,100		6,620						
						1	1	1	5,880		6,080						
						1	1	1	4,270		4,470						
						1	1	1	4,280		4,480						
						1	1	1	3,440		3,580						
						1	1	1	3,000		3,110						
						1	1	1	2,660		2,770						
						1	1	1	2,450		2,550						
						1	1	1	2,400		2,490						
						2	2	2	4,760		4,940						
						1	1	1	1,920		2,000						
						1	2	2	3,210		3,630						
						1	1	1	1,720		1,790						
						1	1	1	1,730		1,800						
						1	1	1	1,310		1,360						
						1	1	1	1,210		1,260						
						1	1	1	1,370		1,420						
						1	1	1	960		990						
						1	1	1	960		990						
						1	1	1	960		990						
						2	2	2	1,890		1,960						
						6	6	6	4,100		4,140						
						1	1	1	690		710						
						1	1	1	560		590						
						13	14	14	7,810		8,160						
						10	11	11	4,850		5,040						
									121,360		125,440						

PAN AMERICAN SANITARY BUREAU						WORLD HEALTH ORGANIZATION						PART III FIELD AND OTHER PROGRAMS INTER-ZONE		GRADE
NUMBER OF POSTS			ESTIMATED EXPENDITURES			NUMBER OF POSTS			ESTIMATED EXPENDITURES					
56	57	58	1956	1957	1958	56	57	58	1956	1957	1958			
			\$	\$	\$				\$	\$	\$			
												AMRO-77, (continued)		
												<u>Allowances</u>		
												Project Service Dependents' Pension Fund Staff Insurance		
												<u>Travel and Transportation</u>		
												Duty Initial Recruitment and Repatriation Home Leave		
												<u>Supplies and Equipment</u>		
												<u>Common Services</u>		
												<u>Fellowships</u>		
												<u>Participants</u>		
												<u>Contingencies</u>		
												<u>Estimated Government Contribution</u>		
												<u>AMRO-101, Medical School Libraries</u> (For text see page 61)		
								1			6,000	Medical Librarian		P3
												<u>Allowances</u>		
											960	Project Service		
											240	Dependents'		
											60	Staff Insurance		
												<u>Travel and Transportation</u>		
											1,500	Initial Recruitment and Repatriation		
											12,500	<u>Fellowships</u>		
								1			**21,260			
21	28	36	269,220	417,870	649,030	7	9	10	273,740	372,150	454,190	TOTAL - INTER-ZONE PROGRAMS		
												PART III FIELD AND OTHER PROGRAMS PUBLICATIONS OF THE PASB (For text see page 61)		
			30,000	30,000	40,000							Ch. 1. PASB Bulletin		
			3,500	3,500	3,500							Ch. 2. Statistical Publications and Reports		
			12,000	12,000	20,000							Ch. 3. Special Publications		
			5,000	5,000								Ch. 4. AIDIS Journal		
			50,500	50,500	63,500							TOTAL		

**Includes elements for WHO Supplementary Program. See Annex 1.

WORLD HEALTH ORGANIZATION: EXTRACT OF ESTIMATES PERTAINING TO SUPPLEMENTARY ALLOCATIONS
INCLUDED IN WHO REGULAR PROJECT TOTALS

	1 9 5 7 SUPPLEMENTARY				1 9 5 8 SUPPLEMENTARY			
	Personnel	Fellowships	Supplies and Equipment	Total	Personnel	Fellowships	Supplies and Equipment	Total
ARGENTINA								
Endemo-Epidemic Diseases								
Argentina-11, Rabies Control	-	-	-	-	(1) 2,600	(2) 6,500	4,500	13,600
Public Health Administration								
Argentina-4, Malbran Institute		(1) 4,000	-	4,000	-	-	-	-
Nursing								
Argentina 3, Nursing Education	(1) 8,880	(2) 8,000	1,000	17,880	(1) 8,330	(2) 8,000	1,000	17,330
	8,880	12,000	1,000	21,880	10,930	14,500	5,500	30,930
BRAZIL								
Maternal and Child Health								
Brazil-3, Maternal and Child Health	(1) 11,530	(2) 8,000	-	19,530	(1) 11,410	(2) 8,000	-	19,410
Other projects								
Brazil-19, School of Public Health	(1) 5,200	(2) 9,000	-	14,200	-	-	-	-
	16,730	17,000	-	33,730	11,410	8,000	-	19,410
CHILE								
Maternal and Child Health								
Chile-12, Demonstration Center for Care of Premature Infants	-	(1) 3,000	-	3,000	-	-	-	-
DOMINICAN REPUBLIC								
Nursing								
Dominican Republic-3, Nursing Education	(1) 9,380	(1) 4,000	-	13,380	(3) 24,460	(2) 8,000	-	32,460
HAITI								
Nursing								
Haiti-10, Training of Midwives	(1) 9,430	-	-	9,430	(1) 8,880	-	-	8,880
MEXICO								
Endemo-Epidemic diseases								
Mexico-20, Virus Center	-	(1) 1,000	-	1,000	-	-	-	-
Public Health Administration								
Mexico-22, Integrated Health Services	-	(2) 8,000	-	8,000	-	-	-	-
Nutrition								
Mexico-23, National Institute of Nutrition	(1) 10,610	(1) 4,000	-	14,610	(1) 10,090	(1) 4,000	-	14,090
	10,610	13,000	-	23,610	10,090	4,000	-	14,090
URUGUAY								
Endemo-Epidemic Diseases								
Uruguay-6, National Zoonosis Service	-	(1) 4,000	1,000	5,000	-	-	-	-
INTER-COUNTRY AND INTERZONE PROJECTS								
Veneral Diseases and Treponematoses								
AMRO-66, Seminar on Venereal Diseases	-	5,140	1,000	6,140	-	-	-	-
Endemo-Epidemic Diseases								
AMRO-26, Brucellosis Training Course	-	-	-	-	(1) 3,900	8,970	2,500	15,370
AMRO-58, Leprosy Control	(1) 6,500	-	2,000	8,500	(1) 6,500	-	2,000	8,500
AMRO 61, Rabies Control	(2) 11,300	-	1,000	12,300	-	-	-	-
AMRO-96, Plague Training Course	(2) 5,000	6,000	1,500	12,500	-	-	-	-
Public Health Administration								
AMRO-86, Health Statistics	(1) 12,610	-	-	12,610	(1) 12,100	-	-	12,100
Nursing								
AMRO-100, Seminar on Nursing Super- vision and Administration	-	-	-	-	(2) 5,200	21,500	2,600	29,300
Health Education of the Public								
AMRO-29, Cultural Anthropology	(1) 11,510	-	-	11,510	(1) 11,000	-	-	11,000
Environmental Sanitation								
AMRO-1, Environmental Sanitation Training	-	-	7,000	7,000	-	-	-	-
AMRO-17, Waterworks Training Course	(2) 15,600	10,000	2,880	28,480	-	-	-	-
Other Projects								
AMRO-18, Medical and Public Health Education	-	5,000	5,000	10,000	-	-	-	-
AMRO-48, Seminar on Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	-	900	12,740	2,000	15,640
AMRO-67, Veterinary Medicine Education	(1) 7,800	-	-	7,800	-	-	-	-
AMRO-101, Medical School Libraries	-	-	-	-	(1) 8,760	11,070	-	19,830
	70,320	26,140	20,380	116,840	48,360	54,280	9,100	111,740
Total All Projects	125,350	79,140	22,380	226,870	114,130	88,780	14,600	217,510
Less Delays in implementation of new projects	(11,210)	-	-	(11,210)	(1,840)	-	-	(1,840)
	114,140	79,140	22,380	215,660	112,290	88,780	14,600	215,670

ANNEX 2

 UNITED NATIONS TECHNICAL ASSISTANCE: SUMMARY OF PROGRAMS FOR 1957 AND 1958 BY PRIORITIES
 (Figures in parentheses denote number of personnel or fellowships involved)

	1 9 5 7				1 9 5 8			
	CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies			CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies		
ARGENTINA								
Public Health Administration Argentina-7, Local Health Services	18,830	-	(4) 15,550	11,450	31,590	-	(3) 12,000	2,670
BARBADOS								
Public Health Administration Barbados-2, Local Health Services	17,470	-	(3) 12,000	-	-	-	-	-
BOLIVIA								
Malaria								
Bolivia-4, Malaria Eradication	9,670	(2) 10,200	-	-	13,320	(2) 11,670	-	-
Public Health Administration								
Bolivia-11, Joint Field Mission on Indigenous Populations	10,660	-	-	-	-	-	-	-
Nursing								
Bolivia-5, Nursing Education	4,500	-	-	-	6,000	-	-	-
	24,830	10,200	-	-	19,320	11,670	-	-
BRAZIL								
Venereal Diseases and Treponematoses								
Brazil-20, Yaws Eradication	15,110	-	(1) 2,000	-	17,120	-	-	-
Endemo-Epidemic Diseases								
Brazil-8, Immuno Chemistry and Histo- chemistry Demonstration	-	(1) 4,710	-	-	-	(1) 8,520	-	-
Brazil-17, Hydatidosis Control	-	-	(1) 4,000	-	-	-	(1) 4,000	-
Brazil-21, Trachoma Control	-	(1) 4,710	-	-	-	(1) 7,730	-	-
Public Health Administration								
Brazil-16, PHA Fellowships	-	-	(1) 4,000	-	-	-	(2) 8,000	-
Nursing								
Brazil-22, Nursing Education	9,180	-	-	-	8,270	-	-	-
Environmental Sanitation								
Brazil-12, Refuse Disposal	-	(1) 2,600	(1) 4,000	-	-	-	-	-
	24,290	12,020	14,000	-	25,390	16,250	12,000	-
BRITISH HONDURAS								
Public Health Administration								
British Honduras-3, PHA Fellowships	-	-	(2) 8,000	-	-	-	(2) 8,000	-
CHILE								
Public Health Administration								
Chile-18, PHA Fellowships	-	-	(2) 8,000	-	-	-	(1) 4,000	-
COLOMBIA								
Malaria								
Colombia-5, Malaria Eradication	21,180	-	-	-	18,220	-	-	-
Endemo-Epidemic Diseases								
Colombia-22, Aedes aegypti Eradication	19,250	(1) 5,710	-	-	23,110	-	-	-
Public Health Administration								
Colombia-4, Public Health Services	38,170	(1) 8,510	-	-	48,200	-	(4) 16,000	-
Nutrition								
Colombia-16, National Institute of Nutrition	-	(1) 6,610	(2) 6,000	-	-	(1) 8,530	(2) 8,000	-
	78,600	20,830	6,000	-	89,530	8,530	24,000	-
COSTA RICA								
Malaria								
Costa Rica-2, Malaria Eradication	-	(1) 4,180	(2) 3,000	-	-	(1) 5,400	-	-
Nursing								
Costa Rica-3, Nursing Education	21,600	-	(2) 8,000	-	13,150	-	-	-
	21,600	4,180	11,000	-	13,150	5,400	-	-

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	CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies			CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies		
<u>CUBA</u>								
<u>Malaria</u>								
Cuba-5, Malaria Eradication	9,520	-	-	-	8,650	-	-	-
Public Health Administration								
Cuba-3, Public Health Services	-	(3) 10,090	-	-	-	(3) 24,010	-	-
<u>Nursing</u>								
Cuba-4, Nursing Education	-	(1) 5,630	(1) 4,200	-	-	(1) 7,200	-	-
	9,520	15,720	4,200	-	8,650	31,210	-	-
<u>DOMINICAN REPUBLIC</u>								
<u>Malaria</u>								
Dominican Republic-2, Malaria and Aedes aegypti Eradication	14,970	-	-	2,500	16,070	-	-	-
Public Health Administration								
Dominican Republic-7, PHA Fellowships	-	-	(2) 8,000	-	-	-	(2) 8,000	-
	14,970	-	8,000	2,500	16,070	-	8,000	-
<u>ECUADOR</u>								
<u>Malaria</u>								
Ecuador-14, Malaria Eradication	18,940	-	-	-	25,480	-	-	-
Endemo Epidemic Diseases								
Ecuador-11, National Institute of Health	-	(2) 9,420	(2) 7,000	-	-	-	(2) 8,000	-
<u>Nutrition</u>								
Ecuador-53, National Institute of Nutrition	9,490	-	-	-	8,730	-	(2) 8,000	-
	28,430	9,420	7,000	-	34,210	-	16,000	-
<u>EL SALVADOR</u>								
<u>Malaria</u>								
El Salvador-2, Malaria Eradication	4,920	-	(1) 2,000	-	5,620	-	(1) 2,000	-
Public Health Administration								
El Salvador-5, Health Demonstration Area	42,890	-	(2) 6,000	-	48,480	-	-	-
	47,810	-	8,000	-	54,100	-	2,000	-
<u>GUATEMALA</u>								
<u>Malaria</u>								
Guatemala-1, Malaria Eradication	22,870	-	(1) 2,000	-	22,330	-	-	-
Tuberculosis								
Guatemala-11, BCG Vaccination	2,280	-	-	-	-	-	-	-
Public Health Administration								
Guatemala-7, PHA Fellowships	-	-	(2) 8,000	-	-	-	(4) 16,000	-
	25,150	-	10,000	-	22,330	-	16,000	-
<u>HAITI</u>								
<u>Malaria</u>								
Haiti-4, Malaria and Aedes aegypti Eradication	25,080	-	-	-	29,180	-	-	-
Public Health Administration								
Haiti-2, Local Health Services	-	(3) 19,010	-	-	-	(3) 28,380	(2) 8,000	-
	25,080	19,010	-	-	29,180	28,380	8,000	-
<u>HONDURAS</u>								
<u>Malaria</u>								
Honduras-1, Malaria Eradication	12,040	-	(1) 2,000	-	13,480	-	-	-
Tuberculosis								
Honduras-5, BCG Vaccination	10,400	-	-	-	-	-	-	-
Public Health Administration								
Honduras-4, Rural Public Health Services	30,590	-	(4) 16,000	-	40,250	-	-	-
	53,030	-	18,000	-	53,730	-	-	-
<u>MEXICO</u>								
<u>Malaria</u>								
Mexico-53, Malaria Eradication	31,610	-	-	-	33,540	-	-	-
Endemo-Epidemic Diseases								
Mexico-26, Aedes aegypti Eradication	22,300	-	-	-	24,900	-	-	-
Public Health Administration								
Mexico-24, UN/TA Public Health Administration Fellowships	-	-	(5) 20,000	-	-	-	(5) 20,000	-
	53,910	-	20,000	-	58,440	-	20,000	-

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	CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies			CATEGORY I Total	CATEGORY II Personnel Fellowships Supplies		
NICARAGUA								
Malaria								
Nicaragua-1, Malaria Eradication Public Health Administration	4,050	-	(1) 2,000	-	4,750	-	-	-
Nicaragua-3, Public Health Services	18,580	(2) 13,000	-	-	14,490	(2) 15,940	-	-
	22,630	13,000	2,000	-	19,240	15,940	-	-
PANAMA								
Malaria								
Panama-2, Malaria Eradication Public Health Administration	12,060	-	(1) 2,000	-	13,500	-	-	-
Panama-1, Public Health Services	34,600	(2) 15,850	-	2,150	34,750	(2) 16,590	(3) 10,000	4,000
	46,660	15,850	2,000	2,150	48,250	16,590	10,000	4,000
PARAGUAY								
Malaria								
Paraguay-1, Malaria Eradication Public Health Administration	15,230	-	-	-	14,670	-	-	-
Paraguay-10, Public Health Services	61,360	-	(4) 16,000	18,000	51,200	-	-	-
	76,590	-	16,000	18,000	65,870	-	-	-
PERU								
Malaria								
Peru-5, Malaria Eradication Public Health Administration	6,540	(1) 3,250	(3) 5,600	-	8,530	(1) 5,760	(5) 10,600	-
Peru-22, Public Health Services	20,580	-	(2) 8,200	-	24,560	-	(4) 16,000	-
Peru-23, Joint Field Mission on Indigenous Populations	10,300	-	-	-	-	-	-	-
	37,420	3,250	13,800	-	33,090	5,760	26,600	-
URUGUAY								
Public Health Administration								
Uruguay-5, Rural Health Services	32,500	-	(2) 8,000	-	34,280	-	(5) 20,000	3,000
Nursing	-	-	(2) 8,000	-	-	-	(3) 12,000	2,000
Uruguay-4, Nursing Education	-	-	-	-	-	-	-	-
	32,500	-	16,000	-	34,280	-	32,000	5,000
VENEZUELA								
Public Health Administration								
Venezuela-1, Local Health Services	26,880	-	(2) 6,000	-	24,580	-	(6) 20,000	-
Venezuela-4, UN/TA Public Health Admi- nistration Fellowships	-	-	(2) 8,000	-	-	-	(2) 8,000	-
Venezuela-8, Medico-Legal Services	-	(1) 7,800	-	-	-	-	-	-
	26,880	7,800	14,000	-	24,580	-	28,000	-
Inter-Country and Inter-Zone Projects								
Malaria								
AMRO-7, Malaria and Aedes aegypti Eradication	42,520	-	-	-	43,870	-	-	2,000
AMRO-8, Malaria and Aedes aegypti Eradication (Caribbean)	90,660	-	(2) 6,000	-	80,500	-	(3) 12,000	15,110
Venereal Diseases and Treponematosis								
AMRO-47, Yaws Eradication and Syphilis Control (Caribbean)	22,540	-	(1) 4,000	-	11,760	-	(1) 4,000	-
Endemo Epidemic Diseases								
AMRO-81, Pan American Zoonoses Center Public Health Administration	28,200	-	-	5,000	42,470	-	(2) 8,000	-
AMRO-10, Inter American Program for Education in Biostatistics	69,640	-	-	-	68,530	-	-	-
AMRO-84, Assistance to Veterinary Public Health Services	-	-	(4) 16,000	-	4,000	-	(3) 12,000	-
Health Education of the Public								
AMRO-112, Fundamental Education Training Center	-	(1) 8,320	-	-	-	(1) 10,030	-	-
Environmental Sanitation								
AMRO-50, Fluoridation of Water	-	(1) 3,900	(1) 4,000	3,000	-	-	-	-
AMRO-62, Housing Sanitation	-	(1) 3,900	7,000	350	-	(1) 3,900	5,580	350
AMRO-64, Seminar on Sanitary Engineering	-	-	2,050	7,500	1,000	-	-	-
AMRO-95, Environmental Sanitation (Caribbean)	12,330	-	(1) 4,000	-	14,870	-	(1) 4,000	-
	265,890	18,170	48,500	9,350	266,000	13,930	45,580	17,490
Total Field Projects	952,090	119,450	262,050	13,450	947,000	153,660	272,180	29,160
Total Category II			454,950				455,000	

ANNEX 3

WORLD HEALTH ORGANIZATION: ADDITIONAL PROJECTS REQUESTED BY GOVERNMENTS AND NOT INCLUDED
WITHIN WHO PROGRAM AND BUDGET ESTIMATES

Additional projects which cannot be financed within the limits of the program and budget for 1958 are herewith presented. In conformity with the practice of providing such information to the World Health Assembly, the Director-General has requested the inclusion of this annex for the information of the Directing Council of the Pan American Sanitary Organization, as Regional Committee of the World Health Organization.

Costa Rica-14, Local Public Health Services

The general purpose of this project is to strengthen the local public health services in the Department of Guanacaste, especially in environmental sanitation and health education. It is intended to show the importance of preventive medicine in those services and expand them to cover the whole country. Provision would be made for a medical officer and a public health nurse, for fellowships for training personnel abroad, and for supplies and equipment.

Chile-19, Food and Drug Control

Collaboration has been requested by the Government of Chile for the reorganization of the Food and Drug Control Service of the National Ministry of Health. The Service is responsible for the administration of the laws and regulations governing the importation, manufacture, and distribution of the substances concerned. The requested cooperation includes short-term consultants, specialized testing equipment not available in the country, and fellowships for the training of technical personnel of the Service in various fundamental fields of the food and drug work.

Chile-21, Rehabilitation Center

The National Health Service plans to establish a model rehabilitation center, jointly with the Department of Labor and with the assistance of the Organization. The center would provide for all stages of rehabilitation and would be used to train professional and auxiliary personnel for service throughout the country. The Organization is asked to provide two experts: one, an expert in industrial medicine, to visit the country for six weeks in order to make initial plans and assist in selecting candidates for fellowships, later returning for two years to assist in the direction of the center; the second, a specialist in making prosthetic appliances. Ten fellowships and four travel grants would be provided. A small amount of equipment is also required for the workshop, as well as vehicles for transporting patients.

Chile-22, Institute of Occupational Health

The Government of Chile has requested the collaboration of the Organization in establishing an institute of occupational health which would provide international services and training facilities. The institute would utilize the facilities of the School of Public Health and of the National Health Service. It would: (a) give service and advice to governments and to private industry on occupational health; (b) contribute to the training of personnel (physicians, engineers, nurses, and others) for occupational health work; (c) do research on occupational health problems; and (d) promote occupational health work by conferences, national and international meetings, seminars, and other appropriate means. Short-term consultants, fellowships, and a limited amount of special equipment would be required.

AMRO-107, Mexico-U.S. Border Health Services

The purpose of this project is to make provision for furnishing technical guidance, teaching, coordination and

cooperation in planning, and for preparation and implementation of studies and programs concerning the health problems in the border area of the United States and Mexico. The project is designed to assist the health services in border communities; to promote and guide activities on a broader front where such activities involve both sides of the border and where only coordinated attention can be effective in promoting the public health of the area; and to coordinate studies on the health problems and resources of the area.

This project can be divided into a number of sub-projects, including study and survey of health problems and resources, field training programs, and promotion of specific programs in environmental sanitation and communicable disease control.

Provision would be made for short-term consultants, short-term fellowships, and some supplies and equipment.

AMRO-9, Seminar on Mental Health

In recent years much knowledge about the physical growth and the mental and emotional development of children has been accumulated which can guide the development of maternal and child health programs, the general public health services, and the training for specialized or general work. This technical knowledge must be adapted to the particular countries or areas concerned. Seminars on child development are therefore planned for persons who are responsible for the teaching of pediatrics and obstetrics and for planning maternal and child health programs. The provision would cover short-term consultants, forty fellowships, and supplies and equipment.

Cost EstimatesCOSTA RICA

Public Health Administration	
<u>Costa Rica-14, Local Public Health Services</u>	
1 Medical Officer, P4	\$ 7,300
1 Public Health Nurse, P3	6,000
Cost of Posts	13,300
<u>Allowances</u>	
Project Service	3,250
Dependents'	480
Staff Insurance	130
<u>Travel and Transportation</u>	
Initial Recruitment	3,000
<u>Supplies and Equipment</u>	2,000
<u>Fellowships</u>	8,000
	<u>\$ 30,160</u>

CHILE

Public Health Administration	
<u>Chile-19, Food and Drug Control</u>	
Short-term Consultants	
-Fees	4,200
-Travel	3,600
<u>Supplies and Equipment</u>	5,000
<u>Fellowships</u>	7,500
	<u>\$ 20,300</u>

Cost Estimates (continued)

<u>Chile-21, Rehabilitation Center</u>	
1 Expert in Industrial Medicine, P4	\$ 7,300
1 Specialist in prosthetic appliances, P3	<u>6,000</u>
Cost of Posts	13,300
<u>Allowances</u>	
Project Service	3,170
Dependents'	480
Staff Insurance	130
<u>Travel and Transportation</u>	
Initial Recruitment	3,000
<u>Supplies and Equipment</u>	15,000
<u>Fellowships</u>	<u>30,000</u>
	<u>\$ 69,400</u>
Social and Occupational Health	
<u>Chile-22, Institute of Occupational Health</u>	
Short-term Consultants	
-Fees	4,200
-Travel	3,600
<u>Supplies and Equipment</u>	10,000
<u>Fellowships</u>	<u>12,000</u>
	<u>\$ 29,800</u>

INTER-COUNTRY PROJECTS

Public Health Administration

AMRO-107, Mexico-U.S. Border Health Services

Short-term Consultants	
-Fees	\$ 4,200
-Travel	3,600
<u>Supplies and Equipment</u>	1,000
<u>Fellowships</u>	<u>12,000</u>
	<u>\$ 20,800</u>

Mental Health

AMRO-9, Seminar on Mental Health

Short-term Consultants	
-Fees	4,200
-Travel	3,600
<u>Supplies and Equipment</u>	500
<u>Fellowships</u>	<u>18,000</u>
	<u>\$ 26,300</u>
TOTAL - ADDITIONAL PROJECTS	<u>\$ 196,760</u>