

Official Document
of the
Pan American Health Organization
No. 169

PROPOSED PROGRAM AND BUDGET

PAN AMERICAN HEALTH ORGANIZATION, 1982-1983
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1984-1985
PAN AMERICAN HEALTH ORGANIZATION, PROVISIONAL DRAFT, 1984-1985



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Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
April 1981

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Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
525 23rd St., N.W.
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ABBREVIATIONS

AIDIS	Inter-American Association of Sanitary and Environmental Engineering
AMRO	Regional Office for the Americas (regional abbreviation for inter-country and inter-area projects)
BIREME	Regional Library of Medicine and the Health Sciences
CAREC	Caribbean Epidemiology Center
CARICOM	Caribbean Common Market
CELADE	Latin American Demographic Center
CEPANZO	Pan American Zoonoses Center
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences
CFNI	Caribbean Food and Nutrition Institute
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology and Human Development
CLATES	Latin American Center for Educational Technology in Health
ECLA	Economic Commission for Latin America
ECO	Center for Human Ecology and Health
FAO	Food and Agriculture Organization
IAEA	International Atomic Energy Agency
IBRD	International Bank for Reconstruction and Development
IICA	Inter-American Institute for Cooperation on Agriculture
IDB	Inter-American Development Bank
ILO	International Labour Organization
INCAP	Institute of Nutrition of Central America and Panama
OAS	Organization of American States
PAHEF	Pan American Health and Education Foundation
PAHO	Pan American Health Organization
PANAFTOSA	Pan American Foot-and-Mouth Disease Center
PASB	Pan American Sanitary Bureau
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNDRO	United Nations Disaster Relief Office
UNEO	United Nations Emergency Organization
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USPHS/CDC	United States Public Health Service/Center for Disease Control
WFP	World Food Programme
WHO	World Health Organization
WMO	World Meteorological Organization

LETTER OF TRANSMITTAL

The Director of the Pan American Sanitary Bureau, Regional Office of the World Health Organization, has the honor to present the following proposed program and budget and provisional drafts for consideration:

1. The proposed program and budget of the Pan American Health Organization for the financial period 1982-1983.
2. The provisional draft of the program budget of the World Health Organization for the Region of the Americas for the financial period 1984-1985.
3. The provisional draft of the program and budget of the Pan American Health Organization for the financial period 1984-1985.


Héctor R. Acuña
Director

INTRODUCTION

The biennium 1982-1983 marks a transition period for the Pan American Health Organization. Until now, the Organization's history has been one of gradually expanding efforts to deal with specific health problems in the Americas: at first, acute communicable diseases and later other diseases, then the organization and management of health services, environmental protection and control, animal health, and the training and deployment of professionals and subprofessionals in a variety of health care fields. During the past two decades, the Governments of the Americas have sought, with varying degrees of success, to integrate and rationalize these efforts in plans covering the entire Western Hemisphere, its subregions, and individual countries. The first such plan was embodied in and evolved from the Charter of Punta del Este, signed in that Uruguayan city in 1961. The second was the Ten-Year Health Plan for the Americas formulated at Santiago, Chile, in 1972.

In the mid-1970s, as the Ten-Year Health Plan approached the halfway mark, it became clear in the Americas and in other parts of the world that former individual solutions to pressing health problems were not working. Without a focus, attempts to integrate health care into a cohesive whole would not be successful. The IV Special Meeting of Ministers of Health of the Americas in 1977, after reviewing the experience acquired during the decade, reaffirmed that it was necessary and possible to attain the coverage-extension target, and declared primary care to be the key strategy to be pursued within the context of intersectoral economic development.

The focus became clear in the Declaration of Alma-Ata of September 1978. The Declaration stated that future world health efforts must be predicated on primary health care, which it defined as attention to the preventive and curative health problems of all people. It noted that primary health care services would often have to be provided by basically trained auxiliaries supported by adequate, specialized referral systems.

In May 1979, the World Health Assembly codified the basic principles of the Declaration of Alma-Ata by resolving that the fundamental goal of the World Health Organization and its member nations would be the attainment by all the peoples of the world of a level of health that would enable them to lead a socially and economically productive life. This objective is to be achieved through primary health care services by the end of this century. WHO's regional committees, including PAHO's Directing Council, later accepted the health-for-all challenge.

For PAHO, this adherence to the world goal initiated a series of events that is still unfolding. The first requirement was to study and analyze the successes and failures of the Ten-Year Health Plan, regionally, subregionally, and in individual countries. These steps have now been completed. Analysis has shown that the accomplishments of the 1970s in hemispheric health activity were many, but so were the shortcomings. Whatever the balance, the immediate appreciation that has resulted now sets our course for the years to come.

This assessment of the problems of the past, as well as the best possible projections of what is needed and what can be accomplished in health in the Americas by the end of this century, has led to national and regional strategies to achieve health for all during the next two decades. These strategies were set out in PAHO's Official Document 173 of December 1980. The strategies that have been formulated, broad statements of goals and how to achieve them, are now being shaped into concrete national and regional plans of action. These, in turn, will become part of the global action plan for achieving health for all by the year 2000.

Therefore, PAHO's regional plan of action for the remainder of the century is still being elaborated. A special feature of the 1982-1983 proposed program and budget is the identification of six broad categories of activity deemed crucial to accomplishing the goal of health for all. These programs include health protection and promotion of special groups such as children, pregnant women, the aged, and workers; community organization and participation; development of primary health care; increasing the operating capacity of health systems; development of intersectoral linkages, and development of appropriate technology. The 1982-1983 proposed program and budget is thus transitional in that it leads to the full implementation of the regional plan of action and WHO's Seventh General Program of Work, which is to begin in 1984. Changes will be made in the program and budget based on continuing consultations with Member Governments and on Governing Body resolutions and will be reflected in the proposed program and budget document to be published in early 1983.

This proposed program and budget document therefore continues to be based upon the Ten-Year Health Plan in its program structure, as well as upon the Sixth General Program of Work of WHO. The program of technical cooperation with the countries is developed in close collaboration with the Governments in order to meet the needs and priorities which they have determined individually and collectively. The program is directed at helping the countries become more self-reliant and self-sufficient in adjusting to the rising demands of their peoples for increasing coverage of their health needs.

To rationalize the procedures for planning and implementing the proposed program and budget, the Organization utilizes a system for programming technical cooperation activities which controls the execution of the programs, as well as evaluates their results, and makes adjustments accordingly. The Programming and Evaluation System, called AMPES, offers prospects to the countries for full utilization of the Organization's various resources, not only those directly assigned to the countries, but also those in the PAHO areas, in the specialized centers, and at the regional level. These resources are planned and determined with the Governments and are, therefore, designed within the framework of national health programs. Special attention is given to the fundamental importance of health in relation to social and economic development, and to the formulation of health plans as an integral part of national plans for development. Flexibility is maintained in order to meet changing requirements of the countries arising from redefinition of program objectives as national plans are developed.

Funds allocated for dealing with problems directly connected with the health situation are placed in the Program of Services category (49.3%), which includes maternal and child health and family welfare, nutrition, communicable and noncommunicable diseases, programs related to the environment, animal and veterinary public health, as well as complementary services such as nursing, laboratories, rehabilitation, and epidemiological surveillance. The second major category covers funds allocated for Development of the Infrastructure (37.5%), which includes national health systems, the development of human resources, physical and technological resources, and research coordination. The third and fourth major categories cover Administrative Direction (12.2%) and Governing Bodies (1.0%).

The Organization devotes special efforts to cooperation with other international agencies, governments, and foundations in planning and executing health programs to be financed by them, especially through loans for water supply systems, grants for research, education and training, and special programs in nutrition, maternal and child health and family welfare, control and eradication of specific diseases, community development and hospital maintenance. It should be noted that these extrabudgetary resources comprise 26.2% or \$47,664,589 of the total proposed program and budget in the 1982-1983 biennium. The extrabudgetary funds will no doubt increase during the actual execution phase of the program and budget. Included in this document are only those extrabudgetary funds which are approved or near approval. For example, the extrabudgetary funds available for 1980-1981 at the time of publication of this document amount to \$69,992,707, or 38.0% of the total.

This document contains the approved biennial program and budget for 1980-1981 as shown in the previous document, OD-161, adjusted to include the supplemental budget of \$1,041,400 approved for the Pan American Foot-and-Mouth Disease Center and the Pan American Zoonoses Center. In addition, the document contains the proposed program and budget for the financial period 1982-1983, as well as the provisional draft for the financial period 1984-1985. This three-biennium presentation was requested by the 1979 Directing Council (XXVI Meeting) for ease of comparison. It should be noted, however, that the program and budget are dynamic and, of necessity, change within the rules and regulations of the Organization to reflect the changing needs and priorities of the countries. The reader will therefore note many changes, especially between 1980-1981 and 1982-1983, which reflect the dynamic nature of the programs contained in this document.

The program and budget have been planned as a balanced whole, regardless of the source of funds. The various sources of funds proposed or expected to be available to the Organization in 1982-1983 are as follows:

1. The Regular Proposed Budget of PAHO for 1982-1983, amounting to \$90,320,000, including \$2,000,000 in expected miscellaneous income.
2. The portion of the Regular Budget of WHO allocated to the Region of the Americas, amounting to \$44,012,000.

3. Other funds expected to be available to the Organization for specific purposes: (a) the PAHO Community Water Supply Fund; (b) grants and contributions to the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Epidemiology Center (CAREC); (c) special grants and contributions to PAHO for specific activities, including those to the specialized centers; and (d) funds of the Pan American Health and Education Foundation and Program Support Costs.

4. Funds of the United Nations Development Program (UNDP) and of the United Nations Fund for Population Activities (UNFPA) administered through WHO for projects in the Region of the Americas.

5. Other funds available to the Americas through WHO.

All of these various funds which are directly administered by PAHO/WHO are summarized in Table 1.

The total budget of the Organization shows a small decrease of 1.2% in 1982-1983 compared to 1980-1981. As extrabudgetary projects are approved, however, this small decrease will be reversed, and the 1982-1983 budget will actually increase. A separate report updating these figures will be distributed during the June-July 1981 meeting of the Executive Committee. This report will be further updated for distribution during the September-October 1981 meeting of the Directing Council.

The Regular Budget of PAHO shows an increase of 17.9% in 1982-1983 over 1980-1981. The budget instructions, requesting the proposals for 1982-1983 and 1984-1985, were sent to the Organization's Country Representatives in August 1980. The planning ceilings provided in those instructions were derived from the previous program and budget document, OD-161, which was assembled in late 1978 and published in April 1979. Unfortunately, the Bureau did not accurately foresee the large inflationary trend which dramatically increased in this Region in early 1979. Upon recosting the proposals for 1982-1983 as they were received in late 1980, it became obvious that the proposed budget would have to increase by an unreasonable 32% over 1980-1981 in order to maintain the same program elements. An analysis of this increase, amounting to \$13,258,800 over the 1982-1983 provisional draft amount of \$87,816,700 shown originally in OD-161, indicated that 58% was related to permanent personnel costs, 34% to short-term consultant costs, and 8% to fellowship costs. A further breakdown of this increase showed that 48% occurred in country projects, 19% in Area AMRO projects and Area Offices, 8% in the various centers, 13% in regional AMRO projects, and 12% in Headquarters activities.

Prior to the publication of this program and budget document, the Bureau had used a region-wide average cost for professional posts by grade. During the execution of the 1979 and 1980-1981 budgets, it became evident that the average costs being used were too low, in general, and were no longer valid for use on a region-wide basis. The following table illustrates the averages used in the previous program and budget document, OD-161, and the new averages being used in this document by location of selected duty stations for a P-4 professional.

	Financial Period	Bridgetown	Caracas	Mexico	Guatemala	Lima	Brasilia	Buenos Aires	Washington
OD-161	1980-1981	96,600	96,600	96,600	96,600	96,600	96,600	96,600	96,600
OD-169	1982-1983	123,300	173,200	121,900	126,500	120,100	119,500	229,300	113,800
OD-169	1984-1985	139,700	207,400	139,700	145,900	136,300	134,900	279,500	129,900

The effects of inflation, reflected in the above averages primarily in the form of post adjustments, as well as of calculating the 1980-1981 averages in late 1978, can be understood by the composite average increase from 1980-1981 to 1982-1983 of 45.9%, and the leveling off of this increase to 16.5% between 1982-1983 and 1984-1985. Increased per diem rates, air fares, and stipend rates have likewise increased the costs related to duty travel, short-term consultants, and fellowships.

At a time when Member Countries are called upon to contribute more funds in assessments because of budgetary increases attributable to inflationary pressures, the ability of the Organization to undertake new activities in priority areas will be greater if it can identify and eliminate existing activities that are obsolete, of marginal usefulness or ineffective. Accordingly, after careful study and analysis by the Program and Budget Review Committee and with the advice and recommendations of the Division Chiefs, the proposals, originally submitted at a revised costing of \$101,075,500, were reduced by \$10,755,500 to the proposed level of \$90,320,000.

The proposed PAHO Regular program and budget for 1982-1983 shows a reduction of 120 positions from 1980-1981, with an increase of 4,165 short-term consultant days and 585 fellowship months. The WHO Regular program and budget for the same period, which will be acted upon by the May 1981 World Health Assembly, shows a reduction of 3 positions, 2,816 short-term consultant days and 174 fellowship months. The combined PAHO/WHO Regular figures show a reduction of 123 positions, an increase of 1,349 short-term consultant days, and an increase of 411 fellowship months.

Reductions are never easy or popular, but the management of the Bureau felt that it was simply not realistic to request an increase of 32% from the Member Countries, whose own internal budgets are likewise affected by inflationary pressures. Nevertheless, the monetary amounts of the country programs were maintained and even increased in the majority of the country programs.

It should further be called to the attention of the Governments that they will have an opportunity to revise their 1982-1983 programs after the publication of this document. As mentioned previously, the budget is a dynamic instrument. Accordingly, in mid-1981 the Bureau will again request proposals from the countries which will reflect their latest possible priorities before the actual execution of the program and budget starts in 1982.

Again, it should be remembered that this is a transitional program and budget. The full implementation of the approved plan of action and Seventh General Program of Work of WHO will be reflected in the program and budget proposals for 1984-1985. Through this process of adjustment, it is felt that the Organization will indeed be in a position to contribute to making Health for All by the Year 2000 a reality.

PROPOSED APPROPRIATION RESOLUTION FOR THE PAN AMERICAN HEALTH ORGANIZATION FOR 1982-1983

THE DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 1982-1983 an amount of \$102,797,300 as follows:

PART I	PROGRAM OF SERVICES	32,867,700
PART II	DEVELOPMENT OF THE INFRASTRUCTURE	39,082,600
PART III	ADMINISTRATIVE DIRECTION	16,696,900
PART IV	GOVERNING BODIES	1,172,800
PART V	INCREASE TO ASSETS	-
PART VI	SPECIAL FUND FOR HEALTH PROMOTION	500,000
	Effective Working Budget (Parts I-VI)	<u>90,320,000</u> =====
	PART VII STAFF ASSESSMENT (Transfer to Tax Equalization Fund)	12,477,300
	Total - All Parts	<u>102,797,300</u> =====

2. That the appropriation shall be financed from:

a. Assessments in respect to:

Member Governments and Participating Governments assessed under the scale adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions	100,797,300
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b. Miscellaneous Income

	2,000,000
Total	<u>102,797,300</u> =====

In establishing the contributions of Member Governments and Participating Governments, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those governments who levy taxes on the emoluments received from the Pan American Health Organization by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PAHO.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under Paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 1982 to 31 December 1983, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 1982-1983 shall be limited to the effective working budget, i.e., Parts I-VI.

4. That the Director shall be authorized to transfer credits between parts of the effective working 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% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council and/or the Conference.

ASSESSMENTS OF THE MEMBER GOVERNMENTS AND PARTICIPATING GOVERNMENTS OF THE
PAN AMERICAN HEALTH ORGANIZATION FOR 1982-1983

Whereas, Member Governments appearing in the scale adopted by the Organization of American States are assessed according to the percentages shown in that scale, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, other Member Governments and Participating Governments are assessed on the basis of percentages which would be assigned to such countries if they were subject to the OAS scale; now, therefore,

THE DIRECTING COUNCIL,

RESOLVES:

To establish the assessments of the Member Governments and Participating Governments of the Pan American Health Organization for the financial period 1982-1983 in accordance with the scale of quotas shown below and in the corresponding amounts.

(1) Country	(2) OAS Scale %	(3) Gross Assessment US\$	(4) Credit from Tax Equalization Fund US\$	(5) Adjustment for Taxes Imposed by Member Governments on Emoluments of PAHO Staff US\$	(6) Net Assessment US\$
Argentina	7.48	7,001,893	866,738	-	6,135,155
Barbados	0.08	74,887	9,270	-	65,617
Bolivia	0.18	168,495	20,857	-	147,638
Brazil	9.37	8,771,087	1,085,739	-	7,685,348
Chile	0.82	767,587	95,017	-	672,570
Colombia	0.99	926,721	114,715	6,000	818,006
Costa Rica	0.18	168,495	20,857	-	147,638
Cuba	1.17	1,095,216	135,572	-	959,644
Dominica	0.02	18,722	2,317	-	16,405
Dominican Republic	0.18	168,495	20,857	-	147,638
Ecuador	0.18	168,495	20,857	-	147,638
El Salvador	0.18	168,495	20,857	-	147,638
Grenada	0.03	28,082	3,476	-	24,606
Guatemala	0.18	168,495	20,857	-	147,638
Haiti	0.18	168,495	20,857	-	147,638
Honduras	0.18	168,495	20,857	-	147,638
Jamaica	0.18	168,495	20,857	-	147,638
Mexico	7.03	6,580,656	814,595	-	5,766,061
Nicaragua	0.18	168,495	20,857	-	147,638
Panama	0.18	168,495	20,857	-	147,638
Paraguay	0.18	168,495	20,857	-	147,638
Peru	0.54	505,484	62,572	-	442,912
Saint Lucia	0.03	28,082	3,476	-	24,606
Suriname	0.14	131,051	16,222	-	114,829
Trinidad and Tobago	0.18	168,495	20,857	-	147,638
United States of America	66.00	61,781,409	7,647,678	3,000,000	57,133,731
Uruguay	0.36	336,989	41,715	-	295,274
Venezuela	3.60	3,369,895	417,147	35,000	2,987,748
	100.00	93,608,196	11,587,390	3,041,000	85,061,806
	=====	=====	=====	=====	=====
	Equivalent Percentages				
<u>Other Member Governments</u>					
Bahamas	0.07	65,525	8,111	-	57,414
Canada	7.04	6,590,015	815,752	-	5,774,263
Guyana	0.18	168,495	20,857	-	147,638
St. Vincent and the Grenadines	0.03	28,082	3,476	-	24,606
<u>Participating Governments</u>					
France	0.18	168,495	20,857	-	147,638
Kingdom of the Netherlands	0.07	65,525	8,111	-	57,414
United Kingdom	0.11	102,967	12,746	-	90,221
SUBTOTAL		7,189,104	889,910	-	6,299,194
TOTAL ASSESSMENTS - All Countries		100,797,300	12,477,300	3,041,000	91,361,000
		=====	=====	=====	=====

(2) This column includes the OAS percentages adding to 100% and the equivalent percentages applicable to other Member Governments and Participating Governments. The OAS scale used herein was approved by the OAS General Assembly on 27 November 1980.

(5) This column includes estimated amounts to be received by the respective Member Governments in 1982-1983 in respect of taxes levied by them as staff members' emoluments received from PAHO, adjusted for any difference between estimate and actual for prior years.

TABLE 1

ALL FUNDS									
Fund	1980-1981 Biennium Appropriation or Allocation		Increase (Decrease) 1982-1983 over 1980-1981	1982-1983 Biennium Proposed		Increase (Decrease) 1984-1985 over 1982-1983	1984-1985 Biennium Provisional Draft		
	Amount \$	% of Total		Amount \$	% of Total		Amount \$	% of Total	
<u>Pan American Health Organization</u>	<u>120,761,683</u>	<u>65.6</u>	(1.4)	<u>119,053,646</u>	<u>65.4</u>	14.1	<u>135,874,110</u>	<u>70.1</u>	
PR PAHO Regular Budget	76,576,000 ^a	41.6	17.9	90,320,000	49.6	18.1	106,680,000	55.1	
PA INCAP Membership and Miscellaneous Funds	751,600	0.4	86.3	1,400,000	0.8	14.3	1,600,000	0.8	
PN INCAP Grants and Contractual Agreements	6,137,553	3.3	(13.1)	5,332,500	2.9	(6.2)	5,000,000	2.6	
PJ CAREC Membership, Grants and Contractual Agreements	3,167,564	1.7	(24.9)	2,377,458	1.3	8.4	2,577,694	1.3	
PB Building Fund	280,846	0.2	(100.0)	-	-	-	-	-	
PD Natural Disaster Relief Voluntary Fund	60,086	*	(100.0)	-	-	-	-	-	
PG Grants and Contractual Agreements	23,612,710	12.8	(49.2)	11,994,585	6.6	(10.5)	10,736,566	5.5	
PH Pan American Health & Education Foundation	5,285,237	2.9	13.5	5,999,840	3.3	28.7	7,723,120	4.0	
PK Special Fund for Health Promotion (Income)	612,162	0.3	(100.0)	-	-	-	-	-	
PU Special Fund for Animal Health Research	124,741	0.1	(100.0)	-	-	-	-	-	
PV Expanded Program on Immunization	5,758	*	(100.0)	-	-	-	-	-	
PW Community Water Supply Fund	2,748,988	1.5	(81.1)	520,273	0.3	(39.7)	313,510	0.2	
PX Program Support Costs	1,398,438	0.8	(20.7)	1,108,990	0.6	12.1	1,243,220	0.6	
<u>World Health Organization</u>	<u>63,373,224</u>	<u>34.4</u>	(0.7)	<u>62,942,943</u>	<u>34.6</u>	(8.0)	<u>57,935,200</u>	<u>29.9</u>	
WR WHO Regular Budget	37,566,200 ^b	20.4	17.2	44,012,000	24.2	17.5	51,714,000	26.7	
UNDP United Nations Development Program	7,324,500	4.0	(69.1)	2,266,400	1.2	(92.4)	171,800	0.1	
UNFPA United Nations Fund for Population Activities	14,820,298	8.0	11.7	16,556,543	9.1	(63.5)	6,049,400	3.1	
WF United Nations Fund for Drug Abuse Control	317,752	0.2	(66.0)	108,000	0.1	(100.0)	-	-	
WB Associate Experts other than UNDP	169,958	0.1	(100.0)	-	-	-	-	-	
WX Special Account for Servicing Costs	49,000	*	(100.0)	-	-	-	-	-	
Trust Funds:									
WA Special Program for Research and Training in Tropical Diseases	328,662	0.2	(100.0)	-	-	-	-	-	
WS Sasakawa Health Trust Fund	250,000	0.1	(100.0)	-	-	-	-	-	
Voluntary Fund for Health Promotion:									
WC Special Account for the Leprosy Program	384,339	0.2	(100.0)	-	-	-	-	-	
WG Special Account for Medical Research	460,613	0.3	(100.0)	-	-	-	-	-	
WK Special Account for the Expanded Program on Immunization	264,645	0.1	(100.0)	-	-	-	-	-	
WN Malaria Special Account	62,700	*	(100.0)	-	-	-	-	-	
WV Special Account for Miscellaneous Designated Contributions	1,041,057	0.6	(100.0)	-	-	-	-	-	
WW Special Account for Community Water Supply	333,500	0.2	(100.0)	-	-	-	-	-	
Total Budget	<u>184,134,907</u>	<u>100.0</u>	<u>(1.2)</u>	<u>181,996,589</u>	<u>100.0</u>	<u>6.5</u>	<u>193,809,310</u>	<u>100.0</u>	
<u>Summary</u>									
PAHO and WHO Regular Budget	114,142,200	62.0	17.7	134,332,000	73.8	17.9	158,394,000	81.7	
Non-Regular Funds	69,992,707	38.0	(31.9)	47,664,589	26.2	(25.7)	35,415,310	18.3	
Total Budget	<u>184,134,907</u>	<u>100.0</u>	<u>(1.2)</u>	<u>181,996,589</u>	<u>100.0</u>	<u>6.5</u>	<u>193,809,310</u>	<u>100.0</u>	

*Less than .05 per cent

^aIncludes supplemental PAHO appropriation of \$1,041,400 for PANAFITOSA and CEPANZO^bIncludes additional WHO appropriations of \$109,200

TABLE 2

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	98,728,486	53.7	89,630,153	49.3	87,660,895	45.1
SERVICES TO INDIVIDUALS	47,881,290	26.0	47,697,922	26.4	40,196,776	20.7
PROGRAM PLANNING AND GENERAL ACTIVITIES	422,100	.2	329,500	.2	374,500	.2
COMMUNICABLE DISEASES	2,545,030	1.4	2,848,300	1.6	3,471,200	1.8
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	4,398,335	2.4	4,186,000	2.3	4,865,600	2.5
0200 MALARIA	931,821	.5	459,300	.3	582,400	.3
0400 TUBERCULOSIS	16,800	0	23,700	0	52,300	0
0500 LEPROSY	827,622	.4	954,000	.5	1,087,500	.6
0600 VENEREAL DISEASES	637,000	.3	246,200	.1	285,400	.1
0700 ALDES AEGYPTI-BORNE DISEASES	1,747,191	.9	1,806,600	1.0	2,022,000	1.1
0800 PARASITIC DISEASES	1,032,037	.6	742,900	.4	749,300	.4
0900 VECTOR BIOLOGY AND CONTROL	19,173,218	9.8	19,351,799	10.7	9,387,600	4.8
1200 OTHER COMMUNICABLE DISEASES	12,801,367	7.0	11,780,300	6.6	12,404,300	6.4
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	1,228,267	.7	1,006,500	.6	736,400	.4
1400 NUTRITION	877,858	.5	729,600	.4	870,100	.4
1500 MENTAL HEALTH	1,769,143	1.0	2,720,023	1.5	2,462,776	1.3
1600 DENTAL HEALTH	400,000	.2	400,000	.2	750,000	.4
1700 CHRONIC DISEASES						
1800 HEALTH OF SPECIAL GROUPS						
ENVIRONMENTAL HEALTH SERVICES	39,777,857	21.7	31,582,173	17.3	35,394,525	18.2
PROGRAM PLANNING AND GENERAL ACTIVITIES	5,326,987	2.9	6,044,836	3.3	7,102,102	3.7
2100 WATER SUPPLY AND EXCRETA DISPOSAL	7,768,321	4.2	3,514,281	1.9	3,215,438	1.7
2200 SOLID WASTES	299,118	.2	189,924	.1	199,090	.1
ENVIRONMENTAL POLLUTION	2,369,851	1.3	2,182,303	1.2	2,362,688	1.2
2300 PROGRAM PLANNING AND GENERAL ACTIVITIES	300,330	.2	327,895	.2	364,405	.2
2400 AIR POLLUTION	315,700	.2	243,500	.1	273,700	.1
2500 RADIATION AND ISOTOPES	96,824	.0	112,934	.1	107,537	.0
2600 PLASTICS	100,600	.1	182,600	.1	118,000	.1
2800 OCCUPATIONAL HEALTH	4,879,463	2.6	2,173,500	1.2	2,092,700	1.1
3100 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	1,284,213	.7	6,347,300	3.5	6,871,500	3.5
3200 PROGRAM PLANNING AND GENERAL ACTIVITIES	3,072,703	1.6	9,168,100	5.0	11,430,315	5.9
3300 FOOT-AND-MOUTH DISEASE	838,150	.5	545,600	.3	599,800	.3
3400 ZOOUSES	1,196,192	.6	449,000	.2	478,700	.2
3500 QUALITY CONTROL OF FOODSTUFFS	20,300	0	190,400	.1	235,400	.1
3600 QUALITY CONTROL OF DRUGS						
3700 PREVENTION OF ACCIDENTS						
COMPLEMENTARY SERVICES	11,065,339	6.0	10,350,058	5.6	12,069,594	6.2
4100 NURSING	2,950,370	1.4	2,086,500	1.1	2,409,100	1.2
4200 LABORATORIES	1,145,348	.6	509,900	.3	919,300	.5
4300 EPIDEMIOLOGICAL SURVEILLANCE	6,066,121	3.1	6,015,558	3.3	6,904,794	3.6
4400 HEALTH EDUCATION	356,700	.2	742,000	.4	858,700	.4
4500 REHABILITATION	353,800	.2	196,100	.1	227,700	.1
4600 COMMUNITY PARTICIPATION			400,000	.2	750,000	.4
II. DEVELOPMENT OF THE INFRASTRUCTURE	66,036,158	35.8	68,229,146	37.5	76,295,595	39.6
HEALTH SYSTEMS	36,640,971	19.9	38,969,878	21.6	44,402,330	23.0
PROGRAM PLANNING AND GENERAL ACTIVITIES	10,146,817	5.5	12,217,020	6.8	13,923,460	7.2
5100 GENERAL PUBLIC HEALTH SYSTEMS	13,698,855	7.4	13,780,758	7.7	15,633,770	8.1
5200 MEDICAL CARE SYSTEMS	2,611,021	1.4	2,048,800	1.1	1,952,000	1.0
5300 PLANNING	1,437,700	.8	1,154,100	.6	1,432,000	.8
5400 STATISTICS AND INFORMATION SYSTEMS	5,507,200	3.0	6,114,300	3.4	7,112,500	3.7
5500 MANAGEMENT SYSTEMS	3,237,336	1.8	2,254,900	1.2	2,559,400	1.3
5600 PRIMARY HEALTH CARE SYSTEMS			400,000	.2	750,000	.4
DEVELOPMENT OF HUMAN RESOURCES	12,004,313	6.5	12,011,200	6.5	11,415,100	5.8
PROGRAM PLANNING AND GENERAL ACTIVITIES	6,003,628	3.1	7,150,980	3.9	6,466,500	3.3
6100 PUBLIC HEALTH	1,002,537	.5	731,500	.4	389,500	.2
6200 MEDICINE	578,500	.3	536,300	.3	661,100	.3
6300 NURSING	1,053,730	.6	1,202,400	.7	1,367,600	.7
6400 ENVIRONMENTAL SCIENCES	177,740	.1	327,000	.2	435,500	.2
6500 VETERINARY MEDICINE	504,500	.3	326,600	.2	355,500	.2
6600 DENTISTRY	581,900	.3	251,500	.1	219,300	.1
6700 BIOSTATISTICS	32,200	0	53,100	0	77,900	0
6900 OTHER HEALTH PERSONNEL	1,476,578	.8	1,121,900	.6	902,300	.5
PHYSICAL RESOURCES	1,516,193	.8	1,147,200	.6	1,166,000	.7
7100 PRODUCTION OF BIOLOGICALS	1,178,400	.6	661,900	.4	311,100	.2
7400 MAINTENANCE OF HEALTH CARE FACILITIES	339,793	.2	85,300	0	104,900	.1
7500 OPERATING CAPACITY			400,000	.2	750,000	.4
7800 DEVELOPMENT OF INTERSECTORAL LINKAGES			400,000	.2	750,000	.4
TECHNOLOGICAL RESOURCES	14,620,481	7.9	14,373,368	7.9	17,050,065	8.9
PROGRAM PLANNING AND GENERAL ACTIVITIES	454,200	.2	690,200	.4	765,600	.4
8100 MEDICAL TEXTBOOKS	5,662,762	3.1	6,612,970	3.6	8,328,260	4.3
8500 REGIONAL LIBRARIES	3,027,300	1.6	1,190,700	.7	1,327,600	.7
8600 EDITORIAL SERVICES	3,776,619	2.1	4,622,048	2.5	4,974,105	2.6
8700 OTHER TECHNOLOGICAL RESOURCES	1,699,600	.9	857,450	.5	904,500	.5
8800 DEVELOPMENT OF APPROPRIATE TECHNOLOGY			400,000	.2	750,000	.4
8900 RESEARCH COORDINATION	1,254,200	.7	1,327,500	.7	1,512,100	.8
III. ADMINISTRATIVE DIRECTION	17,591,263	9.5	22,394,190	12.2	25,935,620	13.3
EXECUTIVE AND TECHNICAL DIRECTION	1,865,700	1.0	1,359,500	.7	1,511,700	.8
9100 PROGRAM SERVICES	1,681,700	.9	4,008,800	2.2	4,538,000	2.3
9200 ADMINISTRATIVE SERVICES	9,081,700	5.2	11,688,400	6.3	13,209,320	6.8
9400 GENERAL EXPENSES	4,461,963	2.4	5,545,400	3.0	6,681,600	3.4
IV. GOVERNING BODIES	1,779,000	1.0	1,743,100	1.0	2,017,200	1.0
V. INCREASE TO ASSETS					1,900,000	1.0
GRAND TOTAL	184,134,907	100.0	181,996,589	100.0	193,809,310	100.0

*LESS THAN .05 PERCENT

TABLE 3

PROGRAM BUDGET - DETAIL 1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		90,728,466	66,134,279	19,950,859	11,712,885	930,463
	SERVICES TO INDIVIDUALS	47,881,290	30,441,300	10,300,139	6,644,148	495,703
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	422,100	422,100	-	-	-
	COMMUNICABLE DISEASES					
0100	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,545,030	1,899,595	630,935	-	14,500
0200	MALARIA	4,398,335	3,608,400	337,400	444,635	7,700
0400	TUBERCULOSIS	484,200	390,700	93,500	-	-
0500	LEPROSY	931,821	742,839	143,000	-	45,982
0600	VENEREAL DISEASES	16,800	16,800	-	-	-
0700	ARDES AEGYPTI-BORNE DISEASES	827,622	785,600	-	-	-
0800	PARASITIC DISEASES	631,000	537,100	33,900	-	10,122
0900	VECTOR BIOLOGY AND CONTROL	1,747,191	663,819	-	1,052,000	31,372
1200	OTHER COMMUNICABLE DISEASES	1,032,037	814,647	186,200	-	31,190
1300	MATERIAL AND CHILD HEALTH AND FAMILY WELFARE	18,373,218	13,881,177	3,760,391	528,410	3,240
1400	NUTRITION	12,508,367	4,171,141	4,449,947	4,089,369	84,870
1500	MENTAL HEALTH	1,228,267	990,817	222,636	-	14,814
1600	ORAL HEALTH	867,159	766,259	100,900	-	-
1700	CHRONIC DISEASES	1,782,143	748,106	241,340	529,734	251,913
	ENVIRONMENTAL HEALTH SERVICES	39,777,857	27,399,161	7,663,382	4,354,330	360,984
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	5,326,987	4,009,298	1,104,695	174,434	38,658
2100	WATER SUPPLY AND EXCRETA DISPOSAL	7,568,218	5,105,914	1,761,796	624,986	273,625
2200	SOLID WASTES	299,118	140,578	93,258	-	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,169,851	1,066,056	845,724	415,706	42,365
2400	AIR POLLUTION	391,330	45,648	150,166	105,116	-
2500	RADIATION AND ISOTOPIES	315,700	315,700	-	-	-
2600	PESTICIDES	50,824	27,139	17,462	12,223	-
3000	OCUPATIONAL HEALTH	100,600	41,000	59,600	-	-
3100	PROGRAM PLANNING AND VETERINARY PUBLIC HEALTH	4,879,468	4,290,739	588,729	-	-
3200	FOOT-AND-MOUTH DISEASE	7,284,313	4,800,333	1,095,440	1,380,540	-
3300	ZOOSES	9,021,703	5,752,306	1,686,012	1,574,043	6,344
3500	QUALITY CONTROL OF FOODSTUFFS	838,150	675,750	162,400	-	-
3600	QUALITY CONTROL OF DRUGS	1,196,192	1,116,492	79,700	-	-
3700	PREVENTION OF ACCIDENTS	20,300	1,900	18,400	-	-
	COMPLEMENTARY SERVICES	11,069,339	8,293,818	1,987,338	714,407	73,276
4100	NURSING	2,550,370	2,489,470	60,900	-	-
4200	LABORATORIES	1,149,348	886,002	234,091	-	25,255
4300	EPIDEMIOLOGICAL SURVEILLANCE	6,653,121	4,370,746	1,470,947	572,907	48,521
4400	HEALTH EDUCATION	356,700	215,200	208,800	141,500	-
4500	REHABILITATION	353,800	132,400	221,400	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		66,036,158	37,947,146	15,855,285	1,914,563	10,319,164
	HEALTH SYSTEMS	36,640,971	25,447,975	4,872,013	334,600	5,986,383
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	10,146,817	6,481,771	18,400	-	3,646,646
5100	GENERAL PUBLIC HEALTH SYSTEMS	13,691,855	9,489,623	3,570,934	334,600	303,698
5200	MEDICAL CARE SYSTEMS	2,612,063	2,201,944	338,980	-	72,139
5300	PLANNING	1,437,700	1,300,800	136,900	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	5,507,200	3,334,500	208,800	-	1,963,900
5500	MANAGEMENT SYSTEMS	3,211,336	2,639,337	597,999	-	-
	DEVELOPMENT OF HUMAN RESOURCES	12,034,313	7,799,868	4,012,340	102,743	89,362
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	6,003,628	3,743,375	2,205,975	-	54,278
6100	PUBLIC HEALTH	1,032,537	622,133	353,956	-	26,448
6200	MEDICINE	578,500	401,100	177,400	-	-
6300	NURSING	1,053,730	825,130	228,600	-	-
6400	ENVIRONMENTAL SCIENCES	3,770,740	346,840	329,167	102,743	-
6500	VETERINARY MEDICINE	504,500	409,400	95,100	-	-
6600	DENTISTRY	581,940	470,500	111,400	-	-
6700	DIAGNOSTICS	32,200	23,700	8,500	-	-
6900	OTHER HEALTH PERSONNEL	1,476,578	957,700	510,242	-	8,636
	PHYSICAL RESOURCES	1,516,193	1,348,593	167,600	-	-
7300	PRODUCTION OF BIOLOGICALS	1,176,400	1,077,100	99,300	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	339,793	271,493	68,300	-	-
	TECHNOLOGICAL RESOURCES	14,620,481	3,350,710	6,678,732	347,620	4,243,419
8000	PROGRAM PLANNING AND GENERAL ACTIVITIES	454,200	385,800	68,400	-	-
	TEXTBOOKS AND OTHER TEACHING MATERIALS					
8100	MEDICAL TEXTBOOKS	5,662,762	81,600	5,581,162	-	-
8500	REGIONAL LIBRARIES	3,927,300	1,705,320	612,420	242,760	466,800
8600	EDITORIAL SERVICES	3,776,619	-	-	-	3,776,619
8700	OTHER TECHNOLOGICAL RESOURCES	1,699,600	1,177,990	416,750	104,860	-
8900	RESEARCH COORDINATION	1,254,200	-	124,600	1,129,600	-
III. ADMINISTRATIVE DIRECTION		17,591,263	-	-	-	17,591,263
9100	EXECUTIVE AND TECHNICAL DIRECTION	1,865,700	-	-	-	1,865,700
9200	PROGRAM SERVICES	1,661,900	-	-	-	1,661,900
9300	ADMINISTRATIVE SERVICES	9,601,700	-	-	-	9,601,700
9400	GENERAL EXPENSES	4,461,963	-	-	-	4,461,963
IV. GOVERNING BODIES		1,779,000	-	-	-	1,779,000
GRAND TOTAL		184,134,907	104,081,425	35,806,144	13,627,448	30,619,890
	PER CENT OF TOTAL	100.0	56.6	19.4	7.4	16.6

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PROGRAM BUDGET - DETAIL 1982-1983

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		89,630,153	59,327,519	18,178,620	11,629,851	494,163
	SERVICES TO INDIVIDUALS	47,697,922	30,218,486	9,988,380	7,016,899	474,157
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	329,500	329,500	-	-	-
0100	COMMUNICABLE DISEASES					
0200	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,848,300	2,217,700	630,600	-	-
0300	MALARIA	4,186,000	3,567,500	430,100	188,400	-
0400	TUBERCULOSIS	499,300	416,200	83,100	-	-
0500	LEPROSY	73,200	73,200	-	-	-
0600	VENEREAL DISEASES	23,700	23,700	-	-	-
0700	AEDIS AEGYPTI-BORNE DISEASES	954,000	899,200	54,800	-	-
0800	PARASITIC DISEASES	296,200	213,600	32,600	-	-
0900	VECTOR BIOLOGY AND CONTROL	1,806,600	160,600	-	1,646,000	-
1200	OTHER COMMUNICABLE DISEASES	742,900	607,200	75,700	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	19,331,799	15,148,471	3,706,258	496,570	-
1400	NUTRITION	1,780,300	3,617,349	4,247,522	3,915,629	-
1500	MENTAL HEALTH	1,006,500	734,800	271,700	-	-
1600	DENTAL HEALTH	729,600	508,100	161,500	-	-
1700	CHRONIC DISEASES	2,720,023	1,181,366	294,000	770,500	474,157
1800	HEALTH OF SPECIAL GROUPS	400,000	400,000	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	31,582,173	21,078,994	6,345,900	4,137,273	20,006
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	6,044,836	4,548,496	1,302,217	194,123	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	3,514,281	2,722,207	321,044	251,024	20,006
2200	SOLID WASTES	109,924	28,490	94,962	66,472	-
2300	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,182,303	790,086	912,551	474,666	-
2400	AIR POLLUTION	37,995	49,185	163,948	114,762	-
2500	RADIATION AND ISOTOPES	241,800	238,900	4,900	-	-
2600	PESTICIDES	112,934	76,525	21,418	14,991	-
3000	26,600	92,600	28,000	64,600	-	-
3100	OCCUPATIONAL HEALTH					
3100	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	2,173,500	1,947,800	225,700	-	-
3200	PROGRAM PLANNING AND GENERAL ACTIVITIES	6,147,300	3,971,620	1,079,350	1,296,130	-
3300	FOOT-AND-MOUTH DISEASE	9,168,100	5,742,482	1,705,510	1,720,105	-
3500	ZOOUSES	545,600	351,400	194,200	-	-
3600	QUALITY CONTROL OF FOODSTUFFS	449,000	415,000	34,000	-	-
3700	PREVENTION OF ACCIDENTS	190,400	168,600	21,800	-	-
	COMPLEMENTARY SERVICES	10,350,058	8,030,039	1,844,340	475,679	-
4100	NURSING	2,086,500	1,992,800	93,700	-	-
4200	LABORATORIES	909,900	725,900	184,000	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	6,015,558	4,202,939	1,336,940	475,679	-
4400	HEALTH EDUCATION	742,300	638,000	104,300	-	-
4500	REHABILITATION	196,100	70,400	125,700	-	-
4600	COMMUNITY PARTICIPATION	400,000	400,000	-	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		68,229,146	35,871,239	17,769,343	1,799,240	12,789,324
	HEALTH SYSTEMS	38,969,878	25,659,140	5,660,343	-	7,650,395
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	12,217,020	6,889,220	25,100	-	5,302,700
5100	GENERAL PUBLIC HEALTH SYSTEMS	13,780,758	9,021,320	4,655,543	-	103,895
5200	MEDICAL CARE SYSTEMS	2,048,800	1,758,800	290,000	-	-
5300	PLANNING	2,154,800	1,924,800	229,300	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	2,116,900	3,667,100	203,400	-	2,243,800
5500	MANAGEMENT SYSTEMS	2,224,900	1,997,900	227,000	-	-
5600	PRIMARY HEALTH CARE SYSTEMS	400,000	400,000	-	-	-
	DEVELOPMENT OF HUMAN RESOURCES	12,011,200	6,879,259	4,695,120	423,640	13,181
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	7,150,900	4,054,349	2,685,870	397,500	13,181
6100	PUBLIC HEALTH	731,500	405,100	326,400	-	-
6200	MEDICINE	536,300	278,700	257,600	-	-
6300	NURSING	1,202,400	761,010	441,250	26,140	-
6400	ENVIRONMENTAL SCIENCES	327,000	110,000	209,000	-	-
6500	VETERINARY MEDICINE	636,600	461,600	174,800	-	-
6600	DENTISTRY	251,500	122,500	129,000	-	-
6700	BIOSTATISTICS	53,100	43,100	10,000	-	-
6900	OTHER HEALTH PERSONNEL	1,121,900	634,700	487,200	-	-
	PHYSICAL RESOURCES	1,147,200	1,078,400	68,900	-	-
7300	PRODUCTION OF BIOLOGICALS	661,900	645,100	16,800	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	85,300	33,200	52,100	-	-
7500	OPERATING CAPACITY	400,000	400,000	-	-	-
7800	DEVELOPMENT OF INTERSECTORAL LINKAGES	400,000	400,000	-	-	-
	TECHNOLOGICAL RESOURCES	14,373,368	1,854,540	7,193,780	199,300	5,125,748
8000	PROGRAM PLANNING AND GENERAL ACTIVITIES	690,200	673,300	16,900	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS					
8100	MEDICAL TEXTBOOKS	6,612,970	30,000	6,582,970	-	-
8900	REGIONAL LIBRARIES	1,190,700	437,760	187,560	61,680	503,700
8600	EDITORIAL SERVICES	4,622,048	-	-	-	4,622,048
8700	OTHER TECHNOLOGICAL RESOURCES	857,450	313,480	406,350	137,620	-
8800	DEVELOPMENT OF APPROPRIATE TECHNOLOGY	400,000	400,000	-	-	-
8900	RESEARCH COORDINATION	1,327,500	-	151,200	1,176,300	-
III. ADMINISTRATIVE DIRECTION		22,394,190	-	3,000	-	22,391,190
9100	EXECUTIVE AND TECHNICAL DIRECTION	1,339,800	-	-	-	1,339,800
9200	PROGRAM SERVICES	4,000,000	-	3,000	-	3,997,000
9400	ADMINISTRATIVE SERVICES	11,488,490	-	-	-	11,488,490
9400	GENERAL EXPENSES	5,545,400	-	-	-	5,545,400
9500	IV. GOVERNING BODIES	1,743,100	-	-	-	1,743,100
	GRAND TOTAL	181,996,589	95,198,758	35,950,963	13,429,091	37,617,777
	PER CENT OF TOTAL	100.0	52.2	19.8	7.4	20.6

TABLE 3

PROGRAM BUDGET - DETAIL 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		87,660,895	56,852,252	17,702,100	12,729,127	377,416
	SERVICES TO INDIVIDUALS	40,196,776	24,021,994	8,424,265	7,373,101	377,416
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	374,500	374,500	-	-	-
	COMMUNICABLE DISEASES					
0100	MALARIA	3,471,200	2,729,200	742,000	-	-
0200	TUBERCULOSIS	4,865,600	4,158,500	503,300	203,800	-
0400	LEPROSY	52,300	52,300	-	-	-
0600	VENEREAL DISEASES	35,200	35,200	-	-	-
0700	AEDES AEGYPTI-BORNE DISEASES	1,042,500	1,042,500	45,500	-	-
0800	PARASITIC DISEASES	285,400	230,800	54,600	-	-
0900	VECTOR BIOLOGY AND CONTROL	2,062,000	178,400	-	1,883,600	-
1200	OTHER COMMUNICABLE DISEASES	769,300	727,000	42,300	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	9,387,800	7,164,300	1,819,800	403,610	-
1400	NUTRITION	12,504,300	3,974,104	4,443,155	3,985,041	-
1500	MENTAL HEALTH	736,400	613,100	123,300	-	-
1600	DENTAL HEALTH	870,100	657,500	212,600	-	-
1700	CHRONIC DISEASES	2,462,776	843,360	344,950	897,050	377,416
1800	HEALTH OF SPECIAL GROUPS	750,000	750,000	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	35,394,525	23,355,514	7,203,675	4,835,336	-
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	7,102,102	5,372,575	1,520,202	209,325	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	3,215,438	2,457,184	494,414	263,840	-
2200	SOLID WASTES	139,090	29,864	99,544	69,682	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,302,618	861,312	982,590	518,716	-
2400	AIR POLLUTION	344,405	31,661	172,202	120,542	-
2500	RADIATION AND ISOTOPES	273,700	273,700	-	-	-
2600	PESTICIDES	70,757	32,883	22,278	15,596	-
2700	OCCUPATIONAL HEALTH	118,000	34,200	83,800	-	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3100	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,092,700	1,845,700	247,000	-	-
3200	FOOT-AND-MOUTH DISEASE	6,871,500	4,254,710	1,448,840	1,167,950	-
3300	ZOOUSES	11,430,315	7,110,925	2,149,705	2,169,685	-
3500	QUALITY CONTROL OF FOODSTUFFS	599,800	38,100	214,700	-	-
3600	QUALITY CONTROL OF DRUGS	478,700	434,700	44,000	-	-
3700	PREVENTION OF ACCIDENTS	235,400	211,000	24,400	-	-
	COMPLEMENTARY SERVICES	12,009,544	9,474,744	2,074,160	520,690	-
4100	NURSING	2,409,100	2,293,900	115,200	-	-
4200	LABORATORIES	919,300	766,900	152,400	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	6,904,754	4,818,244	1,567,860	520,690	-
4400	HEALTH EDUCATION	858,700	768,900	109,800	-	-
4500	REHABILITATION	227,700	98,800	128,900	-	-
4600	COMMUNITY PARTICIPATION	750,000	750,000	-	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		76,295,595	39,024,300	20,758,000	2,096,620	14,416,675
	HEALTH SYSTEMS	44,402,330	29,125,660	6,390,600	-	8,886,070
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	13,923,460	7,750,260	32,500	-	6,140,700
5100	GENERAL PUBLIC HEALTH SYSTEMS	15,633,770	10,218,200	5,408,300	-	107,270
5200	MEDICAL CARE SYSTEMS	1,591,000	1,550,400	-	-	-
5300	PLANNING	3,432,200	2,202,800	229,400	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	7,112,500	4,253,500	220,900	-	2,638,100
5500	MANAGEMENT SYSTEMS	2,559,400	2,292,500	266,900	-	-
5600	PRIMARY HEALTH CARE SYSTEMS	750,000	750,000	-	-	-
	DEVELOPMENT OF HUMAN RESOURCES	11,415,160	5,736,310	5,149,450	529,340	-
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	6,446,500	3,070,900	2,875,600	500,000	-
6100	PUBLIC HEALTH	906,500	694,600	41,900	-	-
6200	MEDICINE	661,100	349,300	311,800	-	-
6300	NURSING	1,367,600	862,710	475,550	29,340	-
6400	ENVIRONMENTAL SCIENCES	432,500	175,600	259,900	-	-
6500	VETERINARY MEDICINE	399,800	240,000	149,800	-	-
6600	DENTISTRY	219,300	81,600	137,700	-	-
6700	BIOSTATISTICS	77,900	62,900	15,000	-	-
6900	OTHER HEALTH PERSONNEL	902,300	383,700	518,600	-	-
	PHYSICAL RESOURCES	1,166,000	1,085,000	81,000	-	-
7300	PRODUCTION OF BIOLOGICALS	311,100	289,500	21,600	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	134,900	45,500	59,400	-	-
7500	OPERATING CAPACITY	750,000	750,000	-	-	-
7800	DEVELOPMENT OF INTERSECTORAL LINKAGES	750,000	750,000	-	-	-
	TECHNOLOGICAL RESOURCES	17,050,065	2,327,330	8,972,050	220,080	5,530,605
8000	PROGRAM PLANNING AND GENERAL ACTIVITIES	765,600	748,900	18,700	-	-
	TEXTBOOKS AND OTHER TEACHING MATERIALS					
8100	MEDICAL TEXTBOOKS	8,328,260	10,000	8,318,260	-	-
8500	REGIONAL LIBRARIES	1,327,600	491,380	210,380	69,340	556,500
8600	EDITORIAL SERVICES	4,974,105	-	-	-	4,974,105
8700	OTHER TECHNOLOGICAL RESOURCES	909,500	329,050	424,710	150,740	-
8800	DEVELOPMENT OF APPROPRIATE TECHNOLOGY	750,000	750,000	-	-	-
8900	RESEARCH COORDINATION	1,512,100	-	164,900	1,347,200	-
III. ADMINISTRATIVE DIRECTION		25,935,620	-	4,000	-	25,931,620
9100	EXECUTIVE AND TECHNICAL DIRECTION	1,511,700	-	-	-	1,511,700
9200	PROGRAM SERVICES	4,538,000	-	4,000	-	4,534,000
9300	ADMINISTRATIVE SERVICES	13,204,320	-	-	-	13,204,320
9400	GENERAL EXPENSES	6,681,600	-	-	-	6,681,600
9500	IV. GOVERNING BODIES	2,017,200	-	-	-	2,017,200
9600	V. INCREASE TO ASSETS	1,900,000	-	-	-	1,900,000
	GRAND TOTAL	193,809,310	95,876,552	38,464,100	14,825,747	44,642,911
	PER CENT OF TOTAL	100.0	49.6	19.8	7.6	23.0

TABLE 4

DISTRIBUTION OF PERSONNEL AND FELLOWSHIPS BY PROGRAM
1980-1981 1982-1983 1984-1985

PROGRAM	1980 - 1981				1982 - 1983				1984 - 1985			
	PERSONNEL MONTHS		FELLOW-SHIP MOS	STC DAYS	PERSONNEL MONTHS		FELLOW-SHIP NOS.	STC DAYS	PERSONNEL MONTHS		FELLOW-SHIP NOS.	STC DAYS
	PROF.	LOCAL			PROF.	LOCAL			PROF.	LOCAL		
I. PROGRAM OF SERVICES	9,834	13,798	41,026	4,879	7,481	12,127	25,355	3,921	6,822	11,774	18,805	3,086
SERVICES TO INDIVIDUALS	4,399	5,071	19,121	2,543	3,710	4,555	14,595	2,446	3,308	4,310	10,025	1,731
0000 PROGRAM PLANNING AND GENERAL ACTIVITIES	72	48	-	-	48	48	-	-	48	48	-	-
0100 COMMUNICABLE DISEASES	288	120	1,786	361	312	56	1,515	314	312	96	1,640	316
0200 TUBERCULOSIS	460	120	1,175	207	552	120	1,800	257	552	120	1,870	235
0400 LEPACSY	24	12	530	89	48	24	215	-	48	24	240	24
0500 VENEREAL DISEASES	132	48	370	30	144	24	310	27	144	24	300	20
0700 AIDS (EXCEPT BORN DISEASES)	48	24	245	64	24	24	120	19	24	24	100	27
0800 PARASITIC DISEASES	288	72	330	-	240	24	210	-	240	24	210	-
0900 VECTOR BIOLOGY AND CONTROL	84	48	930	-	84	48	670	-	72	48	430	-
1200 OTHER COMMUNICABLE DISEASES	712	360	6,920	821	570	344	4,510	758	288	72	1,580	273
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	1,749	4,003	2,175	680	1,474	3,703	1,390	402	1,364	3,686	1,125	597
1400 NUTRITION	48	24	1,870	81	48	24	1,045	46	48	24	480	43
1500 MENTAL HEALTH	78	48	1,000	72	66	24	825	32	48	24	355	94
1600 DENTAL HEALTH	120	96	975	108	120	56	880	107	120	96	765	104
1700 CHRONIC DISEASES	-	-	-	-	-	-	600	-	-	-	720	-
1800 HEALTH OF SPECIAL GROUPS	-	-	-	-	-	-	-	-	-	-	-	-
ENVIRONMENTAL HEALTH SERVICES	3,922	7,071	18,785	1,740	2,718	5,812	8,015	1,066	2,506	5,784	6,150	940
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	708	552	4,351	596	618	432	3,240	612	624	432	2,895	581
2100 WATER SUPPLY AND EXCRETA DISPOSAL	752	557	7,615	203	525	532	560	90	414	504	545	46
2200 SOLID WASTES	48	48	-	-	24	48	-	-	24	48	-	-
2300 ENVIRONMENTAL POLLUTION	291	312	1,460	71	216	312	395	16	216	312	260	10
2400 PROGRAM PLANNING AND GENERAL ACTIVITIES	48	24	-	-	48	24	-	-	48	24	-	-
2500 AIR POLLUTION	48	24	-	-	48	24	-	-	48	24	-	-
2600 RADIATION AND ISOTOPES	48	48	180	-	24	48	120	-	24	48	120	-
2700 PESTICIDES	48	48	120	-	48	48	210	-	48	48	60	41
2800 OCCUPATIONAL HEALTH	24	-	150	47	-	-	100	39	-	-	85	-
2900 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	471	264	2,100	411	256	168	740	117	192	168	590	105
3000 PROGRAM PLANNING AND GENERAL ACTIVITIES	733	3,312	355	184	523	2,926	490	90	484	2,976	370	52
3100 FOOD-AND-MOUTH DISEASE	148	1,858	1,055	111	368	1,224	625	68	360	1,224	390	70
3200 ZOOSES	120	24	600	11	48	24	652	7	48	24	510	7
3300 QUALITY CONTROL OF FOODSTUFFS	113	48	780	38	48	-	365	20	48	-	265	20
3400 QUALITY CONTROL OF DRUGS	-	-	15	8	24	-	85	7	24	-	120	8
3500 PREVENTION OF ACCIDENTS	-	-	-	-	-	-	-	-	-	-	-	-
COMPLEMENTARY SERVICES	1,513	1,656	3,120	596	1,053	1,716	2,745	409	1,008	1,680	2,710	415
4100 NURSING	588	72	35	49	336	72	40	61	336	72	40	59
4200 LABORATORIES	62	24	1,035	84	58	24	610	62	48	24	480	53
4300 EPIDEMIOLOGICAL SURVEILLANCE	791	1,560	1,440	374	587	1,596	905	226	532	1,560	840	244
4400 HEALTH EDUCATION	72	-	-	-	72	-	360	-	72	-	360	-
4500 REHABILITATION	-	-	510	89	-	-	230	60	-	-	240	59
4600 COMMUNITY PARTICIPATION	-	-	-	-	-	-	600	-	-	-	720	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	6,083	6,519	33,892	4,743	5,091	6,228	21,585	4,576	4,716	5,976	20,020	4,446
HEALTH SYSTEMS	3,840	4,476	21,410	2,978	3,203	4,332	11,280	2,953	3,096	4,248	11,010	2,854
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	936	2,976	-	-	792	2,504	-	-	792	2,904	-	-
5100 GENERAL PUBLIC HEALTH SYSTEMS	362	708	15,610	2,349	827	708	8,670	2,506	744	624	8,330	2,493
5200 MEDICAL CARE SYSTEMS	362	72	1,025	168	192	48	690	114	168	48	720	119
5300 PLANNING	240	48	230	76	240	120	510	82	240	120	400	78
5400 STATISTICS AND INFORMATION SYSTEMS	898	600	1,320	130	816	528	510	79	816	528	576	71
5500 MANAGEMENT SYSTEMS	448	72	3,225	255	336	24	300	107	336	24	270	103
5600 PRIMARY HEALTH CARE SYSTEMS	-	-	-	-	-	-	600	-	-	-	720	-
DEVELOPMENT OF HUMAN RESOURCES	983	804	9,567	1,557	736	644	6,675	1,538	492	480	5,355	1,507
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	549	528	4,035	703	504	528	2,588	603	316	408	2,245	570
6100 PUBLIC HEALTH	24	24	1,675	189	24	46	376	136	24	48	420	154
6200 MEDICINE	168	48	555	132	-	-	460	155	-	-	480	146
6300 NURSING	44	84	720	100	120	24	660	126	120	24	480	123
6400 ENVIRONMENTAL SCIENCES	64	-	568	50	48	-	675	56	12	-	360	114
6500 VETERINARY MEDICINE	60	-	454	81	12	-	705	74	-	-	500	52
6600 DENTISTRY	-	-	120	-	-	-	120	-	-	-	120	62
6700 BIOSTATISTICS	50	72	1,350	207	24	36	1,080	283	-	-	660	286
6800 OTHER HEALTH PERSONNEL	-	-	-	-	-	-	-	-	-	-	-	-
PHYSICAL RESOURCES	122	48	1,005	116	24	24	785	37	24	24	915	35
7300 PRODUCTION OF BIOLOGICALS	72	48	730	77	24	24	100	12	24	24	110	12
7400 MAINTENANCE OF HEALTH CARE FACILITIES	50	-	275	39	-	-	85	25	-	-	85	23
7500 OPERATING CAPACITY	-	-	-	-	-	-	600	-	-	-	720	-
DEVELOPMENT OF INTERSECTORAL LINKAGES	-	-	-	-	-	-	600	-	-	-	720	-
TECHNOLOGICAL RESOURCES	1,023	1,100	1,385	80	984	1,128	1,640	30	960	1,128	1,490	30
8000 PROGRAM PLANNING AND GENERAL ACTIVITIES	48	48	335	42	72	72	520	-	72	72	350	-
8100 TEXTBOOKS AND OTHER TEACHING MATERIALS	96	252	70	-	120	312	60	-	120	312	50	-
8200 REGIONAL LIBRARIES	216	72	60	26	192	96	60	18	192	96	50	18
8300 EDITORIAL SERVICES	495	600	-	-	504	674	-	-	480	624	-	-
8400 OTHER TECHNOLOGICAL RESOURCES	168	48	920	12	96	24	400	12	96	24	280	12
8500 DEVELOPMENT OF APPROPRIATE TECHNOLOGY	-	-	-	-	-	-	600	-	-	-	720	-
8900 RESEARCH COORDINATION	115	91	525	12	144	96	605	18	144	96	530	20
III. ADMINISTRATIVE DIRECTION	1,959	3,305	40	-	2,112	3,504	1,185	-	2,160	3,504	1,050	-
9100 EXECUTIVE AND TECHNICAL DIRECTION	288	312	-	-	144	216	-	-	144	216	-	-
9200 PROGRAM SERVICES	288	168	40	-	528	408	1,185	-	528	408	1,050	-
9300 ADMINISTRATIVE SERVICES	1,383	2,825	-	-	1,440	2,880	-	-	1,488	2,880	-	-
9500 GOVERNING BODIES	192	192	-	-	168	152	-	-	168	192	-	-
GRAND TOTAL	18,068	23,814	74,958	9,622	14,852	22,051	48,125	8,497	13,866	21,446	39,955	7,532

TABLE 5

SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT		GRANTS	OTHER
		MONTHS PROF.	LOCAL	CDNS. DAYS		AMOUNT	MONTHS		AMOUNT	\$		
1960-1981												
PAHU--PR	76,576,000	9746	12368	20450	56,649,200	2,894,200	3665	3,866,600	1,522,500	2,680,300	1,081,800	7,881,400
PJ	3,167,564	241	1440	75	1,812,643	55,232	125	137,210	286,690	449,085	-	426,704
PW	2,748,988	217	137	3550	1,746,978	92,187	108	119,857	201,561	267,015	-	321,390
PU	124,741	-	-	135	40,266	6,167	10	11,428	-	53,691	-	7,189
PG	23,612,710	923	284	13830	12,589,601	469,521	880	968,054	1,963,243	3,255,561	341,634	4,025,096
PK	612,162	-	-	-	-	-	-	-	-	-	612,162	-
PA	751,660	410	1500	-	572,760	6,800	-	-	-	15,140	-	156,900
PH	5,285,237	96	276	430	45,500	45,500	4	3,900	23,600	547,500	215,837	3,798,600
PN	6,137,553	536	1930	715	1,934,314	408,744	400	438,132	77,653	1,621,008	-	1,657,702
PD	60,086	-	-	-	-	1,301	-	-	-	58,785	-	-
PX	1,398,438	92	148	40	881,314	18,500	45	50,000	5,058	192,484	-	251,082
PB	280,846	-	-	-	-	-	-	-	-	-	-	280,846
PV	5,758	-	-	-	2,449	-	-	-	2,335	974	-	-
MHU--WR	37,566,200	4692	2664	1854	24,637,050	1,995,800	3128	3,339,200	1,836,300	2,169,800	867,400	3,120,650
WB	169,958	51	-	-	105,827	11,410	-	-	-	-	-	52,721
WF	317,752	-	-	455	78,500	-	27	32,000	64,536	93,000	-	49,716
WT	7,124,500	597	154	8102	4,242,400	96,400	561	1,228,800	6,000	1,265,600	-	485,300
WP	14,820,248	376	336	6235	4,497,650	280,030	570	1,916,560	948,081	4,869,935	116,856	2,190,386
WN	62,700	-	-	-	-	-	-	-	55,000	-	-	7,700
WS	250,000	-	-	160	31,000	1,200	53	58,000	17,000	42,100	41,000	59,700
WX	49,000	-	-	-	-	-	-	-	-	-	-	49,000
WA	328,462	19	19	35	236,526	-	-	-	4,000	21,365	-	66,771
WC	184,339	-	-	345	176,463	13,479	36	40,000	20,000	54,215	60,000	20,182
WG	460,613	36	-	200	230,750	24,800	-	-	-	71,069	12,300	121,694
WH	264,645	-	-	120	22,600	-	-	-	30,000	202,445	-	9,600
WV	1,041,057	36	-	255	187,709	3,000	4	4,244	123,005	271,224	38,300	413,575
HW	433,500	-	-	1080	245,604	-	6	6,600	31,600	-	6,100	43,596
TOTAL	184,134,907	18068	23814	74958	111,577,904	6,025,071	9622	12,220,585	7,218,162	18,202,296	1,393,389	29,491,500
PCT. OF TOTAL	100.0				60.6	3.3		6.7	3.9	9.9	1.0	13.8
1962-1983												
PAHU--PR	90,320,000	8101	11124	24615	64,244,200	2,937,700	4250	5,750,000	2,575,800	2,751,500	1,386,400	10,674,400
PJ	2,377,458	125	1476	-	1,675,319	62,533	-	50,289	56,831	180,536	-	311,950
PW	520,273	136	144	30	455,247	23,088	4	4,800	7,140	10,000	-	20,006
PG	11,494,565	358	2200	920	7,258,036	179,737	85	120,600	385,513	840,908	621,041	2,588,750
PA	1,400,000	470	1800	-	1,100,800	32,000	-	-	-	42,400	-	224,800
PH	5,998,840	120	336	60	475,590	45,500	-	-	-	275,000	-	4,803,350
PN	5,932,500	380	1440	590	2,076,800	308,800	511	567,600	-	263,100	-	2,116,200
PX	1,108,990	144	271	55	1,075,390	33,600	-	-	-	-	-	-
MHU--WR	44,012,000	4402	2880	15725	31,001,300	1,815,800	2954	4,188,100	1,668,500	1,753,300	214,500	3,372,500
WF	108,000	-	-	80	20,000	-	9	14,000	40,000	24,000	-	10,000
WT	2,266,400	238	36	1890	1,551,000	53,000	122	397,000	-	165,400	-	100,000
WP	16,556,543	378	344	4160	4,882,408	246,880	562	2,570,942	262,000	5,518,084	75,000	2,951,229
TOTAL	181,996,589	14852	22051	48125	116,216,090	5,788,630	8497	13,663,331	5,033,784	11,824,228	2,296,941	27,173,585
PCT. OF TOTAL	100.0				63.9	3.2		7.5	2.8	6.5	1.2	14.9
1984-1985												
PAHU--PR	106,080,000	8046	11064	23445	74,790,100	3,527,200	3943	6,837,400	2,402,800	3,103,300	1,556,700	14,462,500
PJ	2,577,694	96	1440	-	1,845,240	71,920	-	-	-	379,034	-	281,500
PW	313,510	96	144	-	293,510	10,000	-	-	-	10,000	-	-
PG	10,736,566	144	2040	255	7,681,065	71,020	57	101,800	152,050	167,900	257,850	2,304,881
PA	1,600,000	500	2160	-	1,258,000	36,600	-	-	-	48,500	-	256,900
PH	7,723,120	120	336	50	1,193,520	54,100	-	-	-	296,200	-	6,179,300
PN	5,900,000	240	1070	385	1,721,100	256,000	314	470,600	-	218,100	-	2,334,200
PX	1,243,220	144	264	55	1,202,620	40,600	-	-	-	-	-	-
MHU--WR	51,714,000	4440	2928	14785	36,566,500	1,953,800	3123	5,666,400	1,614,500	1,765,900	188,700	3,958,200
WT	171,800	16	-	180	134,300	4,000	-	22,800	-	5,000	-	5,700
WP	6,049,400	24	-	800	1,333,510	6,000	95	987,270	-	2,046,610	15,000	1,661,010
TOTAL	193,809,310	13866	21446	39955	128,019,465	6,041,240	7532	14,086,270	4,169,350	8,046,544	2,018,250	31,444,191
PCT. OF TOTAL	100.0				66.1	3.1		7.3	2.2	4.1	1.0	16.2

SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

 ANALYSIS OF THE PROGRAMS

 I. PROGRAM OF SERVICES

Services to Individuals

0000 - PROGRAM PLANNING AND GENERAL ACTIVITIES

There is one division which has responsibility, among other things, for program planning and development of activities for services to individuals in disease control. The chief of this division is assigned to this program.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 422,100	\$ 329,500	\$ 374,500
PER CENT OF TOTAL	.2	.2	.2
PERSONNEL MONTHS	120	96	96

---- PROJECTS ----

HEADQUARTERS

Communicable Diseases

0100 - PROGRAM PLANNING AND GENERAL ACTIVITIES

The regional project coordinates programs dealing with the Expanded Program on Immunization (EPI), diarrheal diseases control program, tuberculosis and acute respiratory infections, leprosy, sexually transmitted diseases, and activities in bacterial, viral, mycotic and rickettsial diseases and hospital acquired (nosocomial) infections. The country projects within the 0100 series are diverse, and some projects may be listed in the 4300 series (Epidemiological Surveillance). The country projects also include individual activities from other program areas, particularly laboratory services, parasitic diseases, food control and statistics.

Immunization remains one of the most effective and proven preventive medical tools for primary health care programs. As the EPI moves from the planning and training phases into implementation, priority will be given to the evaluation of current national immunization activities. The objective will be to identify areas which require strengthening so that primary vaccination can be completed in infants by one year of age. Emphasis will be on the development of more effective and simplified surveillance and information systems for whooping cough, diphtheria, tetanus, tuberculosis, poliomyelitis and measles, and the evaluation of coverage of at-risk population groups. Operational research will be directed towards the improvement of immunization schedules and vaccine preservation under field conditions in the tropics. Training activities now focused on the program manager will be extended to include improved curricula for nurses and health auxiliaries. The project will also administer the revolving fund for the purchase of vaccines authorized by the PAHO Directing Council in 1977.

The diarrheal diseases control program emphasizes oral rehydration therapy to reduce mortality associated with acute gastroenteritis. Long-term strategies include traditional approaches such as improved nutrition, health education, water and sanitation, and epidemiological surveillance. Initial efforts focused on promotion, research and training, but new initiatives have resulted in integration of diarrheal control activities into primary health care systems in individual countries.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 2,545,030	\$ 2,848,300	\$ 3,471,200
PER CENT OF TOTAL	1.4	1.6	1.8
PERSONNEL MONTHS	408	408	408
CONSULTANT DAYS	1,786	1,515	1,640
FELLOWSHIP MONTHS	361	314	314
COURSES AND SEMINARS	\$ 253,635	\$ 191,000	\$ 176,800
SUPPLIES AND EQUIPMENT	\$ 311,246	\$ 222,800	\$ 256,900
GRANTS	\$ 39,000	\$ 5,000	\$ 5,000
OTHER	\$ 43,500	\$ -	\$ -

---- PROJECTS ----

 AMRO-0100
 AMRO-0170
 ARGENTINA-0100
 BAHAMAS-0100
 BARBADOS-0100

 BOLIVIA-0100
 CHILE-0100
 COLOMBIA-0100
 CUBA-0100
 ECUADOR-0100
 GUATEMALA-0100

 MEXICO-0100
 PARAGUAY-0100
 PERU-0100
 URUGUAY-0100
 VENEZUELA-0100

0200 - MALARIA

In the last five years, an increase in malaria cases has been registered in the Americas from 356,642 cases in 1975 to 527,412 cases in 1979. Although no widespread resurgence of malaria has been observed, there has been a considerable deterioration in the epidemiologic situation in areas with serious technical problems and/or with great movement of population associated with socioeconomic development projects. At the request of the XX Pan American Sanitary Conference, the causes for the slow progress in malaria eradication were thoroughly discussed at the III Meeting of the Directors of the National Malaria Eradication Services held in Oaxtepec, Morelos, Mexico, in March 1979. Among other recommendations, the Meeting elaborated bases for the development of a Hemispheric Plan of Action against Malaria, urging each country to review its national malaria strategies and to formulate a national plan appropriate to the local situation.

The estimated population of the Americas at 31 December 1979 was 600,263,000 inhabitants, of which 226,361,000 (37.7%) are living in originally malarious areas. Of the latter figure, 113,092,000 (50%) live in areas in which the disease has been eradicated (maintenance phase); 57,280,000 (25.3%) live in areas in which transmission at large has been interrupted, although the reservoir of parasites has not yet been exhausted and focal transmission may occur (consolidation phase); and 55,989,000 (24.7%) live in areas in which transmission has not yet been interrupted (attack phase). The physiologic resistance of malaria vectors to insecticides is the most serious technical problem in the attack phase area. This problem is particularly acute along the Pacific Coast of El Salvador, Guatemala, Honduras and Nicaragua, where great quantities of a large variety of insecticides are widely used for the protection of cotton crops. Serious problems are posed by the movement of population and poor living conditions, particularly in areas of economic development, such as new settlement of population in areas connected with agrarian and cattle projects, mining and construction of water reservoirs, irrigation systems, hydroelectric plants and highways. For the solution of these and other problems, the governments have made special efforts to intensify epidemiologic studies, stratification of malarious areas and selection of effective control measures for each stratum within the available resources. During 1980-1981, PAHO/WHO is collaborating in these efforts through promotion and participation in program review, applied field research and training activities.

For the period 1982 through 1985, PAHO/WHO, within the framework of technical cooperation and in line with the mandates of the Governing Bodies, will continue to provide collaboration and services in (a) technical cooperation with the program through assignment of permanent malaria advisers and/or by contracting short-term consultants in specific fields of activities, as requested by the Member Governments; (b) coordination and promotion of training of technical personnel by provision of fellowships and organization of seminars, meetings and training courses; (c) promotion and support of operational research at the country level and development of new control measures and research activities through AMRO projects; (d) reference services and coordination of programs through exchange of information, meetings among bordering countries and continental meetings; (e) support of actions by the governments designed to obtain funds for malaria control from international credit institutions; and (f) exploring possible financial sources, such as international credit institutions, bilateral support agencies and the WHO Special Program for Training and Research in Tropical Diseases, for the strengthening of training and research activities at regional and country levels. Within the limit of funds approved for the malaria program, PAHO/WHO may provide certain supplies and equipment to facilitate the development of the program.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 4,398,335	\$ 4,186,000	\$ 4,865,600
PER CENT OF TOTAL	2.4	2.3	2.5
PERSONNEL MONTHS	780	672	672
CONSULTANT DAYS	1,175	1,800	1,670
FELLOWSHIP MONTHS	207	257	235
COURSES AND SEMINARS	\$ 120,000	\$ 70,300	\$ 80,300
SUPPLIES AND EQUIPMENT	\$ 714,338	\$ 145,200	\$ 159,600
OTHER	\$ 125,871	\$ -	\$ -

---- PROJECTS ----

AMRO-0200	BRAZIL-0200	HAITI-0200
AMRO-0201	COLOMBIA-0200	MEXICO-0200
AMRO-0202	COSTA RICA-0200	NICARAGUA-0200
AMRO-0203	DOMINICAN REPUBLIC-0200	PANAMA-0200
AMRO-0204	EL SALVADOR-0200	PARAGUAY-0200
ARGENTINA-0200	GUATEMALA-0200	PERU-0200
BELIZE-0200	GUYANA-0200	SURINAME-0200

0400 - TUBERCULOSIS

In the Americas, tuberculosis is still a public health problem, the scope of which varies from country to country. The principal purpose of the program is to accelerate the downward trend in tuberculosis infection, morbidity and mortality at a rate compatible with modern methods of control. The recommended strategy is integration of tuberculosis control activities into those of the general health services, which will ensure the continuity of the program and the expansion of its coverage. This strategy was first recommended in 1964 by the XV Directing Council of the Organization and was subsequently reaffirmed in 1972 at the III Special Meeting of Ministers of Health of the Americas. The basic activities for the control of tuberculosis are BCG vaccination, the bacteriological diagnosis of patients who seek consultations because of respiratory symptoms, and outpatient chemotherapy treatment.

All the countries of Latin America have officially affirmed that integration into their primary health care systems constitutes their national tuberculosis control policy; however, in most of them, the process of integration is still in progress. Nevertheless, it is recognized that, even if the tuberculosis control program were integrated into 100% of the health establishments, coverage would not be complete, since a substantial proportion of the population does not have access to them. Consequently, expansion of coverage of the tuberculosis program is linked to extension of coverage of basic health services.

The main control measures in order of priority are case-finding and treatment of sources, and BCG vaccination. Bacteriological examination of the sputum of persons with respiratory symptoms is the most effective, economical and desirable method for detecting sources of infection in the community. In Latin America, the prevalence of tuberculosis in this population group ranges from 2 to 10%.

Standardized chemotherapy is recommended. The selection of regimens should take into consideration cost-effectiveness and the resources of the country. Administration of drugs under supervision is desirable, and follow-up of patients during the total period of treatment is indicated. BCG vaccination is the priority control measure in children. It should be applied as early in life as possible by intradermal vaccination, without previous tuberculin testing. BCG vaccination is a component of the Expanded Program of Immunization.

Epidemiological and operational evaluation is an important aspect of the program at all levels. Notification of new cases, analysis of mortality and studies of infection risks are the elements for surveillance. Technical assistance in the reorganization of tuberculosis programs and expansion of activities within the primary health care system will continue. Specialized assistance will be offered through short-term consultants and preparation and distribution of technical documents. Four national courses on tuberculosis control (Argentina, Cuba, Chile and Mexico) and one regional course on bacteriology of tuberculosis (CEPANZO) will be supported for the training of managers for the program.

The mycoses program has not been defined by the countries of the Region. Lung mycoses may cause death and represent difficult differential diagnosis problems for physicians. Superficial mycoses are very frequent and cause loss of work-hours, especially in the rural areas. Program priorities are the epidemiological evaluation of the problem by the country and preparation of simple norms for diagnosis and treatment by primary health workers based on available knowledge. A technical meeting to update such knowledge is held every three years with support of the Organization, the next being planned for 1983.

Respiratory diseases have been included in this program based on the Sixth General Program of Work of WHO and Resolution WHA.32.33. Within respiratory diseases--a major cause of death and loss of work--the first priority for the Region is acute respiratory infections (ARI) in children, secondary priorities are the effects of air pollution (including occupational medicine problems and smoking) and chronic respiratory disease.

ARI constitutes a major cause of death in children together with diarrheas. A program to diminish child mortality is in progress, with several countries participating in the necessary epidemiological and operational research to prepare training manuals and norms. Technical assistance in the development of this program is a fundamental activity of the immediate future for communicable disease control.

The only preventive measures that exist at the moment are vaccinations included in EPI, but new vaccines are in development. Pneumococcal vaccine is of little use in children, but effective in adults. Diagnoses in children are made on clinical grounds with support of laboratory only for epidemiological research and evaluation. Treatment will include respiratory support measures and standard regimens of antibiotics when bacterial cause is suspected. The development of appropriate technology for the use of oxygen in primary health care units is necessary.

Training of managers will be achieved through subregional courses, based on the existing tuberculosis control courses. This program will be developed as a package of coordinated activities to diminish morbidity and mortality in children and to be delivered by primary health care services.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ 484,200	\$ 499,300	\$ 582,400
PER CENT OF TOTAL	.3	.3	.3
PERSONNEL MONTHS	84	72	72
CONSULTANT DAYS	235	235	240
FELLOWSHIP MONTHS	30	24	24
COURSES AND SEMINARS	\$ 62,000	\$ 49,500	\$ 49,500
SUPPLIES AND EQUIPMENT	\$ 35,300	\$ 25,700	\$ 25,000
OTHER	\$ 15,000	\$ 6,000	\$ 6,100

---- PROJECTS ----

AMRO-0400
MEXICO-0400
VENEZUELA-0400
ARGENTINA-0400
NICARAGUA-0400

0500 - LEPROSY

PAHO/WHO assists Member Governments in the formulation of programs for the control of leprosy. Emphasis is placed on early case detection and effective treatment in order to reduce the sources of infection and systematically incorporate measures for the prevention of disability into patient care programs. PAHO/WHO cooperates in applying appropriate administrative methods, including the integration of disease control activities into the general health system and the coordinated execution of leprosy and tuberculosis control programs whenever these two diseases constitute notable health problems.

Personnel training and scientific research are promoted and coordinated by the Pan American Center for Research and Training in Leprosy and Tropical Diseases (CEPIALET) of the Ministry of Health and Social Welfare of Venezuela, which is associated with PAHO/WHO, and by other institutions of the Region. These agencies also conduct subregional seminars for the evaluation of national programs and regular training courses with fellows from several countries of the Americas, and assistance is being provided through local training programs for both professional and auxiliary personnel. The investigations already carried out or planned in CEPIALET and other institutions of the Americas are coordinated with the leprosy programs of WHO. Their purpose is to seek greater knowledge on the natural history of the disease and its etiologic agent, as well as to develop a preventive vaccine and more effective treatment for the disease. CEPIALET and other centers have established colonies of armadillos in order to produce *M. leprae* in sufficient quantities for the research program.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 931,821	\$ 73,200	\$ 52,300
PER CENT OF TOTAL	.5	*	*
PERSONNEL MONTHS	36	-	-
CONSULTANT DAYS	930	215	85
FELLOWSHIP MONTHS	89	-	-
COURSES AND SEMINARS	\$ 45,000	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 178,215	\$ 8,000	\$ 8,000
GRANTS	\$ 111,000	\$ 5,000	\$ 10,000
OTHER	\$ 80,982	\$ -	\$ -

---- PROJECTS ----

AMRO-0500
AMRO-0510
ARGENTINA-0501
DOMINICAN REPUBLIC-0500

*Less than .05 per cent

0600 - VENEREAL DISEASES

The magnitude of the venereal disease (VD) problem in Latin America and the Caribbean is essentially unknown. Although many countries have formal VD control programs, only a few of these are truly operational with acceptable clinical facilities, adequate laboratory support, efficient surveillance and epidemiological follow-up of sexual contacts. Several countries have developed guidelines for diagnosis, therapy and case management for gonorrhoea and syphilis, but frequently implementation is lacking. Similar measures for other sexually transmitted diseases such as non-specific urethritis, herpes simplex, and pelvic inflammatory disease are totally lacking. Few programs include sociological studies and/or educational approaches to limit the spread of VD.

Yaws and pinta persist in circumscribed areas. The endemic countries, particularly in the Caribbean, are exploring the feasibility of completing the eradication process.

Resources in the regional project are modest. Major activities include support for various courses in VD control (clinical, laboratory, epidemiological), consultation to evaluate national programs and strengthen laboratory services, and promotion of professional and para-professional training in sexually transmitted diseases.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 16,800	\$ 23,700	\$ 35,200
PER CENT OF TOTAL	*	*	*
CONSULTANT DAYS	80	70	80
SUPPLIES AND EQUIPMENT	\$ 2,000	\$ 2,100	\$ 2,000
GRANTS	\$ 4,000	\$ 2,000	\$ 1,000

---- PROJECTS ----

AMRO-0600

*Less than .05 per cent

0700 - Aedes aegypti-BORNE DISEASES

The distribution of Aedes aegypti in the Americas has been expanding. With this increase comes the increased threat of yellow fever invading urban areas. Although dengue fever activity has decreased in the Caribbean in the past two years, nevertheless the danger is still present and has continued to occur in new foci in the Americas. The principal objectives of the program continue to encourage and coordinate the eradication of Aedes aegypti from the Americas, to reduce the damage caused by jungle yellow fever, and to assist in the control of dengue epidemics.

To this end, the Directing Council of the Organization has reaffirmed the regional policy of Aedes aegypti eradication and has recognized that eradication is the method of choice in solving the problem of the diseases transmitted by this vector.

The program recognizes that research and training are essential in eventually reaching this goal. It therefore supports and coordinates research on biology, ecology and control of Aedes aegypti, and vectors of jungle yellow fever, epidemiology of the diseases, and the improvement of diagnostic methods. Furthermore, it develops and provides training at the professional and subprofessional levels in various fields related to the objectives of the program. It provides technical advisory services and assistance in obtaining supplies and equipment for planning, execution and evaluation of Aedes aegypti eradication programs; cooperates in the organization of surveillance systems for yellow fever, dengue, hemorrhagic dengue and in improving the network of diagnostic laboratories; and consolidates and distributes epidemiologic information about the diseases within its province.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 827,622	\$ 954,000	\$ 1,087,500
PER CENT OF TOTAL	.4	.5	.6
PERSONNEL MONTHS	180	168	168
CONSULTANT DAYS	370	310	300
FELLOWSHIP MONTHS	30	27	20
COURSES AND SEMINARS	\$ 2,000	\$ 17,000	\$ 9,500
SUPPLIES AND EQUIPMENT	\$ 172,400	\$ 48,200	\$ 39,200
OTHER	\$ 14,622	\$ -	\$ -

---- PROJECTS ----

AMRO-0700	BARBADOS-0700	PANAMA-0700
AMRO-0710	GUYANA-0700	SURINAME-0700
AMRO-0730	JAMAICA-0700	TRINIDAD AND TOBAGO-0700
	NETHERLANDS ANTILLES-0700	

0800 - PARASITIC DISEASES

Parasitic diseases continue to be an important cause of morbidity and mortality. The group as a whole involves pathogens transmitted by either food, water, soil, insect vectors, or need intermediate hosts to complete their life cycle.

This project deals with a selected number of priority diseases within the latter two models of transmission, or metaxenic diseases, namely: American trypanosomiasis or Chagas' disease, schistosomiasis, leishmaniasis, and filariasis including onchocerciasis and wuchereriasis. In some of these diseases, animal reservoirs play an important epidemiological role.

American trypanosomiasis or Chagas' disease is considered a very serious problem because of the severity of its manifestations, its widespread geographical distribution, and the difficulties involved in controlling it. Schistosomiasis has a large area of distribution in South America, and in some foci of the Caribbean, more than 36 million people live in areas where there is risk of contracting the infection. Filariasis in its periodic nocturnal form caused by W. bancrofti is present in coastal areas of Central and South America, especially on the Atlantic side and in some islands of the Caribbean. O. volvulus infections represent a serious public health hazard in areas of Guatemala and Mexico, and in limited foci of Brazil, Colombia and Venezuela. Recently, a new focus has been described by researchers of the National Institute of Hygiene of Guayaquil, in Esmeraldas Province, Ecuador. Leishmaniasis is scattered throughout Middle and South America. The high mortality of kala-azar in children and the destructive skin lesions which often produce facial disfigurement are reasons to include leishmaniasis in the program priorities of the Organization.

These diseases have diverse and varying epidemiological patterns, and efforts to devise control strategies are hampered by lack of basic knowledge. Epidemiological studies to gain data to design future control programs are afforded high priority. Establishing serodiagnostic capability in national laboratories and improving and standardizing methods are primary functions of the program.

Existing national programs aiming at the prevention and control of parasitic diseases will be supported. Epidemiological surveillance of these diseases by national health departments will be promoted, aiming at (a) obtaining a better knowledge of health risks involved; (b) the establishment of control capabilities to deal with outbreaks of these diseases when they occur; (c) prevention of transmission, or at least minimizing the risk involved, when a man enters into contact with sylvan cycles of these diseases in the process of colonization, or agro-industry; and (d) promotion of research on the epidemiology and control of these diseases. Training of personnel is also an important component of this program.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 637,000	\$ 246,200	\$ 285,400
PER CENT OF TOTAL	.3	.1	.1
PERSONNEL MONTHS	48	24	24
CONSULTANT DAYS	265	120	100
FELLOWSHIP MONTHS	64	19	27
COURSES AND SEMINARS	\$ 8,000	\$ 6,000	\$ 6,000
SUPPLIES AND EQUIPMENT	\$ 130,000	\$ 3,300	\$ 700
OTHER	\$ 88,400	\$ 12,000	\$ 12,000

---- PROJECTS ----

AMRO-0800
 ARGENTINA-0800
 ARGENTINA-0801
 SURINAME-0800

0900 - VECTOR BIOLOGY AND CONTROL

Millions of people are affected by vector-borne diseases and many millions more are at risk. For most of these diseases, vector control is the method of choice for the prevention and control of the disease. Within the framework of technical cooperation of the Organization, this program assists the Member Governments in planning, executing and evaluating vector control programs as well as in studying the distribution, density, epidemiological importance and feasibility of the control of vectors, intermediate hosts and reservoirs of diseases.

The program promotes personnel training through individual and group courses, development of teaching aids and advisory services, as well as disseminating information on vector biology, insecticides, and chemical and alternative control methods, how, when and where control measures should be used and their limitations, including potential hazards, safety measures, methods of early detection of insecticide absorption, and treatment of intoxications. In these aspects, the program promotes, assists and coordinates research efforts within the Region to study vector biology, ecology and distribution, to test and evaluate new materials, equipment and methods for chemical, biological, genetic and environmental control of vectors with special emphasis on integrated methods designed to achieve a maximum effect and minimize the danger to man and environment, as well as reducing development of resistance in the vectors.

It also collaborates with other programs of the Division in research on problems caused by vector-borne diseases; in the design, execution, and evaluation of control programs; and in the establishment of improved capability for emergency assistance in the event of the occurrence of epidemics of these diseases and natural disasters.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,747,191	\$ 1,806,600	\$ 2,062,000
PER CENT OF TOTAL	.9	1.0	1.1
PERSONNEL MONTHS	360	264	264
CONSULTANT DAYS	330	210	210
SUPPLIES AND EQUIPMENT	\$ 173,169	\$ 149,300	\$ 141,900
GRANTS	\$ 32,300	\$ 21,000	\$ 10,000
OTHER	\$ 119,972	\$ -	\$ -

---- PROJECTS ----

AMRO-0900
 AMRO-0901
 AMRO-0902
 AMRO-0903

1200 - OTHER COMMUNICABLE DISEASES

Acute diarrheal diseases predominantly affect infants and young children. Etiological factors are complex and include biological as well as social variables. Nevertheless, oral rehydration early in the course of illness coupled with educational measures markedly reduce clinical severity, morbidity and mortality. Oral rehydration programs are implemented through existing primary health care services. Initial efforts focused on motivation and training of health personnel through seminars and fellowships. Operational research is underway to improve, simplify and assist national programs in their implementation.

The important viral diseases in the PAHO program are yellow fever, dengue fever, rotavirus, hepatitis, hemorrhagic fever and encephalitis viruses. The poliomyelitis and measles virus problems remain important although their control is included in the immunization program. The project will coordinate the activities of the Scientific Advisory Committee on yellow fever, dengue and *Aedes aegypti*. Ongoing activities include securing reference diagnostic reagents, laboratory improvement, consultation in epidemics, and collection and dissemination of information. Collaborative programs will focus on the development of new, simplified diagnostic tests for rotaviruses which are important causes of infant diarrhea. Proficiency testing for arbovirus, enterovirus and hepatitis will continue through expansion of the network of viral diagnostic laboratories.

Plague, typhoid, cholera, meningococcal disease and hospital-acquired infections are important bacterial diseases. Plague activities involve training in surveillance and control techniques. Typhoid fever activities include epidemiologic studies on the pattern of urban transmission, epidemic assistance and improved surveillance.

Laboratory diagnostic capabilities in support of specific epidemiological surveillance for meningococcal infections are being improved. Hospital infection control activities will focus on revitalizing current programs and instituting new programs. Additional support to individual countries will be provided as requested for epidemiological investigations or in program development for special problems associated with bacterial diseases.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,032,037	\$ 742,900	\$ 769,300
PER CENT OF TOTAL	.6	.4	.4
PERSONNEL MONTHS	132	112	120
CONSULTANT DAYS	930	670	430
COURSES AND SEMINARS	\$ 152,400	\$ 37,200	\$ 11,300
SUPPLIES AND EQUIPMENT	\$ 112,366	\$ 26,400	\$ 31,400
GRANTS	\$ 80,300	\$ 20,000	\$ 5,000
OTHER	\$ 56,260	\$ -	\$ -

---- PROJECTS ----

AMRO-1200
AMRO-1201

AMRO-1202
AMRO-1203
AMRO-1204

AMRO-1275
BRAZIL-1201

1300 - MATERNAL AND CHILD HEALTH AND FAMILY WELFARE

Children, adolescents and women of childbearing age represent approximately 70% of the population in most of the countries of the Region. During the decade of the 1970's, a small decline has been noted in the Region's population under 15 years of age, while a number of women in the 15-49 year age group increased to 86.9 million in 1980, representing 24% of the population. The population growth rates in Latin America have remained persistently high due to relatively high, although gradually declining, fertility rates and declines in overall mortality rates. The crude birth rates for the Latin American and Caribbean countries, although still high, are expected to decline during the next decades, given the current socioeconomic and demographic trends.

All countries in the Region have identified women of childbearing age and young children as the most vulnerable population groups. During the decade of the 1970's, the infant and maternal mortality rate declined somewhat through increased emphasis and efforts of the countries in the extension of health services for this group. However, the regional goals aimed at the reduction of child mortality as a whole were not reached. Among the major health problems are still malnutrition, gastroenteritis, communicable diseases, respiratory diseases, and health risks associated with high fertility. In spite of significant efforts made during the decade, the regional goals for the coverage of health services for prenatal care, care at delivery and care of young children under five years were not achieved in most countries. Countries are also becoming more aware of the health and social problems of adolescents and youth, a growing segment of the population of the Region.

The preventive measures for the care of mothers and children are well known, and among the most effective measures are adequate health care of pregnant women, immunization, early control and treatment of diarrheal and respiratory illness, and monitoring of growth and development of young children. PAHO/WHO's technical cooperation in this area will be aimed at supporting the efforts of the countries in strengthening the health services for mothers and children as specific components of primary health care. Emphasis will be on specific areas which require strengthening, such as identifying at-risk groups and improving the level and quality of their care; development of more effective and simplified methods for monitoring and surveillance of the immunization status and nutrition status of young children; and development of practical and integrated approaches to identify and deal with the health needs and health problems of adolescents and youth. Intersectoral approaches to meet the health needs of the family as a whole would also be promoted and developed. PAHO/WHO will also continue to identify manpower development needs in these areas and cooperate in the development of suitable training activities and operational research activities, the latter particularly aimed at improving extension of coverage and evaluation of results. In addition, PAHO/WHO will continue to identify sources of financing and cooperate with the countries in the formulation of specific proposals for obtaining funds for the strengthening of maternal and child health, family planning and family health programs.

The Division of Comprehensive Health Services cooperates with other Technical Divisions and specialized Regional Centers in carrying out the above activities.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$18,173,218	\$19,351,799	\$ 9,387,800
PER CENT OF TOTAL	9.8	10.7	4.8
PERSONNEL MONTHS	1,072	914	360
CONSULTANT DAYS	6,920	4,910	1,580
FELLOWSHIP MONTHS	821	758	273
COURSES AND SEMINARS	\$ 1,101,381	\$ 412,100	\$ 147,000
SUPPLIES AND EQUIPMENT	\$ 5,270,691	\$ 5,748,724	\$ 2,163,310
GRANTS	\$ 305,256	\$ 88,000	\$ 34,000
OTHER	\$ 2,255,942	\$ 3,018,489	\$ 1,715,710

---- PROJECTS ----

AMRO-1300	BOLIVIA-1300	NICARAGUA-1301
AMRO-1302	BRAZIL-1301	PANAMA-1300
AMRO-1303	CHILE-1302	PANAMA-1301
AMRO-1304	CHILE-1303	PARAGUAY-1300
AMRO-1305	COLOMBIA-1300	PERU-1301
AMRO-1310	CUBA-1300	PERU-1302
AMRO-1312	DOMINICA-1300	SAINT LUCIA-1300
AMRO-1313	ECUADOR-1300	ST. VINCENT AND GRENADINES-1300
AMRO-1315	EL SALVADOR-1300	TRINIDAD AND TOBAGO-1300
AMRO-1316	GUATEMALA-1300	URUGUAY-1300
AMRO-1320	GUATEMALA-1301	URUGUAY-1301
AMRO-1330	HAITI-1300	VENEZUELA-1300
AMRO-1340	HONDURAS-1300	WEST INDIES-1301
AMRO-1360	JAMAICA-1301	WEST INDIES-1305
AMRO-1370	JAMAICA-1303	WEST INDIES-1306
AMRO-1373	MEXICO-1300	WEST INDIES-1307
ARGENTINA-1301	MEXICO-1302	WEST INDIES-1309
BELIZE-1300	NICARAGUA-1300	WEST INDIES-1310

1400 - NUTRITION

At the beginning of this decade, the nutrition and food status of Latin America and the Caribbean was characterized by clear imbalances in the distribution and consumption of basic foods, particularly among lower-income groups. This was the result of the persistence of environmental and sociocultural factors that affect the adequate utilization of foods and their nutrients at the cellular level, in particular those acute infectious and diarrheal diseases that can be significantly reduced through preventive actions and measures for the improvement of the environment.

Protein-energy malnutrition was affecting around 28 million children under five years of age, or 61.5% of the total number of children in this age group; of these, approximately 18.9% suffered from moderate and advanced malnutrition. Iron deficiency anemias affected between 29 and 63% of all pregnant women and 14 to 30% of women of all ages. In preschool and schoolchildren it ranged from 6 to 18% in the cities and from 7 to 20% in the rural areas. Hypovitaminosis A ranged from 5 to 45% in the general population, and in some countries cases of sight disorders and xerophthalmia were reported as a product of this cause.

Furthermore, endemic goiter due basically to a diet lacking in iodine had a prevalence of between 10 and 60% of the total population in 10 countries. Despite the existence of legislation on the iodization of salt for human consumption, the programs had low coverage, especially in those countries in which the deficiencies were most prevalent.

This situation is not in keeping with the potential capacity of the countries to meet the demand for food, since they do possess land, untapped natural resources, and abundant labor that can be transformed into goods and services for the entire population. In fact, at the beginning of the decade, the average availability of food for the Region was 2,570 calories per capita daily which is 12% above the figure of 2,320 calories recommended by FAO/WHO. Noteworthy in this regard is the progress made between 1961 and the beginning of the 1970's with respect to the average availability of calories, which increased from 2,410 to 2,570 (+6.6%) and that of protein which went from 64 to 66 grams per capita daily (+3.1%).

Nevertheless, by around 1975 approximately eight countries still suffered shortages in the average availability of calories, while in 16 countries the figures were above the recommendations. Obviously the consumption and average availability of calories and proteins varies significantly from country to country. The differences are even more evident among the poor, for which the estimated shortage is between 10 and 20% of the recommended amount.

It should also be mentioned that among the affluent sectors of the population, another aspect of the nutritional problem found in the developed countries has begun to emerge--overweight and obesity, and their connection with cardiovascular and hypertensive diseases. It is estimated that around 5% of the population consumes an average of 4,700 calories per capita/day, that is to say, twice the amount recommended for a young adult.

Generally speaking, although the nutrition and food status did not change significantly over the decade, the fact that the prevalence of the deficiencies mentioned above did not undergo a major change is evidence that the severity of protein-energy malnutrition was appreciably reduced in several countries. Some countries showed progress in food production although not rapidly enough to meet the needs of an ever-increasing population; in others there was an obvious

reduction in this production. Taking the period 1961-1965 as a basis for analysis, it can be observed that while the production of foods in 22 Latin American countries increased from 107 (1970) to 112 (1977), in the Caribbean countries it decreased from 94 to 91 for the same years.

The fact that the problem of malnutrition persists in the countries of the Region, despite the apparent sufficiency in the general availability of foods, suggests that the solutions go beyond a simple increase in agricultural production and that the efforts of the countries should be directed toward intersectoral solutions to the problem, including an improvement of the real income of the poor, comprehensive protection of the health of this group, and the enhancement of their social and educational levels, among other goals. The factors that determine the availability, consumption, and biological use of foods, and therefore determine the nutritional levels of the population, are located in different development sectors.

The previous considerations show that in order to solve the nutrition problems of the countries of the Region, it is absolutely necessary to work in accordance with the multisectoral character of food and nutrition in terms of a development policy that makes it possible to change the structure of the supply of consumer goods and services and to adapt it to the basic needs of the low-income groups.

Although the health sector experiences the impact of malnutrition directly and carries out specific actions to combat it, the multiple causality of the problem requires intersectoral measures, which should be the basis of a national policy on food and nutrition. These policies will have to be geared to the solution of the problems of availability and consumption of basic foods, taking the factors that determine the biological use of foods and the dietary customs of the populations into account.

If it is accepted that the food and nutrition component is one of the key indicators of the quality of life for which each government individually strives, it is obviously relevant as one of the strategies to be adopted in order to attain the goal of health for all by the year 2000. The general objective of the nutrition program is to collaborate with the Member Governments in the design, execution, and evaluation of programs directed toward the prevention and reduction of malnutrition, and toward the development of the optimal nutrition status for the entire population. More specifically, the cooperation of the organization, including that of the specialized Centers INCAP and CFNI, will be directed toward the execution of the following activities: (a) Establishing nutritional surveillance systems as a basis for planning, development, and evaluation of nutrition-oriented interventions, including the identification of the vulnerable groups and the factors responsible for malnutrition as a basis for implementing the necessary corrective measures. (b) Defining principles and methods for the formulation and implementation of food and nutrition policies, with special attention to health sector responsibilities in the development and application of these policies and programs. (c) Incorporating into the national health system those nutrition activities that can contribute to the promotion of adequate diet, the early detection and prevention of all forms of malnutrition, and the treatment and rehabilitation of malnourished patients. Special attention will be given to nutrition activities at the level of primary health care and to those addressed to the most vulnerable groups of the population, mainly mothers, infants, and preschool age children. All this should lead to the strengthening of technical nutrition units at the various levels of the health structure. (d) Selecting, adapting, and applying measures for the control of specific nutritional deficiencies of significance to public health, for example, endemic goiter, nutritional anemias, and vitamin A deficiency. Promoting the production of highly nutritious food mixes, especially for weaning children, using locally produced food. (e) Evaluating the manpower needs in nutrition and defining content and methodology for training and education in nutrition of health personnel and for the training of nutrition specialists at the graduate level, including programs for continuing education. (f) Supporting and coordinating research in practical methods in order to evaluate the nutritional status of the population, including indicators for nutritional surveillance. Designing and evaluating interventions for the prevention of malnutrition, the treatment and rehabilitation of patients, and the development of an adequate diet; and the promotion or upgrading of appropriate technologies for the prevention and control of specific deficiencies. (g) Contributing to the analysis, interpretation, and dissemination of new knowledge on nutrition and feeding through study groups, seminars, conferences, and publications.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$12,801,367	\$11,780,300	\$12,404,300
PER CENT OF TOTAL	7.0	6.6	6.4
PERSONNEL MONTHS	5,752	5,177	5,050
CONSULTANT DAYS	2,175	1,390	1,195
FELLOWSHIP MONTHS	680	802	597
COURSES AND SEMINARS	\$ 463,738	\$ 90,800	\$ 100,400
SUPPLIES AND EQUIPMENT	\$ 1,814,038	\$ 461,800	\$ 398,400
GRANTS	\$ 8,900	\$ 6,000	\$ 6,100
OTHER	\$ 2,260,692	\$ 2,623,500	\$ 2,920,900

---- PROJECTS ----

AMRO-1400	ARGENTINA-1400	COSTA RICA-1400
AMRO-1401	BOLIVIA-1400	GUYANA-1400
AMRO-1411	BRAZIL-1400	HAITI-1400
AMRO-1430	CHILE-1400	PERU-1400
AMRO-1440	COLOMBIA-1400	VENEZUELA-1401
AMRO-1472		WEST INDIES-1400

1500 - MENTAL HEALTH

The mental health policy of the Organization, substantiated in numerous resolutions of its Governing Bodies and of the last two meetings of ministers of health, calls for protection of the population against psychological breakdowns and mental disturbances, rehabilitation of psychiatric patients, and promotion of lifestyles that favor emotional stability for the individual and the family so that they may function well in society.

In some countries of the Region there is a high prevalence of organic mental diseases, epilepsy, and mental retardation associated with adverse environmental conditions, malnutrition, and a high incidence of infectious and parasitic diseases.

As these conditions and diseases are controlled, the incidence of cerebral organic diseases diminishes, but functional psychoses, psychoneurotic disturbances, and mental disturbances associated with advancing age increase considerably. This is already the case in several countries of the Region, where mental disease control has risen on the scale of priorities, as reflected in the establishment of mental health departments in practically all the countries and the inclusion of mental health in several of the PAHO programs of technical cooperation.

The countries have expressed interest in obtaining cooperation from the Organization in the development of national programs of assistance and prevention, in research projects, especially those of an epidemiologic nature, and in the training of technical or mental health personnel.

The influence of malnutrition and other adverse factors on mental development was a subject given special attention by the Governing Bodies, and their study is an important component of the program. Furthermore, use of the psychosocial approach in all health programs, and specifically in those for the extension of services to unserved regions, is included in the plan of work for the next six years.

Most of the Region's psychiatric hospitalization services have only a limited therapeutic and rehabilitative function; the investment of program resources is aimed at correcting this problem. However, most efforts in this field are directed toward providing services within general hospitals and other general health centers that have closer contact with the community.

To achieve more complete integration of mental health activities into health programs, there is support for the idea of linking mental health to allied services such as maternal and child health, nutrition, adolescent health, community development, immunization, and traffic accident prevention.

The problems of excessive consumption of alcoholic beverages and improper use of psychotropic substances are widespread in the Region, and their serious implications for public health have led to the establishment of a specific sub-program to deal with them.

Closely related to this topic is the high incidence of violent acts that result in injury and violent death in the Region. Plans are underway to develop programs of prevention in cooperation with other concerned sectors.

Mental health is an essential component of health in general, and as such it should be incorporated into all public health programs. Therefore this program envisages actions in support of general health services, in addition to its specific work in the control of mental disease.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,228,267	\$ 1,006,500	\$ 736,400
PER CENT OF TOTAL	.7	.6	.4
PERSONNEL MONTHS	132	96	96
CONSULTANT DAYS	1,870	1,045	455
FELLOWSHIP MONTHS	81	46	43
COURSES AND SEMINARS	\$ 96,336	\$ 88,900	\$ 45,900
SUPPLIES AND EQUIPMENT	\$ 118,200	\$ 88,800	\$ 17,800
OTHER	\$ 157,260	\$ 40,100	\$ -

---- PROJECTS ----

AMRO-1500	COLOMBIA-1500	JAMAICA-1500
AMRO-1510	COLOMBIA-1501	PERU-1500
AMRO-1575	DOMINICAN REPUBLIC-1500	PERU-1501
AMRO-1583	ECUADOR-1501	URUGUAY-1500
ARGENTINA-1500		WEST INDIES-1500

1600 - DENTAL HEALTH

Dental diseases, especially dental caries, are prevalent throughout the Region. Limited studies made of school children reveal that 95% suffer from these diseases. Preventive programs for dental caries are limited and the coverage of such programs needs to be extended. There is also a severe shortage of professional dental personnel as well as an inequitable distribution of dentists between urban and rural areas.

The overall objective of this program is to assist the countries of the Region to develop appropriate strategies to achieve the objectives and goals for dental health indicated in national health programs, and in international health resolutions and commitments associated with the extension of primary care and health for all by the year 2000.

Specific program activities include development of suitable methodology to determine the current status of dental health programs; promotion of activities to increase knowledge related to the prevalence and incidence of oral disease; and definition of principles and preparation of regional policies in dental health, including policies regarding the training and utilization of dental personnel. Emphasis will be placed on the development of preventive dental health programs, particularly in the area of the use of fluorides for the prevention of dental caries. Activities will include preparation of guidelines and methodology to achieve fluoridation in cities with population of 10,000 or more, and utilization of alternative methods of prevention where water fluoridation is not possible. Assistance will also be provided to strengthen the delivery of dental health services to urban and rural populations and to improve the dental health components of existing national programs on an intersectoral basis.

Development of dental health manpower, including training programs for professional and auxiliary personnel and the community, will be promoted so as to achieve maximum use of dental resources. Assistance will also be provided in the development of dental education programs for incorporation into school and community education programs and in the development of more effective systems for the delivery of dental services. Other program activities will include development of guidelines for use of space and personnel in the design and construction of dental facilities for education or extension of coverage of dental services, the development of technology and the application of appropriate technology in dentistry, the extension of utilization of simplified equipment and techniques, the improvement in maintenance programs for dental equipment, the design and implementation of improved methods for the administration of dental services, and the improvement in the capability of Member Countries to provide technical cooperation to other developing countries both within and outside the Region. Appropriate research will be provided in priority areas relating to the origins of dental disease and particularly in connection with the use of effective preventive agents, the development of simplified and readily applicable epidemiological techniques, and systems for the administration and financing of dental health services extending community coverage. Workshops and seminars will be held and information selected and disseminated in the field.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 867,159	\$ 729,600	\$ 870,100
PER CENT OF TOTAL	.5	.4	.4
PERSONNEL MONTHS	150	90	72
CONSULTANT DAYS	1,080	625	555
FELLOWSHIP MONTHS	72	92	94
COURSES AND SEMINARS	\$ 23,500	\$ 32,700	\$ 43,400
SUPPLIES AND EQUIPMENT	\$ 135,743	\$ 73,400	\$ 78,100
OTHER	\$ 29,400	\$ -	\$ -

---- PROJECTS ----

AMRO-1600
ARGENTINA-1600
BAHAMAS-1600

DOMINICAN REPUBLIC-1600
DOMINICAN REPUBLIC-1601
GUYANA-1600

JAMAICA-1600
NICARAGUA-1600
PERU-1600

1700 - CHRONIC DISEASES

Cardiovascular diseases, cancer, diabetes mellitus, and other chronic noncommunicable diseases are taking on increased importance in the countries of the Region. The impact of the factors responsible for this growth in the magnitude of the problem naturally varies from country to country.

Thus, for example, in ten large urban centers in Latin America, diseases of the heart and arteries, in addition to other prolonged illnesses such as cancer, diabetes, neurological diseases, arterial hypertension, cirrhosis of the liver, and gallbladder diseases, account for two-thirds of all deaths in the population 15 to 74 years of age. However, death rates from cardiovascular diseases in the countries of the Region range from less than 50 to more than 400 per 100,000 population.

It is therefore to be expected that the countries will concentrate more on this problem in their health programs. The Organization must, therefore, be prepared to cooperate in providing advisory services to the Governments through its country and area representatives for the planning and execution of programs for the control of these diseases within the context of general health services.

It is important to point out that some countries of the Region have already established technical units for chronic, noncommunicable diseases in their ministries of health while in other countries such units are in the stage of being organized. These units are responsible for framing policies and standards in this program area and for fulfilling an important need in those countries in which the magnitude of the problem justifies their existence.

In most of the countries of the Region, there is no representative information on the prevalence and distribution of the various diseases that make up the chronic noncommunicable group. For this reason a common objective of the programs for the control of these diseases is to acquire greater knowledge of the magnitude and characteristics of the problem, as indicated in the Ten-Year Health Plan for the Americas and Resolutions CD27.16 and CE84.5.

The patterns of morbidity in this group of diseases have similarities that make it possible to identify other common objectives, such as reducing the incidence of those diseases that are preventable; promoting early diagnosis and treatment, and progressive and continuing care of patients; meeting the spontaneous demand in both urban and rural areas; training personnel at all levels; carrying out epidemiologic, clinical, and operational research, and promoting community education.

Primary and secondary prevention are aimed at those diseases for which effective measures are available, such as rheumatic fever and rheumatic heart disease, diabetes mellitus, cervical cancer, and cirrhosis of the liver. In some cases, such as coronary atherosclerosis, encephalitic vascular diseases, chronic bronchopulmonary infections (chronic bronchitis, asthma, emphysema, pneumoconiosis), and lung cancer, it is important to recognize and take action on risk factors that can sometimes be controlled, such as diet, arterial hypertension, obesity, and cigarette-smoking, which involve the problem of introducing changes in lifestyle.

Early detection is important in programs for the control of cancer, especially breast and cervical cancer, as well as diabetes mellitus, hypertension, and high risk cases of coronary heart disease.

The integrated care and rehabilitation of chronic patients should be approached on an epidemiologic, clinical and social basis, and actions should be aimed at intercepting the course of diseases, either at the outset or at later stages. Prevention, assistance, and rehabilitation are inseparable and involve the coordinated participation of a variety of services and institutions, which should be organized into a regional system of progressive care.

Personnel training is geared to enabling staff to effectively carry out program activities. Maximum use should be made of medical supporting personnel, especially auxiliaries, nursing personnel, social workers, and rehabilitation technicians.

The research component is focused on clinical and epidemiologic investigation and on the transfer of technology that will make it possible to effectively utilize available medical knowledge in the provision of services to the community.

The nature of chronic diseases requires the coordinated support of different health services and the participation of professionals and technicians from various fields, in addition to the application of expensive diagnostic techniques and treatment. Accordingly, the possibility of making integrated use of available knowledge in connection with control measures will depend essentially on the capacity, quality, and efficiency of the health and medical care systems in each country, and on the coordination of the different services required at various times for these purposes.

The organization of progressive patient care and the regionalization of health services are basic aspects of the provision of timely, appropriate, and continuing medical care for chronic patients.

Within the Organization's system of programs, there are two levels of activities for providing the countries with technical assistance: (a) direct technical cooperation, which in most cases has been aimed toward assisting public health administrations in the assignment of priorities, the definition of program areas, and the rational planning of control programs in those countries in which the magnitude of the problem justifies such assistance. These advisory services require coordination with the other programs of the Organization that are involved in one way or another. Thus, there will be a flow of assistance delivered to the countries, drawing upon all the resources of the Organization in a spontaneous mechanism of coordination in accordance with their needs; and (b) intercountry programs that are important at this stage in the development of chronic disease control programs, since their purpose is to demonstrate the feasibility and effectiveness of epidemiologic studies and of preventive and therapeutic measures, with a view to progressively extending coverage at both the national and regional levels.

The program areas have been chosen because they represent diseases for which it is necessary to have a better knowledge of the magnitude and distribution of the problem, and especially because methods of prevention and treatment of proven effectiveness are available for these diseases. Eight countries (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Peru, and Venezuela) participate in a collaborative program for the prevention of rheumatic fever; ten countries (Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Peru, and Venezuela) participate in a program for the control of arterial hypertension. Five countries (Argentina, Brazil, Chile, Mexico, and Uruguay) have initiated a collaborative study that will make it possible to obtain more precise information on the impact of the chronic rheumatic diseases on society and on systems for the provision of medical care services.

The Organization is developing an information system on research and current resources in the field of cancer, for the purpose of identifying program areas, priorities, and collaborative projects. This program, in which BIREME and the U.S. National Cancer Institute are participating, fulfills the recommendations embodied in Resolution XXIV of the XXIII Meeting of the Directing Council of PAHO and other recommendations contained in resolutions of the World Health Assembly on "long-term planning of international cooperation in cancer research." As a result of this program, the Organization is coordinating a collaborative study on cancer chemotherapy involving nine centers in Latin America and eight centers in the United States. The U.S. National Cancer Institute is also participating in the study.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,769,143	\$ 2,720,023	\$ 2,462,776
PER CENT OF TOTAL	1.0	1.5	1.3
PERSONNEL MONTHS	216	216	216
CONSULTANT DAYS	975	880	765
FELLOWSHIP MONTHS	108	107	104
COURSES AND SEMINARS	\$ 125,249	\$ 143,200	\$ 158,150
SUPPLIES AND EQUIPMENT	\$ 76,395	\$ 103,590	\$ 80,200
GRANTS	\$ 152,000	\$ 476,041	\$ 269,850
OTHER	\$ 477,376	\$ 718,087	\$ 525,206

---- PROJECTS ----

AMRO-1700
AMRO-1701
AMRO-1776
AMRO-1779

AMRO-1780
ARGENTINA-1700
CHILE-1700

COLOMBIA-1700
PERU-1700
URUGUAY-1700
VENEZUELA-1700

1800 - HEALTH OF SPECIAL GROUPS

The goal of health for all and the regional strategies for achieving it cover the entire population. Nevertheless, because of their greater vulnerability and exposure to health risks, priority is assigned to populations in extreme poverty in rural and urban areas, specifically including women and young children, workers, the elderly, and the disabled.

Children, adolescents and women of childbearing age represent approximately 70% of the population in most countries of the Region. The interrelatedness of the factors affecting the health of these population groups is becoming increasingly apparent; hence, one of the major thrusts of the Plan of Action is on promotion and development of intersectoral policies which would encourage and provide for comprehensive care of the family. Adequate health protection and promotion services will be included within primary health care for pregnant women and young children.

Actions aimed at the protection of the health of the workers must receive important consideration in light of the expected and desirable expansion of agricultural and industrial development, and the growing technologies and introduction of new products. Knowledge of the causes of occupational diseases, and of the associated environmental factors affecting the health of workers, needs to be improved. The purpose is to ensure that adequate health protection services are provided to those exposed to occupational risks.

Demographic projections in some countries of the Region forecast a considerable increase in the older population. The processes of urbanization, industrialization, increasing participation of women in the working force and the consequent changes in traditional sociocultural values may have significant influence on family cohesion and composition, including attitudes towards the care of the elderly. Multiple factors, including sociocultural, physical, organic and economic, affect the health of the aged. Programs aimed at the protection and promotion of health of the aged must be intersectoral and multifaceted and should meet their health and social needs in an integral fashion.

The above concerns should also include providing comprehensive care of disabled persons to enable them to live a comfortable and productive life, and to prevent the deteriorating effect of disabling conditions. Development of human resources at auxiliary, technical and specialized levels, promotion of actions aimed at self care, and active participation of the individuals, families and communities are included in the Plan of Action. Coordination with other sectors, especially labor, social services and education, and the cooperation of the private sector, the community level and non-governmental organizations are essential.

The purpose of this program is to cooperate with Member Governments in identifying the particular needs of these groups. Technical cooperation activities will also be carried out in the areas of research and development of appropriate and efficient solutions addressing those needs, as well as in their application, evaluation and sharing of information.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-1800

Environmental Health Services

2000 - PROGRAM PLANNING AND GENERAL ACTIVITIES

The major environmental health problems in the Region are closely related to the particular social and economic conditions of each country or area. Underdevelopment, lack of safe water supplies, unavailability of sanitary disposal of excreta and other wastes, absence of food sanitation, inadequate housing, and the prevalence of vectors--all environmental problems--are largely responsible for the high morbidity and mortality rates due to communicable diseases, particularly intestinal and respiratory diseases in children. It is thus imperative for the Region to seek solutions to these problems through environmental health programs: introduction of safe and adequate water supplies; sanitary collection and disposal of excreta and liquid and solid wastes; provision of healthful housing; sanitary production, distribution and storage of food; and control of disease vectors. The increased industrialization that accompanies development in most of the countries means that many more people are being exposed to chemical, biological and physical hazards in urban centers as well as in agricultural and rural areas.

Because of the close relation between the human environment and the social and economic conditions of a country, environmental health protection constitutes part of a total development effort to attain health for all by the year 2000 and is integrated with other health activities--disease prevention and control, family health promotion, health service infrastructure establishment, and human resource and research development.

The drive to provide solutions to the major problems of environmental health--basic measures of water supply, excreta disposal, sanitary control of foodstuffs--will be significantly accelerated in the 1980's, as a result of concerted actions of the International Drinking Water and Sanitation Decade. Nevertheless, contamination of the environment, water, soil and air will continue to grow in proportion to industrialization, and environmental deterioration caused by large development projects will likewise increase. Consequently, the challenge is twofold: to decrease the deficit of the basic services, particularly in rural and slum areas, in pursuit of the goals of the Water Decade and to tackle the ever-aggravating problems of population explosion, environmental deterioration and flux, and occupational health. Given this challenge, investments in environmental health, especially those in water and basic sanitation, are among the most productive in terms of cost-benefit.

The AMRO program activities in environmental health aim primarily to assist countries in attaining the highest level of health with emphasis on rural and urban slum population problems through community sanitation; improved water and sewer services; excreta disposal; protection and improvement of the environment, interrelation of ecosystems and their social, political, economic, and financial implications on life-styles; and fulfillment of the goal of health for all by the year 2000.

Within the above framework the following technical cooperation activities will be carried out: (a) provide technical cooperation for identification of environmental health problems and for formulation of plans, programs and projects for their solution; (b) collaborate with countries in defining programs and identifying and preparing project proposals for submission to funding agencies; (c) develop new approaches to assure an increasing flow of national, international and bilateral funding; (d) encourage coordination within the countries where responsibilities for health-oriented environmental activities are scattered among several agencies and cooperate with the health agencies to promote national programs and assume leadership where appropriate; (e) cooperate with countries in planning and formulating policies, legislation, technical criteria, standards and guidelines for use in program development and project implementation; (f) assist in establishing and strengthening monitoring systems; intensifying research; developing new technologies and adopting and transferring appropriate technology; working closely with technical institutions at the national, sub-regional and regional levels; establishing a regional network of collaborating centers for the exchange of information; and developing relevant and meaningful short-term manpower training programs, seminars and workshops; (g) encourage governments to establish or strengthen a focal point for environmental health activities at the highest level; (h) promote technical cooperation among developing countries in relation to environmental health and related activities; and (i) provide technical cooperation through PAHO resources at Headquarters, in the countries, and at CEPIS and ECO.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 5,326,987	\$ 6,044,836	\$ 7,102,102
PER CENT OF TOTAL	2.9	3.3	3.7
PERSONNEL MONTHS	1,260	1,050	1,056
CONSULTANT DAYS	4,351	3,240	2,895
FELLOWSHIP MONTHS	596	612	581
COURSES AND SEMINARS	\$ 229,360	\$ 168,846	\$ 175,400
SUPPLIES AND EQUIPMENT	\$ 138,409	\$ 131,497	\$ 118,000
GRANTS	\$ 22,100	\$ 28,000	\$ 27,100
OTHER	\$ 182,744	\$ 188,862	\$ 207,390

---- PROJECTS ----

AMRO-2000	BRAZIL-2040	JAMAICA-2000
AMRO-2010	BRAZIL-2041	MEXICO-2000
AMRO-2020	BRAZIL-2042	MEXICO-5101
AMRO-2030	CHILE-2000	NICARAGUA-2000
AMRO-2070	COLOMBIA-2000	PANAMA-2000
AMRO-2071	COSTA RICA-2000	PARAGUAY-2000
AMRO-2940	COSTA RICA-2001	PERU-2000
ARGENTINA-2000	COSTA RICA-2002	PERU-2001
BAHAMAS-2000	DOMINICAN REPUBLIC-2000	SURINAME-2000
BARBADOS-2000	DOMINICAN REPUBLIC-2001	TRINIDAD AND TOBAGO-2000
BELIZE-2000	ECUADOR-2000	UNITED STATES OF AMERICA-5101
BOLIVIA-2000	EL SALVADOR-2000	URUGUAY-2000
BRAZIL-2000	GUATEMALA-2000	HEADQUARTERS
	HONDURAS-2000	

2100 - WATER SUPPLY AND EXCRETA DISPOSAL

Providing adequate quantities of safe water as near to the point of use as feasible and establishing effective, acceptable basic sanitation measures continue to be priority concerns for the governments of the Region as they strive toward the goal of health for all by the year 2000. During the 1970's, water and sanitation programs were strengthened in every country and were staffed with a growing cadre of trained and experienced personnel. In many places, however, sanitation measures continue to be inadequate. Past experience indicates that in order to establish and maintain the benefits provided by a water supply, it must be carefully linked with broad-based sanitation measures.

By 1979, it was reported that 155 million inhabitants of urban areas had domestic connection or easy access to a water supply, and 84 million had a sewerage system, while in rural areas only 43 million had a connection or easy access and 3 million had sewerage or sanitary excreta disposal.

In 1977, the present decade (1981-1990) was designated the International Drinking Water and Sanitation Decade, by the United Nations Conference on Water, with the objective of providing safe water supply and sanitation services to as many people as possible by 1990. In 1978, at the International Conference on Primary Health Care, the countries adopted the goal of health for all by the year 2000. Efforts to accomplish these two targets are complementary, and the Organization is giving priority to assisting the countries in their implementation.

To set the Organization's policies for the decade, the XXVI Meeting of the PAHO Directing Council (1979) held technical discussions and then approved a resolution setting forth the "Strategies for Extending and Improving Potable Water Supply and Excreta Disposal Services during the Decade of the 1980's." These strategies call on the Governments of the Americas to grant high priority to the provision of water supply and sanitation services and to reflect this in policy decisions at the highest level. They also seek the following country actions: adoption of managerial practices to improve planning and evaluation of water and sanitation programs; development of training for all levels and kinds of personnel involved in sector activities; adaptation of appropriate technologies that are compatible with the social, cultural and economic conditions in a given country; increased operation and maintenance for water and sanitation systems; and allocation of internal and external funds including the adoption of financing policies and mechanisms that will generate additional funding.

In striving to accelerate and expand current water and sanitation efforts, the countries should seek not only to construct new physical facilities (i.e., pipes, pumps, distribution facilities) but also to give special attention to development of human resources and of mechanisms for long-term operation and maintenance of facilities. Thus, it is increasingly clear that to bring the benefits of water and sanitation to the unand under-served populations of the Region, many actions and disciplines must be coordinated and integrated. In developing them, PAHO will promote multidisciplinary and multisectoral approaches, giving special attention to working with ministries of health, agriculture, public works, and many other agencies responsible for financing, constructing and operating water and sanitation systems. To ensure effective country action, program activities will also have to be coordinated closely with those of the IBRD, the IDB, UNICEF, USAID, the German Gesellschaft Für Technische Zusammenarbeit, and other institutions concerned with the water sector.

While the major objective of this program is to cooperate with countries in improving, expanding and strengthening their water supply and sanitation services so that all are adequately served throughout the coming decade, special emphasis will be placed on serving inhabitants of villages, rural dispersed areas and marginal urban areas. In addition, efforts will be focused on strengthening national institutions that manage the services, developing manpower resources for all levels, enhancing community participation, generating new funding mechanisms, and improving service operation and management.

Efforts to improve the quality of drinking water will continue to stress improvement of bacteriological quality of water provided to users, broader application of disinfection practices, upgrading of operation and maintenance mechanisms, reduction of leaks in distribution systems, promotion of water fluoridation activities, and development of a program to identify critical parameters for monitoring water quality.

The resources of this program will be based in the countries with technical support being provided by the Division of Environmental Health Protection. Its emphasis will be to help identify, document, implement and evaluate funding for country-based and subregional projects that will assist the countries in meeting the goals of water for all by 1990.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 7,768,321	\$ 3,514,281	\$ 3,215,438
PER CENT OF TOTAL	4.2	1.9	1.7
PERSONNEL MONTHS	1,309	1,057	918
CONSULTANT DAYS	7,615	960	545
FELLOWSHIP MONTHS	203	90	46
COURSES AND SEMINARS	\$ 794,782	\$ 40,296	\$ 34,700
SUPPLIES AND EQUIPMENT	\$ 499,587	\$ 59,728	\$ 25,700
GRANTS	\$ 6,100	\$ -	\$ -
OTHER	\$ 768,986	\$ 54,996	\$ 22,367

---- PROJECTS ----

AMRO-2070	BRAZIL-2104	HAITI-2105
AMRO-2100	CHILE-2100	HONDURAS-2104
AMRO-2172	COLOMBIA-2100	MEXICO-2100
AMRO-2173	COLOMBIA-2101	NICARAGUA-2105
AMRO-2174	COLOMBIA-2901	PARAGUAY-2100
AMRO-2175	ECUADOR-2103	PARAGUAY-2101
AMRO-2180	EL SALVADOR-2101	PARAGUAY-2102
BARBADOS-2100	GUATEMALA-2101	PERU-2100
BARBADOS-2101	HAITI-2100	TRINIDAD AND TOBAGO-2100
BOLIVIA-2101	HAITI-2101	TRINIDAD AND TOBAGO-2102
BOLIVIA-2102	HAITI-2102	URUGUAY-2100
BRAZIL-2101	HAITI-2104	URUGUAY-2101
BRAZIL-2102		WEST INDIES-2106

2200 - SOLID WASTES

The Latin American and Caribbean countries experienced and accelerated process of urbanization in their major cities in the last decade, and population growth is expected to continue in the 1980's and thereafter. Without taking into account the United States of America and Canada, the cities in the Region with over 20,000 inhabitants number 1,240, and that figure is projected to double by 1990.

The combined daily production of solid wastes of those cities with more than 20,000 inhabitants is estimated at 120,000 tons, an amount which needs to be collected and disposed of safely each day. Existing municipal urban institutions cannot cope adequately with that demand, and, as a result, the accumulation of garbage causes emergency situations in some major cities. Poor or nonexistent planning, insufficient trained staff, and outmoded administrative and finance systems of most of the cities' solid waste authorities represent serious obstacles to the development of effective services for solid waste collection and disposal.

To assist in the solution of these problems, the PAHO program is oriented towards formulation and implementation of national plans of solid wastes; identification and evaluation of projects; provision of technical assistance; preparation of guidelines and technical manuals; preparation and utilization of master plans for urban cleaning; and training of technical, administrative and financial staff, including operation and maintenance personnel for the management of solid waste equipment. Cooperation with the countries is offered through the specialized staff at the Regional Office, CEPIS and in Central America.

The Global Environmental Monitoring System for air and water quality and biological monitoring, is being implemented in the Region with WHO/UNEP/WMO/UNESCO participation. This effort aims to assist countries in developing management capabilities and establishing monitoring systems for air and water as well as assessing control program effectiveness.

ECO cooperates with the countries in studying the impact of economic development projects on human health, particularly those associated with industrialization and large river basin projects. Environmental and health impact assessment methodologies applicable to situations in the countries are prepared and distributed. The Center produces and provides technical information on environmental health criteria and standards and information on chemical safety.

CEPIS studies and disseminates information on appropriate technology for waste disposal, water and air pollution control through the technical information network of collaborating center (REPIDISCA) and cooperates with the Governments in solution of specific problems.

Collaboration is provided to the countries in identifying and preparing environmental pollution control projects for submission to funding agencies, such projects include support for institutional development of pollution control agencies and training of personnel.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 299,118	\$ 189,924	\$ 199,090
PER CENT OF TOTAL	.2	.1	.1
PERSONNEL MONTHS	96	72	72
COURSES AND SEMINARS	\$ -	\$ 544	\$ -
SUPPLIES AND EQUIPMENT	\$ 5,766	\$ 7,369	\$ -
OTHER	\$ 4,133	\$ 5,373	\$ 5,393

---- PROJECTS ----

AMRO-2030
AMRO-2070

Environmental Pollution

2300 - PROGRAM PLANNING AND GENERAL ACTIVITIES

Environmental pollution resulting from rapid population growth, industrialization and urbanization is rapidly becoming an important health problem in the Region. Although most countries are aware of the implications of these processes in terms of air, water and soil pollution, the construction of pollution control facilities and prevention programs continues at a slow pace. Furthermore, the increasing use of domestic, commercial and industrial chemical products, including pesticides and herbicides to augment agricultural production, is contributing to overall pollution.

In most countries, large-scale development projects--such as major highway construction, resource exploitation, river basin development, colonization--are an important component of national development. Nevertheless, the projects may cause environmental changes and have a deleterious effect on human health. Given the predictable expansion of these activities, associated pollution problems can be expected to increase in the years to come unless early control measures are instituted.

Environmental and health impact assessments are being conducted for hydraulic resource development projects. Integrated air, water and soil pollution control projects, health effect studies and staff training are in progress with UNDP support in Brazil and Venezuela. Projects dealing with specific aspects of pollution prevention and control are carried out in several countries with national resources and in some cases with PAHO/WHO cooperation. Collaboration with UNEP includes assistance in elaboration of methodologies for assessing project development impact on human health and disseminating this information to the countries.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 2,369,851	\$ 2,182,303	\$ 2,362,618
PER CENT OF TOTAL	1.3	1.2	1.2
PERSONNEL MONTHS	603	528	528
CONSULTANT DAYS	1,460	395	260
FELLOWSHIP MONTHS	71	16	10
COURSES AND SEMINARS	\$ 23,600	\$ 10,991	\$ 7,500
SUPPLIES AND EQUIPMENT	\$ 144,957	\$ 117,521	\$ 78,100
GRANTS	\$ 25,300	\$ -	\$ -
OTHER	\$ 180,915	\$ 259,786	\$ 275,123

---- PROJECTS ----

AMRO-2070
AMRO-2300
BRAZIL-2340

BRAZIL-2341
COLOMBIA-2301
COLOMBIA-2302

CUBA-2301
MEXICO-2300
VENEZUELA-2300

2400 - AIR POLLUTION

Accelerated population growth, industrialization, and socioeconomic development in general have resulted in increased pollution of the atmosphere throughout the Americas. Likewise, chemicals--in ever-greater use in the home, agricultural activities, and industrial operations--presently constitute a major air pollutant. Unfortunately, the growing problem has not been coupled with stepped-up construction of pollution treatment facilities or implementation of pollution prevention programs. Since air pollution is known to be detrimental to human health and well-being, PAHO provides technical cooperation to the countries in monitoring, prevention, and control activities in this area.

The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) serves as the regional focal point for the Global Environmental Monitoring System for Air Quality. As such, it relays data from the various stations to WHO/Geneva, distributes technical information on monitoring, responds to country request, and cooperates in system operation.

PAHO also provides assistance in evaluation and improvement of national air pollution control programs, formulation and preparation of project proposals to be submitted to lending agencies, identification of human resources, and terms of reference for air quality monitoring activities.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ 300,330	\$ 327,895	\$ 344,405
PER CENT OF TOTAL	.2	.2	.2
PERSONNEL MONTHS	72	72	72
COURSES AND SEMINARS	\$ -	\$ 940	\$ -
SUPPLIES AND EQUIPMENT	\$ 9,955	\$ 12,723	\$ -
OTHER	\$ 7,136	\$ 9,277	\$ 9,311

---- PROJECTS ----

AMRO-2070

2500 - RADIATION AND ISOTOPES

In developed countries, between one-third to one-half of all crucial medical decisions depend on radiological information. However, the majority of people, particularly in rural areas of Latin America and the Caribbean, do not have access to this most valuable diagnostic tool.

In addition to the lack of a sufficient number of appropriate (basic) x-ray units, as well as adequately trained professionals, the problem is partly due to the lack of trained technicians who often have to cope with too sophisticated equipment prone to breakdowns. Studies have indicated that about 30% of x-ray equipment is not operational at any given time. Schools for x-ray technicians are insufficient in number and of varying quality standards. Teaching materials for the training of technicians in radiodiagnosis, radiotherapy and nuclear medicine are inadequate. Radiological procedures (radiodiagnostic, radiotherapeutic and nuclear medicine) are often conducted without due regard to their proper indication, expected diagnostic yield and adequate performance--hence, the need for rational standards to avoid considerable waste of efforts, materials and equipment, and unnecessary radiation exposure to patients.

Public health administrators urgently require guidelines for the rational planning, building, equipping, staffing and operation of x-ray departments at all levels of medical care. In most countries of the Region, the medical student has no experience with radiological services before beginning his professional career, and a prime need is to institute this training, including appropriate aspects of radiation protection.

With regard to radiotherapy, a general consensus of opinion is that, for the treatment to be effective, the dose to the tumor must be accurate within a factor of about 7%. Yet, in many countries, the appropriate technology and staff to assist with dosage calculations and treatment planning are lacking. Extreme situations are observed, with very modern and sophisticated equipment in some advanced centers and obsolete units in other hospitals.

In addition, workers and members of the public are exposed to unnecessarily high radiation doses due to the use of diagnostic x-ray equipment, which is the major cause of man-made exposure to radiation. In industry and agriculture, high-intensity radiation sources are utilized and serious accidents have been reported. Radioactive fallout due to nuclear weapons testing is continuing to add to other components of human radiation dosage. Nuclear reactors for research have been constructed in Argentina, Brazil, Chile, Colombia, Mexico and Venezuela. Power reactors are in operation or under construction in Argentina, Brazil and Mexico and are being considered in Chile and Peru.

It is imperative to reduce the radiation dose received by the population without sacrificing the benefits; however, radiation protection services have not been established in many countries and are very rudimentary or have deteriorated in others. In addition, public health officials will be required to play an ever-increasing role in the selection and approval of suitable locations for various types of nuclear facilities, evaluation of radiation dose and effects, and planning for the management of radiation accidents and radioactive wastes.

The PAHO/WHO program will be directed to offer technical cooperation to: (a) define and endeavor to solve the problems involved in the optimum use of diagnostic radiology with the aim of providing basic services to rural areas; (b) improve the basic facilities and professional and technical staff necessary to provide radiotherapeutic services to patients requiring them, with special emphasis on problems affecting large numbers of disadvantaged persons; (c) train the professional and technical personnel needed in various radiation activities which have a health impact, in particular x-ray diagnostic and radiotherapy technicians, physicists, radiological health inspectors, radiologists and radiotherapists; (d) provide a basic radiation protection program in each country relevant to the specific national requirements; and (e) strengthen coordination between national and international agencies concerned with health and radiation.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 315,700	\$ 243,500	\$ 273,700
PER CENT OF TOTAL	.2	.1	.1
PERSONNEL MONTHS	72	48	48
CONSULTANT DAYS	180	120	120
COURSES AND SEMINARS	\$ -	\$ 4,600	\$ -
SUPPLIES AND EQUIPMENT	\$ 5,400	\$ 5,000	\$ 4,000
OTHER	\$ 5,500	\$ 6,000	\$ 4,100

---- PROJECTS ----

AMRO-2500

2600 - PESTICIDES

Toxic substances, which affect human health through either exposure in the environment or ingestion of food, can produce noxious effect--reversible or irreversible--and cause severe and fatal diseases. PAHO surveys indicate that use of these substances, particularly pesticides, is indiscriminate and excessive in many of the countries of the Region and thus represents a grave threat to public health.

As large quantities of these chemicals are being transported and stored with increasing frequency, the risks to health continue to rise. When those risks materialize, for example, disastrous spills or major contaminations, their impact goes almost unchecked as practically no emergency or routine control services are available in the countries.

The Organization responds with technical and advisory services to the requests of health and agriculture authorities when such episodes endanger human and animal health.

The program places emphasis on planning and development of national toxic substance control programs, to include evaluation of the safety of substances and their registration, establishment of an inspection force, monitoring and surveillance of health and the environment, and recruitment and training of staff.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 56,824	\$ 112,934	\$ 70,757
PER CENT OF TOTAL	*	.1	*
PERSONNEL MONTHS	48	48	48
CONSULTANT DAYS	120	210	60
COURSES AND SEMINARS	\$ -	\$ 123	\$ -
SUPPLIES AND EQUIPMENT	\$ 7,001	\$ 12,962	\$ 2,000
OTHER	\$ 932	\$ 1,212	\$ 1,216

---- PROJECTS ----

AMRO-2070
AMRO-2600

*Less than .05 per cent

3000 - OCCUPATIONAL HEALTH

The accelerated economic development projected to characterize future growth of the countries of the Region can be expected to result in a proportionate increase in occupational health problems, namely workers' overexposure to hazardous and toxic substances, accidents, and lack of basic sanitation services.

Specific information on the magnitude of the threat to occupational health is limited, but data available indicate that control of work-related hazards should be of high priority. The absence of control and the result of riskier work environment lead to negative impacts on both health and economic development. While the work force of Latin America and the Caribbean has been estimated at over 100 million people, only a few countries have advanced programs to protect workers and diminish and ameliorate risks to their well-being.

PAHO/WHO cooperation with the countries is directed to strengthening and developing national occupational health institutions and to assisting in formulation of plans and strategies for occupational health, including assessment of the situation; definition of priority problems and means to control them; assessment of manpower needs and training of staff through workshops, seminars, courses, and inservice opportunities; and translation and publication of manuals.

The PAHO program attributes special importance to the collaborative effort with such subregional groups as the Andean Pact and the Caribbean area in collecting data for use in developing specific project proposals for external financing. Activities will be directed to assisting countries in revision of legislation, elaboration of standards for protective equipment, manpower training, preparation of research methodologies and field studies, and development of information exchange systems.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 100,600	\$ 92,600	\$ 118,000
PER CENT OF TOTAL	.1	.1	.1
PERSONNEL MONTHS	24	-	-
CONSULTANT DAYS	150	100	85
FELLOWSHIP MONTHS	47	39	41
COURSES AND SEMINARS	\$ 10,000	\$ 10,000	\$ 10,000
SUPPLIES AND EQUIPMENT	\$ 15,000	\$ -	\$ -
OTHER	\$ 6,500	\$ -	\$ -

---- PROJECTS ----

AMRO-2070
BOLIVIA-3000
BOLIVIA-3001
VENEZUELA-3000

Animal Health and Veterinary Public Health

3100 - PROGRAM PLANNING AND GENERAL ACTIVITIES

The animal health sector has direct importance for human health through its role in the production and protection of food for human nutrition and in the prevention, control, and eradication of zoonotic diseases. It also has socioeconomic effects in that it contributes to the countries' internal supply, and, in many cases, provides exports as well, thus serving as a significant source of foreign exchange.

Food of animal origin has nutrients and characteristics for which there are no substitutes, particularly in the diet of children under five. Its proteins, minerals, fats, and vitamins cannot be obtained satisfactorily from food of vegetable origin, since to obtain the same levels would require a volume of intake far beyond man's normal physiological capacity.

Livestock productivity is relatively low in the developing countries of the Hemisphere when compared, for example, with that of Canada or the United States of America. The problem is particularly marked in those countries whose production is insufficient to meet their own needs.

It is well known that animal diseases of high prevalence and incidence are one of the most important factors bearing on this situation. In the "Study of the Situation of Animal Health in the Americas," recently conducted by PAHO, the countries were reported as having a total of 65 diseases of economic and social impact. Moreover, there is always the danger of serious diseases being introduced from other continents, as well as the dissemination of diseases that at present affect only some countries of the Americas.

Each country's Ministry of Agriculture has a veterinary service responsible for the promotion and care of animal health. In many cases there are veterinary public health services within the Ministry of Health that work in coordination with the former on problems of common concern. Infrastructure development in the veterinary services varies considerably, and in many countries it has not yet reached a level that makes it possible to adequately combat the diseases.

In the last two decades it has been becoming the generalized practice in Latin America and the Caribbean to establish national animal health programs, occasionally with international financial assistance, and almost always with the technical support of international agencies, particularly of PAHO. These programs, to a greater or lesser degree, are attaining noteworthy goals and contributing significantly to the strengthening of the veterinary service infrastructure, both in physical terms and in the training of human resources.

PAHO/WHO plays an important role in the development of activities and programs in the Ministries of Agriculture and Health for combating some of the animal diseases of great importance for the livestock economy, for the production of essential food, and for the protection of human health. The Organization also collaborates with some countries in the Region on programs for the conservation of non-human primates of particular use for biomedical research.

During the Annual Inter-American Meeting on Animal Health at the Ministerial Level the participants are focusing their discussions on regional strategies for health for all by the year 2000, with special reference to the goals for primary care.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 4,879,468	\$ 2,173,500	\$ 2,092,700
PER CENT OF TOTAL	2.6	1.2	1.1
PERSONNEL MONTHS	735	424	360
CONSULTANT DAYS	2,100	740	590
FELLOWSHIP MONTHS	411	117	105
COURSES AND SEMINARS	\$ 142,428	\$ 62,500	\$ 58,000
SUPPLIES AND EQUIPMENT	\$ 1,004,028	\$ 54,200	\$ 55,100
GRANTS	\$ 21,000	\$ 5,000	\$ 5,000
OTHER	\$ 158,299	\$ 7,600	\$ -

---- PROJECTS ----

AMRO-3100	BRAZIL-3100	HAITI-3100
AMRO-3110	BRAZIL-3102	HONDURAS-3100
AMRO-3111	BRAZIL-3105	JAMAICA-3100
AMRO-3120	COLOMBIA-3100	MEXICO-3100
AMRO-3130	COSTA RICA-3101	SURINAME-3100
AMRO-3140	DOMINICAN REPUBLIC-3100	SURINAME-3101
AMRO-3171	ECUADOR-3100	TRINIDAD AND TOBAGO-3100
BOLIVIA-3100	GUYANA-3100	VENEZUELA-3100
	GUYANA-3101	

3200 - FOOT-AND-MOUTH DISEASE

Foot-and-mouth disease has great impact on the livestock sector. Its high degree of infectiousness and its particular pathology make for a severe effect on meat and milk productivity, causing in turn serious disturbances in the international trade of animals and products of animal origin. Currently it is found in most of South America, with the exception of the Guyanas and Chile. Panama, Central America, Mexico, the Caribbean area, Canada, and the United States of America are free of the disease, but they are always at risk of being invaded. These facts point to the principal characteristic of foot-and-mouth disease--namely that it is a problem shared in common--and substantiate the need for a combined effort for its prevention and control, with a view to ultimate eradication in the Hemisphere.

Apart from its strictly economic impact, foot-and-mouth disease has an indirect but important effect on health, since it diminishes the supply and increases the cost of valuable food for human nutrition.

The outbreaks of foot-and-mouth disease in Mexico and Canada in 1946 and 1952, respectively, contained at a high price, along with the invasion of Venezuela and Colombia at the beginning of the 1950's, led the OAS to establish the Pan American Foot-and-Mouth Disease Center (PANAFIOSA) for the purpose of promoting, guiding, and advising the campaign against the disease in the Americas. The Center is currently a regular program of PAHO/WHO.

PAHO/WHO, through PANAFIOSA, provides the countries with technical cooperation in the planning, execution, and evaluation of national programs for the prevention, control, and eradication of foot-and-mouth disease and other vesicular diseases of animals. One of its principal functions is to coordinate programs and disseminate information, maintaining a Hemisphere-wide system of epidemiological surveillance. The Center's technical cooperation includes the training of national human resources, consultation, the provision of advisory services in the field, the preparation of biologic reagents and vaccines, and service in its role as Regional Reference Laboratory for the Diagnosis of Vesicular Virus and the Control of Foot-and-Mouth Disease Vaccine.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 7,284,313	\$ 6,347,300	\$ 6,871,500
PER CENT OF TOTAL	4.0	3.5	3.5
PERSONNEL MONTHS	4,045	3,499	3,460
CONSULTANT DAYS	355	490	370
FELLOWSHIP MONTHS	184	90	52
COURSES AND SEMINARS	\$ -	\$ 69,300	\$ 83,900
SUPPLIES AND EQUIPMENT	\$ 566,500	\$ 489,300	\$ 552,200
OTHER	\$ 552,000	\$ 730,600	\$ 868,800

---- PROJECTS ----

AMRO-3200	BOLIVIA-3200	ECUADOR-3200
AMRO-3230	BRAZIL-3203	PANAMA-3200
ARGENTINA-3200	CHILE-3200	PARAGUAY-3200
	COLOMBIA-3200	

3300 - ZOOSES

The zoonoses are diseases that are transmitted between animal vertebrates and man, causing losses for the livestock economy and taking their toll of health, particularly that of the rural population. They have serious repercussions in Latin America, where about 50% of the population lives in rural areas and has contact with domestic animals as well as wildlife.

The zoonoses considered to be of greatest importance are brucellosis, bovine tuberculosis, leptospirosis, rabies, equine encephalitis, hydatidosis, cysticercosis, and salmonellosis.

Attention is also given to the hygiene of food of animal origin, which in the countries of the Americas tends to cause high rates of infection in man. Inadequate sanitary control is the cause of extensive losses of substances of high protein value.

Brucellosis continues to be one of the most widespread of the zoonoses. In some regions of Latin America it affects 25% of the dairy cows. In marginal areas, where mainly goats are raised, this latter species constitutes the principal source of human infection, and the rates of prevalence are high. Several countries are carrying out anti-brucellosis programs based on the vaccination of calves and the control or elimination of animal reactors.

Bovine tuberculosis is also widespread in Latin America, its prevalence being high in some places where dairying is intensive. Several countries are carrying forward programs of eradication based on tuberculin testing and the elimination of animal reactors.

Leptospirosis is being increasingly seen as the veterinary services develop their diagnostic laboratories. Of 18 serological groups that cause this zoonosis, 15 have been identified so far in Latin America and the Caribbean area.

Canine rabies is a significant public health problem throughout almost the entire Hemisphere. In Canada and the United States of America transmission is predominantly through wild animals. A serious aspect of this problem is the need to provide medical service and rabies treatment for the millions of people who are bitten by animals each year. In the tropical part of Latin America there is also the problem of bovine rabies, transmitted by vampire bats, which causes high mortality and hence heavy economic losses. The national programs for the vaccination of dogs in urban areas have reduced and, in some cases, eliminated human rabies. In other places the results have been unsatisfactory, owing mainly to lack of coverage or to discontinuity of the activities.

Venezuelan equine encephalitis is very widespread in several countries, periodically causing serious epidemics among equine animals with alarming repercussions in man. Some of these epidemics tend to spread over large areas, as happened in 1971 in Central America, Mexico and the United States of America. Systematic vaccination of equine animals is the practiced in those regions at greatest risk.

Hydatidosis is prevalent in the South American countries where sheep raising is an important activity. In addition to the economic losses that it causes in this species, the disease constitutes a hazard for man, causing numerous cases that require medical care.

Through CEPANZO, PAHO/WHO provides technical cooperation to the countries in the prevention, control, and eradication of zoonoses. This cooperation includes education and training, planning and evaluation of national activities and programs, research studies required by the programs, development of an epidemiological surveillance system, distribution of information, reference services for diagnosis and preparation of biologicals, and provision of biologicals and laboratory animals.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 9,021,703	\$ 9,168,100	\$11,430,315
PER CENT OF TOTAL	4.9	5.0	5.9
PERSONNEL MONTHS	2,424	1,588	1,584
CONSULTANT DAYS	1,059	675	390
FELLOWSHIP MONTHS	171	68	70
COURSES AND SEMINARS	\$ 27,800	\$ 85,300	\$ 98,800
SUPPLIES AND EQUIPMENT	\$ 423,522	\$ 383,000	\$ 423,200
OTHER	\$ 1,105,243	\$ 910,730	\$ 1,098,100

---- PROJECTS ----

AMRO-3300
AMRO-3370
BARBADOS-3300
COLOMBIA-3301

JAMAICA-3300
MEXICO-3300
MEXICO-3301
MEXICO-3303
PERU-3300

PERU-3301
PERU-3302
VENEZUELA-3300
VENEZUELA-3301

3500 - QUALITY CONTROL OF FOODSTUFFS

Food protection is of vital importance to the countries of the Region from the point of view of both public health and economic development. Of the major causes of illness and death, three--undernutrition, parasitism, and diarrheal disease--are related to food. Moreover, the economic impact of insufficient or contaminated foodstuffs can be estimated in terms of the tremendous toll taken in increasing costs of patient curative care as well as lost man-hours.

Food production in Latin America and the Caribbean area is falling behind demand and consumption. While many of the countries used to be exporters of cereal grains as recently as 10 years ago, today most are major importers--with the exception of Argentina.

Given these circumstances, emphasis in this program area will be given to country foodstuff program planning and development, inspector and professional training, and administration and laboratory support.

Major attention will be given to the topic "Sanitary Control of Food" during the Technical Discussions to be held in 1981 during the XXVIII Meeting of the Directing Council of PAHO.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 838,150	\$ 545,600	\$ 599,800
PER CENT OF TOTAL	.5	.3	.3
PERSONNEL MONTHS	144	72	72
CONSULTANT DAYS	600	655	510
FELLOWSHIP MONTHS	11	7	7
SUPPLIES AND EQUIPMENT	\$ 21,000	\$ 23,300	\$ 8,500
GRANTS	\$ 12,000	\$ 6,000	\$ 6,000
OTHER	\$ 131,250	\$ -	\$ -

---- PROJECTS ----

AMRO-3500
 AMRO-3571
 GUATEMALA-3500
 PANAMA-3500
 VENEZUELA-3500

3600 - QUALITY CONTROL OF DRUGS

The availability and appropriate use of drugs of good quality have been recognized as important elements in the national and regional strategies for the extension of health service coverage. It is becoming increasingly necessary to organize systems for the selection, acquisition, and distribution of drugs in order to control drug expenditures, which are rising as a consequence of the expansion of services, and in order to ensure that the products meet the real needs existing at different levels of care.

The purpose of the technical cooperation program in the area of drugs is to strengthen the authorities responsible for programs of supply, control, and use of these inputs, with emphasis on basic service networks and on the agencies responsible for ensuring the quality of pharmaceutical products in the countries. A regional interdisciplinary project for operational research on the administration of drugs in the health centers, hospitals, and health posts has been initiated in order to improve the performance of the sector. The program is continuing to cooperate the national regulatory agencies in updating their legislation with modern regulations and in establishing efficient services for the registration, inspection and analysis of drugs. These actions are being taken to ensure compliance with recommended standards for practices of manufacturing and quality control, to facilitate the flow of objective pharmacological information, and to monitor the use of drugs subsequent to sale. PAHO provides the national inspection agencies with relevant and up-to-date information on the use of products as well as on their quality, safety, and efficacy, and it also gives advisory services as requested on specific problems. The Drug Quality Institute, established in Brazil under a PAHO/WHO project, supplies technical information and offers training opportunities for personnel in public and private organizations involved in the production and inspection of drugs.

PAHO/WHO is providing assistance to the countries of the Caribbean in the establishment of a drug testing laboratory in Jamaica to meet the needs of that area. Moreover, under the Hipólito Unanue Agreement, the Organization cooperates with the countries of the Andean Group in the development of standardized systems of registration and quality control for that part of the Region.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,196,192	\$ 449,000	\$ 478,700
PER CENT OF TOTAL	.6	.2	.2
PERSONNEL MONTHS	161	48	48
CONSULTANT DAYS	780	345	205
FELLOWSHIP MONTHS	38	20	20
COURSES AND SEMINARS	\$ 10,000	\$ 6,000	\$ 8,000
SUPPLIES AND EQUIPMENT	\$ 251,814	\$ 11,300	\$ 16,600
OTHER	\$ 28,978	\$ -	\$ -

----- PROJECTS -----

AMRO-3600
AMRO-3610
ARGENTINA-3600
BRAZIL-3600
GUATEMALA-3600
JAMAICA-3601

3700 - PREVENTION OF ACCIDENTS

Even though accidents is one of the leading causes of death, the countries of the Region have not assigned them the importance they warrant, considering the harm they do to the economy, health, and the life of those affected. The only aspect to which a certain amount of attention is being given is traffic accidents, the increasing incidence of which is due to population growth and the increase in the number of vehicles, as well as the lack of appropriate preventive programs.

PAHO/WHO is using the limited resources available to it to promote interest in this problem, to encourage the conduct of operational studies that can serve as a basis for the formulation of policies, plans and programs for the prevention of accidents, and to foster the coordination of the various sectors responsible for their prevention and/or control.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 20,300	\$ 190,400	\$ 235,400
PER CENT OF TOTAL	*	.1	.1
PERSONNEL MONTHS	-	24	24
CONSULTANT DAYS	15	85	120
FELLOWSHIP MONTHS	8	7	8
COURSES AND SEMINARS	\$ 10,000	\$ 12,000	\$ 10,000

----- PROJECTS -----

AMRO-3700
ARGENTINA-3700

*Less than .05 per cent

COMPLEMENTARY SERVICES

4100 - NURSING

The new modalities of the health services required to extend coverage to the entire population and the application of primary health care as its principal strategy mean changes in the structure, development and utilization of health personnel as a means of expanding human resources and meeting the needs of primary care programs. The countries have recognized the new and expanded role of nursing, which represents the greatest human resource potential in the delivery of primary care. This expanded role will place greater responsibility on nursing personnel in the prevention of diseases and the promotion, maintenance and restoration of health, and will further require that nursing personnel be even more closely integrated with the other members of the health team in carrying out the functions related to the delivery of health care. The changes in the health care strategy will make it essential that changes be introduced in the organization and management of health services with special emphasis on the development of health services by levels of complexity extending from the community level to medical care institutions for secondary and tertiary care.

The above changes make it necessary that the expanded functions of nurses and functions of other health personnel in the health team be clearly defined and officialized; new and additional health personnel, especially nurses and auxiliaries, be provided to meet the necessary demand; and educational programs for nurses and other health personnel be modified to enable them to carry out their new and redefined functions adequately and in an integrated fashion.

PAHO/WHO technical cooperation program in nursing will be more closely integrated with the health services development program and health manpower development programs. Specific emphasis will be placed on: (a) cooperating with the countries in developing a data base to predict and project health manpower needs, including nursing and nursing auxiliaries, for the years 1985, 1990 and 2000 to reach the goal of health for all by the year 2000; (b) assessing the changing roles of nursing personnel in relation to the delivery of health care and to the other members of the health team; and (c) promoting and cooperating with the countries in the development of appropriate educational programs to enable the nurses and other members of the health team to execute their changing functions. Specific emphasis will also be given to the development of continuing education programs to prepare nursing personnel in the areas of supervision and management. Basic and postbasic education programs would also need to be reinforced, incorporating the teaching of social sciences, epidemiology, primary care, community education, evaluation and research, and PAHO/WHO would provide technical cooperation in this area. The implementation of the above program will be closely coordinated by the Divisions of Comprehensive Health Services and Human Resources Development.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 2,550,370	\$ 2,086,500	\$ 2,409,100
PER CENT OF TOTAL	1.4	1.1	1.2
PERSONNEL MONTHS	660	408	408
CONSULTANT DAYS	135	40	40
FELLOWSHIP MONTHS	49	61	59
COURSES AND SEMINARS	\$ 9,500	\$ 8,300	\$ 9,000
SUPPLIES AND EQUIPMENT	\$ 2,500	\$ 4,200	\$ 3,500

---- PROJECTS ----

AMRO-4110	AMRO-8703	GUYANA-4100
AMRO-4120	ARGENTINA-4100	HAITI-5100
AMRO-4130	BOLIVIA-5100	NICARAGUA-4100
AMRO-4140	BRAZIL-5100	PARAGUAY-4100
AMRO-4160	BRAZIL-5160	PARAGUAY-5100
AMRO-5100	COSTA RICA-5100	PERU-5103
AMRO-5170	DOMINICAN REPUBLIC-5100	URUGUAY-4100
AMRO-5300	ECUADOR-5100	WEST INDIES-4100
	GUATEMALA-5100	

4200 - LABORATORIES

Primary care programs, one of the fundamental strategies for achieving the goal of health for all by the year 2000, need laboratory support for their efficient development. The laboratory also plays a basic role in identifying factors that produce environmental change and in maintaining satisfactory programs of epidemiologic surveillance. The important role of the laboratories in supporting these programs is universally recognized, but there are economic and technical problems that keep them from developing in pace with growing needs.

The countries have expressed interest in overcoming current problems and have embarked on programs to improve and expand the national laboratory networks. Through these programs, the Organization has cooperated in planning activities to strengthen the central laboratories that act as reference centers and are responsible for establishing standards, monitoring activities, training local personnel, and developing research programs for the introduction of appropriate methodology.

Within this frame of reference, given the ambitious nature of a program of this type, PAHO/WHO has made arrangements for extrabudgetary funds from international agencies (such as UNDP and IDB) which will enable it to supplement the regular budget and provide the technical cooperation that the countries need. The support has included consultants, equipment, laboratory reagents (including strains, references, standards, microbiological reagents, and cell lines), and laboratory manuals for courses on the latest technology being given in the different countries.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,145,348	\$ 909,900	\$ 919,300
PER CENT OF TOTAL	.6	.5	.5
PERSONNEL MONTHS	86	82	72
CONSULTANT DAYS	1,035	610	480
FELLOWSHIP MONTHS	84	62	53
COURSES AND SEMINARS	\$ 91,705	\$ 78,800	\$ 57,000
SUPPLIES AND EQUIPMENT	\$ 90,053	\$ 83,700	\$ 66,200
OTHER	\$ 365,295	\$ 4,000	\$ -

---- PROJECTS ----

AMRO-4200	COLOMBIA-4200	PERU-4200
AMRO-4201	CUBA-4200	PERU-4201
AMRO-4280	ECUADOR-4200	SURINAME-4200
ARGENTINA-4200	FRENCH ANTILLES AND GUIANA-4200	VENEZUELA-4200
	JAMAICA-4200	WEST INDIES-4201

4300 - EPIDEMIOLOGICAL SURVEILLANCE

Surveillance activities in the Americas which concentrate on communicable disease are fragmented, overlapping, isolated from health service programs, receive minimal support from health service personnel, provide little or no positive feedback, and generate limited information to epidemiologists, program managers and health planners. Although statistics pertaining to human and animal populations, morbidity and mortality have been collected for the past several years, the validity of the data has not been sufficiently evaluated. Epidemic situations frequently develop which are beyond the capacity of local resources to investigate and control. The majority of disease control programs are developed independently from the surveillance system, and with limited evaluation procedures. There is inadequate early recognition and definition of communicable disease situations which are or could be of international public health importance, as well as dissemination of information to advise national health administrations.

Main activities will be to (1) maintain and update the information system on disease occurrence and distribution, as well as timely dissemination of epidemiological data to the countries of the Region; (2) recommend when necessary the implementation of the International Health Regulations; (3) coordinate the development of the various technical tools required to improve the epidemiological surveillance program in the countries basically through (a) production of guidelines and teaching material for the training of personnel, (b) production of manuals and guidelines for the surveillance of specific target diseases, (c) contribution to the development of regional and subregional laboratory and reference centers as a support to the national program, (d) updating directories of epidemiologists required as consultants by the countries, and (e) development of operating research; and (4) promote the principles and techniques of epidemiological surveillance on projects of extension of health services and primary health care.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 6,663,121	\$ 6,015,558	\$ 6,904,794
PER CENT OF TOTAL	3.6	3.3	3.6
PERSONNEL MONTHS	2,351	2,183	2,112
CONSULTANT DAYS	1,440	905	840
FELLOWSHIP MONTHS	374	226	244
COURSES AND SEMINARS	\$ 360,890	\$ 166,131	\$ 87,300
SUPPLIES AND EQUIPMENT	\$ 868,293	\$ 268,536	\$ 474,534
GRANTS	\$ 5,000	\$ -	\$ -
OTHER	\$ 504,241	\$ 407,350	\$ 389,700

---- PROJECTS ----

AMRO-4300	BRAZIL-4300	JAMAICA-4301
AMRO-4320	COLOMBIA-4300	MEXICO-5101
AMRO-4330	COSTA RICA-4300	NICARAGUA-4300
AMRO-4340	DOMINICAN REPUBLIC-4300	PANAMA-4300
AMRO-4360	EL SALVADOR-4300	SURINAME-4300
AMRO-4370	HAITI-4300	TRINIDAD AND TOBAGO-4300
BOLIVIA-4300	HONDURAS-4300	UNITED STATES OF AMERICA-5101
	JAMAICA-4300	

4400 - HEALTH EDUCATION

Member Governments, in endorsing the recommendations of the Alma Ata Conference and adopting the goal of health for all by the year 2000, have recognized two basic strategies to reach this goal: primary health care and community participation. The Member Governments have further acknowledged the need to develop mechanisms for facilitating community participation in health and the use of local resources through increasing community awareness and responsibility in meeting their health needs. Community health education is also recognized as an important means for promoting and increasing knowledge of individuals and communities regarding their health problems and needs and the solutions to these problems, particularly where the individual and the communities can play a significant role.

The countries of the Region must intensify their efforts to formulate policies and define strategies for promoting community education and participation during the next two decades, and give high priority to the inclusion of community participation as a process and to community health education as a means of achieving it in all national health plans and programs. Community development efforts through intersectoral approaches would also need to be intensified.

PAHO/WHO technical cooperation in this field will be intensified and integrated with programs for primary health care development. The overall objectives of PAHO/WHO technical cooperation would be: (a) to develop guidelines for educational activities and community participation in health as a basic element of primary health care strategies; (b) to promote intercountry exchange and utilization of information and experiences and development of information and education materials aimed at the communities; (c) to identify training needs in this area and assist in the development of educational programs and materials aimed at improving the knowledge and skills of the health and other community development personnel in assessing community health needs and organizing communities to undertake a responsible role in health development; (d) to promote and support the development of appropriate technologies in community health education, community participation and development, and to disseminate information about successful approaches; and (e) to identify resources and assist the countries in the formulation of specific proposals which would emphasize active participation by the community in the extension of health services coverage.

Specific community education and developmental approaches and programs would be developed for improving participation and meeting the needs of special groups such as women and youth. PAHO/WHO would promote and cooperate with the countries in the implementation of regional plans of action aimed at improving participation of women in the health and development process.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 356,700	\$ 742,000	\$ 858,700
PER CENT OF TOTAL	.2	.4	.4
PERSONNEL MONTHS	72	96	96
CONSULTANT DAYS	-	360	390
COURSES AND SEMINARS	\$ -	\$ 104,000	\$ 109,800
SUPPLIES AND EQUIPMENT	\$ 10,000	\$ 41,800	\$ 38,000
GRANTS	\$ -	\$ 15,000	\$ 10,000
OTHER	\$ -	\$ 10,000	\$ 10,000

--- PROJECTS ---

AMRO-4400
 AMRO-4410
 AMRO-5101
 BRAZIL-5100
 NICARAGUA-4400

4500 - REHABILITATION

It is estimated from the available data that in 1980 there are about 13 million people in Latin America and the Caribbean who have some kind of motor, sensory or cardiopulmonary disability with problems such as paralysis, amputations, speech, hearing or visual defects, or a life restricted by cardiac or pulmonary problems. In the 1970's little improvement has been made in the availability and expansion of rehabilitation services in the countries of the Region, there is increasing concern and recognition of the need to develop services for disability prevention and rehabilitation as a part of public health programs.

Technology is available to improve the well-being and ability of handicapped persons to enable them to lead a more comfortable and productive life in society; however, use of this technology has been limited due to inadequate financial and human resources. Emphasis is being placed on the development and use of simplified technologies which could be applied easily to a greater number of handicapped, rather than offering sophisticated services to a small number of patients.

The purpose of PAHO/WHO technical cooperation in this area is to promote and support the development in the countries of appropriate technologies and measures for the care of the disabled and to assist the countries in strengthening this component of health services at primary, secondary and tertiary levels of care.

The specific objectives of the program would be: (a) development of rehabilitation services as part of the countries' health plans and programs for the extension of health services; (b) development of simplified technologies in the care of the disabled; (c) promotion of the use of preventive measures aimed at preventing or reducing disability resulting from diseases; (d) stimulating the approaches aimed at increasing individual and community participation in the prevention and reduction of disability-producing conditions; and (e) identification of training needs at different levels and promotion and support of educational programs for professional and auxiliary level personnel, as well as programs for the improvement of knowledge and skills of health workers in caring for the disabled.

PAHO/WHO would also promote the exchange of information and cooperation among countries in this area, especially where local resources would be identified for strengthening the development of rehabilitation services in the countries. Programs in these areas will be closely coordinated and integrated with the programs for strengthening and extension of health services at primary, secondary and tertiary levels, human resources development and appropriate technology.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 353,800	\$ 196,100	\$ 227,700
PER CENT OF TOTAL	.2	.1	.1
CONSULTANT DAYS	510	230	240
FELLOWSHIP MONTHS	89	60	59
COURSES AND SEMINARS	\$ 46,900	\$ 41,700	\$ 22,700
SUPPLIES AND EQUIPMENT	\$ 9,900	\$ 6,000	\$ 2,000
OTHER	\$ 400	\$ -	\$ -

---- PROJECTS ----

AMRO-5200
ARGENTINA-4500

CHILE-4500
COLOMBIA-4500
MEXICO-4500

PERU-4500
VENEZUELA-4500

4600 - COMMUNITY PARTICIPATION

Given the goal of health for all by the year 2000 approved by the Member Governments, there is a need to transfer what has been common knowledge and routine practice in health to those in need of it. The countries of the Region would have to intensify their efforts to formulate policies and develop mechanisms for promoting community participation and community health education.

The purposes of this program are to promote healthy human behavior and active community participation in health; to develop and stimulate appropriate approaches to increasing active community participation; and to increase knowledge of individual and community health practices. Specific community education and developmental approaches and programs will be formulated for improving the participation and meeting the needs of special groups such as women, youth and workers, with emphasis on integrated intersectoral programs. Simplified educational technology and materials as well as appropriate approaches will be developed, aimed at promoting self care, preventive measures and healthy practices in the population. Actions aimed at facilitating communication and coordination between the communities and health workers and community-based systems and health systems will be intensified.

This program is related to and should be integrated with all the other components of the primary health care strategy to attain the goal of health for all. Linkages with and active involvement of other sectors, especially education, and public information are also essential.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-4600

II. DEVELOPMENT OF THE INFRASTRUCTURE

Health Systems

5000 - PROGRAM PLANNING AND GENERAL ACTIVITIES

PAHO/WHO provides overall technical cooperation to Member Countries in analyzing health problems and finding appropriate approaches to their solutions. The need to provide this technical cooperation in a coordinated way is recognized, and hence this program serves as the main link between the Organization and the Member Countries and other related institutions. This program is the vehicle through which international cooperation gives overall support to the Governments in improving the health services systems in accordance with the general policy guidelines established by the countries.

The purpose of the program is to ensure that the Organization's technical cooperation for strengthening the development of national health services is coordinated. The program of PAHO technical cooperation is developed in response to national development and health policies and the regional policies decided upon by the Governing Bodies of the Organization. It is also aimed at strengthening the efforts of the Member Governments in priority areas. It also supports the actions of national health institutions and of other sectors in formulating, executing and evaluating plans and programs that directly or indirectly contribute to health development. In addition, it seeks to strengthen national mechanisms for coordinating international health cooperation in order to avoid duplication of efforts and waste of resources and to channel the scarce resources most effectively and in priority areas which would accelerate the development of national health services.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$10,146,817	\$12,217,020	\$13,923,460
PER CENT OF TOTAL	5.5	6.8	7.2
PERSONNEL MONTHS	3,912	3,696	3,696
COURSES AND SEMINARS	\$ 18,400	\$ 25,100	\$ 32,500
SUPPLIES AND EQUIPMENT	\$ 24,260	\$ 17,400	\$ 400
GRANTS	\$ 20,000	\$ -	\$ -
OTHER	\$ 2,556,057	\$ 3,332,900	\$ 3,740,500

---- PROJECTS ----

AMRO-5002	CHILE-5000	JAMAICA-5000
AMRO-5011	COLOMBIA-5000	NICARAGUA-5000
AMRO-5030	COSTA RICA-5000	PANAMA-5000
AREA OFFICES	CUBA-5000	PARAGUAY-5000
ARGENTINA-5000	DOMINICAN REPUBLIC-5000	PERU-5000
BAHAMAS-5000	ECUADOR-5000	SURINAME-5000
BARBADOS-5000	EL SALVADOR-5000	TRINIDAD AND TOBAGO-5000
BELIZE-5000	GUYANA-5000	URUGUAY-5000
BOLIVIA-5000	HAITI-5000	VENEZUELA-5000
BRAZIL-5000	HONDURAS-5000	HEADQUARTERS

5100 - GENERAL PUBLIC HEALTH SYSTEMS

All the countries of the Region have confirmed that the primary care is the principal strategy for attaining the goal of health for all by the year 2000, and have agreed that primary care must be available to the entire population. The application of this strategy requires programming for expansion of installed capacity, especially the extension of the primary network and the requisite development of secondary and tertiary networks in support of the primary network; increasing the operational capacity of the health systems including strengthening of the planning, programming and evaluation processes; reorganization of the health sector; administrative decentralization; organization of the community to participate in improving its own well-being; full involvement of the health sector in the national development process; and development of appropriate technologies.

During the decade of the 1970's, the countries of the Region have made significant efforts to extend the coverage of their health services; however, the available data are insufficient to evaluate the actual improvements achieved. The main emphasis has been on the expansion of basic health units, the definition of health policies, reorganization of health care systems and strengthening of the overall operational capacities of the health sector. Among the major constraints towards reaching the goals set by the countries for the extension of coverage in the Ten-Year Health Plan have been inadequate information systems, lack of trained health manpower, shortage of facilities at all levels of complexity including deterioration of their maintenance, shortage of critical material resources, and decreasing financial resources for the health sector.

The principal objective of this program is to cooperate with the countries of the Americas in developing and strengthening their health care systems which would provide the entire population with safe, efficient and effective care, hence contributing to achieving the goal of health for all by the year 2000.

The major activities of this program are (a) definition of a primary health care strategy, including the principal components of care in accordance with the levels of care and the development of guidelines for the application of primary health care strategies in the countries of the Region in accordance with national policies and characteristics; (b) development and strengthening of health service systems aimed at increasing the installed capacity as well as the operational capacity of the health services. Technical cooperation will be provided to the countries in the redefinition of the type of health delivery units, resources required for their adequate functioning, their organization by level of complexity, and the institution of referral mechanisms and linkages between different levels of health care; (c) development of strategies for linkage and coordination of the informal and traditional community health care systems with the formal health systems within the framework of national health policies; (d) development and strengthening of complementary administrative support systems including supervision mechanisms, logistic support, information systems and other administrative procedures; (e) development and strengthening of resources, including manpower and financial resources. Technical cooperation will be aimed at assessing manpower and financial needs for the extension of health services coverage, definition of the functions of health personnel by level of care, development of training programs for continuing education of health personnel as well as for reorientation of the basic training of health care workers, formulation of manuals and guidelines for use by health workers in accordance with levels of care and responsibility. PAHO will also assist the countries in securing financial resources for specific projects aimed at extension of health services; (f) promotion of exchange of information, experience and cooperation among countries in the development of primary health care services, through workshops, seminars and development of information materials; (g) promotion and development of methodologies for strengthening intersectoral linkages, especially in primary care at community levels. Emphasis will also be placed on development of appropriate technologies in the extension of care and community participation and formulation and implementation of specific proposals aimed at improving and increasing participation of women in health care, especially at the community level.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$13,698,855	\$13,780,758	\$15,633,770
PER CENT OF TOTAL	7.4	7.7	8.1
PERSONNEL MONTHS	1,664	1,535	1,368
CONSULTANT DAYS	15,610	8,670	8,330
FELLOWSHIP MONTHS	2,349	2,566	2,483
COURSES AND SEMINARS	\$ 993,233	\$ 1,062,343	\$ 839,300
SUPPLIES AND EQUIPMENT	\$ 1,285,694	\$ 419,700	\$ 507,300
GRANTS	\$ 434,300	\$ 150,600	\$ 130,100
OTHER	\$ 558,840	\$ 524,695	\$ 559,770

--- PROJECTS ---

AMRO-5100	DOMINICA-5100	PANAMA-5100
AMRO-5101	DOMINICAN REPUBLIC-5100	PARAGUAY-5100
AMRO-5102	DOMINICAN REPUBLIC-5171	PARAGUAY-5103
AMRO-5103	ECUADOR-5100	PERU-5101
AMRO-5104	EL SALVADOR-5100	PERU-5102
AMRO-5106	FRENCH ANTILLES AND GUIANA-5100	PERU-5103
AMRO-5140	GRENADA-5100	PERU-5104
AMRO-5170	GUATEMALA-5100	PERU-5105
AMRO-5171	GUATEMALA-5104	PERU-5106
AMRO-5172	GUYANA-5100	PERU-5107
AMRO-5300	GUYANA-5102	PERU-5109
ARGENTINA-5100	HAITI-5100	SAINT LUCIA-5100
BAHAMAS-5100	HONDURAS-5100	ST. VINCENT AND GRENADINES-5100
BAHAMAS-5101	HONDURAS-5103	SURINAME-5100
BARBADOS-5100	JAMAICA-5100	TRINIDAD AND TOBAGO-5100
BELIZE-5100	JAMAICA-5101	UNITED STATES OF AMERICA-5100
BOLIVIA-5100	MEXICO-5100	UNITED STATES OF AMERICA-5101
BRAZIL-5100	MEXICO-5101	UNITED STATES OF AMERICA-5102
BRAZIL-5160	MEXICO-5102	URUGUAY-5100
CANADA-5101	NETHERLANDS ANTILLES-5100	VENEZUELA-5100
CHILE-5100	NICARAGUA-5100	WEST INDIES-5100
COLOMBIA-5100	NICARAGUA-5102	WEST INDIES-5101
COSTA RICA-5100	NICARAGUA-5104	WEST INDIES-5102
CUBA-5100		WEST INDIES-5103

5200 - MEDICAL CARE SYSTEMS

The goals for the strengthening of medical care systems are closely related to the goals for the extension of health services coverage in the light of the overall goal of health for all by the year 2000, which has been adopted by the countries of the Region. While primary health care has been defined as the principal strategy for reaching this goal, the application of this strategy also requires that adequate linkages and referral mechanisms for different levels of care be established and the levels of care be developed and strengthened in accordance with the type and complexity of care they are expected to provide. With the rapidly urbanizing population in the countries of the Region, much attention is expected to be devoted to the development of health care systems in the urban areas and to the improvement of institutional care levels both at basic levels and at institutions of higher complexity.

During the decade of the 1970's most countries of the Region made efforts towards increasing the installed capacity of their medical care systems and several drew up investment plans for the development of their physical resources. While progress has been noted in the total installed capacity of the health sector, financial constraints, lack of adequate maintenance services and information systems as well as inadequate management procedures for the institutional services have continued to affect the efficient operation and utilization of these services.

The overall purpose of this program is to cooperate with the Member Governments in strengthening their health care systems, particularly higher complexity levels of care, and developing adequate linkages with the community levels so that the total population has access to all levels of care in accordance with the health needs, thus assisting the countries in reaching their goal of health for all by the year 2000.

Major technical cooperation activities in this program are: (a) definition of levels of care and their technological contents, and development of appropriate organization of such levels. Special emphasis is placed on the development of referral and linkage mechanisms among levels of different complexity; (b) promotion and support of activities for coordinating the delivery of health care by different agencies which make up the health sector, especially among ministries of health and social security institutions; (c) support for the development of internal administration of health establishments, and cooperation in programs for the training of corresponding personnel in order to ensure the highest possible level of efficiency in the use of resources; (d) support for the programming, preparation and development of architectural projects for different types of establishments, according to the needs and characteristics of the local situation. Special emphasis is placed on the development of basic or frontline institutions which form an important linkage with and support primary health care services at the community level. In view of the rapidly increasing population in the urban areas, special emphasis will also be given to develop appropriate approaches to the provision of integrated health care services, including the development of emergency and referral services in the underserved and marginal urban areas; and (e) promotion and coordination of research on health care services through the use of epidemiological methods, including analysis of the problems of the organization of services, sociological, administrative and operational research, and studies on the efficiency, effectiveness and financing of services.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 2,613,063	\$ 2,048,800	\$ 1,991,000
PER CENT OF TOTAL	1.4	1.1	1.0
PERSONNEL MONTHS	434	240	216
CONSULTANT DAYS	1,025	690	720
FELLOWSHIP MONTHS	168	119	119
COURSES AND SEMINARS	\$ 80,280	\$ 124,600	\$ 118,400
SUPPLIES AND EQUIPMENT	\$ 114,800	\$ 108,500	\$ 138,000
GRANTS	\$ 63,000	\$ 89,200	\$ 65,600
OTHER	\$ 247,550	\$ 10,000	\$ -

---- PROJECTS ----

AMRO-5200	AMRO-5230	GUYANA-5200
AMRO-5201	ARGENTINA-5201	HONDURAS-5200
AMRO-5202	BOLIVIA-5100	PERU-5200
AMRO-5203	COLOMBIA-5200	TRINIDAD AND TOBAGO-5200
AMRO-5210	CUBA-5200	URUGUAY-5200
AMRO-5220	ECUADOR-5201	WEST INDIES-5203
	EL SALVADOR-5100	

5300 - PLANNING

The Member Governments recognize that an increase in the operational capacity of their health sectors will necessarily require organizing the health systems as efficiently as possible and establishing effective planning and management processes. Therefore, it is crucial to develop systematic processes for the planning and evaluation of their national health systems.

The principal purpose of this program is to contribute to the development of national planning processes and to ensure that health is integrated into economic and social development planning. Specific objectives are to improve the planning, programming and evaluation systems of the health sector in the countries of the Region at all levels of health care and to strengthen the national capacities in the planning and programming of health service.

This program will be carried out in close coordination with other program units of the Organization and will cooperate specifically in the following activities: formulation of appropriate methodologies and guidelines for the programming of health services by level of care and in accordance with the health service systems defined by the countries; promotion and support of planning, programming and evaluation as a continuing systematic process in the countries; development of appropriate methodologies for the programming of health services which would enhance integration of health services with other community development services and national health plans with national development plans; promotion and support for the development of training programs in national and regional institutions in health systems planning and evaluation; and dissemination and exchange of relevant information on new methodologies and experiences among countries of the Region.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,437,700	\$ 2,154,100	\$ 2,432,200
PER CENT OF TOTAL	.8	1.2	1.3
PERSONNEL MONTHS	288	360	360
CONSULTANT DAYS	230	510	400
FELLOWSHIP MONTHS	76	82	78
COURSES AND SEMINARS	\$ 57,100	\$ 114,500	\$ 89,000
SUPPLIES AND EQUIPMENT	\$ 58,900	\$ 88,100	\$ 108,000
GRANTS	\$ -	\$ 15,000	\$ 10,000

---- PROJECTS ----

AMRO-5100
AMRO-5300
AMRO-5301
AMRO-5302

AMRO-5310
AMRO-5320
AMRO-5360
ARGENTINA-5300

BOLIVIA-5100
COLOMBIA-5300
CUBA-5300
EL SALVADOR-5100

5400 - STATISTICS AND INFORMATION SYSTEMS

The purpose of this program is to develop or strengthen health information systems at the regional or national level so as to facilitate the planning, programming, management, and evaluation of health programs and the implementation of policies, strategies, and actions directed toward the goal of health for all by the year 2000.

At the national level, cooperation is provided for improvement in the infrastructure of health and other basic recording systems, as well as for improvement in the recording, gathering, and processing of data on health statistics. Assistance is also being given in the dissemination of data from socioeconomic sectors so as to ensure that the development of national health information systems is suited to each country's needs. In addition, efforts are being made to improve the decision-making process in the stages of planning, programming, management, and evaluation of national health programs. Priority is given to the development of procedures for use in primary care programs and related areas in order to facilitate the operation of programs for the extension of health service coverage.

In compliance with the Pan American Sanitary Code and with resolutions of the Governing Bodies of PAHO and WHO, the program guides and coordinates the gathering, processing, analysis, and dissemination of health statistics in the countries of the Region; it coordinates these tasks with other national and international organizations; it promotes the development of international standards that provide a basis for comparison of health statistics and, in coordination with the Centers for Classification of Diseases of WHO in this Region, it promotes the extensive use of the International Classification of Diseases and the supplementary classifications approved and recommended by WHO.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 5,507,200	\$ 6,114,300	\$ 7,112,500
PER CENT OF TOTAL	3.0	3.4	3.7
PERSONNEL MONTHS	1,498	1,344	1,344
CONSULTANT DAYS	1,320	510	570
FELLOWSHIP MONTHS	130	79	71
COURSES AND SEMINARS	\$ 71,200	\$ 92,800	\$ 93,100
SUPPLIES AND EQUIPMENT	\$ 29,100	\$ 22,800	\$ 13,800
GRANTS	\$ 30,000	\$ 15,000	\$ 27,000
OTHER	\$ 704,200	\$ 784,000	\$ 1,008,100

---- PROJECTS ----

AMRO-5400
AMRO-5403
AMRO-5405
AMRO-5410
AMRO-5420
AMRO-5430
AMRO-5460

AMRO-5474
AMRO-5476
AMRO-5480
ARGENTINA-5400
BAHAMAS-5400
BOLIVIA-5100

BRAZIL-5100
BRAZIL-5400
COLOMBIA-5401
COSTA RICA-5401
JAMAICA-5400
PERU-5400
TRINIDAD AND TOBAGO-5400

5500 - MANAGEMENT SYSTEMS

The role of technical cooperation in the field of health systems administration has been gaining in importance. The new firm commitments made by the Governments for the purpose of achieving universal coverage have made development of administration in the health sector all the more critical.

Recognition of the strategic value of health systems administration for the achievement of the goal of health for all by the year 2000 has been reflected in working documents and in explicit formulations of policy.

The III Special Meeting of Ministers of Health of the Americas recognized that the lack of organization and administration of national and local institutions is one of the principal obstacles to providing the entire population with access to means for the prevention and treatment of disease.

Over the years many different ideas on health administration have emerged, and have been proposed as strategies for change. The progressive consolidation of this body of thought has led to the formulation of policies and global strategies for the next two decades. These policies pose important challenges for health administration specialists in the Region, who face the arduous task of managing the sector's institutions and who must at the same time create conditions for change in order to adapt the resources, processes, and structures to new requirements.

The essential function of this cooperative program is to collaborate with the Governments in the exploration of development options for health systems, in the recognition of the opportunities for change, and in the strengthening of management's essential role in decision-making and gearing organizations to face the challenges of the future.

Given the special conditions that surround the administration of health systems in each country, the program focuses on objectives in terms of their impact on health conditions and on administrative performance in providing services. These objectives are supported by a balanced group of actions for technical cooperation in a wide range of administrative disciplines. This administrative task is fulfilled through a variety of activities of technical cooperation directed toward strengthening the countries' capacity to recognize and solve the problems of top priority in health sector administration.

The program is coordinated with and supports many of the Organization's technical cooperation projects.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 3,237,336	\$ 2,254,900	\$ 2,559,400
PER CENT OF TOTAL	1.8	1.2	1.3
PERSONNEL MONTHS	520	360	360
CONSULTANT DAYS	3,225	300	270
FELLOWSHIP MONTHS	255	107	103
COURSES AND SEMINARS	\$ 263,400	\$ 107,200	\$ 81,500
SUPPLIES AND EQUIPMENT	\$ 51,624	\$ 12,700	\$ 15,300
GRANTS	\$ 54,000	\$ 15,000	\$ 15,000
OTHER	\$ 29,800	\$ -	\$ -

----- PROJECTS -----

AMRO-5500	COSTA RICA-5500	JAMAICA-5500
AMRO-5501	DOMINICAN REPUBLIC-5100	PANAMA-5500
AMRO-5510	ECUADOR-5100	PANAMA-5501
AMRO-5560	EL SALVADOR-5100	PARAGUAY-5100
ARGENTINA-5500	GUYANA-5500	PARAGUAY-5500
BAHAMAS-5500	HAITI-5100	PERU-5500
BRAZIL-5100	HONDURAS-5500	TRINIDAD AND TOBAGO-5500
BRAZIL-5160	HONDURAS-5501	URUGUAY-5500
COLOMBIA-5500		WEST INDIES-5500

5600 - PRIMARY HEALTH CARE SYSTEMS

The purpose of this program is to promote and cooperate with Member Governments in the implementation of primary health care (PHC) strategies within the framework of the regional strategies adopted by the XXVII Directing Council.

The Member Governments have stated that PHC is the key to attaining the target of health for all by the year 2000, as part of overall development and in the spirit of social justice. They also recognize that primary health care strategy requires complementary strategies for its full application.

The concept of PHC has been clearly defined in the Declaration of Alma Ata, but several aspects of this strategy deserve particular emphasis: PHC is the entry point to the health system and the key for achieving health for all by the year 2000; it is not an isolated program or set of services, and it must give direction to the whole system. PHC, to be universally accessible, must often extend its activities far beyond the geographic limits of the existing health services and thus requires innovative approaches to organization and management. PHC involves full participation of individuals, families and the community, and mobilization of such support and participation is crucial to its effectiveness. Thus, PHC is an integral part of the overall development of the community, and requires support from and interaction with other sectors participating in health development.

Achievement of the purposes encompassed by the PHC strategy has implications beyond the health sector alone; PHC is an integral part of socioeconomic development, requiring support from and interaction with other development sectors. It is, therefore, another expression of the purposes and goals for global development that Governments have approved at the United Nations.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-5600

Development of Human Resources

6000 - PROGRAM PLANNING AND GENERAL ACTIVITIES

The main purpose of this program is to integrate education services and research in order to establish a basis for the rational development of health manpower, which has been indicated as one of the needs of the countries as expressed in their strategies to attain health for all by the year 2000. This program promotes scientific research and technology in accordance with the individual requirements of the countries of the Region, according to their own priorities for the training of different levels and categories of health personnel.

The objectives of the program are to promote, standardize, cooperate and channel efforts towards (a) the preparation of development plans, strategies and feasibility studies, and the retrieval and dissemination of necessary information for the training of health manpower; (b) the development, adaptation and dissemination of scientific and technical knowledge and education in the health sciences; (c) the development of the infrastructure for institutionalized education and research; (d) the development and execution of innovative programs with an interdisciplinary approach and a closer relationship between study and practical work (teaching service integration) and dissemination of the experience gained; and (e) evaluation of educational programs.

The activities of this program comprise the following principal components: planning, administration, development and utilization of human resources as well as the development of technological resources and research. Different planning patterns have been adopted by the countries of Latin America and the Caribbean for the formulation of a manpower plan that will complement health plans and ensure the greatest possible degree of coordination between health services and educational institutions. The aim of this process is to ensure that the best possible use is made of the countries' human resources and of their health services, which should be provided with a sufficient number of appropriately trained personnel to extend coverage, i.e., personnel who have been trained in primary care in the priority areas of family health, disease control and basic sanitation.

The Governments' decision to extend the coverage of basic health services to the entire population has encountered various obstacles, one of which is the serious shortage of human resources, which are scarce, badly distributed and under-utilized, leaving the countries no rational basis for making decisions on manpower development.

The present organizational plans and administrative methods are obsolete and inefficient; decisions are guided more by intuition and crisis than by logic. The problems of organizing and administering health systems and their related institutions are steadily increasing in number and complexity: approximately 80% of the 14,000 health care institutions still have untrained administrators; and there is a need for more and better trained administrators who can act as agents of change for these innovative processes, without which improvement is impossible.

The development of human resources refers fundamentally to the technical cooperation being provided to the countries in their program and institutional development. In the first case, the policy is to achieve a greater integration of the services in manpower training institutions or programs, essentially for non-formal or out-of-school programs.

In the area of technological resources, the above-mentioned fields of manpower planning and development are supported through the execution of scientific information and educational technology programs and the provision of teaching materials. Finally, through research coordination, support is provided for the development of human resources concerned especially with biomedical as well as epidemiological, social and health services research.

Additionally, this program will provide for a pooling of PAHO grant funds for promotion of research and development activities in the context of the goal of health for all by the year 2000 and the strategy of primary health care. The program will develop flexible mechanisms for the competitive awarding of funds while ensuring that the activities being supported are compatible with the priorities of the Governing Bodies. This includes promotion, coordination and evaluation of PAHO grants for research, training, and health development in the Americas. These grants will support, among other things, meetings, special working groups, and the purchase of equipment in exceptional instances not foreseen in the regular program and budget. Studies or preliminary projects to formulate policies, plans and methodologies which might be included in PAHO's regular programming, or which might be supported by other agencies, will also be promoted.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 6,003,628	\$ 7,150,900	\$ 6,446,500
PER CENT OF TOTAL	3.3	3.9	3.3
PERSONNEL MONTHS	1,077	1,032	744
CONSULTANT DAYS	4,035	2,980	2,245
FELLOWSHIP MONTHS	703	605	570
COURSES AND SEMINARS	\$ 369,792	\$ 505,970	\$ 337,200
SUPPLIES AND EQUIPMENT	\$ 454,447	\$ 317,678	\$ 251,800
GRANTS	\$ 260,034	\$ 1,054,300	\$ 1,125,400
OTHER	\$ 510,312	\$ 369,730	\$ 16,000

--- PROJECTS ---

AMRO-6000	BRAZIL-6000	EL SALVADOR-6000
AMRO-6002	BRAZIL-6001	GUATEMALA-6000
AMRO-6003	BRAZIL-6002	MEXICO-6000
AMRO-6004	BRAZIL-6003	NICARAGUA-6000
AMRO-6005	BRAZIL-6004	PANAMA-6000
AMRO-6030	CHILE-6000	PARAGUAY-6000
AMRO-6031	COLOMBIA-6000	PERU-6000
AMRO-6040	COSTA RICA-6031	URUGUAY-6001
AMRO-6060	CUBA-6000	VENEZUELA-6000
BOLIVIA-6000	DOMINICAN REPUBLIC-6000	HEADQUARTERS
	ECUADOR-6000	

6100 - PUBLIC HEALTH

The purpose of this program is to provide support to the countries in order to revise the curricula of schools of public health and the provision of postgraduate courses in departments of preventive and social medicine.

As indicated by the countries in their strategies to attain health for all by the year 2000, new studies need to be introduced into the curricula on health problems, service structure and measures to enlist the participation of the community in the solution of these problems. Consequently, teaching staff need to be trained in socio-epidemiological research and in teaching-learning methods for the design of new curricula and the introduction of necessary changes into existing programs. Promotion and support of postgraduate courses based on new approaches and exchange of experience will be the principal objectives of the activities of this program.

In addition, the program provides for support for the Latin American Association of Schools of Public Health as an exchange mechanism together with the incorporation of postgraduate studies in preventive and social medicine and the development of comparative studies and the publication of informative material; meetings for the revision of the preventive and social medicine curricula of schools of health sciences; provision of necessary advisory services to teaching institutions, ministries of health, and the coordination of PAHO/WHO efforts with teaching institutions in the field of public health.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,002,537	\$ 731,500	\$ 909,500
PER CENT OF TOTAL	.5	.4	.5
PERSONNEL MONTHS	48	72	72
CONSULTANT DAYS	1,675	370	420
FELLOWSHIP MONTHS	189	136	154
COURSES AND SEMINARS	\$ 152,200	\$ 136,000	\$ 134,700
SUPPLIES AND EQUIPMENT	\$ 56,200	\$ 25,700	\$ 27,300
GRANTS	\$ 110,737	\$ 42,000	\$ 42,100
OTHER	\$ 26,448	\$ -	\$ -

--- PROJECTS ---

AMRO-6100	DOMINICAN REPUBLIC-6101	SURINAME-6100
ARGENTINA-6100	JAMAICA-6100	URUGUAY-6100
CHILE-6100	PERU-6100	VENEZUELA-6100

6200 - MEDICINE

The fundamental task of this program is to support the development of the training of health personnel, which is based on the planning and execution of activities conducive to the coordination of educational practice (teaching) and health practice (service). The program includes the following activities at the country level: conduct, analysis and use of the results of socio-epidemiological, biomedical, educational and administrative research at the national, inter-country or regional level, as the basic parameters for the structuring of plans and programs for training professional, technical and auxiliary personnel; support and provide technical cooperation to the countries in the preparation and execution of programs for teaching-service coordination or integration with a view to bringing students as soon as possible into a working environment as well as the preparation of curricula for the training as professional, technical, and auxiliary medical personnel.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 578,500	\$ 536,300	\$ 661,100
PER CENT OF TOTAL	.3	.3	.3
PERSONNEL MONTHS	72	-	-
CONSULTANT DAYS	555	460	460
FELLOWSHIP MONTHS	132	155	146
COURSES AND SEMINARS	\$ 39,000	\$ 40,600	\$ 49,000
SUPPLIES AND EQUIPMENT	\$ 22,300	\$ 26,900	\$ 28,000
GRANTS	\$ 107,500	\$ 123,000	\$ 135,800

---- PROJECTS ----

AMRO-6200
AMRO-6210
ARGENTINA-6200

COSTA RICA-6200
HAITI-6200
HONDURAS-6200
PERU-6200

PERU-6201
SURINAME-6200
VENEZUELA-6200

6300 - NURSING

In their national strategies to attain health for all by the year 2000, the countries of the region have indicated that the small number of trained personnel and the lack of educational programs adapted to the current and predicted needs of health services are fundamental aspects of the problem involved in the training of nursing personnel in the countries of Latin America and the Caribbean. The current situation is due to the lack of a clear identification and definition of the functions of health personnel and the absence of long-range plans for the training of human resources, which in turn is the result of the lack of coordination of delivery systems. The shortage of trained teaching personnel, teaching material and equipment adds a new dimension to the problem of producing and using nurses and midwives. The need to develop new approaches and strategies for solving these problems is imperative and requires high priority.

Through this program, technical cooperation will be provided to teaching activities and teaching institutions; planning and coordination of training programs supporting the exchange of experiences; educational material; and studies on health problems and activities of personnel integrated into the services. Postgraduate training programs and training of nurses in teaching and research in different fields will continue to receive attention.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 1,053,730	\$ 1,202,400	\$ 1,367,600
PER CENT OF TOTAL	.6	.7	.7
PERSONNEL MONTHS	216	144	144
CONSULTANT DAYS	330	460	400
FELLOWSHIP MONTHS	95	126	123
COURSES AND SEMINARS	\$ 128,900	\$ 173,500	\$ 180,800
SUPPLIES AND EQUIPMENT	\$ 2,400	\$ 700	\$ 800
GRANTS	\$ 6,000	\$ 20,000	\$ 15,000

---- PROJECTS ----

AMRO-6031
AMRO-6040
AMRO-6300
AMRO-6310

AMRO-6381
AMRO-6700
COSTA RICA-6300
DOMINICAN REPUBLIC-6000
MEXICO-6300

PERU-6300
PERU-6301
SURINAME-6300
VENEZUELA-6300

6400 - ENVIRONMENTAL SCIENCES

The main purpose of this program is to assist the Member Countries in solving the problems encountered in the environmental sciences field, as indicated in their strategies to attain health for all by the year 2000, by preparing and carrying out plans to provide these services with the personnel they need. Specifically, this program aims to promote studies and research designed to formulate practical guidelines for framing manpower and education policy and plans; cooperate with the Member Countries in determining their manpower requirements in the light of their national health plans and programs; assist in strengthening national and regional programs and in establishing programs that include manpower planning, in order to monitor the need for environmentalists and their training and use, and educational planning and technology with a view to improving the quality of teaching and the educational system; and organize or assist in the organization of long- and short-term courses and multiprofessional educational courses for the training of instructors and specialists in human ecology and environmental sciences and technology.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 770,740	\$ 327,000	\$ 435,500
PER CENT OF TOTAL	.4	.2	.2
PERSONNEL MONTHS	128	16	-
CONSULTANT DAYS	720	330	360
FELLOWSHIP MONTHS	100	103	114
COURSES AND SEMINARS	\$ 139,774	\$ 64,800	\$ 54,700
SUPPLIES AND EQUIPMENT	\$ 70,722	\$ 25,600	\$ 30,400
GRANTS	\$ 8,000	\$ -	\$ -
OTHER	\$ 71,509	\$ -	\$ -

---- PROJECTS ----

AMRO-2070	COSTA RICA-6400	NICARAGUA-6400
AMRO-6400	HONDURAS-6400	PERU-6400
ARGENTINA-6400	JAMAICA-6400	URUGUAY-6400
CHILE-6400	MEXICO-6400	VENEZUELA-6400

6500 - VETERINARY MEDICINE

The Member Countries have clearly indicated in their national strategies to attain health for all by the year 2000 that, despite the fact that in recent years a large number of schools of veterinary medicine have been established in Latin America, they are still unable to produce sufficient numbers of veterinarians properly trained in animal health planning and programming. This is an obstacle to the efficient conduct of national animal health and zoonoses control programs. The curricula of the veterinary schools of the different countries vary greatly and, although they are operating at full capacity, they are unable to satisfy the demand of the countries for professional personnel.

The principal objectives of this program are to improve and standardize the curricula of schools, bearing in mind the needs of each country; to improve the training of teachers and to encourage their advanced training; and to promote meetings of study groups composed of instructors in the various branches of veterinary medicine for the purpose of designing and promoting general guidelines for reviewing present teaching procedures and establishing standards for the integration of teaching and its modification. Special attention is given to the conduct of continuing education programs whose purpose is to prepare graduate veterinarians in specialized fields, especially in the control of zoonoses and animal health programming and planning. In addition, support is given to the countries and their schools of veterinary medicine for improving their teaching and learning plans and programs, not only at the professional level but also at the postgraduate, technical and auxiliary levels.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 504,500	\$ 636,600	\$ 395,400
PER CENT OF TOTAL	.3	.3	.2
PERSONNEL MONTHS	64	48	12
CONSULTANT DAYS	588	670	500
FELLOWSHIP MONTHS	50	56	52
COURSES AND SEMINARS	\$ 26,500	\$ 34,000	\$ 27,000
SUPPLIES AND EQUIPMENT	\$ 29,400	\$ 40,000	\$ 5,000
OTHER	\$ 9,400	\$ 14,500	\$ 4,000

---- PROJECTS ----

AMRO-6500
AMRO-6570
MEXICO-6500
PERU-6500
VENEZUELA-6500

6600 - DENTISTRY

School of dentistry began to change their study programs in accordance with modern educational ideas and in view of the concentration of dentists in the urban areas and the lack of dental services in the rural areas. They still do not have the necessary information and the resources are insufficient. There is also a substantial shortage of auxiliary personnel in this field. Taking into consideration the problems as expressed by the countries in their national strategies to attain health for all by the year 2000, the objectives of this program are to upgrade the quality of teaching and of teachers, as well as to modernize and adapt the program of study, and to provide up-to-date information on the prevailing tendencies in dental techniques which, together with the dentistry component of CLATES, will make it possible to improve teaching in dental schools. In addition, the program encourages the establishment of continuing education programs, greater adaptation of dental training to national needs, and the application of the concept of integration between education and service. Emphasis will be placed on the continued development of auxiliary and paraprofessional personnel and on the training of non-dental workers in pertinent aspects of dental health. Community participation in the resolution of dental health problems will be encouraged.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 581,900	\$ 251,500	\$ 219,300
PER CENT OF TOTAL	.3	.1	.1
PERSONNEL MONTHS	60	12	-
CONSULTANT DAYS	494	205	190
FELLOWSHIP MONTHS	81	74	62
COURSES AND SEMINARS	\$ 22,700	\$ 26,000	\$ 26,100
SUPPLIES AND EQUIPMENT	\$ 124,900	\$ 4,000	\$ 5,000
OTHER	\$ 5,000	\$ 3,000	\$ -

----- PROJECTS -----

AMRO-6600
 BARBADOS-6600
 BRAZIL-6601

BRAZIL-6602
 CHILE-6601
 COLOMBIA-6601

PERU-6600
 TRINIDAD AND TOBAGO-6600
 VENEZUELA-6600

6700 - BIOSTATISTICS

For several years, PAHO/WHO has stimulated the development of statistics education within the health sciences by supporting schools--primarily those of medicine and public health--in the Region in their training of teaching personnel and in the development of plans and programs of study at the undergraduate and postgraduate levels. The latter is especially oriented to the use of statistical methodology in scientific research. To date, results have been quite satisfactory, and in the majority of the schools of medicine and public health in the Region application of statistics to health problems is being taught.

The objectives of this program are to continue developing teaching of statistics at the aforementioned schools; to extend this support to the schools of other health sciences professions; and to begin stimulating the schools for technical and auxiliary personnel to develop basic programs for statistical training, preparing health personnel at this level to better understand their participation in the collection of data, epidemiological surveillance and scientific research. The program will also continue to promote short statistics courses oriented toward scientific research.

Finally, attempts will be made to develop some modules of self-instruction for training on a large scale in collaboration with the programming area of technological resources.

	1980-1981	1982-1983	1984-1985
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FUNDS BUDGETED	\$ 32,200	\$ 53,100	\$ 77,900
PER CENT OF TOTAL	*	*	*
CONSULTANT DAYS	120	120	120
COURSES AND SEMINARS	\$ 8,500	\$ 10,000	\$ 15,000
SUPPLIES AND EQUIPMENT	\$ 2,000	\$ 2,000	\$ 2,000
GRANTS	\$ 5,500	\$ 7,500	\$ 12,500

----- PROJECTS -----

JAMAICA-6700

*Less than .05 per cent

6900 - OTHER HEALTH PERSONNEL

In their strategies to attain health for all by the year 2000, the Member Countries have indicated the need to develop technical and auxiliary personnel for the health services. The main objective of this program is to develop the human resources needed for the implementation of specific plans for the training of personnel in short supply in certain countries or subregions. Thus, in view of the recognition by the ministries of health of the English-speaking Caribbean countries that one of the obstacles for better delivery of health care in the Caribbean is the shortage of properly qualified technical and auxiliary personnel, a planned program of education and training is being carried out specifically for this type of personnel. PAHO/WHO and UNDP are providing technical and financial assistance for the program, which also coordinates the activities of other projects for the training of technical and auxiliary personnel such as the "Programa de Preparación Estratégica de Personal en Salud" (PPREPS) in Brazil (financed by the Brazilian Government) and other programs financed by IDE (Nicaragua, Honduras and Dominican Republic).

Technical advisory services are also provided in connection with the training of middle-level technical personnel for the Andean Pact countries under the Hipólito Unzué Agreement at the request of the governments of these countries, which have assigned priority to the training of this type of personnel over the next several years. The efforts being made in this regard in Cuba and in other countries of the Region warrant special mention. In addition, the project includes a specific program for the training of supervisory and consulting personnel for local health units. It receives financial support from the special program of the Director-General of WHO, and is initially being carried out in the countries of Central America where training in supervision is specified to each country and geared to the needs of a program for the extension of the coverage of health services. Other Latin American countries carrying out extension of coverage programs will be incorporated into the project each year.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,476,578	\$ 1,121,900	\$ 902,300
PER CENT OF TOTAL	.8	.6	.5
PERSONNEL MONTHS	122	60	-
CONSULTANT DAYS	1,050	1,080	660
FELLOWSHIP MONTHS	207	283	286
COURSES AND SEMINARS	\$ 237,779	\$ 271,000	\$ 263,800
SUPPLIES AND EQUIPMENT	\$ 173,900	\$ 93,000	\$ 37,800
GRANTS	\$ 254,600	\$ -	\$ -
OTHER	\$ 64,636	\$ 76,000	\$ 60,000

---- PROJECTS ----

AMRO-6900
AMRO-6901AMRO-6910
CUBA-6900
HONDURAS-6900NICARAGUA-6900
WEST INDIES-6910PHYSICAL RESOURCES

7300 - PRODUCTION OF BIOLOGICALS

In most countries of the Region there is still excessive morbidity and mortality from diseases that can be prevented by immunization and, unfortunately, with the exception of Canada and the United States of America, none of the countries are self-sufficient in the vaccines required by the Expanded Program on Immunization. Liquid or freeze-dried BCG, diphtheria and tetanus toxoids, and the yellow fever vaccine are among those substances that are produced in sufficient quantity; in addition, two countries have begun to manufacture polio and measles vaccines. Because of this situation, one project objective is to increase the production of vaccines, so that the Region may become self-sufficient in the above-mentioned essential products.

The problems faced in the production of vaccines are, among others, the lack of satisfactory equipment and the rapid turnover of personnel, who do not make careers in the field of vaccine production. Furthermore, because substantial material support is lacking, production control, both at the level of the producer and the national level, is developing slowly. In this field, PAHO runs a program of technical cooperation to educate national controllers, through the establishment of a network of reference laboratories, the training of individuals and groups, and the checking of results against those of the reference laboratory; it participates in the collaborative study and in the provision of reference substances, standards, and guidelines, and distributes technical information so that the controllers are kept up-to-date on recent advances in the areas of vaccines and biologicals control. PAHO/WHO manuals on the preparation and control of biological products have already been distributed to the laboratories that specialize in this field.

Another objective of this program is to try to encourage the Member Governments to establish and implement national policies on the use and distribution of blood and its by-products, based on a system of voluntary, unremunerated donation, and to strengthen cooperation between countries of the Region in the exchange of blood, plasma, and blood by-products. At present, few countries have adequate systems, but many of them do have legislation to establish national blood banks.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,176,400	\$ 661,900	\$ 311,100
PER CENT OF TOTAL	.6	.4	.2
PERSONNEL MONTHS	120	48	48
CONSULTANT DAYS	730	100	110
FELLOWSHIP MONTHS	77	12	12
COURSES AND SEMINARS	\$ 5,000	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 480,900	\$ 421,500	\$ 26,000
OTHER	\$ 8,100	\$ -	\$ -

----- PROJECTS -----

AMRO-7300
AMRO-7301

CHILE-7300
CUBA-7200

CUBA-7301
MEXICO-7301

7400 - MAINTENANCE OF HEALTH CARE FACILITIES

The global deficit in health facilities coupled with inadequate practices on operation, conservation and maintenance of equipment and installations constitute one major obstacle to the development of the health services in the Region. Innumerable constraints are responsible for this situation, the principal of which are the insufficiencies in information systems, in appropriate technologies and in human resources, and as a consequence, the difficulties to institute comprehensive programs country-wide in the field of engineering and maintenance. The member countries are increasingly aware of these problems and have established policies aimed at protecting the installed capacity and optimizing its utilization.

The objectives of this program are to assist the countries in the formulation of policies and the implementation of national programs on operation and maintenance of health facilities and equipment; to promote professional and technical-level training programs in biomedical engineering and maintenance; to set up engineering and maintenance services in health facilities with emphasis in regionalized schemes; to enhance the information systems in this area; and to disseminate information on biomedical engineering and maintenance.

The technical cooperation of PAHO will emphasize the organization of national programs; the development of human resources; and the cross-utilization of managerial and technical solutions among countries.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 339,793	\$ 85,300	\$ 104,900
PER CENT OF TOTAL	.2	*	.1
PERSONNEL MONTHS	50	-	-
CONSULTANT DAYS	275	85	85
FELLOWSHIP MONTHS	39	25	23
COURSES AND SEMINARS	\$ 16,000	\$ 17,100	\$ 18,000
SUPPLIES AND EQUIPMENT	\$ 15,400	\$ 9,400	\$ 11,200
OTHER	\$ 2,900	\$ -	\$ -

----- PROJECTS -----

AMRO-7410
AMRO-7430

COLOMBIA-7200
GUATEMALA-7400
JAMAICA-7400

PERU-7400
URUGUAY-7400

*Less than .05 per cent

7500 - OPERATING CAPACITY

The extension of health services coverage is one of the strategic components of the overall strategy to attain the goal of health for all by the year 2000. The purpose of this program is to improve and expand PAHO's cooperation with Member Governments to extend health services coverage through increasing the operating capacity of national health systems. The main activities under this program will consist of cooperation in strengthening the areas of planning, programming and evaluation, information systems, operational research, development of methodologies and dissemination of information.

The need for wider coverage of services, more inter- and intra-sectoral coordination, administrative decentralization, expanded involvement of communities in decision-making and implementation represents a substantial broadening of the mandate of the existing institutions. A broadening of the health system has important implications for its supporting processes and structures. Analysis of these implications, and appropriate actions to reorient and revise the health system, including its administrative functions, are among the major objectives of this program.

An increase in the operational capacity of the health sectors will necessarily require organizing the health systems as efficiently as possible and establishing effective planning, management and coordination processes. Therefore, it is crucial to develop systematic processes for the planning and evaluation of national health systems. This program will also contribute to the development of national planning processes and ensuring that health is integrated into economic and social development planning.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-7500

7800 - DEVELOPMENT OF INTERSECTORAL LINKAGES

The effective development of intersectoral linkages is fundamental for the implementation of the strategy of primary health care, and for reaching the goal of health for all. Analysis of basic needs, including health, and formulation of effective approaches should be carried out jointly by the various sectors concerned with active involvement of communities. National health policies and plans should be developed as integral components of national development policies and plans. Development projects such as hydroelectric dams, integrated rural development projects, establishment of satellite cities, and industrial development projects should include a health component, and their health and ecological impacts should be carefully assessed.

The purpose of this program is to cooperate with Governments in the development of approaches and methodologies to facilitate and improve intersectoral linkages. It will also promote development of research and training programs, as well as dissemination of information in matters related to this subject. The program will promote intersectoral linkages in health and development programs and stimulate and develop national and regional mechanisms for such coordination and linkages. Specific emphasis will be placed on mechanisms for involving communities and their resources in health and development programs and in strengthening regional institutions and capacities in these areas.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-7800

Technological Resources

8000 - PROGRAM PLANNING AND GENERAL ACTIVITIES

Technological resources are one of the program areas of health manpower development which have been determined by the Member Countries as a means to attain the goal of health for all by the year 2000. This program has three specific goals: development of scientific information, incorporation of educational technology, and the provision of teaching materials.

The basic purpose of this support program is to coordinate activities directed toward the development of technological resources in the countries of the Region and thus facilitate communication in science and education. Its objectives are (a) to promote the development of standards and procedures for guiding the process of scientific and

technological communication in the field of health, in keeping with the needs of the Member Countries; (b) to coordinate CLATES (Rio de Janeiro and Mexico City) and BIREME with similar programs being carried out at the national level through the Latin American Educational Development Program; (c) to support the development at the national level of educational technology activities at the request of individual countries; (d) to coordinate the technical advisory services provided to educational technology and biomedical information centers; (e) to furnish direct technical advisory services to the PAHO/WHO Textbook Program and to promote its development, select the textbooks to be used, and evaluate the results achieved with the professional, technical and auxiliary personnel who will be covered by the program; these direct technical advisory services will be supplemented by recommendations of the textbook selection committees whose meetings are called and conducted under this project and which, in addition to selecting the textbooks, are responsible for analyzing the teaching of different branches of the health sciences and developing intra-organizational and country mechanisms for selecting instructional materials (textbooks, audiovisual aids, etc.) for technical and auxiliary health personnel; (f) to furnish technical advisory services to the program for the provision of basic medical equipment to students of the health sciences through promotion, selection of instruments and evaluation of the results of the program in terms of improved learning; and (g) to edit the journal *Educación Médica y Salud*, the purpose of which is to publish scientific articles on manpower training that are produced in the countries of the Region.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 454,200	\$ 690,200	\$ 765,600
PER CENT OF TOTAL	.2	.4	.4
PERSONNEL MONTHS	96	144	144
CONSULTANT DAYS	335	520	390
FELLOWSHIP MONTHS	42	-	-
COURSES AND SEMINARS	\$ 24,500	\$ 16,900	\$ 18,700
SUPPLIES AND EQUIPMENT	\$ 30,000	\$ 2,000	\$ 2,000
GRANTS	\$ 26,000	\$ -	\$ -
OTHER	\$ 6,000	\$ -	\$ -

---- PROJECTS ----

AMRO-8000
BRAZIL-8001
CUBA-8001

Textbooks and Other Teaching Materials

8100 - MEDICAL TEXTBOOKS

The objectives of this program are to expand the Textbook Program by providing the necessary technical advisory services in the selection of textbooks consistent with the principles of curriculum integration and work/study; to provide sufficient textbooks covering the contents of the curricula to supply medical and nursing schools; to encourage the use of basic clinical instructional equipment in schools of health sciences in Latin America; to continue to produce other instructional materials such as filmstrips, and to coordinate better distribution of those materials in intermediate- and tertiary-level schools of health in Latin America.

The principal activities of this program are the distribution and sale of low-cost teaching materials including textbooks and clinical diagnostic equipment. At least one title has been made available in each of the basic and clinical subjects of the medical school curriculum, and in 1977 more than 151 schools of medicine with a total of more than 150,000 students were participating in the program. During the year, 26 traditional textbooks in Spanish and four in Portuguese were offered for sale. The program has increased its sale from less than 10,000 textbooks in 1969 to almost 90,000 in 1976; the cumulative total was approximately 300,000. As a result of this growth, program financing has been severely strained and additional capital is being sought from the IDB and other sources for the preparation of instructional materials to be used mainly by technical and auxiliary personnel in order to extend coverage of health services in the countries.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 5,662,762	\$ 6,612,970	\$ 8,328,260
PER CENT OF TOTAL	3.1	3.6	4.3
PERSONNEL MONTHS	348	432	432
CONSULTANT DAYS	70	60	50
SUPPLIES AND EQUIPMENT	\$ 251,000	\$ 275,000	\$ 296,200
GRANTS	\$ 642,162	\$ 20,000	\$ -
OTHER	\$ 4,219,000	\$ 5,253,000	\$ 6,625,300

---- PROJECTS ----

AMRO-8100
AMRO-8170
AMRO-8400
BRAZIL-8100
COLOMBIA-8200

8500 - REGIONAL LIBRARIES

One of the problems expressed by the countries in the strategies to attain health for all by the year 2000 is the insufficient dissemination of biomedical information. This program is designed to facilitate the application of scientific knowledge through the use of modern methods and procedures for collecting, storing and disseminating information. To that end, the Organization has been developing health sciences libraries to the point where self-sufficiency will be reached in each country. PAHO/WHO is particularly interested in developing BIREME in Sao Paulo, Brazil, and is promoting the establishment of a Latin American health information and documentation network.

In addition, the MEDLINE system, now operative, should increase the capacity to disseminate biomedical information. In this connection, BIREME offers courses for librarians and other support staff with a view to increasing the productivity of libraries in the countries.

In connection with the program objectives, special mention should be made of the inter-divisional activities to be carried out with the support of BIREME and the National Information and Documentation Centers, the purpose of which is to disseminate information to health workers at all levels, and in all categories, on the priority areas of maternal and child health, infectious diseases, nutrition and environmental sanitation, with the ultimate aim of expanding coverage, thus providing effective support for the continuing education of health personnel.

PAHO/WHO is reorganizing the library at its Headquarters into an information and documentation center, the principal function of which will be to retrieve and disseminate throughout Latin America the information produced, in the first place, by PAHO's technical divisions and centers, by WHO in general, and by other agencies of the United Nations system that are concerned with the health problems of the countries of the Region.

To accomplish its objectives, PAHO/WHO will provide technical, advisory and financial services, either directly or through the educational technology and biomedical information centers, to the countries that request them. It will also provide technical and financial support, to the extent of its capabilities, for holding workshops and seminars at the local and central levels in order to promote scientific and educational communication. Finally, it will convene meetings of the textbooks selection committees and provide an inter-divisional team for selecting teaching materials.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 3,027,300	\$ 1,190,700	\$ 1,327,600
PER CENT OF TOTAL	1.6	.7	.7
PERSONNEL MONTHS	288	288	288
CONSULTANT DAYS	60	60	50
FELLOWSHIP MONTHS	26	18	18
COURSES AND SEMINARS	\$ 99,500	\$ 39,000	\$ 39,300
SUPPLIES AND EQUIPMENT	\$ 702,400	\$ 107,500	\$ 106,000
OTHER	\$ 344,300	\$ 1,000	\$ 1,000

---- PROJECTS ----

AMRO-8500
AMRO-8570
ARGENTINA-8500

8600 - EDITORIAL SERVICES

The PAHO/WHO program of publications includes a wide variety of scientific and technical publications, in addition to the series of official documents and periodical publications: the monthly Spanish Boletín de la OSA, the quarterly English Bulletin of PAHO, the quarterly Spanish journal Educación Médica y Salud, the bimonthly English and Spanish editions of the Epidemiological Bulletin, and the bimonthly English and Spanish PAHO Reports. Distribution services, visual aids, and filmstrips are also provided.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 3,776,619	\$ 4,622,048	\$ 4,974,105
PER CENT OF TOTAL	2.1	2.5	2.6
PERSONNEL MONTHS	1,175	1,128	1,104
SUPPLIES AND EQUIPMENT	\$ 90,700	\$ 97,400	\$ 90,900
OTHER	\$ 1,063,819	\$ 1,338,848	\$ 1,408,405

---- PROJECTS ----

AMRO-8600
AMRO-8670
HEADQUARTERS

8700 - OTHER TECHNOLOGICAL RESOURCES

The countries of the Region have indicated in their national strategies to attain health for all by the year 2000 the need to develop appropriate technologies in the field of education and health to improve the teaching-learning process of health personnel. This program seeks to help create a Latin American regional system through which technology can quickly be incorporated and adapted to the real needs of each country and its educational problems.

The Latin America Center for Educational Technology in Health (CLATES) in Rio de Janeiro will play an important role in providing the technical cooperation required by the expanded textbook and teaching materials program, especially as regards manuals, self-teaching modules and audiovisual aids for the training of technical and auxiliary personnel and community volunteers.

The objectives of CLATES, Rio are to organize and hold courses to train teachers in the use of new educational principles and new educational technology; to design health sciences courses with emphasis on goal setting and the most useful strategies and tactics for achieving the goals of the teaching-learning process; to design self-teaching courses in the health sciences and try to individualize the educational process; to conduct training courses in programmed instructions and the preparation of instructional packages that use audiovisual media; to develop teaching models that use simulation techniques; to develop courses and models that use computers as aids to the teaching-learning process; and to design and conduct educational research on the use of teaching resources and evaluation of training.

Of special note is the effort being made by CLATES Rio to develop a system for the large-scale training of personnel. This system, which is to be based on an analysis of functions, will rely mainly on self-teaching and will include an evaluation of the student's functions in the service. So far, 70 self-teaching modules have been designed for the large-scale training of health administrators at the local level. A new program is being prepared for the training of the technical and auxiliary personnel required for the expansion of coverage.

This area also includes the program of educational technology for nursing, which is building up a dissemination network through the establishment of subcenters or educational technology units in the nursing schools of Latin America. At present there are nine such nursing subcenters in seven countries; some of these subcenters have developed "satellite schools." A system for the exchange of experience and of teaching materials produced by the subcenters has been established.

CLATES also will play an important role in providing the technical cooperation required by the expanded textbook and teaching materials program, especially as regards manuals, self-teaching modules, and audiovisual aids for the training of technical and auxiliary personnel and community volunteers.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,699,600	\$ 857,450	\$ 904,500
PER CENT OF TOTAL	.9	.5	.5
PERSONNEL MONTHS	216	120	120
CONSULTANT DAYS	920	400	280
FELLOWSHIP MONTHS	12	12	12
COURSES AND SEMINARS	\$ 142,300	\$ 34,300	\$ 18,000
SUPPLIES AND EQUIPMENT	\$ 79,400	\$ 16,000	\$ 11,800
GRANTS	\$ 151,500	\$ 32,800	\$ 15,000
OTHER	\$ 356,700	\$ 64,850	\$ 76,000

---- PROJECTS ----

AMRO-8700
AMRO-8701AMRO-8703
AMRO-8770MEXICO-8700
PERU-8700

8800 - DEVELOPMENT OF APPROPRIATE TECHNOLOGY

The decision to attain the goal of health for all by the year 2000, through the strategies of primary health care, presents Member Governments with the unavoidable and urgent task of developing and implementing appropriate technologies, utilizing maximum productivity of available resources, for the attainment of this goal.

The fundamental objectives of this program are to promote and to cooperate in the systematic search for alternative technologies which are most socially effective in the development of extension of health coverage for all the population, within the context of the primary care strategies, and in accordance with the particular needs of individual countries. Priority is given to the promotion and identification of technological innovations in the production of services, development of evaluative research, establishment of coordination mechanisms in national and international programs of cooperation, and in the exchange of information between national institutions and between countries.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ -	\$ 400,000	\$ 750,000
PER CENT OF TOTAL	-	.2	.4
CONSULTANT DAYS	-	600	720
OTHER	\$ -	\$ 40,000	\$ 84,500

---- PROJECTS ----

AMRO-8800

8900 - RESEARCH COORDINATION

The general objective of this program is to cooperate in the scientific and technological development of the Region, specifically in activities that seek to solve the most important health problems of Latin America and the Caribbean.

In accordance with the new strategies for the year 2000, the activities carried out will aim at encouraging the formulation of health research policies for the countries of the Region. To this end, plans have been made to hold a series of meetings to be attended by representatives of the countries in the field of health research, who, divided into study groups, will examine this matter. The central element in the formulation of research policies will be the findings of the study of human and financial resources for research that is being carried out under this program. The essence of the study is a survey covering all the countries of the Region that is being conducted in collaboration with science and technology councils or the research departments of the ministries of health. Another important objective of the program is to foster and promote exchange of experience and technical knowledge through specific meetings or the identification of collaborating centers that can provide reference services and train researchers. The exchange of research workers will be a mechanism for comparing experiences and ideas and finding solutions to specific problems.

The program also includes direct advisory services to the governments on the preparation and execution of national plans and policies and of health research projects, especially research on health services; the identification of the epidemiological and social factors involved in the extension of coverage and in the occurrence and distribution of diseases, and the use of operational research to improve the efficiency of health services and programs. The promotion and coordination of some global programs such as the Tropical Diseases and Human Reproduction Programs are other activities included in this program.

A new unit of statistics methodology was introduced in order to support research activities in the Region.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ 1,254,200	\$ 1,327,500	\$ 1,512,100
PER CENT OF TOTAL	.7	.7	.8
PERSONNEL MONTHS	206	240	240
CONSULTANT DAYS	525	605	530
FELLOWSHIP MONTHS	12	18	20
COURSES AND SEMINARS	\$ 111,900	\$ 126,000	\$ 128,900
SUPPLIES AND EQUIPMENT	\$ 23,600	\$ 24,200	\$ 24,600
GRANTS	\$ 395,800	\$ 35,500	\$ 35,700
OTHER	\$ 11,000	\$ 10,600	\$ 12,000

---- PROJECTS ----

AMRO-8900
AMRO-8901
AMRO-8902

AMRO-8903
AMRO-8970

AMRO-8971
AMRO-8980
COLOMBIA-8900

III. ADMINISTRATIVE DIRECTION

9100 - EXECUTIVE AND TECHNICAL DIRECTION

Executive and technical direction is involved primarily with the interpretation of the policies of the Governing Bodies, and the formulation of the technical cooperation program in accordance with constitutional mandates and the requirements of Member Governments. It also involves the definition of approaches to long-term planning and medium-term programming, while ensuring that program analysis and development are carried out through the regular, systematic use of interdisciplinary groups drawn from the resources of the Secretariat and Member Governments. In order to illustrate this direction, a separate category has been established to show these functions and includes costs of the Director's Office and the Office of the Chief of Administration.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,865,700	\$ 1,359,500	\$ 1,511,700
PER CENT OF TOTAL	1.0	.7	.8
PERSONNEL MONTHS	600	360	360

---- PROJECTS ----

HEADQUARTERS

9200 - PROGRAM SERVICES

Program services are not distributed among specific programs since they support all the technical programs. These services have, therefore, been grouped under this category to facilitate review and administration. The functions and costs involved are those related to operations management, long-term planning, liaison with other international organizations, public affairs and information activities, publications, legal advice, and the programming and evaluation system.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 1,661,900	\$ 4,000,800	\$ 4,538,000
PER CENT OF TOTAL	.9	2.2	2.3
PERSONNEL MONTHS	456	936	936
CONSULTANT DAYS	40	1,185	1,050
COURSES AND SEMINARS	\$ -	\$ 3,000	\$ 4,000
OTHER	\$ 302,100	\$ 340,200	\$ 368,700

---- PROJECTS ----

HEADQUARTERS

9300 - ADMINISTRATIVE SERVICES

Administrative services are designed to free program staff for technical services, relieving them of as much administrative detail as possible. This category includes the Department of Budget and Finance, the Department of Conference and General Activities, the Department of Management and Computer Services, the Department of Personnel, and the Procurement Office, as well as costs of staff training and development.

	1980-1981	1982-1983	1984-1985
FUNDS BUDGETED	\$ 9,601,700	\$11,488,490	\$13,204,320
PER CENT OF TOTAL	5.2	6.3	6.8
PERSONNEL MONTHS	4,208	4,320	4,368
OTHER	\$ 141,800	\$ 422,000	\$ 624,000

---- PROJECTS ----

HEADQUARTERS

9400 - GENERAL EXPENSES

This category includes the Headquarters cost of communications, utilities, supplies, contractual services, furniture and equipment, maintenance, and related items normally referred to as General Operating Expenses, as well as costs of the external audit of the financial system of the Organization.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ 4,461,963	\$ 5,545,400	\$ 6,681,600
PER CENT OF TOTAL	2.4	3.0	3.4
SUPPLIES AND EQUIPMENT	\$ 588,863	\$ 847,000	\$ 1,030,800
OTHER	\$ 3,873,100	\$ 4,698,400	\$ 5,650,800

---- PROJECTS ----

HEADQUARTERS

IV. GOVERNING BODIES

9500 - GOVERNING BODIES

The Pan American Health Organization is governed by the Pan American Sanitary Conference, which meets every four years. The Directing Council acts for the Conference in the intervening years. In addition, the Executive Committee holds two regular meetings every year. By agreement with the World Health Organization, these Governing Bodies also serve as the Regional Committee of the World Health Organization. The category "Governing Bodies" covers the cost of scheduled meetings and supporting staff. The staff also supports other seminars and conferences as time allows. This category is reflected as Part IV of the budget document.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ 1,779,000	\$ 1,743,100	\$ 2,017,200
PER CENT OF TOTAL	1.0	1.0	1.0
PERSONNEL MONTHS	384	360	360
SUPPLIES AND EQUIPMENT	\$ 121,600	\$ -	\$ -
OTHER	\$ 659,100	\$ 675,900	\$ 811,200

---- PROJECTS ----

HEADQUARTERS

V. INCREASE TO ASSETS

9600 - INCREASE TO ASSETS

Under this category is shown the amount for increasing the Working Capital Fund. It is reflected as Part V of the budget document.

	1980-1981	1982-1983	1984-1985
	-----	-----	-----
FUNDS BUDGETED	\$ -	\$ -	\$ 1,900,000
PER CENT OF TOTAL	-	-	1.0

---- PROJECTS ----

HEADQUARTERS

PART I PROGRAM OF SERVICES

PART II DEVELOPMENT OF THE INFRASTRUCTURE

PART III ADMINISTRATIVE DIRECTION

 ARGENTINA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	26,393
Area (in thousand square kilometers)	1978	2,767
Cultivated land (in thousand square kilometers)	1977	2,108
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	69.4
Death rate per 1,000 population	1978	8.8
Infant mortality rate per 1,000 live births	1978	40.8
Death rate 1-4 years, per 1,000 population	1978	2.2
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1978	4.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	3.8
Number of physicians per 10,000 population	1976	20.2
Number of hospital beds per 1,000 population	1978	5.4
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	28.5
Percentage of population 55 years and over	1978	16.5
Rate of natural increase per 1,000 population	1978	16.4
Fertility rate per 1,000 women 15-44 years of age	1978	117
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	66
Percentage of population with access to potable water	1976	68
Per capita calories per day	1972-1974	3,280
Per capita protein per day (grams)	1972-1974	102
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1973	19,880
- in United States dollars	1973	2,000
Percentage of GDP from secondary sector (manufacturing and building)	1976	40
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1971	92
Percentage of population 5-14 years enrolled in primary schools**	1975	77
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1975	56
Percentage of population 20-29 years enrolled in university**	1975	15

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

ARGENTINA - COUNTRY STATEMENT

The country's general picture of morbidity and mortality continues to be better than in most countries of Latin America. Nevertheless, when the health status is examined from a regional standpoint, it is to be noted that the average rates are heavily influenced by those of the Federal Capital and the Province of Buenos Aires, as well as, to a lesser extent, by those of other large urban areas in the country. In contrast, medical and health conditions in the northwestern provinces still closely resemble those of underdeveloped countries, although there has been favorable change over the last four years. The southern provinces, on the other hand, have different problems, primarily because of the dispersion of the population, which impedes its access to health services. However, this situation has been changing somewhat as a result of the extension of medical coverage under the rural health care programs.

It is well known that Argentina is a country of moderate population growth, although this situation appears to have been reversed over the last five-year period (with the rate increasing from 21.7% to 25.4%). The trend toward an aging population has considerably affected the pattern of morbidity and mortality. Diseases preventable by vaccination and by environmental health measures, such as diarrheal diseases and enteritis, have been satisfactorily reduced or controlled; malaria has been almost totally eradicated; and the incidence of tuberculosis has been reduced to a level far below that of the rest of Latin America. The lack of continuity in programs for the control of canine rabies in the early 1970's led to an increase in the number of cases of canine rabies. At the end of 1976, mass vaccination efforts were resumed, with the result that the number of cases has been considerably reduced, and effective control of the disease is anticipated. No case of human rabies has been reported for 1980, and canine rabies has been reduced by more than 300% with respect to the figures for 1976.

Among the communicable diseases of current importance to which authorities assign high priority are Chagas' disease and Argentine hemorrhagic fever; also important because of the magnitude of the problem are sexually transmitted diseases and hepatitis. Chronic diseases, especially cardiovascular diseases and diabetes, are a major cause of morbidity and mortality. The Government is also concerned about the increase in neoplastic diseases. Another important health problem is that of traffic accidents. Because of its multisectoral impact, the Ministry's actions to combat this problem are carried out in coordination with those of other government agencies.

The current Government also assigns high priority to maternal and child health, especially to the perinatal aspect of infant mortality, which had remained unchanged for several years at approximately 60%. According to statistical data for 1978, this rate has been reduced to 40.78%.

The state of basic sanitation is relatively favorable when compared with that of other countries of Latin America, since around 80% of the urban population and 32% of the rural population are provided with safe water. Although the coverage of excreta disposal systems is considerably lower, it is better than in most of the countries of the Region.

On the basis of extensive consultation work carried out in recent years, a document on national health policies has been published that defines the objective of social welfare as "a level at which every Argentine family can enjoy physical, mental and spiritual health, as well as social security coverage to prepare it for all contingencies." General government guidelines, established in the process of national reorganization, include the following sectoral objectives: to improve the level of health and quality of life of the population; to increase life expectancy at birth; to diminish avoidable risks leading to illness and death; and to effectively implement the principle of subsidiarity.

The Ministry of Public Health has established seven areas of activity, as follows: a) primary health care and extension of coverage; b) regionalization and zoning of health services; c) comprehensive medical care; d) environmental sanitation; e) human resources; f) financial resources; and g) application of the principle of subsidiarity.

Work toward the application of these policies has been continued through the preparation of "National Guidelines for Planning in the Health Sector" for the period 1980-1982, which points out the principal problems, existing restrictions, and priority activities to be carried out in the medium term, thus establishing a detailed strategy in order to achieve the objectives indicated.

In addition to this conceptual and operational definition of the sector, work has continued on the implementation of a functional division of services that would assign policy-making and control functions at the national level while the operation of services is delegated to provincial and municipal authorities. The flow of information and the technical relationship between the two levels has been reinforced as a result of the establishment of a Federal Health Council, which formalizes, in a recognized body, the practice followed in the previous three years of holding meetings of public health authorities.

Of the policy decisions contained in the above-mentioned documents, perhaps the most important is that of establishing the functional division that assigns policy-making and control at the national level while delegating the operation of services to provincial and municipal authorities. Implementation has been achieved almost entirely by transferring health agents to the provincial area.

The relationship between the national and provincial levels with regard to those programs whose operational responsibility is vested in the provincial authorities but that receive technical and financial assistance from the national authorities is supported by the establishment of a unified health program, which was developed over the last year and which must still be periodically monitored and evaluated by the central authorities.

Various measures have been taken to unify the health sector, in which the structure and scope of installed capacity have remained relatively unchanged. One such step has been the national authorities' approval and promulgation of a new law on social welfare, which changes the role of the national agencies with respect to the provision of health services, making them essentially financiers of these services, and thus limiting development of their own manpower and promoting the provision of services by the public and private subsectors. This law also reorganizes the system on a territorial basis, which may help to satisfactorily distribute health agents in the regions, and on the basis of related activities.

Important steps have also been taken toward appropriate health manpower planning. An intersectoral health education commission has been created and entrusted with the task of carrying forward the studies initiated by the Ministry of Public Health on this topic which is of special importance to the country.

Among the most important laws and decrees approved for the health sector are: (a) Law No. 21,541, which regulates the transfer of organs and anatomical material between human beings and from corpses to human beings; (b) Law No. 21,671, which prohibits on any Argentine territory the sowing, planting, cultivation, or harvest of poppies, hemp or coca, or the possession, sale, importation, or traffic of cannabis (marijuana) or its oils, seeds, or resins; (c) Law No. 21,885, which approves the text of the sixth edition of the Argentine National Pharmacopeia (Codex Medicamentarius Argentino); (d) Law No. 22,109, which revokes Law No. 4,202 on smallpox vaccination; (e) Law No. 21,704, which approves the "Agreement on Psychotropic Substances" adopted in Vienna on 21 February 1971 by the United Nations Conference; (f) Law No. 22,127, which establishes the National Health Residency System; (g) Decree No. 61/77, which introduces several changes in the Argentine Food Code; (h) Decree No. 663/78, which creates the National Institute for the Study of Viral Hemorrhagic Diseases; (i) Decree No. 648/78, which prohibits the importation of coca leaf for personal consumption or sale; and (j) Decree No. 2.771/79, which introduces changes in the listing and classification of reportable diseases.

In addition, final approval for the following important draft laws is underway: (a) law on Chagas' Disease; (b) law regulating the advertisement of alcoholic beverages and tobacco; (c) law on blood; (d) law on standardization of autopsies; and (e) law on standardization of dialysis.

ARGENTINA - NATIONAL HEALTH PROGRAMS

Management and Administration

Department
General Department
General Directorate of Administration
General Directorate of Planning
General Directorate of Control
of Management and Audit
General Directorate of Legal Matters
System of Computation of Health Data
Organization and Systems
National Center for Census and
Health Statistics
Federal Health Delegations

Medical Care and Rehabilitation

Department
National Directorate of Medical Care
National Directorate of Mental Health
National Directorate of Rehabilitation
National Institute of Rehabilitation
for the Crippled
National Directorate of Dentistry
National Directorate of Organ Removal
and Implant
National Antineoplastic Drug Bank
Human Resources Department

Health Inspection

Department
National Directorate of Borders and
Transport (health posts)
National Directorate of Drugs,
Medications, and Foodstuffs
(National Institute of Pharmacology
and Food Technology)
National Directorate of Medical
Registration

National Directorate for the Control
of Professional Practice

Health and Medicine

National Directorate of Prevention
and Control of Diseases
(National Campaign against Vectors)
National Directorate of Environmental
Sanitation
National Directorate of Maternal and
Child Health
National Directorate of Public Health
Institutes
(Dr. C. Malbrán National Institute
of Microbiology)
(National Institute of Nutritional
Research)
(Dr. Mario Fatala Chaben National
Institute for Diagnosis and
Investigation of Chagas' Disease)
(National Institute of Dermatology)
(Dr. Emilio R. Coni National
Institute of Epidemiology)
(National Institute for the Study
of Viral Hemorrhagic Diseases)
(National Institute of Cardiovascular
Research)
(Dr. Juan H. Jara National
Institute of Epidemiology)
(National Institute of Medical Genetics)

Construction of Medical Care Establishments

Chagas' Disease Campaign

Assistance for Provincial Health Programs

Applied Research on Pharmacology and Food Technology

ARGENTINA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	1,487,900	70.8	1,240,800	60.8	1,422,600	63.7
SERVICES TO INDIVIDUALS	876,400	61.8	392,400	19.3	438,200	19.6
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	100,400	4.8	71,400	3.5	84,100	3.8
0200 MALARIA	35,000	1.7	33,600	1.6	27,600	1.2
0400 TUBERCULOSIS	52,000	2.5	40,200	2.0	45,100	2.0
0500 LEPROSY	23,800	1.1	-	-	-	-
0800 PARASITIC DISEASES	472,300	22.4	31,200	1.5	54,100	2.4
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	65,500	3.1	80,600	4.0	74,200	3.3
1400 NUTRITION	37,000	1.8	42,800	2.1	38,800	1.7
1500 MENTAL HEALTH	37,100	1.8	27,600	1.4	35,100	1.6
1600 DENTAL HEALTH	26,700	1.3	26,600	1.3	33,100	1.5
1700 CHRONIC DISEASES	26,600	1.3	38,400	1.9	46,100	2.1
ENVIRONMENTAL HEALTH SERVICES	393,500	18.7	486,400	23.7	548,700	24.6
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	215,700	10.2	414,900	20.2	465,900	20.8
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3200 FOOT-AND-MOUTH DISEASE	105,200	5.0	-	-	-	-
3600 QUALITY CONTROL OF DRUGS	52,300	2.5	41,300	2.0	50,300	2.3
3700 PREVENTION OF ACCIDENTS	20,300	1.0	30,200	1.5	32,500	1.5
COMPLEMENTARY SERVICES	218,000	10.3	362,000	17.8	435,700	19.5
4100 NURSING	33,000	1.6	48,900	2.4	60,100	2.7
4200 LABORATORIES	156,800	7.4	273,100	13.4	341,100	15.3
4500 REHABILITATION	28,200	1.3	40,000	2.0	34,500	1.5
II. DEVELOPMENT OF THE INFRASTRUCTURE	617,400	29.2	758,300	39.2	806,200	36.3
HEALTH SYSTEMS	385,700	18.3	514,500	25.2	425,100	19.2
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	158,800	7.5	51,100	2.5	62,100	2.8
5100 GENERAL PUBLIC HEALTH SYSTEMS	68,800	3.3	87,200	4.3	140,200	6.3
5200 MEDICAL CARE SYSTEMS	37,100	1.8	275,200	13.5	130,100	5.8
5300 PLANNING	49,400	2.3	39,400	1.9	43,500	2.0
5400 STATISTICS AND INFORMATION SYSTEMS	55,200	2.6	37,600	1.8	32,400	1.5
5500 MANAGEMENT SYSTEMS	16,400	.8	24,000	1.2	16,800	.8
DEVELOPMENT OF HUMAN RESOURCES	202,300	9.5	248,600	12.3	339,700	15.2
6100 PUBLIC HEALTH	66,100	3.1	69,000	3.4	105,200	4.7
6200 MEDICINE	83,000	3.9	111,200	5.5	138,300	6.2
6400 ENVIRONMENTAL SCIENCES	53,200	2.5	68,400	3.4	96,200	4.3
TECHNOLOGICAL RESOURCES	29,400	1.4	35,200	1.7	41,400	1.9
8500 REGIONAL LIBRARIES	29,400	1.4	35,200	1.7	41,400	1.9
GRAND TOTAL	2,105,300	100.0	2,039,100	100.0	2,228,800	100.0

ARGENTINA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHO--PR	616,500	48	-	520	263,000	13,600	204	214,300	83,100	42,500	-	-
PH	6,000	-	-	30	6,000	-	-	-	-	-	-	-
WHO--WR	1,019,000	72	-	730	368,100	10,000	344	361,200	165,500	134,200	-	-
WT	440,000	24	-	165	174,300	-	52	79,300	-	118,000	-	68,400
WC	23,800	-	-	110	20,877	-	-	-	-	-	-	2,923
TOTAL	2,105,300	144	-	1555	812,277	23,600	600	654,800	248,600	294,700	-	71,323
PCT. OF TOTAL	100.0				38.6	1.1		31.1	11.8	14.0		3.4
1982-1983												
PAHO--PR	1,023,300	48	-	430	579,000	16,000	216	302,400	85,000	40,900	-	-
WHO--WR	1,015,800	24	24	530	428,800	6,000	275	385,000	130,000	66,000	-	-
TOTAL	2,039,100	72	24	960	1,007,800	22,000	491	687,400	215,000	106,900	-	-
PCT. OF TOTAL	100.0				49.4	1.1		33.7	10.6	5.2		
1984-1985												
PAHO--PR	957,600	48	-	350	460,100	16,000	200	360,000	83,000	38,500	-	-
WHO--WR	1,271,200	24	24	500	543,300	6,000	278	500,400	147,500	74,000	-	-
TOTAL	2,228,800	72	24	850	1,003,400	22,000	478	860,400	230,500	112,500	-	-
PCT. OF TOTAL	100.0				45.0	1.0		38.6	10.4	5.0		

*SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

 ARGENTINA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA VI CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
PROGRAM PLANNING AND GENERAL ACTIVITIES					540	239,640	540	499,490	540	601,970
PR	AREA VI	AREA REPRESENTATIVE	.0310	D-1						
		ADMINISTRATIVE OFFICER	.2098	P-1						
DISEASE PREVENTION AND CONTROL					370	69,010	370	168,150	370	204,970
WR	AMRO-4360	EPIDEMIOLOGIST SUPPLIES	4.0846	P-4						
FAMILY HEALTH					350	65,190	-	-	-	-
PR	AMRO-1360	MEDICAL OFFICER (MCH) SUPPLIES	.2117	P-4						
COMPLEMENTARY SERVICES					378	52,720	378	122,280	378	149,240
PR	AMRO-4160	NURSE ADMINISTRATOR SUPPLIES	.0895	P-4						
DEVELOPMENT OF HEALTH SERVICES					1,182	209,850	342	97,190	342	119,160
PR	AMRO-5360	HEALTH PLANNER SUPPLIES	.0915	P-4						
PR	AMRO-5460	STATISTICIAN SUPPLIES	.4853	P-3						
PR	AMRO-5560	ADMIN. METHODS OFFICER SUPPLIES	.4590	P-4						
DEVELOPMENT OF HUMAN RESOURCES					380	52,980	-	-	-	-
WR	AMRO-6060	HEALTH MANPOWER OFFICER SUPPLIES	4.3685	P-4						
TOTAL					3,200	689,390	1,630	887,110	1,630	1,075,340

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The indices of incidence and prevalence of communicable diseases continue at a low level. There has been continued national effort to expand vaccination coverage against various diseases and to strengthen the countrywide system of epidemiological surveillance. Special effort has been focused on the review and coordination of the cold chain. PAHO/WHO cooperates in the training of personnel, in the provision of supplies, especially through the Expanded Program of Immunization, and in the study of special epidemiological problems.

Malaria persists in two northern areas of the country, and a limited number of cases introduced from neighboring countries are recorded annually. An eradication program is continuing, and PAHO's support is directed toward courses to train field staff, the promotion of vector research, and the provision of drugs.

Continuing efforts are being made to improve the program for the control of tuberculosis with the provision of specialized advisory services for the development of a course on control and operational research techniques. Funds are provided for field trips to observe practices in other countries.

Chagas' disease and Argentine hemorrhagic fever have high national priority. The Organization assists in research projects and the training of investigators in regard to Chagas' disease, and is conducting a specific project with UNDP funds for the preparation of an effective vaccine against Argentine hemorrhagic fever.

Chronic diseases, an increasing priority in the country, are receiving technical assistance for the maintenance of national programs within systems of cooperation throughout the Hemisphere.

ARGENTINA-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		35	30	30	TOTAL	WR	100,400	71,400	84,100
CONSULTANT DAYS	WR	35	30	30	PERSONNEL - CONSULTANTS		4,800	8,400	12,100
TOTAL		35	20	20	SUPPLIES AND MATERIAL		30,700	19,000	20,000
FELLOWSHIP MONTHS	WR	38	20	20	FELLOWSHIPS		39,900	28,000	36,000
					COURSES AND SEMINARS		25,000	16,000	16,000

ARGENTINA-0200, MALARIA ERADICATION

TOTAL		20	24	12	TOTAL	WR	35,000	33,600	27,600
FELLOWSHIP MONTHS	WR	20	24	12	SUPPLIES AND MATERIAL		8,000	-	-
					FELLOWSHIPS		21,000	33,600	21,600
					COURSES AND SEMINARS		6,000	-	6,000

ARGENTINA-0400, TUBERCULOSIS CONTROL

TOTAL		60	40	30	TOTAL	WR	52,000	40,200	45,100
CONSULTANT DAYS	WR	60	40	30	PERSONNEL - CONSULTANTS		8,100	11,200	12,100
TOTAL		18	10	10	SUPPLIES AND MATERIAL		20,000	10,000	10,000
FELLOWSHIP MONTHS	WR	18	10	10	FELLOWSHIPS		18,900	14,000	18,000
					COURSES AND SEMINARS		5,000	5,000	5,000

ARGENTINA-0501, LEPROSY CONTROL (LEPRA)

TOTAL		110	-	-	TOTAL	WC	23,800	-	-
CONSULTANT DAYS	WC	110	-	-	PERSONNEL - CONSULTANTS		20,877	-	-
					PROGRAM SUPPORT COSTS		2,923	-	-

ARGENTINA-0800, CHAGAS' DISEASE AND HEMORRHAGIC FEVER

TOTAL		30	30	30	TOTAL	WR	32,300	31,200	54,100
CONSULTANT DAYS	WR	30	30	30	PERSONNEL - CONSULTANTS		3,800	8,400	12,100
TOTAL		10	12	20	SUPPLIES AND MATERIAL		10,000	-	-
FELLOWSHIP MONTHS	WR	10	12	20	FELLOWSHIPS		10,500	16,800	36,000
					COURSES AND SEMINARS		8,000	6,000	6,000

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
					\$	\$	\$
ARGENTINA-0801, DEVELOPMENT OF HEMORRHAGIC FEVER VACCINE							
TOTAL	24	-	-	TOTAL	UNDP 440,000	-	-
P-4 VIROLOGIST 4.5134	UNDP 24	-	-	PERSONNEL - POSTS	142,000	-	-
TOTAL	165	-	-	PERSONNEL - CONSULTANTS	32,300	-	-
CONSULTANT DAYS	UNDP 165	-	-	SUBCONTRACTS	59,400	-	-
TOTAL	52	-	-	MISCELLANEOUS COSTS	9,000	-	-
FELLOWSHIP MONTHS	UNDP 52	-	-	MISCELLANEOUS EQUIPMENT	118,000	-	-
				FELLOWSHIPS	56,700	-	-
				GROUP TRAINING	22,600	-	-
ARGENTINA-1700, CHRONIC DISEASES							
TOTAL	30	30	30	TOTAL	MR 26,600	38,400	46,100
CONSULTANT DAYS	MR 30	30	30	PERSONNEL - CONSULTANTS	4,000	8,400	12,100
TOTAL	12	10	10	SUPPLIES AND MATERIAL	10,000	8,000	8,000
FELLOWSHIP MONTHS	MR 12	10	10	FELLOWSHIPS	12,600	14,000	18,000
				COURSES AND SEMINARS	-	8,000	8,000

FAMILY HEALTH

The infant mortality rate has been relatively high for quite a long time; maternal and child health program thus receives high priority within the framework of national programs. The mortality has been reduced to a level more compatible with the country's overall development and health objectives by the strengthening of programs for immunization, pre-natal care, food supplementation, and preventive and curative child health care. With PAHO/WHO support, methods are being sought to reduce perinatal morbidity and mortality. Assistance focuses on the training of personnel.

The nutrition program is coordinated with this effort. Its main purpose is to conduct technical meetings in order to develop uniform standards governing the application of activities in different jurisdictions. Provision is also made for granting fellowships for the program observation.

Activities in the area of mental health are directed mainly toward the prevention of mental retardation through the application of early stimulation techniques, for which training courses are being carried out. General physicians and health personnel are also being trained in primary psychiatric care.

In dental health, technical cooperation is provided to promote knowledge of new preventive techniques, mainly fluoridation of water, and to review national standards in dentistry.

ARGENTINA-1301, MATERNAL AND CHILD HEALTH

	45	60	60		MR 65,500	80,600	76,200
TOTAL	45	60	60	TOTAL	MR 65,500	80,600	76,200
CONSULTANT DAYS	MR 45	60	60	PERSONNEL - CONSULTANTS	5,900	16,800	24,200
TOTAL	42	37	20	SUPPLIES AND MATERIAL	3,000	4,000	6,000
FELLOWSHIP MONTHS	MR 42	37	20	FELLOWSHIPS	44,100	51,800	36,000
				COURSES AND SEMINARS	12,500	8,000	8,000

ARGENTINA-1400, NUTRITION STUDIES

	30	20	-		PR 37,000	42,800	38,800
TOTAL	30	20	-	TOTAL	PR 37,000	42,800	38,800
CONSULTANT DAYS	PR 30	20	-	PERSONNEL - CONSULTANTS	4,000	5,600	-
TOTAL	20	18	16	SUPPLIES AND MATERIAL	2,000	4,000	2,000
FELLOWSHIP MONTHS	PR 20	18	16	FELLOWSHIPS	21,000	25,200	28,800
				COURSES AND SEMINARS	10,000	8,000	8,000

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985					
ARGENTINA-1500, MENTAL HEALTH									
TOTAL		75	20	20	TOTAL		37,100	27,600	35,100
CONSULTANT DAYS	PH	30	-	-	SUBTOTAL	PH	6,000	-	-
CONSULTANT DAYS	WR	45	20	20		PERSONNEL - CONSULTANTS		6,000	-
TOTAL		14	10	10	PERSONNEL - CONSULTANTS		6,000	-	-
FELLOWSHIP MONTHS	WR	14	10	10	PERSONNEL - CONSULTANTS	WR	31,100	27,600	35,100
					SUPPLIES AND MATERIAL		5,900	5,600	8,100
					FELLOWSHIPS		4,500	2,000	2,000
					COURSES AND SEMINARS		14,700	14,000	18,000
							8,000	8,000	7,000

ARGENTINA-1600, DENTAL HEALTH									
TOTAL		30	20	20	TOTAL	WR	26,700	26,600	33,100
CONSULTANT DAYS	WR	30	20	20	PERSONNEL - CONSULTANTS		4,000	5,600	8,100
TOTAL		14	10	10	FELLOWSHIPS		14,700	14,000	18,000
FELLOWSHIP MONTHS	WR	14	10	10	COURSES AND SEMINARS		8,000	7,000	7,000

ENVIRONMENTAL HEALTH SERVICES

In the field of environmental health services, PAHO/WHO technical cooperation supports efforts by the Government, through its various agencies, to clean up the environment, diminish the risk of pollution, and expand the coverage of water supply and sewerage services in urban and rural areas. Special attention is given to urban clean-up programs, for which a high-level international course has been developed and for which funds, advisory services and educational collaboration are provided. Provision is also made for cooperation activities in the control of ionizing radiation, the promotion of occupational health, and, a very important aspect, the study and evaluation of the ecologic impact of the construction of large-scale hydroelectric projects. In this last aspect, close coordination is maintained with CEPIS and ECO. Provision is also made for the support of food and drug control and the prevention of traffic accidents.

ARGENTINA-2000, ENVIRONMENTAL SANITATION									
TOTAL		24	24	24	TOTAL	PR	215,700	414,900	465,900
P-4 SANITARY ENGINEER .3208	PR	24	24	24	PERSONNEL - POSTS		96,600	229,300	279,500
TOTAL		190	180	140	PERSONNEL - CONSULTANTS		25,600	50,400	56,400
CONSULTANT DAYS	PR	190	180	140	STAFF DUTY TRAVEL		5,000	8,000	6,000
TOTAL		70	80	60	SUPPLIES AND MATERIAL		9,000	6,200	6,000
FELLOWSHIP MONTHS	PR	70	80	60	FELLOWSHIPS		73,500	112,000	108,000
					COURSES AND SEMINARS		6,000	11,000	10,000

ARGENTINA-3600, DRUG AND FOOD CONTROL									
TOTAL		60	40	30	TOTAL	PR	52,300	41,300	50,300
CONSULTANT DAYS	PR	60	40	30	PERSONNEL - CONSULTANTS		8,100	11,200	12,100
TOTAL		24	14	14	SUPPLIES AND MATERIAL		9,000	4,500	5,000
FELLOWSHIP MONTHS	PR	24	14	14	FELLOWSHIPS		25,200	19,600	25,200
					COURSES AND SEMINARS		10,000	6,000	8,000

ARGENTINA-3700, TRAFFIC ACCIDENTS									
TOTAL		15	30	20	TOTAL	PR	20,300	30,200	32,500
CONSULTANT DAYS	PR	15	30	20	PERSONNEL - CONSULTANTS		1,900	8,400	8,100
TOTAL		8	7	8	FELLOWSHIPS		8,400	9,800	14,400
FELLOWSHIP MONTHS	PR	8	7	8	COURSES AND SEMINARS		10,000	12,000	10,000

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985	FUND		\$	\$

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The change of activities initiated in 1977 is having a favorable impact on the control of foot-and-mouth disease in the country, especially due to the fact that the highest standards of vaccine quality are being applied with greater effectiveness. PANAFOSA is cooperating in a program to introduce the use of an oil adjuvant vaccine, considered potentially useful in improving the effectiveness of the campaign against the disease. The epidemiologic nature of foot-and-mouth disease in Argentina is also under study, in order to evaluate the strategy for combatting it. More efficient coordination with neighboring countries will be necessary. Steps are being taken to promote binational agreements; the cooperation of neighboring countries and of specialists from the Center is important in the consolidation of the aspects mentioned, including the country's request for cooperation in the training of human resources.

ARGENTINA-3200, FOOT-AND-MOUTH DISEASE CONTROL

TOTAL		24	-	-	TOTAL	PR	105,200	-	-
P-4 VETERINARIAN .3229	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		8,600	-	-

COMPLEMENTARY SERVICES

One ongoing activity is a project for cooperation in the field of public health nursing, which promotes the widespread application of adequate standards for those services and fosters other activities tending to improve the ambulatory and hospital care of patients. With respect to human resources, the project is collaborating in the training of auxiliary and professional nursing personnel.

The program also includes a project for cooperation with laboratory services, whose principal objectives are the integration of a national laboratory system and the improvement of techniques for production and quality control currently in use in the country. Activities are concentrated mainly at the National Institute of Microbiology, which serves as the center of the national network. The Institute is also provided supplies and equipment in order to improve its operation.

In the area of rehabilitation, activities are being directed toward training in various methods, and there are plans for a study of the status of the disabled in rural areas.

ARGENTINA-4100, NURSING SERVICES

TOTAL		60	40	40	TOTAL	PR	33,000	48,900	60,100
CONSULTANT DAYS	PR	60	40	40	PERSONNEL - CONSULTANTS		8,100	11,200	16,100
TOTAL		18	21	20	SUPPLIES AND MATERIAL		-	3,300	2,000
FELLOWSHIP MONTHS	PR	18	21	20	FELLOWSHIPS		18,900	29,400	36,000
					COURSES AND SEMINARS		6,000	5,000	6,000

ARGENTINA-4200, LABORATORY SERVICES

TOTAL		24	24	24	TOTAL	WR	156,800	273,100	341,100
P-4 LABORATORY ADVISOR 4.4825	WR	24	24	24	PERSONNEL - POSTS		96,600	229,300	279,500
TOTAL		30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
CONSULTANT DAYS	WR	30	30	30	STAFF DUTY TRAVEL		5,000	6,000	6,000
TOTAL		24	16	20	SUPPLIES AND MATERIAL		17,500	-	-
FELLOWSHIP MONTHS	WR	24	16	20	FELLOWSHIPS		25,200	22,400	36,000
					COURSES AND SEMINARS		8,500	7,000	7,500

ARGENTINA-4500, REHABILITATION

TOTAL		45	30	30	TOTAL	PR	28,200	40,000	34,500
CONSULTANT DAYS	PR	45	30	30	PERSONNEL - CONSULTANTS		5,900	8,400	12,100
TOTAL		14	14	8	SUPPLIES AND MATERIAL		2,500	6,000	2,000
FELLOWSHIP MONTHS	PR	14	14	8	FELLOWSHIPS		14,700	19,600	14,400
					COURSES AND SEMINARS		5,100	6,000	6,000

1980- 1982- 1984-
FUND 1981 1983 1985

FUND 1980-1981 1982-1983 1984-1985
\$ \$ \$

DEVELOPMENT OF HEALTH SERVICES

Technical cooperation for the development of health services and complementary services is being applied through a series of programs whose principal objectives are to strengthen the infrastructure, develop national standards for medical care, expand and upgrade information systems, and apply modern techniques of planning and administrative management, in order to optimize the use of available resources. Within this area funds have been earmarked for direct consulting services, training fellowships, organization of courses and seminars, and provision of necessary equipment and supplies for the development of critical activities.

ARGENTINA-5000, HEALTH SERVICES

TOTAL		48	24	24	TOTAL	WR	158,800	51,100	62,100
P-4 MEDICAL OFFICER 4.2019	WR	24	-	-	PERSONNEL - POSTS		153,800	51,100	62,100
P-1 ADMINISTRATIVE OFFICER 4.4708	WR	24	-	-	STAFF DUTY TRAVEL		5,000	-	-
G-3 RECEPTIONIST 4.5336	WR	-	24	24					

ARGENTINA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		75	60	60	TOTAL	WR	68,800	87,200	140,200
CONSULTANT DAYS	WR	75	60	60	PERSONNEL - CONSULTANTS		10,000	16,800	24,200
TOTAL		36	36	50	SUPPLIES AND MATERIAL		3,000	4,000	6,000
FELLOWSHIP MONTHS	WR	36	36	50	FELLOWSHIPS		37,800	50,400	90,000
					COURSES AND SEMINARS		18,000	16,000	20,000

ARGENTINA-5201, MEDICAL CARE

TOTAL		-	24	24	TOTAL		37,100	275,200	130,100
P-4 HOSPITAL ADMINISTRATOR .5388	PR	-	24	24	SUBTOTAL	PR	-	275,200	130,100
TOTAL		60	30	30	PERSONNEL - POSTS		-	229,300	39,500
CONSULTANT DAYS	PR	-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
CONSULTANT DAYS	WR	60	-	-	STAFF DUTY TRAVEL		-	10,000	10,000
TOTAL		20	14	30	SUPPLIES AND MATERIAL		-	900	5,500
FELLOWSHIP MONTHS	PR	-	14	30	FELLOWSHIPS		-	19,600	54,000
FELLOWSHIP MONTHS	WR	20	-	-	COURSES AND SEMINARS		-	7,000	9,000
					SUBTOTAL	WR	37,100	-	-
					PERSONNEL - CONSULTANTS		8,100	-	-
					FELLOWSHIPS		21,000	-	-
					COURSES AND SEMINARS		8,000	-	-

ARGENTINA-5300, HEALTH PLANNING

TOTAL		30	30	30	TOTAL	WR	49,400	39,400	43,500
CONSULTANT DAYS	WR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
TOTAL		8	10	8	SUPPLIES AND MATERIAL		7,000	-	3,000
FELLOWSHIP MONTHS	WR	8	10	8	FELLOWSHIPS		8,400	14,000	14,400
					COURSES AND SEMINARS		30,000	17,000	14,000

ARGENTINA-5400, HEALTH STATISTICS

TOTAL		22	14	8	TOTAL	PR	55,200	37,600	32,400
FELLOWSHIP MONTHS	PR	22	14	8	SUPPLIES AND MATERIAL		12,000	8,000	8,000
					FELLOWSHIPS		23,200	19,600	14,400
					COURSES AND SEMINARS		20,000	10,000	10,000

ARGENTINA-5500, MANAGEMENT OF HEALTH SERVICES

TOTAL		8	10	6	TOTAL	PR	16,400	24,000	16,800
FELLOWSHIP MONTHS	PR	8	10	6	FELLOWSHIPS		8,400	14,000	10,800
					COURSES AND SEMINARS		8,000	10,000	6,000

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

DEVELOPMENT OF HUMAN RESOURCES

Programs continue in support of national actions for the training and education of health personnel and for the overall development of education in the health sciences and sanitary engineering. To accomplish the first objective, plans are being made to improve curricula, training of teaching staff, and teaching aids, in order to upgrade the nation's schools of public health. Similar actions are being taken with respect to educational programs in health sciences and sanitary engineering, in collaboration with the universities or technical institutes responsible for the training of these personnel. Special emphasis is being placed on cooperation with the Intersectoral Commission on Health Education recently established for the planning of human resources.

ARGENTINA-6100, SCHOOL OF PUBLIC HEALTH

TOTAL		60	60	60	TOTAL	WR	66,100	69,000	105,200
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		30	18	30	SUPPLIES AND MATERIAL		8,500	7,000	7,000
					FELLOWSHIPS		31,500	25,200	54,000
FELLOWSHIP MONTHS	WR	30	18	30	COURSES AND SEMINARS		18,000	20,000	20,000

ARGENTINA-6200, EDUCATION IN HEALTH SCIENCES

TOTAL		200	120	100	TOTAL	WR	83,000	111,200	139,300
CONSULTANT DAYS	WR	200	120	100	PERSONNEL - CONSULTANTS		27,000	33,600	40,300
TOTAL		40	44	40	SUPPLIES AND MATERIAL		6,000	6,000	6,000
					FELLOWSHIPS		42,000	61,600	72,000
FELLOWSHIP MONTHS	WR	40	44	40	COURSES AND SEMINARS		8,000	10,000	20,000

ARGENTINA-6400, SANITARY ENGINEERING EDUCATION

TOTAL		120	60	60	TOTAL	PR	53,200	68,400	94,200
CONSULTANT DAYS	PR	120	60	60	PERSONNEL - CONSULTANTS		16,200	16,800	24,200
TOTAL		20	24	30	SUPPLIES AND MATERIAL		8,000	8,000	8,000
					FELLOWSHIPS		21,000	33,600	54,000
FELLOWSHIP MONTHS	PR	20	24	30	COURSES AND SEMINARS		8,000	10,000	10,000

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND RESEARCH COORDINATION

In this area of work actions continue to be directed toward the organization and operation of the Information and Documentation System in Health Sciences. Furthermore, the textbook program for schools of medicine and other health personnel training agencies continues to expand. PAHO/WHO also collaborates with the Ministry of Public Health in the development of coordinating mechanisms for scientific research.

ARGENTINA-8500, NATIONAL NETWORK OF INFORMATION IN HEALTH SCIENCES

TOTAL		18	18	18	TOTAL	WR	29,400	35,200	41,400
FELLOWSHIP MONTHS	WR	18	18	18	SUPPLIES AND MATERIAL		6,000	6,000	6,000
					FELLOWSHIPS		18,900	25,200	32,400
					COURSES AND SEMINARS		4,500	4,000	3,000

 BAHAMAS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	231
Area (in thousand square kilometers)	1979	14
Cultivated land (in thousand of acres)	1978	22
<u>Health Indicators:</u>		
Life expectancy at birth	1970	64.0*
		69.3**
Death rate per 1,000 population	1979	5.4
Infant mortality rate per 1,000 live births	1979	35.7
Death rate 1-4 years, per 1,000 population	1979	0.7
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)***	1979	3.6
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)***	1979	10.9
Number of physicians per 10,000 population	1979	8.6
Number of hospital beds per 1,000 population	1979	3.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1970	43.6
Percentage of population 55 years and over	1970	8.2
Rate of natural increase per 1,000 population	1979	18.0
Fertility rate per 1,000 women 15-44 years of age	1979	116
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1979	75
Percentage of population with access to potable water	1975	98
Per capita calories per day	1972-1974	2,413
Per capita protein per day (grams)	1972-1974	71
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	4,647
- in United States dollars	1979	4,647
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools****	1978	60
Percentage of population 15-19 years enrolled in secondary and vocational schools****	1978	87
Percentage of population 20-29 years enrolled in university****	1978	. . .

*Male

**Female

***Excludes symptoms and ill-defined conditions

****Total enrollment as a percentage of population in the age group

BAHAMAS - COUNTRY STATEMENT

The Bahama islands achieved independence from Great Britain on 10 July 1973. The total land area is 5,353 square miles and comprises 29 islands, 661 cays and 2,387 rocks. All islands are inhabited. New Providence (80 square miles), with 62% of the total population (1980), has a population density of 1,519 per square mile. Nassau, the capital of the Bahamas, is located on New Providence island.

The estimated total population in 1979 was 231,000; 43.6% of the population was under 15 years of age, and the rate of natural increase in 1979 was 18.0 per 1,000, as compared with 14.6 per 1,000 in 1975. The life expectancy for males is estimated at 64.0 years and for females, 69.3 years (1970). The crude death rate has declined from 6.2 per 1,000 in 1970 to 5.4 per 1,000 in 1979. The infant mortality rate was 35.7 per 1,000 and the neonatal mortality rate was 17.6 per 1,000 in 1979. The principal causes of death have remained the same as in 1975, i.e., diseases of the heart, malignant neoplasms, cerebrovascular diseases, pneumonia and cirrhosis of the liver. Schizophrenia was the leading cause of admission to the psychiatric hospital in 1979 and accounted for 33% of the admissions. Alcoholism continues to be a major health problem and it accounted for a significant number of admissions to the psychiatric hospital in 1979.

Reporting of data on communicable diseases even though they have improved considerably, are incomplete due to deficient reporting. However, the collection of data on a weekly basis helps in determining the trends and in detecting epidemics for control of communicable diseases and their prevention. The incidence of gastroenteritis, a preventable condition, is second only to respiratory infection. The epidemic of measles which started in April tapered off in November. A total of 1,659 cases were notified during 1979 as compared with 222 cases in 1978. The peak of the measles epidemic occurred in July. Most of the measles cases were in the 1-4 years age group. Even though there were no indigenous cases of malaria, 14 imported cases were reported during 1979. The general decline in the number of tuberculosis cases reported since 1975 was reversed when 62 cases were reported during 1979. This increase, too, is largely the result of imported cases. The number of cases of sexually transmitted diseases remained about the same as for 1978. Complete immunization coverage for children under one year against poliomyelitis, diphtheria and tetanus was 31%, 33% and 34%, respectively, for the whole country.

Major child health problems are upper respiratory tract infections, anemia, worm infestations, diarrheal diseases and skin infections. Preeclamptic toxemia, and mild anemia are the main maternal health problems. The incidence of pregnancies among teenagers is increasing and is a cause of concern.

Coverage of maternal and child health services is estimated to be 70-80%, higher in New Providence and somewhat lower in the Family Islands. Preventive dental services are weak and the need to increase the coverage of these services for schoolchildren is recognized. Environmental health indicators are good, with 86% of the population having house-connected water supply.

The Ministry of Health is responsible for the overall direction of health services in the Bahamas. The administrative organization of the central office is being reviewed in order to define clearly the policy, program and operation levels and to strengthen the administration of health services. This exercise is being extended to other departments within the Ministry.

Medical care is provided by the three main government hospitals: Princess Margaret Hospital (442 beds); Sandilands Rehabilitation Center containing psychiatric (210 beds) and geriatric (150 beds) services; and Rand Memorial Hospital (58 beds). The first two are located in New Providence, and Rand is on Grand Bahama Island. There is also one privately owned hospital (24 beds). Ambulatory care is provided at the Princess Margaret Hospital, Rand Memorial Hospital, in private doctors offices and, in the Family Islands, through health centers (10), main clinics (34) and satellite clinics (95). The 20 health districts of the Family Islands are manned by 16 medical officers and 63 nurses. The Government has placed more emphasis on improving the health services in general and, in particular, on the strengthening of the community based health services in the Family Islands. There are 8.6 physicians per 10,000 population and 32.1 nurses per 10,000 population (1979). There is a shortage of dentists (0.21 per 10,000) in the Government Service. To alleviate this situation, the Ministry is actively pursuing the establishment of a school dental health program by utilizing the services of dental auxiliaries. Initial candidates are currently being trained. A school of health science is to be established in the College of the Bahamas and is being considered by the Government. Meanwhile there is a Department of Nursing Education responsible for training general nurses, midwives, community nurses and clinical nurses.

The total budget of the Ministry of Health in 1979 was \$27.95 million, representing a per capita expenditure of \$120.97. The main health programs of the Ministry of Health, besides hospital medical care, include venereal disease control, tuberculosis control, maternal and child health care, school health services, mental health, and dental health services. The responsibility for environmental health services lies mainly with the Ministry of Health, although some aspects (e.g. water supply and sewerage) are the responsibility of the Ministry of Works and Public Utilities and, in respect of the Family Islands, other aspects (e.g. solid waste disposal) are shared with the Ministry responsible for Local Government.

The Ministry of Health is interested in formulating an overall policy for the development of health services. A high priority is improvement of the management of health services and increase in financial resources for health care. Strengthening of the health information system is another top priority. Installation of a planning process in the Ministry of Health for continuous planning, monitoring, and evaluation of health services is receiving attention. Attention is also being given to preparation of Bahamian nationals for top- and middle-level management positions in the health services.

BAHAMAS - NATIONAL HEALTH PROGRAMS

Personal Health Services
Environmental Health Services
Disease Control Programs
Administration of Health Services
Health Manpower Development
Health Information System Development

BAHAMAS - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
1. PROGRAM OF SERVICES	152,400	22.9	84,100	14.9	119,200	17.6
SERVICES TO INDIVIDUALS	95,200	14.3	47,800	8.5	70,100	10.3
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	37,800	5.7	23,400	4.2	31,400	4.6
1600 DENTAL HEALTH	57,400	8.6	24,400	4.3	38,700	5.7
ENVIRONMENTAL HEALTH SERVICES	57,200	8.6	36,300	6.4	49,100	7.3
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	57,200	8.6	36,300	6.4	49,100	7.3
11. DEVELOPMENT OF THE INFRASTRUCTURE	512,453	77.1	478,900	85.1	557,800	82.4
HEALTH SYSTEMS	512,453	77.1	478,900	85.1	557,800	82.4
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	39,100	5.9	53,400	9.5	61,000	9.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	234,653	35.3	124,000	22.0	166,300	24.6
5400 STATISTICS AND INFORMATION SYSTEMS	121,500	18.3	160,700	28.6	175,500	25.9
5500 MANAGEMENT SYSTEMS	117,200	17.6	140,800	25.0	155,000	22.9
GRAND TOTAL	664,853	100.0	563,000	100.0	677,000	100.0

BAHAMAS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHO--PR	255,600	24	24	330	149,900	21,800	58	60,500	8,000	7,000	-	8,400
PG	2,453	-	-	15	2,453	-	-	-	-	-	-	-
WHU--WR	238,700	24	-	270	118,600	10,000	92	97,208	8,500	4,400	-	-
WT	168,100	-	-	690	98,700	-	43	61,700	6,000	-	-	1,700
TOTAL	664,853	48	24	1305	369,653	31,800	193	219,400	22,500	11,400	-	10,100
PCT. OF TOTAL	100.0				55.6	4.8		33.0	3.4	1.7	-	1.5
1982-1983												
PAHO--PR	273,800	24	24	-	150,200	28,000	41	57,400	10,000	15,000	-	13,200
WHU--WR	289,200	24	-	120	153,400	10,000	76	106,400	11,200	8,200	-	-
TOTAL	563,000	48	24	120	303,600	38,000	117	163,800	21,200	23,200	-	13,200
PCT. OF TOTAL	100.0				53.9	6.8		29.1	3.8	4.1	-	2.3
1984-1985												
PAHO--PR	317,000	24	24	75	201,100	32,200	27	48,600	8,400	11,500	-	15,200
WHU--WR	360,000	24	-	90	173,200	11,000	86	154,800	11,800	9,200	-	-
TOTAL	677,000	48	24	165	374,300	43,200	113	203,400	20,200	20,700	-	15,200
PCT. OF TOTAL	100.0				55.3	6.4		30.1	3.0	3.0	-	2.2

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 BAHAMAS - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA		POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER			BUDGET ELEMENT	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT $
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>				20	5,490	30	15,690	30	18,150
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1					
		ADMINISTRATIVE OFFICER	4.5482	P-5					
			.5090	P-2					
<u>DISEASE PREVENTION AND CONTROL</u>				12	7,020	12	3,260	12	3,560
PG	AMRO-0510	CONSULTANTS, LOCAL COSTS, SUPPLIES							
PR	AMRO-0710	Aedes Aegypti Advisor	.0610	P-4					
		CONSULTANTS, SUPPLIES, FELLOWSHIPS							
<u>FAMILY HEALTH</u>				120	19,390	80	21,130	30	7,560
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5					
		HEALTH EDUCATION SPEC.	4.3702	P-4					
		MEDICAL OFFICER (MCH)	4.5319	P-4					
		NURSE MIDWIFE	4.3703	P-4					
PR	AMRO-1510	NURSE ADMINISTRATOR	.5281	P-3					
		CONSULTANTS, SUPPLIES							
<u>ENVIRONMENTAL HEALTH SERVICES</u>				-	710	-	405	-	-
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS							
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>				15	2,980	15	3,880	15	4,310
WR	AMRO-3110	VETERINARIAN	4.4045	P-5					
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS							
<u>COMPLEMENTARY SERVICES</u>				75	12,180	53	10,880	53	12,260
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4					
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4					
<u>DEVELOPMENT OF HEALTH SERVICES</u>				142	21,810	36	7,110	36	8,060
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4					
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4					
WR	AMRO-5410	STATISTICIAN	4.0841	P-4					
PR	AMRO-5510	ADMIN. METHODS OFFICER	.0917	P-4					
		CONSULTANTS, SUPPLIES							
<u>DEVELOPMENT OF HUMAN RESOURCES</u>				176	64,970	136	46,770	36	22,370
PR	AMRO-6210	GRANTS							
PR	AMRO-6310	NURSE EDUCATOR	.0604	P-4					
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS							
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5					
		HEALTH EDUCATOR	4.4355	P-4					
		HEALTH EDUCATOR	4.4356	P-4					
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS							
TOTAL				560	134,550	362	109,125	212	76,270
				=====	=====	=====	=====	=====	=====

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

BAHAMAS - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Emphasis for 1982-1983 continues to be on community health. The upgrading of personnel in contact tracing and in the nutrition area is needed to complement existing services given at the community health centers.

BAHAMAS-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		90	-	30	TOTAL	PR	37,800	23,400	31,400
CONSULTANT DAYS	PR	90	-	30	PERSONNEL - CONSULTANTS		11,900	-	12,100
TOTAL		13	6	3	SUPPLIES AND MATERIAL		4,500	5,000	5,500
FELLOWSHIP MONTHS	PR	13	6	3	FELLOWSHIPS		13,400	8,400	5,400
					COURSES AND SEMINARS		8,000	10,000	8,400

FAMILY HEALTH

The school dental program is being significantly upgraded by the utilization of dental auxiliaries. Emphasis is therefore on continued training of this level of personnel through 1982-1983 and concomitant training in maintenance of dental equipment. Assistance is also being given in the development and implementation of school dental health programs.

BAHAMAS-1600, DENTAL HEALTH

TOTAL		30	-	-	TOTAL	WR	57,400	24,400	38,700
CONSULTANT DAYS	WR	30	-	-	PERSONNEL - CONSULTANTS		3,800	-	-
TOTAL		50	16	20	SUPPLIES AND MATERIAL		1,000	2,000	2,700
FELLOWSHIP MONTHS	WR	50	16	20	FELLOWSHIPS		52,600	22,400	36,000

ENVIRONMENTAL HEALTH

Environmental health is being accorded high priority. Emphasis is on the training of personnel, particularly in the areas of industrial hygiene, environmental health management, disaster management and solid waste management.

BAHAMAS-2000, ENVIRONMENTAL SERVICES

TOTAL		240	-	45	TOTAL	PR	57,200	36,300	49,100
CONSULTANT DAYS	PR	240	-	45	PERSONNEL - CONSULTANTS		32,400	-	18,100
TOTAL		15	12	8	STAFF DUTY TRAVEL		7,000	9,500	10,600
FELLOWSHIP MONTHS	PR	15	12	8	SUPPLIES AND MATERIAL		2,500	10,000	6,000
					FELLOWSHIPS		15,300	16,800	14,400

DEVELOPMENT OF HEALTH SERVICES

The management of health services has been accorded very high priority by the Government and this is reflected in the national budgetary provisions. Continued technical assistance is needed in the areas of personnel management, supply management, pharmacy management and organization and institutional development through the utilization of staff members, STC's and fellowships. Health information systems development has also been given priority by the Government. In the initial stage, the subsystems for primary health care, hospital services and vital statistics are being developed.

Medical and health records are included in this development. Emphasis is placed on identification of minimum information needs for programming, monitoring and controlling specific activities under certain service areas, and in developing reporting and recording systems which will meet these needs.

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

In the area of nursing development emphasis for 1982-1983 is on (a) assistance in upgrading psychiatric nursing for registered nurses; (b) assistance in upgrading other levels of nursing staff for service at the community level; (c) assistance with workshops for nurses in appropriate technology for health; and (d) assistance in upgrading basic, clinical and community programs, with special emphasis on the Family Islands.

Emphasis in health education is on continued professional training of health educators as this program is presently being upgraded to underpin the total public health program.

BAHAMAS-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		24	24	24	TOTAL	PR	39,100	53,400	61,000
G-5 SECRETARY 5155	PR	24	24	24	PERSONNEL - POSTS		23,200	30,400	34,000
					STAFF DUTY TRAVEL		7,500	9,800	11,800
					GENERAL OPERAT. EXPENSES		8,400	13,200	15,200

BAHAMAS-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		135	120	90	TOTAL		66,553	124,000	166,300
CONSULTANT DAYS	PG	15	-	-	SUBTOTAL	PG	2,453	-	-
CONSULTANT DAYS	WR	120	120	90	PERSONNEL - CONSULTANTS		2,453	-	-
TOTAL		38	55	64	SUBTOTAL	WR	64,100	124,000	166,300
FELLOWSHIP MONTHS	WR	38	55	64	PERSONNEL - CONSULTANTS		16,200	33,600	36,300
					SUPPLIES AND MATERIAL		2,800	6,200	6,500
					FELLOWSHIPS		40,600	77,000	115,200
					COURSES AND SEMINARS		4,500	7,200	8,300

BAHAMAS-5101, IMPROVEMENT OF HEALTH MANAGEMENT

TOTAL		690	-	-	TOTAL	UNDP	168,100	-	-
CONSULTANT DAYS	UNDP	690	-	-	PERSONNEL - CONSULTANTS		98,700	-	-
TOTAL		43	-	-	MISCELLANEOUS COSTS		1,700	-	-
FELLOWSHIP MONTHS	UNDP	43	-	-	FELLOWSHIPS		61,700	-	-
					COURSES AND SEMINARS		6,000	-	-

BAHAMAS-5400, HEALTH STATISTICS

TOTAL		24	24	24	TOTAL	PR	121,500	160,700	175,500
P-3 STATISTICIAN 3425	PR	24	24	24	PERSONNEL - POSTS		82,400	119,800	136,900
TOTAL		40	23	16	STAFF DUTY TRAVEL		7,300	8,700	9,800
FELLOWSHIP MONTHS	PR	30	23	16	FELLOWSHIPS		31,800	32,200	28,800

BAHAMAS-5500, MANAGEMENT OF HEALTH SERVICES

TOTAL		24	24	24	TOTAL	WR	117,200	140,800	155,000
P-3 ADMIN. METHODS OFFICER 44833	WR	24	24	24	PERSONNEL - POSTS		82,400	119,800	136,900
TOTAL		120	-	-	PERSONNEL - CONSULTANTS		16,200	-	-
CONSULTANT DAYS	WR	120	-	-	STAFF DUTY TRAVEL		10,000	10,000	11,000
TOTAL		4	5	2	SUPPLIES AND MATERIAL		600	-	-
FELLOWSHIP MONTHS	WR	4	5	2	FELLOWSHIPS		4,000	7,000	3,600
					COURSES AND SEMINARS		4,000	4,000	3,500

BARBADOS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	254
Area (in thousand square kilometers)	1979	.431
Cultivated land (in thousand acres)	1977	50
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	70.5
Death rate per 1,000 population	1979	8.4
Infant mortality rate per 1,000 live births	1979	25.2
Death rate 1-4 years, per 1,000 population	1979	1.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	2.2
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	5.4
Number of physicians per 10,000 population	1979	7.9
Number of hospital beds per 1,000 population	1979	8.6
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	29.4
Percentage of population 55 years and over	1979	17.0
Rate of natural increase per 1,000 population	1979	8.5
Fertility rate per 1,000 women 15-44 years of age	1979	74
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1979	100
Per capita calories per day	1975	2,679*
Per capita protein per day (grams)	1975	85*
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	4,485
- in United States dollars	1979	2,243
Percentage of GDP from secondary sector (manufacturing and building)	1979	19
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1970	94
Percentage of population 5-14 years enrolled in primary schools**	1979	99
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1979	27
Percentage of population 20-29 years enrolled in university**	. . .	. . .

*Excludes symptoms and ill-defined conditions
 **Total enrollment as a percentage of population in the age group

BARBADOS - COUNTRY STATEMENT

The estimated mid-year population in 1979 was 253,687 giving a population density of approximately 1,528 per square mile. The country is an independent parliamentary democracy within the British Commonwealth, with a bicameral legislature consisting of a lower House of Assembly and a Senate. The Head of State is the Governor-General, while the Prime Minister is the Head of Government. All 24 members of the House of Assembly are elected by universal adult suffrage and elections take place at intervals not exceeding five years. The Senate has 21 seats to which all members are appointed by the Governor-General as follows: 12 on the advice of the Prime Minister; 2 on the advice of the leader of the Opposition; and 7 at the discretion of the Governor-General.

Tourism and agriculture form the basis of the economy and the latter consists of sugar production, cotton and food crops. Considerable efforts are in progress to expand livestock and poultry raising and to modernize fishing. There are also continuing and successful efforts to increase the establishment of light manufacturing industries.

The economy has performed well during the past few years although external trade received setbacks due to reduction of imports of local products by Guyana and Jamaica during 1976 and 1977 because of the serious balance of payments difficulties of these two countries. Tourism however expanded during those years and supported the economy. In 1979 the per capita GDP was approximately BD\$4,485 or \$2,243. The benefits of the favorable figure are however reduced by a very high cost of living due to the rising cost of imported products on which the country depends heavily because of its small size and of the sensitive nature of the important tourist industry.

The National Development Plan, 1979-1983, has among its main objectives diversification of the structure of production; maximum employment of human resources; greater self-sufficiency in economic performance; and centralization of national financial institutions to promote increased efficiency and effectiveness.

So far as the health sector is concerned, the broad policy objectives include the development of a free national health service within the structure of the National Insurance Scheme; improvement of quality and extension of the coverage of health care to the entire population; reorganization of the structure and administration of the health service in order to achieve the unification of the private and public subsectors into one National Health Sector, providing primary, secondary and tertiary health care; integration of the mental health service into the total health service; expansion of the present health education program; improvement in the quality of environmental health; and training of medical, nursing and allied health personnel to meet the needs of the improved service.

In the areas of solid waste management, sewerage disposal for part of Bridgetown and its environs, nutrition and veterinary public health, clearly defined programs have been formulated and priorities set in order to proceed to the preparation of a long-term national health plan. The Ministry of Health has been working toward this end and has drafted a medium term plan in principle for incorporation into the overall National Development Plan.

Maternal and child health clinics are conducted at the health centers and polyclinics throughout the country and maternal health clinics are held at the Queen Elizabeth Hospital. Nearly 100% of all births took place by hospital delivery in 1979. An active family planning program is conducted by a strong family planning association which is financed by the Government, IPPF, UNFPA, and UNDP. Assistance to family planning component of polyclinics and training of personnel was approved and funded by UNFPA. The project aims at strengthening and improving the quality of family planning services by providing an extended and integrated coverage of clinical family planning services within the health care services of the polyclinics.

The need for improving the preparation of nurses for an expanded role in the delivery of maternal and child care throughout the Caribbean has been recognized and the Government of Barbados is participating in the Regional Program for Continuing Education of Nursing in Maternal and Child Care programs. This program is funded by UNFPA.

There is a well organized National Nutrition Center which promotes better nutrition, monitors the nutritional status of children and provides domiciliary and hospital treatment of malnourished children. A national preschool child nutrition survey was completed in 1976 and children found to be malnourished were given special attention. A Special Care Register of children with grades II and III of malnutrition is in operation and serves to focus attention on this condition and to reduce its prevalence.

The need for improvement in the content of nursing education and for better coordination of nursing services has been recognized. To this end a decision has been taken to transfer nursing education from the hospital-based setting to the Division of Health Sciences of the Barbados Community College and a Chief Nursing Officer has been recruited. A steering committee has been appointed with a view to examine the implications and to submit recommendations to the respective Ministries. In this exercise, the PAHO consultant in Nursing Education is utilized in order to assist the tutorial staff of the Tercentenary School of Nursing in revising and updating the curriculum.

Three tutors of the Tercentenary School of Nursing attended a two-week regional workshop and curriculum revision during November 1979. It was recommended that follow-up workshops will be beneficial. In addition, there was a follow-up workshop held in Barbados in October 1979 dealing with the curriculum of the midwifery program.

A graduate health educator is attached to the Ministry of Health and an active national program is in operation involving participation of voluntary agencies, community and focal groups. Seminars, workshops and the media presentations are conducted on important themes such as accidents, rodent control, solid waste disposal and the prevention of communicable and other diseases.

There are 637 beds in the Psychiatric Hospital and in 1979 there were 976 admissions of which 667 (68.3%) were readmissions. A Child Guidance Center was started during April 1978 catering to persons up to 16 years. The community psychiatric service which provides valuable follow-up for discharged patients was continued at five centers. The clinic at the Queen Elizabeth Hospital continues to expand its outpatient and domiciliary services.

The dental health service continued to provide prophylaxis, fillings and extractions. A clinic provided periodontal treatment for school children, welfare and antenatal patients. Dental health education has been increased. Need for a decision on fluoridation has been accepted. Discussions were held with PAHO which provided a short-term consultant to study the financial and all other implications of fluoridation of the national water supply. An excellent report was submitted and has been studied by the Government. A "Dental Health Week" which included radio and television discussions on dental health and community lectures was held in 1980.

The Water Department under the Ministry of Communications and Works continued to supply a reliable and safe water supply. A water resources study was conducted in 1977 and an institutional study has been carried out to establish a Water Authority in connection with the construction of a sewerage system for part of the Bridgetown area. The Caribbean Basin Water Management Project based in Barbados had an indepth evaluation in 1977 which resulted in major changes including the following: (a) development of a self-sustaining training system for water utilities of the Eastern Caribbean; (b) training instructors so that local rather than overseas training could be achieved; (c) preparation of training job manuals with key operative information; and (d) establishment of a linkage between water utilities in the Eastern Caribbean.

At present there is no public sewerage system. Excreta disposal is by septic tanks and such wells for homes with water connections. Other houses use pit latrines which are partly subsidized by the Public Health Engineering Unit which manufactures slabs and risers for these amenities. A few large hotels have sewage treatment plants. A public sewerage system for the Bridgetown area is currently (1980) under construction with a loan from the IDB and an institutional study to establish a Water Authority has been completed. The Water Authority was established by Act of Parliament in October 1980. One national engineer has completed training in sanitary engineering on a PAHO/WHO fellowship and is attached to the Bridgetown sewerage project.

Two other nationals have received training as sewage construction supervisors and will be attached to the sewerage project. The solid waste management program has high Government priority, and, following a two-year assignment of an OPAS sanitary engineer, the Government has appointed a manager and a deputy manager to the Sanitation Service Authority which is responsible for the program. Arrangements have been made for the training of the manager and similar training for the deputy manager has also been undertaken. Construction of the Pulverization Plant commenced in April 1979 and operations began in 1980. The plant will significantly improve the disposal of the island's refuse, most of which will be channelled through it. Its personnel are expected to undergo local and overseas training.

A program for monitoring of pollution in work places was carried out with special reference to dust, fumes, noise, lighting and ventilation. The Factories Act of 1958 was revised and enactment of the amendments is expected shortly. Water and air pollution have been kept under surveillance, special attention being given to marine and underground water pollution.

Food inspection and control activities have been traditionally under the control of the Public Health Inspectorate. At the moment, meat processing and packing, as well as slaughterhouse operations are under the Chief Veterinary Officer in close liaison with the Public Health Inspectorate. There is need for clearer definitions of the roles of the Chief Veterinary Officer and the Public Health Inspectorate in the entire area of food hygiene.

The Central Health Statistics section is now part of the Health Planning Unit. The work is done by two clerks with intermediate level training. The Queen Elizabeth Hospital has a Medical Records Department with 19 trained, 8 untrained and 12 staff in training.

The Psychiatric Hospital has one partly trained medical records clerk. There is a clear need for the development of an information system because, although the standard of health statistics and medical records is generally satisfactory, there is no flow of information to and from the field and the Ministry of Health. A request for PAHO assistance has resulted in a preliminary study of the situation and a report has been submitted.

There is a Health Planning Unit in the Ministry of Health. It is staffed by one senior health planning officer, one assistant health planning officer, one health records officer and one assistant records officer trained in health statistics. The assistant health planning officer was granted a PAHO/WHO fellowship and has successfully completed the postgraduate course of a Masters of Public Health.

The Project Design and Implementation Unit has been fully occupied with the monitoring of the recently concluded Health Services Study, with the National Steering Committee for the establishment of the proposed new national health care delivery system and has produced an updated written health plan as the health sector input into the National Development Plan which is being formulated. The Government has obtained a non-reimbursable loan for the conduct of a major study for the implementation of a national drug purchase and distribution program, and a health system development program. The National Drug Plan commenced operation during the first quarter of 1980.

The organization of community health services has been given high priority by the Government, as judged by various policy statements by the Minister of Health. The following strategy is in operation to implement this: (a) three polyclinics have been established at strategic locations, three new facilities will be constructed and two existing facilities are in the process of being expanded and upgraded; (b) a district nursing program continues; (c) a health education program is in operation which emphasizes community participation in the delivery of health care; (d) training of medical and nursing personnel in community health is being implemented; and (e) the mechanism for integration of the general practitioners into the national health care delivery system is being actively studied. It is planned to redevelop the physical facilities of the district hospitals to provide secondary health care for patients referred from primary health care centers. At present the six district hospitals accommodate 818 elderly and handicapped patients including 30 beds for handicapped children. The reorganization of the total health system should reduce the casualty attendance and the duration of stay in the Queen Elizabeth Hospital.

A proposal for a program of medical rehabilitation is under study. An active Physiotherapy Department at the Queen Elizabeth Hospital continues to do excellent work in the management of acute, temporary and permanent physical disabilities. The extent of occupational therapy at the psychiatric and the three geriatric hospitals is to be increased.

An active Aedes aegypti program was maintained during 1979. Results of the campaign activities showed the Aedes aegypti index to be 0.61 during the period January to March; 0.47 from March to June; 0.94 from June to September; and 1.82 from September to December; 384 positive foci were encountered in the period January to March; 369 in the period March to June; 696 in the period June to September; and 825 during the period September to December. The indices are usually higher during the rainy season but the situation is kept under close surveillance. Surveillance at the Airport has been strengthened by the use of ovitraps.

During 1980, in keeping with existing legislation, all primary school entrants were given immunization against the following diseases: diphtheria, tetanus, poliomyelitis and measles. The requirement of smallpox immunization has now been discontinued. Meanwhile, a special campaign against poliomyelitis was mounted during 1980 for persons aged 2 to 15 years.

A study of the present status of pulmonary tuberculosis was carried out by PAHO/WHO at the request of the Ministry of Health and certain recommendations made. A graduate microbiologist has been given responsibility for the Tuberculosis Laboratory, and a medical officer who has been specially trained in this field has been responsible for tuberculosis control. A pilot study of the tuberculin reaction of all primary school entrants prior to BCG vaccinations has been proposed.

Very close liaison has been maintained between the national epidemiologist and CAREC. Training of laboratory directors, epidemiologists, public health inspectors and public health nurses was carried out at CAREC and surveillance committees and measures to monitor influenza, dengue, poliomyelitis, typhoid and cholera continued to function.

The veterinary public health project was evaluated and the project document revised in 1979. A number of positive gains have now been registered, namely, (a) a full-time national director of the project was appointed; (b) two national veterinarians were recruited to the Ministry of Agriculture with one of them assigned to the Veterinary Public Health Unit; (c) two Rodent Control Units of the Ministry of Health and of Agriculture have been unified and placed under the jurisdiction of the Ministry of Health; (d) a post of Chief Pest Control Officer was established and filled; and (e) Dog Control Legislation has been introduced and a dog control unit with staff and facilities set up. An outbreak of bovine tuberculosis in cattle was discovered in one herd in 1977 and appropriate steps taken. Tuberculin testing of other herds on the island continues.

There is a Central Training Unit in the Ministry of Finance, Planning and Development. The Ministry of Health submits a training proposal to the unit annually and the unit mobilizes national and international financial resources for the training needs of all sectors. Training formed a major part of PAHO/WHO activities in all areas of the health service.

NATIONAL HEALTH PROGRAMS

Maternal and Child Health
 Environmental Sanitation
 Disease Control
 Health Education
 Rehabilitation
 Mental Health
 Institutional Health Care
 Development of Infrastructure
 Maintenance of Health Service Facilities
 Veterinary Public Health
 Health Planning/Management of Health Services

BARBADOS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CGNS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	
1980-1981											
PAHC--PR	194,100	-	-	165	22,100	-	154	162,500	-	9,500	-
PM	46,200	10	-	-	45,000	1,200	-	-	-	-	-
PG	2,602	-	-	-	-	-	2	2,602	-	-	-
WHU--WR	276,100	24	48	-	133,900	22,000	48	50,400	-	-	69,000
WT	326,200	24	-	360	169,700	2,600	45	60,000	-	60,700	13,200
TOTAL	845,202	58	48	525	370,700	25,800	249	275,502	-	90,200	83,000
PCT. OF TOTAL	100.0				43.9	3.0		32.6		10.7	9.8
1982-1983											
PAHC--PR	400,200	-	-	180	50,400	-	125	175,000	2,400	7,400	165,000
WHU--WR	72,800	-	-	-	-	-	52	72,800	-	-	-
WT	83,000	4	-	270	65,000	-	-	-	-	15,000	3,000
TOTAL	556,000	4	-	450	115,400	-	177	247,800	2,400	22,400	168,000
PCT. OF TOTAL	100.0				20.8	-		44.6	.4	4.0	30.2
1984-1985											
PAHC--PR	481,900	-	-	195	78,600	-	119	214,200	-	7,600	181,500
WHU--WR	86,400	-	-	-	-	-	48	86,400	-	-	-
TOTAL	568,300	-	-	195	78,600	-	167	300,600	-	7,600	181,500
PCT. OF TOTAL	100.0				13.9	-		52.9	-	1.3	31.9

*SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

BARBADOS - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					780	120,220	1,170	474,730	1,170	561,280
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER ADMINISTRATIVE OFFICER	.5089 4.5482 .5090	D-1 P-5 P-2						
DISEASE PREVENTION AND CONTROL					50	13,180	50	13,220	50	14,460
PG	AMRO-0510	CONSULTANTS, SUPPLIES								
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, FELLOWSHIPS	.0610	P-4						
FAMILY HEALTH					288	162,510	124	64,492	40	10,070
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH) HEALTH EDUCATION SPEC. MEDICAL OFFICER (MCH) NURSE MIDWIFE	4.3209 4.3702 4.5319 4.3703	P-5 P-4 P-4 P-4						
UNFPA	AMRO-1313	NURSE EDUCATOR NURSE EDUCATOR CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS	4.5127 4.5312	P-4 P-3						
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT								
UNFPA	AMRO-1316	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, GROUP TRAINING								
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
ENVIRONMENTAL HEALTH SERVICES					260	58,970	260	68,155	260	70,860
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5						
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS								
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					115	22,870	115	29,720	115	33,040
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5						
COMPLEMENTARY SERVICES					229	35,770	53	10,880	53	12,260
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
DEVELOPMENT OF HEALTH SERVICES					391	61,900	278	55,320	278	62,920
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4						
DEVELOPMENT OF HUMAN RESOURCES					434	173,000	324	119,980	54	52,740
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4						
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER HEALTH EDUCATOR HEALTH EDUCATOR CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS	4.4353 4.4355 4.4356	P-5 P-4 P-4						
TOTAL					2,547	648,420	2,374	836,497	2,020	817,630

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	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

BARBADOS - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The objectives of this program are to improve the level of disease surveillance and laboratory capability; reduce the incidence of gastroenteritis; maintain a high level of immunization, thereby reducing the incidence of diseases preventable by immunization; reduce the incidence of nosocomial infection; increase the efficiency of the vector control program, with special reference to Aedes aegypti eradication; and establish a hospital-based cancer registry within a national cancer control program.

The more rational approach to gastroenteritis therapy through oral rehydration will continue to be promoted by the Area family health team. Area personnel will advise on the vector control program. PAHO Headquarters will continue to make the services of its procurement office available, especially within the Expanded Program of Immunization.

BARBADOS-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		14	16	15	TOTAL	PR	14,700	22,400	27,000
FELLOWSHIP MONTHS	PR	14	16	15	FELLOWSHIPS		14,700	22,400	27,000

BARBADOS-0700, Aedes aegypti ERADICATION

TOTAL		-	4	4	TOTAL	PR	5,500	7,700	9,500
FELLOWSHIP MONTHS	PR	-	4	4	SUPPLIES AND MATERIAL FELLOWSHIPS		5,500	2,100	2,300
							-	5,600	7,200

ENVIRONMENTAL HEALTH SERVICES

Barbados attaches high priority to its environmental health program. With tourism being one of the main pillars of the economy, the importance of solid waste disposal, the sanitary disposal of human waste, and the maintenance of high standards of drinking water and food hygiene assume crucial importance. It has recently constructed a pulverization plant, is currently constructing a sewer system for the city of Bridgetown, and has established a Water Authority with responsibility for water and sewerage services. In addition, the continuing escalation in the price of oil has made national authorities investigate alternative sources of energy, including solar energy, for its health facilities. Training in management and operation of the pulverization plant, of the sewerage system, and for food inspectors remains essential.

BARBADOS-2000, ENVIRONMENTAL SANITATION

TOTAL		60	90	90	TOTAL	PR	84,300	82,600	101,100
CONSULTANT DAYS	PR	60	90	90	PERSONNEL - CONSULTANTS		8,100	25,200	36,300
TOTAL		72	41	36	FELLOWSHIPS		76,200	57,400	64,800
FELLOWSHIP MONTHS	PR	72	41	36					

BARBADOS-2100, WATERWORKS ADMINISTRATION

TOTAL		2	-	-	TOTAL	PG	2,602	-	-
FELLOWSHIP MONTHS	PG	2	-	-	FELLOWSHIPS		2,602	-	-

BARBADOS-2101, DEVELOPMENT OF A NATIONAL WATER AND SEWERAGE AUTHORITY

TOTAL		10	-	-	TOTAL	PW	46,200	-	-
P-4 PROJECT MANAGER .5083	Pw	10	-	-	PERSONNEL - POSTS		45,000	-	-
					STAFF DUTY TRAVEL		1,200	-	-

BAR

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND 1980-1981	\$	\$

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The general objectives of the program are to develop a national animal health and veterinary public health program with a permanent infrastructure; reduce the incidence of zoonotic diseases; avoid loss of animal protein caused by animal diseases; and provide an effective food hygiene program.

The infrastructure for the Veterinary Public Health Unit, as required for the technical program, has been completed. Capability to conduct zoonotic surveillance as required is available. The rodent control and stray dog control units have been satisfactorily established. No significant activity has taken place in the field of meat inspection/food hygiene. The Veterinary Diagnostic Laboratory has adequate physical facilities but is still encountering manpower deficiencies.

BARBADOS-3300, ANIMAL AND HUMAN HEALTH

TOTAL	24	4	-	TOTAL	UNDP	326,200	83,000	-
P-5 PROJECT MANAGER 4.4131	UNDP	24	4	-	PERSONNEL - PGSTS	118,100	20,900	-
					OTHER PERSONNEL COSTS	2,000	-	-
					PERSONNEL - CONSULTANTS	49,600	46,100	-
TOTAL	360	270	-		STAFF DUTY TRAVEL	2,600	-	-
					MISCELLANEOUS COSTS	13,200	3,000	-
CONSULTANT DAYS	UNDP	360	270	-	MISCELLANEOUS EQUIPMENT	80,700	15,000	-
					FELLOWSHIPS	50,000	-	-
TOTAL	45	-	-		GROUP TRAINING	10,000	-	-
FELLOWSHIP MONTHS	UNDP	45	-	-				

DEVELOPMENT OF HEALTH SERVICES

Barbados is forging ahead with efforts to upgrade the standard of its health services, to ensure comprehensive coverage for all its people, and to establish a sound financial base for the health service system. Attention is therefore being paid to defining levels and standards of care; ensuring that supplies, especially drug supplies, are readily available; providing training of personnel at all levels; and ensuring that vulnerable groups receive priority attention and that the demands of chronic disorders such as diabetes, hypertension and cancer are appropriately catered for. Attention will also be paid to methods of promoting community participation and coordination with the health-related sectors.

The Government remains alert to the need for an effective disaster preparedness program. For the National Program on Development of Infrastructure, PAHO will provide assistance over the broad area of health services development and on financing of the health services with specific reference to the establishment, maintenance and cost containment of a health insurance system. PAHO will advise on curriculum development for community health nursing and on training required for all areas of health services development.

PAHO will emphasize the primary health care approach in health services development. Through CFNI, PAHO will support the Barbados National Nutrition Center and provide assistance on national nutritional policy, the training of personnel, and the care of patients with chronic nutritional disorders like diabetes mellitus. Through its Disaster Preparedness Unit, PAHO will provide assistance to strengthen national capability for disaster preparedness.

BARBADOS-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL	72	-	-	TOTAL	NR	225,700	-	-
P-4 PAHO/WHO REPRESENTATIVE 4.0916	NR	24	-	-	PERSONNEL - POSTS	133,900	-	-
G-6 SECRETARY 4.4709	NR	24	-	-	STAFF DUTY TRAVEL	22,000	-	-
G-5 SECRETARY 4.3081	NR	24	-	-	GENERAL OPERAT. EXPENSES	69,800	-	-

BARBADOS-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL	105	90	105	TOTAL	PR	89,600	287,500	344,300
CONSULTANT DAYS	PR	105	90	105	PERSONNEL - CONSULTANTS	14,000	25,200	42,300
					GENERAL OPERAT. EXPENSES	-	165,000	181,500
TOTAL	68	64	64		SUPPLIES AND MATERIAL	4,000	5,300	5,300
					FELLOWSHIPS	71,600	89,600	115,200
FELLOWSHIP MONTHS	PR	68	64	64	COURSES AND SEMINARS	-	2,400	-

<u>FUND</u>	1980- 1981	1982- 1983	1984- 1985	<u>FUND</u> 1980-1981	1982-1983	1984-1985
					\$	\$

DEVELOPMENT OF HUMAN RESOURCES

In order to improve the dental health of the community, the Government continues to attach greatest importance to preventive programs. In this connection, it continues to train dental auxiliaries to promote dental health education and reduce the need for extractions in the school-age population.

BARBADOS-6600, DENTAL EDUCATION

<u>TOTAL</u>	<u>48</u>	<u>52</u>	<u>48</u>	<u>TOTAL</u>	WR	<u>50,400</u>	<u>72,800</u>	<u>86,400</u>
FELLOWSHIP MONTHS	WR	48	52	48	FELLOWSHIPS	50,400	72,800	86,400

BELLIZE - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	145
Area (in thousand square kilometers)	1980	23
Cultivated land (in square kilometers)	1975	894
<u>Health Indicators:</u>		
Life expectancy at birth	1970-1975	68.4
Death rate per 1,000 population	1980	5.6
Infant mortality rate per 1,000 live births	1980	38.3
Death rate 1-4 years, per 1,000 population	1980	4.7
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1980	11.2
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1980	17.1
Number of physicians per 10,000 population	1980	3.5
Number of hospital beds per 1,000 population	1980	2.6
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	49.3
Percentage of population 55 years and over	1979	9.1
Rate of natural increase per 1,000 population	1980	32.4
Fertility rate per 1,000 women 15-44 years of age	1979	199
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1980	27.5
Percentage of population with access to potable water	1980	49
Per capita calories per day	1972-1974	2,448
Per capita protein per day (grams)	1972-1974	58
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1974	852
- in United States dollars	1974	426
Percentage of GDP from secondary sector (manufacturing and building)	1974	18
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1979	90
Percentage of population 5-14 years enrolled in primary schools**	1973	79
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	35
Percentage of population 20-29 years enrolled in university**	1973	0.1

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

BELIZE - COUNTRY STATEMENT

Belize is situated in Central America, shares borders with Guatemala, Mexico and the Caribbean Sea, and has an area of about 8,866 square miles and a coastline of 174 miles. The population of Belize was estimated at 144,900 at the end of 1980 with about 49% being under 15 years of age. The natural population increase rate is about 2.8% per annum. Although the majority of the population resides in the coastal areas and Belize City, the old capital, there seems to be a fair distribution of people among the six districts into which the country is divided. The new capital city, Belmopan, is located some 50 miles inland to the west from Belize City. Approximately 38 and 46% of the land area is suited to agriculture and forestry respectively, the remaining lands being mainly swampy in nature. The population density of Belize is about 15 persons per square mile. The literacy rate is about 90%.

The crude birth rate in 1980 was estimated at 38.0 and the crude death rate at 5.6 per 1,000 population. The infant mortality rate in 1976 was estimated at 45.9 per 1,000 live births.

The leading causes of death are diseases of the cardiovascular and respiratory systems, diseases of early infancy, enteric and diarrheal diseases, accidents, violence and neoplastic diseases. The five leading causes of death among children under five years of age are enteritis and diarrheal diseases, diseases of early infancy, respiratory diseases, deficiency and other infective and parasitic diseases, all of these being largely preventable.

The incidence of communicable diseases is considerably high, particularly for malaria, gonococcal infections, enteritis and diarrheal diseases, syphilis and tuberculosis, although the reporting system is very deficient and the data are incomplete. The incidence of malaria began to increase from 1976 onwards and in 1978 the smear positivity rate was reported to be 4.24%.

Immunization coverage was estimated to be 70% against diphtheria, whooping cough and tetanus and about 60% against polio in 1977. Prenatal care coverage is estimated at 90% and about 25% of deliveries are unattended by trained health personnel. Coverage of child health services is estimated between 80 and 90%.

The Health Department of the Ministry of Home Affairs and Health is responsible for the overall direction of health services in Belize. The Department is headed by a Chief Medical Officer who is assisted by a Medical Officer of Health for Community Health Services, a Principal Nursing Officer and a Hospital Secretary.

Government health facilities of the Health Department include seven general hospitals with a complement of 354 beds or 24.8 per 10,000 population; a mental hospital with 103 beds (7 per 10,000 population) and a tuberculosis sanatorium. There are 27 government health centers, including 9 urban and 18 rural centers. Health services to the outlying rural communities are provided by mobile clinics. Most of the health facilities are in need of repair or renovation, including Belize City Hospital and the mental hospital. Supporting medical services are inadequate.

Shortage of trained health personnel is a serious constraint in the delivery of health services. Estimates of health personnel in 1980 were 50 doctors (3 per 10,000); 5 dentists (0.4 per 10,000); 108 nurses (8.5 per 10,000); 11 public health nurses; 15 rural health nurses; 104 practical nurses, nursing assistants and attendants; 87 private midwives, and 15 public health inspectors. The supporting and auxiliary staff are inadequate. There is a nursing school for training of professional, practical and rural nurses and midwives. All other categories of health personnel are trained abroad.

The environmental health services under the Health Department are vector and pest control, rabies control, food hygiene, basic sanitation, water quality control, pollution control, and rural water supply. General sanitation services are inadequate and water quality monitoring facilities are practically nonexistent. Approximately 94.2% of the urban population has house connections or easy access to water supply, but only 30.1% of the rural population has similar services. 84% of the urban population is served with approved sewage disposal systems. The provision and improvement of the public water system continues to be a high priority program of the Government. The Government is interested in formulating a health policy which would give direction to the thrust and reorganization of health services in accordance with the priorities established. The aim would be optimum utilization of the available scarce resources and rationalization of health care delivery and manpower deployment and development.

With the cooperation of PAHO/WHO the Health Department has already started the diagnosis of health problems and assessment of resources. Other priority areas for immediate attention are formulation of a manpower development plan, training of personnel, strengthening of community-based health services, and streamlining of administration of health services.

BELIZE - NATIONAL HEALTH PROGRAMS

Medical Administration

Institutional Services (Hospitals)

Public Health:

Malaria Eradication

Aedes aegypti Eradication

Maternal and Child Health

Environmental Health

District Nursing and Midwifery

Venereal Diseases

Dental Health

Health Education

Veterinary Public Health

Training

BELIZE - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
PAHO--PR	25,200	-	-	-	-	24	25,200	-	-	-	-
WHO---WR	307,000	-	-	690	93,000	113	118,600	10,400	24,200	-	53,800
TOTAL	332,200	-	-	690	93,000	137	143,800	10,400	24,200	-	53,800
PCT. OF TOTAL	100.0				28.0		43.3	3.1	7.3		16.2
1982-1983											
PAHO--PR	39,200	-	-	-	-	28	39,200	-	-	-	-
WHO---WR	373,000	-	-	500	140,000	104	145,600	12,600	11,500	-	54,800
TOTAL	412,200	-	-	500	140,000	132	184,800	12,600	11,500	-	54,800
PCT. OF TOTAL	100.0				34.0		44.8	3.0	2.8		13.3
1984-1985											
PAHO--PR	43,200	-	-	-	-	24	43,200	-	-	-	-
WHO---WR	471,300	-	-	420	169,300	102	183,600	15,700	34,000	-	58,700
TOTAL	514,500	-	-	420	169,300	126	226,800	15,700	34,000	-	58,700
PCT. OF TOTAL	100.0				32.9		44.1	3.0	6.6		11.4

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 BELIZE - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA						-- 1980-1981 --	-- 1982-1983 --	-- 1984-1985 --			
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE		UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>						20	4,470	30	14,200	30	16,560
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1							
		ADMINISTRATIVE OFFICER	4.5482	P-5							
			.5090	P-2							
<u>DISEASE PREVENTION AND CONTROL</u>						12	7,020	12	3,260	12	3,560
PG	AMRO-0510	CONSULTANTS, LOCAL COSTS, SUPPLIES									
PR	AMRO-0710	AEDES AEGYPTI ADVISOR	.0610	P-4							
		CONSULTANTS, SUPPLIES, FELLOWSHIPS									
<u>FAMILY HEALTH</u>						85	14,330	55	14,530	40	10,070
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5							
		HEALTH EDUCATION SPEC.	4.3702	P-4							
		MEDICAL OFFICER (MCH)	4.5319	P-4							
		NURSE MIDWIFE	4.3703	P-4							
PR	AMRO-1510	NURSE ADMINISTRATOR	.5281	P-3							
		CONSULTANTS, SUPPLIES									
<u>ENVIRONMENTAL HEALTH SERVICES</u>						-	710	-	405	-	-
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS									
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>						30	5,960	30	7,750	30	8,620
WR	AMRO-3110	VETERINARIAN	4.4045	P-5							
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS									
<u>COMPLEMENTARY SERVICES</u>						75	12,180	53	10,880	53	12,260
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4							
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4							
<u>DEVELOPMENT OF HEALTH SERVICES</u>						63	9,940	41	8,200	41	9,320
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4							
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4							
WR	AMRO-5410	STATISTICIAN	4.0841	P-4							
PR	AMRO-5510	ADMIN. METHODS OFFICER	.0917	P-4							
		CONSULTANTS, SUPPLIES									
<u>DEVELOPMENT OF HUMAN RESOURCES</u>						51	13,240	46	14,400	36	12,880
PR	AMRO-6210	GRANTS									
PR	AMRO-6310	NURSE EDUCATOR	.0604	P-4							
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS									
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5							
		HEALTH EDUCATOR	4.4355	P-4							
		HEALTH EDUCATOR	4.4356	P-4							
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS									
TOTAL						336	67,850	267	73,625	242	73,270
						=====	=====	=====	=====	=====	=====

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

BLZ

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

BELIZE - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The purpose of the program is to reduce the incidence and prevalence of diseases preventable through immunization and other control measures. The major programs for PAHO's technical cooperation during the budget period will include malaria eradication, enteric disease prevention and control, tuberculosis control, Aedes aegypti eradication, and improvement in diagnosis and treatment of sexually transmitted diseases.

Specifically PAHO will assist in the assessment of the incidence and prevalence of these diseases; strengthening of program operations; improvement of diagnostic services; and training of national personnel. Establishment of an effective and efficient disease surveillance system, both at national and district levels, will be given high priority.

BELIZE-0200, ERADICATION OF MALARIA AND Aedes aegypti

TOTAL		240	140	90	TOTAL	WR	53,900	49,300	68,600
CONSULTANT DAYS	WR	240	140	90	PERSONNEL - CONSULTANTS		32,400	39,200	36,300
TOTAL		2	4	4	SUPPLIES AND MATERIAL		2,400	3,500	3,100
FELLOWSHIP MONTHS	WR	2	4	4	VEHICLES		16,000	-	20,800
					FELLOWSHIPS		2,100	5,600	7,200
					COURSES AND SEMINARS		1,000	1,000	1,200

FAMILY HEALTH

PAHO's technical cooperation will be continued in the strengthening of the maternal and child health program, which is also receiving financial assistance from UNICEF. The program will be evaluated and specific areas for further development will be identified. Emphasis will be on the training of health personnel and education of families and communities.

In the area of mental health, PAHO will cooperate in the strengthening of mental health services at the district level and in the training of mental health personnel.

Follow-up of the National Food and Nutrition Policy will be carried out with the aim of implementing its recommendations. Assistance will be provided in the development and implementation of a food and nutrition surveillance system.

BELIZE-1300, MATERNAL AND CHILD HEALTH

TOTAL		24	28	24	TOTAL	PR	25,200	39,200	43,200
FELLOWSHIP MONTHS	PR	24	28	24	FELLOWSHIPS		25,200	39,200	43,200

ENVIRONMENTAL HEALTH SERVICES

PAHO's technical cooperation will be aimed at improvement of rural water supply and basic sanitation services, particularly in the rural areas; establishment of adequate water quality monitoring services and practices; and improvement of the food and meat hygiene program.

Program components will include the training of national personnel, both locally and through fellowships, to ensure adequate environmental health manpower, review and updating of existing sanitation procedures and corresponding legislation, and education of the community, as well as promotion of community participation in maintaining a clean environment.

BELIZE-2000, ENVIRONMENTAL HEALTH

TOTAL		180	120	90	TOTAL	WR	65,200	80,300	97,000
CONSULTANT DAYS	WR	180	120	90	PERSONNEL - CONSULTANTS		24,300	33,600	36,300
TOTAL		32	28	28	SUPPLIES AND MATERIAL		3,300	3,500	5,000
FELLOWSHIP MONTHS	WR	32	28	28	FELLOWSHIPS		33,600	39,200	50,400
					COURSES AND SEMINARS		4,000	4,000	5,300

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND 1980-1981		

DEVELOPMENT OF HEALTH SERVICES

The Organization will assist the Government in defining a health policy and formulation of strategies for the implementation of a health policy. Emphasis will be placed on the rationalization of the health care delivery system, with optimum use of available scarce resources and strengthening of primary health care services.

Assistance will be provided in improving the health management process in relation to the maintenance of health facilities and equipment. Emphasis will be placed on the development of a work plan for improving the health information system and providing cooperation in the areas of vital statistics, hospital statistics, and the design of a planning and health care information system.

PAHO will also assist in developing a health manpower development plan and will provide fellowships as well as developing continuing education programs for health personnel, with emphasis on community health. Nursing education programs will be reviewed, and assistance will be provided in the revision of curricula strengthening, particularly community health contents.

BELIZE-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL	NR	25,400	27,900	33,300
STAFF DUTY TRAVEL		7,000	8,500	10,000
GENERAL OPERAT. EXPENSES		18,400	19,400	23,300

BELIZE-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		270	240	240	TOTAL	NR	162,500	215,500	272,400
CONSULTANT DAYS	NR	270	240	240	PERSONNEL - CONSULTANTS		36,300	67,200	96,700
					CONTRACTUAL SERVICES		35,400	35,400	35,400
TOTAL		79	72	70	SUPPLIES AND MATERIAL		2,500	4,500	5,100
					FELLOWSHIPS		82,900	100,800	126,000
FELLOWSHIP MONTHS	NR	79	72	70	COURSES AND SEMINARS		5,400	7,600	9,200

BOLIVIA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	5,600
Area (in thousand square kilometers)	1980	1,099
Cultivated land* (in thousand hectares)	1978	1,140
<u>Health Indicators:</u>		
Life expectancy at birth	1980-1985	50.7
Death rate per 1,000 population	1980-1985	15.9
Infant mortality rate per 1,000 live births	1980-1985	124.4
Death rate 1-4 years, per 1,000 population	1976	17.8
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1976	20.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1976	16.4
Number of physicians per 10,000 population	1974	4.7
Number of hospital beds per 1,000 population	1978	1.1
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age.	1980	43.0
Percentage of population 55 years and over	1980	7.8
Rate of natural increase per 1,000 population	1980-1985	26.8
Fertility rate per 1,000 women 15-44 years of age	1980-1985	6.3
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1976	32
Percentage of population with access to potable water	1980	29
Per capita calories per day	1975	2,140
Per capita protein per day (grams)	1975	53
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1976	21,225
- in United States dollars	1976	387
Percentage of GDP from secondary sector (manufacturing and building)	1978	17
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)**	1980	45
<u>Educational Indicators:</u>		
Percentage of literate population	1976	63
Percentage of population 5-14 years enrolled in primary schools***	1976	79
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1976	27
Percentage of population 20-35 years enrolled in university*	1975	3

*Harvested land

**Only agriculture

***Total enrollment as a percentage of population in the age group

 BOLIVIA - COUNTRY STATEMENT

Bolivia is a land-locked country, located in the central part of South America. It covers an area of 1,098,581 square kilometers and comprises three large natural regions: (1) the High Plains, in the western part of the country, formed by extensive areas of predominantly level land and high mountains (altitude ranging from 4,500 to 7,000 meters); (2) the Valleys, located in the northern and eastern foothills of the Eastern Mountain Range, with variable terrain and semitropical temperatures; and (3) the Eastern Plains, located in the east, with completely tropical characteristics. Politico-administratively, the country is divided into nine departments.

As in other countries, the economic situation is characterized by external and internal factors that, combined with high inflation, negatively affect development. In 1978 the real growth rate of the GDP was 4%, with negative rates in the mining and hydrocarbon sectors. The agriculture and livestock sector accounts for 14.5% of the GDP but employs almost 70% of the population. In 1978 the public sector accounted for 22.8% of the GDP and the private sector for 77.2%. The foreign debt represents a considerable economic load, having increased 121.1% from 1977 to 1978. In 1978, 28% of all exports were intended to help pay the public debt, and in that year net foreign credits financed 48.6% of the public investment.

The estimated population for 1980 was 5,600,000 inhabitants, 43.4% of which are under 15 years of age; 53.3% between 15 and 64; and 3.3%, 65 years of age and over. Females account for 50.7% of the population, and the rural population comprises 59.8% of the total. Population density is 5.07 inhabitants per square kilometer, with extremes that range from 15.65 for Cochabamba to 0.65 for Pando.

The demographic indicators, which are based on highly incomplete information, include life expectancy at birth, 50.7 years; gross birth rate per 1,000 population, 44.8%; overall fertility rate, 6.25 children per woman; gross mortality rate, 15.9%; infant mortality rate, 124.4%; and net rate of growth, 26.8 per 1,000 population. The average size of a household is 4.7 people.

The 10 leading causes of mortality are the following: pulmonary tuberculosis, enteritis and other diarrheal diseases, heart diseases, other pneumonias, ill-defined disorders and conditions, other bacterial diseases, other diseases of the respiratory tract, vitamin deficiency and other nutritional diseases, meningitis, and intracranial trauma.

The environmental sanitation situation contributes to health problems. Only 30% of the urban population have sewerage service, and just one city (Santa Cruz) has facilities for waste treatment, 4% of the urban population have septic tanks, 14% sanitary latrines, and 52% have no sanitary services. With regard to the rural population, 1% have septic tanks, 4% sanitary latrines, and 95% have no sanitary services. In other aspects of environmental sanitation, such as control of foods and beverages and vector and rodent control, the situation is totally unsatisfactory. Solid waste disposal is carried out by fairly adequate systems in nine cities, and in five more, studies to organize such systems are now in progress.

Available information indicates that 30.7% of the infant population suffer from grade I malnutrition, 13.65% from grade II malnutrition, and 2.9% from grade III. An estimated 70% of all pregnant women have iron-deficiency anemias in varying degrees. Furthermore, surveys carried out in 1965 and 1974 indicate the following rates for endemic goiter: Santa Cruz 70%, Beni 57%, Chuquisaca 50%, and La Paz 28%.

The prevalence of silicosis, a disease associated with mining, which is a major activity in the national economy, ranks high among occupational diseases. In 1977 the labor force in mining comprised 73,903 workers employed in 2,646 companies. Studies indicate rates of incidence for this disease ranging from 10 to 60%, the highest rates in the Hemisphere. Furthermore, its economic impact is considerable: in 1977 Social Security paid \$b.76.9 million in pensions basically because of the silicosis problem; of course, this figure represents only a small part of the actual cost. The Ministry of Health, working under restrictions linked to factors of technology and cost in mineral production, is launching a program designed to calculate the magnitude of the silicosis problem and to reduce the incidence of this disease.

In the institutional field, the greatest restraints are a result of the lack of organizational coordination that exists between the two groups of institutions that make up the Ministry of Social Welfare and Public Health: one group is of a centralized nature, comprised by the health units and the establishments that are their responsibility (hospitals, hospital health centers, medical posts, and health posts) and the other is of a public, decentralized nature, comprised by the Bolivian Social Security Institute and its agencies (supplementary funds and accounts).

The Ministry of Social Welfare and Public Health, through the Office of the Minister, directs national health policy. It has the support of a health department, which is responsible for the health units (one for each geographical department, plus two extra, created due to problems of terrain and physical accessibility) and is also supported by a service network made up of 28 general and specialized hospitals with 3,610 beds, plus 38 establishments mainly for out-patient care in the urban area; and 126 hospital health centers with 1,893 beds, plus 122 medical posts, and 677 health posts in the rural area (1979 data).

The Department of Social Welfare is responsible for all aspects of policy-making and for national strategies relating to the social security system. The institution responsible for the application of these policies and strategies is the Bolivian Social Security Institute (IBSS), which acts as a higher administrative agency.

The Ministry, through its centralized agencies, has major responsibility for coverage, a function seriously restricted by the present lack of institutional coordination, the low performance of resources, cultural patterns and attitudes with respect to health, and excessive dispersion of the rural population. Of the theoretical coverage provided, estimated at 70% of the population, in 1978 671,041 people actually received care, that is to say, 17.6% of a population of 3.8 million inhabitants. Similar restrictive factors have caused an equally unsatisfactory situation in the coverage of environmental sanitation services.

The social security system consists of five basic funds (compulsory insurance); four representative agencies and one directing agency, constituted by IBSS. In practice, these funds have semi-independent systems of administration, and therefore the problem of institutional coordination is even more acute here than in the Ministry; added to this are the operational differences in the administration of resources in agencies that are presumably regulated by the same legal system. Statistics for 1979 give an idea of the coverage: the beneficiary population totaled 1,332,609 for 331,667 active contributors, that is to say, a ratio of 4.42 beneficiaries to each individual insured. The population sector covered by social security could be considered a "moderate risk" group in that it constitutes the nucleus of the work force, receives a regular income, has physical accessibility to health services, and is part of a cultural system in which health is regarded as a personal and family value. The coverage of services, at least in terms of quantity, seems adequate in light of the following data: in 1978 there were 3,286,910 consultations for 1,260,888 beneficiaries (an average of 2.6) and 84,679 patients were cared for in hospitals.

Many other public and private institutions participate in the provision of health services; noteworthy among them are: (1) the Ministry of Urban Planning and Housing, through its Urban Infrastructure Bureau, whose responsibilities include water supply and sewerage systems in the urban areas; the National Board for Social Action, which provides rehabilitation programs for deaf-mute and blind children, orphan care, and the construction of multipurpose health centers in periurban areas; the National Land Settlement Institute; the National Railway Company; the National Community Development Service; the Water Corporation, whose scope of action covers communities of 500 to 10,000 inhabitants; independent water companies working in the departmental capitals and departmental development corporations, whose main advantage is their operational flexibility.

The legal basis for the health services system is the Constitution, and it is primarily implemented through the Health Code. The Administrative Organization Law of the Executive Branch defines the function of the Ministry as follows: "It is responsible for the formulation, regulation, and execution of the national health policy, curative and preventive medicine, patient rehabilitation, the promotion of research and campaigns for nutritional improvement, personal hygiene and health education, the regulation and organization of state medical services, clinics and hospitals, and finally, the regulation and control of the beneficiaries or private entities."

The social security system has been developing on the basis of specific laws passed prior to 1949. In addition, Compulsory General Insurance Law was promulgated and put into effect in 1949, and in 1950 it was supplemented by the Professional Hazard Insurance Law. Both were incorporated into a single law in 1950. Other supreme decrees have expanded the scope of existing institutions and have generated new areas of institutional activity, which makes it increasingly difficult to coordinate resources and to channel them into meeting specific goals.

In the financing of development programs, productive sectors are being assigned priority over social sectors, which may mean that the prevailing situation is becoming even worse; the allocation of national budgetary resources for health is already low. In 1979 the per capita expenditure was estimated at \$38.86, including the joint resources of the social security system and the centralized agencies of the Ministry. However, that figure is modified by unequal distribution in favor of the insured worker. The real per capita expenditure for social security is actually several times higher (almost 14 times higher in 1976) than that for the other institutions of the Ministry.

Financial restrictions have forced the Ministry to adopt practices that result in limits on the extension of service coverage, as well as on their quality and the performance of their resources. Actually, a substantial part of the Ministry's operating costs are financed by charging fees to patients, whose economic capacity is very limited. This adds the problem of economic accessibility to the already existing problems of cultural and physical accessibility.

Faced with the health, institutional, and financial situation of the health services system, the outstanding feature of the health policy is the process of extending service coverage, with priority on the rural and periurban population and on the strategies of primary care and community participation. These policies and strategies involve renewed efforts for local programming as a means for matching the supply of services to the perceived needs of the population; redefining the function of the units at the local level by stressing comprehensive care as an element to integrate the scattered programs, and the concept of a regionalized system as a means to bring about institutional cohesion; redefining the administrative processes in order to detect inequitable patterns of resource distribution and to reorient resources toward activities that are more productive, effective, and consonant with the national priorities and the decentralization of the rigid centralist structure, to allow for greater regional and local participation in the decision-making process.

Another outstanding feature of the health policy is the coordination of institutional development among the centralized institutions of the Ministry and the decentralized social security institutions, and the maintenance of the distinct legal characteristics and official responsibilities of each one under a single process of extension of coverage.

Policies for the first five-year period of this decade and the minimum operational activities to be carried out in 1981 have been formulated and are now being adopted, in view of the possibilities and restrictions determined by existing resources; these operational activities are the driving force behind fundamental changes to be made in the context of the previously mentioned orientation of activities.

BOLIVIA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	1,360,264	58.5	916,096	43.1	1,025,300	41.8
SERVICES TO INDIVIDUALS	540,919	23.3	448,490	21.1	503,400	20.6
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	293,600	12.6	328,000	15.5	420,600	17.2
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	247,319	10.7	85,690	4.0	39,600	1.6
1400 NUTRITION	-	-	34,800	1.6	43,200	1.8
ENVIRONMENTAL HEALTH SERVICES	719,445	30.9	341,406	16.1	373,700	15.2
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	143,600	6.2	218,000	10.3	256,000	10.4
2100 WATER SUPPLY AND EXCRETA DISPOSAL	401,732	17.2	29,606	1.4	-	-
3000 OCCUPATIONAL HEALTH	60,000	2.6	32,400	1.5	45,900	1.9
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	-	-	61,400	2.9	71,800	2.9
3200 FOOT-AND-MOUTH DISEASE	114,113	4.9	-	-	-	-
COMPLEMENTARY SERVICES	99,900	4.3	126,200	5.9	148,200	6.0
4100 NURSING	90,000	3.9	126,200	5.9	148,200	6.0
4300 EPIDEMIOLOGICAL SURVEILLANCE	9,900	.4	-	-	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	960,800	41.5	1,207,700	56.9	1,426,800	58.2
HEALTH SYSTEMS	812,900	35.1	888,100	41.9	1,125,300	45.9
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	293,900	12.7	369,500	17.5	436,600	17.9
5100 GENERAL PUBLIC HEALTH SYSTEMS	220,600	9.5	250,700	11.8	375,200	15.3
5200 MEDICAL CARE SYSTEMS	104,200	4.5	-	-	-	-
5300 PLANNING	104,200	4.5	141,700	6.7	165,300	6.7
5400 STATISTICS AND INFORMATION SYSTEMS	90,000	3.9	126,200	5.9	148,200	6.0
DEVELOPMENT OF HUMAN RESOURCES	147,900	6.4	319,600	15.0	301,500	12.3
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	147,900	6.4	319,600	15.0	301,500	12.3
GRAND TOTAL	2,321,064	100.0	2,123,796	100.0	2,452,100	100.0

BOLIVIA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER		
		MONTHS PROF.	LOCAL	CUNS. DAYS		AMOUNT	MONTHS					AMOUNT	
	\$				\$		\$	\$	\$	\$	\$		
1980-1981													
PAHU--PR	1,205,100	144	48	960	742,600		45,600	100	105,700	118,800	47,600	16,000	128,800
PW	314,260	18	-	300	132,000		-	17	18,800	-	87,593	-	75,867
PG	114,113	28	-	45	106,313		7,800	-	-	-	-	-	-
WHO--WR	310,600	24	-	510	151,000		7,600	46	48,600	80,200	23,200	-	-
WT	32,300	-	-	-	-		-	10	10,800	-	15,000	-	6,500
WP	247,319	12	-	180	109,710		1,697	6	79,757	-	41,899	-	14,256
WH	4,900	-	-	-	-		-	-	-	-	9,900	-	-
WM	87,472	-	-	330	64,000		-	2	2,200	10,530	-	-	10,742
TOTAL	2,321,064	226	48	2325	1,305,623		62,697	141	265,857	209,530	225,192	16,000	236,165
PCT. OF TOTAL	100.0				56.3		2.7		11.4	9.0	9.7	.7	10.2
1982-1983													
PAHU--PR	1,808,200	144	48	990	1,105,400		50,400	121	169,400	244,000	70,600	-	168,400
PW	25,606	6	-	-	22,600		-	-	-	-	-	-	7,006
WHO--WR	235,200	24	-	115	150,000		8,400	22	30,800	26,000	20,000	-	-
WP	50,790	12	-	-	50,790		-	-	-	-	-	-	-
TOTAL	2,123,796	186	48	1105	1,328,790		58,800	143	200,200	270,000	90,600	-	175,406
PCT. OF TOTAL	100.0				62.6		2.8		9.4	12.7	4.3	-	8.2
1984-1985													
PAHU--PK	2,094,000	144	48	855	1,330,000		55,200	133	239,400	188,000	75,900	-	205,500
WHO--WR	358,100	24	-	300	259,900		9,200	25	45,000	20,000	24,000	-	-
TOTAL	2,452,100	168	48	1155	1,589,900		64,400	158	284,400	208,000	99,900	-	205,500
PCT. OF TOTAL	100.0				64.8		2.6		11.6	8.5	4.1	-	8.4

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

BOLIVIA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA IV CONSULTANTS*

PROGRAM AREA		PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	UNITS (DAYS)					AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	
PROGRAM PLANNING AND GENERAL ACTIVITIES						150	114,170	150	137,930	150	152,230
PR	AREA IV	AREA REPRESENTATIVE	.0294	D-1							
DISEASE PREVENTION AND CONTROL						160	30,100	160	32,620	160	36,530
PR	AMRO-4340	EPIDEMIOLOGIST	.2028	P-4							
FAMILY HEALTH						285	39,714	285	54,720	145	34,300
UNFPA	AMRO-1340	MEDICAL OFFICER (MCH)	4.3700	P-4							
WR	AMRO-1440	NUTRITION ADVISOR	4.0877	P-4							
ENVIRONMENTAL HEALTH SERVICES						250	45,830	-	-	-	-
PR	AMRO-2940	SANITARY ENGINEER	.4266	P-5							
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						190	31,870	190	39,750	190	44,450
WR	AMRO-3140	VETERINARIAN	4.3088	P-4							
COMPLEMENTARY SERVICES						180	30,750	180	37,280	180	41,720
PR	AMRO-4140	NURSE ADMINISTRATOR	.0893	P-4							
DEVELOPMENT OF HEALTH SERVICES							31,740		18,030		23,160
PR	AMRO-5140	CONSULTANTS, LOCAL STAFF, COURSES AND SEMINARS, FELLOWSHIPS, GRANTS									
DEVELOPMENT OF HUMAN RESOURCES						200	36,030	200	43,660	200	48,980
PR, WR	AMRO-6040	MEDICAL EDUCATOR	4.3401	P-5							
		NURSE EDUCATOR	4.4046	P-4							
TOTAL						1,415	360,204	1,165	363,990	1,025	381,370

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

BOLIVIA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The purpose of the program is to cooperate with the Government in the efforts to control and/or eradicate the principal communicable diseases that are causes of mortality and morbidity in the country, namely: malaria, tuberculosis, leprosy, Bolivian hemorrhagic fever, Chagas' disease, venereal disease, exanthematous typhus, bubonic plague, yellow fever, and childhood diseases that can be controlled by vaccination.

The malaria program provides for cooperation in programming the Manual of Standards for epidemiological surveillance, personnel training, organization of the Malaria Division, research, and field activities.

As far as other communicable diseases are concerned, in tuberculosis cooperation will be provided for the establishment of a system at the level of health units and for holding two meetings on evaluation and personnel training; in leprosy assistance will be provided for research, administration and programming of control activities; in Bolivian hemorrhagic fever advisory services in virology will be provided; in Chagas' disease personnel will be trained and advisory services will be furnished in research, in laboratory techniques and in parasitology; in venereal diseases a seminar will be conducted on standardization of laboratory diagnosis standards and collaboration will be given in the acquisition of reagents and expendable materials; in exanthematous typhus a seminar on epidemiological surveillance will be held for nursing auxiliaries; in bubonic plague another seminar will be conducted on the establishment of an epidemiological surveillance system; in yellow fever collaboration will take the form of fellowships in entomology and *Aedes aegypti* surveillance and in viscerotomies; finally, in the area of infectious childhood diseases, advisory services will be provided in administration of immunization programs and cold chain and a seminar will be carried out to train auxiliary personnel in the management and application of biologicals.

Special emphasis will be given to the development of the technical and administrative infrastructure in order to improve the epidemiological surveillance of those diseases that due to their behavior and nature have a serious impact on resource planning and that because of their vulnerability are potentially eradicable.

BOLIVIA-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		24	24	24	TOTAL	PR	293,600	328,000	420,600
P-4 EPIDEMIOLOGIST .5479	PR	-	-	24	PERSONNEL - POSTS		82,400	117,800	156,100
P-3 SANITARIAN .4964	PR	24	24	-	PERSONNEL - CONSULTANTS		73,400	98,000	141,100
					STAFF DUTY TRAVEL		7,600	8,400	9,200
					SUPPLIES AND MATERIAL		27,000	25,400	30,400
					FELLOWSHIPS		46,200	50,400	64,800
					COURSES AND SEMINARS		41,000	28,000	19,000
					GRANTS		16,000	-	-
CONSULTANT DAYS	PR	540	350	350					
FOTAL		44	36	36					
FELLOWSHIP MONTHS	PR	44	36	36					

BOLIVIA-4300, EPIDEMIOLOGY

TOTAL	WH	9,900	-	-
SUPPLIES AND MATERIAL		9,900	-	-

FAMILY HEALTH

In accordance with the country's priorities and requests, cooperation will be provided in the improvement of the level of health and of the state of nutrition of the population, with special attention to the priority groups of mothers and children under six years of age.

The program pursues, among others, the following immediate objectives: (a) to extend the coverage in maternal and child health services and to improve the quality of the same through the strengthening of the operational and administrative technical capacity of the Ministry of Health; (b) to train personnel in the communities: traditional midwives and health promoters and personnel of the maternal and child services in order to improve the quality of care; (c) to carry out activities of social communication and education in rural and marginal urban areas that make it possible to increase the demand for care and improve the utilization of the existing installed capacity; (d) to strengthen the nutrition units within the structure of the health services at the national, regional, and local level, and (e) to integrate aspects of nutritional education in programs of maternal and child health care and supplementary feeding, as part of the regular actions of the regional and local health services.

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
BOLIVIA-1300, EXTENSION OF MATERNAL AND CHILD HEALTH AND FAMILY WELFARE SERVICES								
TOTAL		12	12	-	TOTAL	247,319	85,690	39,600
P-4 MEDICAL OFFICER (MCH) 4.5487	UNFPA	12	12	-	SUBTOTAL	PR -	34,900	39,600
TOTAL		180	-	-	SUPPLIES AND MATERIAL	-	8,100	10,000
CONSULTANT DAYS	UNFPA	180	-	-	FELLOWSHIPS	-	16,800	21,600
TOTAL		6	12	12	COURSES AND SEMINARS	-	10,000	8,000
FELLOWSHIP MONTHS	PR	-	12	12	SUBTOTAL	UNFPA 247,319	50,790	-
FELLOWSHIP MONTHS	UNFPA	6	-	-	PERSONNEL - POSTS	49,800	50,790	-
					ADMIN. SUPPORT PERSONNEL	5,533	-	-
					LOCAL PERSONNEL COSTS	30,904	-	-
					PERSONNEL - CONSULTANTS	23,473	-	-
					STAFF DUTY TRAVEL	1,697	-	-
					MISCELLANEOUS COSTS	14,256	-	-
					EXPENDABLE EQUIPMENT	14,632	-	-
					NON-EXPENDABLE EQUIPMENT	27,267	-	-
					FELLOWSHIPS	6,500	-	-
					GROUP TRAINING	73,257	-	-

BOLIVIA-1400, NUTRITION

TOTAL		-	12	14	TOTAL	PR -	34,800	43,200
FELLOWSHIP MONTHS	PR	-	12	14	SUPPLIES AND MATERIAL	-	8,000	10,000
					FELLOWSHIPS	-	16,800	25,200
					COURSES AND SEMINARS	-	10,000	8,000

ENVIRONMENTAL HEALTH SERVICES

With the general purpose of improving environmental sanitation in urban and rural areas, the goals of this program are to reorganize the sector in order to achieve its coordination and integration through a clear definition of the functions of the agencies that comprise it and to gradually optimize their technical and administrative capability through a program of institutional development; to increase coverage in terms of population served with drinking water, sewerage, excreta disposal, and refuse disposal; to give inservice training and specialized courses to the professional, technical, and auxiliary staff of the sector; and to strive for an improvement in the sanitary conditions of the sale, handling, and production of foods.

For the International Drinking Water Supply and Sanitation Decade, a National Group has been established consisting of the Under Secretaries of Health, Urbanism, and Planning, with an Executive Secretariat which is supported by consultants for the planning of the Decade, with financial assistance from the German Agency for Technical Cooperation (GTZ).

With the collaboration of PAHO, the Division of Environmental Sanitation of the Ministry of Social Welfare and Public Health has prepared the National Environmental Sanitation Plan with a view to ordering the actions and ensuring proper program planning.

In the administration of water and sewerage services (Cochabamba), cooperation will be provided to the Municipal Water Supply and Sewerage Service of Cochabamba in technical and administrative aspects, carrying out one aspect of the evolution of the different areas of the company. Special attention will be given to the technical area, Division of Studies and Projects, sewerage system of the city of Cochabamba, by means of a technical team capable of supervising its construction and operating and maintaining the future system. To that end, the manuals, standards, and necessary directives will be designed and a program will be prepared for the education and training of the professional, technical and auxiliary staff, both in the country and abroad. A similar project is under consideration for the administration of Sanitary Works of the Department of Beni.

The National Institute of Occupational Health (INSO) has as its purpose the prevention and reduction of the physical, chemical, biological, psychologic, and ergonomic risks generated by work, through a direct action of evaluation, standardization, education, and research; rehabilitation treatment and compensation for the effects of those risks, and intersectoral coordination in the aspects of inspection and application of the law.

The principal occupational health activities are conducted in the mining-metallurgy sector and in the training of commercial and labor personnel in the prevention of occupational risks, and in the improvement of INSO's laboratory and field equipment.

With the collaboration of a PAHO consultant, it is planned to reactivate the program of monitoring for ionizing radiations and to conduct a course for radiologists. In addition, an agreement has been approved for the Epidemiological Study of Silicosis in Bolivia, which includes a complete environmental study of a mine and the preparation of the bases for a national plan.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
BOLIVIA-2000, ENVIRONMENTAL SANITATION									
TOTAL		24	24	24	TOTAL	PR	143,600	218,000	256,000
P-4 SANITARY ENGINEER .0342	PR	24	24	24	PERSONNEL - POSTS		96,600	133,300	156,100
					PERSONNEL - CONSULTANTS		11,900	42,000	60,500
TOTAL		90	150	150	STAFF DUTY TRAVEL		7,600	8,400	9,200
CONSULTANT DAYS	PR	90	150	150	SUPPLIES AND MATERIAL		5,000	7,500	-
TOTAL		10	12	14	FELLOWSHIPS		11,000	16,800	25,200
FELLOWSHIP MONTHS	PR	10	12	14	COURSES AND SEMINARS		11,500	10,000	5,000

BOLIVIA-2101, INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

TOTAL		330	-	-	TOTAL	MM	87,472	-	-
CONSULTANT DAYS	MM	330	-	-	PERSONNEL - CONSULTANTS		64,000	-	-
TOTAL		2	-	-	FELLOWSHIPS		2,200	-	-
FELLOWSHIP MONTHS	MM	2	-	-	COURSES AND SEMINARS		10,530	-	-
					PROGRAM SUPPORT COSTS		10,742	-	-

BOLIVIA-2102, WATER AND SEWER ADMINISTRATION (COCHABAMBA)

TOTAL		18	6	-	TOTAL	PM	314,260	29,606	-
P-4 PROJECT MANAGER .5413	PM	18	6	-	PERSONNEL - POSTS		74,000	22,600	-
TOTAL		300	-	-	PERSONNEL - CONSULTANTS		58,000	-	-
CONSULTANT DAYS	PM	300	-	-	CONTRACTUAL SERVICES		1,500	-	-
TOTAL		17	-	-	SUPPLIES AND MATERIAL		87,593	-	-
FELLOWSHIP MONTHS	PM	17	-	-	FELLOWSHIPS		18,800	-	-
					PROGRAM SUPPORT COSTS		74,367	7,006	-

BOLIVIA-3000, OCCUPATIONAL HEALTH

TOTAL		90	50	40	TOTAL	PR	27,700	32,400	45,900
CONSULTANT DAYS	PR	90	50	40	PERSONNEL - CONSULTANTS		11,400	14,000	16,100
TOTAL		6	6	11	FELLOWSHIPS		8,300	8,400	19,800
FELLOWSHIP MONTHS	PR	6	6	11	COURSES AND SEMINARS		10,000	10,000	10,000

BOLIVIA-3001, MANPOWER DEVELOPMENT IN NATIONAL MINING SAFETY

TOTAL		10	-	-	TOTAL	UNDP	32,300	-	-
FELLOWSHIP MONTHS	UNDP	10	-	-	MISCELLANEOUS COSTS		6,500	-	-
					MISCELLANEOUS EQUIPMENT		15,000	-	-
					FELLOWSHIPS		10,800	-	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The aims of this program, carried out by the National Service of Eradication of Foot-and-Mouth Disease, Rabies, and Brucellosis of the Ministry of Agriculture and Rural Affairs (SENARB) and with the financial collaboration of IDB, are the institutional development of SENARB; the organization of the epizootiology unit, the epidemiological surveillance system, and the information system for statistical analysis and evaluation; and the organization and equipping of the animal health laboratories.

BOLIVIA-3100, ANIMAL HEALTH

TOTAL		120	90	TOTAL	PR	61,400	71,800
CONSULTANT DAYS	PR	120	90	PERSONNEL - CONSULTANTS	-	33,600	36,300
TOTAL		7	10	SUPPLIES AND MATERIAL	-	8,000	7,500
				FELLOWSHIPS	-	9,800	18,000
FELLOWSHIP MONTHS	PR	7	10	COURSES AND SEMINARS	-	10,000	10,000

BOLIVIA-3200, CONTROL OF FOOT-AND-MOUTH DISEASE, RABIES AND BRUCELLOSIS

TOTAL		28	-	-	TOTAL	PG	114,113	-	-
P-4 EPIZOOTIOLOGIST .5000	PG	8	-	-	PERSONNEL - POSTS		97,545	-	-
P-4 SANITARY ENGINEER .4997	PG	2	-	-	PERSONNEL - CONSULTANTS		8,768	-	-
P-4 SOCIAL WORKER .4998	PG	4	-	-	STAFF DUTY TRAVEL		7,800	-	-
P-4 STATISTICIAN .4999	PG	8	-	-					
P-4 VACCINE CONSULTANT .5001	PG	6	-	-					
TOTAL		45	-	-					
CONSULTANT DAYS	PG	45	-	-					

DEVELOPMENT OF HEALTH SERVICES

The purposes of this program are: (a) to collaborate with the Government in development and institutional strengthening of the sector and to reorder the technico-administrative, organic, and functional structure of the establishments; (b) to extend the coverage of health services with emphasis on the strategies of primary care and community participation; (c) to collaborate with the institutional strengthening and the expansion of the planning system at the sectoral level; (d) to strengthen the National Information System, and (e) to strengthen and expand the physical infrastructure and its maintenance.

In order to reach these goals, activities of cooperation have been established through the advisory services of full-time PAHO/WHO consultants in the country, in the specialties of health planning, administrative methods, sanitary engineering and nursing, maternal and child health, and extension of coverage. For the training of the national personnel fellowships have been earmarked in the areas of public health and hospital administration, analysis of the administrative system, hospital conference, health planning, and hospital records.

Plans call for concentrating cooperative efforts in the technical areas of administrative development, extension of coverage, and local planning in a program of progressive national coverage with annual geographic coverages consistent with the operational technical capability.

BOLIVIA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		72	72	72	TOTAL	PR	293,900	369,500	436,600
P-5 PAHO/WHO REPRESENTATIVE .3045	PR	24	24	24	PERSONNEL - POSTS		157,500	192,700	221,900
G-7 ADMINISTRATIVE ASSISTANT .4710	PR	24	24	24	STAFF DUTY TRAVEL		7,600	8,400	9,200
G-6 ADMINISTRATIVE ASSISTANT .4275	PR	24	24	24	GENERAL OPERAT. EXPENSES		128,800	168,400	205,500

	FUND	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
BOLIVIA-5100, DEVELOPMENT OF HEALTH SERVICES								
TOTAL		<u>96</u>	<u>96</u>	<u>96</u>	TOTAL	<u>609,000</u>	<u>644,800</u>	<u>836,900</u>
P-4 HEALTH PLANNER .4965	PR	24	24	24	SUBTOTAL	<u>PR 298,400</u>	<u>409,600</u>	<u>478,800</u>
P-4 HOSPITAL ADMINISTRATOR .4228	PR	24	-	-				
P-4 MEDICAL OFFICER .5481	PR	-	24	24	PERSONNEL - POSTS	275,600	384,400	451,200
P-3 NURSE ADMINISTRATOR 4.0338	WR	24	24	24	STAFF DUTY TRAVEL	22,800	25,200	27,600
P-3 STATISTICIAN .3227	PR	24	24	24	SUBTOTAL	<u>WR 310,600</u>	<u>235,200</u>	<u>358,100</u>
TOTAL		<u>510</u>	<u>115</u>	<u>300</u>	PERSONNEL - POSTS	82,400	117,800	139,000
CONSULTANT DAYS	WR	510	115	300	PERSONNEL - CONSULTANTS	68,600	32,200	120,900
TOTAL		<u>96</u>	<u>22</u>	<u>25</u>	STAFF DUTY TRAVEL	7,600	8,400	9,200
FELLOWSHIP MONTHS	WR	96	22	25	SUPPLIES AND MATERIAL	23,200	20,000	24,000
					FELLOWSHIPS	48,600	30,800	45,000
					COURSES AND SEMINARS	80,200	26,000	20,000

DEVELOPMENT OF HUMAN RESOURCES

The purposes of this program are to develop health manpower on a comprehensive basis as well as an adequate technical and administrative structure in order to help raise the level of health and well-being of the population of Bolivia; to maintain ongoing programs of training and continuing education of health personnel in service, and to strengthen the technical and administrative structure of the School of Public Health.

To that end cooperation has been provided through the Organization's staff in the country, in accordance with their specific specialization, in order to assist the central level of the Ministry of Health and the Bolivian University. Fellowships will be granted for the advanced training and updating of the teaching staff of the School of Public Health and the universities.

As a global strategy for the development of human resources, it is planned to develop the country's technical, financial, and infrastructure capabilities for teaching that will reduce its level of dependency in the education and training of the public health professional and technical and auxiliary personnel.

BOLIVIA-6000, DEVELOPMENT OF HUMAN RESOURCES

		240	320	225		PR 147,900	319,600	301,500
TOTAL		<u>240</u>	<u>320</u>	<u>225</u>	TOTAL	<u>PR 147,900</u>	<u>319,600</u>	<u>301,500</u>
CONSULTANT DAYS	PR	240	320	225	PERSONNEL - CONSULTANTS	33,800	89,600	90,700
TOTAL		<u>40</u>	<u>36</u>	<u>36</u>	SUPPLIES AND MATERIAL	15,600	13,600	18,000
FELLOWSHIP MONTHS	PR	40	36	36	FELLOWSHIPS	42,200	50,400	64,800
					COURSES AND SEMINARS	56,300	166,000	128,000

 BRAZIL - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	<u>1980</u>	<u>123,032</u>
Area (in thousand square kilometers)	<u>1980</u>	<u>8,512</u>
Cultivated land (in thousand hectares)	<u>1975</u>	<u>40,001</u>
<u>Health Indicators:</u>		
Life expectancy at birth	<u>1975-1980</u>	<u>63.6</u>
Death rate per 1,000 population*	<u>1977</u>	<u>8.1</u>
Infant mortality rate per 1,000 live births*	<u>1977</u>	<u>77.8</u>
Death rate 1-4 years, per 1,000 population*	<u>1977</u>	<u>4.5</u>
Percentage of deaths from infectious and parasitic diseases*	<u>1977</u>	<u>13.3</u>
Number of physicians per 10,000 population	<u>1979</u>	<u>7.1</u>
Number of hospital beds per 1,000 population	<u>1978</u>	<u>4.1</u>
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	<u>1980</u>	<u>40.2</u>
Percentage of population 55 years and over	<u>1980</u>	<u>8.0</u>
Rate of natural increase per 1,000 population	<u>1960-1970</u>	<u>29.0</u>
Fertility rate per 1,000 women 15-44 years of age	<u>1978</u>	<u>3</u>
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	<u>1970</u>	<u>36</u>
Percentage of population with access to potable water	<u>1978</u>	<u>71</u>
Per capita calories per day	<u>1974</u>	<u>2,112</u>
Per capita protein per day (grams)	<u>1974</u>	<u>64</u>
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	<u>1978</u>	<u>3,611</u>
- in United States dollars	<u>1979</u>	<u>1,738</u>
Percentage of GDP from secondary sector (manufacturing and building)	<u>1975-1978</u>	<u>35</u>
Economically active population in primary sector (agriculture, mining, and quarrying)	<u>1976</u>	<u>36</u>
<u>Educational Indicators:</u>		
Percentage of literate population (10 years and over)	<u>1977</u>	<u>77</u>
Percentage of population 5-14 years enrolled in primary schools*	<u>1977</u>	<u>57</u>
Percentage of population 15-19 years enrolled in secondary schools**	<u>1977</u>	<u>12</u>
Percentage of population 20-29 years enrolled in university**	<u>1977</u>	<u>6</u>

*Deaths in municipalities of capital city of federal states only
 **Total enrollment as a percentage of population in the age group

BRAZIL - COUNTRY STATEMENT

Brazil is a country of continental dimensions with a surface area of 8.5 million square kilometers and an estimated population (1980) of nearly 123 million inhabitants, of which 78.2 million (63.6%) reside in urban areas. In recent decades urbanization has been making great strides, especially in the southeastern region, where the urban population accounts for 83.8% of the total; noteworthy are the States of Rio de Janeiro with 93.2% and Sao Paulo with 94.7% of the population living in urban areas. Within the country there are marked ecologic and socioeconomic differences between the physiographical regions, with fairly developed areas in the southeastern and southern regions.

The age structure of the Brazilian population, with a high proportion under 15 years of age (40.2%), makes it susceptible to the risks of disease linked to the biological conditions of these ages and, above all, to the sometimes adverse environmental conditions. On the other hand, urbanization has taken place so rapidly that the service infrastructure has been unable to keep pace with it. This has had adverse effects on living conditions in some metropolitan areas. In addition to these factors, it should be mentioned that natural ecologic conditions favor the development of tropical disease vectors, and these conditions are aggravated by the housing situation and lack of basic sanitation in extensive areas of the country. This situation will improve in the medium term as a result of the large investments by the Government in basic sanitation, housing improvement, and control of endemic diseases.

The gross death rate for the municipalities was estimated at 8.1 deaths per 1,000 population in 1977, and the estimated life expectancy at birth was 63.6 years, with marked regional differences. The infant mortality rate is high, especially in the northeastern region, where it totals 89 deaths in children under one year of age per 1,000 live births. The figure for deaths in persons 50 years old and over is 4.7% for the country as a whole, ranging from a maximum of 5.4% in the southern region to a minimum of 3.4% in the northeastern region. Infectious and parasitic diseases are among the six leading causes of death in the country, accounting for over 22% of all deaths in the northern and northwestern regions.

The major endemic diseases are still important public health problems and are accorded priority by the Government: (a) malaria, which is widespread throughout the national territory, has recently been showing a marked decline. The blood examination positivity rate, of which the national average was 16% in 1960, fell to 3.9% in 1977, with a slight increase over the figure for 1976. This was due to the heavy migratory flow from the Amazon region, a long-term eradication area. Of the 46 million inhabitants living in originally malarious areas, 35 million are already under surveillance because transmission has been interrupted. The long-term eradication area is responsible for 94% of all cases of malaria in the country. In that region, which covers an area of approximately 1.6 million square kilometers, the interruption of transmission has been verified, and this represents a world record for the control of the disease in tropical rain forests; (b) schistosomiasis, for which control activities were expanded for beyond routine activities in 1977, and were directed in particular toward irrigation areas; the Special Program for the Control of Schistosomiasis (PECE) was extended to the entire endemic area in the States of Ceará, Rio Grande do Norte, Paraíba, Pernambuco, Alagoas, Sergipe, Maranhão, Bahia, Espírito Santo, and also to the Itaipu project areas and the irrigation areas served by the dams of the Northeast. The methodology used by PECE consists of geographical reconnaissance of the endemic area by means of surveys of bodies of water that can serve as breeding places; malacological research in order to determine the species of snails and the infection rate; stool examinations in order to evaluate the prevalence of schistosomiasis in humans; the control of snails through molluscicides; treatment of *S. mansoni* carriers; basic sanitation; and health education. The information available on geographical reconnaissances (January-September 1977) shows that inspection was made of 182 municipalities, 8,900 localities, and 685,000 buildings with 2,450,000 inhabitants in the six states in which PECE is in operation. Of the total endemic area of these states (from Ceará to Sergipe) 70% has been inspected; (c) the extent of Chagas' disease, which is widespread throughout the national territory, is being demarcated by means of serological research on prevalence. In 1979, 345,364 blood samples were collected in 20 units of the federation. From the beginning of the study to its end in 1979, 1,533,109 samples were collected; the investigation has not yet been completed in the State of Alagoas. Concurrently control activities are being stepped up; (d) mortality caused specifically by tuberculosis, which was 170 per 100,000 population in 1950, decreased to an average of 20 per 100,000 in the capital cities. The current prevalence of the disease per 100,000 population ranges from 180 in the south and central west to 450 in the north; the incidence is estimated to be one-third of these rates, that is, 100,000 new cases per year; (e) leprosy is widespread but of irregular distribution in the country, with an average prevalence of 1.3 patients per 1,000 population, and with a range that runs from 2.9 in the Amazon area to 0.3 in the northeast; (f) the prevalence of endemic goiter, which was 14.1% (1976) among schoolchildren 7-10 years of age in the endemic areas (429 municipalities), is declining, as may be seen by comparing the prevalence observed in 1955, which was 20.0%; (g) plague is enzootic in an area of 200,000 square kilometers covering several federal units, but it is only a significant epidemiological problem in Ceara (Ibiapaba plateau), and is confined to a sparsely populated rural area; (h) since 1942, enzootic and epizootic yellow fever has been limited to the jungle areas, occasionally affecting persons entering the rain forest. The control of this type of yellow fever, known as jungle yellow fever, is carried out basically by means of yellow fever vaccination. In 1977 eight human cases of jungle yellow fever (five in Pará and three in Goiás) were confirmed by means of punch biopsy tests. The vector of urban yellow fever, the *Aedes aegypti*, has already been eradicated twice in the country; it was reintroduced in the cities of Salvador, Rio de Janeiro, Natal, Campina Grande, Umbaúbas and Simão Dias and was detected by means of epidemiologic surveillance. The eradication campaign against this reinfestation is progressing normally and successfully; (i) other endemic diseases such as trachoma, bancroftosis, and leishmaniasis appear in limited areas and are combatted through measures of control and eradication, with satisfactory results; and (j) enteric diseases of infectious and parasitic origin, especially in the northern, northeastern and central western regions, account for more than 20% of the demand for medical consultations, and the high incidence of infectious and parasitic diarrhea reflects the fact that basic sanitation conditions are still unsatisfactory.

Health problems of the maternal and child group, 70% of the general population, constitute a priority area within the country's health picture. Revealing indicators of this situation are the high mortality figures for children under five. In some areas of the country (large cities and the more developed regions), degenerative and chronic diseases, such as cardiovascular disease and cancer, are among the leading causes of mortality, and mental diseases are among the

principal causes of morbidity. Acceleration in the industrialization and urbanization of the country have also been causing a gradual increase in occupational health problems, traffic accidents, and violent acts, in addition to disease manifestations generated by environmental contamination.

Zoonoses are an important category in the area of communicable diseases, both in terms of the frequency of these diseases and the damage they cause in the production of essential protein foods. The principal prevalent zoonoses are, among others, canine rabies, brucellosis, tuberculosis, hydatidosis, leptospirosis, and salmonellosis. The Ministries of Health, Agriculture, and Social Welfare participate jointly in actions for the control of these diseases, the last Ministry through the Drug Center, which provides the biologic resources required.

The health sector in Brazil comprises a large number of public and private institutions. Among the public institutions, which are distributed at three politico-administrative levels (federal, state and municipal), the following are the most important at the federal level: the Ministries of Health and of Social Welfare and Assistance, with specific responsibilities, respectively, in the areas of collective health and of individual medical care; the Ministry of the Interior, which is primarily responsible for basic sanitation and environmental conservation; the Ministry of Education and Culture, concerned with the training of human resources; the Ministry of Labor, concerned with occupational health and manpower preparation; and the Ministry of Agriculture, for animal health. In addition to these Ministries, the importance of the Planning Secretariat of the Office of the President of the Republic in policy and general planning activities for the sector should be considered. Practically all the other Ministries and decentralized organizations of the Federal Government (companies, foundations and self-governing agencies) carry out health activities too, but these are of limited coverage and usually for their own staff members. The private sector basically comprises companies, charitable institutions, and private professionals, with a slant towards commercial activities; most of the income of the private sector comes from the provision of services to the public sector.

At the state level, the public institutions of greatest relevance for the sector are the State Secretariats for Health, which are coordinated to varying extents with the federal Ministries. All the municipal prefectures of the country are required by law to carry out health activities, primarily environmental in nature (such as urban clean-up), and emergency care. Some of these prefectures have become considerably important in local health services because of the volume of their resources and the size of their populations.

In June 1975 a law governing the organization of the National Health System was enacted, covering all the public and private institutions that operate in the sector. A considerable effort is being made to increase the priority assigned to public health problems (collective health). Accordingly, the Ministry of Health has been reorganized, the resources for this institution have been increased considerably, and several laws and regulations have been enacted at the federal level to ensure the appropriate conduct of activities such as vaccination, epidemiologic and sanitary surveillance, drug quality control, and hemotherapy. All of this has made it possible to undertake major public health programs and to expand and/or improve others, such as integrated care for food and nutrition problems, special control of major endemias (schistosomiasis, malaria, leprosy, tuberculosis, Chagas' disease), the introduction of a basic network of health services, and attention to the problems of human ecology and environmental health. Also of importance is the establishment of career programs in public health with a multiprofessional approach.

Individual health services still receive more than 90% of the resources allocated for health in Brazil, and the care provided is primarily of a curative nature in the urban areas with a marked trend toward hospitalization and sophisticated treatment. However, steps are being taken to expand the coverage of basic health services to the urban and rural shantytown populations. Taken together, these efforts contemplate care for more than 90% of the population. It is also encouraging to note the concern for increased efficiency in the public sector, as reflected in the reorganization of the Ministry of Health and the National Social Welfare System and the improvement of national legislation.

This has led to the establishment of the National Program of Basic Health Services (PREVSAUDE) which seeks, through coordinated actions of the Ministries of Health and Social Welfare and Assistance and of the State Secretariats for Health; to extend the coverage of basic health services to the entire population; to restructure the actions of the health public sector, promoting the effective articulation of the various federal, state and municipal institutions; and to rationalize the supply of services for the public sector, with a view to increasing the productivity of available resources.

The real priorities of the activities of the Ministry of Health in the area of health are as follows: (a) care, increase in quality and expansion of outpatient services and an increase in the coverage of primary services, with a view to regaining efficiency in the operation of the public sector; (b) food and nutrition problems and, simultaneously, maternal and child health care; (c) expansion of basic sanitation services and environmental pollution control; (d) control of the major endemias, particularly schistosomiasis, malaria, Chagas' disease, leprosy, and tuberculosis; (e) establishment of services to support public health activities, such as public health laboratories, epidemiologic surveillance and information systems, and drug quality control; (f) expansion of the National Immunization Program; (g) improvement of health legislation and increase in the operational efficiency of the national public health system, particularly of the Ministry of Health; and (h) development of human, scientific and technological resources. These priorities are not mutually exclusive and are largely carried out with resources from different sources.

The supply of services has undergone a great increase in recent years, but there are still broad sectors of the population without coverage (nearly 40 million persons). The services provided by the Social Welfare System have increased 150% in recent years; in 1977 medical consultations averaged 1.6 per inhabitant, to which the System's contribution was almost 1.0. The public health services provided have also increased considerably. In the area of basic sanitation, the supply of services was further expanded, with a high proportion of coverage not utilized; about 90% of the urban population lives in communities with water supply, yet barely 66% is actually served.

The following international or foreign agencies cooperate with Brazil in the health area: PAHO/WHO, which has expanded its actions to all areas of concern; UNDP, which cooperates essentially in the area of basic sanitation and in the production and control of inputs (drugs), with PAHO/WHO usually acting as executing agency; IBRD finances health programs as components of comprehensive programs of development, especially with regard to rural and water supply projects, and also supports the National Food and Nutrition Program; UNICEF has traditionally cooperated with the country but is

gradually reducing its level of support since the per capita income of Brazil, which has surpassed \$1,000, removes it from the category of underdeveloped countries in accordance with the standards of that agency; and WFP has been cooperating in two food supplementation projects for schoolchildren in the State of Bahia (360,000 beneficiaries), to include the States of Pará and Amazon (670,000 more children). Available information and past experience indicate that it is possible to promote the cooperation of these institutions in national programs in coordination with PAHO/WHO. Other institutions worthy of mention are the Kellogg Foundation, which supports specific projects in the field of maternal and child health and teaching-service integration, and CIDA, which, through projects of integrated development, provides resources for health activities.

BRAZIL - NATIONAL HEALTH PROGRAMS

Ministry of Health:

Health care:

Supplementary Food
 Promotion of Small Producers of Basic Foods
 Campaign against Specific Nutritional Deficiencies
 Measures to support basic health services
 in the following sectors:
 Mental Health
 Clinical Dermatology
 Chronic-degenerative Disorders
 Medical and Dental Care
 Maternal and Child Care
 Campaign against Diseases Preventable by
 Immunization
 Campaign against Malaria
 Campaign against Chagas' Disease
 Campaign against Schistosomiasis
 Campaign against Other Endemic Diseases
 Construction and Expansion of Water Supply Systems
 Improvement of Sanitary Housing Conditions
 Construction and Expansion of Sewerage Systems
 Extension of Health Measures
 Improvement of Rural Housing for the
 Control of Chagas' disease
 Campaign against Communicable Diseases

Development of Health Services

Support to Operational Development of
 Basic Health Services
 Extension of Health Measures
 Establishment and Operation of the National
 Network of Public Health Laboratories
 Measures of Surveillance and Epidemiologic Studies
 Introduction and Operation of the System of
 Epidemiological Surveillance
 Sanitary Control of Ports, Airports and Borders
 Control of Drugs, Medications and Related Products
 Measures for Quality Control of Drugs, Medications,
 Foods, and Related Products
 Establishment of the Blood and Blood Product
 Supply Network

Sciences and Technology

Studies on Infectious and Parasitic Diseases
 Science and Technology Infrastructure
 Study of Technological Development in Food
 and Nutrition
 Study of Prototypes for Medical and
 Hospital Equipment
 Preparation of Reagents and Immunobiologic
 Materials
 Preparation of Drugs, Maintenance Products
 and Other Materials
 Technological Research and Development
 Production of Immunobiologic Substances
 and Reagents
 Production of Drugs and Maintenance Products
 Research on Maternal and Child Health

Human Resources

Training of Human Resources

Planning and Information

Establishment and Operation of the National
 Health Information System
 Economic and Social Diagnoses
 Study and Application of Measures for
 Technical and Scientific Documentation
 Establishment of the Toxicological and
 Pharmacological Information System

Ministry of Social Welfare and Assistance

INAMPS:

Hospital Care
 Outpatient Care
 Medical Care for Accidents at Work
 Basic Health Services
 Maintenance of the Drug Distribution Network
 Maintenance of Physiological Care
 Construction and Expansion of the Outpatient Unit
 Construction and Expansion of Hospital Units

CEME:

Analysis and Control of Drug Quality
 Modernization of the Official Pharmacology
 Laboratories
 Modernization of the Drug Distribution Units
 Modernization of the Pharmacological
 Monitoring Units
 Procurement and Distribution of Drugs

LBA:

Establishment of Posts for the Distribution
 of Food Assistance

Shelter Foundation Christ the Redeemer

Hospital Medical Care

Ministry of the Interior

Sanitation Programs:

National Department of Sanitation Works - DNOSS
 General Sanitation
 Environmental Sanitation in Urban Areas
 Environmental Sanitation in Rural Areas
 National Department of Works to Combat Drought - DNOCS
 Sanitation
 Installation of Public Wells
 Amazon Region Development Authority - SUDAM
 Support for Sanitation Projects
 Northeast Region Development Authority - SUDENE
 Support for Sanitation Projects.

BRAZIL - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$		
1980-1981												
PAHO--PR	4,154,600	456	768	1140	2,993,000	216,700	353	371,300	48,000	109,100	26,000	390,500
PW	1,001,835	88	-	930	730,612	70,420	24	26,000	56,000	26,780	-	92,023
PG	2,748,811	294	168	680	1,429,768	191,764	137	150,773	87,900	525,266	103,334	260,006
PH	168,200	-	-	-	42,600	3,000	-	-	-	122,600	-	-
WMO--MR	1,675,700	264	72	1100	1,327,300	135,600	146	153,800	55,000	4,000	-	-
WT	849,100	65	24	876	551,800	3,000	21	47,500	-	230,400	-	16,400
TOTAL	10,598,246	1167	1032	4726	7,075,080	620,484	681	749,373	246,900	1,018,146	129,334	758,929
PCT. OF TOTAL	100.0				66.8	5.9		7.1	2.3	9.6	1.2	7.1
1982-1983												
PAHO--PR	4,685,400	360	696	1980	3,116,900	149,000	561	785,400	89,900	13,700	26,000	504,500
PW	151,480	28	-	-	126,000	12,430	-	-	-	-	-	13,000
PG	1,175,480	168	120	80	679,938	77,332	13	18,000	67,670	20,670	100,000	211,870
WMO--MR	1,154,400	144	72	620	954,300	52,900	63	88,200	59,000	-	-	-
TOTAL	7,166,760	700	888	2680	4,877,138	291,712	637	891,600	216,570	34,370	126,000	729,370
PCT. OF TOTAL	100.0				68.1	4.1		12.4	3.0	.5	1.7	10.2
1984-1985												
PAHO--PR	5,085,400	360	672	2010	3,640,800	166,300	356	640,800	92,400	9,200	28,000	507,900
WMO--MR	1,467,600	144	96	620	1,173,700	57,500	63	113,400	63,000	-	-	-
TOTAL	6,493,000	504	768	2630	4,814,500	223,800	419	754,200	155,400	9,200	28,000	507,900
PCT. OF TOTAL	100.0				74.2	3.5		11.6	2.4	.1	.4	7.8

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

BRA

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
							\$	\$
P-4 SANITARY ENGINEER .0359	PR	24	24	24				
P-3 SANITARIAN .5463	PR	-	24	24				
G-6 SECRETARY .1105	PR	24	-	-				
G-5 SECRETARY .0367	PR	-	24	24				
TOTAL		210	360	360				
CONSULTANT DAYS	PR	210	360	360				
TOTAL		31	40	40				
FELLOWSHIP MONTHS	PR	31	40	40				

BRAZIL-1201, STUDIES ON CLINICAL FEATURES OF LEISHMANIASIS

TOTAL	PG	41,644	-	-
SUPPLIES AND MATERIAL		41,644	-	-

BRAZIL-4300, EPIDEMIOLOGY

		96	48	48	TOTAL	462,200	386,700	466,400
P-5 EPIDEMIOLOGIST .1045	PR	24	24	24				
P-4 EPIDEMIOLOGIST .5004	PR	24	24	24	SUBTOTAL	256,200	386,700	466,400
P-4 EPIDEMIOLOGIST 4.3158	WR	24	-	-	PERSONNEL - POSTS	236,200	255,100	286,300
G-7 TECHNICAL ASSISTANT .3656	PR	24	-	-	PERSONNEL - CONSULTANTS	-	33,600	60,500
TOTAL		440	120	150	STAFF DUTY TRAVEL	20,000	24,000	26,000
CONSULTANT DAYS	PR	-	120	150	SUPPLIES AND MATERIAL	-	4,000	3,600
CONSULTANT DAYS	WR	440	-	-	FELLOWSHIPS	-	70,000	90,000
TOTAL		32	50	50	SUBTOTAL	206,000	-	-
FELLOWSHIP MONTHS	PR	-	50	50	PERSONNEL - POSTS	96,600	-	-
FELLOWSHIP MONTHS	WR	32	-	-	PERSONNEL - CONSULTANTS	59,700	-	-
					STAFF DUTY TRAVEL	12,000	-	-
					SUPPLIES AND MATERIAL	4,000	-	-
					FELLOWSHIPS	33,700	-	-

FAMILY HEALTH

PAHO/WHO technical cooperation in maternal and child health involves the following national activities: (a) training of personnel in the administration of programs and in some fundamental subjects of the clinical area, in particular perinatal care with the support of CLAP. This cooperation also includes fellowships for Latin American courses that deal with the priority areas mentioned previously and technical and financial support for national courses that help to ensure the future self-sufficiency of the country in training personnel for the programs of maternal and child health; (b) preparation and/or introduction of standards of care for mothers and children, especially at the primary level of care, and (c) conduct of operational research on fundamental topics in the area of maternal and child health, especially those that favor the search for or upgrading of appropriate technologies that can be immediately used in the programs.

In the program area of food and nutrition, PAHO/WHO provides technical cooperation to the National Food and Nutrition Program (PRONAN) of the National Food and Nutrition Institute by: (a) providing assistance to the Program of Nutrition and Health in the areas of planning, organization, and evaluation for the establishment of food supplementation and nutritional education activities for approximately three million people in the national area; (b) cooperating in a cost-benefit analysis of the food production program in order to improve the nutritional status of rural low-income populations in the state of Sergipe and of the preschool care program; (c) providing assistance in the development of strategies for the prevention of specific nutritional deficiencies, hypovitaminosis A, nutritional anemias, and endemic goiter; (d) providing assistance in the promotion of breast-feeding under a national program carried out jointly with UNICEF; (e) providing assistance to the technical information unit on food and nutrition for the organization of an initial evaluation of the balance sheets from 1960 to 1977, for the identification of patterns of growth, development, and nutritional needs of the Brazilian population and in the preparation of a strategy for methods of nutritional surveillance through indirect indicators; and (f) providing assistance to the manpower training program through seminars, working groups, technical meetings, and fellowships. The activities of PRONAN are aimed toward the integration of the the Ministry of Health in the National Program of Basic Health Services.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
BRAZIL-1301, MATERNAL AND CHILD HEALTH									
TOTAL		24	48	48	TOTAL	PR	218,400	420,200	515,500
P-4 MEDICAL OFFICER (MCH) .4599	PR	24	24	24	PERSONNEL - POSTS		96,600	143,900	162,100
G-5 SECRETARY .0306	PR	-	24	24	PERSONNEL - CONSULTANTS		20,500	117,600	169,300
					STAFF DUTY TRAVEL		8,000	18,000	21,600
					SUPPLIES AND MATERIAL		-	8,700	4,500
					FELLOWSHIPS		45,300	84,000	108,000
					COURSES AND SEMINARS		48,000	48,000	50,000
TOTAL		150	420	420					
CONSULTANT DAYS	PR	150	420	420					
TOTAL		43	60	60					
FELLOWSHIP MONTHS	PR	43	60	60					
BRAZIL-1400, NUTRITION									
TOTAL		48	24	24	TOTAL	PR	287,000	258,900	319,800
P-4 NUTRITION ADVISOR .0962 .4600	PR	48	24	24	PERSONNEL - POSTS		193,200	119,500	134,900
					PERSONNEL - CONSULTANTS		12,400	50,400	72,500
					STAFF DUTY TRAVEL		34,000	9,600	10,500
					SUPPLIES AND MATERIAL		1,000	1,000	1,100
					FELLOWSHIPS		46,400	78,400	100,800
TOTAL		90	180	180					
CONSULTANT DAYS	PR	90	180	180					
TOTAL		44	56	56					
FELLOWSHIP MONTHS	PR	44	56	56					

ENVIRONMENTAL HEALTH SERVICES

The Government of Brazil, through its Ministries of Health and the Interior, has reaffirmed its interest in continuing to have technical cooperation from PAHO/WHO in the Environmental Health Program. The Ministry of Health requires cooperation in the programs of rural, urban, and periurban sanitation, as well as in the epidemiological study of the impact of environmental contamination on health.

The Ministry of the Interior, through the Special Secretariat of the Environment (SEMA) and the National Bank of Housing (BNH), has requested the support of PAHO in the study of environmental problems, in the implementation of the National Plan of Sanitation within the framework of the International Drinking Water Supply and Sanitation Decade, and in the formulation of a national program for urban clean-up and control of toxic industrial wastes.

BNH, the Sanitation Technology Company (CETESB), the Water Supply and Sewerage Company of Ceará, the State Foundation for Environmental Engineering (FEEMA), the Electric Company of Paraná, and the Secretariat of Health and the Environment of Rio Grande do Sul have allocated their own resources and obtained funds from IBRD and UNDP in order to develop, with the technical cooperation of PAHO, programs of water supply and sanitation as well as pollution control programs.

With regard to the strategies for extending the coverage of basic health services, the Ministry of Health has made a requirement of the Program for the Extension to the Interior of Health and Sanitation Activities and the proposed National Program for Basic Health Activities the planning, procurement of financing for, and implementation of basic rural and periurban sanitation, water supply and sewerage services, and improvement of housing.

PAHO will cooperate by helping to arrange and search for financing and in implementing the National Program of Urban Clean-up and the program for the control of solid industrial wastes. The Organization will also continue to encourage the Urban Clean-up Company to participate in programs of technical cooperation between developing countries and will promote improvements in the information system of SEMA (National Information and Reference Center), of CETESB, and of FEEMA for the program of the Pan American Network of Information on Sanitary Engineering and Environmental Sciences. PAHO will cooperate in manpower training with the Brazilian Sanitary Engineering Association, the School of Public Health of São Paulo, the Polytechnic School of the University of São Paulo, the Ministry of Health, BNH, CETESB, and FEEMA.

PAHO will continue to cooperate in the control of environmental contamination affecting human health, with studies of the impact on health of heavy metals, pesticides, fertilizers, and insecticides, as well as air pollution, coal projects, water and soil pollutants, and noise pollution.

PAHO will cooperate with the institutions that carry out activities geared to promoting occupational health, with emphasis on the required legislation and on the manpower training that is being conducted at the University of Campinas. It will also provide assistance in the preparation of a project for health protection to the working woman.

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	\$
BRAZIL-2000, ENVIRONMENTAL SANITATION									
TOTAL		120	96	96	TOTAL		548,400	553,900	666,800
P-5 SANITARY ENGINEER .0366	PR	24	24	24	SUBTOTAL	PR	190,900	195,800	218,600
P-4 SANITARY ENGINEER 4.0348 4.4031	WR	48	24	24	PERSONNEL - POSTS		174,300	184,400	205,800
G-5 SECRETARY .0367 .3346 .4032	PH	24	48	48	STAFF DUTY TRAVEL		16,600	11,400	12,800
G-4 SECRETARY .3664	PR	24	-	-	SUBTOTAL	WR	357,500	358,100	448,200
TOTAL		330	420	420	PERSONNEL - POSTS		193,200	119,500	134,900
CONSULTANT DAYS	WR	330	420	420	PERSONNEL - CONSULTANTS		46,800	117,600	169,300
TOTAL		45	45	45	STAFF DUTY TRAVEL		29,000	11,000	12,000
FELLOWSHIP MONTHS	WR	45	45	45	FELLOWSHIPS		47,500	63,000	81,000
					COURSES AND SEMINARS		43,000	47,000	51,000

BRAZIL-2040, ENVIRONMENTAL CONTROL PROGRAM IN THE STATE OF RIO DE JANEIRO

TOTAL		76	-	-	TOTAL	UNDP	10,000	-	-
CONSULTANT DAYS	UNDP	76	-	-	PERSONNEL - CONSULTANTS		10,000	-	-

BRAZIL-2041, ENVIRONMENTAL CONTROL PROGRAM IN THE STATE OF SAO PAULO

TOTAL		110	-	-	TOTAL	PM	144,200	-	-
CONSULTANT DAYS	PM	110	-	-	PERSONNEL - CONSULTANTS		21,000	-	-
TOTAL		24	-	-	SUPPLIES AND MATERIAL		10,000	-	-
FELLOWSHIP MONTHS	PM	24	-	-	FELLOWSHIPS		26,000	-	-
					COURSES AND SEMINARS		56,000	-	-
					PROGRAM SUPPORT COSTS		31,200	-	-

BRAZIL-2042, CONTROL OF POLLUTION CAUSED BY TOXIC SUBSTANCES (RIO DE JANEIRO)

TOTAL		180	-	-	TOTAL	UNDP	60,000	-	-
CONSULTANT DAYS	UNDP	180	-	-	PERSONNEL - CONSULTANTS		24,000	-	-
					MISCELLANEOUS COSTS		600	-	-
					MISCELLANEOUS EQUIPMENT		35,400	-	-

BRAZIL-2101, NATIONAL PROGRAM IN WATER SUPPLIES AND SEWERAGE

TOTAL		20	-	-	TOTAL	PM	244,047	-	-
P-5 PROJECT MANAGER .4411	PM	1	-	-	PERSONNEL - POSTS		80,330	-	-
P-5 MANAGEMENT ADVISOR .4412	PM	1	-	-	TEMPORARY STAFF		40,640	-	-
P-4 MANAGEMENT ADVISOR .4404 .4405 .4408 .4413 .4415 .4416	PM	18	-	-	PERSONNEL - CONSULTANTS		75,742	-	-
TOTAL		390	-	-	STAFF DUTY TRAVEL		7,920	-	-
CONSULTANT DAYS	PM	390	-	-	LOCAL TRAVEL COSTS		7,985	-	-
					SUPPLIES AND MATERIAL		16,780	-	-
					PROGRAM SUPPORT COSTS		14,650	-	-

BRAZIL-2102, INSTITUTIONAL DEVELOPMENT OF CAGECE

TOTAL	PM	57,660	-	-
TEMPORARY STAFF		50,800	-	-
STAFF DUTY TRAVEL		2,500	-	-
PROGRAM SUPPORT COSTS		4,360	-	-

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
BRAZIL-2104, NATIONAL PROGRAM IN INSTITUTIONAL DEVELOPMENT (BNH)								
TOTAL		68	28	-	TOTAL	PM 555,928	151,480	-
P-4 MANAGEMENT ADVISOR	PM	68	28	-	PERSONNEL - POSTS	308,600	106,000	-
4.408 4.413 4.415 4.416					TEMPORARY STAFF	70,000	20,000	-
TOTAL		430	-	-	PERSONNEL - CONSULTANTS	83,500	-	-
CONSULTANT DAYS	PM	430	-	-	STAFF DUTY TRAVEL	60,000	12,480	-
					CONTRACTUAL SERVICES	2,853	-	-
					GENERAL OPERAT. EXPENSES	1,975	-	-
					PROGRAM SUPPORT COSTS	29,000	13,000	-
BRAZIL-2340, RESEARCH ON ENVIRONMENTAL POLLUTION CONTROL PROGRAMS IN SAO PAULO								
TOTAL		140	-	-	TOTAL	UNDP 41,800	-	-
CONSULTANT DAYS	UNDP	140	-	-	PERSONNEL - CONSULTANTS	40,000	-	-
					MISCELLANEOUS COSTS	1,800	-	-
BRAZIL-2341, ENVIRONMENTAL STUDIES OF LAKE PARANOA								
TOTAL		15	-	-	TOTAL	UNDP 16,500	-	-
FELLOWSHIP MONTHS	UNDP	15	-	-	MISCELLANEOUS EQUIPMENT	4,000	-	-
					FELLOWSHIPS	12,500	-	-
BRAZIL-3600, NATIONAL DRUG QUALITY INSTITUTE								
TOTAL		113	24	24	TOTAL	846,000	145,100	163,900
P-5 PROJECT MANAGER	MR	24	24	24	SUBTOTAL	MR 125,200	145,100	163,900
4.3957					PERSONNEL - POSTS	113,200	136,100	153,400
P-4 PHARMACOLOGIST	UNDP	65	-	-	STAFF DUTY TRAVEL	12,000	9,000	10,500
4.3958 4.3959 4.3960					SUBTOTAL	UNDP 720,800	-	-
G-2 DRIVER/MESSENGER	UNDP	24	-	-	PERSONNEL - POSTS	374,900	-	-
4.4510					OTHER PERSONNEL COSTS	9,800	-	-
TOTAL		480	-	-	PERSONNEL - CONSULTANTS	93,100	-	-
CONSULTANT DAYS	UNDP	480	-	-	STAFF DUTY TRAVEL	3,000	-	-
TOTAL		6	-	-	MISCELLANEOUS COSTS	14,900	-	-
FELLOWSHIP MONTHS	UNDP	6	-	-	MISCELLANEOUS EQUIPMENT	191,000	-	-
					FELLOWSHIPS	7,000	-	-
					GROUP TRAINING	28,000	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The National Program for the Control of Rabies, of which implementation began in 1973, has achieved sufficient national organization to maintain activities in six program areas: treatment of human rabies, large-scale canine vaccination, epidemiological surveillance, laboratory diagnosis, health education, and facilities for stray dogs. By the end of 1980 the National Program had achieved national coverage, with the disease under control in most of the state capitals. The decline in human rabies has been significant, and epidemiological surveillance has provided information on its incidence in the rural areas. The country has become self-sufficient and has export capacity in the production of the vaccines for human use and veterinary use. Since 1974 national quality and potency control for both types of vaccines has been maintained.

This project provides the National Animal Health Program of the Ministry of Agriculture with assistance both in programs for the control of rabies, brucellosis, and bovine tuberculosis, which the national authorities regard as priority items, and in the conduct of courses and seminars, giving specialized technical cooperation. Especially important are those activities directed toward the establishment of a National Laboratory of Reference and Training in Animal Health which will serve as a national center for the National Laboratory Network, both for diagnosis and for the control of biologicals to be used in diagnosis and disease prevention. This laboratory will carry out activities relating to the quality control of foods of animal origin, the control of concentrated foods intended for animal consumption, research on artificial insemination, and food microbiology and chemistry, and will have the capacity to verify the presence in food of pesticides and insecticides used for animals.

BRA

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

This project should give special attention to the National Primatology Program, which should be redesigned in accordance with the directives of the national authorities. Based on the experience obtained in the National Program for the Control of Rabies, the Ministry of Health has requested that a program for the control of zoonoses be established to study the status of the main prevalent zoonoses in the country and to prepare a plan of work for their control. PAHO/WHO should continue to provide technical cooperation in the implementation of a zoonosis program by the states, which are receiving direction and technical assistance from the federal level. This program should establish close intersectoral cooperation, allowing for optimal utilization of the country's material resources.

The project also envisages close technical cooperation with authorities involved in the teaching of veterinary medicine, both at the undergraduate level and in the development of graduate-level courses and courses for specialization in veterinary medicine. Special emphasis will be placed on the establishment of a core curriculum in the schools; on the establishment of a teacher-exchange program which will generate improvements at the various teaching levels; and on continued cooperation at the graduate level and assistance in the introduction of graduate courses through the provision of specialized consultants.

BRAZIL-3100, VETERINARY PUBLIC HEALTH

TOTAL		72	72	72	TOTAL	372,400	279,800	333,500
P-4 VETERINARIAN 4.3278 4.3897	WR	48	24	24				
G-8 PROCUREMENT TECHNICIAN .0937	PR	-	24	-	SUBTOTAL	PR -	38,900	-
G-8 PROCUREMENT TECHNICIAN 4.0937	WR	-	-	24	PERSONNEL - POSTS	-	38,900	-
G-5 SECRETARY 4.3110	WR	24	-	-	SUBTOTAL	WR 372,400	240,900	333,500
G-4 SECRETARY 4.3064	WR	-	24	24	PERSONNEL - POSTS	228,500	137,700	197,500
					PERSONNEL - CONSULTANTS	44,800	56,000	80,400
TOTAL		330	200	200	STAFF DUTY TRAVEL	27,100	10,000	11,000
CONSULTANT DAYS	WR	330	200	200	FELLOWSHIPS	60,000	25,200	32,400
TOTAL		57	18	18	COURSES AND SEMINARS	12,000	12,000	12,000
FELLOWSHIP MONTHS	WR	57	18	18				

BRAZIL-3102, NATIONAL INSTITUTE OF ANIMAL HEALTH

TOTAL		96	-	-	TOTAL	PG 722,798	-	-
P-4 BIOLOGICALS ADVISOR .4544	PG	24	-	-	PERSONNEL - POSTS	339,700	-	-
P-4 VETERINARIAN .4543	PG	24	-	-	PERSONNEL - CONSULTANTS	57,300	-	-
G-7 ADMINISTRATIVE ASSISTANT .4545	PG	24	-	-	STAFF DUTY TRAVEL	79,432	-	-
G-5 SECRETARY .4546	PG	24	-	-	GENERAL OPERAT. EXPENSES	55,400	-	-
TOTAL		300	-	-	SUPPLIES AND MATERIAL	117,005	-	-
CONSULTANT DAYS	PG	300	-	-	FELLOWSHIPS	59,581	-	-
TOTAL		54	-	-	COURSES AND SEMINARS	14,400	-	-
FELLOWSHIP MONTHS	PG	54	-	-				

BRAZIL-3105, SCIENTIFIC AND TECHNOLOGICAL COOPERATION IN VETERINARY PUBLIC HEALTH

TOTAL		140	-	-	TOTAL	PG 436,359	-	-
CONSULTANT DAYS	PG	140	-	-	PERSONNEL - CONSULTANTS	26,865	-	-
TOTAL		63	-	-	SUPPLIES AND MATERIAL	340,282	-	-
FELLOWSHIP MONTHS	PG	63	-	-	FELLOWSHIPS	69,212	-	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

BRAZIL-3203, LOSS IN CATTLE PRODUCTION AND PRODUCTIVITY DUE TO FOOT-AND-MOUTH DISEASE

TOTAL		81	-	-	TOTAL	PG	436,500	-	-
P-5 EPIDEMIOLOGIST .5271	PG	20	-	-	PERSONNEL - POSTS		366,000	-	-
P-4 ECUNOMIST .5274	PG	20	-	-	PERSONNEL - CONSULTANTS		25,500	-	-
P-4 STATISTICIAN .5273	PG	21	-	-	STAFF DUTY TRAVEL		35,000	-	-
P-4 VETERINARIAN .5272	PG	20	-	-	FURNITURE & EQUIPMENT		10,000	-	-
TOTAL		130	-	-					
CONSULTANT DAYS	PG	130	-	-					

DEVELOPMENT OF HEALTH SERVICES

PAHO/WHO will continue to cooperate with the Program for the Extension to the Interior of Health and Sanitation Activities (PIASS) in the evaluation and reprogramming of its work. Furthermore, it is expected that the Government will approve the National Program for Basic Health Activities (Pré-Saúde), the objective of which is to provide basic primary care services with community participation, utilizing the most appropriate technology in order to provide coverage to 40 million inhabitants of the rural and periurban area over an estimated period of seven years. This program seeks to attain the goal of health for all by the year 2000 and follows the philosophy set forth at the Alma-Ata Conference as well as the general guidelines of the Governing Bodies of PAHO/WHO.

As part of this activity, it is considered necessary to prepare models of programming by levels of care and services as a step prior to the extension of the network of services, and to reprogram the activities of level III services so that they can meet the demand that will be placed on them once the referral system has been improved.

Assistance will be provided in improving the information system, which is an essential structure for the conduct of PIASS activities and for the future of Pré-Saúde; in formulating the national plan of basic rural sanitation; in preparing operation and maintenance manuals for the services of water supply, excreta disposal, and improvement of marginal urban and rural housing; and in adapting the administrative process to the establishment of Pré-Saúde. PAHO will collaborate in determining the manpower needed for the total development of Pré-Saúde and will provide technical assistance in the training of this personnel.

BRAZIL-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		600	552	552	TOTAL	PR	1,252,300	1,170,900	1,253,700
D-1 PAHO/WHO REPRESENTATIVE .0303	PR	24	24	24	PERSONNEL - POSTS		888,500	691,900	771,700
P-4 ADMINISTRATIVE OFFICER .4711	PR	24	24	24	STAFF DUTY TRAVEL		19,800	23,000	25,000
G-8 ACCOUNTS TECHNICIAN .5210	PR	24	24	24	GENERAL OPERAT. EXPENSES		344,000	456,000	457,000
G-8 ADMINISTRATIVE ASSISTANT .5211	PR	24	-	-					
G-8 PROCUREMENT TECHNICIAN .0937	PR	24	-	-					
G-7 OFFICE TECHNICIAN .3656	PR	-	24	24					
G-6 ADMINISTRATIVE ASSISTANT .4950	PR	24	24	24					
G-6 PERSONNEL ASSISTANT .3624	PR	24	24	24					
G-6 PROCUREMENT ASSISTANT .5340	PR	-	24	24					
G-6 SECRETARY .3109	PR	-	24	24					
G-5 ACCOUNTS ASSISTANT .3659	PR	24	24	24					
G-5 OFFICE ASSISTANT .5212	PR	24	24	24					
G-5 SECRETARY .0306 .3346	PR	48	-	-					
G-4 GENERAL SERVICES ASSISTANT .3411	PR	24	24	24					
G-4 OFFICE ASSISTANT .5214	PR	24	24	24					
G-4 PERSONNEL ASSISTANT .5213	PR	24	24	24					
G-3 CLERK-TYPIST .3653	PR	24	-	-					
G-3 OFFICE CLERK .3447 .4835	PR	48	48	48					
G-2 DRIVER .0308 .0309 .5215	PR	72	72	72					
G-1 JANITOR .4248 .4452 .4453 .4455	PR	96	96	96					
G-1 PRINTING CLERK .4454	PR	24	24	24					

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	
BRAZIL-5100, DEVELOPMENT OF HEALTH SERVICES									
<u>TOTAL</u>		<u>312</u>	<u>216</u>	<u>216</u>	<u>TOTAL</u>		<u>1,103,600</u>	<u>1,534,000</u>	<u>1,525,500</u>
P-5 MEDICAL OFFICER .2065 .5216	PR	48	24	24	<u>SUBTOTAL</u>	PR	<u>609,400</u>	<u>1,123,700</u>	<u>1,063,500</u>
P-5 MEDICAL OFFICER 4.0349	WR	24	-	-	PERSONNEL - POSTS		410,300	331,900	369,700
P-4 ADMIN. METHODS OFFICER 4.5331	WR	-	24	24	PERSONNEL - CONSULTANTS		24,300	218,400	314,300
P-4 HEALTH EDUCATION SPECIALIST 4.2156	WR	24	-	-	STAFF DUTY TRAVEL		33,300	14,000	16,200
P-4 MEDICAL OFFICER .5002	PR	-	24	24	GENERAL OPERAT. EXPENSES		46,500	48,500	50,900
P-4 MEDICAL OFFICER 4.3860	WR	24	-	-	FELLOWSHIPS		95,000	469,000	270,000
P-4 NURSE ADMINISTRATOR .3658	PR	24	-	-	COURSES AND SEMINARS		-	41,900	42,400
P-4 STATISTICIAN 4.0369	WR	-	24	24	<u>SUBTOTAL</u>	WR	<u>494,200</u>	<u>410,300</u>	<u>462,000</u>
P-3 NURSE ADMINISTRATOR 4.3415	WR	24	24	24	PERSONNEL - POSTS		449,900	387,400	438,000
G-6 OFFICE ASSISTANT .4836	PR	24	24	24	STAFF DUTY TRAVEL		44,300	22,900	24,000
G-6 SECRETARY .4151	PR	-	24	24					
G-5 SECRETARY .4032 .4224	WR	48	-	-					
G-5 SECRETARY 4.4232	WR	24	24	24					
G-4 SECRETARY 4.4231	WR	24	24	24					
G-2 DRIVER .4996	PR	24	-	-					
<u>TOTAL</u>		<u>180</u>	<u>780</u>	<u>780</u>					
CONSULTANT DAYS	PR	180	780	780					
<u>TOTAL</u>		<u>90</u>	<u>335</u>	<u>150</u>					
FELLOWSHIP MONTHS	PR	90	335	150					

BRAZIL-5160, INTEGRATED HEALTH DELIVERY SYSTEMS

		72	-	-		PR	316,900	-	-
<u>TOTAL</u>		<u>72</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>		<u>316,900</u>	<u>-</u>	<u>-</u>
P-4 ADMIN. METHODS OFFICER .3388	PR	24	-	-	PERSONNEL - POSTS		275,600	-	-
P-4 MEDICAL OFFICER .5002	PR	24	-	-	STAFF DUTY TRAVEL		41,300	-	-
P-3 NURSE ADMINISTRATOR .4676	PR	24	-	-					

BRAZIL-5400, HEALTH STATISTICS

		48	-	-			242,500	-	-
<u>TOTAL</u>		<u>48</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>		<u>242,500</u>	<u>-</u>	<u>-</u>
P-4 STATISTICIAN 4.0369	WR	24	-	-	<u>SUBTOTAL</u>	PR	<u>122,100</u>	<u>-</u>	<u>-</u>
P-3 STATISTICIAN .4264	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
<u>TOTAL</u>		<u>210</u>	<u>-</u>	<u>-</u>	PERSONNEL - CONSULTANTS		28,600	-	-
CONSULTANT DAYS	PR	210	-	-	STAFF DUTY TRAVEL		11,100	-	-
<u>TOTAL</u>		<u>12</u>	<u>-</u>	<u>-</u>	<u>SUBTOTAL</u>	WR	<u>120,400</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	WR	12	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		11,200	-	-
					FELLOWSHIPS		12,600	-	-

DEVELOPMENT OF HUMAN RESOURCES

The purpose of this project is to provide technical cooperation to the Health Manpower Development Program, which is the responsibility of the Ministries of Education and Culture, Health, and Welfare and Social Assistance. Provision is made for activities in the areas of: (a) manpower development for basic health services under the coordination of the Ministry of Health and the Federal Universities, with emphasis on the training of supervising instructors, the development of health manpower subsystems in the states, and the training of the technical personnel of the Ministry of Health

	1980-	1982-	1984-		1982-1983	1984-1985	
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	
						\$	\$

as part of the integrated process and program of institutional development in support of the development of basic health services in the country; (b) large-scale training of personnel at the elementary and intermediate level of services, with coordination and supervision provided by the educational system; (c) development of higher education in the health professions through experiences of teaching-service integration, to be coordinated by the educational system with the joint participation of the public system of health services; and (d) development of personnel for Social Welfare Health Services, and in particular, measures to adapt the role of physicians, as well as that of the necessary personnel at the intermediate level, to primary care services.

BRAZIL-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		24	48	48	TOTAL	PR	211,300	265,800	275,500
P-5 PROJECT MANAGER .4566	PR	-	24	24	PERSONNEL - POSTS		35,000	171,200	191,100
G-7 OFFICE TECHNICIAN .4573	PR	-	24	24	PERSONNEL - CONSULTANTS		24,300	33,600	48,400
G-6 ADMINISTRATIVE ASSISTANT .4234	PR	24	-	-	STAFF DUTY TRAVEL		-	7,000	8,000
					FELLOWSHIPS		152,000	28,000	-
					GRANTS		-	26,000	28,000
TOTAL		180	120	120					
CONSULTANT DAYS	PR	180	120	120					
TOTAL		145	20	-					
FELLOWSHIP MONTHS	PR	145	20	-					

BRAZIL-6001, DEVELOPMENT OF TEACHING OF PATHOLOGY

TOTAL	PH	28,000	-	-
SUPPLIES AND MATERIAL		28,000	-	-

BRA-6002, DEVELOPMENT OF HUMAN RESOURCES (FUNDS FROM MINISTRY OF HEALTH)

TOTAL		168	168	-	TOTAL	PG	463,300	480,800	-
P-4 HEALTH MANPOWER OFFICER .4571 .5324 .5425	PG	72	72	-	PERSONNEL - POSTS		286,300	310,800	-
G-5 SECRETARY .5217 .5424	PG	48	48	-	STAFF DUTY TRAVEL		34,000	34,000	-
G-3 SECRETARY .4574	PG	24	24	-	CONTRACTUAL SERVICES		80,000	78,000	-
G-2 DRIVER .4578	PG	24	24	-	SUPPLIES AND MATERIAL		6,500	6,000	-
					FURNITURE & EQUIPMENT		4,500	8,000	-
					FELLOWSHIPS		22,000	18,000	-
					COURSES AND SEMINARS		30,000	26,000	-
TOTAL		20	13	-					
FELLOWSHIP MONTHS	PG	20	13	-					

BRAZIL-6003, DEVELOPMENT OF HUMAN RESOURCES (FUNDS FROM MINISTRY OF EDUCATION)

TOTAL		93	96	-	TOTAL	PG	548,210	594,680	-
P-4 HEALTH MANPOWER OFFICER .4570 .5385	PG	45	48	-	PERSONNEL - POSTS		237,435	278,470	-
P-3 HEALTH MANPOWER OFFICER .5324	PG	24	24	-	STAFF DUTY TRAVEL		34,000	34,000	-
G-4 SECRETARY .5426	PG	24	24	-	CONTRACTUAL SERVICES		124,606	133,870	-
					SUPPLIES AND MATERIAL		5,335	6,670	-
					COURSES AND SEMINARS		43,500	41,670	-
					GRANTS		103,334	100,000	-

BRAZIL-6004, DEVELOPMENT OF HUMAN RESOURCES (FUNDS FROM THE MINISTRY OF WELFARE AND SOCIAL ASSISTANCE)

TOTAL		24	24	-	TOTAL	PG	100,000	100,000	-
P-4 HEALTH MANPOWER OFFICER .5427	PG	24	24	-	PERSONNEL - POSTS		69,334	69,334	-
					PERSONNEL - CONSULTANTS		21,334	21,334	-
TOTAL		110	80	-	STAFF DUTY TRAVEL		9,332	9,332	-
CONSULTANT DAYS	PG	110	80	-					

BRA

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

BRAZIL-6601, INNOVATIONS IN DENTAL EDUCATION AND CARE, UNIVERSIDADE FEDERAL RIO GRANDE DO SUL

TOTAL	PH	10,000	-	-
SUPPLIES AND MATERIAL		10,000	-	-

BRAZIL-6602, INNOVATIONS IN DENTAL EDUCATION AND CARE, UNIVERSIDADE ESTADUAL DE CAMPINAS

TOTAL	PH	83,600	-	-
SUPPLIES AND MATERIAL		83,600	-	-

DEVELOPMENT OF PHYSICAL, FINANCIAL, AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

Activities of PAHO/WHO cooperation in this area will be carried out under a project of cooperation whose purpose is to help the country define a policy on and establish integrated programming of research activities and technological development in health and to support specific projects in priority areas. To this end, plans are under way to coordinate the activities of cooperation that PAHO/WHO has been carrying out in the country, and to gear them toward support of the development of basic health services and of research directed toward the solution of priority health problems. These activities will cover the following areas: (a) a health research policy and system, with special attention to the establishment of a standard information system for this field; (b) training and upgrading of researchers; and (c) technical and financial support to specific priority projects. In addition to the regular resources assigned to the country, special resources will be allotted to Brazil by the Division of Human Resources and Research of PAHO and by the Program for the Research of Tropical Diseases of WHO.

BRAZIL-8001, SCIENTIFIC AND TECHNOLOGICAL DEVELOPMENT

TOTAL		120	-	-	TOTAL	PR	42,200	-	-
CONSULTANT DAYS	PR	120	-	-	PERSONNEL - CONSULTANTS		16,200	-	-
					GRANTS		26,000	-	-

BRAZIL-8100, MEDICAL TEXTBOOKS

TOTAL	PH	46,600	-	-
TEMPORARY STAFF		42,600	-	-
STAFF DUTY TRAVEL		3,000	-	-
SUPPLIES AND MATERIAL		1,000	-	-

CANADA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	23,914
Area (in thousand square miles)	1976	3,560
Cultivated land (in thousand square miles)	1978	346
<u>Health Indicators:</u>		
Life expectancy at birth	1976***	70.3* 77.8**
Death rate per 1,000 population	1979	7.1
Infant mortality rate per 1,000 live births	1978	12.0
Death rate 1-4 years, per 1,000 population	1978	0.6
Percentage of deaths from infectious and parasitic diseases (including influenza, pneumonia, bronchitis, emphysema and asthma)	1978	0.6
Number of physicians per 10,000 population	1980	18.4
Number of hospital beds per 1,000 population	1978	7.1
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	23.5
Percentage of population 55 years and over	1979	18.0
Rate of natural increase per 1,000 population	1978	8.1
Fertility rate per 1,000 women 15-49 years of age	1978	54
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 30,000 inhabitants	1976	59
Percentage of population with access to potable water	1980	99
Per capita calories per day	1976	3,585
Per capita protein per day (grams)	1976	113
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency (Canadian dollars)	1979	10,124
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	1979	28
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1980	825
<u>Educational Indicators:</u>		
Percentage of literate population	1975	96
Percentage of population 5-14 years enrolled in primary schools	1976	91
Percentage of population 15-19 years enrolled in secondary and/or vocational schools	1976	60
Percentage of population 20-29 years enrolled in university	1978-1979	8

*Males

**Females

***Based on unofficial abridged life tables for 1976 only

CANADA - COUNTRY STATEMENT

Canada is a federal state divided into ten provinces and two territories. It has an area of 9,976,000 square kilometers and a population of 24,009,600 (1 October 1980). Most of the population is urban and most is located in three provinces: Québec, Ontario, and British Columbia.

Responsibility for health matters is distributed between the federal and the provincial governments. On the national level, the Department of National Health and Welfare is the principal federal agency in health matters. It is responsible for the overall promotion, preservation and restoration of the health of Canadians, and for their social security and social welfare. The Department acts in conjunction with other federal agencies and with provincial and local services. The provincial governments are directly responsible for the actual administration of health services. Although the patterns of health services are similar, the organization and administration of these services vary from province to province.

Other federal agencies which carry out specialized health functions include, for example, Statistics Canada, which is responsible for gathering vital and other health statistics, the Department of Veterans Affairs, which administers hospitals and health services for war veterans, and the Department of Agriculture which has certain responsibilities in connection with health aspects of food production.

The Branches of the Department of National Health and Welfare with responsibility primarily for health matters are: Health Protection, Medical Services, and Health Services and Promotion. Two Branches--Policy, Planning and Information, and Intergovernmental and International Affairs--provide an integrated approach to health and social services. In addition, the Medical Research Council reports to Parliament through the Minister of National Health and Welfare.

The Health Protection Branch is responsible for developing an integrated program to protect the public against unsafe foods, drugs, cosmetics, medical and radiation-emitting devices, against harmful microbial agents and technological and social environments deleterious to health, against environmental pollutants and contaminants of all kinds, and against fraudulent drugs and devices. It is responsible for enforcing the Food and Drugs Act and Regulations, the Narcotic Control Act and Regulations and the Radiation-Emitting Devices Act and Regulations. In addition, under the Hazardous Products Act and Regulations, the Branch has joint responsibility with the Department of Consumer and Corporate Affairs for product safety.

The Medical Services Branch is responsible for the health status of Indians, Inuit (Eskimos) and all residents of the Yukon and Northwest Territories. The Branch assesses the health of prospective immigrants, travellers from overseas, civil pilots and aircrew, and conducts regulatory, occupational and environmental health, prosthetic and emergency services.

The Health Services and Promotion Branch exercises departmental responsibilities for promotion of the health and well-being of Canadians and the prevention of illness and disability and for assisting in the development and maintenance of appropriate health care services for all Canadians. These responsibilities include monitoring provincial compliance with program conditions of the health insurance legislation and carrying out short-term policy research and analysis.

The Intergovernmental and International Affairs Branch carries out liaison and consultation in the health, welfare and social security fields with the Canadian provinces, international organizations and other countries. The Branch also coordinates the departmental participation in major federal-provincial and international events.

The Policy, Planning and Information Branch is responsible for providing research, analyses and information relevant to health and social welfare policies and, when required, coordinating the development of departmental policies which cross Branch lines of responsibilities. It also cooperates with provincial governments on the development of a national health and social services information system.

Provincial hospital insurance programs, operating in all provinces and territories since 1961, cover 99% of the population of Canada. Under the Hospital Insurance and Diagnostic Services Act of 1957, the Federal Government provides financial assistance to the provinces towards the cost of providing hospital services to patients insured by these programs.

Public medical care is provided under the Medical Care Act which was passed by Parliament in December 1966. Federal contributions to participating provinces became payable from 1 July 1968. By 1 April 1972 all provinces and territories had entered the federal program. The plan must be universally available to all eligible residents on equal terms and conditions and must cover at least 95% of the total eligible provincial population (in fact the plan covers over 99% of those eligible). Comprehensive coverage must be provided for all medically required services rendered by a physician or surgeon.

Until April 1977, federal contributions to the provinces for hospital and medical care services were based on the cost of insured services incurred by the provinces, with the Federal Government reimbursing the provinces for approximately 50% of their expenditures. The Federal/Provincial Fiscal Arrangements and Established Programs Financing Act of 1977 modified the method of federal financing. Federal contributions now take the form of a transfer of fiscal concession and associated equalization to the provinces, in conjunction with equal per capita cash payments. National standards established by previous legislation are preserved. The new financing arrangements also provide additional per capital contributions toward the costs of certain extended health care services.

The responsibility for regulation of health care, operation of health insurance programs, and direct provision of specialized services rests with the provincial governments. Provincial programs are giving increasing attention to preventive services. Programs related to health problems such as cancer, alcoholism and drug abuse, venereal diseases, and

dental health are being developed by government agencies, often in cooperation with voluntary associations. A number of provincial programs are also being directed to meet the needs of specific population groups, such as mothers and children, the aged, the needy, and those requiring rehabilitation care. Environmental health responsibilities, involving education, inspection, and enforcement of standards, are frequently shared by provincial health departments and other agencies.

Public health or community health units are among the most decentralized. Some are also responsible for local health education, school health, and organized home care. Although local and regional involvement in health services has been concentrated on hospital planning and some aspects of public health, several provinces have inaugurated district and regional boards which participate in the coordination of all health-related services in their areas.

CANADA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
II. DEVELOPMENT OF THE INFRASTRUCTURE *****	70,300	100.0	74,200	100.0	90,000	100.0
HEALTH SYSTEMS *****	70,300	100.0	74,200	100.0	90,000	100.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	70,300	100.0	74,200	100.0	90,000	100.0
GRAND TOTAL *****	70,300	100.0	74,200	100.0	90,000	100.0

CANADA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$
1980-1981											
PAHD--PK	35,700	-	-	-	-	34	35,700	-	-	-	-
WHU--WK	34,600	-	-	-	-	33	34,600	-	-	-	-
TOTAL	70,300	-	-	-	-	67	70,300	-	-	-	-
PCT. OF TOTAL	100.0						100.0				
1982-1983											
PAHG--PR	37,800	-	-	-	-	27	37,800	-	-	-	-
WHU--WR	36,400	-	-	-	-	26	36,400	-	-	-	-
TOTAL	74,200	-	-	-	-	53	74,200	-	-	-	-
PCT. OF TOTAL	100.0						100.0				
1984-1985											
PAHD--PK	45,000	-	-	-	-	25	45,000	-	-	-	-
WHU--WR	45,000	-	-	-	-	25	45,000	-	-	-	-
TOTAL	90,000	-	-	-	-	50	90,000	-	-	-	-
PCT. OF TOTAL	100.0						100.0				

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND		

CANADA - PROGRAM NARRATIVES AND PROJECT DETAIL

DEVELOPMENT OF HEALTH SERVICES

The purpose of this program is to participate in the quantitative and qualitative development of the country's health services through the training of human resources. This purpose is accomplished by awarding fellowships.

CANADA-5101, FELLOWSHIPS

<u>TOTAL</u>		<u>67</u>	<u>59</u>	<u>50</u>	<u>TOTAL</u>	<u>70,300</u>	<u>74,200</u>	<u>90,000</u>
FELLOWSHIP MONTHS	PR	34	27	25				
FELLOWSHIP MONTHS	WR	33	26	25	<u>SUBTOTAL</u>	<u>PR 35,700</u>	<u>37,800</u>	<u>45,000</u>
					<u>FELLOWSHIPS</u>	<u>35,700</u>	<u>37,800</u>	<u>45,000</u>
					<u>SUBTOTAL</u>	<u>WR 34,600</u>	<u>36,400</u>	<u>45,000</u>
					<u>FELLOWSHIPS</u>	<u>34,600</u>	<u>36,400</u>	<u>45,000</u>

CHILE - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	10,917
Area (in thousand square kilometers)	1976	757
Cultivated land (in thousand hectares)	1977	19,640
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	64.4
Death rate per 1,000 population	1979	6.8
Infant mortality rate per 1,000 live births	1979	36.6
Death rate 1-4 years, per 1,000 population	1979	1.5
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	4.5
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	8.8
Number of physicians per 10,000 population	1977	6.2
Number of hospital beds per 1,000 population	1979	3.5
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1976	35.3
Percentage of population 55 years and over	1976	10.9
Rate of natural increase per 1,000 population	1979	15.3
Fertility rate per 1,000 women 15-44 years of age	1977	99
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	61
Percentage of population with access to potable water	1977	80
Per capita calories per day	1972-1974	2,734
Per capita protein per day (grams)	1972-1974	74
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	...	...
- in United States dollars	1977	950
Percentage of GDP from secondary sector (manufacturing and building)	1977	23
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1978	90
Percentage of population 5-14 years enrolled in primary schools**	1978	97
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1978	50
Percentage of population 20-29 years enrolled in university**	1978	7

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

CHILE - COUNTRY STATEMENT

The politico-administrative organization of the Republic of Chile is that of a unitary state. Since 1974 the Government has adopted a policy of decentralization of the public administration, which has divided the country into 12 regions and a metropolitan area.

Since 1973 the behavior of the economy has been determined by the postulates of a market economy. In 1977 the economy grew by 8.6%; noteworthy in contributing to this growth was an increase in nontraditional exports. The economic policy has succeeded in bringing about a substantial decrease in inflation to traditional levels.

Concerning population, the most important feature in recent years has been the decrease in the birth rate which began in 1964 after almost 30 years of a steady high birth rate. In 1979 the birth rate, which had earlier ranged from 36.0 to 38.0 per 1,000 population, fell to 22.1. Despite the decline in the general death rate, the natural increase of the population has undergone a spectacular decline: 1.53 per 100 population in 1979. Population projections made by CELADE estimate that Chile will have 14,934,000 inhabitants by the year 2000. Another important feature is the relative reduction in the rural population, which was estimated at 36.2% in 1960, at 21.9% in 1975, and which is now predicted to reach 11.2% by the year 2000. In absolute numbers, however, the rural population has remained stable since 1940 at around 2,350,000 inhabitants.

Since 1964 there has been a decline in general mortality, the rate of which had hovered around 12.0 per 1,000 population for more than 15 years; in 1979 it fell to 6.8 per 1,000 population.

In 1978 the 10 leading causes of death were as follows: diseases of the circulatory system, 24.2%; malignant tumors, 14.6%; diseases of respiratory tract, 9.7%; accidents, poisonings, and violent acts, 11.3%; ill-defined conditions, 11.0%; diseases of the digestive system, 8.6%; perinatal diseases, 4.1%; infectious and parasitic diseases, 3.9%; endocrine, nutritional and metabolic diseases, 2.7%; and tuberculosis, 2.4%. What are commonly called chronic diseases, and violent deaths have become the leading causes of death in the country; whereas in 1963 diseases of the circulatory system, malignant tumors, poisonings, and violence were responsible for 29.7% of all deaths, in 1978 they were responsible for 50.1%. On the other hand, infectious and parasitic diseases, which ranked third as a cause of death in 1963, have fallen to eighth place for 1978.

There has been a sharp decline in the infant mortality rate; this decline started after 1966 when it was 100.2 per 1,000 live births, and fell to 36.6 in 1979. The decline in absolute numbers began in 1965, but did not affect the rates until 1967; this phenomenon is explained by the sharp concomitant decline in the number of live births. There was a steady, high neonatal mortality rate until 1967, declining in 1979 to 18.3 per 1,000 live births. The change in mortality in the 1 to 4 year age group has been highly favorable; whereas in 1963 this rate was 7.0, in 1979 it was only 1.5 per 1,000 live births. Among the factors that may be responsible for the sharp fall in mortality of children under five, in addition to the improvement in socioeconomic conditions and the extension of education, is the increase in professional care of deliveries, the expansion of care coverage, immunization programs, and the distribution of milk and protein foods.

There has also been a decline in the last decade in the rate of mortality due to obstetric causes: the maternal death rate in 1968 was 2.1 per 1,000 and in 1979, 0.73; moreover, death rates from abortion declined from 0.8 per 1,000 in 1968 to 0.24 in 1979.

The decline in the mortality rate for acute communicable diseases, which began in the late 1940's, continues. The vaccination programs for diphtheria, whooping cough, poliomyelitis, and measles have made it possible to reduce the rates for these diseases to very low levels; typhoid and paratyphoid fever continue to be a health problem; 10,760 cases were reported in 1979. Very extensive epidemiologic studies are being made in order to discover the various possible causes of this problem. Smallpox was eradicated in 1954, and the last cases of epidemic exanthematic typhus were reported in 1967. *Aedes aegypti* eradication was achieved in 1963. Tuberculosis continues to be the communicable disease with the highest death rate in the country, despite a downward trend; in 1979 this rate was 15.4 per 100,000 population.

Chagas' disease is endemic in the northern and central sectors of the country, but there is no information regarding its prevalence; the only available data has been obtained through research on limited areas. In 1979 32 deaths were attributed to this disease.

Hydatidosis is the most important zoonosis in the country; 805 human cases and 55 deaths from this cause were reported in 1979. No case of human rabies has been reported since 1973; there were two cases of animal rabies in 1979. In recent years there has been an increase in reports of sexually transmitted diseases.

Since 1968 cardiovascular diseases have ranked first as a cause of death; for 1979 the death rate for this group of diseases was 177.5 per 100,000 population. The death rate from cancer in the same year was 102.9 per 100,000 population, and cancer of the stomach was the most common form (24.3%). Deaths caused by accidents, poisoning, and violent acts rank fourth among the causes of death, with a rate of 75.1 per 100,000 population in 1979.

The Ministry of Health and the National System of Health Services assess the nutritional status of the total beneficiary population under six years of age, which in 1977 accounted for 81.1% of that age group; of these children, 85.1% were eutrophic, 11.9% showed signs of mild malnutrition, and 3.0% moderate and advanced malnutrition. Endemic goiter primarily affects the population living in the foothills of the mountain range.

In accordance with current legislation, the National Service of Sanitary Works, which is under the Ministry of Public Works, is responsible for the construction and operation of drinking water supply and sewerage services throughout the country. In 1977 98.4% of the urban population had household connections or easy access to drinking water, but only

30.2% of the rural population had the same services. The collection and final disposal of solid wastes is a serious problem in the country's major urban centers; in the city of Santiago 2,000 tons of garbage are produced daily, and its final disposal is partially attained using large sanitary landfills. The heavy concentration of population, combined with especially unfavorable geographic and meteorologic conditions, has been producing a serious problem of air pollution in Santiago. The PANAIRE network installed in the Metropolitan Area indicates that in 1979 the most important pollution indices are for particulate matter in suspension and carbon monoxide, which exceed the maximum permissible levels according to the standards established in international agreements.

The health sector includes the state and private subsectors. The state subsector is comprised by the Ministry of Health, which is responsible for 27 health services that enjoy operational autonomy and cover the whole national territory; the National Health Fund, which distributes financial resources to the various services in accordance with the policy set by the Ministry of Health; the Supply Center, which is responsible for procuring and distributing equipment and materials required by the health services; the Public Health Institute, formerly the Bacteriological Institute; the National Council for Food and Nutrition; and the Hospital Construction Company. In addition, the state subsector includes the Health Services of the Armed Forces, the Police, the University of Chile, the Copper Corporation and others. The private subsector is comprised by institutions and agencies that conduct health activities in order to achieve their individual objectives.

The health policy is carried out within a doctrinary framework which respects the principle of subsidiarity and ensures the right of all people to health through activities of health development, protection, recovery, and rehabilitation. Great importance is placed on maternal and child health care, nutrition, and the extension of primary health care to the rural areas and the urban shantytowns. The right to freedom of choice in health care has been established, but the State guarantees all people access to health services.

As of 31 December 1979, the country had 37,758 hospital beds, with a ratio of 3.54 beds per 1,000 population, of which 88.6% belong to the Ministry of Health. In 1979 there were 249 clinics and 1,080 rural posts in operation, distributed throughout the entire national territory and linked administratively and functionally to the hospital institutions. In 1977 the number of active physicians was 6,516, with a ratio of 6.2 per 10,000 population; nine schools of medicine graduate 500 professionals annually. In 1977 the number of active dentists totaled to 4,300, with a ratio of 4.0 per 10,000 population; of the 2,350 pharmaceutical chemists, 20% are employed in the public sector. In the same year there were 3,201 professional nurses, of which 2,337 worked for the public sector, with a ratio of 3.0 nurses per 10,000 population. In 1977, 520 nurses graduated from 14 schools of nursing.

In 1977 there were 2,371 active midwives, or 9.7 midwives per 1,000 live births. The distribution of these professionals in the country can be considered adequate: 36% provide services in Santiago, 54% in cities of more than 20,000 inhabitants, and 10% in communities of less than 20,000 inhabitants. The country recognizes the nursing auxiliary as an indispensable resource in the conduct of health programs with precise responsibilities in the personnel rosters, and not simply as a substitute for a nurse. Between 1958 and 1977, 19,775 nursing auxiliaries were trained. In 1977, 672 nutritionists provided services in the National Health Service. It is estimated that an approximately equal number provides services in other public centers and in the private sector. In December 1977 there were a total of 617 staff members to deal with environmental programs.

As a Member Country of PAHO/WHO, Chile has been receiving ongoing and active technical cooperation from the Organization through consultants, programs of training abroad and within the country, and in the provision of supplies and equipment. The technical cooperation has been agreed upon by the Ministry of Health and the Organization, is carried out within the health priority areas and programs of the country, and is aimed at solving specific problems. The national programs and areas in which PAHO/WHO is providing technical cooperation are the following: communicable disease control, chronic disease control, maternal and perinatal care, child and adolescent care, nutrition, rehabilitation, environmental hygiene, organization of the health services system, health sciences education, public health education, sanitary engineering education, and expansion of the Bacteriological Institute of Chile.

CHILE - NATIONAL HEALTH PROGRAMS

Reorganization of the Ministry of Health
 Organization of the National System of Health Services
 Manpower Development
 Development of Physical Resources
 Operational Research
 Institutional Development of the National Service of Sanitary Works
 Maternal and Perinatal Health
 Child and Adolescent Health
 Adult Health
 Mental Health and Alcoholism
 Dental Health
 Communicable Disease Control

Nutrition
 Chronic Disease Control
 Rehabilitation
 Environment
 Foot-and-Mouth Disease Control (Ministry of Agriculture)
 Development of the Bacteriological Institute of Chile
 Health Sciences Education (medicine, dentistry, veterinary medicine, nursing, obstetrics, nutrition, medical technology)
 Public Health Education
 Sanitary Engineering Education
 Brucellosis Control
 Rabies Control

CHILE - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT					
	\$				\$	\$	\$	\$	\$	\$		
1980-1981												
PAHU--PR	614,600	36	48	655	295,200	9,000	105	110,000	65,500	28,200	29,000	77,700
PN	33,296	-	-	150	28,749	425	-	-	-	-	-	4,122
WHU--WR	507,700	48	-	430	251,200	8,600	118	144,800	42,000	34,400	22,500	4,200
WI	410,500	24	24	450	255,200	6,300	38	52,300	-	90,600	-	6,100
WP	97,557	-	-	40	44,369	-	38	43,360	-	1,328	-	8,500
TOTAL	1,663,653	108	72	1725	874,718	24,325	319	350,460	107,500	154,528	51,500	100,622
PCT. OF TOTAL	100.0				52.6	1.5		21.1	6.4	9.3	3.1	6.0
1982-1983												
PAHU--PK	721,000	24	48	430	376,000	5,000	100	140,000	77,100	32,300	6,000	84,600
WHU--WR	644,800	48	-	210	338,400	9,400	156	218,400	42,000	36,600	-	-
TOTAL	1,365,800	72	48	640	714,400	14,400	256	358,400	119,100	68,900	6,000	84,600
PCT. OF TOTAL	100.0				52.3	1.1		26.3	8.7	5.0	.4	6.2
1984-1985												
PAHU--PK	856,200	24	48	390	458,500	5,300	102	183,600	79,900	32,800	6,100	90,000
WHU--WR	783,500	48	-	210	412,900	9,400	160	288,000	35,500	37,700	-	-
TOTAL	1,639,700	72	48	600	871,400	14,700	252	471,600	115,400	70,500	6,100	90,000
PCT. OF TOTAL	100.0				53.2	.9		28.8	7.0	4.3	.3	5.5

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

CHILE - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA VI CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	136,920	300	281,770	300	339,310
PR	AREA VI	AREA REPRESENTATIVE ADMINISTRATIVE OFFICER	.0310 .2098	D-1 P-1						
DISEASE PREVENTION AND CONTROL					140	28,020	140	65,900	140	79,610
WR	AMRO-4360	EPIDEMIOLOGIST SUPPLIES	4.0846	P-4						
FAMILY HEALTH					120	24,400	--	-	-	-
PR	AMRO-1360	MEDICAL OFFICER (MCH) SUPPLIES	.2117	P-4						
COMPLEMENTARY SERVICES					150	22,820	150	50,770	150	61,230
PR	AMRO-4160	NURSE ADMINISTRATOR SUPPLIES	.0895	P-4						
DEVELOPMENT OF HEALTH SERVICES					340	66,390	120	36,430	120	43,930
PR	AMRO-5360	HEALTH PLANNER SUPPLIES	.0915	P-4						
PR	AMRO-5460	STATISTICIAN SUPPLIES	.4853	P-3						
PR	AMRO-5560	ADMIN. METHODS OFFICER SUPPLIES	.4590	P-4						
DEVELOPMENT OF HUMAN RESOURCES					140	21,480	-	-	-	-
WR	AMRO-6060	HEALTH MANPOWER OFFICER SUPPLIES	4.3685	P-4						
TOTAL					1,190	300,030	710	434,870	710	524,080

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

CHILE - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The death rates for acute communicable diseases, which began to decline in the late 1940's, are still decreasing, and it is believed that this downward trend is a product of the improvement of socioeconomic conditions, the spread of education, and the extension of health service coverage.

It is important to point out that due to the well-established vaccination campaigns, there has been no case of poliomyelitis since 1975. The rates of morbidity by typhoid, paratyphoid, and diarrheal diseases have remained high; nevertheless, thanks to timely diagnosis, treatment, and patient hospitalization, mortality from salmonellas has been reduced to a very low level.

Cardiovascular diseases have ranked first as a cause of death since 1968. The death rates for cancer have increased, due in part to the aging of the population and to the real increase of the disease; in addition, the gradual increase in the proportion of the population that receives welfare benefits has resulted in their greater access to health services, and therefore, to better diagnoses of the causes of death.

Pilot studies have been initiated on diabetes mellitus, rheumatic fever, and arterial hypertension, because these are diseases responsible for high morbidity for which there exist effective methods of prevention and treatment. The purpose of these studies is to demonstrate the feasibility and efficacy of epidemiological surveys and preventive and therapeutic measures, with a view to progressively extending coverage at the national level.

CHILE-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		90	90	90	TOTAL	PR	60,500	66,300	82,100
CONSULTANT DAYS	PR	90	90	90	PERSONNEL - CONSULTANTS		11,900	25,200	36,300
TOTAL		9	10	10	SUPPLIES AND MATERIAL		17,100	15,100	13,800
FELLOWSHIP MONTHS	PR	9	10	10	FELLOWSHIPS		9,500	14,000	18,000
					COURSES AND SEMINARS		8,000	12,000	14,000
					GRANTS		14,000	-	-

CHILE-1700, CHRONIC DISEASES

TOTAL		385	190	180	TOTAL	PR	124,600	125,400	160,500
CONSULTANT DAYS	PR	385	190	180	PERSONNEL - CONSULTANTS		51,700	53,200	72,500
TOTAL		40	28	30	SUPPLIES AND MATERIAL		7,900	13,200	14,000
FELLOWSHIP MONTHS	PR	40	28	30	FELLOWSHIPS		42,000	39,200	54,000
					COURSES AND SEMINARS		11,000	19,800	20,000
					GRANTS		12,000	-	-

FAMILY HEALTH

The programs in this area are basically geared to maternal and child health care and nutrition. The training of health personnel plays an important role and is carried out both in service and educational activities, particularly at the level of primary care.

CHILE-1302, RURAL PROGRAM OF MATERNAL AND CHILD CARE

TOTAL		40	-	-	TOTAL	UNFPA	97,557	-	-
CONSULTANT DAYS	UNFPA	40	-	-	LOCAL PERSONNEL COSTS		37,857	-	-
TOTAL		38	-	-	PERSONNEL - CONSULTANTS		6,512	-	-
FELLOWSHIP MONTHS	UNFPA	38	-	-	SUBCONTRACTS		8,500	-	-
					EXPENDABLE EQUIPMENT		1,328	-	-
					FELLOWSHIPS		43,360	-	-

CHILE-1303, TRAINING IN PRIMARY CHILD HEALTH CARE

TOTAL	PR	20,000	20,000	20,000
COURSES AND SEMINARS		20,000	20,000	20,000

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
CHILE-1400, NUTRITION									
TOTAL		8	13	13	TOTAL	PR	14,400	24,200	29,500
FELLOWSHIP MONTHS	PR	8	13	13	FELLOWSHIPS		8,400	18,200	23,400
					COURSES AND SEMINARS		3,000	-	-
					GRANTS		3,000	6,000	6,100

ENVIRONMENTAL HEALTH SERVICES

The technical cooperation program is being conducted in close cooperation with governmental authorities who determine the needs and priorities to be met. Noteworthy is the National Committee for the International Drinking Water Supply and Environmental Sanitation Decade, which is constituted by representatives of the Ministry of Foreign Affairs, the Ministry of Health, the Office of National Planning (ODEPLAN), the National Service of Sanitary Works of the Ministry of Public Works, the Ministry of Housing and Urban Planning, and the Ministry of Agriculture, with advisory services provided by representatives of ECLA, UNDP, and PAHO/WHO.

It is also important to point out that a technical commission has been established in order to study and coordinate all matters connected with the treatment of solid wastes and public hygiene. This Commission is headed by the Under Minister of the Interior, and staffed by a representative of ODEPLAN; a representative of the Ministry of Health; a representative of the Municipality of Santiago; a representative of AIDIS; and a representative of PAHO/WHO.

The governmental policy is geared to achieving and maintaining adequate levels of coverage and quality for both urban and rural drinking water services. A goal has been defined for the urban sector to reach 100% of the households with drinking water services by 1982. For the concentrated rural sector, and that with a population of between 200 and 2,000 inhabitants, the proposal has been to provide 60% of the population with a drinking water supply by 1982 and 100% with this service by 1990.

Due to the relevance that drinking water supply and sewerage works have in the area of public health, in recent years the Government has made a relative increase in its contribution of capital for the construction of these works in the subsector.

The Government has formulated important programs to be implemented in the coming years for the restoration of drinking water quality, the optimal use of water resources, and the development of water supply and sewerage infrastructure.

CHILE-2000, ENVIRONMENTAL SANITATION

TOTAL		24	24	24	TOTAL	WR	122,400	172,800	196,400
P-4 SANITARY ENGINEER 4,2094	WR	24	24	24	PERSONNEL - POSTS		96,600	139,800	164,100
					PERSONNEL - CONSULTANTS		8,100	8,400	12,100
					STAFF DUTY TRAVEL		4,000	4,000	4,000
TOTAL		60	30	30	SUPPLIES AND MATERIAL		3,500	4,000	-
CONSULTANT DAYS	WR	60	30	30	FELLOWSHIPS		6,200	12,600	16,200
					COURSES AND SEMINARS		4,000	4,000	-
TOTAL		6	9	9					
FELLOWSHIP MONTHS	WR	6	9	9					

CHILE-2100, INSTITUTIONAL DEVELOPMENT OF NATIONAL SANITARY WORKS SERVICE (PHASE I)

TOTAL		150	-	-	TOTAL	Pw	33,296	-	-
CONSULTANT DAYS	Pw	150	-	-	PERSONNEL - CONSULTANTS		28,749	-	-
					STAFF DUTY TRAVEL		425	-	-
					PROGRAM SUPPORT COSTS		4,122	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The National Program of Prevention and Eradication of Foot-and-Mouth Disease has achieved its objectives: it has eradicated the disease from the national territory, it has established an appropriate technical and administrative infrastructure for reaching this final objective, and it has suitable and trained human resources. As the last step in order to keep the country free of foot-and-mouth disease, the regions and sectors of the country are being organized in order to set up an effective epidemiological surveillance system for its control.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
CHILE-3200, FOOT-AND-MOUTH DISEASE CONTROL									
TOTAL		12	-	-	TOTAL	PR	49,600	-	-
P-4 VETERINARIAN .0628	PR	12	-	-	PERSONNEL - POSTS		45,600	-	-
					STAFF DUTY TRAVEL		4,000	-	-

COMPLEMENTARY SERVICES

In this area assistance is being given to the national authorities in the upgrading of personnel in order to make the coordination of all existing resources more efficient. Efforts are being made to rationalize an approach to the problem of disabilities caused by injuries to the locomotive apparatus in particular, and, in general, all types of disabilities.

CHILE-4500, REHABILITATION

		60	60	30		PR	24,500	37,500	41,800
TOTAL		60	60	30	TOTAL				
CONSULTANT DAYS	PR	60	60	30	PERSONNEL - CONSULTANTS		8,100	16,800	12,100
					FELLOWSHIPS		8,400	16,800	21,600
TOTAL		8	12	12	COURSES AND SEMINARS		8,000	3,900	8,100
FELLOWSHIP MONTHS	PR	8	12	12					

DEVELOPMENT OF HEALTH SERVICES

The doctrinal framework and the bases for the health policy are derived from the 1974 Government Declaration of Principles: man has natural rights that override those of the State, and therefore the State should be of service to man. The State is dedicated to the common good. A second element is expressed in the National Objectives (1975) which seek to achieve the highest possible level of health through actions for development, protection, recovery, and rehabilitation. The third element is the Political Constitution, which establishes as the primary and principal objective, health protection for the entire population by facilitating its access to health services and ensuring delivery of these services by public or private institutions. The regionalization of health services and the extension of coverage are under special consideration in the program of technical cooperation.

CHILE-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

		72	72	72			248,600	345,200	396,600
TOTAL		72	72	72	TOTAL				
P-5 PAHO/WHO REPRESENTATIVE .0944	PR	24	24	24	SUBTOTAL	PR	244,400	345,200	396,600
G-7 ADMINISTRATIVE ASSISTANT .4712	PR	24	24	24	PERSONNEL - POSTS		161,700	255,600	301,300
G-6 SECRETARY .4823	PR	24	24	24	STAFF DUTY TRAVEL		5,000	5,000	5,300
					GENERAL OPERAT. EXPENSES		77,700	84,600	90,000
					SUBTOTAL	WR	4,200	-	-
					CONTRACTUAL SERVICES		4,200	-	-

CHILE-5100, DEVELOPMENT OF HEALTH SERVICES

		24	24	24		MR	203,400	241,000	300,400
TOTAL		24	24	24	TOTAL				
P-4 MEDICAL OFFICER .4824	MR	24	24	24	PERSONNEL - POSTS		96,600	139,800	164,100
					PERSONNEL - CONSULTANTS		20,200	16,800	24,200
TOTAL		150	60	60	STAFF DUTY TRAVEL		4,600	5,400	5,400
CONSULTANT DAYS	MR	150	60	60	SUPPLIES AND MATERIAL		1,500	-	-
					FELLOWSHIPS		42,000	63,000	88,200
TOTAL		40	45	49	COURSES AND SEMINARS		16,000	16,000	18,500
FELLOWSHIP MONTHS	MR	40	45	49	GRANTS		22,500	-	-

FUND	1980- 1981	1982- 1983	1984- 1985	FUND 1980-1981	1982-1983	1984-1985
					\$	\$

DEVELOPMENT OF HUMAN RESOURCES

As progress is made in the restructuring of the system of health services, with emphasis on its regionalization and on the extension of coverage to the entire population, it is necessary to reorient educational programs so that they meet the system's manpower needs. Technical cooperation includes the upgrading of teachers in the basic public health sciences, and PAHO/WHO offers advisory services for the review of undergraduate and graduate curricula with attention to the new structures, especially primary care, as well as on the improvement of educational technology. It should be noted that these activities are not limited to personal health, but also cover education and research as well as information dissemination in the fields of sanitary engineering and environmental sciences.

The need for increased knowledge of oral pathology in the country has led to the creation of a reference center--for national and international use--in the School of Dentistry of the University of Chile; this center is a special focus of technical cooperation.

CHILE-6000, EDUCATION IN HEALTH SCIENCES

TOTAL		160	60	60	TOTAL	WR	135,000	168,400	210,600
CONSULTANT DAYS	WR	160	60	60	PERSONNEL - CONSULTANTS		21,600	16,800	24,200
TOTAL		80	85	85	SUPPLIES AND MATERIAL		21,400	24,600	25,400
FELLOWSHIP MONTHS	WR	80	85	85	FELLOWSHIPS		84,000	119,000	153,000
					COURSES AND SEMINARS		8,000	8,000	8,000

CHILE-6100, TRAINING IN PUBLIC HEALTH

TOTAL		60	60	60	TOTAL	PR	57,000	79,000	97,100
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		34	33	33	SUPPLIES AND MATERIAL		35,400	46,200	59,400
FELLOWSHIP MONTHS	PR	34	33	33	COURSES AND SEMINARS		13,500	16,000	13,500

CHILE-6400, SANITARY ENGINEERING EDUCATION

TOTAL		60	60	60	TOTAL	WR	42,700	62,600	76,100
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		12	17	17	SUPPLIES AND MATERIAL		8,000	8,000	12,300
FELLOWSHIP MONTHS	WR	12	17	17	FELLOWSHIPS		12,600	23,800	30,600
					COURSES AND SEMINARS		14,000	14,000	9,000

CHILE-6601, CENTER FOR ORAL PATHOLOGY

TOTAL		60	30	30	TOTAL	PR	19,600	23,400	28,600
CONSULTANT DAYS	PR	60	30	30	PERSONNEL - CONSULTANTS		8,100	8,400	12,100
TOTAL		6	4	4	SUPPLIES AND MATERIAL		3,200	4,000	5,000
FELLOWSHIP MONTHS	PR	6	4	4	FELLOWSHIPS		6,300	5,600	7,200
					COURSES AND SEMINARS		2,000	5,400	4,300

DEVELOPMENT OF PHYSICAL, FINANCIAL, AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

In the context of the program executed by PAHO/WHO in cooperation with the Government and with UNDP financing, a project is being carried out in the Public Health Institute of Chile (formerly the Bacteriological Institute) for the expansion and upgrading of this Institution as the central reference laboratory and supporting structure for disease control. The project, which was initiated in 1974 for a period of five years, has produced tangible results, and the Government has requested that it be permitted to expand project activities in order to organize a network of regional laboratories and to extend the project period to 1981.

Program activities are continuing in the areas of (a) laboratory diagnostic and reference services, especially in bacteriology, immunology, and virology, and development of a national laboratory system; (b) production of biologicals to be utilized for diagnosis, prevention, and treatment; (c) a central laboratory for quality control of foods, drugs, and biologicals; (d) support to technical-auxiliary services; and (e) support to the management and training of laboratory personnel throughout the country.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1985

For the purpose of continuing the institutional development of the Central Laboratory, emphasis will remain on the strengthening of the Network of Regional Laboratories, thus extending the coverage of services. In the production and control of biologicals the range of products utilized for diagnosis continues to grow, which in a direct way also promotes the extension of laboratory services. Laboratory services are also being expanded to include the specialized fields of parasitology, hematology, and clinical chemistry.

CHELE-7300, BACTERIOLOGICAL INSTITUTE

TOTAL	48	-	-	TOTAL	UNDP	410,500	-	-
P-5 PROJECT MANAGER	UNDP	24	-	-	PERSONNEL - POSTS	192,400	-	-
4-3846					PERSONNEL - CONSULTANTS	62,800	-	-
G-5 SECRETARY	UNDP	24	-	-	STAFF DUTY TRAVEL	6,300	-	-
4-4297					MISCELLANEOUS COSTS	6,100	-	-
TOTAL		450	-	-	MISCELLANEOUS EQUIPMENT	90,600	-	-
					FELLOWSHIPS	41,500	-	-
CONSULTANT DAYS	UNDP	450	-	-	IN-SERVICE TRAINING	10,800	-	-
TOTAL		38	-	-				
FELLOWSHIP MONTHS	UNDP	38	-	-				

 COLOMBIA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	26,263
Area (in thousand square kilometers)	1980	1,139
Cultivated land (in thousand hectares)	1970-1971	19,360
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	63.4
Death rate per 1,000 population	1978	8.0
Infant mortality rate per 1,000 live births	1978	69.0
Death rate 1-4 years, per 1,000 population	1977	5.2
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1975	15.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1975	10.5
Number of physicians per 10,000 population	1977	5.2
Number of hospital beds per 1,000 population	1979	1.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1980	39.4
Percentage of population 55 years and over	1980	7.4
Rate of natural increase per 1,000 population	1980	21.0
Fertility rate per 1,000 women 15-44 years of age	1976	144
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1973	33
Percentage of population with access to potable water	1978	55
Per capita calories per day	1972-1975	2,107
Per capita protein per day (grams)	1972-1975	46
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	29,396
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	1973	60
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1973	1,536
<u>Educational Indicators:</u>		
Percentage of literate population	1973	81
Percentage of population 6-12 years enrolled in primary schools**	1977	78
Percentage of population 13-18 years enrolled in secondary and vocational schools**	1977	40
Percentage of population 19 and over enrolled in university**	1977	8

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

COLOMBIA - COUNTRY STATEMENT

The country is located in the extreme northwestern part of South America. It covers an area 1,138,914 kilometers square and has a population of 26,263,000 inhabitants. The average population density is 23.0 inhabitants per square kilometer. The topography is rugged; there are extensive coastlines on the Pacific and the Caribbean and four long plains (the Western Coast, the Cauca Valley, the Magdalena Valley, and the Eastern Plains), separated by three mountain ranges that run from south to north.

Administratively, the country is divided into 22 departments, 5 intendencias, 5 commissariats, and the Special District of Bogotá. It is a unitary and democratic republic in which the executive branch is represented by a President elected by universal suffrage, who appoints the governors, intendents, and commissars of each administrative division.

There is also a legislative branch, consisting of the Senate and the Chamber of Representatives, the departmental assemblies, and the municipal councils; and a judicial branch, made up of the Supreme Court of Justice, the departmental courts and the municipal courts.

Agriculture is the largest sector of the economy, accounting for 30% of the GDP. However, industrialization has made great strides in the last 30 years, and Colombian industry consists basically of the pharmaceutical, metalworking, petrochemical, rubber, and ready-made clothing sectors. The principal export is coffee, although other exports have been promoted considerably in recent years. The agriculture and livestock sector generates 84% of all jobs in the country.

The population has doubled in a period of approximately 30 years, which represents a growth rate of 2.1%; however, there has been a marked decline in the birth rate over the last 10 years. Furthermore, there is a heavy migratory flow from the rural areas to the cities, generating a 7% annual growth rate of population in the large urban areas.

The National Health System consists of a health sector made up of coordinated and linked institutions. The Ministry of Health is responsible for setting policies and for their decentralized application at the sectional, regional, and local levels. The Social Security Institute is linked to the system through the Health Authority, which is responsible for implementing the policy of that institution. In addition, there is a Program for Integrated Rural Development and a Food and Nutrition Plan.

The National Health System is governed by a number of decrees, laws, and regulations covering its organization, functions, and responsibilities at different levels. The regulations cover the subsystems of personnel, investments, supplies, planning, information, and research. The Ministry has a Health Code that is in the process of being implemented as law. Thus, the system covers the institutions of the public sector. The public subsector includes the institutions under the authority of the Government which are attached to the agencies that manage the system. They receive mixed financing, with regular state contributions and with state representation in their governing bodies.

Social Security has recently been organized, and, among other agencies, an insurance authority has been established under the Ministry of Health which will enable the Ministry to control the services that are its specific responsibility within the National Health System. The private subsector comes under private law; it does not receive regular state aid, nor does the Government have representatives on its governing bodies; however, its institutes are connected with the system for purposes of functional coordination.

Hospital discharge statistics (1979) indicate that the five leading causes of morbidity were: normal delivery, 26.43%; enteritis and other diarrheal diseases, 5.12%; complications in delivery and puerperium, 4.89%; abortions and unspecified causes, 4.81%; genito-urinary diseases, 4.25%.

In connection with the maternal and child health, deaths in children under one year of age in 1976 ranged from 77 to 83 per 1,000 live births while maternal mortality was approximately 1.8 per 1,000 live births. In 1979 care was provided for 463,852 pregnant women, which represents 69.3% of the population covered. Care was also provided for 584,252 children under one year of age and for 745,272 children in the 1-4 year age group.

In 1976 the rate of caries in the age groups 5-14, 15-19, and over 45 years was 76%, 96% and 100%, respectively. The decayed, missing and filled tooth index in 1966 for schoolage children was 4.9. Around four million inhabitants receive fluoridated water through 53 water supply systems. Of the population over 15 years of age, 89.7% suffers from periodontal diseases. In 1979 sodium fluoride was given in topical applications to 377,136 schoolchildren. In 1979, the rates per 100,000 population for diseases preventable by vaccination were as follows: whooping cough, 44.0; measles 71.0; tuberculosis (respiratory, confirmed), 40.0; tetanus, 3.0; diphtheria 0.7; poliomyelitis, 1.8; and yellow fever, 0.13.

Coverage with biological products in 1979 was: DPT, 30.1; polio, 35.3; BCG, 59.5; and measles 45.9. In 1979 household spraying was applied to 701,083 dwellings, for a coverage of 75%, and a total of 399,470 blood samples were examined, of which 15.2% were positive for malaria.

In regard to medical care, in 1979 1,450,000 persons were hospitalized and 10,600,525 medical consultations were provided, representing a professional care coverage rate of 30%.

At the present time, water services reach 74% of the urban population and 21% of the rural population, for a national average of 55.0%. In regard to excreta disposal, the figures are on the order of 61.0% for the urban population and 7.0% for the rural, so that the national average is 39.6% for the whole country. This sector employs over 10,000 persons; an additional 4,000 are employed by the boards responsible for the administration of rural water supply and sewerage systems.

Of the 6,000 tons of solid waste that are produced daily, 90% is disposed of by untreated dumping on land and in watercourses. A national urban clean-up program will cover an area with 12,000,000 inhabitants, or 40% of the country. The investment required is approximately \$30 million. An estimated 8,000 persons are involved in urban clean-up.

There are serious problems of water pollution in the Cauca and Magdalena river basins and in Cartagena Bay, due mainly to the dumping of untreated wastewater into rivers and other bodies of water. The effects of pesticides on the rural population are unknown, although the detectable absorption rate of cholinesterase from organophosphorus insecticides in insecticide-producing plants is approximately 34%. According to data provided by the Social Security Institute, which covers 1,313,000 employees, 1,000 accidents were reported in 1977, for a financial cost component estimated at Col\$85,000,000 for that year.

Annual beef production is 636,000 tons and is handled in 1,296 slaughterhouses, of which only six (0.6%) receive adequate sanitary inspection. Milk production is 2.3 million liters per year, of which 22% is pasteurized and 42% is consumed in unprocessed form, while the rest is used in dairy products. The country has 1,674 food industry establishments, which employ 55,000 workers.

Within the framework of the Social and Economic Development Plan, the administrators of Colombia's health sector, aware of the magnitude and nature of current health problems and their effect on the standard of living, have proposed to improve substantially the levels and structure of morbidity and mortality in the population in order to better the country's social and economic situation.

This objective will be attained through an increase in the coverage and quality of services, and through the coordination and integration of intra- and intersectoral efforts, strong community participation, development and use of local technology through the advance of research, development of health education, regulation and smooth operation of the national health system, control of negative factors in the physical environment, increase of financial resources and their efficiency, and improvement of the buildings and facilities of health institutions.

The extension of minimum health service coverage to individuals and to the environment, with special emphasis on the inhabitants of urban shantytowns, the rural population and indigenous communities, is the health sector's fundamental response to the basic needs and aspirations of the community as well as a firm step in the solution of its main health problems.

Coordination and intra- and intersectoral integration will be of fundamental importance for fair distribution of the health sector's scarce resources, as well as to supplement the multiple efforts directed toward solving problems that are of concern to a number of sectors, and to maximize the effect of resource use. In this context, teaching-service integration is essential for improvement in the quality of both teaching and service, because such integration basically adapts teaching personnel to the nature of the services to be performed and to the social nucleus in which practical applications are to be made.

The active participation of the community in determining its own health needs and in the planning, execution, control, and evaluation of services is an important resource. This participation will be channeled into actions for promoting greater community organization.

Development of local technology through encouragement and support of research for the design and application of methods, techniques, and autochthonous procedures will make it possible to better identify alternative solutions to health problems, and optimal use of resources, in keeping with the economic and social level of the country.

The development of community health education programs, conducted in coordination with the education sector, will be very important in providing the community with an appreciation of its own problems and of their consequences and solutions, in fostering a positive and cooperative attitude toward the services offered by the national health system, and in synchronizing the demand for care with the complexity of the problems.

The national health system will be the fundamental instrument for implementing action in the sector. Its development envisages the following results: a) the provision of health services with care levels of varying complexity will be facilitated, and maximum priority will be given to primary care, within a regionalized operational and administrative scheme; b) steps will be taken to promote the application of organizational and administrative standards, as well as standards for the subsystems of planning, information, supplies, investments, research, and personnel; c) supplementary assistance from all coordinated and associated institutions will be strengthened, with the understanding that the implementation of health policy is the responsibility of the official entities of the Social Security System, including family and private compensation funds; d) mechanisms will be developed for the improvement of administrative and technical management, the latter to include medical auditing based on a unified system of medical records and clinical histories; and e) production and supply of the biological products necessary for all programs of immunization will be guaranteed.

Environmental measures will seek to guarantee sufficient availability of drinking water, sanitary disposal of excreta and waste, pollution control, food quality, and control of the more important zoonoses.

New strategies and sources of financing for hospitals will be explored, and efficient financial management will be sought in order to increase the supply of services, to ensure the availability of inputs when they are most needed, to lower relative costs, and to correct the chronic deficit.

Finally, work will be speeded up to complete all construction, expansion, and remodeling projects currently in progress, and the initiation of new works will be controlled, subject to highly specific criteria. In addition, a complete system will be mounted for the maintenance of hospital facilities and equipment.

COLOMBIA - NATIONAL HEALTH PROGRAMS

Extension of Health Service Coverage

Services to Individuals

Maternal and Child Health and Family Welfare	Tuberculosis Control
Geriatrics	Cancer Control
Oral Health	Control of Sexually Transmitted Diseases
Rehabilitation	Malaria Campaign
Mental Health	Yaws Campaign
Occupational Health and Accident Control	Campaign against Yellow Fever, Dengue and other Arboviruses
Inmunization	Leprosy Control
	Control of Arterial Hypertension

Environmental Services

Control of Water Pollution	Control of Air Pollution
Fluoridation of Water for Public Consumption	Urban Clean-up
Provision of Health Services and Improvement of Housing	Improvement of the Quality of Water for Public Consumption
Food Control	Zoonosis Control
Basic Rural Sanitation	Water Supply and Sewerage Systems in Urban Areas
Special Health Programs	

Supporting Infrastructure

Human Resources (training, planning, and utilization)	Physical Resources (construction, provision, and maintenance)
Financial Resources	Information
Planning	Epidemiologic Surveillance
Health Research	National Health Laboratory
Administrative Development	Community Participation
Surveillance and Control of Drugs and Biochemical Products	Coordination of International Technical Cooperation

 COLOMBIA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA IV CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					140	106,970	140	129,210	140	142,680
PR	AREA IV	AREA REPRESENTATIVE	.0294	D-1						
DISEASE PREVENTION AND CONTROL					120	22,710	120	24,620	120	27,550
PR	AMRO-4340	EPIDEMIOLOGIST	.2028	P-4						
FAMILY HEALTH					405	52,612	405	73,730	145	34,300
UNFPA	AMRO-1340	MEDICAL OFFICER (MCH)	4.3700	P-4						
WR	AMRO-1440	NUTRITION ADVISOR	4.0877	P-4						
ENVIRONMENTAL HEALTH SERVICES					145	26,710	-	-	-	-
PR	AMRO-2940	SANITARY ENGINEER	.4266	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					90	15,000	90	18,690	90	20,910
WR	AMRO-3140	VETERINARIAN	4.3088	P-4						
COMPLEMENTARY SERVICES					120	20,330	120	24,620	120	27,590
PR	AMRO-4140	NURSE ADMINISTRATOR	.0893	P-4						
DEVELOPMENT OF HEALTH SERVICES						31,740		18,030		23,160
PR	AMRO-5140	CONSULTANTS, LOCAL STAFF, COURSES AND SEMINARS, FELLOWSHIPS, GRANTS								
DEVELOPMENT OF HUMAN RESOURCES					180	32,300	180	38,940	180	43,240
PR, WR	AMRO-6040	MEDICAL EDUCATOR	4.3401	P-5						
		NURSE EDUCATOR	4.4046	P-4						
TOTAL					1,200	308,372	1,055	327,840	795	319,430
					=====	=====	=====	=====	=====	=====

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

 COLOMBIA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The incidence of malaria continues to be a serious problem, particularly in the land settlement areas: in 1979 a total of 60,738 cases were diagnosed by microscopic examination. The most important problems are technical and operational in nature, but are also related to a lack of fluid resources and budgetary capacity. The number of blood samples examined was 399,478, of which 15.2% were positive for malaria; 38.8% of these correspond to infections by *P. falciparum*, although there has been a trend toward the decline of this parasite. An important change in the technical emphasis of the program has been effected through the combined measures of epidemiologic stratification and introduction of methods for the control and eradication of malaria.

The high rates of *Aedes aegypti* infestation in communities on the northern coast, including the Magdalena River Valley and part of the Eastern Plains, have spread to Chocó, the Pacific Coast, and the Cauca Valley. Only the two last regions are free of dengue epidemics. It is estimated that during the second half-year of 1978 and throughout 1979 there were 1.8 million cases of dengue caused by serotype I. The Government's policy has assigned priority to measures for *Aedes aegypti* control, in order to avoid new epidemics and to eliminate the risk of urban yellow fever. The program has been strengthened through the procurement of insecticides and high-performance equipment and through the recruitment of personnel. During 1979, 24 cases of jungle yellow fever were diagnosed, but the total number estimated for that year is 74.

For 1977 general mortality by causes is as follows: cardiovascular diseases, 24.1%; infectious and parasitic diseases, 15% (7.8% of which were diarrheal diseases); accidents, 12.4%; acute respiratory disease, 11.8%; and malignant tumors, 9.3%. In addition, 31.4% of all deaths occur in children under five years of age; 46% of all deaths in children under one year of age are caused by diarrheal and respiratory diseases.

The Epidemiologic Surveillance System was designed to mesh directly with the information system established by the National Health System. Activities are directed toward improving lines of information that will make it possible to evaluate the epidemiologic situation in different areas of morbidity and to strengthen the health programs. Manuals will be prepared for the different levels of health care, and epidemiologic research will be carried out in order to provide knowledge of the status of enteric, viral and chronic diseases of greatest prevalence in the country. The training of epidemiologists for the surveillance system will be strengthened at the sectional level with courses and fellowships.

From 1970 to 1979, we saw a considerable reduction in the incidence of tuberculosis, from 58.8 cases per 100,000 population to 39.8 per 100,000 population. The status of communicable diseases varies in accordance with the levels of immunization achieved in the vaccination programs. In most cases, the coverage of these programs does not attain useful levels. However, an appreciable decline has been noted in the incidence of these diseases. With regard to the programs for communicable disease control, the Organization provides assistance in the form of technical advisory services, procurement of vaccines and inputs, execution of immunization programs, and training of personnel.

COLOMBIA-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		-	24	24	TOTAL	PR	-	115,100	136,400
P-3 SANITARIAN .5484	PR	-	24	24	PERSONNEL - POSTS STAFF DUTY TRAVEL	-	-	110,500 4,600	131,400 5,000

COLOMBIA-0200, ERADICATION OF MALARIA AND *Aedes aegypti*

TOTAL		72	96	96	TOTAL	WR	407,500	504,300	577,700
P-4 ENTOMOLOGIST 4.5351	WR	-	24	24	PERSONNEL - POSTS	232,800	429,200	505,000	
P-4 MALARIA ADVISOR 4.2121	WR	24	24	24	PERSONNEL - CONSULTANTS	48,600	8,400	24,200	
P-2 SANITARIAN 4.0400 4.0402	WR	48	48	48	STAFF DUTY TRAVEL	23,800	45,100	46,000	
					SUPPLIES AND MATERIAL	81,600	5,400	1,500	
					FELLOWSHIPS	15,700	11,200	-	
					COURSES AND SEMINARS	5,000	5,000	1,000	
TOTAL		360	30	60					
CONSULTANT DAYS	WR	360	30	60					
TOTAL		15	8	-					
FELLOWSHIP MONTHS	WR	15	8	-					

COLOMBIA-1700, CHRONIC DISEASES

TOTAL	PG	20,000	-	-
GRANTS		20,000	-	-

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
COLOMBIA-4300, EPIDEMIOLOGY									
TOTAL		135	90	120		WR	39,600	76,900	116,400
CONSULTANT DAYS	WR	135	90	120	PERSONNEL - CONSULTANTS		18,600	25,200	48,400
TOTAL		11	20	20	SUPPLIES AND MATERIAL		1,400	6,700	8,000
FELLOWSHIP MONTHS	WR	11	20	20	FELLOWSHIPS		11,500	28,000	36,000
					COURSES AND SEMINARS		8,100	17,000	22,000

FAMILY HEALTH

The health policy of the country has assigned priority to mothers and children because of their higher risk of illness and death. The program has been successful in achieving satisfactory coverage that extends to all the sectional health services, and there has been a gradual decline in infant mortality rates. Cooperation has been directed toward the training of personnel, research and the provision of drugs and equipment. This cooperation will include the integration of the program into all the hospital establishments of the country (delivery and puerperium). Approval has been granted for continued UNFPA assistance through 1983.

In 1979 the coverage of medical service for expectant mothers was 79.2% in 106,630 women, and with nurses it was 22.7% in 145,000 women. Family planning coverage in 1978 was 21.43% in 372,664 consultations.

In 1980 the coverage of children under one year of age was 80% in 550,400 consultations, with an average of 2.5 per child; in children 1-4 years of age, 39% in 820,560 consultations, with an average of 2.8 per child; and in children 5-14 years of age, 30% in 1,577,400 consultations with an average of 1.5 per child. The coverage extended by nursing activities to children under one year of age was 22% in 151,360 consultations, with an average of 2 per child; in children 1-4 years of age, 10% in 210,400 consultations with an average of 1 per child.

Mental health problems reflect the incidence of mental diseases, alcoholism and drug dependence, which are being studied in various research projects in the field. The magnitude of these problems is important, and the policy is to seek comprehensive solutions to solve them. The most important cooperation activities involve plans for the training of human resources and the preparation of standards and manuals of organization for specialized services. The greatest demand for psychiatric care comes from the age group 15 to 45 years; in 1978 the WHO Collaborative Center for Research and Training in Mental Health was established in Cali. In addition, surveys were carried out to determine the prevalence of use of dependence-producing drugs among the school-age population in the principal cities of the country.

In dental health there is a high incidence of caries and oral disease, a situation that has been detected through various urban and rural investigations. The main activities planned include seminars for the training of dental auxiliaries, supervision of the national program, expansion of research on the use of fluorine, including fluoridation of salt, use of simplified dental equipment, and educational programs of teaching-service integration. 240 dental equipment units have been supplied to the Sectional Health Services, and the Preventive Program for Topical Applications of Fluorine covers 450,000 schoolchildren each year. Fluoridation of water has been introduced and feeder equipment provided in 54 medium-size cities, covering 2,124,500 inhabitants.

COLOMBIA-1300, MATERNAL AND CHILD HEALTH AND POPULATION DYNAMICS

	TOTAL	6	24	6	TOTAL	UNFPA	1,980,260	592,670
						1,196,524		
P-4 PROJECT MANAGER 4,5435	UNFPA	6	24	6	PERSONNEL - POSTS	24,900	110,300	32,000
TOTAL		30	180	30	ADMIN. SUPPORT PERSONNEL	7,000	16,000	5,500
CONSULTANT DAYS	UNFPA	30	180	30	LOCAL PERSONNEL COSTS	-	14,800	6,800
TOTAL		10	8	-	PERSONNEL - CONSULTANTS	4,300	29,100	6,200
FELLOWSHIP MONTHS	UNFPA	10	8	-	STAFF DUTY TRAVEL	973	7,000	3,000
					LOCAL TRAVEL COSTS	-	155,120	24,800
					SUBCONTRACTS	120,000	105,000	20,000
					MISCELLANEOUS COSTS	7,004	20,000	7,500
					CONTRACEPTIVES	457,394	695,480	323,870
					EXPENDABLE EQUIPMENT	39,917	68,060	-
					NON-EXPENDABLE EQUIPMENT	286,486	474,360	108,000
					FELLOWSHIPS	11,500	10,000	-
					GROUP TRAINING	133,244	200,040	60,000
					GRANTS	103,806	75,000	15,000

COLOMBIA-1400, NUTRITION

	TOTAL	60	-	-	TOTAL	PR	25,200	36,800
						25,600		
CONSULTANT DAYS	PR	60	-	-	PERSONNEL - CONSULTANTS	8,100	-	-
TOTAL		12	8	12	SUPPLIES AND MATERIAL	-	6,000	3,200
FELLOWSHIP MONTHS	PR	12	8	12	FELLOWSHIPS	11,500	11,200	21,600
					COURSES AND SEMINARS	3,800	8,000	10,000
					GRANTS	900	-	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
							\$	\$	\$
COLOMBIA-1500, MENTAL HEALTH									
TOTAL		360	360	-	TOTAL	UNDP	130,300	247,700	-
CONSULTANT DAYS	UNDP	360	360	-	PERSONNEL - CONSULTANTS		48,600	48,600	-
TOTAL		8	-	-	SUBCONTRACTS		17,000	21,400	-
FELLOWSHIP MONTHS	UNDP	8	-	-	MISCELLANEOUS COSTS		8,700	8,700	-
					MISCELLANEOUS EQUIPMENT		10,000	52,000	-
					FELLOWSHIPS		9,000	-	-
					GROUP TRAINING		37,000	37,000	-
					IN-SERVICE TRAINING		-	80,000	-

COLOMBIA-1501, PREVENTION, TREATMENT AND REHABILITATION IN DRUG ADDICTION

		110	80	-	TOTAL	WF	140,000	100,000	-
TOTAL		110	80	-	PERSONNEL - CONSULTANTS		23,700	20,000	-
CONSULTANT DAYS	WF	110	80	-	CONTRACTUAL SERVICES		5,000	5,000	-
TOTAL		12	9	-	GENERAL OPERAT. EXPENSES		5,300	5,000	-
FELLOWSHIP MONTHS	WF	12	9	-	SUPPLIES AND MATERIAL		50,000	24,000	-
					FELLOWSHIPS		14,000	14,000	-
					COURSES AND SEMINARS		42,000	40,000	-

ENVIRONMENTAL HEALTH SERVICES

The Organization cooperates with the Ministry of Health and its related agencies in the expansion of sanitation service coverage, in institutional improvement, in manpower development, and in the implementation of appropriate technologies. In the area of environmental health, 74% of the urban population and 21% of the rural has water supply; at the national level, 55% of the population has this service. The coverage of sewerage and excreta disposal services is 61% in the urban areas and 7% in the rural, with a national average of 41%.

In drinking water supply and sewerage services, cooperation is being provided through the National Institute of Municipal Development (INSFOPAL), with which specific activities are being carried out in connection with the program for the strengthening of executive agencies and the National Training Plan. Cooperation is also being given to the National Health Institute's Program for Basic Rural Sanitation.

With regard to solid waste, in a sample survey of 132 cities, collection coverage ranged from 4 to 75% of the population. Uncovered dumps, the most common form of final disposal, were used in 89% of the cases.

Preparation is underway for a national program for the supervision and monitoring of the water consumed by communities, in order to detect problems that occur and to take the necessary corrective measures in each case, including application of the National Fluoridation Program. With respect to urban sanitation, cooperation is being provided to the National Urban Sanitation Program, which is being carried out jointly by INSFOPAL and the Bureau of Environmental Sanitation of the Ministry of Health. Final studies are being carried out in several large cities of the country, and support is being given in obtaining financing arrangements for them and in making the necessary investments.

Surface water contamination has not been quantified at the national level; however, the large cities of the country produce heavy contamination, generating an extremely serious problem that now plagues the country and promises to affect the future. In this area cooperation is being given in order to quantify the problem, programs for the control and improvement of the existing situation are being conducted, studies of specific water pollution cases are being made, and assistance is being given to the regional agencies responsible for water resources.

Air pollution is monitored by means of 45 sampling stations in the 10 most industrialized cities; many of them register contamination levels higher than the permissible indices. Cooperation is provided in the evaluation of results of air quality as obtained by the country's monitoring stations, in studies on certain industries, and in the country's Health Code.

COLOMBIA-2000, ENVIRONMENTAL SANITATION

		48	48	48	TOTAL		256,800	335,100	392,100
TOTAL		48	48	48	PERSONNEL - POSTS		193,200	249,800	294,600
P-4 SANITARY ENGINEER 4.0392 4.0410	WR	48	48	48	PERSONNEL - CONSULTANTS		-	18,800	24,200
TOTAL		-	60	60	STAFF DUTY TRAVEL		10,600	10,500	11,300
CONSULTANT DAYS	WR	-	60	60	SUPPLIES AND MATERIAL		6,300	12,000	6,000
TOTAL		24	30	30	FELLOWSHIPS		25,600	42,000	54,000
FELLOWSHIP MONTHS	WR	24	30	30	COURSES AND SEMINARS		16,000	-	-
					GRANTS		2,100	6,000	2,000

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
COLOMBIA-2100, WATER AND SEWER ADMINISTRATION									
<u>TOTAL</u>		<u>215</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	PW	<u>66,486</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PW	215	-	-	PERSONNEL - CONSULTANTS		41,801	-	-
<u>TOTAL</u>		<u>14</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL		7,185	-	-
FELLOWSHIP MONTHS	PW	14	-	-	FELLOWSHIPS		15,290	-	-
					COURSES AND SEMINARS		2,210	-	-
COLOMBIA-2101, TREATMENT AND DISPOSITION OF WASTEWATER IN BOGOTA									
<u>TOTAL</u>		<u>250</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	PW	<u>100,000</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PW	250	-	-	PERSONNEL - CONSULTANTS		49,200	-	-
<u>TOTAL</u>		<u>8</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL		22,719	-	-
FELLOWSHIP MONTHS	PW	8	-	-	FELLOWSHIPS		8,800	-	-
					COURSES AND SEMINARS		7,000	-	-
					PROGRAM SUPPORT COSTS		12,281	-	-
COLOMBIA-2301, POLLUTION SURVEILLANCE AND CONTROL IN BAHIA DE CARTAGENA									
<u>TOTAL</u>		<u>205</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	PW	<u>67,721</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PW	205	-	-	PERSONNEL - CONSULTANTS		39,295	-	-
<u>TOTAL</u>		<u>8</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL		11,970	-	-
FELLOWSHIP MONTHS	PW	8	-	-	FELLOWSHIPS		9,183	-	-
					PROGRAM SUPPORT COSTS		7,273	-	-
COLOMBIA-2302, PROTECTION OF WATER RESOURCES IN THE PLAINS OF BOGOTA									
<u>TOTAL</u>		<u>350</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	PW	<u>110,000</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PW	350	-	-	PERSONNEL - CONSULTANTS		67,287	-	-
<u>TOTAL</u>		<u>7</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL		8,400	-	-
FELLOWSHIP MONTHS	PW	7	-	-	FELLOWSHIPS		7,900	-	-
					PROGRAM SUPPORT COSTS		26,413	-	-
COLOMBIA-2901, DEVELOPMENT OF THE RIO CAUCA WATERSHED									
<u>TOTAL</u>		<u>30</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	PG	<u>20,315</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PG	30	-	-	PERSONNEL - CONSULTANTS		5,144	-	-
					COURSES AND SEMINARS		13,290	-	-
					PROGRAM SUPPORT COSTS		1,881	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The principal zoonoses that affect public health and the national economy are canine and bovine rabies, brucellosis, Venezuelan equine encephalitis, bovine tuberculosis, cysticercosis and parasitosis.

The PAHO/WHO technical cooperation is directed toward supporting programs for zoonoses control, which affect the country's cattle-raising industry and constitute a potential risk for human health, and the programs for foot-and-mouth disease control, which also affects the production and productivity of Colombian cattle-raising.

The program for canine rabies control is still in the maintenance phase in some large cities; in other cities it is in the attack phase, due to the emergence of cases in humans. In 1979 seven cases of human rabies occurred, and from January to August 1980, there have been six cases. An experimental program for the production of a canine rabies vaccine in cellular cultures BHK 21 C13 has been initiated. Venezuelan equine encephalitis is being controlled by means of mass vaccination of equines in the areas of risk; among animals not vaccinated, isolated cases have occurred. There have been no human cases. Brucellosis is controlled through the vaccination of calves between four and nine months of age; human cases of the disease are considered rare and are limited to humans working with animals. Bovine tuberculosis, which recently appeared in the country, has been controlled through the slaughtering of animals positive for tuberculin PPD.

A campaign against hematophagous bats has been launched in the areas of risk in order to prevent cases of bovine rabies.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Foot-and-mouth disease is endemic in the country; the northwestern region of the Department of Chocó, through which the Pan American Highway will pass, is considered free of the disease. Vaccination coverage is low, just under 40%. The production of vaccines in 1979 reached a total of 26 million doses. Animal health programs at the border level are being conducted together with Ecuador, Venezuela and Brazil.

The United States Department of Agriculture maintains a health project in the northwest region of Chocó and in the Antioquia area of Urabá in order to eradicate this disease; to the same end, the Government of the Federal Republic of Germany maintains an animal health project in the Department of Córdoba. In recent years there has been an increase in foot-and-mouth disease produced by Type "O" in the country, due to the reduced immunogenic effect of the vaccine. The program for the control of the disease in the field is striving to overcome problems related to the lack of physical, human, and economic resources.

The National Food Protection Program is carrying out activities in order to prevent sanitary defects in the production, processing, storage, sale and consumption of meat, dairy, fish and manufactured products. Regional training courses were conducted on microbiology of foods, hygiene and monitoring of fishing products, chemical food contamination, and the hygienic use of baby bottles in hospital establishments. Future training will be conducted on food control techniques for health promoters and professionals.

COLOMBIA-3100, VETERINARY PUBLIC HEALTH

TOTAL		60	60	90	TOTAL	MR	16,300	43,200	80,900
CONSULTANT DAYS	MR	60	60	90	PERSONNEL - CONSULTANTS		8,100	16,800	36,300
TOTAL		6	16	18	SUPPLIES AND MATERIAL		1,900	4,000	12,200
FELLOWSHIP MONTHS	MR	6	16	18	FELLOWSHIPS		6,300	22,400	32,400

COLOMBIA-3200, FOOT-AND-MOUTH DISEASE CONTROL

TOTAL		24	24	24	TOTAL	PR	105,800	131,800	155,700
P-4 VETERINARIAN .3153	PR	24	24	24	PERSONNEL - POSTS		96,600	124,900	147,300
					STAFF DUTY TRAVEL		9,200	6,900	8,400

COLOMBIA-3301, ZOONOSSES AND FOOD CONTROL

TOTAL		120	-	-	TOTAL	UNDP	53,600	-	-
CONSULTANT DAYS	UNDP	120	-	-	PERSONNEL - CONSULTANTS		15,300	-	-
TOTAL		30	-	-	MISCELLANEOUS COSTS		2,200	-	-
FELLOWSHIP MONTHS	UNDP	30	-	-	MISCELLANEOUS EQUIPMENT		3,000	-	-
					FELLOWSHIPS		33,100	-	-

COMPLEMENTARY SERVICES

In accordance with the policy of the National Health System, laboratory services have been organized in keeping with the needs identified at the various levels of medical care. A national laboratory network has been established and consists of laboratories with different degrees of development; it is linked to the national laboratory of the National Institute of Health.

The activities planned cover the training of personnel of the Institute in courses and seminars with particular emphasis on the use of antigens and reagents for production. Research will be carried out on mycoses, and virological studies will be made.

The nursing system is structured within the different programs of medical care (maternal and child, epidemiology, tuberculosis, immunizations and mental health). There is a major shortage of nurses, which will be remedied in the medium term. Cooperation has been directed toward developing models for the supervision of nursing personnel and toward studying critical areas within the system.

Studies made throughout the country on disabilities have shown that the major problems are locomotor, sensorial and respiratory disabilities (approximately one million persons affected). Cooperation will be provided in the training of physicians and primary care auxiliaries and in the provision of supplies.

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
COLOMBIA-4200, LABORATORY SERVICES								
TOTAL		30	30	60	TOTAL	MR 14,200	32,800	65,600
CONSULTANT DAYS	MR	30	30	60	PERSONNEL - CONSULTANTS	4,300	8,400	24,200
TOTAL		9	14	17	SUPPLIES AND MATERIAL	500	4,800	10,800
FELLOWSHIP MONTHS	MR	9	14	17	FELLOWSHIPS	9,400	19,600	30,600

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
COLOMBIA-4500, MEDICAL REHABILITATION								
TOTAL		135	-	-	TOTAL	UNDP 114,100	-	-
CONSULTANT DAYS	UNDP	135	-	-	PERSONNEL - CONSULTANTS	10,700	-	-
TOTAL		9	-	-	MISCELLANEOUS COSTS	400	-	-
FELLOWSHIP MONTHS	UNDP	9	-	-	SUPPLIES AND MATERIAL	4,500	-	-
					FELLOWSHIPS	10,000	-	-
					IN-SERVICE TRAINING	80,500	-	-

DEVELOPMENT OF HEALTH SERVICES

The National Health System, established in 1974, is the instrument through which it is hoped that the health levels of the population of the country can be raised. Cooperation has primarily been directed toward strengthening the extension of service coverage to rural and marginalized populations. Other advisory activities include the Major Cities Plan, the reinforcement of sectional services and regional units, and the provision of training, fellowships, seminars and supplies.

The National Health System comprises a health sector made up of coordinated and linked institutions. The Ministry of Health is responsible for the formulation of policies, and authorities at the sectional, regional and local levels take part in applying them on a decentralized basis. The Social Security Institute is connected to the System through a health authority responsible for the application of policy in this institution. Other insurance funds, the armed forces and large industries have their own health services for their members. In addition, the Integrated Rural Development Program and the Food and Nutrition Plan are being carried out.

The planning process in the country will continue to develop until it has achieved integration of all sectional levels into the preparation of health programs in accordance with the models prepared at the national level, with the participation of specialized teams. In addition, evaluation models have been incorporated and will be utilized for the analysis of the planning processes in the country. Cooperation will be provided, based on technical cooperation, training and seminars.

Development of the infrastructure of the National Health System has made great progress in the various subsystems, with emphasis on the design of models for the supervision and control of management. Technical cooperation will continue to be provided for various models and manuals and will be provided at the national, regional and local levels.

COLOMBIA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
COLOMBIA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES								
TOTAL		96	96	96	TOTAL	PR 278,700	320,400	364,100
P-5 PAHC/WHO REPRESENTATIVE .0390	PR	24	24	24	PERSONNEL - POSTS	162,300	192,800	223,800
G-7 ADMINISTRATIVE ASSISTANT .0395	PR	24	24	24	STAFF DUTY TRAVEL	15,000	16,800	18,100
G-5 SECRETARY .4203	PR	24	24	24	GENERAL OPERAT. EXPENSES	101,400	110,800	122,200
G-3 CLERK-TYPIST .4257	PR	24	24	24				

COLOMBIA-5100, DEVELOPMENT OF HEALTH SERVICES

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
COLOMBIA-5100, DEVELOPMENT OF HEALTH SERVICES								
TOTAL		120	120	145	TOTAL	PR 74,500	113,700	172,400
CONSULTANT DAYS	PR	120	120	145	PERSONNEL - CONSULTANTS	16,200	33,600	58,400
TOTAL		46	55	60	SUPPLIES AND MATERIAL	10,100	3,100	6,000
FELLOWSHIP MONTHS	PR	46	55	60	FELLOWSHIPS	48,200	77,000	108,000

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$
COLOMBIA-5200, MEDICAL CARE ADMINISTRATION							
TOTAL	24	-	-	TOTAL	PR 214,300	139,200	119,200
P-4 HOSPITAL ADMINISTRATOR .0391	PR 24	-	-	PERSONNEL - POSTS	96,600	-	-
				PERSONNEL - CONSULTANTS	16,200	16,800	24,200
				STAFF DUTY TRAVEL	4,600	-	-
TOTAL	120	60	60	SUPPLIES AND MATERIAL	6,500	5,600	6,000
CONSULTANT DAYS	PR 120	60	60	FELLOWSHIPS	26,400	28,000	36,000
TOTAL	25	20	20	COURSES AND SEMINARS	22,000	39,800	33,000
FELLOWSHIP MONTHS	PR 25	20	20	GRANTS	42,000	49,000	20,000
COLOMBIA-5300, HEALTH PLANNING							
TOTAL	24	24	24	TOTAL	PR 134,400	142,100	171,300
P-4 HEALTH PLANNER .0912	PR 24	24	24	PERSONNEL - POSTS	113,200	124,900	147,300
				PERSONNEL - CONSULTANTS	4,000	-	-
				STAFF DUTY TRAVEL	4,600	4,600	5,000
TOTAL	30	-	-	SUPPLIES AND MATERIAL	1,200	1,400	1,000
CONSULTANT DAYS	PR 30	-	-	FELLOWSHIPS	7,400	11,200	18,000
TOTAL	7	8	10	COURSES AND SEMINARS	4,000	-	-
FELLOWSHIP MONTHS	PR 7	8	10				
COLOMBIA-5401, REDESIGN OF HEALTH INFORMATION SYSTEMS							
TOTAL	90	-	-	TOTAL	UNDP 22,600	-	-
CONSULTANT DAYS	UNDP 90	-	-	PERSONNEL - CONSULTANTS	11,400	-	-
TOTAL	10	-	-	MISCELLANEOUS COSTS	100	-	-
FELLOWSHIP MONTHS	UNDP 10	-	-	FELLOWSHIPS	10,500	-	-
				GROUP TRAINING	600	-	-
COLOMBIA-5500, ADMINISTRATIVE DEVELOPMENT OF THE HEALTH SYSTEM							
TOTAL	16	-	-	TOTAL	UNDP 352,300	11,200	-
P-3 ADMIN. METHODS OFFICER 4.5043	UNDP 16	-	-	PERSONNEL - POSTS	51,100	-	-
				PERSONNEL - CONSULTANTS	164,000	-	-
				STAFF DUTY TRAVEL	6,000	-	-
TOTAL	1200	-	-	MISCELLANEOUS COSTS	8,900	-	-
CONSULTANT DAYS	UNDP 1200	-	-	MISCELLANEOUS EQUIPMENT	11,900	-	-
TOTAL	47	8	-	FELLOWSHIPS	51,500	11,200	-
FELLOWSHIP MONTHS	UNDP 47	8	-	GROUP TRAINING	58,900	-	-

DEVELOPMENT OF HUMAN RESOURCES

Funds for project Colombia-6000 will be used to promote the program for the full development of health manpower, which is being fostered through coordinated actions in the areas of planning, education and utilization of human resources. One of the strategies is to introduce the teaching-service integration model by coordinating the health and education sectors; in this model, the process of manpower planning through programming and forecasts, the provision of training and updated information to human resources, and manpower utilization will be the basic areas covered by the human resources subsystem in the area of health.

Funds are being channeled into the strengthening of the following activities: short-term advisory services for (a) the introduction of occupational analysis, (b) models for the planning of human resources, and (c) development of educational technology.

Activities in the first category seek to formulate or adopt methodologies in order to prepare optimal occupational profiles for each type of personnel and to organize teams for the provision of services. Based on systematized information, the second category of activities will seek to carry out the study and formulation of alternative projections for the year 2003 with regard to supply and demand of human resources that are operating actively, in accordance with the policies of the health system. The purpose of the third category is to develop the teaching materials unit, so as to permit enhanced transfer of knowledge to students in continuing education and formal education programs, especially at the technical and auxiliary levels.

COL

	1980-	1982-	1984-				
FUND	1981	1983	1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

Grants are intended to help implement educational and informative activities, including the preparation of educational materials for peripheral and community (primary care) personnel, and periodical publications that deal with human resources, for dissemination at both the national and regional levels.

Fellowships are directed toward the fulfillment of two objectives: (a) to supplement the personnel of the Bureau of Human Resources, an action necessitated by the ever-increasing responsibility that the Bureau has in the orientation, stimulation and execution of policies; these actions require knowledge of manpower development schemes and models in operation in other countries; (b) to establish training programs for teaching personnel in basic areas in order to remedy the critical situation in the educational sector, especially at the higher level. This preparation is important because in recent years there has been significant expansion in the educational structure, and according to one of the tenets of teaching-service integration, the quality of human resources should be raised through training activities.

Courses and seminars, which have been designed in keeping with two lines of action: (a) small workshops on manpower planning for personnel in the education sectors and in national-level services, especially in the Andean region; and (b) training of teaching personnel involved in health programs in the areas of teaching methods and educational evaluation.

COLOMBIA-6000, DEVELOPMENT OF HUMAN RESOURCES

<u>TOTAL</u>		<u>90</u>	<u>90</u>	<u>90</u>	<u>TOTAL</u>	<u>PR</u>	<u>121,500</u>	<u>157,100</u>	<u>195,300</u>
CONSULTANT DAYS	PR	90	90	90	PERSONNEL - CONSULTANTS		12,100	25,200	36,300
					SUPPLIES AND MATERIAL		500	-	-
<u>TOTAL</u>		<u>48</u>	<u>41</u>	<u>45</u>	FELLOWSHIPS		50,400	57,400	81,000
FELLOWSHIP MONTHS	PR	48	41	45	COURSES AND SEMINARS		6,500	34,500	38,000
					GRANTS		52,000	40,000	40,000

COLOMBIA-6501, DENTAL EDUCATION, UNIVERSIDAD DEL VALLE

<u>TOTAL</u>	<u>PH</u>	<u>5,100</u>	<u>-</u>	<u>-</u>
SUPPLIES AND MATERIAL		5,100	-	-

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND RESEARCH COORDINATION

With respect to the development of physical resources, the country is focusing its attention on further adapting the physical facilities of the establishments to the real requirements of the programs in progress. For this purpose, architectural and staffing standards are being established for the various types of services, and finishing touches are being put on a master model for the "Comprehensive Project of Investments in Hospital Establishments." Standardization of buildings and equipment and systematization of their construction will make it possible to utilize to the utmost the financial resources available for investment, to reduce the period of execution of the works, and to facilitate the maintenance of buildings and equipment. In order to achieve this objective, standards have been established for the local level, and progress is being made in preliminary work on standards for the regional level.

The Samper Martínez National Health Laboratory, through its Biological Products Section, is responsible for the production of vaccines and sera in order to meet domestic demand and to export the surplus. In 1977 its production rose to 15 million units. With the assistance of the Organization, the Laboratory has submitted an investment project to IDM in the amount of \$14 million for the purpose of expanding the production lines of biological products over the next few years, in order to satisfy local demand as well as the demand of other countries in Latin America. The project is still under preparation and will be presented after it has been studied.

The Ministry of Health and the Colombian Association of Medical Schools have continued the Basic Diagnostic Equipment Project for the students of the various schools of medicine, so that they can use these instruments in the course of their academic programs; this program also includes the sale of medical books to university students. Initial cooperation consists of a grant from PAHO/WHO regular funds and of supplies.

The country has developed a policy and strategy in the field of health research and is creating a General Bureau of Research responsible for the selection, promotion and supervision of the research required by the National Health System. The Organization is providing technical cooperation with regard to research methods, development of seminars and courses, and training of personnel in this area, and promotes the procurement of funds for specific investigations on the extension of service coverage and equipment.

COLOMBIA-7200, DEVELOPMENT OF PHYSICAL RESOURCES FOR THE HEALTH SYSTEM

<u>TOTAL</u>		<u>13</u>	<u>22</u>	<u>21</u>	<u>TOTAL</u>	<u>PR</u>	<u>15,400</u>	<u>34,700</u>	<u>41,800</u>
FELLOWSHIP MONTHS	PR	13	22	21	SUPPLIES AND MATERIAL		1,700	1,900	2,000
					FELLOWSHIPS		13,700	30,800	37,800
					COURSES AND SEMINARS		-	2,000	2,000

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
COLOMBIA-8200, BASIC DIAGNOSTIC EQUIPMENT								
					TOTAL	PR 30,000	20,000	-
					GRANTS	30,000	20,000	-
COLOMBIA-8900, HEALTH RESEARCH								
TOTAL		105	75	70	TOTAL	PR 30,600	72,400	96,900
CONSULTANT DAYS	PR	105	75	70	PERSONNEL - CONSULTANTS	14,300	21,000	28,200
					SUPPLIES AND MATERIAL	1,600	2,200	2,600
TOTAL		12	18	20	FELLOWSHIPS	12,700	25,200	36,000
FELLOWSHIP MONTHS	PR	12	18	20	COURSES AND SEMINARS	-	8,000	10,900
					GRANTS	10,000	16,000	19,200

 COSTA RICA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	2,192
Area (in thousand square kilometers)	1979	51
Cultivated land (percentage)	1970	32
<u>Health Indicators:</u>		
Life expectancy at birth	1978	73.4
Death rate per 1,000 population	1978	4.1
Infant mortality rate per 1,000 live births	1978	22.3
Death rate 1-4 years, per 1,000 population	1978	1.1
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	5.4
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	6.4
Number of physicians per 10,000 population	1978	7.2
Number of hospital beds per 1,000 population	1978	3.4
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	38.2
Percentage of population 55 years and over	1979	8.0
Rate of natural increase per 1,000 population	1978	26.5
Fertility rate per 1,000 women 15-44 years of age	1978	145
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1973	33
Percentage of population with access to potable water	1977	80
Per capita calories per day**	1978	1,947
Per capita protein per day (grams)**	1978	58
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	12,511
- in United States dollars	1977	1,455
Percentage of GDP from secondary sector (manufacturing and building)	1977	25
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1977	216
<u>Educational Indicators:</u>		
Percentage of literate population	1973	90
Percentage of population 5-14 years enrolled in primary schools***	1977	74
Percentage of population 15-19 years enrolled in secondary and vocational schools***	1977	58
Percentage of population 20-29 years enrolled in university***	1977	10

*Excludes symptoms and ill-defined conditions

**Families in urban areas

***Total enrollment as a percentage of population in the age group

 COSTA RICA - COUNTRY STATEMENT

As of July 1979 the estimated population of Costa Rica was 2,192,410 inhabitants; 38% of the population was under 15 years of age, which represents a relatively young population structure. The Central Region has the greatest demographic weight in the country; around 35% of the total population is concentrated there.

The country has been characterized by its high levels of fertility, which started to decline at the beginning of the 1960's; the birth rate at that time was 48 births per 1,000 inhabitants. The downward trend became less marked at the beginning of the 1970's and has stabilized at around 30 births per 1,000 population.

Before the birth rate began to decline, significant changes occurred in the death rate; the number of deaths per 1,000 inhabitants has fallen from around 9 per 1,000 in the early 1960's to the current level of 4 per 1,000. The behavior of the birth and death rates has been the determining factor in the growth of the population, which in recent years has reached an annual rate of 27 per 1,000 population. The sustained decline of the death rate has given rise to an increase in life expectancy for the Costa Rican newborn, who can currently expect to live 73 years; it is to be hoped that this index will stabilize, since it is very near the maximum limit for the human species. The decline in mortality and the circumstances that caused it will be better understood by a brief analysis of the causes of death. Since the 1960's, and especially after 1970, infectious and parasitic diseases have been losing their relative importance as a major cause of death.

As a result, those diseases due to deterioration of the organism (cancer and cardiovascular diseases) have been gaining in importance, although their level has stabilized in recent years. The number of deaths resulting from accidents, especially highway accidents, has increased dramatically. In 1978, 24% of all deaths were caused by diseases of the circulatory system, and 17% by tumors. Ranking third are accidental deaths (13% of the total). Since 1974 there have been no reports of deaths due to poliomyelitis or diphtheria.

In 1978 the maternal mortality rate was 0.4 deaths per 1,000 births; the infant mortality rate was 22.3 per 1,000. 47% of all infant deaths occurred in the first week of life (early mortality). Infectious diseases as a cause of morbidity have undergone a relatively slow decline, with the exception of those diseases preventable by vaccination; however, there was a resurgence in parotiditis and measles in 1979. Reports of venereal diseases have increased, reaching a rate of 5.4 reported cases per 1,000 population in the year 1979. The rate for malaria was 1.4 per 10,000 population, and for tuberculosis, 3.1 per 10,000.

In the field of nutrition, a decline has been observed in the indices of malnutrition among the population of the country. According to the Nutritional Survey carried out in 1975, malnutrition affected 53.2% of all children under five years of age, while in the 1978 survey that figure fell to 45.8% (a significant difference). In the same study it was found that the figure for severe malnutrition (grade III) barely reached 0.5%, while there was an increase in those children considered to be overweight (11.3%). The infant mortality rate from malnutrition in 1978 was 0.6 per 1,000. Mortality from malnutrition in children under five years of age was 0.2 per 1,000.

In the field of environmental sanitation, it is noteworthy that 100% of the urban population and 64% of the rural have potable water systems, though these are not always adequate in terms of quantity or quality. 94% of the urban population and 86% of the rural have systems for excreta disposal. (In addition, 43% of the urban population is served by a sanitary sewerage system.) The collection, transport, disposal and treatment of solid wastes in the country is unsatisfactory; only the metropolitan area of the capital and the city of Heredia have operational sanitary methods for these purposes. There is considerable pollution of surface waters by sewage and industrial waste. In addition, the problem of contamination of soil and water by pesticides and fertilizers indiscriminately applied is considerable. Air pollution is not critical. On the other hand, the means for quality control of drugs and medications is unsatisfactory. In occupational health, a program for industrial hygiene is in full operation. Food hygiene control is inadequate.

In animal health, surveys carried out in 1976 revealed that almost 10% of the bovine population (approximately a quarter of a million) is affected by brucellosis. No human cases have been reported, and the damage to human health caused by zoonotic problems is not known.

In Costa Rica the health sector consists basically of three institutions, the Ministry of Health, the Costa Rican Social Security Fund (CCSS), and the Costa Rican Water Supply and Sewerage Institute (ICAA).

The Ministry of Health is responsible for the definition of the national health policy; the organization and top-level management of the health services of the country; sectoral coordination; the formulation of technical standards; and the planning of activities in the sector. In addition to the coordinating, normative, and policy responsibilities that characterize a bureau of the executive branch of Government, the Ministry directly executes preventive activities, development, and to a lesser extent, health restoration activities, due to the progressive transfer of hospital establishments to the CCSS.

The CCSS is responsible for the application of social insurance, both compulsory and voluntary, which covers risks of involuntary unemployment, disease, maternity, disability, old age and death. Membership in the system is compulsory for all workers, whether manual or intellectual, who receive a wage or salary, and optional for self-employed workers. Since its creation in 1943, the system has made positive progress toward the fulfillment of its legal mandate. As a result of a recent Government decision concerning the universal nature of the system, membership is now compulsory for all citizens, with the provision that the State will cover the contribution of that part of the population that does not receive wages, so that they will be covered by sickness and maternity insurance.

The ICAA is responsible throughout the country for the construction and operation of drinking water supply systems and the disposal of sewage. Like CCSS, it is a decentralized agency of the Government and is therefore administratively and financially independent. However, both institutions, like other agencies of the public sector, are managed by executive officers who, with appropriate support from the governing boards, operate them in accordance with the policies set by the Government of the Republic.

The legal framework for the provision of health services is based on the political constitution and on numerous laws and decrees, of which the following are the most important:

Article 73 of the Political Constitution which provides for the social insurance of workers.

The Law establishing the Costa Rican Social Security Fund, which defines the type of services, and through a reform of the Fund indicated in Law No. 4750, Article 3, specifies that it is to become universal by stages; first it should cover all workers and their dependents who earn a salary or wages without limits on the amount (vertical extension); then its services should be gradually extended to the entire country (horizontal extension); and finally, it should cover medical care of the indigent (universalization). Thus, the institution is authorized to provide services to the entire population.

Law of Transfer of Patient-Care Establishments to the Social Security Fund (Law No. 5395 of 30 October 1973) which increases the Fund's human, material, and financial resources so as to extend its services to the entire population through a single service of comprehensive medical care. The Fund is required to provide medical care services to the both the insured and the uninsured population once it becomes responsible for the establishments transferred to it.

General Health Law (Law No. 5395 of 30 October 1973) which confers the necessary rights to obtain and to preserve the highest possible level of health and regulates their application as well as the activities of individuals and enterprises in the field of health.

The Organic Law of the Ministry of Health (Law No. 5412 of 8 November 1973) which, in addition to assigning the Ministry the leading role in the sector, assigns it the functions of carrying out health activities in the area of preventive medicine as well as activities aimed at improving and preserving the environment and thus of protecting health, and of providing medical care services through the agencies established for that purpose and through other agencies. In addition, it defines the structure by which the administrative units of the institution will be organized as well as the scope of activities for each one of them.

Law of Social Development and Family Allocations (Law No. 5662 of January 1976) which establishes a fund to benefit the low-income segments of the population through the financing of social programs and services that supplement the income of poor families, such as the Nutrition Program and other programs of the Ministry of Health, the Joint Social Assistance Institute and other institutions, as well as the financing of a pension program that provides a basic amount under a noncontributory system. It also finances programs for the care of the aged; the research, teaching and service program of the Costa Rican Institute of Research and Teaching in Nutrition and Health; and training and land settlement programs. In addition, it defines and provides for the financing of a multisectoral social policy.

The Law establishing the Costa Rican Water Supply and Sewerage Institute, which assigns the Institute the functions of administering, managing, planning, designing, constructing, maintaining and dealing with all matters relating to the supply of potable water to all the inhabitants of the Republic, as well as those of collecting, treating and disposing of sewage, wastewater and storm water.

As of 31 December 1979, the establishment infrastructure available for providing health services was as follows: (a) Ministry of Health: 75 health centers, 351 health posts, 36 comprehensive child care centers, 6 rural assistance centers, 547 education and nutrition centers, 1 general hospital, 28 school-related dental clinics, 50 mobile dental units, 18 establishments of the National Institute on Alcoholism, 1 nutritional recovery clinic, and 235 community health areas; and (b) Costa Rican Social Security Fund: 27 hospitals and 82 health centers.

The program of Social Development and Family Allocations was designed to cover four major subprograms identified as (a) health, food and nutrition; (b) rural settlements and improvement of rural housing; (c) preparation and dissemination; (d) noncontributory pension system, and the extension of sickness and maternity insurance to self-employed workers. For the coordinated execution of the different subprograms and the activities that comprise them, there are formal mechanisms at the inter- and intra-institutional levels.

Since up to 1972 all installed capacity in the sector was confined to communities of more than 2,000 inhabitants, the coverage of health services for the rural population and the scattered rural population was practically nil up to that time. This situation has improved through the strategies of the rural health program, which in the future is intended to become the basic medical care program.

In 1979 the rural health program provided care to 717,500 persons, 95.7% of the population in its area of jurisdiction, had 351 health posts, served 4,018 communities and 160,976 dwellings, and covered an area of 40,550 square kilometers (79.7% of the territory of the country). Three annual visits per house were made. The program expects to increase the number of visits to five.

In the programming of coverage of urban areas, a fundamental change has been introduced that reflects consideration of the need to provide basic health services to the entire population of cities of more than 2,000 inhabitants. In the initial stage, priority will be assigned to groups in which marginality is highest and population concentration heaviest.

The community health program will be carried out by the health centers in the cities concerned through auxiliaries and simple health care techniques. In 1979 it achieved coverage of 547,675 inhabitants, 57.7% of the urban population.

Concerning human resources, in 1978 the figures and ratios per 10,000 population were as follows: 1,515 physicians (7.2); 28 public health physicians (0.1); 404 dentists (1.9); 1,300 nurses (6.2); 3,472 nursing auxiliaries (16.4); 19 sanitary engineers (0.1); 34 veterinarians (0.2); 119 health inspectors (0.6); and 7 health educators (0.04). In 1979 the number of rural health assistants reached 306.

With regard to laboratory services, activities are limited to meeting current demand, and there is no coordination among the various institutions equipped with laboratories. Epidemiologic surveillance is deficient in terms of the recording of cases, and epidemiological research is not always carried out when cases of a disease are detected.

Costa Rica is exposed to natural disasters, particularly earthquakes. The country has a National Emergency Plan; however, the operational capacity of the Emergency Committee is extremely low.

The National Health Plan 1974-1980 embodies a consistent set of premises, policies and specific objectives, defined in terms of the goals of Santiago (Ten-Year Health Plan for the Americas).

In short, the premises set forth are as follows: right of the population to health care and obligation of the Government to organize and provide it; comprehensive nature of the actions concerning prevention, cure and rehabilitation; regionalization of services for the expansion of coverage; extension of services to the entire population; priority of outpatient care; promotion of training, preparation and use of health manpower; and compatibility of the cost of services with the economic capacity of the country.

On the basis of these premises, policies have been established to (a) increase the life expectancy at birth by reducing the infant mortality rate; (b) expand the coverage of services by providing comprehensive primary care in rural areas; (c) upgrade services to individuals with regard to vaccination, surveillance and epidemiologic control, services to mothers and children, food and nutrition, population dynamics, dental health, chronic and neoplastic diseases and mental health; (d) develop environmental sanitation, with actions in the areas of drinking water and waste disposal, contamination of soils, occupational health, quality control of drugs and food, and traffic accidents; (e) improve support services; and (f) develop the infrastructure.

The general purpose of the National Health Plan 1979-1982 is to prolong life and to promote full development of individual potential and a high quality of life by supplying the entire population with comprehensive health services that are effective in reducing morbidity, mortality and disabilities; humanitarian, so that they may fulfill the aspirations of the community and promote its participation; and efficient, so that they can be financed by the national economy.

COSTA RICA - NATIONAL HEALTH PROGRAMS

Comprehensive Medical Care
Epidemiology
Environmental Sanitation
Administrative Development
Investments
Manpower Development
Research
Information Systems

COSTA RICA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	830,608	52.2	437,800	30.8	499,200	29.4
SERVICES TO INDIVIDUALS	264,392	16.6	8,300	.6	11,100	.7
COMMUNICABLE DISEASES						
0200 MALARIA	125,800	7.9	8,300	.6	11,100	.7
1400 NUTRITION	138,592	8.7	-	-	-	-
ENVIRONMENTAL HEALTH SERVICES	337,016	21.2	254,100	17.9	284,200	16.7
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	328,203	20.0	254,100	17.9	284,200	16.7
3100 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	8,813	.6	-	-	-	-
COMPLEMENTARY SERVICES	229,200	14.4	175,400	12.3	203,900	12.0
4100 NURSING	-	-	120,800	8.5	138,000	8.1
4300 EPIDEMIOLOGICAL SURVEILLANCE	229,200	14.4	54,600	3.8	65,900	3.9
II. DEVELOPMENT OF THE INFRASTRUCTURE	766,926	47.8	982,700	69.2	1,207,300	70.6
HEALTH SYSTEMS	550,626	34.4	706,700	49.7	859,800	50.4
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	177,100	11.1	282,000	19.8	315,600	18.5
5100 GENERAL PUBLIC HEALTH SYSTEMS	182,800	11.4	252,900	17.8	341,700	20.0
5400 STATISTICS AND INFORMATION SYSTEMS	8,000	.5	-	-	-	-
5500 MANAGEMENT SYSTEMS	182,726	11.4	171,800	12.1	202,500	11.9
DEVELOPMENT OF HUMAN RESOURCES	216,300	13.4	276,000	19.5	347,500	20.2
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	103,000	6.4	131,000	9.2	147,600	8.6
6200 MEDICINE	35,300	2.2	43,400	3.1	60,200	3.5
6300 NURSING	29,400	1.8	33,600	2.4	45,000	2.6
6400 ENVIRONMENTAL SCIENCES	48,600	3.0	68,000	4.8	94,700	5.5
GRAND TOTAL	1,597,534	100.0	1,420,500	100.0	1,706,500	100.0

COSTA RICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS			MONTHS	AMOUNT				
1980-1981												
PAHU--PR	842,800	92	-	535	459,600	28,800	293	308,400	33,400	12,600	-	-
PW	44,703	-	12	110	32,310	-	-	-	-	4,943	-	7,450
PG	301,131	16	12	715	224,159	3,590	45	49,307	-	9,075	5,000	10,000
MHQ--WR	330,000	48	24	60	234,500	17,600	26	27,200	8,000	18,000	-	24,700
WB	78,900	12	-	-	32,900	3,000	-	-	-	-	-	43,000
TOTAL	1,597,534	168	48	1420	983,469	52,990	364	384,907	41,400	44,618	5,000	85,150
PCT. OF TOTAL	100.0				61.6	3.3		24.1	2.6	2.8	.3	5.3
1982-1983												
PAHU--PR	1,034,000	72	24	300	502,300	26,800	273	382,200	55,000	1,000	-	66,700
MHQ--WR	386,500	48	24	180	321,200	18,300	21	29,400	-	17,600	-	-
TOTAL	1,420,500	120	48	480	823,500	45,100	294	411,600	55,000	18,600	-	66,700
PCT. OF TOTAL	100.0				58.0	3.2		29.0	3.8	1.3	-	4.7
1984-1985												
PAHU--PR	464,700	72	24	225	564,000	30,500	130	234,000	65,400	1,200	-	69,600
MHQ--WR	741,800	48	24	210	393,900	19,600	172	309,600	-	18,700	-	-
TOTAL	1,206,500	120	48	435	957,900	50,100	302	543,600	65,400	19,900	-	69,600
PCT. OF TOTAL	100.0				56.1	2.9		31.9	3.8	1.2	-	4.1

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

COSTA RICA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA				1980-1981		1982-1983		1984-1985		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					144	61,330	144	64,200	144	74,810
PR	AREA III	AREA REPRESENTATIVE	.0283	D-1						
		ADMINISTRATIVE OFFICER	.4800	P-3						
<u>DISEASE PREVENTION AND CONTROL</u>					60	11,880	100	22,420	100	25,390
PR	AMRO-0730	SANITARIAN	.3689	P-2						
PR, WB	AMRO-4330	EPIDEMIOLOGIST	.0861	P-4						
		EPIDEMIOLOGIST	4.5285	P-1						
		SUPPLIES								
<u>FAMILY HEALTH</u>					126	29,710	126	29,130	126	33,300
PR	AMRO-1330	MEDICAL OFFICER (MCH)	.3365	P-4						
		SUPPLIES								
<u>ENVIRONMENTAL HEALTH SERVICES</u>					144	25,870	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER	.0849	P-5						
		SOLID WASTE ADVISOR	4.4932	P-4						
		SUPPLIES, COURSES AND SEMINARS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					157	34,340	212	59,950	42	10,310
WR	AMRO-3130	VETERINARIAN	4.0853	P-4						
		SUPPLIES								
UNDP	AMRO-3230	VETERINARIAN	4.4639	P-5						
		STATISTICIAN	4.4640	P-4						
		CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT								
<u>COMPLEMENTARY SERVICES</u>					450	66,000	54	14,980	54	17,030
PR	AMRO-4130	NURSE ADMINISTRATOR	.0891	P-4						
		NURSE ADMINISTRATOR	.3214	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HEALTH SERVICES</u>					216	46,500	216	53,180	216	61,540
PR	AMRO-5030	COURSES AND SEMINARS								
PR	AMRO-5230	HOSPITAL ADMINISTRATOR	.2031	P-4						
		SUPPLIES								
PR, WR	AMRO-5430	STATISTICIAN	4.0810	P-4						
		MEDICAL RECORDS OFFICER	.5076	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					435	118,550	405	81,790	405	92,580
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4						
PR, UNDP	AMRO-6031	PROJECT MANAGER	.5203	P-5						
		HEALTH EDUCATOR	4.5323	P-4						
		NURSE EDUCATOR	.4084	P-4						
		CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING								
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>					36	5,030	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4						
TOTAL					1,768	399,210	1,257	325,650	1,087	314,960

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

COSTA RICA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The general purpose of the cooperation in this project is to strengthen, on the basis of the infrastructure of the general health services, an efficient system for the surveillance, prevention, and control of diseases prevalent in the country. To achieve that purpose, it is deemed essential to have an adequate epidemiological organization and sufficient availability of human, technical, and material resources at the different levels of complexity of the health organization. The principal activities are grouped as follows: strengthening of current epidemiological structures, at a high level of coordination of the various units of the health sector (National Epidemiological Committee) and of the remaining levels of the existing structures; development of human resources, through an efficient plan for the preparation and training of professional and technico-auxiliary personnel in epidemiology and related subjects; award of study fellowships and travel grants, organization and conduct of seminars and working groups; inservice training and other types; promotion and support for the development of systems of epidemiological surveillance of communicable diseases and progressive use of these techniques in the study of other problems outside this field in order to gain a better knowledge of their behavior and their determining factors. All these activities will help support the implementation of programs of disease prevention and control and the continuation of activities under way for strengthening and improving programs for the prevention and control of communicable diseases which, because of their relative importance as health problems earlier on, required priority attention and were the subject of specific projects, and which at present are already incorporated into the activities of the general health services such as sexually transmitted diseases, tuberculosis, and leprosy.

Costa Rica also participates in achieving the commitments made for the development of the Expanded Program of Immunizations, the goals of which are the consolidation of the achievements made in the control of diseases that can be anticipated by these methods, which has already made it possible to achieve the goals of the Ten-Year Health Plan for the Americas, the systematic evaluation of the achievements of the National Immunization Program, the conduct of serological investigations related to certain aspects of the immunity status of the child population, and the establishment of a laboratory for the quality control of the immunization agents used in the country, the establishment of the necessary infrastructure for the conduct of epidemiological studies on chronic noncommunicable diseases, degenerative diseases, accidents, and poisonings, in order to gain a better knowledge of their behavior and to contribute to the preparation of programs for their prevention and control, conduct of studies for the improvement of the existing structures of health laboratories in order to create the necessary conditions for establishing a national system adapted to the present needs of the country as regards diagnosis, reference services, and basic and applied research.

With respect to the control of malaria and other parasitic diseases, cooperation continues to be provided through the Malaria Eradication Program, which in 1980 reported 374 cases, of which 178 were imported. In 1980 there have been two outbreaks of malaria which are now under control. The situation in the consolidation area, which contains 60.6% of the population of the malarious area, continues to be stable.

In late 1977 a port city was found to be reinfested by *Aedes aegypti*. In 1980 Limón was reinfested, but the problem was brought under control; and investigations were again carried out in the rest of the country. In addition, it is planned to continue research activities on filariasis and leishmaniasis, in order to ascertain and evaluate the central problem of the transmission. In this regard training fellowships will continue to be offered to technical and subtechnical personnel.

COSTA RICA-0200, MALARIA ERADICATION

TOTAL		24	-	-	TOTAL	WR	125,800	8,300	11,100
P-4 MALARIA ADVISOR 4.0411	WR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		11,200	-	-
					SUPPLIES AND MATERIAL		18,000	5,500	7,500
TOTAL		-	2	2	FELLOWSHIPS		-	2,800	3,600
FELLOWSHIP MONTHS	WR	-	2	2					

COSTA RICA-4300, EPIDEMIOLOGY

TOTAL		32	-	-	TOTAL		229,200	54,600	65,900
P-4 EPIDEMIOLOGIST 4.210	PR	20	-	-	PERSONNEL - POSTS		81,000	-	-
P-1 EPIDEMIOLOGIST 4.5465	WB	12	-	-	PERSONNEL - CONSULTANTS		23,600	16,800	18,100
					STAFF DUTY TRAVEL		6,000	-	-
TOTAL		175	60	45	FELLOWSHIPS		34,700	35,000	45,000
CONSULTANT DAYS	PR	175	60	45	COURSES AND SEMINARS		5,000	2,800	2,800
TOTAL		33	25	25	SUBTOTAL	WB	78,900	-	-
FELLOWSHIP MONTHS	PR	33	25	25	PERSONNEL - POSTS		32,900	-	-
					STAFF DUTY TRAVEL		3,000	-	-
					PROGRAM SUPPORT COSTS		43,000	-	-

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

FAMILY HEALTH

The national strategies for the extension of the coverage of the health services to the entire population include the integration of activities for promoting and protecting family health. To this end, a comprehensive program has been prepared covering care of pregnant women, deliveries, postpartum, family planning and control of the growth and development of children. Comprehensive care includes mental health, dental health, education, nutrition, maternal and child health, and health education activities. PAHO/WHO technical cooperation is provided through the program of continuing training in maternal and child health and family welfare, which is being carried out in collaboration with UNICEF.

COSTA RICA-1400, NUTRITION

TOTAL		14	-	-	TOTAL	PG	138,592	-	-
P-4 PROJECT MANAGER .4966	PG	8	-	-	PERSONNEL - POSTS		78,719	-	-
P-4 SYSTEMS ANALYST .4968	PG	8	-	-	PERSONNEL - CONSULTANTS		27,413	-	-
					STAFF DUTY TRAVEL		3,590	-	-
					FELLOWSHIPS		23,870	-	-
					GRANTS		5,000	-	-
TOTAL		140	-	-					
CONSULTANT DAYS	PG	140	-	-					
TOTAL		22	-	-					
FELLOWSHIP MONTHS	PG	22	-	-					

ENVIRONMENTAL HEALTH SERVICES

The plan of action for the development of the National Environmental Sanitation Program, prepared on the basis of the technical and administrative diagnosis of the environmental sanitation situation in Costa Rica, establishes the priority areas of work for the next five years with the purpose of correcting the negative aspects that have been identified in this field, including the design and execution of the following specific programs: comprehensive rural sanitation; quality control of drinking water; solid waste; occupational health and safety; environmental conservation; and food control. Programs of support to these programs include those for the training of personnel and for administrative organization.

Once this program is executed, it is expected to provide services of drinking water and sanitary excreta disposal, as well as the improvement of housing to 700 rural communities with a population of 145,000 inhabitants; to extend quality control of drinking water to 55 urban communities with 2,000 or more inhabitants each or a total population of approximately 416,000; to establish adequate systems for the collection, transport, and final disposal of refuse in all communities with more than 5,000 inhabitants (19) and in 50% of those with between 2,000 and 5,000 inhabitants (22); to reduce, eliminate, or control health hazards of workers in agricultural areas (30%), manufacturing (50%), and construction (50%); to carry out studies for the elimination, reduction, or control of water, air, and soil pollution; to provide adequate protection to the consumer in the stages of manufacturing, storage, distribution, and sale of foods; to train the professional, subprofessional, and auxiliary personnel needed in specific areas of sanitation; and to introduce the necessary changes in the Division of Environmental Sanitation to enable it to execute and maintain the proposed programs.

During the design phase of the programs, which will extend up to late 1981, PAHO/WHO will play a very active role. Accordingly, provision has been made for the participation of a sanitary engineer as a permanent consultant, and for short-term consultants, as well as for activities of training through fellowships, courses, and seminars. Subsequently, during the execution and maintenance phase of the programs, PAHO/WHO plans to undertake activities in the areas of evaluation, operational research, and technical cooperation for maintenance.

The project is being financed with Government contributions. PAHO/WHO cooperation is being channeled through regional and country projects. In addition CEPIS collaboration in specific areas is planned.

COSTA RICA-2000, ENVIRONMENTAL SANITATION

TOTAL		24	24	24	TOTAL	PR	185,000	254,100	284,200
P-4 SANITARY ENGINEER .2029	PA	24	24	24	PERSONNEL - POSTS		96,600	123,900	140,500
					PERSONNEL - CONSULTANTS		24,300	50,400	48,400
					STAFF DUTY TRAVEL		10,800	12,800	13,000
					SUPPLIES AND MATERIAL		1,000	1,000	1,200
					FELLOWSHIPS		38,900	49,000	63,000
					COURSES AND SEMINARS		13,400	17,000	18,100
TOTAL		180	180	120					
CONSULTANT DAYS	PR	180	180	120					
TOTAL		37	35	35					
FELLOWSHIP MONTHS	PR	37	35	35					

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

COSTA RICA-2001, TECHNICAL COOPERATION IN ENVIRONMENTAL SANITATION PROGRAMS

TOTAL		12	-	-	TOTAL	PW	44,703	-	-
G-4 SECRETARY .5296	PW	12	-	-	PERSONNEL - POSTS		11,000	-	-
					PERSONNEL - CONSULTANTS		21,310	-	-
					SUPPLIES AND MATERIAL		4,943	-	-
TOTAL		110	-	-	PROGRAM SUPPORT COSTS		7,450	-	-
CONSULTANT DAYS	PW	110	-	-					

COSTA RICA-2002, NATIONAL PROGRAM OF ENVIRONMENTAL SANITATION

TOTAL		12	-	-	TOTAL	PG	98,500	-	-
G-4 SECRETARY .5296	PG	12	-	-	PERSONNEL - POSTS		7,500	-	-
					PERSONNEL - CONSULTANTS		78,000	-	-
					CONTRACTUAL SERVICES		10,000	-	-
TOTAL		405	-	-	SUPPLIES AND MATERIAL		3,000	-	-
CONSULTANT DAYS	PG	405	-	-					

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

PAHO is collaborating with Costa Rica in its program for the control of external parasitic diseases: ticks and the diseases that they transmit (piroplasmosis and anaplasmosis). The financing has been obtained with the support of the Inter-American Development Bank. Through this program, milk and meat production will be increased, and the mortality of cattle and the cost of treating their diseases will be reduced.

COSTA RICA-3101, FEASIBILITY STUDY FOR CONTROL OF EXTERNAL PARASITES OF ANIMALS

TOTAL		5	-	-	TOTAL	PG	8,813	-	-
FELLOWSHIP MONTHS	PG	5	-	-	SUPPLIES AND MATERIAL		2,851	-	-
					FELLOWSHIPS		5,962	-	-

DEVELOPMENT OF HEALTH SERVICES

In the social field the National Development Plan emphasizes the concepts of human promotion and community participation as key elements of overall development. In health, efforts designed to prevent diseases and to extend services will be continued for the purpose of reaching all human groups. Special emphasis has been placed on nutrition programs for preschoolers and schoolchildren, as well as on programs of water supply and environmental improvement. The Costa Rican Social Security Fund (CCSS) will continue its efforts toward "universalization" in order to make social security accessible to the entire population of the country.

PAHO/WHO cooperation is aimed at the development of all levels of care, with emphasis on the priority areas established within the National Health Plan that will be in force up to 1982; thus it will involve both the Ministry of Health and the CCSS. The extension of services is aimed at the strengthening of health programs for rural and periurban areas, through auxiliary personnel and with the support of the rest of the health system for ensuring the referral of cases, continuing education, and the supervision and control of activities.

In addition, PAHO/WHO provides assistance through the dissemination and exchange of information, coordination with other national and international agencies, identification and mobilization of domestic and foreign resources, promotion of new methods and manpower education and training; the Organization also participates in the development and transfer of appropriate health technology.

In nursing technical cooperation is being provided for the development of the national system, which will determine functions, spheres of action, mechanisms for intra and inter-institutional coordination, training of human resources, and participation in health development at the national level.

The policy of the National Government as regards economic and social planning and administrative reform indicates the need for profound changes in administration, especially in the processes of decision-making, programming, financial administration, management control, supplies, personnel, transportation, and in the organizational structure where efforts will be aimed toward decentralization of administrative responsibilities which will be distributed to the various regions and sectors.

In regard to administrative development, PAHO/WHO cooperation is directed toward strengthening the operational capacity as part of a suitable managerial process that will enable the Ministry to conduct its substantive programs and to coordinate the action of the sector. This is being done through specialized advisory services and the training of personnel.

FUND	1980-			1982-			1984-		
	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985		
					\$	\$	\$		
COSTA RICA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES									
TOTAL		48	72	72	TOTAL	177,100	282,000	315,600	
P-5 PAHO/WHO REPRESENTATIVE .0415	PR	24	24	24	SUBTOTAL	119,200	244,700	272,400	
G-7 ADMINISTRATIVE ASSISTANT 4.4714	WR	24	24	24	PERSONNEL - POSTS	113,200	170,500	192,300	
G-5 SECRETARY .5399	PR	-	24	24	STAFF DUTY TRAVEL	6,000	7,500	10,500	
					GENERAL OPERAT. EXPENSES	-	66,700	69,600	
					SUBTOTAL	WR 57,900	37,300	43,200	
					PERSONNEL - POSTS	33,200	37,300	43,200	
					GENERAL OPERAT. EXPENSES	24,700	-	-	
COSTA RICA-5100, DEVELOPMENT OF HEALTH SERVICES									
TOTAL		-	24	24	TOTAL	182,800	373,700	479,700	
P-3 NURSE ADMINISTRATOR 4.5412	WR	-	24	24	SUBTOTAL	182,800	207,200	-	
TOTAL		120	120	150	PERSONNEL - CONSULTANTS	16,200	-	-	
CONSULTANT DAYS	PR	120	-	-	SUPPLIES AND MATERIAL	11,600	-	-	
CONSULTANT DAYS	WR	-	120	150	FELLOWSHIPS	155,000	207,200	-	
TOTAL		147	148	150	SUBTOTAL	WR -	166,500	479,700	
FELLOWSHIP MONTHS	PR	147	148	-	PERSONNEL - POSTS	-	109,600	125,500	
FELLOWSHIP MONTHS	WR	-	-	150	PERSONNEL - CONSULTANTS	-	33,600	60,500	
					STAFF DUTY TRAVEL	-	11,200	12,500	
					SUPPLIES AND MATERIAL	-	12,100	11,200	
					FELLOWSHIPS	-	-	270,000	
COSTA RICA-5401, MEDICAL RECORDS									
					TOTAL	WR 8,000	-	-	
					COURSES AND SEMINARS	8,000	-	-	
COSTA RICA-5500, MANAGEMENT OF HEALTH SERVICES									
TOTAL		24	24	24	TOTAL	182,726	171,800	202,500	
P-4 ADMIN. METHODS OFFICER .0874	PR	24	24	24	SUBTOTAL	127,500	171,800	202,500	
TOTAL		230	60	60	PERSONNEL - POSTS	96,600	123,900	140,500	
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200	
CONSULTANT DAYS	PG	170	-	-	STAFF DUTY TRAVEL	6,000	6,500	7,000	
TOTAL		34	6	6	FELLOWSHIPS	16,800	8,400	10,800	
FELLOWSHIP MONTHS	PR	16	6	6	COURSES AND SEMINARS	-	16,200	20,000	
FELLOWSHIP MONTHS	PG	18	-	-	SUBTOTAL	PG 55,226	-	-	
					PERSONNEL - CONSULTANTS	32,527	-	-	
					SUPPLIES AND MATERIAL	3,224	-	-	
					FELLOWSHIPS	19,475	-	-	

DEVELOPMENT OF HUMAN RESOURCES

This program is aimed at improving the processes of planning and administration of personnel, educational development of health personnel training institutions, and training and continuing education of service personnel.

PAHO/WHO cooperation is mainly directed toward the establishment of mechanisms for the analysis of the requirements of various types of personnel in accordance with the needs of the country; the continuous evaluation of plans and programs in medicine, dentistry, nursing, and veterinary medicine, for the purpose of introducing the adjustments required by the epidemiological and administrative evolution of the health situation; the progressive improvement of the teaching and learning processes through the application of the concept of integration of study with service and the utilization of appropriate educational technologies, and the strengthening of teaching in specific fields through the conduct of research on concrete health problems, and the training of teaching personnel through local seminars and fellowships for advanced studies. This program also includes support for the training of operational service personnel to enable them to help increase the efficiency of these services.

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

In compliance with the resolutions of the Governing Bodies and of the Meeting of Ministers of Health of Central America and Panama concerning the establishment in Costa Rica of a community health training program (PASCCAP), the plan of operations is currently being implemented through the collaborating centers in each of the countries of the Isthmus, and coordinated and directed by PASCCAP.

COSTA RICA-6031, COMMUNITY HEALTH TRAINING PROGRAM

TOTAL		24	24	24	TOTAL	WR	103,000	131,000	147,600
P-4 HEALTH MANPOWER OFFICER 4.3574	WR	24	24	24	PERSONNEL - POSTS		96,600	123,900	140,500
					STAFF DUTY TRAVEL		6,400	7,100	7,100

COSTA RICA-6200, MEDICAL EDUCATION

TOTAL		60	60	60	TOTAL	WR	35,300	43,400	60,200
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		26	19	20	FELLOWSHIPS		27,200	26,600	36,000
FELLOWSHIP MONTHS	WR	26	19	20					

COSTA RICA-6300, ADVANCED NURSING EDUCATION

TOTAL		28	24	25	TOTAL	PR	29,400	33,600	45,000
FELLOWSHIP MONTHS	PR	28	24	25	FELLOWSHIPS		29,400	33,600	45,000

COSTA RICA-6400, SANITARY ENGINEERING EDUCATION

TOTAL		32	35	39	TOTAL	PR	48,600	68,000	94,700
FELLOWSHIP MONTHS	PR	32	35	39	FELLOWSHIPS		33,600	49,000	70,200
					COURSES AND SEMINARS		15,000	19,000	24,500

CUBA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	9,792
Area (in thousand square kilometers)	1979	111
Cultivated land (in thousand hectares, including pastures)	1976	8,311
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	70.4
Death rate per 1,000 population	1978	5.7
Infant mortality rate per 1,000 live births	1979	19.3
Death rate 1-4 years, per 1,000 population	1979	1.0
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	2.1
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	8.5
Number of physicians per 10,000 population	1978	14.8
Number of hospital beds per 1,000 population	1978	5.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	33.7
Percentage of population 55 years and over	1978	13.5
Rate of natural increase per 1,000 population	1979	7.4
Fertility rate per 1,000 women 15-44 years of age	1979	67
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	43
Percentage of population with access to potable water	1976	90
Per capita calories per day	1972-1974	2,728
Per capita protein per day (grams)	1972-1974	70
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1975	952
- in United States dollars	1975	1,149
Percentage of GDP from secondary sector (manufacturing and building)	...	...
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	...	...
Percentage of population 5-14 years enrolled in primary schools**	1979	100
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1979	62
Percentage of population 20-24 years enrolled in university**	1979	18

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 CUBA - COUNTRY STATEMENT

During 1979 infant and maternal mortality remained at very low levels (19.3 per 1,000 live births and 4.7 per 10,000 live births respectively). This was due in large measure to early care of acute diarrhea, better prenatal and perinatal care, the high rate of institutional live births (98.3%), the large number of pediatric visits (an average of nearly eight visits in the first year of life), and the very adequate nutritional status of mothers and children. In addition, the death rates of preschool and school-age children continued to be very low (1.0 and 0.5 per 1,000, respectively). The programs of immunization, hygiene, case detection and treatment, and epidemiology continued to be carried out primarily in the polyclinics, and thus strengthened the control of communicable diseases. Poliomyelitis, malaria and tetanus neonatorum continue to be eradicated; no diphtheria cases were registered in 1979; the incidence of bacteriologically confirmed tuberculosis fell from 30.5 to 11.6 per 100,000 population between 1970 and 1979, while mortality declined from 7.3 to 1.8 in the same period. In 1979 no human rabies cases and 114 cases of animal rabies (primarily canine) were registered. Other zoonoses that have an impact on human health, such as leptospirosis, toxoplasmosis, brucellosis and bovine tuberculosis, continue to be of little importance.

In the last quarter of 1977 there was an epidemic outbreak of dengue type I which spread rapidly throughout the country, with nearly half a million cases reported. Control of the vector mosquito, *Aedes aegypti*, by means of land and aerial insecticide sprayings and the application of larvicides made it possible to check that epidemic substantially. Influenza and pneumonia continue to be important causes of mortality in infancy and in the preschool age group.

The proportion of inhabitants in the higher age groups continues to increase (those aged 65 years and over rose from 4.7 to 7.1% between 1959 and 1979) and it is therefore not surprising that chronic and degenerative diseases have become a leading cause of death. Indeed, heart diseases, malignant tumors and cerebrovascular diseases now account for around 57% of all deaths. Early diagnosis, adequate treatment and continuous care for patients govern the policy of the National Health System, the activities of which are carried out in the network of polyclinics which are the focal point of community programs for hypertension, diabetes, and control of cervical and uterine cancer. Finally, it should be pointed out that accidents of all kinds are the leading cause of death in the age groups 1-4, 5-14 and 15-49 years of age.

The National Health System includes all activities that are undertaken in order to promote, protect, restore and rehabilitate health; programs connected with social assistance; and the importation, production and distribution of drugs and medical equipment. The guiding principles of the system are: health is a right of all individuals and a basic need of man and society; health is the responsibility of the socialist state, which provides the necessary services to all its inhabitants through complete geographical, legal, economic and cultural coverage; these services are comprehensive in nature, and are directed toward sick and healthy persons on an equal basis, and toward the physical, biological and social environment in which the community resides; the activities are carried out by multidisciplinary teams with common purposes and objectives, in accordance with short-, medium- and long-term plans; the community, through its mass organizations, plays an active part in the programs of the basic units of the services, and this continues to help raise the level of health education of the population, strengthening the existing relations between services and community and physician and patient and increasing confidence in the services. The Ministry of Public Health performs a regulatory function at the central level, with responsibility for defining policies, preparing standards and general plans, supervising the application of these standards and execution of these plans, and directly controlling the research institutes and the national enterprises for importation, production and distribution of equipment and medical supplies. The planning and execution of local activities are the responsibility of provincial, municipal and area levels.

In 1979 primary care was carried out in 378 urban-rural polyclinics, 53 rural hospitals and 152 rural medical posts. Each polyclinic provides care to 15,000 to 30,000 inhabitants, with services in the three basic specialties (pediatrics, internal medicine, and gynecology and obstetrics). At the end of 1979 approximately 73% were designated as community polyclinics; in addition to providing preventive and curative services, they were characterized by sectorization (assignment of a clearly defined sector of the population to each physician), continuity in care, and the active participation of the community. By the end of the decade it is hoped that 100% of the polyclinics will be community polyclinics.

All the polyclinics are integrated into a regionalized network of 195 hospital institutions of growing complexity at the municipal, provincial and national levels that has an efficient system of mutual referral and interconsultation. Toward the end of 1979 that network had 44,004 medical care beds and 9,394 social welfare beds. All indicators clearly show that the population makes considerable use of the system.

The new community model of medicine has made it possible to expand and strengthen rehabilitation programs through comprehensive polyclinics, and progress is noted in the areas of rehabilitation of convalescents from myocardial infarction, and psychiatric and leprosy patients. Social welfare, which is the responsibility of the health system, includes care of the elderly, the disabled, and other persons requiring special support. For this purpose there are 8,377 beds distributed among 61 institutions in which comprehensive care programs for the elderly and the physically and mentally handicapped have been introduced.

In the National Nutrition Program, priority has been assigned to nutrition education and nutritional surveillance of the population. The National Food and Nutrition Commission, which is multisectoral, deals with the formulation and evaluation of a national policy in this field. The social nutrition programs, which receive advisory services and supervision from the National Health System, reach more than half a million children under six years of age, a million school-children, and a million and a half workers. The System assigns special importance to the active participation of the community in all of its programs, and since the extent of this participation depends on the community's health knowledge and practices, vigorous educational efforts are undertaken with the persons in charge of health matters in the mass community organizations. Development of health awareness in the population is also fostered through specific activities undertaken in primary and secondary schools.

The national pharmaceutical industry supplies 85.5% of drug needs in terms of value and 71% of the current selection of medications. This greatly facilitates the supply of increasingly expensive and complicated drugs needed to carry out health plans. In 1979 considerable progress was made by the Control Department at the central level, the standardization committees in the productive enterprises, and the National Center for the Production of Biologicals, responsible for the supply of vaccines, blood derivatives and diagnostic media. The capacity of the Ministry to procure and install the necessary medical equipment in the preventive and medical care network has been strengthened. In addition, almost all the demand for maintenance and repair of this equipment is satisfied locally due to the development of the necessary workshops and the training of specialized technical and professional personnel.

The sewerage systems are still inadequate, since they only cover 46% of the urban population; the repair of and increase in the networks is proceeding in plans consistent with the prospects for global development. The urban population served by water supply systems amounts to 5,800,000 (91% of the total), while the rural population so served amounts to nearly 240,000 inhabitants who reside primarily in new communities which are also provided with sewers that discharge liquid waste into stabilization ponds. The National Network for Monitoring Air Pollution has 16 stations that meet the standards of the Pan American Air Sampling Network, and the results show values lower than the minimum permissible ones for most environmental pollutants. The hygienic control of foods, from production to distribution and sale, is ensured by a monitoring system that includes 34 laboratories for chemical and bacteriological analysis which are located in every province and in the largest municipalities.

Nurses and health workers regularly visit primary and secondary schools to check the hygiene, health and vaccination status of the slightly more than 2,700,000 students who were enrolled in 1978. In addition, children attending 603 schools in the rural areas (an average of 600 students per establishment) are served by health teams (physicians, nurses and health workers) exclusively assigned to these activities. For stomatological care there have already been more than 2,100 equipment units installed in almost 140 clinics and other smaller services, with a ratio of one stomatologist for each 3,300 inhabitants. The extension of the fluoridation of water supply systems and of the program for the topical application of fluorides and fluoridated mouthwashes in kindergartens and primary schools is helping to prevent cavities.

The First Five-year Health Research Plan is based on the following principles: planned development of science and technology in accordance with social progress; appropriate combination of basic and applied research; transfer and adaptation of technologies geared to needs; prompt introduction of results in social practice; and progressive strengthening of scientific and technical potential through the development of human and material resources. The thirteen research institutes that form the basis for the implementation of that plan are those for angiology, cardiology and cardiovascular surgery, endocrinology and metabolic diseases, gastroenterology, hematology and immunology, hygiene and microbiology, sports medicine, nephrology, neurology and neurosurgery, oncology and radiobiology, occupational health, nutrition, and health development. The last-mentioned field is directed toward the study, evaluation and incorporation of methods, techniques and specific approaches to the organization, planning and administration of health, and some of its courses are specifically designed for the developing countries on an international scale.

The training of all professionals and middle-level technicians and the training of the administrative personnel and skilled workers necessary for the health plans are the responsibility of the National Health System. In 1979, 11,056 students were registered for courses in medicine, 1,852 for stomatology, and 144 for university degrees in nursing. The specialized training of professionals lasts an average of three years and is carried out in hospitals, polyclinics, research institutes and microbiology laboratories. In 1979 there were 806 interns and 2,284 residents in medicine and stomatology, 230 of which were residents in public health organization and administration. The training of internists, pediatricians, and gynecologists and obstetricians is in accordance with the principles of medicine in the community, and to that end 14 community polyclinics have the status of teaching institutions. The training of middle-level technicians is carried out in 56 polytechnic schools and institutes where, in 1979, 16,293 students were enrolled in 30 technical training courses. These courses last from two to three years, with the exception of those in the schools for nursing auxiliaries, and the entrance requirement is education up to at least the ninth grade. All technical and professional staff members of the system continue to benefit from a broad program of continuing education conducted in teaching and medical care units throughout the country. In addition to the thousands of physicians and stomatologists who participated in short courses and workshops, 521 middle-level technicians attended postbasic academic courses.

CUBA - NATIONAL HEALTH PROGRAMS

Preventive Medicine
Health Care
Development of Health Services
Development of the National Health System
Health Manpower Training and Development
Development of the Pharmaceutical Industry
Peaceful Development of Atomic Energy
Decontamination of Havana Bay
Strengthening of the Universidad de las Villas
Feeding of Vulnerable Groups

CUBA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHO--PR	532,800	-	-	240	32,400	-	163	171,200	-	329,200	-	-
PG	24,428	-	-	60	11,428	-	12	13,000	-	-	-	
WHO--NR	580,800	24	-	565	189,600	8,000	135	141,600	12,000	220,400	-	9,200
WP	119,648	-	-	330	55,382	-	35	42,883	-	21,383	-	-
WV	4,953	-	-	-	-	-	-	-	-	4,953	-	-
TOTAL	1,262,629	24	-	1195	288,810	8,000	345	368,683	12,000	575,936	-	9,200
PCT. OF TOTAL	100.0				22.9	.6		29.2	1.0	45.6	-	.7
1982-1983												
PAHO--PR	588,500	-	-	255	71,400	-	164	229,600	-	287,500	-	-
WHO--NR	635,700	24	-	490	276,500	8,000	95	133,000	-	187,000	-	31,200
WP	72,450	-	-	210	36,600	-	17	24,000	-	11,850	-	-
TOTAL	1,296,650	24	-	955	384,500	8,000	276	386,600	-	486,350	-	31,200
PCT. OF TOTAL	100.0				29.7	.6		29.8	-	37.5	-	2.4
1984-1985												
PAHO--PR	739,000	-	-	270	108,800	-	157	282,600	-	347,600	-	-
WHO--NR	777,200	24	-	470	348,400	8,000	90	162,000	-	226,200	-	32,600
TOTAL	1,516,200	24	-	740	457,200	8,000	247	444,600	-	573,800	-	32,600
PCT. OF TOTAL	100.0				30.2	.5		29.3	-	37.8	-	2.2

*SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

CUBA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA II CONSULTANTS*

PROGRAM AREA				-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	181,010	300	176,690	300	196,080
PR, PB	AREA II	AREA REPRESENTATIVE	.0273	D-1						
		ADMINISTRATIVE OFFICER	.4721	P-3						
DISEASE PREVENTION AND CONTROL					-	-	28	7,240	28	8,730
WR	AMRO-4320	EPIDEMIOLOGIST	4.5348	P-4						
FAMILY HEALTH					56	9,670	56	11,810	56	13,380
PR	AMRO-1320	MEDICAL OFFICER (MCH)	.0027	P-4						
ENVIRONMENTAL HEALTH SERVICES					21	6,100	-	-	-	-
WR	AMRO-2020	SANITARY ENGINEER	4.0864	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					21	5,610	21	6,810	21	7,670
PR, WR	AMRO-3120	VETERINARIAN	.3218	P-4						
COMPLEMENTARY SERVICES					21	5,870	21	7,050	21	7,850
PR	AMRO-4120	NURSE ADMINISTRATOR	.0889	P-4						
DEVELOPMENT OF HEALTH SERVICES					84	21,360	56	17,160	56	19,240
PR	AMRO-5220	HOSPITAL ADMINISTRATOR	.2188	P-4						
WR	AMRO-5320	HEALTH PLANNER	4.3674	P-4						
WR	AMRO-5420	STATISTICIAN	4.0839	P-4						
TOTAL					503	229,620	482	226,760	482	252,950

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

CUBA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The country is requesting the cooperation of the Organization in the development of its programs for the expansion of immunization activities and activities for the control of exotic diseases, leprosy, tuberculosis, chronic noncommunicable diseases, venereal diseases, and vectors. In these areas the health system is endeavoring to achieve the following objectives with the assistance of PAHO/WHO: effective 100% coverage of the population exposed to the risk of contracting diseases preventable by vaccination, both in the urban and the rural areas; improvement of methods of surveillance, control, and research for schistosomiasis, filariasis, and trypanosomiasis; immunology and epidemiology in leprosy; operational and epidemiological evaluation of the program for the control of tuberculosis; extension of the programs for the control of diabetes, hypertension, cancer, and other chronic noncommunicable diseases, all of which will be based on a more clearly defined epidemiological approach; expansion and strengthening of the program for the control of venereal diseases, reduction of the Aedes aegypti index to 4%, and development of biologic control for certain types of vectors.

To that end the technical cooperation program of the Organization includes the following activities: to assist in improving the system for the storage and transport of bacterial and viral vaccines; to assist in personnel training and strengthening of the laboratories of the Pedro Kourf Institute of Tropical Medicine; to contribute to the upgrading of scientists and technicians in immunology and epidemiology of leprosy; to provide technical assistance in the evaluation of the Program for the Control of Tuberculosis; to support the training of epidemiologists in the area of chronic noncommunicable diseases; to assist in the training of the personnel responsible for venereal disease diagnosis, and to increase the supply of insecticides, larvicides, and spraying and laboratory equipment needed for the Aedes aegypti control program.

CUBA-0100, EPIDEMIOLOGY

TOTAL		100	75	90	TOTAL	PR	120,600	156,500	205,300
CONSULTANT DAYS	PR	100	75	90	PERSONNEL - CONSULTANTS		13,600	21,000	36,300
TOTAL		61	50	50	SUPPLIES AND MATERIAL		42,900	65,500	79,000
FELLOWSHIP MONTHS	PR	61	50	50	FELLOWSHIPS		64,100	70,000	90,000

FAMILY HEALTH

The components of the National Health Program in which PAHO/WHO cooperation is required include aspects of the comprehensive care of women and children, care of psychiatric patients, dental care of schoolchildren and other specific groups of the population, emergency care, and primary medical care. During this period there are plans to undertake development of primary care through national programs, and medical care for chronic noncommunicable diseases such as diabetes, asthma, epilepsy, and others, and to progressively establish bases for the development of programs in gerontology and social geriatrics.

In these areas the objectives of the Government are as follows: establishment of puerperal physiotherapy and rehabilitation services; improvement of prenatal care and intrapartum care of pregnant women with a history of premature deliveries or risk factors; health education of women in prevention, care, and rehabilitation; expansion of the gynecologic cancer program; improvement of care of benign pathology of the cervix; establishment of child gynecology, adolescent, and geriatric units in teaching hospitals; the expansion of the National Sex Education Program; organization of consultations on sterility in hospitals and community polyclinics; improvement of the quality of care of the newborn, nursing children, preschool-age children, and high risk children; provision of intensive care wards for children in provincial hospitals; provision of comprehensive care to physically and mentally handicapped infants and children; reduction in perinatal and infant mortality rates; continued care of neurotic disorders; improvement of the systematic and periodic care of chronic psychiatric patients; improvement of comprehensive care for minor psychiatric disorders; improvement of the quality of the use of modern therapeutic techniques in mental health; conduct of epidemiological studies on schizophrenia; refinement of psychiatric diagnoses; expansion of the coverage of dental care in urban and rural areas for schoolchildren in primary and secondary schools; upgrading of emergency services; improvement in the care of patients with chronic noncommunicable diseases; introduction and expansion of programs of comprehensive care for adults and patients suffering from diabetes, asthma, and epilepsy; establishment of plans for gerontological and geriatric development programs; and conduct of national surveys on the population groups included in the various components of the National Program.

Consequently, the technical cooperation activities of PAHO/WHO will help: to prepare and/or train professionals and technicians through fellowships for study abroad and/or courses in the country, to promote the upgrading of professionals and technicians through conferences, seminars, courses, or workshops given in Cuba; to introduce and expand plans and programs for the development of the areas included in the components of the National Program, and to improve laboratory equipment and services to the patients toward whom the National Program is directed.

	1980-1981			1982-1983			1984-1985		
	FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985	
CUBA-1300, EXTENSION OF MATERNAL-CHILD HEALTH AND POPULATION DYNAMICS SERVICES									
TOTAL		330	210	-	TOTAL	UNFPA 119,648	72,450	-	
CONSULTANT DAYS	UNFPA	330	210	-	PERSONNEL - CONSULTANTS	55,382	36,600	-	
TOTAL		35	17	-	EXPENDABLE EQUIPMENT	21,383	11,850	-	
FELLOWSHIP MONTHS	UNFPA	35	17	-	FELLOWSHIPS	42,883	24,000	-	

ENVIRONMENTAL HEALTH SERVICES

The country is determined to increase existing capacity for drinking water supply, liquid and solid waste disposal, prevention of air pollution, occupational health control, and sanitary food inspection. To that end, and with the support of PAHO/WHO, activities will be aimed toward the following objectives: improvement of the sanitary protection of sources of drinking water and the use of advanced techniques for quality control of water; adequate planning of systems for the collection and disposal of liquid and solid wastes; development of the National Air Pollution Control Network; evaluation of physical, chemical, and biological hazards in the work environment, systematic chemical and microbiological food analysis; and urban noise control.

The cooperation activities of the Organization in these areas include assisting in the improvement of available technical capacity for the protection of sources of drinking water; helping to improve planning of systems for liquid waste; supporting more efficient planning of the systems of solid waste collection and disposal; helping to improve the operation of the network for the monitoring of air pollution; providing assistance for better training of the personnel responsible for maintaining hygiene in the work environment; and ensuring the training of personnel responsible for the hygienic control of foods and the updating of hygiene-related standards.

CUBA-2301, INVESTIGATION AND CONTROL OF MARINE POLLUTION

TOTAL		30	-	-	TOTAL	PG	5,428	-	-
CONSULTANT DAYS	PG	30	-	-	PERSONNEL - CONSULTANTS		5,428	-	-

COMPLEMENTARY SERVICES

The program aims at accomplishing the following: (a) the establishment of an immunodiagnostic laboratory to provide supporting services for the early diagnosis of communicable diseases with a view to their control; (b) dissemination in the country of information on the assistance that this laboratory can provide to the various health programs, to ensure maximum utilization of its services; (c) the organization of teaching activities at all levels for the training of professional and technical staff and to provide information on the programs conducted; (d) and the execution of programs of basic and applied research in close cooperation with the Center, particularly in areas that pose public health problems in the country.

CUBA-4200, IMMUNOLOGY LABORATORIES

TOTAL		4,953	-	-
SUPPLIES AND MATERIAL	WV	4,953	-	-

DEVELOPMENT OF HEALTH SERVICES

For the purpose of ensuring scientific development of the National Health System, the Government has PAHO/WHO cooperation in the fields of research, statistics, and health administration. The national objectives in these areas include: the training of researchers; the conduct of seminars and workshops on scientific research methodology; the updating of scientific and technical information; the implementation of the Five-Year Plan of Research; the application of the IX Revision of the International Classification of Diseases; the training of demographers; the training of personnel for the analysis of multiple causes of death; the improvement of the professional and technical level in medical records; the establishment of information systems on primary care consultations; the training of personnel in advanced methods of analyzing statistical information; the establishment of orderly systems on morbidity of chronic noncommunicable diseases; the improvement of the National Health Development Plan; the improvement of the quality of hospital and

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

outpatient care provided to the population; the rationalization of investments in human resources; and the improvement of the collection, orderly arrangement, storage, and retrieval of scientific and technical information on health.

Consequently, the cooperation activities of the Organization will help to train professional and technical personnel in research and studies on health; to incorporate advanced methods and techniques for research; to provide updated scientific and technical information; to train coders for the IX Revision of the ICD; to increase the availability of demographers; to improve the scientific and technical level of perinatal mortality analyses; to conduct courses in hospital medical records; to train personnel in information systems on outpatient morbidity; to improve the analysis of statistical information in all fields of health; to train professional and technical personnel for chronic disease registries; to train health planners; to prepare standards for health care and to train personnel in organizing medical care; and to broaden the bases of material and human resources for the collection, orderly arrangement, storage, retrieval, and analysis of scientific and technical information on health.

CUBA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		24	24	24	TOTAL	WR	130,400	178,500	199,600
P-5 PAHO/WHO REPRESENTATIVE 4.0423	WR	24	24	24	PERSONNEL - POSTS		113,200	139,300	159,000
					STAFF DUTY TRAVEL		8,000	8,000	8,000
					GENERAL OPERAT. EXPENSES		9,200	31,200	32,600

CUBA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		385	330	300	TOTAL	WR	171,100	218,100	273,400
CONSULTANT DAYS	WR	385	330	300	PERSONNEL - CONSULTANTS		52,100	92,400	120,900
TOTAL		35	38	36	SUPPLIES AND MATERIAL		82,000	72,500	87,700
FELLOWSHIP MONTHS	WR	35	38	36	FELLOWSHIPS		37,000	53,200	64,800

CUBA-5200, HEALTH CARE

TOTAL		65	60	60	TOTAL	WR	159,300	172,800	212,300
CONSULTANT DAYS	WR	65	60	60	PERSONNEL - CONSULTANTS		8,700	16,800	24,200
TOTAL		50	45	42	SUPPLIES AND MATERIAL		98,200	93,000	112,500
FELLOWSHIP MONTHS	WR	50	45	42	FELLOWSHIPS		52,400	63,000	75,600

CUBA-5300, DEVELOPMENT OF HEALTH SYSTEMS

TOTAL		110	90	100	TOTAL	PR	128,100	196,800	247,500
CONSULTANT DAYS	PR	110	90	100	PERSONNEL - CONSULTANTS		14,800	25,200	40,300
TOTAL		61	64	60	SUPPLIES AND MATERIAL		49,300	82,000	99,200
FELLOWSHIP MONTHS	PR	61	64	60	FELLOWSHIPS		64,000	89,600	108,000

DEVELOPMENT OF HUMAN RESOURCES

To facilitate the contribution of the human resources necessary for implementing the health plans, the Government requires PAHO/WHO assistance in its programs for the training of nurses and middle-level technicians; continuing education at all levels; training of physicians, dentists, and university-level nurses and training of medical specialists and stomatologists. In these areas the Government plans to achieve the following specific objectives: increase of the teaching capacity in the polytechnic health institutes and other centers in which nurses and middle-level technicians are trained; execution of the plan for the publication of textbooks for middle-level medical education; improvement of the libraries of the polytechnic health institutes and the polytechnic nursing institutes; increase in audiovisual media at the central level and in teaching units throughout the country; development of language laboratories at the central level; development of departments of technical teaching media in the advanced institutes of medical science; upgrading of teaching resources for these institutes; updating of libraries in these institutes; and development of medical illustration departments in teaching units.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

To ensure the achievement of these purposes, the cooperation activities of the Organization will help to provide teaching media for the polytechnic health institutes, the polytechnic nursing institute, and other units in which middle-level health technicians are trained; to prepare instructors for middle-level medical teaching and to hold related scientific and teaching workshops; to publish texts for the education of middle-level technicians; to develop the libraries of the polytechnic health and nursing institutes; to equip the Audiovisual Section of the Central Department of Continuing Education and of teaching units throughout the country and to train personnel to produce those media; to train personnel in preparing other educational media; to provide updated textbooks, books, and journals to the libraries of the advanced institutes of medical science; and to strengthen the medical illustration departments of the teaching units.

CUBA-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		30	90	80	TOTAL	PR	155,700	235,200	286,200
CONSULTANT DAYS	PR	30	90	80	PERSONNEL - CONSULTANTS		4,000	25,200	32,200
TOTAL		27	50	47	SUPPLIES AND MATERIAL		123,300	140,000	169,400
					FELLOWSHIPS		28,400	70,000	84,600
FELLOWSHIP MONTHS	PR	27	50	47					

CUBA-6900, STRENGTHENING OF TECHNOLOGICAL HEALTH INSTITUTIONS

TOTAL		14	-	-	TOTAL	PR	128,400	-	-
FELLOWSHIP MONTHS	PR	14	-	-	SUPPLIES AND MATERIAL		113,700	-	-
					FELLOWSHIPS		14,700	-	-

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

Because of the level of development achieved by the national pharmaceutical industry, health authorities are requesting PAHO/WHO cooperation in the chemical, microbiological, and biological control of the quality of imported and locally produced drugs and medications; in the improvement of the manufacture of drug media; and in the provision of therapeutic information on drugs and medications to health professionals.

The objectives of the National Health System in these areas include: (1) assessment of current microbiological needs; improvement of the methods of chemical analysis available at the present time; organization of state control of drug media; (2) incorporation of advanced methods and optimum use of methodologies for the improvement of manufacturing practices for drug media, in accordance with the requirements established by WHO (Good Practices in the Manufacture of Drugs); and (3) the organization of the Therapeutic Information System on drugs for health professionals.

To facilitate the achievement of these purposes, PAHO/WHO cooperation activities will consist of: (a) providing equipment for laboratories for the chemical and biological control of drugs, medications, sera, and vaccines, supplying articles on medical techniques to technological research laboratories, and upgrading the scientific and technical skills of the personnel working in these areas; and (b) providing specific equipment to areas involved in therapeutic information on drugs and improving the scientific and technical skills of personnel in these areas.

The Government has decided to update its scientific and technical information systems in the health sector, and to that end it has set the following objectives: improvement of the procedures for the collection, orderly arrangement, storage, and retrieval of information; increase in the quantity and quality of reference and information services; improvement of the design and editorial composition system; introduction of modern technology for the printing and binding of medical publications; increased availability of medical texts and treatises; and increased availability of slides and other information media. To that end, the activities of the PAHO/WHO cooperation program will help: to train personnel responsible for collecting, storing, systematizing, retrieving, and distributing scientific and technical information; to provide equipment for the storage and reproduction of information; to provide modern design and editorial composition equipment and to train personnel to use it; to supply modern equipment for the printing and binding of publications and to train personnel to use it; and to increase the availability of textbooks, treatises, slides, videotapes and other biomedical information media.

CUBA-7200, DEVELOPMENT OF THE PHARMACEUTICAL INDUSTRY AND MEDICAL EQUIPMENT

TOTAL		100	100	110	TOTAL	MR	38,200	66,300	91,900
CONSULTANT DAYS	MR	100	100	110	PERSONNEL - CONSULTANTS		13,700	28,000	44,300
TOTAL		8	12	12	SUPPLIES AND MATERIAL		16,200	21,500	26,000
					FELLOWSHIPS		8,300	16,800	21,600
FELLOWSHIP MONTHS	MR	8	12	12					

CUB

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
CUBA-7301, STRENGTHENING OF THE CENTER FOR PRODUCTION OF BIOLOGICALS								
<u>TOTAL</u>		<u>30</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PG 19,000</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PG	30	-	-	PERSONNEL - CONSULTANTS	6,000	-	-
<u>TOTAL</u>		<u>12</u>	<u>-</u>	<u>-</u>	FELLOWSHIPS	<u>13,000</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	PG	12	-	-				
CUBA-8001, SCIENTIFIC AND TECHNICAL INFORMATION SYSTEM								
<u>TOTAL</u>		<u>15</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>NR 81,800</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	NR	15	-	-	PERSONNEL - CONSULTANTS	1,900	-	-
<u>TOTAL</u>		<u>42</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL	<u>24,000</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	NR	42	-	-	FELLOWSHIPS	<u>43,900</u>	<u>-</u>	<u>-</u>
					COURSES AND SEMINARS	<u>12,000</u>	<u>-</u>	<u>-</u>

 DOMINICA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	81
Area (in thousand square kilometers)	1978	.751
Cultivated land (in thousand acres)	1977	38
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	67.4
Death rate per 1,000 population	1978	5.1
Infant mortality rate per 1,000 live births	1978	21.9
Death rate 1-4 years, per 1,000 population	1975	1.5
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1975	9.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1975	5.4
Number of physicians per 10,000 population	1978	1.8
Number of hospital beds per 1,000 population	1978	4.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1973	46.0
Percentage of population 55 years and over	1973	13.0
Rate of natural increase per 1,000 population	1978	16.2
Fertility rate per 1,000 women 15-44 years of age	1977	124
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1976	83
Per capita calories per day	1972-1974	2,100
Per capita protein per day (grams)	1972-1974	56
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1976	780
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	1976	10
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1970	8
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools**	1973	75
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	92
Percentage of population 20-29 years enrolled in university**	1973	0

 *Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 DOMINICA - COUNTRY STATEMENT

The island of Dominica lies at the northern end of the windward group of the Lesser Antilles, between Guadeloupe to the north and Martinique to the south, approximately at 15°N latitude and 61°W longitude. It is the largest of the Lesser Antilles with a total land area of approximately 751 square kilometers.

Soils are volcanic in origin, rich but porous and unstable. Dominica is dominated by a high mountain range running the length of the island west of center, with two lateral spurs at both ends, all of which accounts for its characteristically rugged scenery. Morne Diablotin (4,747 feet) is the highest peak in the central area.

The 1978 estimated population was 81,000 with two main population centers, both on the west coast: Roseau in the southwest, the capital, chief port and main administrative commercial center with approximately 20,000 people, and Portsmouth in the northwest bordering Prince Rupert Bay, with approximately 3,000 inhabitants. Population density is 102 per square kilometer, one of the lowest in the Lesser Antilles. The population distribution by age shows that 46% is under 15 years, one of the youngest populations in the Leeward Islands. In 1978 the birth rate per 1,000 was 21.3 and the natural increase rate 16.2.

The Commonwealth of Dominica is an independent country (independence was obtained on 3 November 1978). The executive branch is comprised of a Prime Minister and not more than five ministers. The legislative branch rests in the House of Assembly, with 21 elected members. The regional political organization accounts for two town councils for the administration of the towns of Roseau and Portsmouth and 25 village councils.

The health sector is under the Ministry of Education and Health, with two permanent secretaries in charge of the areas of education and health. Under the Permanent Secretary of Health is the Health Service Coordinator, with the same responsibility as a chief medical officer.

Like other small underdeveloped countries, Dominica is faced with serious problem which affect her ability to move forward into self-sustained economic growth. The economy of Dominica is described as open (imports equal about 70% of GDP) and is dependent upon its one major export crop, bananas. During the 1970's, Dominica's economy suffered a prolonged contraction because of declines in banana production and continuous imbalances in public finances. The per capita GNP growth during 1970-1977 shows an average annual decline of 4.1%, the worst economic situation in the Lesser Antilles.

In the area of health care, Dominica has a 240-bed hospital, the Princess Margaret Hospital in Roseau, which includes a tuberculosis ward and psychiatric beds. In addition there is a 40-bed hospital in Portsmouth and a small 6-bed hospital at Marigot. In Marigot construction of a new 16-bed hospital has been started, but work has temporarily been interrupted due to lack of funds. The total bed population ratio for 1978 was 4.3 per 1,000. There are 12 health center throughout the island and 42 clinics providing outpatient services.

The ratio of physicians per 10,000 population was 1.8 in 1978, the lowest in the Lesser Antilles. The ratio for graduate nurses was 14.5 per 10,000. The health centers and clinics are staffed by 40 district nurse-midwives and 7 district midwives. They are supervised by a total of 10 health visitors. In 1978 Princess Margaret Hospital had a total of 214 beds, with a percentage occupancy rate of 72.4. The average length of stay was 12.1 days, including acute and chronic beds (tuberculosis and geriatrics).

The health status of the population of Dominica could be considered one of the less advanced in the Lesser Antilles. The infant mortality rate declined from 34.7 in 1972 to 21.9 in 1978. This decline was due mainly to post neonatal improvement. The neonatal death rate remains stable at a level of 15. In 1978, 2 out of 3 infant death occurred within 28 days of life. The life expectancy at birth was 67.4 (the lowest in the Lesser Antilles), and the percentage of children under 5 years of age with Grade 3 malnutrition (CFNI survey, 1976) was 1.8, one of the greatest in the Lesser Antilles. In the distribution of the principal causes of death under one year of age, "causes of perinatal mortality" is the first cause of death for 1976-1977-1978. In the distribution of deaths for all ages it occupies third place (heart diseases A83,84: 12.3%, cerebrovascular diseases A85: 11.5%, causes of perinatal mortality A125: 4.4%).

Although Dominica has a fairly accessible natural system of water supply from its 365 rivers, the quality is not always adequate for human consumption. In the last few years, from 1976-1979, Dominica reported to CAREC 128 typhoid cases, with an average annual rate of 41.0 per 100,000 population, the greatest in the Lesser Antilles.

Gastroenteritis is also a common cause of morbidity among children 11 years and under. In a CFNI survey for 1974-1975, 23.4% of hospital admissions were due to malnutrition and gastroenteritis. The total number of reported cases of gastroenteritis in children under 5 years of age from 1976 to 1979 was 1,270, with an average annual rate of 23.5 per 1,000 children under 5 years.

After hurricane "David" struck Dominica on 29 August 1979, a committee was appointed by the Minister of Education and Health to consider the rehabilitation of the health services. It was recognized that the need for reconstruction of the services would afford an opportunity to lay down general policy and strategy guidelines and a health plan for the future development of the health care system. The committee decided that the new health services of Dominica should be developed along the following lines: (1) in keeping up with modern concepts of health care delivery; (2) equipped with technology acceptable to the country; (3) making maximum use of the resources available; (4) available to all segments of the population; and (5) provided within costs which the society can afford.

The general goal of the health delivery system is to afford all Dominicans equality of access to health care. The comprehensive general strategy also emphasizes primary health care. The committee selected the following priorities: (1) strengthening of management at all levels of the health services; (2) education, training and retention of health personnel; (3) a comprehensive program for obtaining community participation; (4) control of diseases of major public importance; (5) environmental health; (6) food and nutrition; and (7) the health of mothers, children and young people.

Under the guidelines defined by the interim report, a program for health services reconstruction, rehabilitation and development was designed with UNDP and PAHO cooperation. This project has the following objectives: (1) to increase health services coverage giving priority to the less-served population; (2) to increase the maximum utilization of existing scarce resources and to develop and implement methods which would improve the management of health services; (3) to facilitate active community participation in health services development; and (4) to facilitate improvement of the health status of the population.

The immediate objectives are: (1) to rehabilitate the physical health facilities and to upgrade them according to the defined national plan; (2) to establish a health planning process, integrating preventive and curative medicine, environmental and undivided health at the local and central levels; (3) to improve the management; (4) to provide a national scheme for programming and implementation of priority health programs; and (5) to improve the management of health services.

In line with the interim report presented by the committee, some activities were started in the first semester of 1978. A survey of all health facilities was carried out with PAHO technical cooperation.

The design of a new health center at Grand Bay is now in its final stage. There are plans to upgrade most of the other health centers and to reconsider the location of some clinics, taking into consideration the formulation of the national health plan and its programming phases.

The Ministry of Health, in pursuing a policy of primary health care, has conducted a 14-week training program for 30 community health workers in 1980. They will be functioning under the supervision, guidance and direction of the health visitors and the district nurse midwives.

DOMINICA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES =====	183,625	60.6	20,711	13.0	-	-
SERVICES TO INDIVIDUALS	183,625	60.6	20,711	13.0	-	-
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	183,625	60.6	20,711	13.0	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE =====	119,500	39.4	138,000	87.0	173,400	100.0
HEALTH SYSTEMS	119,500	39.4	138,000	87.0	173,400	100.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	119,500	39.4	138,000	87.0	173,400	100.0
GRAND TOTAL =====	303,125	100.0	158,711	100.0	173,400	100.0

DOMINICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PRGF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
	\$				\$	\$	\$	\$	\$	\$	\$
PG	5,000	-	-	-	-	-	-	-	5,000	-	-
MT	114,500	-	-	540	105,000	-	6,500	-	1,000	-	2,000
WP	183,625	-	-	90	74,956	-	19,646	-	41,626	-	47,397
TOTAL	303,125	-	-	630	179,956	-	26,146	-	47,626	-	49,397
PCT. OF TOTAL	100.0				59.4		8.6		15.7		16.3
1982-1983											
PAHD--PR	125,600	-	-	120	33,600	-	60	84,000	3,000	5,000	-
MT	12,400	-	-	-	12,000	-	-	-	100	-	300
WP	20,711	-	-	120	18,000	-	-	-	-	-	2,711
TOTAL	158,711	-	-	240	63,600	-	60	84,000	3,000	5,100	3,011
PCT. OF TOTAL	100.0				40.1		52.9	1.9	3.2		1.9
1984-1985											
PAHD--PR	173,400	-	-	120	48,400	-	65	117,000	3,000	5,000	-
TOTAL	173,400	-	-	120	48,400	-	65	117,000	3,000	5,000	-
PCT. OF TOTAL	100.0				27.9		67.5	1.7	2.9		-

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

DOMINICA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA						-- 1980-1981 --	-- 1982-1983 --	-- 1984-1985 --			
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE		UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>						20	4,470	186	80,650	186	94,870
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER ADMINISTRATIVE OFFICER	.5089 4.5482 .5090	D-1 P-5 P-2							
PR	WIN-5100	PROGRAM OFFICER FELLOWSHIPS, SUPPLIES	.5458	P-5							
<u>DISEASE PREVENTION AND CONTROL</u>						12	4,870	12	3,260	12	3,560
PG	AMRO-0510	CONSULTANTS, SUPPLIES									
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, FELLOWSHIPS	.0610	P-4							
<u>FAMILY HEALTH</u>						203	90,670	84	31,560	20	5,040
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH) HEALTH EDUCATION SPEC. MEDICAL OFFICER (MCH) NURSE MIDWIFE	4.3209 4.3702 4.5319 4.3703	P-5 P-4 P-4 P-4							
UNFPA	AMRO-1313	NURSE EDUCATOR NURSE EDUCATOR CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS	4.5127 4.5312	P-4 P-3							
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT									
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3							
<u>ENVIRONMENTAL HEALTH SERVICES</u>						-	710	-	405	-	-
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS									
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>						125	24,730	25	6,460	25	7,180
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5							
PR, UNDP	AMRO-3111	PROJECT MANAGER LABORATORY TECHNICIAN CONSULTANTS, FELLOWSHIPS, COURSES AND SEMINARS	.4787 .4790	P-4 P-2							
<u>COMPLEMENTARY SERVICES</u>						49	7,790	27	5,440	27	6,130
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4							
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4							
<u>DEVELOPMENT OF HEALTH SERVICES</u>						67	10,340	45	8,860	45	10,040
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4							
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4							
WR	AMRO-5410	STATISTICIAN	4.0841	P-4							
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4							
<u>DEVELOPMENT OF HUMAN RESOURCES</u>						51	13,240	46	14,400	36	12,880
PR	AMRO-6210	GRANTS									
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4							
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER HEALTH EDUCATOR HEALTH EDUCATOR CONSULTANTS, FELLOWSHIPS, COURSES, GROUP TRAINING, MISCELLANEOUS COSTS	4.4353 4.4355 4.4356	P-5 P-4 P-4							
TOTAL						527	156,820	425	151,035	351	139,700
						=====	=====	=====	=====	=====	=====

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

DOMINICA - PROGRAM NARRATIVES AND PROJECT DETAIL

FAMILY HEALTH

The family health programs are aimed at improving coverage and efficiency of health services at the primary health care level. The main components are maternal and child health, food and nutrition, disease prevention and control, nursing services at the primary health care level, strengthening laboratory and pharmaceutical services, improvement of medical records, health education (including family life education) and community participation.

DOMINICA-1300, FAMILY PLANNING SERVICES

TOTAL	90	120	-	TOTAL	UNFPA	183,625	20,711	-
CONSULTANT DAYS	UNFPA 90	120	-	LOCAL PERSONNEL COSTS		62,917	-	-
TOTAL	11	-	-	PERSONNEL - CONSULTANTS		12,039	18,000	-
FELLOWSHIP MONTHS	UNFPA 11	-	-	MISCELLANEOUS COSTS		2,397	2,711	-
				CONTRACEPTIVES		21,737	-	-
				EXPENDABLE EQUIPMENT		5,010	-	-
				NON-EXPENDABLE EQUIPMENT		14,879	-	-
				IMPROVEMENT OF PREMISES		45,000	-	-
				FELLOWSHIPS		12,692	-	-
				GROUP TRAINING		6,954	-	-

DEVELOPMENT OF HEALTH SERVICES

PAHO/WHO technical cooperation for the budget period covers improvement of the health management process, health care facilities and environmental health. The management program includes health planning and programming, health legislation, personnel management, supplies and transport management, health manpower development, intersectoral coordination, health information systems, improvement of hospital services, and the development of community-based programs. Health facilities activities will emphasize the improvement of existing hospital facilities, the design of new facilities, and the preparation of projects for external aid. Environmental health will focus on water supplies, sewerage disposal, solid waste disposal, food safety and disaster preparedness.

DOMINICA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL	540	120	120	TOTAL	119,500	138,000	173,400
CONSULTANT DAYS	PR -	120	120	PERSONNEL - CONSULTANTS	-	33,600	48,400
CONSULTANT DAYS	UNDP 540	-	-	SUPPLIES AND MATERIAL	-	5,000	5,000
TOTAL	-	60	65	FELLOWSHIPS	-	84,000	117,000
FELLOWSHIP MONTHS	PR -	60	65	COURSES AND SEMINARS	-	3,000	3,000
				SUBTOTAL	PG 5,000	-	-
				SUPPLIES AND MATERIAL	5,000	-	-
				SUBTOTAL	UNDP 114,500	12,400	-
				ADMIN. SUPPORT PERSONNEL	8,000	2,000	-
				OTHER PERSONNEL COSTS	24,100	10,000	-
				PERSONNEL - CONSULTANTS	72,900	-	-
				MISCELLANEOUS COSTS	2,000	300	-
				MISCELLANEOUS EQUIPMENT	1,000	100	-
				GROUP TRAINING	6,500	-	-

 DOMINICAN REPUBLIC - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	5,275
Area (in thousand square kilometers)	1979	48
Cultivated land (in thousand hectares)	1977	755
<u>Health Indicators:</u>		
Life expectancy at birth	1980	62.8
Death rate per 1,000 population	1979	4.9
Infant mortality rate per 1,000 live births	1979	31.0
Death rate 1-4 years, per 1,000 population	1979	3.2
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	17.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	7.1
Number of physicians per 10,000 population	1980	6.0
Number of hospital beds per 1,000 population	1980	1.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	47.5
Percentage of population 55 years and over	1979	6.5
Rate of natural increase per 1,000 population	1979	30.5
Fertility rate per 1,000 women 15-44 years of age	1979	172
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1980	37
Percentage of population with access to potable water	1979	63
Per capita calories per day	1974	2,150
Per capita protein per day (grams)	1974	45
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	877
- in United States dollars	1979	877
Percentage of GDP from secondary sector (manufacturing and building)	1978	27
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1979	387
<u>Educational Indicators:</u>		
Percentage of literate population	1978	68
Percentage of population 5-14 years enrolled in primary schools**	1977	68
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	34
Percentage of population 20-29 years enrolled in university**	1975	6

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

DOMINICAN REPUBLIC - COUNTRY STATEMENT

The Dominican Republic occupies the eastern two-thirds of the island of Hispaniola, the second largest in the Greater West Indies; it has an area of 48,442 square kilometers and a population estimated in July 1980 at 5,431,879 inhabitants, of which 49% are under 15 years of age. Nearly half of the population (49%) lives in the rural areas. The distribution of the population throughout the country by rural/urban sector is extremely dynamic, and although it tends to be concentrated in the main cities, there are significant shifts within the rural areas, especially during planting and harvest time, and above all during the sugar cane harvest. The demand generated by the sugar cane harvest brings in a large migration from Haiti, particularly in the last quarter of the year.

According to the analyses that serve as a basis for the Three-Year Public Investment Plan 1980-1982 prepared by the National Office of Planning, the inequalities in distribution of income and wealth among the Dominican population have had serious social consequences, the effects of which are reflected in the low levels of family consumption, inadequate diet, and difficult access to educational and health services and adequate housing. All of this calls for a search for new alternatives of socioeconomic development that will help the country to effectively combat social and regional imbalances of current importance.

The Dominican Republic recognizes that environmental sanitation and particularly drinking water supply are among the most important determinants of the level of health. According to data available for 1979, 53% of the urban population was served by household connection and only 10% of the rural population had potable water. According to the most recent reports from the National Institute of Drinking Water and Sewerage (INAPA) for July of 1980, 435 rural communities had a drinking water supply, and 281,268 of their inhabitants--10.5% of the entire rural population--were served by household connections. For the same month, the percentage of the urban population served by household connection was 60%. In 1979, 25% of the urban population had urban sewerage. The sanitary disposal of excreta in 27,000 latrines installed as of 1978 covered 5.3% of the proposed goal, and a new tentative goal of 59,175 latrines (15%) is proposed for 1985. The Environmental Sanitation Program is the responsibility of several agencies, including the Ministry of Public Health and Social Welfare (SESPAS), INAPA, the Water Supply and Sewerage Corporation of Santo Domingo, the Water Supply and Sewerage Corporation of Santiago, the Dominican Municipal League, and the Municipal Council or Government of Santiago de los Caballeros. Coordinating the activities of these agencies is one of the fundamental objectives being considered in plans for environmental sanitation at the national level. In 1980 the strategy, objectives, and goals of the country were defined with regard to potable water and sanitary sewerage in the decade 1981-1990.

The nutritional status of the population constitutes one of the most important medical and social problems in the country. According to information published by the National Office of Planning and SESPAS, the problem of adequate nourishment is mainly reflected in widespread protein energy deficiency, which affects a large percentage of the population. Studies on food consumption show that around 75% of the population does not eat enough to meet its nutritional requirements, and it is estimated that around 50% of the population consumes only 62% of the calories they require. Protein deficiencies among lower-income groups amount to an average daily deficiency of over 15 grams of protein per person. The proportion of undernourished children in 1977 was around 66%.

According to official figures available from the Statistics Division of the Ministry of Health, with population estimates based on projections from the 1970 census, the general mortality rate in 1979 was 4.9 per 1,000 population. Of the 25,757 deaths reported for all causes, medical certificates were provided for only 11,192, or 47%. The infant mortality rate was 31 per 1,000 live births. For the same year, infectious and parasitic diseases continued to rank first as a cause of mortality; among them, the most important were enteritis and other diarrheal diseases, which ranked first among the 10 leading causes of death.

Of the 188 cases of tetanus registered, 46 were tetanus neonatorum, which generated 105 and 45 deaths and a mortality rate of 2.0 and 0.85 per 1,000 population, respectively. These figures indicate a significant decline, if we consider that in 1970, 536 persons died, yielding a rate of 13.2 per 1,000 population.

The status of poliomyelitis has been described as endemic with epidemic outbreaks. From January to September 1980, there were 93 cases registered in the country, detected primarily in Azua, in the southwestern part of the country, and in the National District. Ninety-one of the cases started in May. As a result of this situation, vaccination campaigns have been reformulated, and a national program is being prepared along the lines established in the expanded program of immunization. The need to strengthen this program is clearly indicated by the status of other communicable diseases included in the expanded program of immunization: throughout 1979 there were 8,944 cases of measles, and as of August 1980, 7,289 more cases had been reported.

Over the last five years, the number of cases of malaria in the country has been increasing, with peaks in the years 1978, 1979, and 1980, and especially since October 1979, 6-8 weeks after the country had been hit by Hurricane David and the tropical storm Frederick. The number of cases reported was 1,531 in 1978; 3,080 in 1979; and 3,268 as of September 1980. A large percentage of the cases - 37 in 1978, 19 in 1979, and 34 in 1980 - occurred among the Haitian population. In all the cases detected, *P. falciparum* was identified. The country is conducting a careful study of the program and proposes to analyze the socioeconomic-related aspects of the disease, and above all its link with the Haitian migration. A plan of work has been initiated for a joint approach in the the malaria programs of the Dominican Republic and Haiti; it is hoped that this will make it possible to combine efforts in the future for a joint approach in the eradication of malaria in both countries.

Tuberculosis and leprosy continue to be important problems, and a study of their impact as a public health problem in the country has been initiated. Rabies is the principal zoonosis affecting health in the Dominican Republic, not only in terms of human lives, but in the heavy demand for the services of diagnosis and immunoprophylactic treatment required for animal bites of various species of mammals suspicious for rabies. Brucellosis, tuberculosis, and leptospirosis are important zoonoses, although there is no systematic study available to indicate their impact at the national level. The

dental health of the population is mainly affected by caries (97%) and periodontal disease (79%) with significant problems of malocclusion. Most of the available human resources in the country are concentrated in the urban areas and numbered about 800 at the professional level and 1,200 at the auxiliary level. There is little research development in dentistry and, as a result, a limited quantity of new knowledge and new technology.

One of the basic problems affecting the adequate provision of services and consequent rise in the level of health concerns available manpower, and involves not only the scarcity of specific types of resources, particularly at the intermediate level, but also their unbalanced distribution, with a high concentration in urban areas; a shortage of trained personnel in fields such as public health, epidemiology, planning, and health administration; and a mass movement of skilled personnel to the private sector in search of better incentives. Up to now, no census of health manpower has been taken in the country, and the only information available is a list of personnel hired by the National Ministry of Public Health and Social Assistance.

In formulating its strategies for the year 2000, the Dominican Government confirmed its acceptance of the goal of health for all by the year 2000, re-emphasizing the concept of comprehensive health within the context of national socio-economic development, and re-affirmed its decision to adopt primary health care as one of the fundamental strategies. It recognizes this level as basic to the full process of health care, and considers it to be closely linked with the other levels of care which it feels should not be neglected.

Health services are furnished to the population by many institutions belonging to both the public and private sub-sector. Within the public subsector, health services are provided by SESPAS, the Dominican Social Security Institute (IDSS), the Armed Forces, and in certain aspects, the Ministry of Agriculture, the Red Cross, Civil Defense and other institutions. Some private subsector institutions receive government support for the development of their programs, such as the Dermatological Institute, the Diabetes Institute, the Oncological Institute, and the Rehabilitation Center, among others. In regard to the supply of services, the public subsector has the responsibility of providing them to approximately 75% of the Dominican population not covered by other health organizations. The most important agency in the public subsector is the Ministry of Health, whose goals have recently been adjusted based on an evaluation of the Ten-Year Health Plan for the Americas. This document attaches priority to increasing the coverage of basic health services, the administrative reform, the control of infectious and parasitic diseases, and the training of human resources. With national funds, the cooperation of PAHO/WHO, UNDP, UNICEF, and funds obtained in loans from AID, IDB, and IBRD, the country is endeavoring to build up the infrastructure required in order to extend health services to the rural areas, with emphasis on maternal and child health care, on communicable disease prevention and control, and on the execution of a program of nutritional improvement and a program of institutional development for the Ministry of Health, placing emphasis on the training and enhanced utilization of manpower with the participation of the universities.

The National Ministry of Public Health has favored the regionalization of health services in an effort to counteract excessive centralization and to provide a network of health services that, through areas and establishments of growing complexity, carries out its actions with greater effectiveness. The health areas represent the operational level for the health establishments, which run in their level of complexity all the way down to the rural clinic, which represents the most accessible stationary care center for the concentrated rural population and which is staffed by one or more rural physicians and an auxiliary nurse. The scattered rural population receives direct care from the health promoter, who works under the direct supervision of the supervisor of promoters, who in turn answers to the next level, the rural clinic. In 1980 there were 300 rural clinics in operation with a staff of 5,400 promoters and 500 promoter supervisors. The goals for 1981 and 1982 are to have 350 and 400 rural clinics in operation respectively. For 1982 a coverage of 100% for a rural population of 3,000,000 inhabitants has been proposed. Health regionalization has assigned special importance to both the provision of manpower and the necessary infrastructure, and accordingly, a network of diagnostic laboratories has been developed under the Division of Laboratories and SESPAS. Data from the Ministry of Public Health for 1979 show that there were 6,937 beds, 2,801 of which were in the National District.

Progress in the development of the services and the scope of health activities is being achieved in the area of current health legislation, which is in the process of being reformulated. One area to which the country has attached priority is oral health care, which has received emphasis within the structure of a national program that was created through the organization of an oral health subsystem, governed by the standards of health regionalization and teaching-service integration, with three levels of care: primary, basic, and comprehensive.

At the first level, an epidemiologic study of Santiago has been carried out and the application of methodology systematized throughout the country; the study is now completed, and water fluoridation is in the installation and operation phases in Santiago and Banf; 15,000 schoolchildren are covered by the local prevention program, and a mass education program has been initiated. At the basic level, coverage of 100,000 patients has been achieved over the two last years; in addition, innovations have been introduced into the utilization of work space, through modular designs, equipment, and simplified techniques which help to enhance the quality of care and lower costs. At the comprehensive level, departments of stomatology have been established in coordination with the universities for the purpose of receiving and rehabilitating patients referred with complex diseases. These departments have innovative designs within the comprehensive concept of dentistry.

Available public health manpower consists of 160 dentists and 91 aides. A program of rural internships has been initiated for students upon completion of their studies, and through continuing education and national interinstitutional meetings, public health dentistry has been successfully activated, with theory and practice conforming to reality and national needs.

For health services offered by the IDSS, the Institute has 1,818 beds: 1,604 of its own, 114 in state hospitals, 32 in private hospitals and clinics, and 68 in the maternity clinic. It has 15 hospitals, 18 polyclinics, 13 urban offices, and 128 rural clinics. Under the legislation in effect, the IDSS protects all workers with wages up to 300 pesos a month. The average number of subscribers is 277,723, of which 121,127 (43.6%) are regular workers and 156,596 (56.4%) are migrant workers. The welfare programs of the Ministry of Public Health have been reformulated, particularly with regard to the protection of minors and of the elderly.

According to a survey carried out in 1974, the private subsector had approximately 1,000 physicians dedicated mainly to private practice, who worked in 203 hospital establishments with a total of 3,048 beds. The breakdown of these establishments by size was as follows: 115 with 1 to 10 beds, 71 with 11 to 30 beds, 14 with 31 to 100 beds, and 3 with 101 beds and over. With the exception of the aforementioned private institutes, which receive State subsidies, private care is not coordinated with the health programs carried out by the Government, nor is there even any knowledge of statistical data on their operations.

The investigation and control of zoonoses have fundamental importance, and actions are being carried out through efforts of the Ministry of Public Health and Social Welfare and the Ministry of Agriculture and Livestock, utilizing the congruent health regionalization structure for both Ministries and for the Network of Regional Laboratories of the General Livestock Administration which implements the programs of control. This Administration is executing a ten-year animal health program (1973-1983), has erected a unified health structure for the control of zoonoses, and has constructed and equipped the Network of Regional Laboratories. The program for the control of brucellosis and bovine tuberculosis can draw for its manpower requirements on a limited supply of veterinarians at the central, subregional, and field levels and in central and regional laboratories, and of vaccinators and field auxiliaries.

In the field of technical cooperation between developing countries, the country has promoted the development of a program of cooperation for the development of health research units, participates in the development of middle-level technical manpower, and plans to develop a cooperative program in the field of malaria, particularly with Haiti.

DOMINICAN REPUBLIC - NATIONAL HEALTH PROGRAMS

Administrative Bureau	Dental Health
Planning	Maternal and Child Health
Human Resources	Dental Health
Statistics	Maternal and Child Health
Health Education	Nutrition
Nursing	Medical Care
Environmental Sanitation	Development of the Health Sector
Epidemiology	Mental Health
Malaria Eradication	Laboratories
Animal Health and Veterinary	Welfare
Public Health	Family Planning
	Physical Resources

DOMINICAN REPUBLIC - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHO--PK	889,800	156	48	210	653,500	31,300	124	129,300	9,700	19,800	-	46,200
PG	478,158	-	-	1095	216,596	-	70	76,756	-	158,358	-	26,448
PH	100,000	-	-	-	-	-	-	-	-	65,000	-	35,000
PD	4,272	-	-	-	-	-	-	-	-	4,272	-	-
WNO--WR	231,300	48	-	90	191,400	5,300	33	34,600	-	-	-	-
WT	343,400	21	24	180	158,000	4,600	16	38,100	-	113,300	-	29,400
WH	19,800	-	-	-	-	-	-	-	-	19,800	-	-
TOTAL	2,066,730	225	72	1575	1,219,496	41,200	243	278,756	9,700	380,530	-	137,048
PCT. OF TOTAL	100.0				59.0	2.0		13.5	.5	18.4	-	6.6
1982-1983												
PAHO--PR	903,400	48	48	770	520,800	22,000	104	145,600	57,000	82,000	25,000	51,000
WNO--WR	434,700	48	-	365	332,000	11,000	44	61,600	14,000	11,100	5,000	-
TOTAL	1,338,100	96	48	1135	852,800	33,000	148	207,200	71,000	93,100	30,000	51,000
PCT. OF TOTAL	100.0				63.8	2.5		15.5	5.3	6.9	2.2	3.8
1984-1985												
PAHO--PR	1,080,000	48	48	665	606,900	24,000	121	217,800	51,000	100,000	20,000	60,300
WNO--WR	526,600	48	-	305	380,000	14,000	56	100,800	16,000	10,800	5,000	-
TOTAL	1,606,600	96	48	970	986,900	38,000	177	318,600	67,000	110,800	25,000	60,300
PCT. OF TOTAL	100.0				61.5	2.4		19.8	4.2	6.9	1.5	3.7

*SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

DOMINICAN REPUBLIC - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA II CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	181,010	300	176,690	300	196,080
PR, PB	AREA II	AREA REPRESENTATIVE	.0273	D-1						
		ADMINISTRATIVE OFFICER	.4721	P-3						
DISEASE PREVENTION AND CONTROL					-	-	42	13,410	42	13,900
WR	AMRO-4320	EPIDEMIOLOGIST	4.5348	P-4						
FAMILY HEALTH					84	15,580	84	18,880	84	21,320
PR	AMRO-1320	MEDICAL OFFICER (MCH)	.0027	P-4						
ENVIRONMENTAL HEALTH SERVICES					49	13,680	-	-	-	-
WR	AMRO-2020	SANITARY ENGINEER	4.0864	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					56	14,360	56	17,490	56	19,550
PR, WR	AMRO-3120	VETERINARIAN	.3218	P-4						
COMPLEMENTARY SERVICES					49	12,970	49	15,690	49	17,490
PR	AMRO-4120	NURSE ADMINISTRATOR	.0889	P-4						
DEVELOPMENT OF HEALTH SERVICES					126	33,990	84	26,970	84	30,000
PR	AMRO-5220	HOSPITAL ADMINISTRATOR	.2188	P-4						
WR	AMRO-5320	HEALTH PLANNER	4.3674	P-4						
WR	AMRO-5420	STATISTICIAN	4.0839	P-4						
TOTAL					664	271,590	615	269,130	615	298,340

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

DOMINICAN REPUBLIC - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

In the program area of disease prevention and control, cooperation will be provided to the country in activities directed toward the solution of the priority items identified in the national programs of malaria, veterinary public health, and epidemiology.

In epidemiology, support will be given to the formulation and implementation of a program for teaching, service, and research, and to the development of a system of epidemiological surveillance. For this purpose, plans are under way to provide assistance in the strengthening of the structure of the Division of Epidemiology at the central, regional and local levels. The Organization will cooperate in the preparation of cadres both in the country and abroad, and in the development of a program for continuing education and inservice training of personnel at all levels. It will support the reinforcement of the various components of the expanded program of immunization, and steps will be taken to promote the development of epidemiological research of a biological as well as of a clinical and social nature. Furthermore support will continue to be provided for the development of the network of public health laboratories.

Considering the high priority that malaria has in the country, the Organization will cooperate in the strengthening of the eradication program, supporting appropriate strategies to introduce and increase current activities. Support will be given to the conduct of research on new alternatives for action programs. Assistance to the personnel training program will be provided for study abroad and the conduct of refresher courses, seminars and workshops. Special attention will be given to efforts for achieving progressive coordination between the National Services of Malaria Eradication and the Basic Health Services.

DOMINICAN REPUBLIC-0200, MALARIA ERADICATION

TOTAL		24	-	-	TOTAL	PR	108,900	80,400	114,400
P-3 SANITARIAN .4565	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
					PERSONNEL - CONSULTANTS		-	25,200	48,400
TOTAL		-	90	120	STAFF DUTY TRAVEL		5,000	-	-
CONSULTANT DAYS	PR	-	90	120	SUPPLIES AND MATERIAL		11,500	20,000	20,000
TOTAL		10	18	20	FELLOWSHIPS		10,000	25,200	36,000
FELLOWSHIP MONTHS	PR	10	18	20	COURSES AND SEMINARS		-	10,000	10,000

DOMINICAN REPUBLIC-0500, LEPROSY AND TUBERCULOSIS CONTROL

TOTAL	PH	100,000	-	-
GENERAL OPERAT. EXPENSES		35,000	-	-
SUPPLIES AND MATERIAL		65,000	-	-

DOMINICAN REPUBLIC-4300, EPIDEMIOLOGY

TOTAL		24	-	-	TOTAL		147,500	128,200	164,600
P-4 EPIDEMIOLOGIST .0955	PR	24	-	-	SUBTOTAL	PR	127,700	128,200	164,600
TOTAL		-	240	195	PERSONNEL - POSTS		96,600	-	-
CONSULTANT DAYS	PR	-	240	195	PERSONNEL - CONSULTANTS		-	67,200	78,600
TOTAL		24	15	20	STAFF DUTY TRAVEL		2,900	-	-
FELLOWSHIP MONTHS	PR	24	15	20	SUPPLIES AND MATERIAL		-	20,000	30,000
					FELLOWSHIPS		25,200	21,000	36,000
					COURSES AND SEMINARS		3,000	20,000	20,000
					SUBTOTAL	WH	19,800	-	-
					SUPPLIES AND MATERIAL		19,800	-	-

FAMILY HEALTH

The priorities established by the country in the field of maternal and child health care require the development of a program of cooperation linked to the regional program of perinatal and maternal and child care, with emphasis on primary health care.

	1980-	1982-	1984-			
FUND	1981	1983	1985	FUND	1980-1981	1982-1983
						1984-1985
						\$
						\$

The oral health program, initiated in 1978 with the support of UNDP, will continue in the period 1982-1985 through qualitative and quantitative extension of the coverage of oral health services, with priority assigned to the marginalized urban and rural areas, using the national experience with primary and basic care, and utilizing a large number of human resources at the auxiliary level and the necessary professional resources. The program will give emphasis to the prevention of prevalent oral diseases, expanding the activities of water fluoridation, education, and local use of fluoride. It will continue to promote the teaching-service process in order to adapt manpower training to national realities and in order to improve services both in terms of productivity and performance. During this period, the work of the Oral Health Division will be reinforced with scientific and technological research geared to establishing a dental resource program to be carried out both on a national basis and in cooperation with other countries.

It is expected that the oral health status of the Dominican population will be improved by expanding the program of water fluoridation to eight cities in the country; incorporating 200,000 children into the education and oral mouth-wash programs; providing oral health service coverage to 12% of the population; contributing to the training and utilization of 400 aides and the incorporation of oral health activities into the job description of the health promoter; improving the supply of equipment to the country's dental services; creating new systems of care, and upgrading or constructing 36 units and developing policies, methods, and techniques in order to organize and establish a dental resources center.

DOMINICAN REPUBLIC-1500, MENTAL HEALTH

TOTAL		12	-	-	TOTAL	PR	76,000	33,800	44,000
P-3 MENTAL HEALTH ADVISOR 5241	PR	12	-	-	PERSONNEL - POSTS		42,500	-	-
					PERSONNEL - CONSULTANTS		12,100	22,400	28,200
TOTAL		90	80	70	STAFF DUTY TRAVEL		1,500	-	-
					FELLOWSHIPS		19,900	8,400	10,800
CONSULTANT DAYS	PR	90	80	70	COURSES AND SEMINARS		-	3,000	5,000
TOTAL		19	6	6					
FELLOWSHIP MONTHS	PR	19	6	6					

DOMINICAN REPUBLIC-1600, ORAL HEALTH

TOTAL		-	24	24	TOTAL	PR	-	153,100	208,600
P-4 DENTAL OFFICER 5093	PR	-	24	24	PERSONNEL - POSTS		-	114,900	128,500
					PERSONNEL - CONSULTANTS		-	8,400	16,100
TOTAL		-	30	40	STAFF DUTY TRAVEL		-	6,000	8,000
					SUPPLIES AND MATERIAL		-	-	20,000
CONSULTANT DAYS	PR	-	30	40	FELLOWSHIPS		-	23,800	36,000
TOTAL		-	17	20					
FELLOWSHIP MONTHS	PR	-	17	20					

DOMINICAN REPUBLIC-1601, EXTENSION OF ORAL HEALTH SERVICES

TOTAL		24	-	-	TOTAL	UNDP	165,800	-	-
G-4 CLERK 45082	UNDP	24	-	-	PERSONNEL - POSTS		28,900	-	-
					PERSONNEL - CONSULTANTS		25,100	-	-
TOTAL		180	-	-	MISCELLANEOUS COSTS		26,200	-	-
					SUPPLIES AND MATERIAL		79,700	-	-
CONSULTANT DAYS	UNDP	180	-	-	FELLOWSHIPS		4,100	-	-
TOTAL		4	-	-	GROUP TRAINING		1,800	-	-
FELLOWSHIP MONTHS	UNDP	4	-	-					

ENVIRONMENTAL HEALTH SERVICES

The Ministry of Public Health has made it clear that it has assigned high priority to this program, whose implementation is the responsibility of various agencies in the country, but which will be directed by the Ministry. As a result, the Ministry's most important task is to serve as a coordinating liaison for the activities that affect environmental sanitation. Assistance will be provided in the restructuring and strengthening of the Division or Bureau of Environmental Sanitation of the National Ministry of Public Health and Social Welfare, and will be geared to a program of preparation and training for its personnel.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Special preference will be given to the development of the potable water supply program at the rural level. To this end, activities will be coordinated with the National Water Supply and Sewerage Institute, the Santo Domingo Water and Sewerage Corporation, the Santiago Water Supply and Sewerage Corporation, the Dominican Municipal League, and the municipalities, for the purpose of reviewing existing standards for drinking water quality and gradually introducing a monitoring program that will make it possible to develop sampling and analysis procedures and to protect water resources. Assistance will be provided in arranging for the organization of the National Technical Committee responsible for putting into effect the Environmental Sanitation Plan proposed for the International Decade of Drinking Water and Environmental Sanitation.

PAHO will collaborate with the country in carrying out a plan for the preparation and training of personnel at different levels and through advisory services to help adapt the work plan to the goals proposed for the decade.

DOMINICAN REPUBLIC-2000, INTEGRATED RURAL DEVELOPMENT

TOTAL		90	-	-	TOTAL	PR	24,500	-	-
CONSULTANT DAYS	PR	90	-	-	PERSONNEL - CONSULTANTS		11,900	-	-
TOTAL		12	-	-	FELLOWSHIPS		12,600	-	-
FELLOWSHIP MONTHS	PR	12	-	-					

DOMINICAN REPUBLIC-2001, ENVIRONMENTAL SANITATION

TOTAL		-	24	24	TOTAL	WR	-	174,100	200,700
P-4 SANITARY ENGINEER 4.5475	WR	-	24	24	PERSONNEL - POSTS		-	114,900	129,500
TOTAL		-	70	55	PERSONNEL - CONSULTANTS		-	19,600	22,200
CONSULTANT DAYS	WR	-	70	55	STAFF DUTY TRAVEL		-	5,000	6,000
TOTAL		-	14	15	SUPPLIES AND MATERIAL		-	6,000	6,000
FELLOWSHIP MONTHS	WR	-	14	15	FELLOWSHIPS		-	19,600	27,000
					COURSES AND SEMINARS		-	4,000	6,000
					GRANTS		-	5,000	5,000

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

With regard to veterinary public health, the program of cooperation will be geared to promoting research on and control of the most important zoonosis in the country. To this end there will be cooperation with the National Ministries of Public Health and Agriculture for the purpose of supporting the zoonosis and rabies control program in order to reduce the incidence of these diseases to control levels in the five-year period 1980-1985. PAHO/WHO will therefore strengthen its cooperation in the preparation and training of personnel, both in the field of epidemiology and in that of laboratory services (production and diagnosis).

Assistance will also be given in order to increase the national production of canine and human rabies vaccines (CEPANZO controls) and efforts will be made to use the installed capacity of the Veterinary Laboratory and the Small Animal Laboratory. It should be pointed out that, since the country is free of vesicular diseases (foot-and-mouth disease and vesicular stomatitis), it is possible to expand the export market for these vaccines, delivering them to countries where the diseases are not indigenous. Cooperation will be provided in order to continue the practice of carrying out canine rabies vaccination house by house, with a coverage of at least 60% of the susceptible canine population. Assistance will be given in order to carry out studies on the status of the principal zoonoses that affect the country, for the purpose of taking steps to control them and subsequently to eradicate them. Brucellosis and tuberculosis are zoonoses that annually cause considerable losses in the country. PAHO/WHO will provide cooperation in brucellosis control in order to attempt to gradually reduce its incidence and to initiate the process of eradication in areas where prevalence is low, and will support tuberculosis control in areas of high prevalence and help initiate its eradication on farms, with the goal of reducing prevalence there to less than 1% in the 1980's.

PAHO/WHO will also participate in the preparation and training of field staff (applied epizootiology) and laboratory personnel (diagnosis, and production and control of biologicals); in measures to increase the production of the biologicals necessary for the execution of the program: strain 19, brucella antigens, and PPD (CEPANZO); in the drafting of legal provisions to regulate the operation of the Quarantine Station; and in the importation of animals, animal products and by-products. It will also coordinate and facilitate the procurement of reference biologicals, hyperimmune sera, cell lines, strains, and seeds for laboratory use, in coordination with CEPANZO and PANAFITOSA. Assistance will be given in the coordination and future integration of efforts of the two national ministries involved in studying and controlling zoonoses in the country.

	FUND	1980-	1982-	1984-	TOTAL	PR	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	\$
DOMINICAN REPUBLIC-3100, VETERINARY PUBLIC HEALTH									
TOTAL		24	-	-	TOTAL		121,800	101,800	105,400
P-4 VETERINARIAN .4037	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					PERSONNEL - CONSULTANTS		-	50,400	48,400
					STAFF DUTY TRAVEL		2,000	-	-
TOTAL			180	120	SUPPLIES AND MATERIAL		2,000	15,000	10,000
CONSULTANT DAYS	PR	-	180	120	FELLOWSHIPS		21,200	22,400	36,000
TOTAL		20	16	20	COURSES AND SEMINARS		-	9,000	6,000
FELLOWSHIP MONTHS	PR	20	16	20	GRANTS		-	5,000	5,000

DEVELOPMENT OF HEALTH SERVICES

This program should become the focal point of PAHO/WHO technical cooperation to the country in the field of health and serve as a catalyst for cooperation from other agencies. Through this project, support will be given to measures for the formulation of a health policy at the country level that is consistent with national socioeconomic development and in the preparation and implementation of a national health plan consonant with this health policy. Efforts are being made to have this project serve as a framework that will integrate the various areas of the program of cooperation. Specifically, it will carry out its actions through certain components of the program for the strengthening and development of health services as well as those of maternal and child health care, mental health, and oral health.

Support will be continued for technical and administrative reorganization at both the regional and local levels, with provision of the necessary backing for actions that affect the national programs of planning, medical care, nursing, dental care, and very particularly, those related to the rural areas. Special cooperation will be provided in the improvement of health records and statistics, and the required support will be offered for the development of the national information system.

An important objective will be to contribute to the improvement of the processes of health administration, and in this regard efforts will be geared toward developing an extensive program of training in health administration. Support for the policy of extending service coverage will continue, as will assistance in the strengthening of the various levels of care, and above all, the achievement of the priority goals at the level of primary care.

Support will continue to be provided to the various stages required in order to complete the formulation and to initiate the implementation of the mental health plan, placing priority on stages that have already been defined, which include both those at the hospital level and at the level of the community mental health centers. Assistance will continue for the programs of personnel training, in accordance with the criteria established by the Ministry of Health, and support will be given above all to the manpower required for the development of occupational therapy.

DOMINICAN REPUBLIC-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

		96	72	72	TOTAL	PR	286,200	264,300	286,600
P-5 PAHO/WHO REPRESENTATIVE .0441	PR	24	24	24	PERSONNEL - POSTS		225,000	190,300	210,300
P-1 ADMINISTRATIVE OFFICER .5242	PR	24	-	-	STAFF DUTY TRAVEL		15,000	16,000	16,000
G-6 ADMINISTRATIVE ASSISTANT .4810	PR	24	24	24	GENERAL OPERAT. EXPENSES		46,200	51,000	60,300
G-4 SECRETARY .4038	PR	24	24	24	VEHICLES		-	7,000	-

DOMINICAN REPUBLIC-5100, REGIONALIZATION OF HEALTH SERVICES

		69	24	24	TOTAL		419,258	260,600	325,900
P-4 ADMIN. METHODS OFFICER 4.4811	WR	24	-	-	PERSONNEL - POSTS		179,000	114,900	128,500
P-4 MEDICAL OFFICER 4.5451	WR	-	24	24	PERSONNEL - CONSULTANTS		12,400	82,600	100,800
P-4 MEDICAL OFFICER 4.4812	UNDP	21	-	-	STAFF DUTY TRAVEL		5,300	6,000	8,000
P-3 NURSE ADMINISTRATOR 4.0956	WR	24	-	-	SUPPLIES AND MATERIAL		-	5,100	4,800
TOTAL		90	295	250	FELLOWSHIPS		34,600	42,000	73,800
CONSULTANT DAYS	WR	90	295	250	COURSES AND SEMINARS		-	10,000	10,000
TOTAL		45	30	41					
FELLOWSHIP MONTHS	WR	33	30	41					
FELLOWSHIP MONTHS	UNDP	12	-	-					

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$
				SUBTOTAL	UNDP 177,600	-	-
				PERSONNEL - POSTS	98,000	-	-
				OTHER PERSONNEL COSTS	4,000	-	-
				STAFF DUTY TRAVEL	4,600	-	-
				MISCELLANEOUS COSTS	3,200	-	-
				MISCELLANEOUS EQUIPMENT	33,600	-	-
				FELLOWSHIPS	12,800	-	-
				GROUP TRAINING	19,400	-	-
				TOTAL	152,272	-	-
				SUBTOTAL	PD 4,272	-	-
				SUPPLIES AND MATERIAL	4,272	-	-
				SUBTOTAL	PG 148,000	-	-
				SUPPLIES AND MATERIAL	148,000	-	-

DOMINICAN REPUBLIC-5171, EMERGENCY ASSISTANCE

DEVELOPMENT OF HUMAN RESOURCES

The assistance of PAHO/WHO is directed toward supporting a program for planning, training, and utilizing different types of human resources at various levels who are suitable for the development of health services, in particular in the rural area and in those priority fields that require health education and research programs. For this purpose assistance will be given in the strengthening of the technical and administrative infrastructure of the Bureau of Human Resources of the National Ministries of Public Health and Agriculture, in the formulation and implementation of a manpower policy, in the development of programs for the preparation, training and continuing education of personnel, both at the national and international levels, and in the conduct of regional programs for in-service training and education.

The fundamental objectives of the program are the development of a policy for health research, support for the conduct of priority investigations, and participation in a technical cooperation program with other countries of the Hemisphere for the development of health research units. The program plans to promote cooperation between educational and service institutions and to continue support to the five universities to which it has been providing assistance, which have faculties, schools, and departments of health.

Assistance will continue to be given in the strengthening of the programs of the Autonomous University of Santo Domingo, in particular for the reorganization of its study plans and the promotion and strengthening of its graduate courses, above all in the fields of public health and epidemiology, and also in the priority areas that the programs have identified. There will continue to be collaboration with the programs of *Madre y Maestra* Catholic University, especially with those which may lead to the development of models of teaching-service integration and the early incorporation of the student into the area of care services. The development of innovative projects will be promoted in all the faculties and schools that are included in the programs. Assistance will be given through the subprogram for the development middle-level technical personnel, both on a national basis and through the cooperative project of the countries of the Caribbean, Central America, and the Andean Pact. The education and in-service training programs for auxiliary personnel and the education of promoters and of the community itself are considered essential components of health manpower development.

DOMINICAN REPUBLIC-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		24	-	-	TOTAL	PR	144,700	141,800	156,400
P-3 NURSE EDUCATOR 4440	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
					PERSONNEL - CONSULTANTS		4,000	42,000	48,400
					STAFF DUTY TRAVEL		4,900	-	-
TOTAL		30	150	120	SUPPLIES AND MATERIAL		6,300	20,000	20,000
					FELLOWSHIPS		40,400	44,800	63,000
CONSULTANT DAYS	PR	30	150	120	COURSES AND SEMINARS		6,700	15,000	10,000
					GRANTS		-	20,000	15,000
TOTAL		39	32	35					
FELLOWSHIP MONTHS	PR	39	32	35					

DOMINICAN REPUBLIC-6101, DEVELOPMENT OF HEALTH SCIENCES

TOTAL		1095	-	-	TOTAL	PG	319,800	-	-
CONSULTANT DAYS	PG	1095	-	-	TEMPORARY STAFF		5,300	-	-
TOTAL		70	-	-	PERSONNEL - CONSULTANTS		211,296	-	-
					FELLOWSHIPS		76,756	-	-
FELLOWSHIP MONTHS	PG	70	-	-	PROGRAM SUPPORT COSTS		26,448	-	-

ECUADOR - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	7,814
Area (in thousand square kilometers)	1978	284
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	62.0
Death rate per 1,000 population	1978	7.3
Infant mortality rate per 1,000 live births	1978	70.0
Death rate 1-4 years, per 1,000 population	1977	10.2
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1977	23.8
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1977	14.5
Number of physicians per 10,000 population	1979	9.0
Number of hospital beds per 1,000 population	1978	1.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	45.7
Percentage of population 55 years and over	1978	7.3
Rate of natural increase per 1,000 population	1977	22.3*
Fertility rate per 1,000 women 15-44 years of age	1977	146
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1974	41
Percentage of population with access to potable water	1978	42
Per capita calories per day	1972-1974	2,084
Per capita protein per day (grams)	1972-1974	47
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	22,675
- in United States dollars	1978	907
Percentage of GDP from secondary sector (manufacturing and building)	1975	20
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1979	1,283
<u>Educational Indicators:</u>		
Percentage of literate population	1975	81
Percentage of population 5-14 years enrolled in primary schools**	1978	68
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	29
Percentage of population 20-29 years enrolled in university**	1973	5

*Excludes symptoms and ill-defined conditions
**Total enrollment as a percentage of population in the age group

ECUADOR - COUNTRY STATEMENT

With regard to organization and development of the health sector, the Ministry of Health has organized the National Health Council, whose final objective is the creation of the National Health System, as established in the current Constitution. The Ministry has launched a regionalized system of services for organization and institutional development. Under the current situation, the Ministry's system of services has seen a great increase in the number of health establishments, but it does not function totally in accordance with the principles of regionalization.

There has been a great increase in service coverage in recent years, both in the ratio of inhabitants per year, and in that of inhabitants per establishment. However, when coverage is broken down by population sections, we can see that it is very low in localities with less than 1,500 inhabitants, the section corresponding to the scattered rural population. The provision of services reveals the low performance of installed capacity, due to a very low level of demand.

Although the coverage of drinking water and sewerage services has been increased in both the urban and rural areas, coverage in the latter is still highly inadequate.

Concerning the level of health and the health structure, it can be observed that the goal of reducing maternal, child and general mortality has been reached (1977), but these rates remain very high, with causes of death that are for the most part reducible or controllable.

With regard to the mortality structure, it can be observed that in 1977 the four leading causes of death continued to be, in order of importance and with corresponding gradational percentages, the following: enteritis and other diarrheal diseases; bronchitis; emphysema and asthma, other pneumonias; and senility, not including complications.

Among the first 10 causes of death, cardiovascular problems (in their three forms) now register 10%, as compared to 3.7% in 1972; furthermore, in 1977 accidents as a cause of death appear among the first 10 causes, while influenza, whooping cough and anemia, which were ranked in the first 10 in 1972, are no longer included in this group.

In the area of communicable diseases, there has been a notable reduction in polio, diphtheria, typhoid and plague (not one case of plague has been registered in recent years), but there has also been an increase in malaria and tuberculosis, due to special circumstances in each case which can be effectively countered.

Faced with these results, and particularly the widely recognized low level of demand that exists despite the efforts carried out, a decision has been taken to make a fundamental change in strategy for promoting community participation, with efforts to introduce it from the base up to the apex of the community pyramid, so that it may have a significant impact on activities in this field. For this purpose, a series of models for operational programming that were applied for each operational unit has been prepared.

The purpose of the health plan was defined as "to contribute, in coordination with the other development sectors, to the increase of life expectancy at birth," taking into consideration the important contribution of the health sector toward improving the quality of life.

Furthermore, goals for improvement of the health level by acting on its principal indicators--general, child and maternal death rates--have been established, taking into consideration not only the current trend but the expected impact of the actions planned. Finally, the strategies consider the activities of launching and pursuing the regionalization process in the Ministry's service system as fulfilling a continuing need to make better use of available resources. There are also activities to increase coverage, utilizing the strategies of primary care with properly trained promoters, as well as active community participation.

The Ministry of Public Health is the agency responsible for regulating, coordinating and setting policy on the health activities carried out in the country. This Ministry formulated and is implementing the Five-Year Health Plan, which reflects the Government's aim of assuming increasing responsibility for the protection, improvement and recovery of the health of the population, by providing continuous, comprehensive services accessible to the entire community without exception.

The Ministry's service system operates in coordination with the health care systems of Social Security, the Guayaquil Welfare Board, the Armed Forces, municipal governments and other institutions in the sector. The scope and potential of the traditional community health care system are not fully understood, although they are known to be considerable. The process of extending the coverage of health care services has been systematized in recent years through execution of the Rural Medicine Plan, which includes the establishment of a service network that has brought health care into localities of over 1,500 inhabitants.

In localities of less than 1,500 inhabitants, which essentially represent the scattered rural population, there is incomplete coverage due to geographical and cultural barriers to communication. Moreover, there are growing gaps caused by rapid urbanization, which is generating a need for comprehensive services to a growing marginal urban-fringe population.

Primary health care with community participation is conceived and implemented as a basic strategy for extending the coverage of health services. It is provided by midwives and nursing personnel at the first level of care and by members of the informal community system who have traditionally provided health care and who are trained and supervised by the personnel of the institutional system. The training of community members to participate effectively in activities for meeting basic health needs, both individually and collectively, is a program of gradual development, based on community organization and on the results of multidisciplinary investigations into sociocultural aspects of health and of evaluations of the subject matter and methods of social communication and health education programs.

The complexity of the psychobiological, geographical-environmental, social, cultural and economic problems that hinder rapid extension of the health service coverage necessitates the design and implementation of new strategies in the areas of the institutional service system, manpower education and training, and the social communications subsystem. Strategies in the area of the service system mainly involve streamlining the administrative process at all levels; the strengthening and consolidation of primary health care by means of community participation and articulation of the formal and informal systems; an improved understanding of the resources of the traditional community system; and the establishment and consolidation of effective mechanisms for the intra- and inter-sectoral coordination of health and related services.

With regard to human resources, the general strategy is directed toward personnel education and training, programmed in accordance with the requirements of the second Five-Year Health Plan, and geared to the identified priority problems and to the programs devised for their solution; an improved distribution of professional and technical staffs; the establishment of continuing education programs; the strengthening of institutions for training of nursing auxiliaries; and the programming of training and development of manpower for the Rural Social Security Agency, in coordination with the National Rural Health Plan. These strategies should be accompanied and supported by social communication activities, health education and preparation, and continuing community education, to ensure conscious and effective participation in all stages of the demand for and delivery of primary health care services.

Technical cooperation internationally and between countries with common problems and similar levels of development has been very valuable, and, it is hoped, will continue to be very useful in the following fields: the programmed exchange of experiences and advisory services among specialists in strategies and methods for extending coverage; advisory services and support to national programs and methods for the extension of coverage; advisory services and support to national research programs on appropriate technologies for primary health care; mechanisms for social communication and folk medicine models and techniques used in the countries of the Andean Region; manpower education and training methods; and evaluation of the strategies and methods employed in the national health care extension process.

ECUADOR - NATIONAL HEALTH PROGRAMS

Disease Prevention and Control
Family Health
Environmental Sanitation
Veterinary Public Health
Development of Health Services
Human Resources Development
Supporting Services
Social Communication

ECUADOR - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHO--PR	532,700	96	24	210	370,500	21,800	110	116,300	16,000	8,100	-	-
PW	8,542	-	-	-	-	-	7	7,991	551	-	-	-
PG	776,275	62	-	1630	574,058	11,125	48	52,693	10,080	-	-	128,319
WHO--WR	945,700	144	48	585	649,300	24,500	104	109,200	37,900	22,400	9,000	93,400
WF	120,800	-	-	345	48,800	-	15	18,000	16,000	33,000	-	5,000
WP	922,280	-	-	80	129,927	-	8	125,437	-	413,196	-	253,720
TOTAL	3,306,297	302	72	2850	1,772,585	57,425	292	429,621	80,531	476,696	9,000	480,439
PCT. OF TOTAL	100.0				53.6	1.8		13.0	2.4	14.4	.3	14.5
1982-1983												
PAHO--PR	360,700	48	24	-	241,100	10,900	65	91,000	13,700	4,000	-	-
WHO--WR	1,460,400	192	48	720	1,029,700	36,500	131	183,400	71,300	22,500	11,000	110,300
WP	3,147,200	24	-	135	383,450	10,000	57	765,800	-	1,293,000	-	694,950
TOTAL	4,968,300	264	72	855	1,650,250	57,400	253	1,040,200	84,700	1,319,500	11,000	805,250
PCT. OF TOTAL	100.0				33.2	1.2		20.9	1.7	26.6	.2	16.2
1984-1985												
PAHO--PR	451,600	48	24	-	278,700	13,400	80	144,000	11,000	4,500	-	-
WHO--WR	1,733,800	192	48	720	1,240,500	42,500	139	250,200	48,000	25,800	12,000	114,800
WP	1,302,800	-	-	-	230,000	-	13	432,000	-	150,900	-	489,900
TOTAL	3,488,200	240	72	720	1,749,200	55,900	212	826,200	59,000	181,200	12,000	604,700
PCT. OF TOTAL	100.0				50.2	1.6		23.7	1.7	5.2	.3	17.3

SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

 ECUADOR - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA IV CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					140	106,080	140	128,210	140	142,580
PR	AREA IV	AREA REPRESENTATIVE	.0294	D-1						
DISEASE PREVENTION AND CONTROL					140	26,700	140	28,920	140	32,340
PR	AMRO-4340	EPIDEMIOLOGIST	.2028	P-4						
FAMILY HEALTH					380	51,630	380	71,390	180	42,350
UNFPA	AMRO-1340	MEDICAL OFFICER (MCH)	4.3700	P-4						
WR	AMRO-1440	NUTRITION ADVISOR	4.0877	P-4						
ENVIRONMENTAL HEALTH SERVICES					145	26,710	-	-	-	-
PR	AMRO-2940	SANITARY ENGINEER	.4266	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					140	23,330	140	29,070	140	32,530
WR	AMRO-3140	VETERINARIAN	4.3088	P-4						
COMPLEMENTARY SERVICES					180	29,950	180	36,380	180	40,820
PR	AMRO-4140	NURSE ADMINISTRATOR	.0893	P-4						
DEVELOPMENT OF HEALTH SERVICES						24,350		14,070		19,680
PR	AMRO-5140	CONSULTANTS, LOCAL STAFF, COURSES AND SEMINARS, FELLOWSHIPS, GRANTS								
DEVELOPMENT OF HUMAN RESOURCES					300	51,380	300	62,520	300	69,230
PR, WR	AMRO-6040	MEDICAL EDUCATOR	4.3401	P-5						
		NURSE EDUCATOR	4.4046	P-4						
TOTAL					1,425	340,130	1,280	370,560	1,080	379,530
					=====	=====	=====	=====	=====	=====

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

ECUADOR - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Of the most common diseases, we should mention those preventable by vaccination, which continue to have high indices of morbidity and mortality, mainly in children under five years of age. Inadequate basic sanitation, especially in smaller communities, is a factor in the high prevalence of waterborne diseases and in those caused by oral-fecal transmission. Despite the field activities that have been carried out continuously for several years, malaria continues to be a priority problem. The existence of some foci in which transmission persists and others in which the parasite has become resistant to chloroquine, justify the priority accorded this problem. New land settlements in deforested regions where yellow fever and other arboviruses are endemic have given rise to sporadic outbreaks of these diseases.

The proliferation of potential vectors has been playing an important role in the incidence of Chagas' disease, leishmaniasis, and more recently, onchocerciasis. It is also responsible for the perpetuation of inveterate foci of plague and typhus. Cultural changes and the emergence of shantytowns in large urban centers have led to a resurgence of sexually transmitted diseases.

The objectives of this program are to strengthen the structures of the health system at all levels in order to create a system of epidemiological surveillance that is capable of improving communicable disease notification quantitatively and qualitatively, and to promote these health activities, bearing in mind the extension of coverage and the primary care services that help control disorders for which preventive medicine can be used.

In particular, emphasis will be placed on the expanded program of immunizations and the program for the control of diarrhea. In order to achieve these objectives, all efforts will be coordinated with other services and programs.

Since the laboratory is a service providing fundamental support for etiologic diagnosis and epidemiologic research, special attention will be given to the National Institute of Hygiene in order to improve its facilities and to increase its diagnostic and productive capacity.

ECUADOR-0100, DISEASE PREVENTION AND CONTROL

TOTAL		72	72	72	TOTAL	303,400	410,600	487,500
P-4 EPIDEMIOLOGIST 4.2130	WR	24	24	24				
P-2 SANITARIAN .0460 .4403	PR	48	-	-	PR	147,600	-	-
P-2 SANITARIAN 4.0460 4.4403	WR	-	48	48	PERSONNEL - POSTS	136,200	-	-
					STAFF DUTY TRAVEL	11,400	-	-
TOTAL		-	90	120	SUBTOTAL	WR 155,600	410,600	487,500
CONSULTANT DAYS	WR	-	90	120	PERSONNEL - POSTS	96,600	277,300	319,900
TOTAL		37	50	50	PERSONNEL - CONSULTANTS	-	25,200	48,400
					STAFF DUTY TRAVEL	5,800	12,500	14,000
FELLOWSHIP MONTHS	WR	37	50	50	SUPPLIES AND MATERIAL	7,500	4,600	5,200
					FELLOWSHIPS	38,900	70,000	90,000
					COURSES AND SEMINARS	7,000	21,000	10,000

FAMILY HEALTH

The objectives of the national family health program are to raise the level of health of families through actions designed to reduce maternal and child morbidity and mortality; to improve the nutritional status of the population; and to strengthen services in order to increase the coverage and improve the access of the population.

PAHO/WHO technical assistance is required to solve problems such as the high maternal, perinatal, and child death rate, which is the consequence of the reproductive profile of the country, characterized by a high level of fertility and high parity associated with closely spaced births, and with nutritional deficiencies caused by a diet low in calories, proteins, and fats, and Vitamin A, thiamine, riboflavin and calcium.

There is a shortage of personnel in maternal and child health care services, and the quality of existing staff is inadequate. Administrative capacity was extremely limited before the initiation of the program. It has been developed gradually and should continue until the services are completely established. In addition, coordination with other programs is unsatisfactory, as is community participation and the access of the rural population to services.

On the other hand, there have been positive changes with regard to integrating the health strategy into the National Health Plan, spelling out the principles of a population policy consistent with the Ten-Year Health Plan for the Americas, in the National Health Plan; and establishing appropriate organization at the central level for planning, directing, and conducting program operations.

				FUND 1980-1981			1982-1983			1984-1985		
				FUND 1980-1981			1982-1983			1984-1985		
							\$			\$		
ECUADOR-1300, NATIONAL PROGRAM ON FAMILY WELFARE												
TOTAL				TOTAL	980,680	3,147,200	1,302,800					
P-4 MEDICAL OFFICER (MCH) 4.5494	UNFPA	-	24	-	SUBTOTAL	PR 58,400	-	-				
TOTAL		200	135	-	PERSONNEL - CONSULTANTS	16,200	-	-				
CONSULTANT DAYS	PR	120	-	-	SUPPLIES AND MATERIAL	3,900	-	-				
CONSULTANT DAYS	UNFPA	80	135	-	FELLOWSHIPS	26,300	-	-				
TOTAL		33	57	13	COURSES AND SEMINARS	12,000	-	-				
FELLOWSHIP MONTHS	PR	25	-	-	SUBTOTAL	UNFPA 922,280	3,147,200	1,302,800				
FELLOWSHIP MONTHS	UNFPA	8	57	13	PERSONNEL - POSTS	-	113,650	-				
					ADMIN. SUPPORT PERSONNEL	1,022	-	-				
					LOCAL PERSONNEL COSTS	118,469	245,800	230,000				
					PERSONNEL - CONSULTANTS	10,436	24,000	-				
					STAFF DUTY TRAVEL	-	10,000	-				
					LOCAL TRAVEL COSTS	47,081	203,450	215,300				
					SUBCONTRACTS	193,027	439,000	238,500				
					MISCELLANEOUS COSTS	13,612	52,500	36,100				
					CONTRACEPTIVES	236,630	877,100	37,800				
					EXPENDABLE EQUIPMENT	29,512	87,300	35,100				
					NON-EXPENDABLE EQUIPMENT	147,054	328,600	78,000				
					FELLOWSHIPS	9,345	79,800	21,000				
					GROUP TRAINING	116,092	686,000	411,000				

ECUADOR-1501, ASSISTING AND REHABILITATING DRUG ADDICTS

				WF 120,800								
TOTAL		345	-	-	TOTAL	WF 120,800	-	-				
CONSULTANT DAYS	WF	345	-	-	PERSONNEL - CONSULTANTS	48,800	-	-				
TOTAL		15	-	-	GENERAL OPERAT. EXPENSES	5,000	-	-				
FELLOWSHIP MONTHS	WF	15	-	-	SUPPLIES AND MATERIAL	33,000	-	-				
					FELLOWSHIPS	18,000	-	-				
					COURSES AND SEMINARS	16,000	-	-				

ENVIRONMENTAL HEALTH SERVICES

Because of the large number of physical works for which the Ecuadorian Sanitary Works Institute is responsible, it has been difficult to provide it with an appropriate organization that can assign priorities to all sanitation activities. There is insufficient coordination with municipalities and other official institutions. The sanitation works constructed are costly; there is no integrated program that incorporates the municipal sanitation services. A plan for the control of pollution has been prepared, but has not yet been implemented. The occupational health programs, which are the responsibility of the Ecuadorian Social Security Institute, only cover 20% of the working population. The Ministry of Public Health does not yet undertake activities in this field. There is a shortage of trained personnel, both professional and subprofessional, in the agencies responsible for the sector, as well as in those responsible for operating the services. In research, no activities are being conducted for the transfer of technology in the technical and administrative areas.

ECUADOR-2000, ENVIRONMENTAL SANITATION

				WR 133,800			183,600			222,200		
TOTAL		24	24	24	TOTAL	WR 133,800	183,600	222,200				
P-4 SANITARY ENGINEER 4.0451	WR	24	24	24	PERSONNEL - POSTS	96,600	113,700	131,700				
TOTAL		60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200				
CONSULTANT DAYS	WR	60	60	60	STAFF DUTY TRAVEL	4,500	5,000	5,500				
TOTAL		17	26	26	SUPPLIES AND MATERIAL	1,500	1,700	2,000				
FELLOWSHIP MONTHS	WR	17	26	26	FELLOWSHIPS	17,700	36,400	46,800				
					COURSES AND SEMINARS	5,400	10,000	12,000				

ECUADOR-2105, INSTITUTIONAL DEVELOPMENT (IEOS)

				PW 8,542								
TOTAL		7	-	-	TOTAL	PW 8,542	-	-				
FELLOWSHIP MONTHS	PW	7	-	-	FELLOWSHIPS	7,991	-	-				
					COURSES AND SEMINARS	551	-	-				

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The principal objectives of this program are to reduce and/or eradicate zoonoses, especially rabies, in man and in animals; to ascertain the magnitude of other diseases of importance to human health in order to formulate a policy for their control; to gain a knowledge of the health situation as regards the hygienic control of foodstuffs of animal origin and its consequences for human health; and to install a permanent veterinary services infrastructure.

PAHO/WHO will cooperate in defining the following specific problems: (a) implementation of the new administrative structure of the Ministry of Agriculture and Stockraising which, because of its complexity, has caused difficulties in executing the National Animal Health Program (PNSA); (b) coordination of the PNSA and of veterinary laboratories responsible for the production of biological products, diagnosis and research; (c) production of biological products for human and animal use, including diagnostic products; (d) infrastructure of the resources in the Ministry of Public Health for implementing the National Rabies Control Program; (e) national service for the health control of slaughterhouses, meat-packing plants, and foodstuffs of animal origin; (f) information for epidemiological surveillance; and (g) professional training geared to the needs of the program.

ECUADOR-3100, ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

TOTAL	10	10	10	TOTAL	PR	17,600	31,700	33,500
FELLOWSHIP MONTHS	PR	10	10	10	SUPPLIES AND MATERIAL	3,200	4,000	4,500
					FELLOWSHIPS	10,400	14,000	18,000
					COURSES AND SEMINARS	4,000	13,700	11,000

ECUADOR-3200, FOOT-AND-MOUTH DISEASE CONTROL

TOTAL	24	24	24	TOTAL	PR	105,000	120,600	140,100
P-4 VETERINARIAN .3593	PK	24	24	24	PERSONNEL - POSTS	96,000	113,700	131,700
					STAFF DUTY TRAVEL	8,400	6,900	8,400

COMPLEMENTARY SERVICES

The goals of the National Support Services Programs are as follows: (a) to develop a National Health Information System that will make it possible to obtain better quality data, better coverage, and better timing for the programming, management and evaluation of the activities of the sector as well as for both scientific and operational research; (b) to strengthen the operation of the National Nursing System with a view to achieving appropriate levels of effectiveness and efficiency in the comprehensive care of patients, the family and the community, as well as in the administration of services and in the output of nursing manpower; (c) to develop and strengthen an administrative system, especially its financial, personnel and supplies aspects, in the light of the support requirements of the health programs; (d) to strengthen the system of health laboratories integrated into programs; to ensure a sufficient supply of good quality biological and pharmaceutical products for veterinary use as well as their appropriate control; (e) to promote and develop the local manufacture and marketing of drugs for human and animal use; and (f) to promote and develop a policy-making center that will undertake medical, social and nutritional research.

The program intends to cooperate in the financial analysis of price-fixing policies and in the development of the pharmaceutical industry as regards manufacture, control of locally manufactured drugs, and the establishment of the Basic Drug Schedule.

Cooperation will also be provided in establishing priority areas as regards research, advice on research being carried out by physicians, social workers and nutritionists, and in the establishment of a research file of specific investigations that have been made in the country.

In the field of nursing services, service to rural areas will be developed in the extension of coverage through primary care, maternal and child health, epidemiology, functional programs for nursing services, policy-setting and planning of continuing education, operational research on nursing services and on the preparation and execution of the nursing personnel administration program.

In laboratory services, individual and/or collective diagnoses will be improved, especially diagnoses of communicable diseases; activities will be undertaken to prevent health problems due to the consumption of products that do not satisfy health requirements; immunizing agents will be produced and used by the units carrying out the program concerned; and research, in particular, applied research relating to the problems prevalent at the local, national and even international levels, will be undertaken.

To this end, the program intends to develop national health information systems in order to have reliable and timely data for the programming, management and evaluation of health activities as well as for scientific and operational research and, in addition, to strengthen the vital and health statistics system in order to obtain pertinent, reliable and timely data.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
ECUADOR-4200, LABORATORY SERVICES									
TOTAL		90	-	-	TOTAL	PR	23,800	-	-
CONSULTANT DAYS	PR	90	-	-	PERSONNEL - CONSULTANTS		12,900	-	-
TOTAL		9	-	-	SUPPLIES AND MATERIAL		1,000	-	-
FELLOWSHIP MONTHS	PR	9	-	-	FELLOWSHIPS		9,900	-	-

DEVELOPMENT OF HEALTH SERVICES

Within the framework of the general development of the country, efforts are being made to raise the level of health of the population through the planning, organization and operation of the health services of the institutional system and to extend coverage of the shantytown and rural population at all care levels. This is being done through appropriate planning and programming, institutional development, regionalization of health services, execution of urban and rural programs, strengthening of the infrastructure of old and new health establishments, and rehabilitation programs.

Coverage of the population of the country is limited to services that reach down to the parish level, but, below that, there are more than two million people who live in the dispersed rural area and are subject to the influences characteristic of rural life. The auxiliary personnel responsible for the higher levels and for the penetration programs is limited, changes frequently, and receives little in-service training; nursing personnel are concentrated in the two large cities of the country and must be encouraged to provide more rational coverage with the system of the Ministry and of all the health sector. The operational or provincial levels are very weak, both in administrative organization and in human resources for ensuring the development of the regionalization plan. The operational units at all levels suffer from a great shortage of manpower and administrative systems that can ensure efficient execution of health programs.

ECUADOR-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		96	96	96	TOTAL	MR	299,100	339,900	376,900
P-5 PAHO/WHO REPRESENTATIVE 4,0450	WR	24	24	24	PERSONNEL - POSTS		197,500	218,600	249,100
P-1 ADMINISTRATIVE OFFICER 4,4716	WR	24	24	24	STAFF DUTY TRAVEL		8,200	11,000	13,000
G-6 ADMINISTRATIVE ASSISTANT 4,4161	WR	24	24	24	GENERAL OPERAT. EXPENSES		93,400	110,300	114,800
G-2 DRIVER 4,5000	WR	24	24	24					

ECUADOR-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		120	96	96	TOTAL		940,112	544,200	667,900
P-4 ADMIN. METHODS OFFICER 4,3489	WR	24	24	24	SUBTOTAL	PR	180,300	208,400	278,000
P-4 MEDICAL OFFICER 4,4614	PR	24	24	24	PERSONNEL - POSTS		108,600	127,400	147,000
P-4 MEDICAL OFFICER 4,5440	PG	24	-	-	STAFF DUTY TRAVEL		2,000	4,000	5,000
P-3 NURSE ADMINISTRATOR 4,0452	WR	24	24	24	FELLOWSHIPS		69,700	77,000	126,000
G-5 OFFICE ASSISTANT 4,5240	PR	24	24	24	SUBTOTAL	PG	526,612	-	-
TOTAL		1075	240	240	PERSONNEL - POSTS		95,700	-	-
CONSULTANT DAYS	PG	1510	-	-	PERSONNEL - CONSULTANTS		291,750	-	-
CONSULTANT DAYS	WR	165	240	240	STAFF DUTY TRAVEL		5,000	-	-
TOTAL		108	55	70	FELLOWSHIPS		46,393	-	-
FELLOWSHIP MONTHS	PR	66	55	70	PROGRAM SUPPORT COSTS		87,769	-	-
FELLOWSHIP MONTHS	PG	42	-	-	SUBTOTAL	WR	233,200	335,800	389,900
					PERSONNEL - POSTS		179,000	214,500	249,600
					PERSONNEL - CONSULTANTS		22,900	67,200	96,700
					STAFF DUTY TRAVEL		6,000	8,000	10,000
					SUPPLIES AND MATERIAL		5,300	10,100	11,600
					COURSES AND SEMINARS		11,000	25,000	10,000
					GRANTS		9,000	11,000	12,000

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
ECUADOR-5201, PLANNING AND EQUIPPING OF HOSPITALS AND OTHER HEALTH FACILITIES								
TOTAL		38	-	-	TOTAL	PG 249,663	-	-
P-4 HOSPITAL ADMINISTRATOR -5086	PG	19	-	-	PERSONNEL - POSTS	162,208	-	-
P-4 HOSPITAL ENGINEER -5087	PG	19	-	-	PERSONNEL - CONSULTANTS	24,400	-	-
					STAFF DUTY TRAVEL	6,125	-	-
					FELLOWSHIPS	6,300	-	-
TOTAL		120	-	-	COURSES AND SEMINARS	10,080	-	-
					PROGRAM SUPPORT COSTS	40,550	-	-
CONSULTANT DAYS	PG	120	-	-				
TOTAL		6	-	-				
FELLOWSHIP MONTHS	PG	6	-	-				

DEVELOPMENT OF HUMAN RESOURCES

The objectives of the program are the undergraduate, postgraduate and continuing education training of health manpower at the professional, technical and auxiliary levels and its adaptation to the quantitative and qualitative requirements of the population of the country and the integration of educational activities with service and research activities.

PAHO/WHO will provide assistance in installing health manpower information systems, since these are not sufficiently developed to feed the planning, administration and evaluation processes of the programs being conducted in these areas. It will also cooperate with training institutions, which are not always geared to the problems with which personnel must deal, as well as in the establishment of explicit national policies in the area of health manpower development.

There is no clear linkage between the priority problems that urgently require research on health manpower. It is necessary to formulate a national research policy as well as a policy for the area of incipient development which does not always follow the scientific method. There is a lack of research programs, of institutions for training manpower in research, and of financing for health research.

ECUADOR-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		360	330	300	TOTAL	MR 123,800	190,500	257,300
CONSULTANT DAYS	MR	360	330	300	PERSONNEL - CONSULTANTS	48,600	92,400	120,900
					SUPPLIES AND MATERIAL	8,100	6,100	7,000
TOTAL		50	55	63	FELLOWSHIPS	52,600	77,000	113,400
					COURSES AND SEMINARS	14,500	15,000	16,000
FELLOWSHIP MONTHS	MR	50	55	63				

 EL SALVADOR - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	4,812
Area (in thousand square kilometers)	1980	21
Cultivated land (thousands of hectares)	1980	654
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	62.2
Death rate per 1,000 population	1978	6.9
Infant mortality rate per 1,000 live births	1978	49.5
Death rate 1-4 years, per 1,000 population	1978	4.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	17.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	7.4
Number of physicians per 10,000 population	1979	3.4
Number of hospital beds per 1,000 population	1978	1.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	45.4
Percentage of population 55 years and over	1979	7.3
Rate of natural increase per 1,000 population	1978	32.8
Fertility rate per 1,000 women 15-44 years of age	1978	199
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1979	24
Percentage of population with access to potable water	1978	55
Per capita calories per day	1972-1974	1,883
Per capita protein per day (grams)	1972-1974	49.8
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	1,764
- in United States dollars	1978	706
Percentage of GDP from secondary sector (manufacturing and building)	1978	20
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1978	670
<u>Educational Indicators:</u>		
Percentage of literate population	1978	62
Percentage of population 5-14 years enrolled in primary schools**	1978	78
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1978	7
Percentage of population 20-29 years enrolled in university**	1978	3

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

EL SALVADOR - COUNTRY STATEMENT

In 1980, the population density is 229 inhabitants per square kilometer and more than half (60%) reside in the rural area. The dependency ratio is approximately 1:1.

The birth rate continues to be high (39.7 per 1,000 inhabitants in 1978) but shows a downward trend. The infant mortality rate (49.5 per 1,000 live births) has improved over the five-year period 1974-1978. The percentage of deaths in children under five reflects a slight decline in the years 1974-1978, but still remains high, especially if we consider that there is an underrecording of deaths, particularly in children under one year of age. The fluctuation of the infant mortality rate has been as follows: in 1971 it was 52.4 deaths per 1,000 live births; in 1974 it rose to 53.4 but fell to 49.5 in 1978. Generally speaking, this rate has an inverse relation to socioeconomic development and especially to the health conditions of the country.

The 10 leading causes of general mortality have undergone changes during the five-year period 1974-1978, with an obvious increase in the deaths caused by violence and cardiovascular illness. Childhood diseases such as enteritis and other diarrheal diseases, bronchitis, emphysema, and asthma continue to be a significant cause of death. On the other hand, it can be noted that diseases preventable by vaccination, such as measles, no longer appear among the ten leading causes; the same can be said of those causes attributed to vitamin deficiency and other nutritional deficiencies.

Taken as a whole, morbidity by communicable diseases declined between 1973 and 1977. It is worth mentioning that diarrheal diseases and helminthiasis have increased; these two diseases together, in addition to having very high rates, account for more than half of all infectious and parasitic illnesses (59.6% in 1978). Influenza and measles have undergone an increase. Pneumonia is no longer among the 10 leading causes of morbidity. Although it has declined, the incidence of malaria continues to be a serious national concern, in spite of the efforts made to achieve program objectives.

The diagnoses made on outpatients in the establishments of the Ministry of Public Health and Social Welfare in the period 1974-1978 show that diseases of the teeth, enteritis and other diarrheal diseases, acute respiratory infections, helminthiasis, bronchitis, emphysema and asthma, anemias, skin infections, neurosis, personality disorders, and mental disorders other than psychoses were the eight leading causes of demand for services. It should be emphasized that the last cause mentioned in the list above figured among the 10 leading causes of morbidity in previous years, a fact that demonstrates the growing importance of this cause in the demand for medical care.

Hospital discharges for 1978 were classified in accordance with the programs being carried out by the Ministry of Public Health and Social Welfare; the causes of hospitalization that ranked first and third were those connected with the program of maternal and child health and the program of sanitation. The second most common category of causes of hospitalization were accidents, poisoning, and violent acts, for which institutionally defined programs do not exist.

The above-mentioned categories of causes accounted for 87% of all hospital discharges in 1978; two causes already indicated with respect to outpatient visits were again emphasized: accidents and violent acts, and mental diseases.

In regard to nutrition, calorie intake was approximately 1,890 units a day in 1976, coming for the most part from agricultural foods such as basic grains, sugar, fats, and oils; and daily protein consumption was 43 grams, coming from the same foods as the calories. This indicates that the consumption of calories and proteins by the Salvadorian population is below the requirements established by INCAP, which is 2,700 calories and 57 grams of protein a day. The negative results are seen in protein-energy malnutrition, nutritional anemias, vitamin A and riboflavin deficiencies, malnutrition in 74.4% of the children under five and malnutrition in 65.8% of the children 6 to 59 months old in intensive farming regions and 76.9% of this age group in coffee growing regions.

The national average for literacy, as determined by the 1971 census, was 60% of the total population, a figure that climbed to 62.1% in 1978. The structural analysis shows that the percentage of total enrollment in basic education (first through ninth grade) has declined over the years. But this situation has been influenced above all by enrollment in grades one through six, since enrollment in the seventh through the ninth grade (equivalent to secondary education in other countries), has shown very considerable progress. Middle education (high school diploma or equivalent) has also increased substantially. In the area of higher education, especially university education, coverage has not been increased substantially. The attrition of students in basic education is considerable (in proportion to the total number beginning each cycle). This situation is also reflected between the basic level and the middle level, and between these levels and the university. The incorporation of technical courses in the programs of university study has made it possible to increase enrollment in health-related courses considerably.

For 1978 the urban housing deficit was 255,467 units, 62.1% needed by families with incomes under 250 colones a month. In the rural area the shortage is more severe, since housing there does not meet the minimum requirements for well-being; thus out of 481,000 dwellings existing in 1978, it was determined that only 20% could be considered adequate. At the national level the average deficit is on the order of 40%.

In regard to occupation and employment, approximately 180,000 persons of the total economically active population are unemployed. During 1978 in the rural area, 66.1% of the total labor supply was employed. The problems of unemployment are made even worse by the lack of adequate training and the low percentage of skilled laborers.

From 1973 to 1977 the growth of per capita income climbed from 763.00 colones to 1,382.00 colones on the average, rising to 1,764 colones in 1978. Income is directly related to occupation and employment, and is influenced by the successful completion of the specific programs and projects geared to them.

In the last 30 years the increase in population and the economic structure's inadequate capacity for meeting employment and housing needs have given rise to a substantial marginalized sector in the largest cities of the country.

Factors to be considered in a study of the physical environment are excreta disposal, drinking water, control of zoonoses, control of pesticides, food quality, and layout of watersheds.

In 1977 the population provided with drinking water was 50% in the urban area and 15% in the rural area. Currently the population covered by this service is estimated at 66.8% in the urban area and 34.1% in the rural area. The population served by sewerage systems in 1979 was 46.9% for the urban area. In the rural area coverage by individual excreta disposal systems was 25.6% for the same year.

The General Health Bureau, through the Division of Environmental Sanitation, carries out measures for the control of the food products to be consumed by the population, using previously trained health inspectors.

In the control of zoonoses, the General Bureau of Livestock carries out activities for the hygienic control of meats and milk and wages campaigns for the control of brucellosis, tuberculosis, equine encephalomyelitis, bovine rabies, and foot-and-mouth disease. These actions are substantiated in the Law of Livestock Health and the Agrarian Law with regard to the Campaign for the Control of Tuberculosis and Bovine Brucellosis.

The control of pesticide use is dealt with in Decree No. 315 (04.05.73) which contains the law on control of the use of pesticides, fertilizers and products for agricultural and livestock use. This law regulates and controls the manufacture, importation, distribution, and use of these products.

Of the country's 261 municipalities, the Ministry of Public Health and Social Welfare has establishments in 225, which implies a rate of coverage of 86%. Some municipalities that are not covered are very close to cities or towns with permanent services, and are linked to them by appropriate means of communication.

The Revolutionary Government Junta has continued its measures to increase the physical and operational capacity of the establishments and health services of the Ministry of Public Health and Social Welfare, since over the period 1979-1980 there was an increase in the number of health establishments, especially those of the rural peripheral level, i.e. the health centers and one regional hospital.

The progress made in increasing the network of services of the Ministry of Public Health has in particular met the medical care needs of the population in the interior of the country; national financing and loans from international agencies of cooperation were used for this purpose. In 1978 the budget allocated to the Ministry of Health accounted for 18.5% of the general budget of the Government. In 1979, this percentage fell to 10.2%, since 147,617,960 colones out of the total budget of 1,451,925,310 were allocated. This 10.2% was maintained in 1980, when the Ministry was allotted a budget of 171,167,680 colones out of a total of 1,676,063,760 in the general budget of the Government.

In 1980 budgeted positions were increased by 20.5%, since 2,558 new positions were granted and distributed among professionals, technicians, aids, and especially service personnel. Although the health personnel/population ratio has increased, there is still insufficient personnel to meet the basic health needs of the population. This situation becomes critical when new health care establishments begin operations.

With regard to the 1979 budget, in the present year the budget of the Ministry of Health was increased by 16%. In addition, during the current fiscal year 342,000 colones were granted for investments; 3,032,530 for operations expenditures; and 2,958,580 colones to be distributed specifically in the hospitals. In 1980 the Salvadorian Social Security Institute extended coverage to include the subscriber's wife or living companion and children under 12 years of age. Furthermore, employees of the National Public Administration are now covered by social security. The factors causing the situations mentioned earlier are found both in the underdevelopment and the structure of our society, and it is obvious that the only way to correct these evils is to reverse the trend and create conditions that foster greater social equality and better opportunities in life.

The Proclamation of the Armed Forces of 15 October 1979 synthesizes the following general line of action to be carried out in the socioeconomic realm: "to adopt measures that lead to an equitable distribution of the national wealth, while at the same time rapidly increasing the Gross Territorial Product." Accordingly, the Revolutionary Government Junta formulated a Plan of Emergency which is directed toward the following objectives: (1) to strive to give agricultural workers mass access to land and to the benefits derived from land use; (2) to channel the resources held by the banking systems and the savings and loan associations toward actions benefiting the economic and social development of all sectors of the population, with special emphasis on those with less economic capacity; (3) to direct the profits from foreign trade toward all national sectors and to guarantee that currency derived from the exploitation of natural resources is invested in the country; (4) to increase the production of goods and services to be channeled above all toward the popular sectors; (5) to reduce open and disguised unemployment; (6) to selectively protect consumers of essential products from the effects of inflation; (7) to reduce the social deficit in the areas of nourishment, health, housing, and education; and (8) to facilitate and promote community participation in the process of development and in the solution of community problems.

The achievement of the proposed objectives requires the promulgation of a series of laws to make the structural changes feasible and the execution of a series of measures geared to ensuring that these laws will be carried out in such a way as to adapt the national productive process to these changes. According to the Proclamation and the Plan of Emergency, the current health policy has its basis in the objective of "producing a change in the structure of economic, social, and political power in the country in order to create a society in which all Salvadorians may take an active part and which promotes the development of the human being and defends the rights inherent to him as such."

This policy incorporates the following fundamental concepts: (1) Health is an inborn right of human beings, and the community that they form and to which they belong has an obligation to achieve, maintain, and monitor their health. This obligation involves both the individuals themselves, and the community as a whole, and there should be no inequality between one Salvadorian and another in terms of the means available to him for obtaining and receiving the benefits derived from the right to health. (2) The level of health is an important component in the quality of life, and the improvement of health is one of the essential components for the economic and social development of the nation. This

fundamental component of well-being acts as both an end and a means of economic development, since in addition to fostering the growth of the national economy, it represents the essence of the people's happiness, which is the spiritual significance of health. (3) The national health problem recognizes a multiplicity of causes which seem to be linked with the environment in general and with the various sectors of the public and private administration of the Republic, and these causes determine the state of health of the population. (4) The improvement of the standard of living of the population through joint actions carried out in a multisectoral context will have a positive effect on the level of health. This policy is based on the following elements: (a) it is the joint and irrefutable obligation of the Government and of the people to assume the entire responsibility for health; (b) health care should be a massive, intensive, active, and permanent function, and not a mere episodic and occasional event; (c) the services should reach the heart of the population, entering the family structure and bringing the population all health activities, thus ensuring comprehensive health service coverage; (d) the health sector should contribute to the common good and the happiness of all Salvadorians by taking part in national, economic and social development; (e) it is necessary to neutralize negative environmental factors and to reduce to a minimum, factors that are harmful to human health; (f) the various levels of health needs should be in accordance with social values, available technologies, and existing resources; (g) it is important to obtain community participation through the organization of interested groups that have an awareness of the community's state of health and how to deal with it, and that understand the health institution and can take part in its management, helping to develop program activities and objectives; (h) steps should be taken to develop mass education programs to allow the community to be progressively incorporated and to participate actively, consciously, and continuously in the solution to its own health problems and to contribute to its own development; (i) it is necessary to establish, through the Ministry of Public Health and Social Welfare, coordination and the real and effective cooperation among all the agencies of the health sector, to eliminate duplication of efforts, overlapping of jurisdictions, limitations, and deficiencies that exist at the present time; and (j) efforts should be made on a national scale to train and educate all professional, technical, and auxiliary personnel whose contribution is indispensable in order to cover the range of activities and work required for comprehensive social medicine, and to establish the bases that will make it possible to take full advantage of their work by making an improvement in current conditions.

EL SALVADOR - NATIONAL HEALTH PROGRAMS

Health Programs:

- Environmental Health
- Oral health
- Malaria - Aedes aegypti
- Food and Nutrition
- Medical Care
- Family Planning
- Mental Health
- Epidemiology
- Promotion of Health

Social Welfare Program

Programs of Support:

- National and Regional Health
- Development Centers
- Health Information System
- Administrative Development of the
Ministry of Public Health and Welfare

Programs of Investment:

- Health establishments without beds
- Health establishments with beds
- Expansions and improvements of hospitals
- Construction of water supply and excreta
disposal systems in the rural area
- Construction of water supply and excreta
disposal systems in the urban area.

EL SALVADOR - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
I. PROGRAM OF SERVICES	768,700	52.6	727,350	46.9	649,500	39.2
SERVICES TO INDIVIDUALS	150,600	10.3	213,550	13.8	138,500	8.4
COMMUNICABLE DISEASES						
0200 MALARIA	101,100	6.9	140,400	9.1	138,500	8.4
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	49,500	3.4	73,150	4.7	-	-
ENVIRONMENTAL HEALTH SERVICES	624,400	29.1	300,200	19.3	260,900	15.7
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	144,500	9.9	203,600	13.1	260,900	15.7
2100 WATER SUPPLY AND EXCRETA DISPOSAL	279,900	19.2	96,600	6.2	-	-
COMPLEMENTARY SERVICES	193,700	13.2	213,600	13.8	250,100	15.1
4300 EPIDEMIOLOGICAL SURVEILLANCE	193,700	13.2	213,600	13.8	250,100	15.1
II. DEVELOPMENT OF THE INFRASTRUCTURE	677,200	47.4	822,500	53.1	1,008,100	60.8
HEALTH SYSTEMS	679,200	46.2	776,000	50.1	947,100	57.1
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	172,200	11.7	240,400	15.5	273,700	16.5
5100 GENERAL PUBLIC HEALTH SYSTEMS	259,500	17.7	276,600	17.8	374,400	22.6
5200 MEDICAL CARE SYSTEMS	50,300	3.4	-	-	-	-
5300 PLANNING	98,600	6.7	129,500	8.4	149,500	9.0
5500 MANAGEMENT SYSTEMS	98,600	6.7	129,500	8.4	149,500	9.0
DEVELOPMENT OF HUMAN RESOURCES	18,000	1.2	46,500	3.0	61,000	3.7
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	18,000	1.2	46,500	3.0	61,000	3.7
GRAND TOTAL	1,465,900	100.0	1,549,850	100.0	1,657,600	100.0

EL SALVADOR - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$		\$	\$	\$	\$	\$	
1980-1981												
PAHC--PH	457,000	60	-	715	338,900	6,000	40	42,000	59,000	11,100	-	-
PX	50,000	-	-	-	-	-	45	50,000	-	-	-	-
WHO--NR	619,600	96	48	390	462,800	13,300	42	53,200	28,000	35,500	-	21,800
WT	279,900	36	-	180	185,600	4,500	17	19,800	-	66,000	-	4,000
WP	49,500	-	-	270	49,500	-	-	-	-	-	-	-
WH	9,900	-	-	-	-	-	-	-	-	9,900	-	-
TOTAL	1,465,900	192	48	1555	1,036,800	23,800	144	170,000	87,000	122,500	-	25,800
PCT. OF TOTAL	100.0				70.7	1.6		11.6	5.9	8.4	-	1.8
1982-1983												
PAHU--PH	535,600	48	-	300	339,000	4,000	88	123,200	63,400	6,000	-	-
WHO--NR	844,500	96	48	280	615,200	13,600	72	114,800	28,000	25,900	-	47,000
WT	96,600	10	-	-	72,200	2,000	15	20,400	-	-	-	2,000
WP	73,150	-	-	420	73,150	-	-	-	-	-	-	-
TOTAL	1,549,850	154	48	1000	1,099,550	19,600	175	258,400	91,400	31,900	-	49,000
PCT. OF TOTAL	100.0				71.0	1.3		16.7	5.9	2.0	-	3.1
1984-1985												
PAHU--PH	673,400	48	-	340	432,000	4,300	90	162,000	69,400	6,000	-	-
WHO--NR	984,200	96	48	210	701,200	13,900	84	135,200	31,000	18,900	-	54,000
TOTAL	1,657,600	144	48	550	1,133,200	17,900	174	327,200	100,400	24,900	-	54,000
PCT. OF TOTAL	100.0				68.4	1.1		19.7	6.1	1.5	-	3.2

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

EL SALVADOR - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA						-- 1980-1981 --	-- 1982-1983 --	-- 1984-1985 --			
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE		UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>						78	39,660	78	41,680	78	48,660
PR	AREA III	AREA REPRESENTATIVE	.0283	D-1							
		ADMINISTRATIVE OFFICER	.4800	P-3							
<u>DISEASE PREVENTION AND CONTROL</u>						70	13,140	50	12,730	50	14,520
PR, WB	AMRO-4330	EPIDEMIOLOGIST	.0861	P-4							
		EPIDEMIOLOGIST	4.5285	P-1							
		SUPPLIES									
<u>FAMILY HEALTH</u>						180	42,380	180	41,640	180	47,610
PR	AMRO-1330	MEDICAL OFFICER (MCH)	.3365	P-4							
		SUPPLIES									
<u>ENVIRONMENTAL HEALTH SERVICES</u>						126	22,720	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER	.0849	P-5							
		SOLID WASTE ADVISOR	4.4932	P-4							
		SUPPLIES, COURSES AND SEMINARS									
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>						205	44,770	260	70,130	90	21,990
WR	AMRO-3130	VETERINARIAN	4.0853	P-4							
		SUPPLIES									
UNDP	AMRO-3230	VETERINARIAN	4.4639	P-5							
		STATISTICIAN	4.4640	P-4							
		CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT									
<u>COMPLEMENTARY SERVICES</u>						96	18,500	60	16,500	60	18,780
PR	AMRO-4130	NURSE ADMINISTRATOR	.0891	P-4							
		NURSE ADMINISTRATOR	.3214	P-3							
		SUPPLIES									
<u>DEVELOPMENT OF HEALTH SERVICES</u>						243	51,850	243	60,020	243	69,340
PR	AMRO-5030	COURSES AND SEMINARS									
PR	AMRO-5230	HOSPITAL ADMINISTRATOR	.2031	P-4							
		SUPPLIES									
PR, WR	AMRO-5430	STATISTICIAN	4.0810	P-4							
		MEDICAL RECORDS OFFICER	.5076	P-3							
		SUPPLIES									
<u>DEVELOPMENT OF HUMAN RESOURCES</u>						345	96,990	345	72,430	345	81,800
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4							
PR, UNDP	AMRO-6031	PROJECT MANAGER	.5203	P-5							
		HEALTH EDUCATOR	4.5323	P-4							
		NURSE EDUCATOR	.4084	P-4							
		CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING									
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>						36	5,030	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4							
TOTAL						1,379	335,040	1,216	315,130	1,046	302,700

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

EL SALVADOR - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The purpose of this program is to cooperate with the national health agencies in communicable disease control, epidemiological surveillance, disease prevention, and mental health, in compliance with the strategies for achieving the goal of health for all by the year 2000.

The Government has requested this cooperation for the support of the programs of the Divisions of Malaria and Epidemiology through activities at the central level, the improvement of operational methods and the promotion of manpower training programs, the strengthening of control activities and the system of epidemiological surveillance, and the conduct of studies followed by an evaluation of their results and the selection of adequate measures for the achievement of the goals. In addition, personnel will be trained in the treatment and control of diarrheal diseases, and in epidemiological surveillance and the control of venereal diseases, rabies, malaria, and tuberculosis. Furthermore, support will be provided to the programs for the control of rabies, tuberculosis, and brucellosis carried out by the Ministry of Agriculture and Livestock, and technical cooperation will be provided for the development of the National Mental Health Program to be initiated in the country.

EL SALVADOR-0200, MALARIA ERADICATION

TOTAL		24	24	24	TOTAL	WR	101,100	140,400	138,500
P-2 SANITARIAN 4.4385	WR	24	24	24	PERSONNEL - POSTS		68,100	91,600	105,300
					PERSONNEL - CONSULTANTS		12,900	25,200	-
					STAFF DUTY TRAVEL		4,900	5,200	5,200
TOTAL		90	90	-	SUPPLIES AND MATERIAL		9,000	6,000	6,000
CONSULTANT DAYS	WR	90	90	-	FELLOWSHIPS		2,200	8,400	18,000
TOTAL		2	6	10	COURSES AND SEMINARS		4,000	4,000	4,000
FELLOWSHIP MONTHS	WR	2	6	10					

EL SALVADOR-4300, EPIDEMIOLOGY

TOTAL		24	24	24	TOTAL		193,700	213,600	250,100
P-6 EPIDEMIOLOGIST 4.0467	WR	24	24	24	SUBTOTAL	WR	9,900	-	-
TOTAL		240	90	90	SUPPLIES AND MATERIAL		9,900	-	-
CONSULTANT DAYS	WR	240	90	90	SUBTOTAL	WR	183,800	213,600	250,100
TOTAL		24	24	24	PERSONNEL - POSTS		96,600	127,500	147,500
FELLOWSHIP MONTHS	WR	24	24	24	PERSONNEL - CONSULTANTS		33,300	25,200	36,300
					STAFF DUTY TRAVEL		3,200	3,200	3,200
					SUPPLIES AND MATERIAL		13,500	12,100	7,900
					FELLOWSHIPS		25,200	33,600	43,200
					COURSES AND SEMINARS		12,000	12,000	12,000

FAMILY HEALTH

This is a priority program, inasmuch as maternal and child health conditions in El Salvador continue to be deficient. The country's network of health centers has been expanded in order to meet the ongoing need for increased coverage of programs for maternal and child care and family planning. This effort, together with longer hours of service, will enable the programs to attend to a large sector of the population for whom access to these services is now difficult.

Owing to the scarcity of human resources, some of the functions are delegated to nonmedical personnel, usually nurses, and services at level of the rural home have been increased through the enlistment of rural health assistants, voluntary collaborators, and trained lay midwives; all these undertakings enhanced and supported by broad programs of personnel training and social communication, as well as health education.

In view of the birth rate in El Salvador, the Ministry of Health has established activities related to control of the birth rate in almost all its services, these activities are being coordinated with those of other Ministries or decentralized agencies such as those of the Ministry of Defense and Government and the Social Security Institute.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Both PAHO and UNFPA continue to provide their technical and financial support, respectively, for the maternal and child health program in El Salvador. Research is currently being carried out in the operational field and in the evaluation of aspects related to the community and to health personnel. This project is executed by the Ministry of Health; PAHO's technical cooperation is limited to the provision of consultants.

EL SALVADOR-1300, MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

TOTAL	270	420	-	TOTAL	UNFPA	49,500	73,150	-
CONSULTANT DAYS	UNFPA 270	420	-	PERSONNEL - CONSULTANTS		49,500	73,150	-

ENVIRONMENTAL HEALTH SERVICES

The purpose of this program is to assist in the development of the programs carried out by the Bureau of Health Engineering and the Division of Environmental Sanitation of the Ministry of Public Health and Social Welfare as well as other agencies of the sector such as the National Water Supply and Sewerage Administration (ANSA) and the municipalities. These are programs for the improvement of the environment, with emphasis on an increase in the coverage of water supply services; vector control; sanitary control of water quality, both in the urban and rural systems; hygienic disposal of excreta, refuse, and wastes; sanitary control of the production, handling, and sale of foods; and expansion of research activities on environmental contamination. These activities are to be coordinated intersectorally.

This program supplements the engineering activities of the programs of malaria and those for the control of parasitic diseases, diarrhea, and rabies that are being executed by the Ministry of Public Health and Social Welfare.

The Government has requested this cooperation in order to support the programs of the Division of Environmental Sanitation and the Bureau of Health Engineering in activities at the central, regional, and local levels, and this support will be extended to other agencies such as ANSA, and to the municipalities. The cooperation will take the form of specialized technical advisory services, manpower training, and research on environmental contamination.

EL SALVADOR-2000, ENVIRONMENTAL SANITATION

TOTAL	24	24	24	TOTAL	WR	144,500	203,600	260,900
P-4 SANITARY ENGINEER 4.0478	WR	24	24	PERSONNEL - POSTS		96,600	127,500	147,500
				PERSONNEL - CONSULTANTS		8,100	28,000	48,400
				STAFF DUTY TRAVEL		2,000	2,000	2,000
TOTAL		60	100	SUPPLIES AND MATERIAL		9,000	3,300	3,000
				FELLOWSHIPS		16,800	30,800	45,000
CONSULTANT DAYS	WR	60	100	COURSES AND SEMINARS		12,000	12,000	15,000
TOTAL		16	22					
FELLOWSHIP MONTHS	WR	16	22					

EL SALVADOR-2101, RURAL WATER SUPPLY AND SANITATION

TOTAL	36	10	-	TOTAL	UNDP	279,900	96,600	-
P-4 SANITARY ENGINEER 4.5316	UNDP	24	7	PERSONNEL - POSTS		150,400	69,800	-
P-6 WATER SUPPLY SPECIALIST 4.5317	UNDP	12	3	ADMIN. SUPPORT PERSONNEL		3,600	2,400	-
				OTHER PERSONNEL COSTS		7,000	-	-
				PERSONNEL - CONSULTANTS		24,600	-	-
TOTAL		180	-	STAFF DUTY TRAVEL		4,500	2,000	-
				MISCELLANEOUS COSTS		4,000	2,000	-
CONSULTANT DAYS	UNDP	180	-	MISCELLANEOUS EQUIPMENT		66,000	-	-
				FELLOWSHIPS		18,700	20,400	-
TOTAL		17	15	GROUP TRAINING		1,100	-	-
FELLOWSHIP MONTHS	UNDP	17	15					

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

DEVELOPMENT OF HEALTH SERVICES

The purpose of this program is to collaborate with the Government in order to extend the coverage of health services, utilizing the strategy of primary care to deal with the health problems of the population, and assigning priority to the rural and marginalized areas. It also includes the extension of coverage of the social security system, and will emphasize community participation in the health programs. The Ministry of Public Health and Social Welfare plans to install health care delivery units in well-defined local program areas throughout the entire national territory.

The Ministry's program plans to progressively achieve: (a) the definition of the functions and responsibilities of each institution, with a view to regulating and classifying the supply of services by level in a comprehensive approach of community development; (b) the establishment of a system of planning and sectoral program coordination; (c) an increase in the volume and modernization of the health institutions; (d) the integration of preventive and care services into the health establishments within a regionalized system, with defined levels of care of increasing complexity, which are interconnected by a system of referral; (e) interinstitutional coordination of the investment plans for new buildings; (f) the implementation of a system for the maintenance of facilities and equipment in the health establishments; (g) the updating of legal instruments; (h) administrative development of the Ministry of Public Health and Social Welfare; and (i) the improvement of the health information system. Furthermore, the Ministry of Health has established an executive unit responsible for the development of the program of construction financed with loans from international agencies; PAHO assists this unit as a specialized institution.

The cooperation required by the Government for the development of this program includes consultant services in the areas of medical care, planning, administration, engineering, and other specialized fields in order to support the activities at all levels. Fellowships and supplies are also provided, and courses and seminars will be conducted in order to develop the potential of the personnel.

EL SALVADOR-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		72	72	72	TOTAL	WR	172,200	240,400	273,700
P-5 PAHQ/WHO REPRESENTATIVE 4.0477	WR	24	24	24	PERSONNEL - POSTS		147,200	190,200	216,200
G-5 ADMINISTRATIVE ASSISTANT 4.4717	WR	24	24	24	STAFF DUTY TRAVEL		3,200	3,200	3,500
G-3 CLERK 4.4035	WR	24	24	24	GENERAL OPERAT. EXPENSES		21,400	47,000	54,000

EL SALVADOR-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		60	48	48	TOTAL		507,000	535,600	673,400
P-4 ADMIN. METHODS OFFICER .4237	PR	24	24	24	PERSONNEL - POSTS		241,500	255,000	295,000
P-4 HEALTH PLANNER .4236	PR	24	24	24	PERSONNEL - CONSULTANTS		97,400	84,000	137,000
P-4 MAINTENANCE ENGINEER .4384	PR	12	-	-	STAFF DUTY TRAVEL		6,000	4,000	4,000
TOTAL		715	300	340	SUPPLIES AND MATERIAL		11,100	6,000	6,000
CONSULTANT DAYS	PR	715	300	340	FELLOWSHIPS		42,000	121,200	162,000
TOTAL		85	88	90	COURSES AND SEMINARS		59,000	63,400	69,400
FELLOWSHIP MONTHS	PX	45	-	-					
FELLOWSHIP MONTHS	PR	40	88	90					

DEVELOPMENT OF HUMAN RESOURCES

The purpose of this program is to cooperate with the Government in the development and strengthening of the health manpower training system. The aim is to establish an adequate connection between teaching plans and the demand generated by the country's health programs, as determined by the extension of coverage.

The program plans to eventually achieve: (1) the establishment of means for upgrading health manpower compatible with the programs for the rural and marginal populations; (2) the intra- and intersectoral coordination between the training institutions and the agencies of the health sector that use this manpower; (3) the organization of a permanent work team at the sectoral level with sufficient operational capacity to govern, promote, and coordinate the rational development of health manpower in the country; and (4) the introduction of a system of records and information on available existing manpower, to be used in planning education and training programs.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985
					\$	\$

The policy of the Ministry of Health is focused on the large-scale training of personnel, especially at the technical, auxiliary, and intermediate levels, through its Health Training School. Through the community health training program for Central America and Panama, PAHO supports the Division of Human Resources of the Ministry of Public Health in the development of its programs and in the educational training of its own personnel. In addition, in order to provide the cooperation requested, the services of short-term consultants will be supplied in the area of manpower planning, and specific educational equipment and supplies will be delivered.

EL SALVADOR-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL				TOTAL	WR	18,000	46,500	61,000
	-	20	25					
FELLOWSHIP MONTHS	WR	-	20	25	SUPPLIES AND MATERIAL	4,000	4,500	2,000
					FELLOWSHIPS	-	20,000	45,000
					TRAINING GRANTS	14,000	14,000	14,000

FRENCH ANTILLES AND GUIANA: FRENCH GUIANA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	69
Area (in thousand square kilometers)	1979	91
Cultivated land	. . .	. . .
 <u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1979	6.9
Infant mortality rate per 1,000 live births	1979	28.1
Death rate 1-4 years, per 1,000 population	1979	2.8
Percentage of deaths from infectious and parasitic diseases (including influenza, pneumonia, bronchitis, emphysema and asthma) (ICD Codes 000-136, 470-493)*	1978	2.0
Number of physicians per 10,000 population	1979	9.2
Number of hospital beds per 1,000 population	1979	11.4
 <u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1974	37.8
Percentage of population 55 years and over	1974	9.8
Rate of natural increase per 1,000 population	1979	19.9
Fertility rate per 1,000 women 15-44 years of age	1979	130.5
 <u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1974	55
Percentage of population with access to potable water	. . .	. . .
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	. . .	. . .
 <u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
 <u>Educational Indicators:</u>		
Percentage of literate population	1967	74
Percentage of population 5-14 years enrolled in primary schools**	1980	97
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1970	67
Percentage of population 20-29 years enrolled in university**	1970	-

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 FRENCH ANTILLES AND GUIANA: GUADELOUPE - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	320
Area (in thousand square kilometers)	1979	1.8
Cultivated land	1979	35%
<u>Health Indicators:</u>		
Life expectancy at birth	1979	72
Death rate per 1,000 population	1979	6.1
Infant mortality rate per 1,000 live births	1979	14.7
Death rate 1-4 years, per 1,000 population	1979	9.5
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	. . .	. . .
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	2.6
Number of physicians per 10,000 population	1979	12
Number of hospital beds per 1,000 population	1979	13.5
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	40
Percentage of population 55 years and over	1979	14
Rate of natural increase per 1,000 population	1979	11
Fertility rate per 1,000 women 15-44 years of age	1979	115
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1979	12
Percentage of population with access to potable water	1979	50
Per capita calories per day	1979	2,500
Per capita protein per day (grams)	1979	80
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1979	90
Percentage of population 5-14 years enrolled in primary schools**	1979	85
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1979	80
Percentage of population 20-29 years enrolled in university**	1979	10

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 FRENCH ANTILLES AND GULANA: MARTINIQUE - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	320
Area (in thousand square kilometers)	1979	1.1
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	71.0
Death rate per 1,000 population	1977	5.8
Infant mortality rate per 1,000 live births	1977	24.6
Death rate 1-4 years, per 1,000 population	1975	0.8
Percentage of deaths from infectious and parasitic diseases (including influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 000-136, 470-493)*)	1975	9.2
Number of physicians per 10,000 population	1975	7.1
Number of hospital beds per 1,000 population	1974	9.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	42.7
Percentage of population 55 years and over	1978	11.5
Rate of natural increase per 1,000 population	1975-1980	21.0
Fertility rate per 1,000 women 15-44 years of age	1978	78.5
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	. . .	. . .
Per capita calories per day	1972-1974	2,490
Per capita protein per day (grams)	1972-1974	72.3
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1967	88
Percentage of population 5-14 years enrolled in primary schools**	1969	78
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1969	88
Percentage of population 20-29 years enrolled in university**	1969	4

*Excludes symptoms and ill-defined conditions
 **Total enrollment as a percentage of population in the age group

FRENCH ANTILLES AND GUIANA - COUNTRY STATEMENT

The French "departments of the overseas" (Départements d'Outre-mer), comprising French Guiana, Guadeloupe and Martinique, are part of France. Their residents are full citizens of France, and the laws of France apply. Their administration is similar to that of the departments of continental France. Most of the 700,000 population of these territories is found in Martinique and Guadeloupe. French Guiana is sparsely populated, with a mixed ethnic population of less than 50,000 made up of Negroes, Amerindians and Europeans. The French space station is located at Kourou, near Cayenne, the capital. A regional health inspector is stationed in Martinique. Health inspectors are located in Martinique, Guadeloupe and French Guiana.

Although the laws of France, including health and social legislation apply, morbidity and mortality from communicable diseases continues to be a problem. The Pasteur Institute in Cayenne has a well developed research program in the arboviruses, and analyzes over 250,000 insect vectors annually. In addition, a collection of armadillos has been started for research into leprosy. Malaria and a high index of Aedes aegypti continue to be problems in French Guiana. Martinique and Guadeloupe are free of malaria.

 FRENCH ANTILLES AND GUIANA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	12,400	36.0	14,800	38.3	15,100	28.5
COMPLEMENTARY SERVICES	12,400	36.0	14,800	38.3	15,100	28.5
4200 LABORATORIES	12,400	36.0	14,800	38.3	15,100	28.5
II. DEVELOPMENT OF THE INFRASTRUCTURE	22,000	64.0	23,800	61.7	37,800	71.5
HEALTH SYSTEMS	22,000	64.0	23,800	61.7	37,800	71.5
5100 GENERAL PUBLIC HEALTH SYSTEMS	22,000	64.0	23,800	61.7	37,800	71.5
GRAND TOTAL	34,400	100.0	38,600	100.0	52,900	100.0

 FRENCH ANTILLES AND GUIANA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CGNS. DAYS		MONTHS	AMOUNT				
1980-1981											
PAHU--PR	34,400	-	-	-	-	21	22,000	-	12,400	-	-
TOTAL	34,400	-	-	-	-	21	22,000	-	12,400	-	-
PCT. OF TOTAL	100.0						64.0		36.0		
1982-1983											
PAHU--PR	38,600	-	-	-	-	17	23,800	-	14,800	-	-
TOTAL	38,600	-	-	-	-	17	23,800	-	14,800	-	-
PCT. OF TOTAL	100.0						61.7		38.3		
1984-1985											
PAHU--PR	52,900	-	-	-	-	21	37,800	-	15,100	-	-
TOTAL	52,900	-	-	-	-	21	37,800	-	15,100	-	-
PCT. OF TOTAL	100.0						71.5		28.5		

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 FRENCH ANTILLES AND GUIANA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

<u>PROGRAM AREA</u>					<u>-- 1980-1981 --</u>		<u>-- 1982-1983 --</u>		<u>-- 1984-1985 --</u>	
<u>FUNDING</u>	<u>PROJECT</u>	<u>BUDGET ELEMENT</u>	<u>POST</u>	<u>GRADE</u>	<u>UNITS</u>	<u>AMOUNT</u>	<u>UNITS</u>	<u>AMOUNT</u>	<u>UNITS</u>	<u>AMOUNT</u>
	<u>NUMBER</u>		<u>NUMBER</u>		<u>(DAYS)</u>	<u>\$</u>	<u>(DAYS)</u>	<u>\$</u>	<u>(DAYS)</u>	<u>\$</u>
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					20	4,470	30	14,200	30	16,560
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER ADMINISTRATIVE OFFICER	.5089 4.5482 .5090	D-1 P-5 P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					25	5,600	25	6,710	25	7,330
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, SUPPLIES, FELLOWSHIPS	.0610	P-4						
<u>FAMILY HEALTH</u>					20	3,180	-	-	-	-
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
<u>ENVIRONMENTAL HEALTH SERVICES</u>					-	710	-	405	-	-
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					20	3,970	20	5,170	20	5,740
WR	AMRO-3110	VETERINARIAN CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	4.4045	P-5						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					64	9,760	42	8,250	42	9,320
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					-	2,150	-	2,480	-	2,720
PR	AMRO-6210	GRANTS								
<u>TOTAL</u>					<u>149</u>	<u>29,840</u>	<u>117</u>	<u>37,215</u>	<u>117</u>	<u>41,670</u>
					=====	=====	=====	=====	=====	=====

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	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	
					\$	\$

FRENCH ANTILLES AND GUIANA - PROGRAM NARRATIVES AND PROJECT DETAIL

COMPLEMENTARY SERVICES

The Pasteur Institute in Cayenne, French Guiana, continues actively in research on arboviruses, vector behavior and leprosy. A close relationship with CAREC is developing. The closure of the Martinique Pasteur Institute will lead to the strengthening of the Pasteur Institute in Guadeloupe, from both equipment and personnel transfer. The development of a first-class research program in the hemoglobinopathies is a distinct possibility.

FRENCH ANTILLES AND GUIANA-4200, LABORATORY SERVICES

TOTAL	PR	12,400	14,800	15,100
SUPPLIES AND MATERIAL		12,400	14,800	15,100

DEVELOPMENT OF HEALTH SERVICES

Cultural exchange in the scientific field between the French Departments and Caribbean neighbors will be fostered, and fellowships awarded.

FRENCH ANTILLES AND GUIANA-5100, FELLOWSHIPS

TOTAL		21	17	21	TOTAL	PR	22,000	23,800	37,800
FELLOWSHIP MONTHS	PR	21	17	21	FELLOWSHIPS		22,000	23,800	37,800

GRENADA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	109
Area (in thousand square kilometers)	1979	.344
Cultivated land (in thousand square kilometers)	1978	.110
<u>Health Indicators:</u>		
Life expectancy at birth	1979	65.0
Death rate per 1,000 population	1979	6.8
Infant mortality rate per 1,000 live births	1979	15.4
Death rate 1-4 years, per 1,000 population	1972	1.4
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	4.6
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	6.6
Number of physicians per 10,000 population	1980	2.8
Number of hospital beds per 1,000 population	1979	6.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1972	50
Percentage of population 55 years and over	1972	10
Rate of natural increase per 1,000 population	1979	17.9
Fertility rate per 1,000 women 15-44 years of age	1975	153
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1978	0
Percentage of population with access to potable water	1979-1980	. . .
Per capita calories per day	1972-1974	2,136
Per capita protein per day (grams)	1972-1974	57
<u>Economic Indicators:</u>		
Per capita gross national product (GNP):		
- in national currency	1979	1,469
- in United States dollars	1979	544
Percentage of GNP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools**	1979	92
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1971	53
Percentage of population 20-29 years enrolled in university**	1971	0

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

GRENADA - COUNTRY STATEMENT

Grenada, the southernmost of the Windward Islands, lies between 11° and 12° north latitude, and between 60° and 61° west longitude. The island is approximately 21 miles long and 12 miles wide at its greatest breadth, with an approximate area of 120 square miles. Grenada lies about 68 miles south of St. Vincent, and between these two islands stretches a chain of small islands, the Grenadines. Those belonging to Grenada are the Grenada Grenadines, and the largest of these are the islands of Carriacou and Petite Martinique, with an approximate area of 13 square miles. The island is volcanic in origin, with a backbone of mountains running through its center. It is studded with several valleys and peaks, the highest of these being Mt. St. Catherine, with a height of 2,512 feet. The mountains contain several old crater basins; the most conspicuous and exciting of these is now occupied by a lake--Grand Etang. Volcanic activities seem to be extinct.

The estimated population in 1979 was 109,148, consisting mostly of people of Negro origin living throughout the islands. There is a high density of 353 per square kilometer, with a great concentration of population on the coastal areas. Grenada is divided into six parishes: St. George, St. Andrew, St. David, St. Patrick, St. Mark, and St. John. St. George's, the capital city, is well sheltered, being situated on a land-locked bay in the southwestern corner of the island in the parish of St. George. It has a population of approximately 8,000.

A former Crown Colony, Grenada gained its independence from Britain in February 1974, and is now an Independent Nation within the British Commonwealth of Nations. Grenada's present Government, the People's Revolutionary Government, came to power on 13 March 1979. Executive power rests in the Cabinet, headed by the Primer Minister. There is a Governor General who represents the Queen of Great Britain. The Health Sector is under the Ministry of Health and Housing, with the Permanent Secretary responsible for the administration of the Ministry. The Chief Medical Officer is the coordinator of the health services.

Grenada is known as the "Isle of Spice" because of the abundance of spices in the island, particularly nutmeg and mace, cloves and cinnamon. The island has some of the most fertile soils in the world and as a result, there is an abundance of tropical crops. Other crops of importance that are marketed overseas are cocoa, bananas, and cotton. Crops grown for local consumption are coconuts, sugar cane, citrus, food crops, and a profusion of fruits. There are some local industries, but an industry of great importance which had developed in recent years is tourism. The famous Grand Anse Beach in the southwest of the island is a tourist attraction; in the area are to be found the island's main hotels.

In relation to health care resources, Grenada has six hospitals. The General Hospital in St. George's has 240 beds; the Princess Alice Hospital, 60 beds; and the Princess Royal Hospital on the island of Carriacou, 40 beds. There is a psychiatric hospital with 200 beds, a sanitarium with 60 beds, and a geriatric hospital, "Richmond Home," with 137 beds. There are also two private nursing homes. The average length of stay in hospital is 16 days, and the occupancy rate, 85%. The total number of outpatient care facilities is 35, consisting of 6 health centers, 27 visiting stations, 1 maternity unit and 1 outpost center. There are 8 dental clinics, with 6 in Grenada, 1 in Carriacou, and 1 in Petite Martinique. A new health center is currently being built to replace the existing one at Sauteurs.

The Ministry has been pursuing the policy of primary health care, and to this end, has been updating the training of its health workers. The most recent addition to the health staff has been the family nurse practitioner, and two district nurses have recently received training to be the pioneers in this venture. There is a physician ratio of 2.8 per 10,000 population; the ratio of graduate nurses is 12.2.

The leading causes of death and their rates per 1,000 population are cerebrovascular disease, .53; hypertensive diseases, .4; pneumonia, .33; diseases of pulmonary circulation and other forms of health diseases, .68; and signs, symptoms, and ill-defined conditions, .65. In the area of maternal and child health care there are ongoing programs which include antenatal and postnatal care for mothers; and there is a child clinic which also covers immunization in its program.

GRENADA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
II. DEVELOPMENT OF THE INFRASTRUCTURE =====	57,600	100.0	82,800	100.0	110,500	100.0
HEALTH SYSTEMS	57,600	100.0	82,800	100.0	110,500	100.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	57,600	100.0	82,800	100.0	110,500	100.0
GRAND TOTAL =====	57,600	100.0	82,800	100.0	110,500	100.0

GRENADA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
	\$			AMOUNT	\$	\$	\$	\$	\$	\$	
1980-1981											
PAHQ--PR	57,600	-	-	120	16,200	-	18	39,900	-	1,500	-
TOTAL	57,600	-	-	120	16,200	-	18	39,900	-	1,500	-
PCT. OF TOTAL	100.0				28.1			69.3		2.6	
1982-1983											
PAHQ--PR	82,800	-	-	120	33,600	-	33	46,200	-	3,000	-
TOTAL	82,800	-	-	120	33,600	-	33	46,200	-	3,000	-
PCT. OF TOTAL	100.0				40.6			55.8		3.6	
1984-1985											
PAHQ--PR	110,500	-	-	120	48,400	-	33	59,400	-	2,700	-
TOTAL	110,500	-	-	120	48,400	-	33	59,400	-	2,700	-
PCT. OF TOTAL	100.0				43.8			53.8		2.4	

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 GRENADA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					20	4,010	30	13,520	30	15,840
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD.	.5089	D-1						
		TECHNICAL OFFICER	4.5482	P-5						
		ADMINISTRATIVE OFFICER	.5090	P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					12	4,870	12	3,260	12	3,560
PG	AMRO-0510	CONSULTANTS, SUPPLIES								
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, FELLOWSHIPS	.0610	P-4						
<u>FAMILY HEALTH</u>					293	105,870	159	51,370	60	14,930
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5						
		HEALTH EDUCATION SPEC.	4.3702	P-4						
		MEDICAL OFFICER (MCH)	4.5319	P-4						
		NURSE MIDWIFE	4.3703	P-4						
UNFPA	AMRO-1313	NURSE EDUCATOR	4.5127	P-4						
		NURSE EDUCATOR	4.5312	P-3						
		CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS								
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT								
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
<u>ENVIRONMENTAL HEALTH SERVICES</u>					60	12,740	60	15,000	60	15,870
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5						
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					145	28,700	45	11,630	45	12,920
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5						
PR, UNDP	AMRO-3111	PROJECT MANAGER	.4787	P-4						
		LABORATORY TECHNICIAN	.4790	P-2						
		CONSULTANTS, FELLOWSHIPS, COURSES AND SEMINARS								
<u>COMPLEMENTARY SERVICES</u>					75	12,180	53	10,880	53	12,260
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					169	26,950	169	33,540	169	38,100
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					136	48,530	106	36,780	36	20,000
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4						
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5						
		HEALTH EDUCATOR	4.4355	P-4						
		HEALTH EDUCATOR	4.4356	P-4						
		CONSULTANTS, FELLOWSHIPS, COURSES, GROUP TRAINING, MISCELLANEOUS COSTS								
TOTAL					910	243,850	634	175,980	465	133,480
					=====	=====	=====	=====	=====	=====

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FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

GRENADA - PROGRAM NARRATIVES AND PROJECT DETAIL

DEVELOPMENT OF HEALTH SERVICES

The program will provide support for the definition of a work plan for health services development in order to facilitate a comprehensive health planning process with emphasis on primary health care components. The development of priority supporting services such as statistics, health manpower, financial analysis, and facilities will be encouraged in order to improve coverage and efficiency in the health services.

GRENADA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		120	120	120	TOTAL	PR	57,600	82,800	110,500
CONSULTANT DAYS	PR	120	120	120	PERSONNEL - CONSULTANTS		16,200	33,600	48,400
TOTAL		38	33	33	SUPPLIES AND MATERIAL		1,500	3,000	2,700
FELLOWSHIP MONTHS	PR	38	33	33	FELLOWSHIPS		39,900	46,200	59,400

 GUATEMALA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	7,649
Area (in thousand square kilometers)	1978	109
Cultivated land (in thousand hectares)	1975	326
<u>Health Indicators:</u>		
Life expectancy at birth	1973	51.8
Death rate per 1,000 population	1978	12.3
Infant mortality rate per 1,000 live births	1978	78.7
Death rate 1-4 years, per 1,000 population	1978	19.5
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	34.4
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1975	21.4
Number of physicians per 10,000 population	1977	2.9
Number of hospital beds per 1,000 population	1978	1.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	45.0
Percentage of population 55 years and over	1978	6.7
Rate of natural increase per 1,000 population	1978	24.3
Fertility rate per 1,000 women 15-44 years of age	1978	150
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1977	22
Percentage of population with access to potable water	1977	40
Per capita calories per day	1973	2,286
Per capita protein per day (grams)	1973	61
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	1,023
- in United States dollars	1979	1,023
Percentage of GDP from secondary sector (manufacturing and building)	1975	17
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	1975	28
<u>Educational Indicators:</u>		
Percentage of literate population	1973	46
Percentage of population 5-14 years enrolled in primary schools**	1973	30
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	16
Percentage of population 20-29 years enrolled in university**	1973	1

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

GUATEMALA - COUNTRY STATEMENT

Guatemala has been a free, sovereign, and independent republic since 15 September 1821; it is located in Central America, covers an area of 108,889 square kilometers, and its estimated population for 1980 was 7,649,000 inhabitants, which yields a density of 70 inhabitants per square kilometer. No substantive changes in the rate of population growth are anticipated in the medium term.

Administratively the country is divided into 22 departments and these, in turn, into 326 municipalities. The general topography is rugged, with obstacles that hinder the extension of means of communication and limit the social and economic integration of important sectors of the country. Furthermore, the existence of natural geo-economic regions with dissimilar resources and populations disproportionate to those resources is an adverse factor for the balanced development of the economic sectors, giving rise to special problems for the social sectors. To this must be added the problems stemming from the ethnic composition of the population, which speaks 20 major languages and more than 200 dialects, a knowledge of which is necessary to maintain good communication. Two-thirds of the population (61.32% in 1977) reside in rural areas and 43.8% are indigenous descendants of pre-Colombian people who live in accordance with traditional patterns and are primarily engaged in agricultural activities. The existence of a variety of cultural standards in the country makes for differences in the way the state of health and disease are perceived; in fact, in the traditional cultures, magic and religious approaches are still used. These cultural differences are often the reason why contact with health professionals or technicians is restricted or rejected and why these human resources are so infrequently utilized.

The urban population, which constitutes a third of the total, is highly concentrated. In fact, the country has 18,141 communities, of which 17,915 have fewer than 2,000 inhabitants (2,363 towns, 7,658 hamlets, 5,326 farms, 1,858 ranch quarters or camps, and 712 villages). Two-thirds of the population reside in these small communities and almost 20% of it is difficult to reach. Of the total population, 38.7% reside in 226 localities with more than 2,000 inhabitants. The Department of Guatemala, which includes the capital city, contains half of the urban population of the country; this proportion increased after the 1976 earthquake.

The age structure is characteristic of a young population; the birth rate is high and mortality is relatively high, although it shows a downward trend. It was estimated in 1978 that children under 15 years of age constituted more than 45% of the total population, while adults 55 years and over accounted for only 6.7%. Women between 15 and 44 years of age account for 21.2% of all inhabitants; there are more than 240,000 births annually, and the general fertility rate was 150 per 1,000 in the year 1977.

The annual average birth rate in the period 1953-1957 was 48.9 per 1,000 population; it fell to 37.6 per 1,000 in the period 1973-1977, which implies a decline of 23% in 20 years at an increasingly rapid rate. This leads to the assumption that for the five-year period 1978-1982, 265,000 to 270,000 annual births will occur, with rates lower than 35 per 1,000, which is still very high. The persistence of a high birth rate is due mainly to the fact that fertility is declining very slowly, with no substantial changes in the structure of the population, and traditional patterns of family composition and size are being maintained, especially in the rural populations, where women between 45 and 49 years of age indicate that they have had an average of 7.3 children during their lifetime in contrast with 5.6 children for urban women.

Per capita income was \$621 for 1979. Almost 30% is generated by the agricultural sector, which employs 57% of the economically active population of the country, and whose annual per capita product is \$633; nevertheless, the rural areas receive in return only 17.9% of the total income.

According to the last census, in 1973, there is 55% illiteracy in the population over six years of age and a high rate of absenteeism in school, because 51% of the children from seven to 14 years of age do not attend school.

The main environmental sanitation problems, namely, water, soil, and food contamination, are attributable to contamination by excreta; soil contamination by solid wastes and pesticides is also significant. The working microenvironment also generates risks, mainly those of accidents in agricultural work; occupational health services cover only part of the active population and have few resources to carry out their work.

Only 41.4% of the urban population has household water connections and 40.3% has sewerage service. Moreover, in the rural areas, only 14% have the benefit of water service and 17% of the rural and urban fringe population has sanitary latrines. In the 10 largest cities, the proportion that has the benefit of garbage collection services is found to be between 30 and 80%.

The food supply is not sufficient to meet needs, owing in part to unsatisfactory land practices. The country imports food, which affects its balance of payments considerably. The situation is aggravated by scant storage and marketing capacity, limited purchasing power, accelerated population growth, the food habits of the people, which do not make for an adequate diet, and the lack of food hygiene. As a result, there are problems of protein-energy malnutrition, vitamin A and of riboflavin deficiencies, nutritional anemias, dental caries, and food infections.

It is estimated that the calorie deficiency of the low-income population is on the order of 40%. The consumption of maize, which has traditionally been the principal source of energy in the diet of rural inhabitants, has fallen in recent years by more than 6%.

All of these factors are consistent with the state of health of the country which may be characterized as follows: general mortality has declined somewhat over the last decade, but it is still comparatively high, with a rate in 1978 of 12.3 per 1,000 population. Life expectancy at birth, which reached 52.9 years in the period 1970-1974 (an increase of 2.8 years over the previous five-year period), with important differences among various sectors of the population; accordingly, it was estimated that life expectancy for the Ladino group in 1975 was 60.7 years, while it was only 43.8 years for the indigenous group.

Children continue to be the most vulnerable group. More than half of the deaths in 1975 occurred among children under five years of age. Infant mortality ranges around 80 per 1,000 live births with one-third of the deaths occurring in the neonatal period. There is high mortality from perinatal causes, that is to say, those associated with delivery itself and care in delivery; these causes are responsible for one-third of all neonatal deaths, while most of the remaining two-thirds are caused by acute diseases of the respiratory tract, diarrhea, nutritional deficiencies, tetanus, measles, and whooping cough.

This situation is greatly influenced by the special characteristics of the differential fertility of the population and child care patterns. Primipara mothers account for almost one fourth of all births, and 17% occur in mothers under 20 years of age; only 20% of the deliveries take place in institutions; 16% are attended by physicians; 18% by midwives; and 60% by untrained midwives. Furthermore, 60% of all institutional deliveries and 80% of those attended by a physician occur in the Department of Guatemala, where only 17% of the births for the whole country take place; in 1972, the establishments of the Ministry of Health, provided care to 17% of all pregnant women and 18% of the infant population; although the latter figure has increased to almost 25% in 1979, these facts are indicative of the scant coverage of maternal care services in large areas of the country.

Mortality in children between 1 and 4 years of age registers high levels, reaching almost 20 deaths per each 1,000 children in that age group in 1978, with diarrhea, respiratory infections, nutritional deficiencies, measles, and whooping cough causing most of the deaths. There is a high incidence of infectious and parasitic diseases which account for more than one-third of total deaths (34% in 1975) and nearly half of all deaths in children under five (47% in 1975); they are among the 10 leading causes of death and probably constitute around 15% of the demand for medical consultations. Diarrheal diseases were the leading cause of death in 1975, with a rate higher than 235 per 100,000 population, constituting 18.3% of all deaths and 33% of the deaths in children under five.

Diseases preventable by vaccination, including tuberculosis, continue to be an important cause of death, especially in children under five; in 1975 they caused 14% of the deaths in this age group; measles and whooping cough were the most important of these diseases, with rates of 79 and 24 per 100,000 population respectively.

Among sexually transmitted diseases in 1979 the rates for syphilis and gonorrhoea were 25.68 and 44.74 per 100,000 population respectively. It is estimated that there are more than 3,000 cases of leprosy in the country, localized particularly in the departments of Santa Rosa and Zacapa. Although the number of reported louse-borne cases of typhus has diminished, there is still an endemic area in the department of Quetzaltenango.

Intestinal parasitic diseases are widespread, especially in the rural areas. Generally speaking, they are an important cause of death (2.5% in 1975). There are endemic foci of onchocerciasis in Santa Rosa, Yepocapa, and Huehuetenango.

In 1975 typhoid, paratyphoid, and other salmonellosis still had high figures for mortality (3.8 per 100,000), as did bacillary dysentery and amebiasis (4.4 per 100,000).

Generally speaking, the enteric infectious diseases most closely linked to environmental sanitation (typhoid, paratyphoid, dysentery, enteritis, and other diarrheal diseases), had a rate of 358.4 per 100,000 population.

Malaria has undergone a resurgence in recent years. Of the total surface area of the country, 74% (80,350 square kilometers) is considered malarious, with 4,030 cases reported in 1974; 4,979 in 1975; 9,616 in 1976; 34,907 in 1977; 59,755 in 1978; and 69,030 in 1979. Cases of Chagas' disease and cutaneous leishmaniasis are frequently reported in El Petén.

Diseases of the respiratory tract are a leading cause of morbidity, and as a whole rank second as a cause of death, after infectious and parasitic diseases. In fact, in 1975 they accounted for 18.9% of all deaths, and specifically pneumonia, influenza, bronchitis, and acute respiratory infections were the cause of 22.8% of the deaths in children under five. These diseases represent a considerable proportion of those for which there is demand for care in the outpatient services of health establishments. Nutritional diseases and anemias account for nearly 10% of the outpatient consultations provided by the establishments of the Ministry of Public Health. It is estimated that more than 30% of all children under five suffer from second and third degree malnutrition, and it has been found that a high proportion of newborn children are underweight, especially in the rural areas. Malnutrition is specifically mentioned as the cause of 4% of all deaths, but generally speaking it is an underlying factor in other causes of mortality.

Heart diseases are the cause of 2.5% of deaths, with a general rate of 21 per 100,000 population in 1975. As a whole, diseases of the circulatory system cause 4% of all deaths and constitute a large proportion of the demand for medical care. Tumors (neoplasms) account for 2.4% of deaths; in 1975 the global rate for them was 30 per 100,000. Cancer of the stomach is that with the highest incidence, followed by uterine cancer.

A number of diseases affect animal health and are presumably causing important economic losses. Bovine tuberculosis is widespread, as is brucellosis, the prevalence of which is gradually increasing. Equine encephalitis continues to sweep through the country. Rabies is enzootic, with some epidemic outbreaks, mainly in the canine population, and cases of bovine rabies have also been detected. There is not much information on the impact of the various zoonoses on human health, with the exception of rabies, for which there was an average of three cases a year in the decade 1963-1972, all due to dog bites. The problem is especially important in the metropolitan area because of the large canine population there and the low rates of vaccination and elimination of stray dogs.

In view of the health situation described above, the Ministry of Public Health and Social Assistance has adopted a policy of extension of coverage with emphasis on the rural population, based on the following basic strategies: (1) primary care, the practical expression of which in the rural area includes, among other types of care, the preparation of health agents using simple, economical, and effective technology in accordance with the characteristics of the health problem; (2) active participation of the community, which assumes a direct responsibility for the health of its members; (3) increase in the operational capacity as a means for improving the utilization of resources; (4) manpower development in accordance with the health policy and strategies; and (5) coordination of health policy and programs with the National Plan of Development.

The National Plan of Development, which embodies the health policies, emphasizes the coordination of all agencies involved in the solution of nutritional problems; the conservation and improvement of the environment, with emphasis on basic rural sanitation; and a financial policy that seeks to allow greater flexibility in the utilization of the economic resources assigned to health programs. The problem this approach is intended to solve can be characterized as follows: (1) the prevalence of diseases that can be treated and prevented through simple low-cost measures; (2) the shantytown populations, especially those of the rural sector, which account for most of these diseases, because of the interaction of the different factors that determine the socioeconomic situation in which they live; and (3) the greater vulnerability of mothers and children, especially in the age group 0-5 years. To this situation are added problems of institutional dispersion, concentration of resources that restrict the access of broad sectors of the population to health services, and organic and operational defects in the system of services, all of which reduces the expected impact and makes the problem of scarcity of real resources more acute.

The National Plan of Development defined the health sector operationally as "the organic complex of State entities that act to fulfill a constitutional mandate, and of other complementary or support institutions, whose purposes are the development, care, and maintenance of biophysical, mental, and social health, both individually and collectively, within their structures for development, prevention, recovery, and rehabilitation".

The health sector is made up of a large number of organizations and agencies which are inadequately coordinated. The Ministry of Public Health and Social Assistance (MSPAS) is officially responsible for establishing and conducting the national health policy, but the proliferation of health activities that are assigned to different agencies that are not covered by any uniform plan, makes this task difficult. In the public subsector, several institutions are carrying out nationwide health programs, specifically the General Directorate of Community Development, whose functions include basic sanitation, improvement of housing, and construction of health centers and posts, and the Directorate of Child and Family Welfare, under the Secretariat of Social Welfare, which provides comprehensive care and food supplementation to mothers and children. Both agencies come under the direct authority of the Office of the President of the Republic. For its part, the Guatemalan Social Security Institute (IGSS), offers total coverage for the worker and limited coverage for the members of his family. The responsibility for intersectoral coordination is vested in the Secretariat for Economic Planning, which comes under the Office of the President of the Republic.

In general terms, the distribution of resources determines the possibilities of real coverage and the sectors most benefitted by the service system. It is estimated that the private subsector accounts for 51% of the resources of the sector (including drug expenditures) and the public subsector for the remaining 49%. Of the total expenditure for the public subsector, MSPAS accounts for 48%, IGSS 44%, and other agencies the remaining 7.4%.

The resources of the private subsector are invested on a priority basis in the country's main urban centers, especially in the capital city, and their purposes are essentially restorative. The same tendency can be noted in the structure of IGSS services, since its main clinics are located in the principal urban centers (54% of its hospital beds are in the capital), making access to the services difficult for the insured rural population. For its part, 75% of the budgetary resources of the MSPAS are assigned to the seven health areas with the heaviest concentration of urban population. Data for 1973 are consistent with this pattern, revealing that Guatemala City, with 14% of the total population, had 40% of the physicians of the MSPAS, 43% of the dentists, 41% of the professional nurses, and 45% of the laboratory technicians.

In 1977 Guatemala had approximately 2,000 physicians. Nearly 300 physicians and 60 dentists graduate from the University annually; for their part the schools of nursing graduate some 70 nurses and 300 nursing auxiliaries. With respect to social and technical rural health workers, the average number of graduates per year is calculated at 40 and 45 respectively.

The system of services does not provide satisfactory coverage for the rural population in terms of the programs of basic sanitation (rural water supply systems, wells, construction of latrines) and the medical care provided by nursing auxiliaries in 474 health posts and by medical personnel that provide care in 168 centers (with a potential coverage of 1.68 million inhabitants). At present these programs lack a uniform system of programs, and operating standards and systems, which curtails their efficiency and effectiveness.

There are a great many traditional practitioners who together constitute a very important source of health services in thousands of towns throughout the country, especially in the regions with the heaviest indigenous populations; these healers are estimated to number approximately 16,000; they are not devoted full time to this task, but rather divide their time between healing and agricultural or other kinds of work.

There is a similarly large number of midwives whose services, as those of the healers, are remunerated by the population with material goods. In the last decade the MSPAS has developed programs to incorporate this personnel into its health activities; approximately 4,296 traditional midwives, 6,029 lay malaria volunteers, and 2,693 health promoters have received training.

Within the programs for expansion and improvement of the incomplete service infrastructure, there are two IDB loans, the first in the amount of \$28,000,000 to be channeled on a priority basis to the rural area, and the second, which is in the process of being negotiated under authorization of Congress, in the amount of \$51,000,000 for three hospital establishments, two in the capital city and the third in the neighboring city of Antigua.

The hospital system of the sector has a total of approximately 12,600 beds, 50.1% of which are in the capital city, whose population currently accounts for 23% of the population of the country. Of these beds, 76.1% belong to the MSPAS, 14.1% to the IGSS, and 10% to the private subsector. In 1977 there were 160,000 discharges and a total of 3,256,000 care services were rendered.

Within the process of change sought by the higher authorities of the Ministry, the hospital establishments are conceived as a link within a system made up of levels of care and interconnected by the referral of patients. This system is a means to solve the serious problems generated by indiscriminate care of simple and complex cases by highly complicated and costly technological resources. Nevertheless, restrictions of an administrative nature and attitude problems make this process difficult, all of which results in the improper utilization of most resources of the hospital system within health services in general.

Environmental sanitation activities are carried out within a scattered and varied institutional framework. Many institutions carry out environmental sanitation programs, but there is no linkage among them. The municipalities inspect and control foods and undertake a variety of related tasks, for which, in most cases, there are no basic standards that guarantee their effectiveness. Some projects arise not from a planned effort but from the possibilities of their being financed by bilateral or multilateral agencies. Generally speaking, the administrative infrastructure is too weak to perform the necessary technico-policy-making functions at the level of the environmental sanitation sector.

The administrative level of the MSPAS is divided into the General Directorate of Health Services and 11 divisions with various specialties. Its function includes the coordination of programs in a national health plan, the preparation of uniform standards for its implementation, and supervision to ensure the fulfillment of the goals at the national level. The regional level is made up of 24 health areas, whose functions include the translation of the national policy in regional programs. The third level is made up of health delivery units. There is also a policy of administrative decentralization that seeks to give functional flexibility to these levels within a common policy framework.

This structure faces serious operational constraints, some explicit in the current legal framework and others derived from the lack of development of that legal framework. The current organizational regulations create certain dichotomies in the process of direction by assigning functions that belong to the General Directorate of Health Services to other units dependent upon the policy-making levels. Furthermore, the technico-policy-making units that make up the Directorate have revealed certain weaknesses in supporting and supervising the agencies of the regional and local levels, and administrative and technical integration in the health areas has encountered strong resistance in hospital establishments.

The processes of planning and programming and the administrative systems have not developed in tandem with the nature of the problems and the need of to find concrete solutions. However, the approval in 1979 of the National Health Plan for the next four years, and the National Congress' approval of the new health code, which is very actively being implemented as law, have laid the foundations for extensive restructuring and for the development of tools to make the various health activities operationally feasible.

GUATEMALA - NATIONAL HEALTH PROGRAMS

Development and Maintenance of the Health Service System

Medical Care

Epidemiologic Surveillance and Disease Control

Environmental Sanitation and Conservation

Human Resources and Health Education

Nutrition and Food

Medical Care

Epidemiologic Surveillance and Disease Control

Environmental Sanitation and Conservation

Human Resources and Health Education.

GUATEMALA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHU--PR	1,142,800	144	24	2420	961,600	17,000	90	94,400	55,800	-	14,000	-
PG	396,932	-	-	755	145,995	-	33	35,748	810	58,592	-	155,787
WHU--WR	402,500	24	-	195	108,600	4,000	176	206,600	52,500	30,800	-	-
WT	2,000	-	-	-	-	-	-	-	-	-	-	2,000
WH	3,960	-	-	-	-	-	-	-	3,960	-	-	-
TOTAL	1,948,192	168	24	3370	1,216,195	21,000	319	336,748	109,110	93,352	14,000	157,787
PCT. OF TOTAL	100.0				62.4	1.1		17.3	5.6	4.8	.7	8.1
1982-1983												
PAHU--PR	1,136,900	72	24	1265	764,600	14,000	172	243,800	104,530	3,000	10,000	-
WHU--WR	544,900	-	-	610	170,800	-	133	270,200	73,000	6,000	-	24,900
WP	1,124,500	18	-	720	288,550	6,000	106	299,300	-	402,160	-	128,790
TOTAL	2,806,300	90	24	2595	1,223,950	20,000	471	810,000	177,500	411,160	10,000	153,690
PCT. OF TOTAL	100.0				43.6	.7		28.9	6.3	14.7	.3	5.5
1984-1985												
PAHU--PR	1,134,800	72	24	1035	889,200	16,000	147	264,600	142,000	3,000	20,000	-
WHU--WR	737,900	-	-	640	257,900	-	195	351,000	80,000	20,000	-	29,000
WP	933,300	6	-	390	178,900	3,000	58	255,600	-	380,200	-	115,600
TOTAL	2,806,000	78	24	2065	1,326,000	19,000	400	871,200	222,000	403,200	20,000	144,600
PCT. OF TOTAL	100.0				44.1	.6		29.0	7.4	13.4	.7	4.8

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 GUATEMALA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
					UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					810	357,340	810	371,480	810	431,660
PR	AREA III	AREA REPRESENTATIVE	.0283	D-1						
		ADMINISTRATIVE OFFICER	.4800	P-3						
<u>DISEASE PREVENTION AND CONTROL</u>					550	83,708	786	132,200	786	151,490
PR, WB	AMRO-4330	EPIDEMIOLOGIST	.0861	P-4						
		EPIDEMIOLOGIST	4.5285	P-1						
		SUPPLIES								
<u>FAMILY HEALTH</u>					414	79,710	414	74,630	414	85,990
PR	AMRO-1330	MEDICAL OFFICER (MCH)	.3365	P-4						
		SUPPLIES								
<u>ENVIRONMENTAL HEALTH SERVICES</u>					600	93,190	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER	.0849	P-5						
		SOLID WASTE ADVISOR	4.4932	P-4						
		SUPPLIES, COURSES AND SEMINARS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					508	95,460	563	121,350	393	81,130
WR	AMRO-3130	VETERINARIAN	4.0853	P-4						
		SUPPLIES								
UNDP	AMRO-3230	VETERINARIAN	4.4639	P-5						
		STATISTICIAN	4.4640	P-4						
		CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT								
<u>COMPLEMENTARY SERVICES</u>					453	72,960	390	89,540	390	102,360
PR	AMRO-4130	NURSE ADMINISTRATOR	.0891	P-4						
		NURSE ADMINISTRATOR	.3214	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HEALTH SERVICES</u>					1,173	192,490	1,173	217,900	1,173	251,900
PR	AMRO-5030	COURSES AND SEMINARS								
PR	AMRO-5230	HOSPITAL ADMINISTRATOR	.2031	P-4						
		SUPPLIES								
PR, WR	AMRO-5430	STATISTICIAN	4.0810	P-4						
		MEDICAL RECORDS OFFICER	.5076	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					345	96,990	375	76,890	375	87,020
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4						
PR, UNDP	AMRO-6031	PROJECT MANAGER	.5203	P-5						
		HEALTH EDUCATOR	4.5323	P-4						
		NURSE EDUCATOR	.4084	P-4						
		CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING								
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>					195	26,260	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4						
TOTAL					5,048	1,098,108	4,511	1,083,990	4,341	1,191,550

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

 GUATEMALA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The purpose of this program is to strengthen and better organize programs for the control and eradication of the most prevalent communicable and parasitic diseases and their surveillance systems, with technical cooperation provided by PAHO/WHO. The specific objectives are to reduce morbidity and mortality from diseases preventable by vaccination, with emphasis on the elimination of occasional outbreaks; to achieve the eradication of malaria and to prevent reinfestation by *Aedes aegypti* in the country; to progressively upgrade the extension of programs for the control of tuberculosis and sexually transmitted diseases; to step up research aimed at gaining a better knowledge of the characteristics of Chagas' disease, leishmaniasis, and onchocerciasis, as part of the national program for the prevention of blindness; to promote the execution of certain activities for the control of these diseases; and to support activities for the training of the program personnel. Enteric disease control and rabies control will be strengthened through programs designed for early rehydration, environmental health, the vaccination of the canine population, and the production of rabies vaccines.

As fundamental measures for the achievement of the above-mentioned specific objectives, steps are being taken at the national level to promote: the development of epidemiological surveillance systems and the extension of the Expanded Program of Immunizations to all health areas, under the policy for extending the coverage of services; the supervision and continuous evaluation of the integration of the tuberculosis control program into general health services; training in the area of sexually transmitted diseases through local seminars; the programming of expanded activities and measures for malaria eradication based on a review and assessment of the results of operational research conducted on the problems of resistance, as well as the timely follow-up of *Aedes aegypti* control activities; the reorientation and strengthening of activities and measures for the control of onchocerciasis, including nodulectomy and localized studies on the use of antismulicid insecticides.

Finally, steps are just now being taken to promote the development of some programs for the control of noncommunicable diseases, such as traffic accidents, cancer of the cervix, and hypertension.

GUATEMALA-0100, DISEASE CONTROL

TOTAL		135	210	240	TOTAL	142,060	133,800	193,700
CONSULTANT DAYS	WR	135	210	240				
TOTAL		51	15	15	SUBTOTAL	WR 3,960	-	-
FELLOWSHIP MONTHS	WR	51	15	15	SUPPLIES AND MATERIAL	3,960	-	-
					SUBTOTAL	WR 138,100	133,800	193,700
					PERSONNEL - CONSULTANTS	18,100	58,800	96,700
					SUPPLIES AND MATERIAL	30,800	6,000	20,000
					FELLOWSHIPS	51,700	21,000	27,000
					COURSES AND SEMINARS	37,500	48,000	50,000

GUATEMALA-0200, MALARIA ERADICATION

TOTAL		-	220	240	TOTAL	PR -	71,600	108,700
CONSULTANT DAYS	PR	-	220	240	PERSONNEL - CONSULTANTS	-	61,600	96,700
TOTAL		-	5	5	SUPPLIES AND MATERIAL	-	3,000	3,000
FELLOWSHIP MONTHS	PR	-	5	5	FELLOWSHIPS	-	7,000	9,000

FAMILY HEALTH

The purpose of this program, which is included in what the National Health Plan calls the Program Area of Medical Care, is to continue to strengthen the Central Maternal and Child and Family Health Unit as part of the improvement of the technico-policy-making functions of the General Bureau of Health Services, with technical cooperation from PAHO/WHO and financial support from UNFPA. It provides cooperation for the improvement of the functions of the bureau itself, in particular improvement of diagnosis, not only by clarifying vital and service statistics, but also by carrying out operational research on medico-social aspects and evaluation of efficiency of the services; cooperation is also provided in the development of appropriate technologies for maternal and child care, chiefly in the context of primary care services.

High priority is being given to the program of continuing education of all health personnel, including volunteers (lay midwives and health promoters), as well as to the training of professional personnel abroad, with particular emphasis on the conduct of courses, seminars, and workshops at the national and local levels, with a view to achieving a multiplier effect that will lead to the appropriate training of instructors responsible for training activities at the local

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

level. The program will receive the support of the activities of technical cooperation of the PAHO/WHO centers concerned with family health, and in particular will be provided assistance in the form of resources from the projects of epidemiology, human resources, and nursing that have been assigned to the country and to the Area III Offices and Headquarters.

GUATEMALA-1300, EXTENSION OF MATERNAL AND CHILD HEALTH AND FAMILY WELFARE SERVICES

TOTAL		18	6	TOTAL	UNFPA	-	1,124,500	933,300
P-3 NURSE MIDWIFE 4,5453	UNFPA	18	6	PERSONNEL - POSTS	-	-	86,550	31,400
				LOCAL PERSONNEL COSTS	-	-	76,000	68,000
				PERSONNEL - CONSULTANTS	-	-	126,000	79,500
TOTAL		720	390	STAFF DUTY TRAVEL	-	-	6,000	3,000
				LOCAL TRAVEL COSTS	-	-	66,800	51,600
CONSULTANT DAYS	UNFPA	720	390	SUBCONTRACTS	-	-	30,000	30,000
				MISCELLANEOUS COSTS	-	-	31,990	34,000
TOTAL		106	58	CONTRACEPTIVES	-	-	50,000	51,000
				EXPENDABLE EQUIPMENT	-	-	70,280	83,420
FELLOWSHIP MONTHS	UNFPA	106	58	NON-EXPENDABLE EQUIPMENT	-	-	281,880	245,780
				FELLOWSHIPS	-	-	147,000	103,600
				GROUP TRAINING	-	-	152,000	152,000

GUATEMALA-1301, FAMILY HEALTH

TOTAL		60	-	-	TOTAL	WR	71,400	-	-
CONSULTANT DAYS	WR	60	-	-	PERSONNEL - CONSULTANTS		8,100	-	-
TOTAL		46	-	-	FELLOWSHIPS		48,300	-	-
					COURSES AND SEMINARS		15,000	-	-
FELLOWSHIP MONTHS	WR	46	-	-					

ENVIRONMENTAL HEALTH SERVICES

The Ministry of Public Health and Social Welfare, through the Division of Environmental Sanitation (DSA), prepared a national plan designed to accelerate improvement of the existing conditions regarding environmental health, especially those in the rural areas of the country. To implement this plan, the cooperation of PAHO/WHO, IDB, and UNICEF has been necessary for the design and development of programs in specific areas, in accordance with the priorities established, as well as for the strengthening of the DSA and the Executing Unit of the Program of Rural Water Supply Systems. The following programs, because they bear a relation to the goals of health for all by the year 2000, have been designated as most important by the country's health authorities:

Basic rural sanitation, which includes the provision of water supply and excreta disposal services, as well as the improvement of certain aspects of housing to remedy the fundamental defects that exist. This program is an integral part of primary health care.

Food Hygiene Control, the general purpose of which is to protect the consumer in all the stages of manufacture, storage, distribution, and sale of foods. In order to improve this program, the Ministry of Health, in collaboration with PAHO/WHO and UNDP, established the Unified Food Control Laboratory (LUCAM), which will continue to be financed by the country and to receive technical cooperation from PAHO/WHO.

Drug Control, which is the responsibility of the General Bureau of Health Services. As one of the elements of support to this program, LUCAM facilities and some of its resources will be utilized. It is hoped that there will be gradual expansion in this area; to this end, PAHO/WHO will continue to provide technical cooperation.

Solid waste, which includes the improvement of procedures for management and final disposal of solid waste, especially in the country's urban communities with more than 5,000 inhabitants.

Drinking Water Quality, which is directed toward protecting the health of the population by ensuring the quality of water and gradually implementing a program for the control and surveillance of water quality, and the operation and maintenance of the services.

Environmental Pollution, which focuses mainly on the evaluation of existing levels of the water, air, and soil pollution, and conduct of activities designed to keep them under control and thus protect the health and well-being of the population.

Occupational Health and Safety, which includes research on the environmental and ergonomical hazards to which the population is exposed, and the conduct of activities to ensure the protection of workers, in accordance with the policy established in the National Health Plan.

Human resources, of which the goal is to prepare and train the necessary personnel to achieve the goals established in the National Environmental Sanitation Plan, as part of the broader program of health manpower development.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
GUATEMALA-2000, ENVIRONMENTAL HEALTH									
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	PR	<u>275,100</u>	<u>282,100</u>	<u>291,800</u>
P-4 SANITARY ENGINEER .0490	PR	24	24	24	PERSONNEL - POSTS		96,600	126,500	145,900
					PERSONNEL - CONSULTANTS		101,700	70,000	48,400
					STAFF DUTY TRAVEL		4,000	4,000	4,500
<u>TOTAL</u>		<u>760</u>	<u>250</u>	<u>120</u>	FELLOWSHIPS		60,800	75,600	81,000
					COURSES AND SEMINARS		12,000	6,000	12,000
CONSULTANT DAYS	PR	760	250	120					
<u>TOTAL</u>		<u>58</u>	<u>54</u>	<u>45</u>					
FELLOWSHIP MONTHS	PR	58	54	45					
GUATEMALA-2101, INSTITUTIONAL DEVELOPMENT OF UNEPAR									
<u>TOTAL</u>		<u>395</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>		<u>96,274</u>	<u>41,800</u>	<u>51,600</u>
CONSULTANT DAYS	PG	395	-	-	SUBTOTAL	PG	96,274	-	-
<u>TOTAL</u>		<u>7</u>	<u>12</u>	<u>12</u>	PERSONNEL - CONSULTANTS		76,085	-	-
					SUPPLIES AND MATERIAL		11,878	-	-
FELLOWSHIP MONTHS	PG	7	-	-	FELLOWSHIPS		7,501	-	-
FELLOWSHIP MONTHS	WR	-	12	12	COURSES AND SEMINARS		810	-	-
					SUBTOTAL	WR	-	41,800	51,600
					FELLOWSHIPS		-	16,800	21,600
					COURSES AND SEMINARS		-	25,000	30,000
GUATEMALA-3500, UNIFIED FOOD CONTROL LABORATORY									
<u>TOTAL</u>		<u>72</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>		<u>447,350</u>	<u>85,400</u>	<u>121,400</u>
P-4 LABORATORY ADVISOR .4277	PR	24	-	-	SUBTOTAL	PR	316,100	85,400	121,400
P-3 LABORATORY ADVISOR .3535 .4278	PR	48	-	-	PERSONNEL - POSTS		261,400	-	-
<u>TOTAL</u>		<u>-</u>	<u>270</u>	<u>270</u>	LOCAL PERSONNEL COSTS		53,700	-	-
					PERSONNEL - CONSULTANTS		-	75,600	108,800
CONSULTANT DAYS	PR	-	270	270	STAFF DUTY TRAVEL		1,000	-	-
<u>TOTAL</u>		<u>-</u>	<u>7</u>	<u>7</u>	FELLOWSHIPS		-	9,800	12,600
					SUBTOTAL	PG	131,250	-	-
FELLOWSHIP MONTHS	PR	-	7	7	CONTRACTUAL SERVICES		105,000	-	-
					GENERAL OPERAT. EXPENSES		26,250	-	-
GUATEMALA-3600, DRUG CONTROL									
<u>TOTAL</u>		<u>-</u>	<u>45</u>	<u>45</u>	<u>TOTAL</u>		<u>61,692</u>	<u>21,000</u>	<u>28,900</u>
CONSULTANT DAYS	PR	-	45	45	SUBTOTAL	PR	-	21,000	28,900
<u>TOTAL</u>		<u>-</u>	<u>6</u>	<u>6</u>	PERSONNEL - CONSULTANTS		-	12,600	18,100
					FELLOWSHIPS		-	8,400	10,800
FELLOWSHIP MONTHS	PR	-	6	6	SUBTOTAL	PG	59,692	-	-
					GENERAL OPERAT. EXPENSES		12,978	-	-
					SUPPLIES AND MATERIAL		46,714	-	-
					SUBTOTAL	UNDP	2,000	-	-
					MISCELLANEOUS COSTS		2,000	-	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

DEVELOPMENT OF HEALTH SERVICES

The program is a priority component of the national health policy and is consistent with the National Development Plan and with the strategies and goals of health for all by the year 2000. PAHO/WHO has offered technical cooperation to support the activities of the program for the planning and development of the health services system, the purpose of which is to gradually improve the organization and operation of the services by developing the present infrastructure and coordinating the various agencies of the sector, and thus to extend the coverage of the services, especially in the rural and periurban areas and to enlist the active participation of the community.

The Ministry of Public Health and Social Welfare has been carrying out a series of activities designed to give priority to the programs being executed in all its agencies, which are framed in the proposals of the National Health Plan 1978-1982 and in national and local programming operations. The health services are expected to be developed within a system of regionalization, appropriate care levels and referral systems, intra- and inter-sectoral coordination, training of personnel, and development of all areas of the administrative system.

PAHO/WHO cooperation will be strengthened with resources for the development of the administrative and information systems, required for the execution of the previously mentioned National Health Plan. The cooperation strategy is based on the use of the proceeds of the loans for investments and grants for technical cooperation extended to the Government by IDB and other foreign assistance agencies.

GUATEMALA-5100, DEVELOPMENT OF HEALTH SERVICES AND EXTENSION OF COVERAGE

TOTAL		72	72	72	TOTAL	540,900	709,700	890,300
P-4 MEDICAL OFFICER +0284 +5096	PR	24	48	48	SUBTOTAL	PR 347,900	340,400	397,700
P-3 NURSE ADMINISTRATOR 4.4839	WR	24	-	-	PERSONNEL - POSTS	124,500	283,900	326,200
G-8 ADMINISTRATIVE ASSISTANT .0285	PR	24	24	24	PERSONNEL - CONSULTANTS	181,600	-	-
TOTAL		1330	400	400	STAFF DUTY TRAVEL	8,000	10,000	11,500
CONSULTANT DAYS	PR	1330	-	-	COURSES AND SEMINARS	33,800	46,500	60,000
CONSULTANT DAYS	WR	-	400	400	SUBTOTAL	WR 193,000	369,300	492,400
TOTAL		99	166	168	PERSONNEL - POSTS	82,400	-	-
FELLOWSHIP MONTHS	WR	99	166	168	PERSONNEL - CONSULTANTS	-	112,000	161,200
					STAFF DUTY TRAVEL	4,000	-	-
					GENERAL OPERAT. EXPENSES	-	24,900	29,000
					FELLOWSHIPS	106,600	232,400	302,400

GUATEMALA-5104, EXTENSION OF COVERAGE OF HEALTH SERVICES

TOTAL		24	-	-	TOTAL	194,723	-	-
P-4 MEDICAL OFFICER .5096	PR	24	-	-	SUBTOTAL	PR 100,600	-	-
TOTAL		280	-	-	PERSONNEL - POSTS	96,600	-	-
CONSULTANT DAYS	PG	280	-	-	STAFF DUTY TRAVEL	4,000	-	-
TOTAL		26	-	-	SUBTOTAL	PG 94,123	-	-
FELLOWSHIP MONTHS	PG	26	-	-	PERSONNEL - CONSULTANTS	54,317	-	-
					FELLOWSHIPS	28,247	-	-
					PROGRAM SUPPORT COSTS	11,559	-	-

DEVELOPMENT OF HUMAN RESOURCES

The national program is carried out with the Organization's technical cooperation, which since 1980 has been reinforced by the activities of PASCCAP, and which comprises five fundamental components: (a) activities aimed at expanding the operational capacity and organization of the Division of Manpower Training of the Ministry of Public Health and Social Welfare with regard to its formulation of a strategy for training personnel for the organization of a manpower development plan; (b) programs for the education and training of personnel based on continuing education, through supervised self-teaching and training. Cooperation in these programs is directed toward the schools of nursing and the organization of resources for the training of technical and auxiliary personnel, training of promoters and community personnel, and training of in-service personnel through local courses and fellowships for study abroad; (c) promotion of programs for the development of educational technology geared to the different levels of personnel; (d) research on health and education (characteristics of the production of and demand for human resources in the health system), evaluation of programs of continuing education and supervision, and research on education and educational methods; (e) training of professional personnel, which is being carried out with the technical cooperation of PAHO/WHO through support to some components of the educational activities of the School of Medical Sciences, the School of Dentistry, the School of Veterinary Medicine and Animal Husbandry, and the Regional School of Sanitary Engineering of San Carlos University as well as through the program for the provision of textbook and teaching materials which has been extending its services to the nursing schools, in addition to all the schools mentioned above.

GUT

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
GUATEMALA-6000, DEVELOPMENT OF HUMAN RESOURCES								
<u>TOTAL</u>		<u>330</u>	<u>480</u>	<u>360</u>	<u>TOTAL</u>	<u>PR 103,100</u>	<u>336,400</u>	<u>386,300</u>
CONSULTANT DAYS	PR	330	480	360	PERSONNEL - CONSULTANTS	45,500	134,400	145,100
<u>TOTAL</u>		<u>32</u>	<u>100</u>	<u>84</u>	FELLOWSHIPS	33,600	140,000	151,200
					COURSES AND SEMINARS	10,000	52,000	70,000
FELLOWSHIP MONTHS	PR	32	100	84	GRANTS	14,000	10,000	20,000

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

This program will provide assistance in performing an analysis of the current maintenance service and developing a system for the maintenance of health equipment in the three departments of Sololá, Totonicapán, and San Marcos.

GUATEMALA-7400, MAINTENANCE OF HEALTH CARE FACILITIES AND EQUIPMENT

<u>TOTAL</u>		<u>80</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PG 15,593</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PG	80	-	-	PERSONNEL - CONSULTANTS	15,593	-	-

 GUYANA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	818
Area (in thousand square kilometers)	1978	215
Cultivated land	1978	13.8%
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	69.1
Death rate per 1,000 population	1976	7.9
Infant mortality rate per 1,000 live births	1976	45.3
Death rate 1-4 years, per 1,000 population	1976	3.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1976	10.5
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1976	10.3
Number of physicians per 10,000 population	1976	1.7
Number of hospital beds per 1,000 population	1976	4.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1976	42.9
Percentage of population 55 years and over	1976	8.1
Rate of natural increase per 1,000 population	1976	22.5
Fertility rate per 1,000 women 15-44 years of age	1970	173
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1976	29
Percentage of population with access to potable water	1977	98
Per capita calories per day	1972-1974	2,343
Per capita protein per day (grams)	1972-1974	54
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	1,377
- in United States dollars	1978	540
Percentage of GDP from secondary sector (manufacturing and building)	1978	19
Economically active population in primary sector (agriculture, mining, and quarrying)	1978	68
<u>Educational Indicators:</u>		
Percentage of literate population	1971	86
Percentage of population 5-12 years enrolled in primary schools*	1976-1977	88
Percentage of population 13-16 years enrolled in secondary schools*	1976-1977	65
Total population over 18 years enrolled in university*	1976-1977	1,671

*Total enrollment as a percentage of population in the age group

GUYANA - COUNTRY STATEMENT

Guyana, which became the world's first Cooperative Republic in 1970, framed a new Constitution in 1980 in keeping with its socialist philosophy and policy of non-alignment. In Guyana, socialism means public and cooperative ownership of the means of production, distribution and exchange, equitable distribution of national income among the work force, a classless society in which all are workers, each contributing in accordance with his ability, and a centrally planned economy in the interest of national development. In the new constitution, the Parliament, the National Congress of Local Democratic Organs and the Supreme Congress of the People are the three central deliberative bodies of the nation. The President and the Cabinet are its supreme executive authorities.

Since its independence in 1966, the Guyana Government embarked on a policy aimed at establishing a united, self-reliant, socialist, economically independent society. These principles are expressed in the Second National Development Plan (1972-1976). The strategy to achieve these basic objectives was directed towards feeding, clothing and housing the entire population. Recently, the Government produced an investment code which recognizes the trisectoral nature of the economy, the public sector, the cooperative sector and the private sector.

Due to the slump in export earnings of the major industries, the decline of the total export earnings between 1978 and 1979, a shortfall in the net external capital inflows, and a relatively high level of imports, the banking system reserve experienced some additional pressure and showed a decline over the 1978 level. The increasing cost of oil has hit Guyana hard and accounts now for 21% of its imports.

Guyana's economy is basically sound. The country has the resources to feed itself and the infrastructural capacity to meet its production and export targets. It has a reasonable program for stabilization and economic recovery. Within the limits of its financial resources, workers have been ensured increased monetary rewards, and have an opportunity to earn higher incomes by way of tax-free awards payable under productivity-linked incentive schemes.

The control of vector-borne diseases is a program of major importance to the country's health and welfare. Malaria, which was eradicated in the 1950's and was reduced to a border problem by 1972, resurged in the mid 70's so that in 1976 there were 4,642 cases. Through a major effort on the part of the Ministry, there has been a decline in incidence of cases; 1,575 cases were reported in 1977 and 922 in 1978. Measures are being stepped up to control this disease and to prevent it from spreading beyond the hinterland areas where, in 1979 and 1980, 2,280 and 3,202 cases were reported respectively. However, more than 2,300 cases are expected to be reported this year.

The main reasons for difficulty in malaria control include: (1) deficient management; (2) organizational difficulties (lack of basic health services infrastructure in the remote areas, and the fact that the population makes seasonal migrations); (3) serious logistics obstacles (lack of communication between capital and interior, 50% of the vehicles are broken down); and (4) technical problems (certain unknowns remain about the habits of mosquitoes and their resistance to insecticide).

With regard to the Aedes aegypti program, during the early part of 1977 the Aedes aegypti situation in Guyana seemed stable in all areas of Georgetown, with an overall index of 4.2%. In November 1977, however, with the outbreak of dengue, closer monitoring of these areas was done. A number of houses was selected in each area in Georgetown to be inspected at random; these inspections revealed that the index found in all areas after inspection was approximately 33%. This situation had developed as a result of inadequate field supervision. Inspection and treatment cycles, ultra-low volume spraying and the use of ovitraps were immediately instituted in order to reduce this high incidence as rapidly as possible. While the airport area remains free of Aedes aegypti, other areas have an index between 3.66 and 6.57%.

In 1978, 93 cases of typhoid fever, 108 cases of tuberculosis, 21 cases of tetanus and 220 cases of hepatitis were reported.

With regard to the immunizable diseases, the introduction of immunization as a requirement for school entry in 1975 has meant that the primary school population is well immunized against diphtheria, pertussis, poliomyelitis and smallpox. Guyana is participating in the WHO Expanded Program of Immunization, and current emphasis is therefore placed on extending the range of vaccines given and the age group covered. Most recent figures indicate that 41.2% of the two-year age group has been fully immunized against DPT while 44.4% have been immunized against poliomyelitis. The occurrence of several human cases of yellow fever in neighboring countries prompted the Ministry of Health to vaccinate people rapidly against that disease.

The Maternal and Child Health Program is the special responsibility of a Medical Officer of Health. Available statistics indicate the incidence of anemia in pregnancy is high (50%). About 20% of deliveries are performed by untrained personnel, the maternal mortality rate is 0.69 per 1,000 live births, and the infant mortality rate (1976) is 45.3 per 1,000 live births. Program achievements include immunization of 95% of primary school children against poliomyelitis and 86% against diphtheria and tetanus, the establishment and evaluation of 13 high-risk clinics, the conduct of a malnutrition clinic, and postnatal and family counseling (mainly child spacing) clinic services at five health centers.

The Food and Nutrition Survey, carried out in 1971, through the collaboration and efforts of the Government of Guyana and CFNI, showed that 18.2% of children under 5 years were moderately or severely malnourished, while 70% of rural and 50% urban children in this age group showed some degree of malnutrition. In 1979, a study of 57,654 new cases at maternal and child health clinics revealed 30.4% with grade I malnutrition, 8.3% with grade II and 0.7% with grade III. Other survey findings included iron and folic acid deficiency anemia, particularly among pregnant women, as well as obesity in more than 50% of the women. In an attempt to improve the nutritional status of the infant population as well as to save foreign exchange, the Government has introduced a highly nutritious, locally made weaning food which is proving quite acceptable to the community. The creation of a National Food and Nutrition Council, working in close relationship with the State Planning Commission, should enable the promotion of nutrition at the highest level of the Government while

ensuring better coordination of the different sectional inputs having a bearing on the nutritional state of the population. Shortage of manpower remains particularly acute in the field of nutrition. In particular, the absence of a nutritionist at the Ministry of Health is a deterrent factor to better input by the Ministry of Health in the framing and implementation of the National Policy.

A vigorous Leprosy Control Program is being maintained. The number of new cases found was 31 in 1977 and 39 in 1978. In 1979, there were 78 cases, of which 13 were lepromatous and 32 were borderline forms. The provisional figures for 1980 show a registration of 77 new cases, 11 of which were positive and 9 lepromatous. Since 1975 the percentage of patients showing any disability was below 20%.

The national dental health program has been focused mainly on the training of dental auxiliaries. The first intake of 10 trainees to the two-year Dental Auxiliaries Training Program took place in January 1976, and the students graduated in December 1978. A second group graduated in 1979. The dentist-population ratio is not more than 0.25 per 10,000.

In the rural areas, water supply is under the jurisdiction of the Guyana Water Authority (GUYWA), a state agency created in 1977 to administer all rural water supply systems. However, due to lack of funds, GUYWA has only partially accomplished its mission and is now in control of about 120 water supply systems which represent 75% of the total number of systems but serve only 200,000 people. The remaining 25% are operated by sugar estates. The total recent statistics suggest that 71% of the rural population is covered with potable water supply, 33% having house connections and 37% having easy access to water. The rural areas are not covered by any excreta disposal facilities other than septic tanks or pit latrines. Frequent flooding of rural areas in the coastal plains compounds sanitation problems. In Georgetown, the water supply system and sewerage system are administered by the Georgetown Sewerage and Water Commissioners. The Georgetown area is almost completely served with some type of water system, 98% with house connections and 2% stand pipes. The growth of the urban population has rendered the sewerage system in Georgetown insufficient, as 30% of present urban Greater Georgetown have only sewer connections. Furthermore, the system is in a state of near collapse. On the basis of a feasibility study carried out by PAHO, IDB studied the possibility of funding a project aimed at reconstructing the 50-year-old system at an estimated cost of G\$12,000,000. Money has recently been released to launch this project.

Solid waste disposal poses problems for the large urban areas. General alternatives considered practical include incineration, shredding with land-filling, transfer station with land-filling, and a continuation of present practices. One question that needs to be determined is whether the disposal of refuse should be dealt with in respect to Georgetown in isolation, or whether there should be an overall program for the collection and disposal of refuse in the whole country or separately as an expanding urban development. Reports submitted by PAHO advisors on solid waste disposal in Georgetown and Linden were studied, but so far have not resulted in any major commitment.

The local incidence of zoonoses in man and animals is not known with any degree of accuracy; however, available statistics suggest that there is a brucellosis incidence of about 0.7% in cattle and pigs (1973). Of the carcasses slaughtered, 3.5% had generalized tuberculosis (1971) and 34.1% of sera examined showed the presence of leptospiral antibodies at a titre of 1:1000 or higher (1973).

In 1976 antibodies to eastern equine encephalitis and Venezuelan equine encephalitis were found in cattle; in 1977, 14 animals died as a result of anthrax; in 1978 there was an outbreak of foot-and-mouth disease in the Rupununi which was effectively controlled. Suspected but unconfirmed cases of blue tongue disease were reported. National vaccination campaigns were implemented against rabies, canine distemper, canine hepatitis, leptospirosis, fowl pox, Newcastle's disease, Marek's disease and infectious bronchitis. A vampire bat control program was effective during the first six months of 1979. Construction and equipment of a new Veterinary Diagnostic Laboratory is planned for 1981.

The development of the health care delivery system is now receiving the full attention of the Ministry of Health and the Government of Guyana. It has long been recognized that the efficiency of the Guyana Health Care System has been restricted by: (a) fragmentation and lack of coordination of service in various areas; (b) comparatively high cost of providing ambulatory, mainly maternal and child health services; (c) underutilization of district hospitals; (d) concentration of hospital services in the major conurbations; and (e) lack of decentralization of decision-making procedures for even day-to-day activities.

As a result of these characteristics, the health care delivery system is ill integrated and weak at the periphery while intermediate level facilities are underutilized, which leads to overcrowding of the upper level of the system, that is, the Georgetown Hospital. The Hospital is unable to perform the functions that are expected from it and to provide the self-sufficiency required by the health services system. At present, it uses more than half of the health manpower resources of the country, yet its physical plant is in many instances obsolete and non-functional. In order to correct the situation, a loan proposal was submitted to the IDB. The proposal consists of two phases. The first phase comprises the period 1978-1982. It aims at the reorganization of the health services system and the addition of the complementary facilities required for strengthening the periphery. This will not necessarily reduce the flow to the center but will alter the type of referrals to those problems needing a higher degree of technical skill.

The second phase complements the first one and includes the construction of a National Referral Center at the Georgetown Hospital Complex. The present Georgetown Hospital will thus be replaced by a complex which will be more appropriate to perform as the most complex level of the health services of the country, as well as the regional hospital for the region and as a district base for ambulatory care for Greater Georgetown. The broad objectives of the project are: (a) to expand and improve the coverage of the health care provided by the addition of new health services and through the better utilization of the existing infrastructure; (b) to reorganize the Health Care Delivery system on the basis of a regionalized system of accessibility and referral, in order to provide the population with access to basic services as well as to the most complex ones when needed, especially in the case of scattered rural and interior communities; and (c) to facilitate the accomplishment of the former objectives through development programs of the management and information systems, development of personnel and technical cooperation.

The investment program includes: (a) construction and equipment of new facilities as follows: 13 health posts, 7 health stations, 1 health center, and 10 district hospitals; and (b) expansion of existing facilities and equipment as follows: 1 district hospital and 2 regional hospitals. There are at present 2 regional hospitals, 16 district hospitals, 53 health centers, 88 health stations, 29 dispensaries and 13 medical outposts.

To finance this project, the Guyana Government has secured from the IDB a loan and a nonreimbursable technical cooperation component. PAHO is the executing agency for this project. PAHO's technical cooperation activities in 1979 were oriented towards: (a) general planning; (b) personnel, finance and supply administration; (c) extension of coverage of the health services; (d) development of an information system for extension of coverage; (e) establishment of a methodology for budgeting by program; (f) general diagnostic studies and work plan for 1980 for Hospital and Finance Administration; (g) definition of new functions at central and regional levels and the personnel needed to execute them; and (h) opening of channels for interand extrasectional coordination.

An additional loan is available from the IDB to finance the feasibility study for the Georgetown Hospital Complex. The draft of the agreement between Guyana and PAHO has already been approved.

It is difficult to assess the real situation of manpower in the health sector but it has continuously deteriorated in the last few years due especially to emigration and the transfer of professionals to other ministries and corporations with better careers or opportunities.

Discussions are being held in order to centralize the efforts of the Implementation Unit, the Medex Program and the University of Guyana in a Training Unit for Health Services.

GUYANA - NATIONAL HEALTH PROGRAMS

Vector Control
Surveillance and Disease Control (Epidemiology)
Maternal and Child Health
Nutrition
Dental Health
Environmental Health
Veterinary Public Health
Consumer Protection
Care of the Aged
Administration (Personnel, Finance, Supply)
Maintenance
Health Education
Information System
Human Resources Planning and Development
Medical Care Services
Rehabilitation
Project for the Strengthening of the
Health Care Delivery System

GUYANA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	620,470	43.0	664,500	54.4	359,100	36.0
SERVICES TO INDIVIDUALS	264,600	18.3	311,000	25.5	335,600	33.6
COMMUNICABLE DISEASES						
0200 MALARIA	136,000	9.4	151,400	12.4	161,600	16.2
0700 AEDES AEGYPTI-BURNE DISEASES	17,000	1.2	-	-	-	-
1400 NUTRITION	98,200	6.8	134,100	11.0	150,700	15.1
1600 DENTAL HEALTH	13,400	.9	29,500	2.1	23,300	2.3
ENVIRONMENTAL HEALTH SERVICES	353,100	24.5	353,500	28.9	23,500	2.4
3100 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH PROGRAM PLANNING AND GENERAL ACTIVITIES	353,100	24.5	353,500	28.9	23,500	2.4
COMPLEMENTARY SERVICES	2,770	.2	-	-	-	-
4100 NURSING	2,770	.2	-	-	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	823,080	57.0	557,610	45.6	638,200	64.0
HEALTH SYSTEMS	823,080	57.0	557,610	45.6	638,200	64.0
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	162,400	11.3	190,800	15.6	247,700	24.8
5100 GENERAL PUBLIC HEALTH SYSTEMS	496,280	34.2	366,810	30.0	390,500	39.2
5200 MEDICAL CARE SYSTEMS	77,000	5.3	-	-	-	-
5500 MANAGEMENT SYSTEMS	89,400	6.2	-	-	-	-
GRAND TOTAL	1,443,550	100.0	1,222,110	100.0	997,300	100.0

GUYANA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
PAHU--PR	131,600	24	-	60	90,500	7,000	10	10,400	4,700	19,000	-
PG	358,450	24	-	705	227,755	5,452	-	-	-	953	124,290
WHD--WR	625,600	96	24	230	433,900	29,200	108	114,200	3,000	16,500	28,800
WT	327,900	56	-	-	243,600	-	7	7,600	-	73,700	3,000
TOTAL	1,443,550	200	24	995	995,755	41,652	125	132,200	7,700	110,153	156,090
PCT. OF TOTAL	100.0				69.0	2.9		9.2	.5	7.6	10.8
1982-1983											
PAHU--PR	33,200	-	-	60	16,800	-	10	14,000	-	2,400	-
PG	70,710	6	-	120	55,925	3,000	-	-	-	-	11,785
WHD--WR	797,900	90	48	470	580,400	34,000	81	113,400	3,500	20,500	46,100
WT	320,300	64	-	-	299,100	-	8	10,600	-	3,000	7,600
TOTAL	1,222,110	160	48	650	952,225	37,000	99	138,000	3,500	25,900	65,485
PCT. OF TOTAL	100.0				77.9	3.0		11.3	.3	2.1	5.4
1984-1985											
PAHU--PR	23,500	-	-	30	12,100	-	5	9,000	-	2,400	-
WHD--WR	973,800	96	48	475	790,400	38,000	40	72,000	4,700	21,600	47,100
TOTAL	997,300	96	48	505	802,500	38,000	45	81,000	4,700	24,000	47,100
PCT. OF TOTAL	100.0				80.5	3.8		8.1	.5	2.4	4.7

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

GUYANA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					80	14,650	120	52,080	120	61,180
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1						
		ADMINISTRATIVE OFFICER	4.5482	P-5						
			.5090	P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					62	15,900	62	16,480	62	18,020
PG	AMRO-0510	CONSULTANTS, LOCAL COSTS, SUPPLIES								
PR	AMRO-0710	Aedes Aegypti Advisor	.0610	P-4						
		CONSULTANTS, SUPPLIES, FELLOWSHIPS								
<u>FAMILY HEALTH</u>					125	20,560	70	18,490	40	10,070
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5						
		HEALTH EDUCATION SPEC.	4.3702	P-4						
		MEDICAL OFFICER (MCH)	4.5319	P-4						
		NURSE MIDWIFE	4.3703	P-4						
PR	AMRO-1510	NURSE ADMINISTRATOR	.5281	P-3						
		CONSULTANTS, SUPPLIES								
<u>ENVIRONMENTAL HEALTH SERVICES</u>					85	25,180	85	25,835	85	23,530
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5						
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					70	13,920	70	18,090	70	20,110
WR	AMRO-3110	VETERINARIAN	4.4045	P-5						
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS								
<u>COMPLEMENTARY SERVICES</u>					60	9,440	27	5,440	27	6,130
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					364	58,570	285	57,230	285	65,180
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					183	75,250	143	58,750	43	35,320
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR	.0604	P-4						
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS								
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5						
		HEALTH EDUCATOR	4.4355	P-4						
		HEALTH EDUCATOR	4.4356	P-4						
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS								
TOTAL					1,029	233,470	862	252,395	732	239,540

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

GUYANA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The specific purposes of this program are to eradicate malaria from the hinterland areas of the Rupununi and the Northwest; to keep the coastal strip malaria free; to eradicate *Aedes aegypti* infestation and to eradicate or control other vector-borne diseases; to reduce the incidence of other communicable diseases; and to develop effective epidemiological surveillance services.

PAHO/WHO will support the national program by training personnel in entomological techniques, including identification of vectors, their sensitivity to insecticide and modern methods of source reduction, and promoting improvement in immunization schedules and in the reporting system, and improved performance of laboratory personnel.

GUYANA-0200, MALARIA ERADICATION

TOTAL		24	24	24	TOTAL	WR	136,000	151,400	161,600
P-4 ENTOMOLOGIST 4.4969	WR	24	-	-	PERSONNEL - POSTS		96,600	109,600	130,400
P-3 OPERATIONS OFFICER 4.5450	WR	-	24	24	PERSONNEL - CONSULTANTS		4,300	-	-
					STAFF DUTY TRAVEL		8,300	10,000	12,200
					SUPPLIES AND MATERIAL		9,200	9,400	10,000
					FELLOWSHIPS		17,600	22,400	9,000
TOTAL		30	-	-					
CONSULTANT DAYS	WR	30	-	-					
TOTAL		17	16	5					
FELLOWSHIP MONTHS	WR	17	16	5					

GUYANA-0700, *Aedes aegypti* ERADICATION

TOTAL	PR	17,000	-	-
SUPPLIES AND MATERIAL		17,000	-	-

FAMILY HEALTH

The PAHO/WHO family health technical cooperation program supports the national programs of nutrition, dental health and maternal and child health. Its overall objectives are the reduction of malnutrition and obesity through the implementation of a national food and nutrition policy, the improvement of dental health of the community by increasing dental manpower through the utilization of trained dental nurses, and the reduction of infant and maternal morbidity and mortality.

PAHO/WHO will assist in updating information on protein calorie malnutrition, in continuing to promote the implementation of the food and nutrition policy, in planning and executing the food and nutrition survey, in developing institutional dietetic services, and in ensuring that the nutrition component is incorporated into all training programs of the health sector. In this context, the PAHO nutritionist will participate in the implementation of a public health nurse teaching program, as well as in the planning and conduct of inservice training seminars for health visitors.

The Family Health advisors will assist in the implementation and evaluation of the strategy and plan of action to combat gastroenteritis and malnutrition, the maintenance of an effective immunization program, the development of a program for care of the aged, the strengthening of neonatal and pediatric services, the development and implementation of an oral-rehydration program, and the conduct of a workshop on breast-feeding.

GUYANA-1400, NUTRITION

TOTAL		24	24	24	TOTAL	WR	98,200	134,100	150,700
P-3 NUTRITIONIST 4.3083	WR	24	24	24	PERSONNEL - POSTS		82,400	109,600	130,400
					STAFF DUTY TRAVEL		7,200	8,000	8,800
					FELLOWSHIPS		8,200	14,000	9,000
					COURSES AND SEMINARS		400	2,500	2,500
TOTAL		8	10	5					
FELLOWSHIP MONTHS	WR	8	10	5					

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
					\$	\$	\$

GUYANA-1600, DENTAL HEALTH

TOTAL		30	30	15	TOTAL	WR	13,400	25,500	23,300
CONSULTANT DAYS	WR	30	30	15	PERSONNEL - CONSULTANTS		4,000	8,400	6,000
TOTAL		2	5	4	SUPPLIES AND MATERIAL		7,300	10,100	10,100
					FELLOWSHIPS		2,100	7,000	7,200
FELLOWSHIP MONTHS	WR	2	5	4					

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The purpose of this program is to support the country in its objectives of improving the standard of veterinary services resulting in improved production, increased available animal protein, and improved nutrition; providing a comprehensive program of a national animal health and veterinary public health service to protect human and animal health from zoonotic and other diseases; and preventing the economic losses and food wastage caused by these diseases.

PAHO will cooperate in the organization of the Veterinary Diagnostic Laboratory Services, implementation of diagnostic laboratory techniques, training of veterinary laboratory professionals and technicians, and determining the incidence and prevalence of major animal diseases.

GUYANA-3100, VETERINARY PUBLIC HEALTH

TOTAL		60	60	30	TOTAL	PR	25,200	33,200	23,500
CONSULTANT DAYS	PR	60	60	30	PERSONNEL - CONSULTANTS		8,100	16,800	12,100
TOTAL		10	10	5	SUPPLIES AND MATERIAL		2,000	2,400	2,400
					FELLOWSHIPS		10,400	14,000	9,000
FELLOWSHIP MONTHS	PR	10	10	5	COURSES AND SEMINARS		4,700	-	-

GUYANA-3101, STRENGTHENING VETERINARY SERVICES

TOTAL		56	64	-	TOTAL	UNDP	327,900	320,300	-
P-5 PROJECT MANAGER 4.4768	UNDP	17	19	-	PERSONNEL - POSTS		243,600	299,100	-
P-4 MICROBIOLOGIST 4.4769	UNDP	15	9	-	MISCELLANEOUS COSTS		3,000	7,600	-
P-4 PATHOLOGIST 4.4770	UNDP	7	17	-	MISCELLANEOUS EQUIPMENT		73,700	3,000	-
P-2 LABORATORY ADVISOR 4.5280	UNDP	17	19	-	FELLOWSHIPS		7,600	10,600	-
TOTAL		7	8	-					
FELLOWSHIP MONTHS	UNDP	7	8	-					

COMPLEMENTARY SERVICES

The purposes of the program are the organization and development of nursing as a system consistent with the health care system as defined in the National Health Plan; the preparation of a group of auxiliary physical therapy personnel to provide disability prevention and rehabilitation services; and the reorganization of the existing orthopaedic workshop so that services may be provided efficiently and economically for the needs of the disabled. Regional nursing advisers will assist the national nursing program with the definition of the role and function of the nurse in the context of expansion of coverage and primary health care. Assistance will be provided in upgrading skills to improve standards of care for hospital and community nursing.

GUYANA-4100, NURSING SERVICES

TOTAL		15	-	-	TOTAL	PG	2,770	-	-
CONSULTANT DAYS	PG	15	-	-	PERSONNEL - CONSULTANTS		2,770	-	-

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

DEVELOPMENT OF HEALTH SERVICES

The purposes of the program are the planning and coordination of PAHO/WHO technical cooperation with the health sector in the context of national development policy and strategies; the reorganization and expansion of the health care delivery system on the basis of a regionalized system of accessibility and referral; and the development of management and information systems and human resources development, due attention being paid to the expanded role of the nurse.

PAHO/WHO will continue to emphasize planning and programming for the optimum utilization of resources and will provide the advisory services of a full-time consultant to assist the Ministry of Health in adapting its institutional structure to the regionalization of the health care delivery system. With the assistance of the country program staff, Area and Regional Advisors, basic studies of a multidisciplinary nature will be undertaken to plan the national and regional health system, levels of care, information systems, hospital improvement and manpower required for the reorganized system. Area and regional nursing advisors will assist in the fields of nursing service and education.

Assistance will be made available as necessary to participate in the design of a system to analyze resources, productivity and costs, to develop norms and manuals for general and medical services, to develop an equipment maintenance program, and to assist with programming a health care system for Greater Georgetown.

GUYANA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		48	72	72	TOTAL	WR	162,400	190,800	247,700
P-5 PAHO/WHO REPRESENTATIVE	WR	24	24	24	PERSONNEL - POSTS		126,400	136,700	192,100
4-0302					STAFF DUTY TRAVEL		7,200	8,000	8,500
G-6 ADMINISTRATIVE ASSISTANT	WR	24	24	24	GENERAL OPERAT. EXPENSES		28,800	46,100	47,100
4-3671									
G-4 COMMUNICATIONS CLERK	WR	-	24	24					
4-5451									

GUYANA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		48	24	24	TOTAL		493,327	366,810	390,500
P-6 MEDICAL OFFICER	PG	24	6	-	PERSONNEL - POSTS		92,099	25,500	-
4-4971					PERSONNEL - CONSULTANTS		132,886	30,425	-
P-4 MEDICAL OFFICER	WR	24	18	24	STAFF DUTY TRAVEL		5,452	3,000	-
4-4971					PROGRAM SUPPORT COSTS		47,290	11,785	-
TOTAL		860	560	460	PERSONNEL - POSTS		96,600	92,900	146,100
CONSULTANT DAYS	PG	690	120	-	PERSONNEL - CONSULTANTS		23,600	123,200	185,400
CONSULTANT DAYS	WR	170	440	460	STAFF DUTY TRAVEL		6,500	8,000	8,500
TOTAL		81	50	26	SUPPLIES AND MATERIAL		-	1,000	1,500
FELLOWSHIP MONTHS	WR	81	50	26	FELLOWSHIPS		86,300	70,000	46,800
					COURSES AND SEMINARS		2,600	1,000	2,200

GUYANA-5102, ACQUISITION OF MEDICAL EQUIPMENT

TOTAL	PG	953	-	-
SUPPLIES AND MATERIAL		953	-	-

GUYANA-5200, FEASIBILITY STUDY FOR CONSTRUCTION OF A HOSPITAL COMPLEX IN GEORGETOWN

TOTAL	PG	77,000	-	-
CONTRACTUAL SERVICES		65,411	-	-
PROGRAM SUPPORT COSTS		11,589	-	-

GUYANA-5500, MANAGEMENT OF HEALTH SERVICES

TOTAL		24	-	-	TOTAL	PR	89,400	-	-
P-3 ADMIN. METHODS OFFICER	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
4-3724					STAFF DUTY TRAVEL		7,000	-	-

 HAITI - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	5,025
Area (in thousand square kilometers)	-	28
Cultivated land (in thousand square kilometers)	1978	9
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	52.2
Death rate per 1,000 population	1976	14.5
Infant mortality rate per 1,000 live births	1978	125.0
Death rate 1-4 years, per 1,000 population	1978	97.0
Percentage of hospital deaths from infectious and parasitic diseases (ICD Codes 000-136)	1976	47.5
Percentage of hospital deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1976	8.7
Number of physicians per 10,000 population	1980	1.4
Number of hospital beds per 1,000 population	1980	0.8
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1974	42.5
Percentage of population 55 years and over	1974	8.6
Rate of natural increase per 1,000 population	1980	19.0
Fertility rate per 1,000 women 15-44 years of age	1976	143
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1976	16
Percentage of population with access to potable water	1977	10
Per capita calories per day	1972-1974	2,028
Per capita protein per day (grams)	1972-1974	49
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	...	...
- in United States dollars	1976	197
Percentage of GDP from secondary sector (manufacturing and building)	1976	16
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	1976	73
<u>Educational Indicators:</u>		
Percentage of literate population	1976	25
Percentage of population 5-14 years enrolled in primary schools*	1976	17
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1976	7
Percentage of population 20-29 years enrolled in university*	1976	0

*Total enrollment as a percentage of population in the age group

HAITI - COUNTRY STATEMENT

The socioeconomic characteristics of Haiti identify it as a developing country, where a low per capita income (\$117 in 1979) is combined with high population density (181 inhabitants per square kilometer in 1980) and a mountainous terrain in which arable land constitutes only one-third of the total surface area, and which is threatened by constant erosion. In addition, 76% of the population resides in rural areas. Health problems are basically a result of the series of conditions synthesized above.

Information on the health situation in the country is based on incomplete data. The statistics should be interpreted with the understanding that population information comes from a census (carried out in 1971) based on a sample of 10% in the principal region of the country, and the rest of the information consists of estimates. As an illustration of this, of the total number of deaths in 1976, estimated at 67,800, only 3,299 were certified by a physician (4.9%) and no more than 14,152 (20.9%) were registered, by either the health services or other civil or military authorities.

Communicable diseases are the most frequent causes of morbidity and mortality in the country. Among them, tuberculosis, diarrhea, respiratory infections, tetanus, malaria, diphtheria, whooping cough, typhoid fever, rabies, anthrax and intestinal parasites are problems yet to be solved. Protein-energy malnutrition and nutritional anemia are direct or indirect causes of morbidity and mortality in children under five years and in pregnant and lactating women.

Curative services are inadequate and lack resources for effective performance. There are 0.8 hospital beds and 1.4 physicians per 10,000 population, both concentrated in urban areas. Problems exist in the adequate maintenance of existing physical resources, severely curtailing their effectiveness. A certain percentage of personnel providing services has not received training, and there is inadequate supervision. This situation is improving with the increase of nurses and auxiliaries graduating from national schools.

Parallel to the services of scientific medicine, there are a great number of traditional practitioners at different levels, such as the hunganes or bocores whose work has a religious basis, the medecins feuilles, who prescribe plant-based preparations, and the piquiristes who offer injections of uncertain content, applied with unsterilized equipment. All of these practitioners are illiterate. On the other hand, deliveries are assisted by midwives, many of whom have received training in the formal health services and regularly receive equipment and instructions for the performance of their work. Community participation in the delivery of health services is beginning to function in several areas of the country.

Laboratory services are limited in quantity and quality and are carried out by technicians trained in the country; the cost of these examinations is usually beyond the economic means of the population. Bacteriological diagnoses are rare, as a result of the scarcity of essential elements required to perform them, and no laboratories carry out virological examinations. Most of the drugs and biologicals utilized are imported and costly; no local institution controls their quality.

A high percentage of professionals trained in the country (physicians, dentists, nurses and sanitary engineers) move away, due to scarce employment opportunities, low wages, and because the academic preparation in Haiti is similar to that in other, more developed countries. In recent years difficult conditions in other countries have partially limited this emigration of professionals.

There have been recent advances in the fields of maternal and child health and nutrition owing to projects that have provided the necessary resources for national organization and basic infrastructure.

In the area of environmental sanitation there are serious problems. In short, there is no water service in the country that provides the population with a continuous supply of drinking water. There is no sanitary sewerage in the country; only two cities have drainage sewers for rainwater. The use of septic tanks, blind wells and latrines is limited to less than 5% of the population. The situation in the rural sector is more serious. Less than 2% of the rural population has water service, and this generally comes from a public source. The program for the construction of latrines has had very little impact in terms of solving the problem.

The health policy formulated under the Health Plan of the Public Health and Population Department in July 1975 is consistent with the recommendations of the Ten-Year Health Plan for the Americas, and the priorities indicated also coincide with those of Ten-Year Plan, the goals of which were used as a reference in the analysis and framing of national goals in various areas; consequently, the Plan is also connected with the Sixth General Program of Work of WHO.

At the central level is the Public Health and Population Department (DSPP) which comprises the Office of the Secretary of State, the General Bureau of Services, and a group of advisory units and technico-policy-making and administrative divisions. As time passes, this formal structure has been changing, with some divisions taking on administrative-executive functions, which has dispersed the decision-making power, creating a situation that is dysfunctional for the execution level. The current policy is to rectify this situation by strengthening and unifying the relationships of power, administration and control in the system of services.

For the periphery, a law enacted in November 1975 incorporates the idea of marking off geographical areas in the system of services; these areas are to be headed by agencies known as regional directive authorities, which in theory would have enough administrative independence to manage an area of responsibility. This structure seeks to create conditions for the development of rural health services, with a view to extending their coverage. However, as of today, progress has been made only in the organization of the northern and southern regions, and with regard to administrative autonomy, the strategy is to delegate full power only when the central level has been successful in developing its mechanisms for management and has become systematically integrated and thus is in a position to control the use of the power that is being gradually handed over to the subsequent level. For this reason, attention is presently focused on

strengthening the following units (health districts) in the pyramid of services: at the implementation level, the structure responsible for carrying out the services consists of more than 300 establishments, of which 256 are primary establishments (dispensaries) and 23 are hospitals. Other establishments are health centers with and without beds; 40% of the infrastructure belongs to the private sector.

The number of hospital beds in the public sector rose from 2,540 in 1970 to 3,595 in 1977. The private sector adds another thousand beds.

In 1980 professional manpower for the system of services comprised 700 physicians, 105 dentists, 320 nurses and 2 sanitary engineers. In the same year, nursing auxiliaries was 945.

Financial resources for the last fiscal period (1979-1980) included \$9,262,640 spent for the operation of the health sector, which implies an annual expenditure of \$1.84 per inhabitant and 9.7% of the fiscal budget. The financial resources of the sector can be broken down as follows: (a) the budget of the DSPP; (b) the resources earmarked for health by State agencies, such as the Health Services of the Armed Forces of Haiti and of the Department of Social Affairs; (c) resources from international agencies: PAHO/WHO, WFP, UNICEF, UNDP, UNFPA, IDB, and IBRD; (d) bilateral resources: USAID, France, and Canada; and (e) resources allocated for health by other assistance agencies: CARE, Christian Service, HACHO, WCS, CRS and various religious groups.

The investments projected for the period 1979-1980 amount to \$17,371,273, and by sources are as follows: national, \$4,306,613; and foreign, \$13,064,660 (Loi-plan of the Nation, 16 August 1979), which indicates that 75.2% of the investment comes from external sources.

HAITI - NATIONAL HEALTH PROGRAMS

Epidemiology
Maternal and Child Health and Family Planning
Nutrition
Drinking Water and Sanitation
Development of the System of Services
Animal Health
Medical Education

HAITI - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT					
1980-1981												
PAHO--PR	1,495,700	324	72	120	1,215,200	49,100	87	92,000	-	41,600	-	97,800
PW	14,844	-	-	20	6,294	-	6	6,726	-	-	-	1,823
PG	222,989	24	-	135	145,441	4,000	27	29,633	19,709	-	-	24,206
WHO--WR	524,300	96	24	130	425,500	8,500	64	68,200	8,000	19,100	-	-
WB	31,476	14	-	-	25,229	2,910	-	-	-	-	-	3,337
WI	18,900	-	-	45	5,200	-	-	-	-	-	-	13,700
WP	1,100,228	-	-	300	400,574	-	21	85,295	-	347,135	-	267,224
WW	81,772	-	-	305	59,000	-	2	2,200	10,530	-	-	10,042
TOTAL	3,495,208	458	96	1055	2,282,438	64,510	207	284,054	38,239	407,835	-	418,132
PCT. OF TOTAL	100.0				65.3	1.9		8.1	1.1	11.7		11.9
1982-1983												
PAHO--PR	1,473,300	216	96	240	1,165,600	35,000	98	137,200	-	33,800	-	101,700
WHO--WR	721,900	72	24	340	472,500	9,200	128	179,200	14,000	47,000	-	-
WP	1,558,360	-	-	690	405,465	-	36	164,945	-	556,640	-	431,310
TOTAL	3,753,560	288	120	1270	2,043,565	44,200	262	481,345	14,000	637,440	-	533,010
PCT. OF TOTAL	100.0				54.4	1.2		12.8	.4	17.0		14.2
1984-1985												
PAHO--PR	1,644,100	198	96	240	1,278,900	36,500	102	183,600	-	34,300	-	110,800
WHO--WR	990,800	72	24	530	647,300	9,700	151	271,800	15,000	47,000	-	-
WP	443,350	-	-	300	209,480	-	19	75,670	-	327,190	-	231,010
TOTAL	3,478,250	270	120	1070	2,135,680	46,200	272	531,070	15,000	408,490	-	341,810
PCT. OF TOTAL	100.0				61.4	1.3		15.3	.4	11.8		9.8

*SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

HAITI - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA II CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	181,010	300	176,690	300	196,080
PR, PB	AREA II	AREA REPRESENTATIVE	.0273	D-1						
		ADMINISTRATIVE OFFICER	.4721	P-3						
DISEASE PREVENTION AND CONTROL					-	-	28	7,240	28	8,730
WR	AMRO-4320	EPIDEMIOLOGIST	4.5348	P-4						
FAMILY HEALTH					70	11,640	70	14,290	70	16,200
PR	AMRO-1320	MEDICAL OFFICER (MCH)	.0027	P-4						
ENVIRONMENTAL HEALTH SERVICES					28	7,510	-	-	-	-
WR	AMRO-2020	SANITARY ENGINEER	4.0864	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					21	5,140	21	6,310	21	7,250
PR, WR	AMRO-3120	VETERINARIAN	.3218	P-4						
COMPLEMENTARY SERVICES					28	7,200	28	8,740	28	9,740
PR	AMRO-4120	NURSE ADMINISTRATOR	.0889	P-4						
DEVELOPMENT OF HEALTH SERVICES					84	16,280	56	13,950	56	15,320
PR	AMRO-5220	HOSPITAL ADMINISTRATOR	.2188	P-4						
WR	AMRO-5320	HEALTH PLANNER	4.3674	P-4						
WR	AMRO-5420	STATISTICIAN	4.0839	P-4						
TOTAL					531	228,780	503	227,220	503	253,320

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

HAITI - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The overall purpose of this program is to reduce the damage caused by communicable diseases. The program seeks to reduce the incidence of malaria and enteric diseases; to keep tuberculosis and yaws under epidemiological control; to develop means for reducing health problems in the case of natural disaster; to initiate studies for a future campaign of *Aedes aegypti* control and carry out immunization campaigns in general in order to avert communicable diseases preventable by vaccination; and finally, to develop the epidemiological surveillance system.

The programs receive assistance from AID, the Japanese Government, and PAHO/WHO, which provides technical cooperation in the form of specialists, fellowships for training abroad, and the provision of certain materials and equipment.

HAITI-0200, MALARIA ERADICATION

TOTAL		108	120	120	TOTAL	PR	435,500	613,100	713,900
P-4	EPIDEMIOLOGIST .3863	PR	24	24	24	PERSONNEL - POSTS	369,300	527,900	605,600
P-4	SANITARY ENGINEER .0494	PR	24	24	24	PERSONNEL - CONSULTANTS	4,300	25,200	36,300
P-3	ENTOMOLOGIST .5084	PR	12	24	24	STAFF DUTY TRAVEL	15,000	18,000	18,000
P-2	SANITARIAN .0496 .5010	PR	48	48	48	GENERAL OPERAT. EXPENSES	1,400	-	-
						SUPPLIES AND MATERIAL	8,100	-	-
						FELLOWSHIPS	37,400	42,000	54,000
TOTAL			30	90	90				
	CONSULTANT DAYS	PR	30	90	90				
TOTAL			35	30	30				
	FELLOWSHIP MONTHS	PR	35	30	30				

HAITI-4300, EPIDEMIOLOGICAL SURVEILLANCE

TOTAL		14	-	-	TOTAL		53,476	22,600	45,200
P-2	EPIDEMIOLOGIST 4.5283	WB	14	-	-	PERSONNEL - CONSULTANTS	8,100	8,400	24,200
TOTAL			60	30	60	GENERAL OPERAT. EXPENSES	2,300	-	-
	CONSULTANT DAYS	PR	60	30	60	SUPPLIES AND MATERIAL	7,400	3,000	3,000
TOTAL			4	8	10	FELLOWSHIPS	4,200	11,200	18,000
	FELLOWSHIP MONTHS	PR	4	8	10	PERSONNEL - POSTS	25,229	-	-
						STAFF DUTY TRAVEL	2,910	-	-
						PROGRAM SUPPORT COSTS	3,337	-	-

FAMILY HEALTH

The general objectives of the program for maternal and child protection and family planning are to reduce mortality and morbidity in mothers and children, to reduce population growth and, overall, to improve family health in the country.

The Ministry of Public Health and Population has a specialized division (Family Hygiene) and hopes to achieve its objectives by strengthening the services responsible for implementation of activities; by training personnel; by expanding service coverage to the rural areas and urban shantytowns through fixed clinics, satellite clinics, mobile units, and mobile personnel (health agents for the rural sector and community agents for the urban sector); and by educating and motivating the community via mass media, group activities, and home visits. It is hoped that these strategies will make basic services of maternal and child health care and family planning accessible to a large percentage of the population.

The objectives of the nutrition program are to establish a national policy on food and nutrition; to develop, with active community participation, services for the diagnosis, prevention, and treatment of disorders caused by nutritional deficiencies; to train personnel; to improve hospital food and dietetics services; to provide health establishments with supplies; to produce low-cost, high-protein vegetable mixtures (ACAMIL); and to extend the coverage of the program's services.

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>30</u>	<u>90</u>	<u>60</u>			\$	\$
CONSULTANT DAYS	PR	30	90	60				
TOTAL		<u>22</u>	<u>25</u>	<u>25</u>				
FELLOWSHIP MONTHS	PR	22	25	25				

HAITI-2101, PROVISION OR IMPROVEMENT OF WATER SERVICE IN TEN MEDIUM-SIZED CITIES

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>45</u>	<u>-</u>	<u>-</u>	UNDP	<u>18,900</u>	-	-
CONSULTANT DAYS	UNDP	45	-	-	PERSONNEL - CONSULTANTS	5,200	-	-
					SUBCONTRACTS	13,700	-	-

HAITI-2102, INSTITUTIONAL DEVELOPMENT OF CAMEP

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>20</u>	<u>-</u>	<u>-</u>	PW	<u>14,843</u>	-	-
CONSULTANT DAYS	PW	20	-	-	TEMPORARY STAFF	2,503	-	-
TOTAL		<u>6</u>	<u>-</u>	<u>-</u>	PERSONNEL - CONSULTANTS	3,791	-	-
FELLOWSHIP MONTHS	PW	6	-	-	FELLOWSHIPS	6,726	-	-
					PROGRAM SUPPORT COSTS	1,823	-	-

HAITI-2104, INSTITUTIONAL DEVELOPMENT OF SNEP

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>24</u>	<u>-</u>	<u>-</u>	PG	<u>197,100</u>	-	-
P-5 SANITARY ENGINEER #5077	PG	18	-	-	PERSONNEL - POSTS	119,761	-	-
P-4 ADMIN. METHODS OFFICER #5078	PG	6	-	-	PERSONNEL - CONSULTANTS	22,114	-	-
TOTAL		<u>115</u>	<u>-</u>	<u>-</u>	STAFF DUTY TRAVEL	4,000	-	-
CONSULTANT DAYS	PG	115	-	-	FELLOWSHIPS	27,019	-	-
TOTAL		<u>25</u>	<u>-</u>	<u>-</u>	PROGRAM SUPPORT COSTS	24,206	-	-
FELLOWSHIP MONTHS	PG	25	-	-				

HAITI-2105, INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>305</u>	<u>-</u>	<u>-</u>	WM	<u>81,772</u>	-	-
CONSULTANT DAYS	WM	305	-	-	PERSONNEL - CONSULTANTS	59,000	-	-
TOTAL		<u>2</u>	<u>-</u>	<u>-</u>	FELLOWSHIPS	2,200	-	-
FELLOWSHIP MONTHS	WM	2	-	-	COURSES AND SEMINARS	10,530	-	-
					PROGRAM SUPPORT COSTS	10,042	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

PAHO/WHO technical cooperation is provided in the form of assistance to the Ministries of Agriculture and Public Health in the program for the control of the main zoonoses--canine rabies and anthrax--and the training of veterinary assistants in carrying out programs involving animal health, zoonoses, and food hygiene. The Government plans to strengthen these programs both in terms of quantity and quality, with a view to increasing livestock production, and thus helping to meet local consumer demand.

HAITI-3100, VETERINARY PUBLIC HEALTH

	FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>4</u>	<u>13</u>	<u>15</u>	PR	<u>10,700</u>	<u>29,200</u>	<u>38,000</u>
FELLOWSHIP MONTHS	PR	4	13	15	SUPPLIES AND MATERIAL	6,500	11,000	11,000
					FELLOWSHIPS	4,200	18,200	27,000

DEVELOPMENT OF HEALTH SERVICES

The objectives of this program are to make an overall improvement in the system of health services with a view to extending coverage to the rural and periurban areas, and to upgrade program technology within a scheme of production costs compatible with the economic possibilities of the country; community participation and the adoption of appropriate

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND 1980-1981		
					\$	\$

technologies play an important role in these objectives. It is hoped that these goals can be achieved through: (a) a reorganization of the system with clear delineation of areas of responsibility, and levels of care that are organized and equipped in such a way as to make the referral of patients from a basic level of primary care feasible; this level should be able to render curative and preventive services; (b) a single command unit, with adequate distribution of decision-making power and gradual delegation of responsibilities as the administrative processes of programming, standardization, management control, and evaluation become more highly developed; (c) a planning process with mechanisms for breakdown of tasks and feedback to make it possible to control (supervise) the execution of health programs and the evaluation of their impact and scope; (d) rational integration at the central level that corrects the dysfunctional character of the present vertical system; (e) ongoing training and education of personnel; and (f) the development of greater efficiency in logistics, support, and supplementary services.

The Government receives assistance in this program, mainly from AID for the processes of logistics and support mentioned above (item f) plus financial support for infrastructure development, and from PAHO/WHO, in studies and plans in the area of organization, integration, and management processes, as well as in the training of personnel through fellowships for study abroad.

HAITI-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		96	96	96	TOTAL	PR	251,900	327,000	366,800
P-5	PAHO/WHO REPRESENTATIVE	PR	24	24	24	PERSONNEL - POSTS	156,500	216,300	246,000
	.U500					STAFF DUTY TRAVEL	7,500	9,000	10,000
G-6	ADMINISTRATIVE ASSISTANT	PR	24	24	24	GENERAL OPERAT. EXPENSES	87,900	101,700	110,800
	.0504								
G-5	SECRETARY	PR	24	48	48				
	.4044 .3356								
G-2	DRIVER	PA	24	-	-				
	.5036								

HAITI-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		192	96	96	TOTAL		806,589	678,900	903,500
P-4	PROJECT MANAGER	WR	24	24	24	PERSONNEL - POSTS	261,400	-	-
	4.4911					STAFF DUTY TRAVEL	11,200	-	-
P-4	ADMIN. METHODS OFFICER	WR	24	24	24	PERSONNEL - POSTS	261,400	-	-
	4.4929					STAFF DUTY TRAVEL	11,200	-	-
P-4	MEDICAL OFFICER	PR	24	-	-	PERSONNEL - POSTS	261,400	-	-
	.4456					STAFF DUTY TRAVEL	11,200	-	-
P-4	MEDICAL OFFICER	WR	24	-	-	PERSONNEL - POSTS	261,400	-	-
	4.3385					STAFF DUTY TRAVEL	11,200	-	-
P-3	NURSE ADMINISTRATOR	PR	48	-	-	PERSONNEL - POSTS	261,400	-	-
	.3516 .4657					STAFF DUTY TRAVEL	11,200	-	-
P-3	NURSE ADMINISTRATOR	WR	24	24	24	PERSONNEL - CONSULTANTS	3,566	-	-
	4.4912					FELLOWSHIPS	2,614	-	-
G-5	SECRETARY	WR	24	24	24	COURSES AND SEMINARS	19,709	-	-
	4.4582								
TOTAL		110	300	440	440	PERSONNEL - POSTS	405,400	374,500	430,700
						LOCAL PERSONNEL COSTS	2,300	2,800	3,000
	CONSULTANT DAYS	PG	20	-	-	PERSONNEL - CONSULTANTS	12,400	84,000	177,300
	CONSULTANT DAYS	WR	90	300	440	STAFF DUTY TRAVEL	8,500	9,200	9,700
TOTAL		62	116	131	131	SUPPLIES AND MATERIAL	7,500	32,000	32,000
						FELLOWSHIPS	64,000	162,400	235,800
	FELLOWSHIP MONTHS	PG	2	-	-	COURSES AND SEMINARS	8,000	14,000	15,000
	FELLOWSHIP MONTHS	WR	60	116	131				

DEVELOPMENT OF HUMAN RESOURCES

An average of 150 physicians a year graduate from the School of Medicine, which has limited library facilities and part-time teachers. The purpose of this program is to improve education by means of advisory services, the provision of textbooks and audiovisual aids, and the training of academic personnel. Advisory services will also be provided by PAHO/WHO personnel to the Department of Sanitary Engineering of the School of Engineering.

HAITI-6200, MEDICAL EDUCATION

TOTAL		40	40	90	TOTAL	WR	21,200	43,000	87,300
	CONSULTANT DAYS	WR	40	40	90	PERSONNEL - CONSULTANTS	5,400	11,200	36,300
TOTAL		4	12	20	20	SUPPLIES AND MATERIAL	11,600	15,000	15,000
						FELLOWSHIPS	4,200	16,800	36,000
	FELLOWSHIP MONTHS	WR	4	12	20				

HONDURAS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	<u>1980</u>	<u>3,691</u>
Area (in thousand square kilometers)	<u>1978</u>	<u>112</u>
Cultivated land	<u>. . .</u>	<u>. . .</u>
<u>Health Indicators:</u>		
Life expectancy at birth	<u>1980</u>	<u>58.8</u>
Death rate per 1,000 population	<u>1980</u>	<u>12.0</u>
Infant mortality rate per 1,000 live births	<u>1978</u>	<u>98.5</u>
Death rate 1-4 years, per 1,000 population	<u>1978</u>	<u>20.0</u>
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	<u>1978</u>	<u>18.9</u>
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	<u>1978</u>	<u>6.6</u>
Number of physicians per 10,000 population	<u>1980</u>	<u>3.0</u>
Number of hospital beds per 1,000 population	<u>1980</u>	<u>0.9</u>
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	<u>1979</u>	<u>47.8</u>
Percentage of population 55 years and over	<u>1979</u>	<u>6.6</u>
Rate of natural increase per 1,000 population	<u>1975</u>	<u>. . .</u>
Fertility rate per 1,000 women 15-49 years of age	<u>1980</u>	<u>223</u>
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	<u>1980</u>	<u>27</u>
Percentage of population with access to potable water	<u>1978</u>	<u>51</u>
Per capita calories per day	<u>1978-1979</u>	<u>1,800</u>
Per capita protein per day (grams)	<u>1978-1979</u>	<u>60</u>
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	<u>1978</u>	<u>900</u>
- in United States dollars	<u>1978</u>	<u>451</u>
Percentage of GDP from secondary sector (manufacturing and building)	<u>1979</u>	<u>24</u>
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	<u>1979</u>	<u>60</u>
<u>Educational Indicators:</u>		
Percentage of literate population	<u>1975</u>	<u>58</u>
Percentage of population 7-13 years enrolled in primary schools**	<u>1979</u>	<u>82</u>
Percentage of population 14-19 years enrolled in secondary and vocational schools**	<u>1979</u>	<u>24</u>
Percentage of population 20-29 years enrolled in university**	<u>1979</u>	<u>4</u>

*Excludes symptoms and ill-defined conditions
**Total enrollment as a percentage of population in the age group

 HONDURAS - COUNTRY STATEMENT

Honduras is a tropical country located in Central America. It covers an area of 112,088 square kilometers, and is divided into 18 departments with a total of 283 townships and approximately 18,000 towns. Its total population is 3,691,000 in 1980. Each department has a seat which is the headquarters of the departmental Government. The capital city is Tegucigalpa, which has a population of approximately 400,000.

Reconstruction efforts to rehabilitate the areas stricken by Hurricane Fifi and the implementation of the National Development Plan (PND) have conspired with highly favorable external factors in the last two years to lift the country out of the economic recession in which it had been submerged during 1974 and 1975 and enable it to post a real average growth of over 6% for 1976 and 1979.

Under the National Development Plan, the performance of the public sector as a promoter of development has shown a substantial improvement; among the areas exerting the greatest impact were the high levels of real public investment, which has grown over the last four years at an average rate of nearly 25% in constant terms; the expansion of the services that the Government provides in agricultural extension, health and education, among other areas; the granting of considerable amounts of credit and/or financing to promote production in agriculture and livestock, forestry and industry; the mobilization of larger volumes of domestic and foreign resources for development financing; the creation or reorganization of governmental institutions to enable them to function properly in a process of change; the recovery of timber extraction, processing and marketing operations; and the annulment of banana contracts.

It is judged from the data available that the health sector has made a great effort to attain the objectives and goals set in the National Development Plan 1974-1978, Volume VII, "Health and Nutrition Plan." Nevertheless, and in the absence of a study to determine the real level of health of the Honduran population, the indicators issued by the National Population Survey in 1972 are still utilized as the most valid ones because the underrecording of vital statistics is so great as to invalidate the data compiled. The following figures are given: a general death rate of 14.2 per 1,000 population, with an urban rate of 9.0 and a rural rate of 16.5; an infant mortality rate of 117.6 per 1,000 live births, with a rate of 85.1 for urban areas and 128.1 for the rural; a maternal death rate of 2.7 per 1,000; and a life expectancy of 53.1 years.

The health level is greatly impaired by malnutrition (it is calculated that 72.5% of all children exhibit some degree of protein-energy deficiency) and by scant environmental sanitation. The principal causes of mortality remain the same as in 1972; the problems of inadequate diagnoses and under-recording persist. These causes include infectious and parasitic diseases, protein-energy malnutrition, diseases of the respiratory tract, and diseases of the circulatory system.

The age composition of mortality underwent some changes, with greater concentration in higher age groups. From 1972 to 1978, deaths in children under one year of age decreased relatively, and those among children in the 1-4 age group increased, while declining in absolute numbers. The percentage of deaths in the 5-14 and 15-44 age groups also diminished, but the opposite trend was observed among people 45 years of age or older. The structure of morbidity has undergone no change since 1972. The classification used is very general and imprecise, and does not adequately convey the nature of the morbidities involved.

It may be noted that infectious and parasitic diseases hold a predominant position, but this notion is in need of revision since, according to the data of the Ministry, there has been a decline in measles, tetanus, diphtheria and whooping cough. There has been an increase in malaria, polio and rabies, which indicates that health priorities should be slanted yet more strongly toward diseases preventable by environmental sanitation.

In regard to the provision of services and the extension of their coverage, the Ministry of Health and its regional and local units are organized at levels of complexity that range from the lowest, the rural health centers (CESARES), to the highest level, the Tegucigalpa Teaching Hospital, with intermediate levels consisting of emergency hospitals (CHE) and regional hospitals. This government organization is called a formal subsystem and is articulated and linked to the community organization or informal subsystem by means of two fundamental elements: the transfer of technology toward the informal subsystem, and the referral of patients from it to the formal subsystem.

Community organization and participation, the cornerstone for the extension of coverage, depend on the presence of local health committees whose members are health guardians and lay midwives.

The services of the formal system have been improved by regionalization; a clear definition and the operation of various levels of care consistent with the basic health needs and the resources for meeting them; and the introduction of a system for the referral of patients that ensures that patients are directed from the simpler services to others of greater complexity. Regionalization is an accomplished fact. There are eight well-defined regions, though in some cases they do not coincide with departmental borders, and it has not yet been decided whether to include certain localities in one region or another or to adopt the new regional strategy currently under consideration by the Government.

The levels of care are identified on the basis of types or technological combination of resources for providing highly specific services to the population. At Level I are the rural health centers; at Level II, the health centers with physicians; at Level III, the emergency hospitals; at Level IV, the regional and national hospitals; and at Level V, the Teaching Hospital.

The referral system has been functioning in the so-called "implemented" areas, which are defined as "those in which the functions of the formal and informal systems have been defined, and which are endowed with a complete manpower component, with basic equipment, an established referral system, an operative information system, and programming of activities, supervision, evaluation and control."

In regard to the referral system, comparison of existing records reveals that referral at the community level and CESAR level is satisfactory. However, the counter-referral system is inadequate, and this is an aspect which should be stressed at the medical care levels as a means for the total integration of the system.

In the private sector, the provision of medical services reveals the following characteristics: the supply of services is concentrated in the largest cities; the population covered generates a spontaneous demand related to its purchasing power; these services do not form part of an organized health system, nor are their activities regulated or supervised by the public sector; and the information system they utilize does not convey the volume of their activities, the types of services provided, the coverage of the services, the installed physical capacity that is utilized, nor the financial resources that are mobilized. The manpower utilized, especially physicians, also provides services in the public area. In the private area they operate 26 general hospitals and three maternity clinics that together have a total of 1,083 short-stay beds. There are no figures on the productive level of these facilities, especially in regard to discharges and consultations, although the volume is significant.

Development of physical resources is mainly centered around the National Health Services Program (PRONASSA), financed by the IDB. PRONASSA is responsible for implementing the Plan with IDB loans received for the construction and outfitting of the Teaching Hospital on one hand, and for works under the program for the extension of services on the other. The Teaching Hospital is already in full operation.

The program for the extension of coverage, financed with a \$14 million loan from IDB, includes the construction of two regional hospitals (San Pedro Sula and Comayagua), emergency hospitals, and 243 rural health centers. Under the agreement, the works should have been completed in a period of three years, starting in April 1976, but legal difficulties and problems concerning an adequate building materials supply have delayed the works. The hospitals at Progreso and San Pedro Sula are in the final construction stages. Advances have been made in conversations with the Government of the Netherlands through UNDP for investments in the CESARES and CESAMOS.

During the execution period of the National Health Plan, the executing institutions of the sector mobilized 60 million lempiras in real investments. Most of this investment has gone into projects for environmental sanitation, which as a group accounted for 60% of the investment during the period.

The most important of these projects are the construction of the Los Laureles Reservoir, the reconstruction of two urban water supply systems, the construction of 61 rural water supply systems, improvements in the water supply system of the Metropolitan District, and the studies for and improvements in the urban water supply systems. Other projects that are considered important in the extension of coverage are 111 rural health centers, an emergency hospital, the "Santa Rosita" Neuropsychiatric Hospital, and the Teaching Hospital.

In order to continue the implementation of the National Health Plan, the sector as a whole is currently provided with a group of establishments of varying capacity that enable it to offer several types of services to the population: 46 hospitals (39 national hospitals and 7 emergency hospitals) which have a total of 4,763 beds with a ratio of 0.90 per 1,000 population; 74 health centers with physicians; and 423 rural health centers. These resources belong to the public subsector, with the exception of the hospitals, 26 of which are controlled by the private subsector, with a total of 1,083 beds; however, although the number of private facilities is greater, 76% of the beds are in the public subsector.

At the regional level, the distribution of hospital facilities remains uneven, with the heaviest concentration in the Metropolitan Region and in Region 3, which together have 29 hospitals, that is, 63% of the total, to cover 1,228,000 inhabitants; the thinnest concentration is in Regions 5 and 7, which have only one hospital each to care for 588,000 inhabitants. The distribution of the hospital beds at the regional level slants heavily toward the Metropolitan Region: 5.33 beds per 1,000 population, with a ratio of 187 inhabitants per bed. Region 1 has a concentration of 0.18 beds per 1,000 population and a ratio of 5,440 inhabitants per bed. With respect to health centers with physicians, there is still some degree of imbalance in favor of Region 3, with 25 centers out of a total of 71 for the country, but there is a more even distribution of the rural health centers. Moreover, the country overall has one laboratory for the preparation of pharmaceutical products; 262 water systems in the rural area; 84 water systems in the urban area; 30 sanitary sewerage systems in the urban area; five sanitary sewerage systems in the rural area, and two peripheral clinics. With the opening of the Neuropsychiatric Hospital in 1976, the number of hospital beds increased considerably.

The professional manpower employed in the public institutions of the sector are trained for the most part at the Universidad Nacional Autónoma de Honduras (UNAH). From 1973 to 1978, UNAH graduated 512 physicians and 72 professional nurses, and the La Ceiba School of Nursing graduated 106 nurses. This output is considered low in view of the importance of and need for these types of professionals; there is also some unevenness in the training level of the graduates. There is no information on the number of graduates in dentistry, pharmacology or sociology.

Paramedical personnel and volunteer health workers are trained by the Human Resources Unit of the Ministry of Public Health and the Training School of the Honduran Social Security Institute, whose training centers turn out nursing auxiliaries, X-ray technicians, anesthetists, auxiliary specialists in nutrition and statistics, health promoters, lay midwives, health representatives and laboratory auxiliaries. Between 1972 and 1978 the Ministry of Public Health, through the Division of Human Resources, trained 1,588 nursing auxiliaries. The health sector has 1,115 physicians, 215 dentists and 480 professional nurses in the public and private domain, in addition to 2,806 nursing auxiliaries in the public subsector. The distribution of these resources per 10,000 population, in 1978 is as follows: 3.0 physicians, 0.7 dentists, 1.9 professional nurses and 8.3 nursing auxiliaries.

In the public subsector, the Ministry's policy places emphasis on manpower development with a view to extending a broad base by utilizing nursing auxiliaries and achieving community participation, whose organization has been the responsibility of the health promoter. For this purpose, 2,516 health guardians, 700 representatives of health committees and 4,731 lay midwives were trained during the period 1974-1978.

The regional distribution of human resources, like that of physical resources, is heavily concentrated in the Metropolitan Region with ratios of 12.5, 5.3 and 30.8 registered physicians, professional nurses, and nursing auxiliaries per 10,000 population, respectively, in contrast with the ratios found in Regions 5, 4, and 1. It should be noted that

in the case of professional nurses and nursing auxiliaries, the private subsector is not included due to a lack of information in this regard. However, the data on this sector would increase the ratios of the Metropolitan Area, where many of the private hospitals and clinics are located.

With respect to funding at the national level, though no information is available on the private subsector, mobilization of resources in the public subsector is the responsibility of the following executing institutions: the Ministry of Public Health and Social Welfare, the Honduran Social Security Institute (IHSS), the National Autonomous Water Supply and Sewerage Service (SANAA), and the National Childhood Trust (PANI). The resources allocated to the health sector from the national budget have been increasing steadily. With regard to the Central Government budget, the Ministry of Health was allocated 11% in 1979.

For the same year, the net budget is 106.3 million lempiras, which amounts to a planned expenditure of 36.7 lempiras per capita in health. It may be noted that this figure is more than 100% higher than the figure provided in the Plan. Capital expenditures climbed from 15% in 1973 to 30% in 1976. Although domestic financing is still most common, foreign financing has increased by approximately 7%. The institutional pattern of net expenditures in 1976 shows the same trend of greatest participation from the Ministry of Public Health and Social Welfare, followed by the IHSS, SANAA, and PANI. It is worth mentioning that the Ministry, by receiving financial support from PANI and extending it to SANAA, is modifying the expenditure imputed to the executing institution.

Information on expenditures at the regional level is not yet available, for accounts are settled on the basis of the program structure. The coverage of the various services is as follows: one of the objectives of the National Health Plan in the area of environmental sanitation is the attainment of 80% coverage of the urban population of the country with regard to household water supply services, an objective that has been achieved in the capital. Coverage of the total urban population is approximately 42%. Concerning water supply for the rural population, a coverage of 15% was attained; the proposed goal is 28%. In the urban sector, sewerage services cover 75% of the population, and another 5% has been provided with other sanitary facilities (septic tanks and latrines). In the rural area only 0.1% is served by sewerage facilities and 22% by latrines, which is fairly close to the 25% programmed in the Plan. In care services for the population, the figures on population coverage for 1972 and 1977, respectively, with regard to immunization programs are as follows: measles, 33.3 and 65.5%; poliomyelitis, 15.6 and 59.6%; and diphtheria, pertussis and tetanus, 13.0 and 58.3%.

The number of medical and dental visits increased 44%, and the availability of health care services for the rural area increased 274% from 1972, to attain coverage of 68% of the population of the country. In regard to oral health, care services were provided to 5% of the population of the country in 1976. The dental program for schoolchildren continued with participation of the Ministry of Public Health and Social Welfare and the National Children's Trust. Social Security covers only the risks of disease, maternity, disability, old age and death. In terms of the extent of coverage, there are 190,000 subscribers and beneficiaries which constitute 6% of the total population and 19.6% of the economically active population.

HONDURAS - NATIONAL HEALTH PROGRAMS

Epidemiology
 Maternal and Child Health Care
 and Family Health
 Environmental Sanitation
 Medical Care and Health Services
 Development of Administration
 Development of Human Resources
 Food and Nutrition

HONDURAS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHU--PR	830,900	120	24	650	574,500	26,100	134	140,900	38,800	21,600	-	29,000
PC	350,714	8	-	925	132,637	1,826	91	99,981	16,546	80,773	-	18,951
PX	3,860	-	-	-	-	-	-	-	-	3,860	-	-
MHO--WK	357,400	24	-	240	143,000	5,000	101	106,200	20,000	62,200	21,000	-
WP	860,038	32	-	240	224,273	9,850	85	264,478	-	341,210	-	20,229
WH	1,980	-	-	-	-	-	-	-	-	1,980	-	-
TOTAL	2,404,892	184	24	1655	1,074,410	42,776	411	611,557	75,346	511,623	21,000	68,180
PCT. OF TOTAL	100.0				44.7	1.8		25.4	3.1	21.3	.9	2.8
1982-1983												
PAHU--PK	457,300	72	24	710	614,400	16,500	151	211,400	38,800	23,000	-	53,200
MHO--WR	579,800	48	-	240	293,600	10,000	123	172,200	20,000	63,800	20,200	-
WP	1,288,400	28	-	510	350,840	23,000	145	507,900	-	395,660	-	11,000
TOTAL	2,825,500	148	24	1460	1,258,840	49,500	469	891,500	58,800	482,460	20,200	64,200
PCT. OF TOTAL	100.0				44.6	1.8		31.5	2.1	17.1	.7	2.2
1984-1985												
PAHU--PR	1,156,600	72	24	650	735,900	16,900	157	232,600	40,200	24,300	-	56,700
MHO--WK	688,200	48	-	240	364,000	10,000	123	221,400	39,300	32,400	20,600	-
TOTAL	1,844,800	120	24	890	1,099,900	26,900	280	504,000	80,000	56,700	20,600	56,700
PCT. OF TOTAL	100.0				59.6	1.5		27.3	4.3	3.1	1.1	3.1

SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

HONDURAS - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA		POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
FUNDING	PROJECT NUMBER			BUDGET ELEMENT	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT ($)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>				108	52,050	108	54,540	108	63,610
PR	AREA III	AREA REPRESENTATIVE	.0283	D-1					
		ADMINISTRATIVE OFFICER	.4800	P-3					
<u>DISEASE PREVENTION AND CONTROL</u>				70	12,510	170	33,750	170	38,130
PR, WB	AMRO-4330	EPIDEMIOLOGIST	.0861	P-4					
		EPIDEMIOLOGIST	4.5285	P-1					
		SUPPLIES							
<u>ENVIRONMENTAL HEALTH SERVICES</u>				216	38,910	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER	.0849	P-5					
		SOLID WASTE ADVISOR	4.4932	P-4					
		SUPPLIES, COURSES AND SEMINARS							
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>				157	34,340	212	59,950	42	10,310
WR	AMRO-3130	VETERINARIAN	4.0853	P-4					
		SUPPLIES							
UNDP	AMRO-3230	VETERINARIAN	4.4639	P-5					
		STATISTICIAN	4.4640	P-4					
		CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT							
<u>COMPLEMENTARY SERVICES</u>				126	23,700	63	17,370	63	19,770
PR	AMRO-4130	NURSE ADMINISTRATOR	.0891	P-4					
		NURSE ADMINISTRATOR	.3214	P-3					
		SUPPLIES							
<u>DEVELOPMENT OF HEALTH SERVICES</u>				189	42,070	189	48,300	189	55,870
PR	AMRO-5030	COURSES AND SEMINARS							
PR	AMRO-5230	HOSPITAL ADMINISTRATOR	.2031	P-4					
		SUPPLIES							
PR, WR	AMRO-5430	STATISTICIAN	4.0810	P-4					
		MEDICAL RECORDS OFFICER	.5076	P-3					
		SUPPLIES							
<u>DEVELOPMENT OF HUMAN RESOURCES</u>				345	96,990	345	72,430	345	81,800
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4					
PR, UNDP	AMRO-6031	PROJECT MANAGER	.5203	P-5					
		HEALTH EDUCATOR	4.5323	P-4					
		NURSE EDUCATOR	.4084	P-4					
		CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING							
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>				36	5,030	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4					
TOTAL				1,247	305,600	1,087	286,340	917	269,490

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

HONDURAS - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Communicable diseases continue to be one of the most important public health problems. For diseases preventable by vaccination, the country has adopted a policy of focusing activities on children under one year of age and has passed a decree requiring the presentation of a certificate of vaccination in order to obtain any benefit from State institutions. Efforts have been made in the training of personnel and improvement of the cold chain, but vaccination coverage continues to be low. The control of diarrheal diseases has concentrated on the prevention of dehydration by means of electrolyte solutions administered orally. Very important activities are being promoted in the training of personnel, in research, and in the national production of electrolyte packets for use in primary health care establishments. The control of leprosy and tuberculosis has also improved with the training of personnel and the introduction of programs at the level of the health regions. The rabies control program is at a standstill, mainly because of the difficulty in obtaining a canine rabies vaccine. In coordination with other programs, steps are being taken to promote greater availability of drinking water and to promote education and maternal lactation.

Although the system of information has improved, that for epidemiological surveillance is facing difficulties, especially with regard to decision-making at the regional level for the effective control of outbreaks of disease. A very important contribution toward the solution of this problem has been the organization of a virus laboratory; the country is already capable of processing samples for the diagnosis of poliomyelitis and dengue, and is carrying out a program for quality control of vaccines. Dengue has been highly endemic. Its control has improved with the intensive use of ultra low-volume insecticiding in the country's two main cities: Tegucigalpa and San Pedro Sula.

The incidence of malaria continues to be very high, and although the system of information and the volunteer networks are not functioning properly, 35,000 cases were reported for 1979. Owing to administrative difficulties, it has not been possible to implement in its entirety the program with the use of vector-control auxiliaries and active community participation.

HONDURAS-4300, EPIDEMIOLOGY AND LABORATORY SERVICES

TOTAL		48	48	48	TOTAL	198,680	258,200	290,500
P-4 EPIDEMIOLOGIST 4,4663	WR	24	24	24				
P-2 SANITARIAN .2086	PR	24	-	-	SUBTOTAL	PR 73,100	-	-
P-2 SANITARIAN 4,2086	WR	-	24	24	PERSONNEL - POSTS	68,100	-	-
					STAFF DUTY TRAVEL	5,000	-	-
TOTAL		-	7	7	SUBTOTAL	WH 1,980	-	-
FELLOWSHIP MONTHS	WR	-	7	7	SUPPLIES AND MATERIAL	1,980	-	-
					SUBTOTAL	WR 123,600	258,200	290,500
					PERSONNEL - POSTS	96,600	216,400	247,300
					STAFF DUTY TRAVEL	5,000	10,000	10,000
					SUPPLIES AND MATERIAL	22,000	20,000	20,600
					FELLOWSHIPS	-	9,800	12,600

FAMILY HEALTH

This program supports the Division of Maternal and Child Care of the Ministry of Public Health and Social Welfare in the execution of activities to extend the coverage of care services to mothers and children, with priority on the rural and marginalized population. These activities represent a basic component of primary health care, the key strategy for achieving the goal of health for all by the year 2000.

Reduction of the current indicators of maternal and child morbidity as a means for improving the quality of life of both this group and of the whole family, largely depends on the establishment of systems for the detection of high-risk cases in mothers and children. This will allow individual care to be provided at the required level of complexity, which means that an excellent referral system will be needed.

Through this program, the country will be provided support in the following fields: (a) planning/programming: preparation of strategies for the goal of health for all by the year 2000; design and application of programming tools; preparation of operational plans; (b) organizational development: periodic updating of functions, activities, and tasks of the Maternal and Child Care Division, in order to make them consistent with the level of development of the Ministry and the extension of coverage; (c) standardization: support in the development, updating, dissemination, and legal establishment of standards; (d) supervision: participation in the design and use of implements for courses in administration; (e) evaluation: support in the design of instruments and utilization of evaluation in the administrative and supervisory management of the division; (f) equipment: support in the determination of type, quantity, quality of equipment as well as in purchase and reception of equipment, programs of distribution, and monitoring of equipment in the

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

field; (g) information: use of information for analysis and decision-making; (h) development of human resources: support in education, identification of needs, and adaptation of curricula; (i) research: development of standardized methods, field work, and reports; and (j) foreign aid projects: support in the design, management, and control.

HONDURAS-1300, MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

TOTAL	32	28	-	TOTAL	UNFPA	860,038	1,288,400	-
P-4 MEDICAL OFFICER (MCH)	UNFPA	24	12	-	PERSONNEL - PCSTS	132,304	128,600	-
4,5260					LOCAL PERSONNEL COSTS	58,569	145,140	-
P-3 NURSE MIDWIFE	UNFPA	8	16	-	PERSONNEL - CONSULTANTS	33,400	77,100	-
4,5403					STAFF DUTY TRAVEL	9,850	23,000	-
					SUBCONTRACTS	12,000	-	-
TOTAL		240	510	-	MISCELLANEOUS COSTS	8,229	11,000	-
					CONTRACEPTIVES	37,672	38,000	-
CONSULTANT DAYS	UNFPA	240	510	-	EXPENDABLE EQUIPMENT	87,531	172,000	-
					NON-EXPENDABLE EQUIPMENT	216,007	185,660	-
TOTAL		85	195	-	FELLOWSHIPS	96,715	252,800	-
					GROUP TRAINING	167,761	255,100	-
FELLOWSHIP MONTHS	UNFPA	85	195	-				

ENVIRONMENTAL HEALTH SERVICES

Efforts are currently being made to achieve the objectives of the National Health Plan 1979-1983, which has granted priority to water supply and to sanitary disposal of excreta, especially in the urban shantytowns and rural areas. Emphasis is also placed on the improvement of systems of solid waste disposal in the main cities, improvement of rural housing, vector control, community promotion and health education.

For the launching of the International Drinking Water Supply and Sanitation Decade 1981-1990, diagnostic studies have been prepared and the principal limitations in this subsector were identified as follows: lack of projects to attract domestic and foreign resources, inadequate financing and insufficient technical cooperation, administrative and institutional impediments to the execution of projects, and scarcity of professionals, mid-level managers, and skilled workers with proper training.

In order to overcome developmental restraints in the field of environmental services, steps have been taken to promote the formulation of projects with foreign funds. The technical cooperation provided by PAHO/WHO is directed toward assistance in the preparation of studies and projects, and support of activities for institutional and manpower development.

HONDURAS-2000, ENGINEERING AND ENVIRONMENTAL SCIENCES

TOTAL	24	24	24	TOTAL	PR	139,000	229,500	312,400
P-4 SANITARY ENGINEER	PR	24	24	24	PERSONNEL - POSIS	96,600	125,900	144,300
.0512					PERSONNEL - CONSULTANTS	12,400	50,400	96,700
					STAFF DUTY TRAVEL	3,600	3,600	3,600
TOTAL		90	180	240	SUPPLIES AND MATERIAL	1,000	2,000	3,000
					FELLOWSHIPS	25,400	47,600	64,800
CONSULTANT DAYS	PR	90	180	240				
TOTAL		24	34	36				
FELLOWSHIP MONTHS	PR	24	34	36				

HONDURAS-2104, INSTITUTIONAL IMPROVEMENT OF SANAA

TOTAL	85	-	-	TOTAL	PG	35,452	-	-
CONSULTANT DAYS	PG	85	-	-	PERSONNEL - CONSULTANTS	16,501	-	-
					CONTRACTUAL SERVICES	15,650	-	-
					PROGRAM SUPPORT COSTS	3,301	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The purpose of the program is the establishment of a health administration structure which includes the construction of a central diagnostic and research laboratory and regional laboratories, a quarantine station, central administrative offices and a regional office; the conduct of a health campaign for the control and eradication of tuberculosis and brucellosis, and of diagnostic systems for the laboratory network; the improvement of the technical capacity of the

HON

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

national staff of the project through the award of fellowships and refresher courses; an increase in annual productivity, including the sponsoring of and support for livestock upgrading programs; establishment of a network of animal pathology diagnostic laboratories, methods of clinical and laboratory diagnosis of animal diseases and methods for the preparation and control of biological products for veterinary use and the education and training of national personnel in the different activities of the project.

HONDURAS-3100, VETERINARY PUBLIC HEALTH

TOTAL		8	-	-	TOTAL	PG	63,229	-	-
P-4 LABORATORY ADVISOR .4842	PG	8	-	-	PERSONNEL - PGSTS		31,000	-	-
					STAFF DUTY TRAVEL		1,826	-	-
					FELLOWSHIPS		13,857	-	-
TOTAL		13	-	-	COURSES AND SEMINARS		16,546	-	-
FELLOWSHIP MONTHS	PG	13	-	-					

DEVELOPMENT OF HEALTH SERVICES

The purposes of the program are to provide health coverage and medical care within the framework of the goal of health for all by the year 2000 through two basic mechanisms:

(1) To increase the installed capacity and coverage of health services through the new infrastructure set up by the National Program of Health Services, which involves 2 regional hospitals; 8 area hospitals and 241 rural health centers; and measures to upgrade 4 regional hospitals; to transform 25 rural health centers (CESAR) into health centers with attendant physicians (CESAMO), and to equip and make improvements on 200 rural health centers (CESAR); to intensify and extend community participation through the training of new health guardians, and through trained lay midwives, health representatives, volunteers, and the retraining of existing volunteers.

(2) To increase the operational capacity of the system through more efficient organization at the various levels of central and regional management, area establishment and community; to continue and expand the process of planning in the health sector and in the executing agencies, basically the Ministry of health and the Honduran Institute of Social Security; to readjust the process of programming activities; to readjust the information system; to readjust mechanisms of control, evaluation, and supervision based on an analysis of their use, efficiency, and impact; to review technologies in use, particularly in primary health care, basic sanitation, vector control; to analyze and to adjust intersectoral relations, particularly in the social and productive sectors at the central, regional, and operational level, and to support the introduction of programs of integrated regional development and the preparation of annual operational plans within the framework of the medium-term plans already formulated for 1974-1978 and 1979-1983.

HONDURAS-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		48	48	48	TOTAL		167,360	223,000	248,000
P-5 PAHQ/MHU REPRESENTATIVE .0511	PR	24	24	24	SUBTOTAL	PX	3,860	-	-
G-5 OFFICE ASSISTANT .4719	PR	24	24	24	SUPPLIES AND MATERIAL		3,860	-	-
					SUBTOTAL	PR	163,500	223,000	248,000
					PERSONNEL - PGSTS		128,500	163,800	185,300
					STAFF DUTY TRAVEL		6,000	6,000	6,000
					GENERAL OPERAT. EXPENSES		29,000	53,200	56,700

HONDURAS-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		24	24	24	TOTAL	PR	334,800	485,200	555,700
P-4 MEDICAL OFFICER .4036	PR	24	24	24	PERSONNEL - PGSTS		96,600	125,900	144,300
					PERSONNEL - CONSULTANTS		67,600	131,600	129,000
					STAFF DUTY TRAVEL		6,500	6,900	7,300
TOTAL		500	470	320	SUPPLIES AND MATERIAL		20,600	21,000	21,300
					FELLOWSHIPS		115,500	163,800	217,800
CONSULTANT DAYS	PR	500	470	320	COURSES AND SEMINARS		28,000	36,000	36,000
TOTAL		110	117	121					
FELLOWSHIP MONTHS	PR	110	117	121					

HONDURAS-5103, EMERGENCY ASSISTANCE

TOTAL	PG	80,773	-	-
SUPPLIES AND MATERIAL		80,773	-	-

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
HONDURAS-5200, MEDICAL CARE SERVICES									
TOTAL		22	19	16	TOTAL	NR	44,100	46,800	49,400
FELLOWSHIP MONTHS	NR	22	19	16	FELLOWSHIPS		23,100	26,600	28,800
					GRANTS		21,000	20,200	20,600

HONDURAS-5500, MANAGEMENT OF HEALTH SERVICES

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		24	-	-	TOTAL	PR	109,600	-	-
P-4 ADMIN. METHODS OFFICER .0030	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		5,000	-	-
					COURSES AND SEMINARS		8,000	-	-

HONDURAS-5501, IMPROVEMENT OF ADMINISTRATIVE SERVICES (IDB LOAN)

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		440	-	-	TOTAL	PG	171,260	-	-
CONSULTANT DAYS	PG	440	-	-	PERSONNEL - CONSULTANTS		85,136	-	-
TOTAL		78	-	-	FELLOWSHIPS		86,124	-	-
FELLOWSHIP MONTHS	PG	78	-	-					

DEVELOPMENT OF HUMAN RESOURCES

The purposes of the national program are to strengthen the work of the Division for the Development of Human Resources of the Ministry of Health as regards its responsibilities for providing the necessary manpower in order to carry out the program for the extension of coverage in the following areas: definition of a health manpower policy, manpower planning and development, and evaluation of the programs.

Support will be provided to universities in the organization of their Division of Health Science, in the training of professional personnel in sanitary engineering, and in the strengthening of library and physical facilities for teaching. Personnel at all levels will be trained for conducting the coverage program, especially auxiliary workers and community volunteers. In addition, the type of manpower needed at each level of care will be defined, and an occupational profile will be established for each type; curricula will be prepared; training programs will be designed and developed; teachers will be trained; and teaching media will be prepared. Assistance will be given in the reform of the medical and nursing curriculum. Teaching at the university level does not take into account courses in sanitary engineering, and library and physical facilities are unsatisfactory.

HONDURAS-6200, MEDICAL EDUCATION

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		60	60	60	TOTAL	NR	12,300	36,400	49,400
CONSULTANT DAYS	NR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		4	14	14	FELLOWSHIPS		4,200	19,600	25,200
FELLOWSHIP MONTHS	NR	4	14	14					

HONDURAS-6400, SANITARY ENGINEERING EDUCATION

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		60	60	90	TOTAL	PR	10,900	19,600	40,500
CONSULTANT DAYS	PR	60	60	90	PERSONNEL - CONSULTANTS		8,100	16,800	36,300
					COURSES AND SEMINARS		2,800	2,800	4,200

HONDURAS-6900, BASIC TRAINING FOR HEALTH AUXILIARIES

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		180	180	180	TOTAL	NR	177,400	238,400	298,900
CONSULTANT DAYS	NR	180	180	180	LOCAL PERSONNEL COSTS		14,000	10,000	20,000
TOTAL		75	83	86	PERSONNEL - CONSULTANTS		24,300	50,400	72,500
FELLOWSHIP MONTHS	NR	75	83	86	SUPPLIES AND MATERIAL		40,200	41,800	11,800
					FELLOWSHIPS		78,900	116,200	154,800
					COURSES AND SEMINARS		20,000	20,000	39,800

JAMAICA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	2,149
Area (in thousand square kilometers)	1979	11
Cultivated land (in million acres)	1978	2
<u>Health Indicators:</u>		
Life expectancy at birth	1979	70.6
Death rate per 1,000 population	1979	6.2
Infant mortality rate per 1,000 live births	1978	16.2
Death rate 1-4 years, per 1,000 population	1979	3.4
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	5.3
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	6.8
Number of physicians per 10,000 population	1979	3.4
Number of hospital beds per 1,000 population	1979	3.6
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	40.2
Percentage of population 55 years and over	1979	13.7
Rate of natural increase per 1,000 population	1979	20.9
Fertility rate per 1,000 women 15-44 years of age	1978	137
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1977	88
Per capita calories per day	1978	2,528
Per capita protein per day (grams)	1978	68
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	1,749
- in United States dollars	1978	921
Percentage of GDP from secondary sector (manufacturing and building)	1978	22
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1978	245
<u>Educational Indicators:</u>		
Percentage of literate population	1979	. . .
Percentage of population 5-14 years enrolled in primary schools**	1979	71
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1979	13
Percentage of population 20-29 years enrolled in university**	1979	2

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

JAMAICA - COUNTRY STATEMENT

Jamaica is the largest of the English-speaking Caribbean islands. It has a democratic form of government, based on the British Whitehall-Westminster model, with a governor general, prime minister, house of representatives and senate.

The population of Jamaica was provisionally estimated at 2,153,000 at the end of 1979. More than half (58.6%) of the people of Jamaica live in rural areas but in recent years there has been a rapid increase in the number of people coming from rural to urban areas, and the problems which accompany increasing urbanization are now emerging.

In 1970, the average life expectancy for males was 66.7 and for females 70.2 years. The crude birth rate for 1979 was reported as 27.1. The fertility rate per 1,000 women (15-44 years of age) in 1979 was estimated at 137 live births. The crude death rate for 1979 was estimated as 6.2 per 1,000.

In 1961 enteric and other diarrheal diseases had first place on the list with 10.3% of total certified deaths but dropped to fifth place with 5.0% of the deaths in 1971; the deaths were most common in the age group 0-4 years. Cerebro-vascular diseases assumed increasing importance as the cause of death (15.2%) of total deaths in 1971. Over the decade avitaminosis and malnutrition diminished from 6.7 to 3.1% of total deaths. Hypertension (4.4%), ischemia and other heart diseases (12.0%) and malignant neoplasms (11.0%) assumed increased importance among those over 45 years of age, and respiratory diseases were frequently the cause of death in the very young and very old. The infant mortality rate was reported as 16.2 in 1978.

Smallpox, malaria and poliomyelitis have been eradicated. There is a heavy infestation of the *Aedes aegypti* mosquito, and there was a large epidemic with an estimated attack rate of 20% with Dengue Type I virus occurring during 1977. A few cases of diphtheria and whooping cough were reported, mostly in urban areas. There are known cases of typhoid fever in small areas. In the new data gathering system over 12,000 cases of gastroenteritis were reported in 1979. There has been no further report of histoplasmosis since 1978.

There is major concern about the care and rehabilitation of chronically disabled mental patients inside the hospitals as well as in the community. Rehabilitation services are developing.

It is known that the prevalence of oral disease is very high. Many suffer from unfilled carious lesions and some form of periodontal disease. Diseases of the teeth and gums are also prevalent.

The number of cases of sexually transmitted diseases treated in government clinics during 1977 was reported as 29,785. A campaign against this problem is being developed.

Health care services in Jamaica are provided by both the public and private sectors, the Government being the main provider. Within the Government system, for 1977-1978, the Ministry of Health and Environmental Control was allocated J\$102.0 million which represented approximately 7.6% of the total Government expenditure. At this stage of the development of health services in Jamaica it is considered that provision of new physical facilities is not the major priority in the delivery of health services. However, shortage of health personnel and maintenance of existing buildings and equipment are serious constraints in the delivery of health care at all levels. The emigration of trained health and engineering personnel is becoming a serious problem. However, facilities for training most categories of health workers are available in the country.

The Government has drafted a National Health Plan which is an integral part of Jamaica's Five-Year Development Plan 1978-1979 to 1981-1983, which is primarily concerned with meeting the basic social and economic needs of the population, including the need for employment and for health services.

A health policy has been formulated which emphasizes the following: (a) health is a fundamental human right; consequently, health care services and facilities ought to be available to the whole population; (b) the development of health services must take place within the philosophical concept of democratic socialism; (c) the main thrust of the Five-Year Health Plan is to provide primary health care services for all; (d) the final objective is to develop an integrated and comprehensive national health system; (e) there must be maximum participation of those who use the services; and (f) the training of health workers must be relevant to the needs of the people.

The main objectives of the Health Plan for the next five years are to provide access for Jamaica's total population to a basic level of health care and specialist care to those who need it and to ensure the most efficient and effective delivery of health services. It provides a basis for the long-term program of Health for All by the Year 2000.

The priorities for 1978-1979 to 1982-1983 are a more dynamic and creative management of health services, with special emphasis on management of the hospital service; health manpower development directed primarily towards meeting the needs of the primary health care program, which involves a more appropriate development of health personnel by redefinition of roles and inservice training; environmental health with special reference to the improvements of quality and quantity of drinking water supplies and sanitary disposal of human waste; nutrition with special reference to the implementation of the National Food and Nutrition Policy; and strengthening of maternal and child health services.

In addition to these five top priorities, the programs for mental health, sexually transmitted diseases and dental health will also receive urgent attention during the first five-year period.

Strategies proposed for the correction of the defects of the health care system include: (a) increasing community participation in identifying health needs, defining feasible health targets, and in meeting demands for health services at the community level; (b) improving management of health services through the establishment of a planning and evaluation unit and the establishment of four area health administrations; (c) expansion of the delivery capacity of the health sector, mainly with respect to primary health care, with a clear definition of the levels of care to be provided, provision of adequate resources at each level commensurate with the types of services to be delivered, and establishment of a sound referral system; (d) updating of the maintenance system for facilities and equipment throughout the hospitals and health centers in the primary care system; and (e) pursuing a vigorous family planning program as part of the population policy.

JAMAICA - NATIONAL HEALTH PROGRAMS

Management Improvement Program
Hospital Services
Blood Transfusion Service
Primary Health Care Program
Dental Services
Health Education Program
Environmental Health Program
Mosquito Control Service
Aedes aegypti Eradication Program
Child Feeding Service
Nutrition Program
Mental Health Program
Community Health Aides Program
Rehabilitation Program
Maternal and Child Health/Family Planning Program
Laboratory Services
Manpower Development Program
Communicable Diseases Control Program
Animal Health Program
Health Care Facilities Maintenance

JAMAICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHD--PR	621,400	78	48	570	382,500	19,200	110	115,800	15,000	10,900	10,000	64,000
PH	55,500	-	-	-	14,000	5,500	-	-	-	36,000	-	-
WHO--WK	639,100	42	24	1340	384,100	15,200	73	78,300	53,900	34,100	73,500	-
WT	328,800	45	10	189	229,400	16,000	48	70,300	-	600	-	12,500
WP	560,850	12	12	-	169,300	4,000	-	16,100	-	62,950	-	314,500
WV	413,027	-	-	-	-	-	-	-	-	236,967	-	176,060
TOTAL	2,624,677	177	94	2099	1,179,300	59,900	231	280,500	72,900	381,517	83,500	567,060
PCT. OF TOTAL	100.0				44.9	2.3		10.7	2.8	14.5	3.2	21.6
1982-1983												
PAHD--PR	728,300	90	24	195	399,500	23,900	154	215,600	32,100	23,200	19,000	15,000
WHO--WK	644,900	24	96	360	319,800	12,600	61	85,400	71,900	18,000	37,500	99,700
WP	409,550	24	24	-	323,400	13,000	-	5,400	-	26,250	-	41,500
TOTAL	1,782,750	138	144	555	1,042,700	49,500	215	306,400	104,000	67,450	56,500	156,200
PCT. OF TOTAL	100.0				58.5	2.8		17.2	5.8	3.8	3.2	8.7
1984-1985												
PAHD--PR	864,500	72	24	165	450,500	24,200	175	315,000	27,700	25,500	21,600	-
WHO--WK	733,400	24	96	300	361,500	16,000	72	129,600	84,500	20,400	42,500	128,900
TOTAL	1,647,900	96	120	465	812,000	40,200	247	444,600	112,200	45,900	64,100	128,900
PCT. OF TOTAL	100.0				49.3	2.4		27.0	6.8	2.8	3.9	7.8

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 JAMAICA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					130	24,300	195	85,360	195	100,190
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER ADMINISTRATIVE OFFICER	.5089 4.5482 .5090	D-1 P-5 P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					50	13,180	50	13,220	50	14,460
PG	AMRO-0510	CONSULTANTS, LOCAL COSTS, SUPPLIES								
PR	AMRO-0710	<u>AEDES AEGYPTI</u> ADVISOR CONSULTANTS, SUPPLIES, FELLOWSHIPS	.0610	P-4						
<u>FAMILY HEALTH</u>					175	477,546	125	189,615	60	14,930
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH) HEALTH EDUCATION SPEC. MEDICAL OFFICER (MCH) NURSE MIDWIFE	4.3209 4.3702 4.5319 4.3703	P-5 P-4 P-4 P-4						
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT								
UNFPA	AMRO-1316	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, GROUP TRAINING								
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
<u>ENVIRONMENTAL HEALTH SERVICES</u>					-	10,560	-	6,050		
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					45	9,340	45	11,630	45	12,920
WR	AMRO-3110	VETERINARIAN CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	4.4045	P-5						
<u>COMPLEMENTARY SERVICES</u>					86	13,830	53	10,880	53	12,260
FR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					281	44,460	156	31,250	156	35,580
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					184	72,560	174	84,090	144	84,580
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	.0604	P-4						
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER HEALTH EDUCATOR HEALTH EDUCATOR CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS	4.4353 4.4355 4.4356	P-5 P-4 P-4						
TOTAL					951	665,776	798	432,095	703	274,920

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

JAMAICA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The objectives of the national programs are to reduce substantially the incidence and prevalence of diseases preventable through immunization and other control measures; to reduce the high incidence of sexually transmitted diseases and to prevent the occurrence of complications of these diseases; to reduce the incidence and prevalence of diarrheal diseases; to control the *Aedes aegypti* mosquito; to maintain an effective vigilance to prevent reintroduction of malaria; and to establish an effective disease surveillance system throughout the country.

Specific programs for PAHO technical cooperation include the *Aedes aegypti* eradication program and the program for epidemiological surveillance. In the former, emphasis will be on the monitoring and evaluation of program operations and their effectiveness; program planning and education and training of personnel; the provision of supplies and materials; and the integration of these services into the primary health care services at the parish level. PAHO's technical cooperation in the field of epidemiology will include coordination with CAREC on strengthening of disease surveillance in the island, expansion of immunization coverage, and improvement in the management and control of infectious diseases, especially diarrheal and sexually transmitted diseases.

Activities for strengthening of disease surveillance will be aimed at gradual organization of the recording and reporting systems at the health unit and parish levels. On-the-spot training will be given to health staff for this purpose, by personal visits in coordination with visiting staff from CAREC whenever possible. Efforts will also aim at training the health personnel to use the data on notifiable diseases for defining health problems and for providing records on morbidity with less dependence on CAREC for surveillance activities. Activities for the expansion of immunization coverage will be directed toward further development of the Immunology Unit and through training and support of staff.

Cooperation will continue to be given in connection with the development of a plan of activities for control of diarrheal activities and for integration of sexually transmitted diseases treatment and control services into the primary health care system. The oral rehydration program will be expanded to more health centers in the urban and rural areas, with the collaboration of UNICEF. More national seminars will be held to strengthen the implementation of this program.

JAMAICA-0700, *Aedes aegypti* ERADICATION

TOTAL	1980-1981	1982-1983	1984-1985	TOTAL	NR	56,700	20,200	40,600
CONSULTANT DAYS	NR	180	60	PERSONNEL - CONSULTANTS		24,300	16,800	24,200
TOTAL		15	1	SUPPLIES AND MATERIAL		6,200	-	-
FELLOWSHIP MONTHS	NR	15	1	VEHICLES		8,000	-	-
				FELLOWSHIPS		16,200	1,400	14,400
				COURSES AND SEMINARS		2,000	2,000	2,000

JAMAICA-4300, EPIDEMIOLOGICAL SURVEILLANCE

TOTAL	1980-1981	1982-1983	1984-1985	TOTAL	NR	128,600	63,600	88,700
P-4 EPIDEMOLOGIST 4.4851	NR	18	-	PERSONNEL - PGSTS		71,700	-	-
TOTAL		60	90	PERSONNEL - CONSULTANTS		8,600	25,200	36,300
CONSULTANT DAYS	NR	60	90	STAFF DUTY TRAVEL		5,000	-	-
TOTAL		24	17	SUPPLIES AND MATERIAL		5,900	5,600	6,500
FELLOWSHIP MONTHS	NR	24	17	FELLOWSHIPS		25,400	23,800	36,000
				COURSES AND SEMINARS		7,000	9,000	9,900
				GRANTS		5,000	-	-

JAMAICA-4301, PREVENTION AND CONTROL OF EPIDEMICS DUE TO FLOODS

TOTAL	NV	236,967	-	-
FURNITURE & EQUIPMENT		236,967	-	-

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

FAMILY HEALTH

The objectives of the PAHO program of technical cooperation in maternal and child health will be to contribute to the improvement of the health status of mothers and young children, reduction of the incidence of pregnancies among teenagers, and improvement of the coverage and quality of health services for mothers, young children and youth. The main areas for technical cooperation for the period 1982-1985 will be planning and programming for the extension of maternal and child health services as an integral part of primary health care and in accordance with norms and levels of care established for the latter; monitoring of quality of care, formulation of programs for special health services for adolescents and youth, including family life education; development and implementation of basic services for young children in the rural areas integrated with community development services; and the improvement of quality of care for the newborn and high-risk children to reduce perinatal mortality. Continuing education programs for health workers to update their knowledge and skills in maternal and child care will be developed and implemented. Innovative approaches to reach adolescents and youth, particularly in the poor and underserved urban areas, will be developed with an aim to reducing the incidence of teenage pregnancies and sexually transmitted diseases, and to promoting the concept of parental responsibility and family health. Extrabudgetary support for these programs has been obtained from UNICEF and UNFPA, and cooperation of interested bilateral agencies will be promoted. The UWI will continue to receive support in the implementation of its UNFPA-funded projects, i.e., "Advanced Training and Research in Fertility Management" and "The Family Health Care, Community-Based Training, Research and Delivery of Services."

PAHO technical cooperation in the development of mental health services will be continued during the period 1982-1985 with emphasis on (a) the reorganization and restructuring of the delivery of mental health services with emphasis on community-based services; and (b) education and training, including continued training of mental health nurses and increasing awareness and knowledge of primary health care workers in mental health.

The results of the national nutrition survey conducted in 1978 will be utilized to formulate more effective policies and approaches to malnutrition problems. The food and nutrition situation in the country will be closely monitored, and PAHO will continue to cooperate in nutrition education programs.

The areas for PAHO technical cooperation in dental health programs during the period 1982-1985 include preventive dental health services, dental health education and dental manpower development. Use of application of preventive measures such as water fluoridation, dental hygiene and topical fluoride will be promoted and corresponding program activities will be developed. Assistance will be provided in the establishment of the dental health education unit and effective dental health education programs with emphasis on the strengthening of these programs at the parish level as part of primary health care services. Fellowships will be provided in dental health education, dental public health and maintenance of dental equipment. Continued cooperation will be maintained in the strengthening of the dental auxiliary and dental assistants training programs.

JAMAICA-1301, MATERNAL AND CHILD HEALTH

TOTAL		30	-	-	TOTAL	PR	8,200	30,400	35,400
CONSULTANT DAYS	PR	30	-	-	PERSONNEL - CONSULTANTS		3,800	-	-
TOTAL		4	10	13	SUPPLIES AND MATERIAL		-	3,000	2,000
FELLOWSHIP MONTHS	PR	4	10	13	FELLOWSHIPS		4,400	14,000	23,400
					COURSES AND SEMINARS		-	13,400	10,000

JAMAICA-1303, PRIMARY HEALTH CARE AND FAMILY PLANNING IN EIGHT COMMUNITIES

TOTAL		24	48	-	TOTAL	UNFPA	566,850	409,550	-
P-4 PROJECT MANAGER 4.5372	UNFPA	12	24	-	PERSONNEL - POSTS		65,600	137,900	-
G-4 SECRETARY 4.5374	UNFPA	12	24	-	ADMIN. SUPPORT PERSONNEL		9,400	6,000	-
					LOCAL PERSONNEL COSTS		94,300	179,500	-
					STAFF DUTY TRAVEL		4,000	13,000	-
					LOCAL TRAVEL COSTS		20,000	33,000	-
					SUBCONTRACTS		8,000	-	-
					MISCELLANEOUS COSTS		16,500	8,500	-
					EXPENDABLE EQUIPMENT		14,750	14,250	-
					NON-EXPENDABLE EQUIPMENT		48,200	12,000	-
					IMPROVEMENT OF PREMISES		270,000	-	-
					GROUP TRAINING		16,100	5,400	-

JAMAICA-1500, MENTAL HEALTH

TOTAL		560	60	-	TOTAL	WR	83,300	37,100	27,800
CONSULTANT DAYS	WR	560	60	-	PERSONNEL - CONSULTANTS		74,900	16,800	-
TOTAL		-	6	7	SUPPLIES AND MATERIAL		2,000	1,000	1,600
FELLOWSHIP MONTHS	WR	-	6	7	FELLOWSHIPS		-	8,400	12,600
					COURSES AND SEMINARS		6,400	10,900	13,600

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
JAMAICA-1600, ORAL HEALTH.									
<u>TOTAL</u>		<u>6</u>	<u>18</u>	<u>-</u>	<u>TOTAL</u>	PR	<u>4,500</u>	<u>40,000</u>	<u>47,400</u>
P-4 DENTAL OFFICER .4542	PR	6	18	-	PERSONNEL - PCSTS		-	-	-
					STAFF DUTY TRAVEL		1,500	2,500	-
					SUPPLIES AND MATERIAL		3,000	3,900	4,200
<u>TOTAL</u>		<u>-</u>	<u>24</u>	<u>24</u>	FELLOWSHIPS		-	33,600	43,200
FELLOWSHIP MONTHS	PR	-	24	24					

ENVIRONMENTAL HEALTH SERVICES

The areas for technical cooperation in environmental health include water supply, environmental pollution, working environments and health inspection. The objectives in the area of water supply include (a) consolidation and upgrading of the water quality control laboratory program; (b) strengthening of the water supply monitoring program; (c) development in a selected rural community of a demonstration program for economical water treatment; (d) upgrading of water treatment plant operators' performance; (e) development of a National Water Resource Management Plan; and (d) formulation and implementation of programs for the Water Decade (1981-1990).

The main components in pollution control will include establishment and monitoring of water quality standards for streams and beaches; training of waste water treatment plant operators; development of management guidelines for solid waste management, including development of demonstration projects in critical urban areas; strengthening of the air quality monitoring program; and development of a national environmental protection plan.

The objective of the programs in the area of working environment is the development of an organized occupational health and protection program for an additional 55% of the labor force by 1982. Main activities include compilation of baseline data on industrial hygiene; provision of fellowships; development of control and enforcement regulations, rules and standards; and planning for management of occupational health programs.

The role of public health inspectors in primary health care in particular and the environmental health program in general is being evaluated and will be redefined. Assistance will also be provided in training and health education activities related to environmental health.

In keeping with the international Drinking Water Supply and Sanitation Decade, national programs will be developed and implemented in accordance with the work plan to be developed by the National Committee.

JAMAICA-2000, WATER SUPPLIES AND ENVIRONMENTAL SANITATION

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985					
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	PR	<u>139,100</u>	<u>196,500</u>	<u>223,100</u>
P-4 SANITARY ENGINEER .0960	PR	24	24	24	PERSONNEL - POSTS		96,600	114,100	126,700
					PERSONNEL - CONSULTANTS		16,200	37,800	42,300
					STAFF DUTY TRAVEL		4,700	6,400	7,000
<u>TOTAL</u>		<u>120</u>	<u>135</u>	<u>105</u>	SUPPLIES AND MATERIAL		2,400	4,000	4,600
CONSULTANT DAYS	PR	120	135	105	FELLOWSHIPS		19,200	25,200	32,400
					GRANTS		-	9,000	10,100
<u>TOTAL</u>		<u>18</u>	<u>18</u>	<u>18</u>					
FELLOWSHIP MONTHS	PR	18	18	18					

JAMAICA-3601, TRAINING IN PARENTERAL MEDICATIONS PREPARATION

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985					
<u>TOTAL</u>		<u>2</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	UNDP	<u>2,900</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	UNDP	2	-	-	FELLOWSHIPS		2,900	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

Since 1979, the Government has been giving special emphasis to the development of manpower for a veterinary meat inspection system. During 1981, there will be a series of local training seminars which will be specially designed for local meat handlers, butchers and inspectors. Simultaneously, it is expected that such a training program will strengthen the country's meat inspection service. In order to upgrade the existing slaughter and processing facilities, the development of laboratory services will be essential for the diagnosis of food contaminants which cannot be observed by simple inspection. It is therefore foreseeable that, during 1984-1985, it will be necessary to offer specialized training to laboratory technicians and to further improve the laboratory services.

	1980-	1982-	1984-		1982-	1984-	
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

The above are the basic components required to strengthen the surveillance of zoonosis and food-borne disease and to develop food protection programs. It is understood that food protection, particularly from the standpoint of safety and efficient utilization, is fundamental in the achievement of the goal of an acceptable level of health for all by the year 2000.

JAMAICA-3100, VETERINARY PUBLIC HEALTH

TOTAL		60	-	-	TOTAL	69,900	9,800	12,600
CONSULTANT DAYS	WR	60	-	-	SUBTOTAL	PH 55,500	-	-
TOTAL		6	7	7	TEMPORARY STAFF	6,000	-	-
FELLOWSHIP MONTHS	WR	6	7	7	LOCAL PERSONNEL COSTS	8,000	-	-
					STAFF DUTY TRAVEL	5,500	-	-
					SUPPLIES AND MATERIAL	18,000	-	-
					FURNITURE & EQUIPMENT	18,000	-	-
					SUBTOTAL	WR 14,400	9,800	12,600
					PERSONNEL - CONSULTANTS	8,100	-	-
					FELLOWSHIPS	6,300	9,800	12,600

JAMAICA-3300, ANIMAL HEALTH

TOTAL		41	-	-	TOTAL	UNDP 220,000	-	-
P-5 PROJECT MANAGER 4.4052	UNDP	19	-	-	PERSONNEL - POSTS	122,400	-	-
P-4 VETERINARIAN 4.4532	UNDP	12	-	-	UNITED NAT. VOLUNTEERS	16,200	-	-
U-4 SECRETARY 4.4528	UNDP	10	-	-	PERSONNEL - CONSULTANTS	27,900	-	-
TOTAL		144	-	-	STAFF DUTY TRAVEL	9,800	-	-
CONSULTANT DAYS	UNDP	144	-	-	SUBCONTRACTS	3,500	-	-
TOTAL		25	-	-	MISCELLANEOUS COSTS	6,100	-	-
FELLOWSHIP MONTHS	UNDP	25	-	-	FELLOWSHIPS	28,000	-	-
					GROUP TRAINING	5,800	-	-
					IN-SERVICE TRAINING	300	-	-

COMPLEMENTARY SERVICES

The program aims at accomplishing the following: (a) the establishment of an immunodiagnostic laboratory to provide supporting services for the early diagnosis of communicable diseases with a view to their control; (b) dissemination in the country of information on the assistance that this laboratory can provide to the various health programs, to ensure maximum utilization of its services; (c) the organization of teaching activities at all levels for the training of professional and technical staff and to provide information on the programs conducted; and (d) the execution of programs of basic and applied research in close cooperation with the International Immunology Training and Research Center, particularly in areas that pose public health problems in the country.

JAMAICA-4200, IMMUNOLOGY LABORATORIES

TOTAL	WV	176,060	-	-
CONTRACTUAL SERVICES		176,060	-	-

DEVELOPMENT OF HEALTH SERVICES

The National Health Plan of 1978/1979-1982/1983 has given high priority to the strengthening of primary health care services; improvement of the management of health services at all levels; development of an adequate health information system and increasing community participation in the provision and utilization of health services; and the development of health manpower resources.

	1980-	1982-	1984-		1980-	1982-	1984-
FUND	1981	1983	1985		1980-1981	1982-1983	1984-1985
						\$	\$

PAHO technical cooperation in primary health care will include planning and programming of primary health care services; development of strategies for achieving adequate coverage in underserved urban and rural areas; development of technology for obtaining effective community participation; and the development of primary health care manpower.

A major area for continued technical cooperation will be the management of health services, the main components of which are reorganization of the administration of health services at central areas and parish levels; improvement of the health planning and programming process; and development of corresponding personnel management, supply management skills of health personnel at the central, primary health services and secondary health services levels. Assistance will also be focused on the development of local training programs in management/supervision for all levels of the health system.

Technical cooperation for the development of a national health information system is being provided through a number of activities, aimed at strengthening the infrastructure of the information system. In view of the priority being given to national and regional strategies for attaining health for all by the year 2000, special emphasis will be given to health information needs in the area of primary health care. Efforts to stimulate quality and completeness of health data will be promoted. More workshops will be held to educate and train health personnel in data recording and reporting.

Emphasis will be placed on improving the registration of vital events. The program will also promote workshops with the participation of health staff to train them in the collection of data on vital health statistics and their reporting to the Registrar General of Births and Deaths through local registrars.

Primary health care services will be strengthened, with the assistance of a three-man team, with emphasis on the strengthening of the Primary Health Care Unit at the head office, development and implementation of training programs, the evaluation of selected pilot districts, and the development of appropriate mechanisms for community participation.

JAMAICA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		96	120	120	TOTAL	236,100	346,300	385,400
P-5 PAHO/WHO REPRESENTATIVE 4.0924	WR	24	24	24				
G-7 ADMINISTRATIVE ASSISTANT .0888	PR	24	-	-	SUBTOTAL	94,200	15,000	-
G-7 ADMINISTRATIVE ASSISTANT 4.0888 4.4720	WR	24	48	48	PERSONNEL - POSTS	30,200	-	-
G-5 OFFICE ASSISTANT 4.5168	WR	-	24	24	GENERAL OPERAT. EXPENSES	64,000	15,000	-
G-5 SECRETARY .4927	PR	24	-	-	SUBTOTAL	141,900	331,300	385,400
G-5 SECRETARY 4.4927	WR	-	24	24	PERSONNEL - POSTS	131,700	219,000	240,500
					STAFF DUTY TRAVEL	10,200	12,600	16,000
					GENERAL OPERAT. EXPENSES	-	99,700	128,900

JAMAICA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		-	24	24	TOTAL	PR 107,300	144,900	202,100
G-4 SECRETARY .5430	PR	-	24	24	PERSONNEL - POSTS	-	15,500	17,000
					PERSONNEL - CONSULTANTS	24,300	8,400	24,200
					SUPPLIES AND MATERIAL	-	9,300	10,700
TOTAL		180	30	60	FELLOWSHIPS	63,000	91,000	126,000
					COURSES AND SEMINARS	10,000	10,700	12,700
CONSULTANT DAYS	PR	180	30	60	GRANTS	10,000	10,000	11,500
TOTAL		60	65	70				
FELLOWSHIP MONTHS	PR	60	65	70				

JAMAICA-5101, STUDY AND IMPROVEMENT OF COMMUNITY HEALTH SERVICES

TOTAL	WR	25,000	-	-
GRANTS		25,000	-	-

JAMAICA-5400, DEVELOPMENT OF HEALTH INFORMATION SYSTEMS

TOTAL		24	24	24	TOTAL	PR 115,600	152,700	187,200
P-3 STATISTICIAN .5031	PR	24	24	24	PERSONNEL - POSTS	82,400	101,200	113,600
					STAFF DUTY TRAVEL	5,500	7,500	8,600
TOTAL		24	30	35	SUPPLIES AND MATERIAL	2,500	2,000	2,000
					FELLOWSHIPS	25,200	42,000	63,000
FELLOWSHIP MONTHS	PR	24	30	35				

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
JAMAICA-5500, MANAGEMENT OF HEALTH SERVICES									
TOTAL		24	24	24	TOTAL	PR	152,500	148,800	169,300
P-4 ADMIN. METHODS OFFICER .2056	PR	24	-	-	PERSONNEL - POSTS		96,600	114,100	126,700
P-4 HOSPITAL MANAGEMENT CONS. .5353	PR	-	24	24	PERSONNEL - CONSULTANTS		32,400	8,400	-
					STAFF DUTY TRAVEL		7,500	7,500	8,600
					SUPPLIES AND MATERIAL		3,000	1,000	2,000
					FELLOWSHIPS		4,000	9,800	27,000
					COURSES AND SEMINARS		9,000	8,000	5,000
TOTAL		240	30	-					
CONSULTANT DAYS	PR	240	30	-					
TOTAL		4	7	15					
FELLOWSHIP MONTHS	PR	4	7	15					

DEVELOPMENT OF HUMAN RESOURCES

The specific objectives in this area are (1) to promote and develop health manpower development policies and programs directed at meeting the needs of primary health care through redefinition of the roles of health workers, and implementation of continuing education programs to upgrade their skills and knowledge and making a more effective use of their skills; (2) to project accurate needs for different categories and levels of health workers required for the implementation of the National Health Plan; (3) to develop and strengthen appropriate training programs to meet the above needs; and (4) to improve the management and supervisory skills of health personnel.

During the period 1982-1985, the main areas of technical cooperation will include assessment and projection of health manpower needs for the period; planning and development of a continuing education program for training of primary health care workers; review and revision of medical education and postgraduate public health curricula; improvement of educational technology; review and revision of postbasic nursing programs and development of nurse-practitioner programs in specific areas; training of health statistics and medical records personnel; and training of dental health, environmental health and veterinary public health personnel. Preparation of health personnel in leadership and management positions aimed at increasing their management capabilities will be accorded a high priority. Emphasis will be placed on the development of local training programs to be implemented by national institutions. Assistance will also be provided for the strengthening of health manpower development institutions, particularly through faculty development and improvement of library and teaching resources.

JAMAICA-6100, TRAINING IN PRIMARY HEALTH CARE

TOTAL		240	30	30	TOTAL	WR	117,600	129,800	150,400
CONSULTANT DAYS	WR	240	30	30	PERSONNEL - CONSULTANTS		32,400	8,400	12,100
TOTAL		16	30	30	SUPPLIES AND MATERIAL		8,000	9,400	10,300
FELLOWSHIP MONTHS	WR	16	30	30	FELLOWSHIPS		17,200	42,000	54,000
					COURSES AND SEMINARS		30,000	40,000	44,000
					GRANTS		30,000	30,000	30,000

JAMAICA-6400, SANITARY ENGINEERING EDUCATION

TOTAL		120	-	-	TOTAL	WR	39,400	-	-
CONSULTANT DAYS	WR	120	-	-	PERSONNEL - CONSULTANTS		16,200	-	-
TOTAL		12	-	-	SUPPLIES AND MATERIAL		2,000	-	-
FELLOWSHIP MONTHS	WR	12	-	-	FELLOWSHIPS		13,200	-	-
					GRANTS		8,000	-	-

JAMAICA-6700, EDUCATION IN HEALTH STATISTICS

TOTAL		120	120	120	TOTAL	WR	32,200	53,100	77,900
CONSULTANT DAYS	WR	120	120	120	PERSONNEL - CONSULTANTS		16,200	33,600	48,400
					SUPPLIES AND MATERIAL		2,000	2,000	2,000
					COURSES AND SEMINARS		8,500	10,000	15,000
					GRANTS		5,500	7,500	12,500

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

PAHO/WHO technical cooperation (1981-1983), with financial support from the UNDP, will be aimed at (1) assisting in the establishment of a realistic organizational structure within the Health Facilities Maintenance Unit; (2) encouraging the use and application of the Manual of Procedures already made available to the Unit in order to improve discipline and productivity; (3) assisting in the structuring of an appropriate (ad hoc) permanent training system within the Unit; (4) providing fellowships for trainers and supervisors to establish a crew of trained personnel that can impact and assess training; (5) making profuse use of the audiovisual and training aids already provided by holding frequent workshops, seminars and on-the-job training courses; (6) involving the personnel from the University of the West Indies, College of Arts, Sciences and Technology, and vocational schools in the generation of specific video-tapes containing modular training units; and (7) promoting the establishment within the Public Services Commission of patterns of careers and corresponding ladders of promotion leading to the formation of technicians in the following fields of hospital maintenance: x-ray field services technician, biomedical equipment technician, air conditioning technician; boiler operator technician, buildings and masonry technician, pipefitting-plumbing technician, and power plant and electrical services technician.

JAMAICA-7400, HEALTH CARE FACILITIES MAINTENANCE

TOTAL		14	-	-	TOTAL	UNDP	105,900	-	-
P-4 PROJECT MANAGER 4.4871	UNDP	14	-	-	PERSONNEL - POSTS		56,300	-	-
					PERSONNEL - CONSULTANTS		6,600	-	-
					STAFF DUTY TRAVEL		6,200	-	-
TOTAL		45	-	-	MISCELLANEOUS COSTS		2,900	-	-
					MISCELLANEOUS EQUIPMENT		600	-	-
CONSULTANT DAYS	UNDP	45	-	-	FELLOWSHIPS		23,600	-	-
					GROUP TRAINING		9,700	-	-
TOTAL		21	-	-					
FELLOWSHIP MONTHS	UNDP	21	-	-					

 MEXICO - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	65,223
Area (in thousand square kilometers)	1978	1,967
Cultivated land (in thousand hectares)	1976	17,000
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	65.5
Death rate per 1,000 population	1976	6.5
Infant mortality rate per 1,000 live births	1976	54.7
Death rate 1-4 years, per 1,000 population	1974	4.6
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1974	20.8
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1974	16.9
Number of physicians per 10,000 population	1974	8.0
Number of hospital beds per 1,000 population	1974	1.2
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1976	46.3
Percentage of population 55 years and over	1976	6.8
Rate of natural increase per 1,000 population	1976	28.1
Fertility rate per 1,000 women 15-44 years of age	1976	171
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	35
Percentage of population with access to potable water	1977	59
Per capita calories per day	1972-1974	2,687
Per capita protein per day (grams)	1972-1974	66
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1975	6,521
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	1975	30
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1976	7,000
<u>Educational Indicators:</u>		
Percentage of literate population	1970	74
Percentage of population 5-14 years enrolled in primary schools**	1977	74
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	19
Percentage of population 20-29 years enrolled in university**	1977	3

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

MEXICO - COUNTRY STATEMENT

In 1974 the 10 leading causes of death and the rates per 100,000 population, were pneumonia, influenza, and other acute respiratory infections 109.6; enteritis and other diarrheal diseases 87.5; accidents, poisoning, and violent acts 8.4; heart disease 73.0; perinatal diseases 37.9; malignant tumors 36.0; cerebrovascular diseases 23.5; cirrhosis of the liver 19.3; tuberculosis, all forms 14.8; and diabetes mellitus 14.5. Deaths in children under five years of age accounted for 36.8% of all deaths. In this age group, vitamin deficiencies and other nutritional deficiencies and anemias were responsible for 14.0 and 7.9 per 100,000 deaths respectively. In 1975, the maternal death rate was 1.0 per 1,000 live births. Of these deaths, 5.8% were due to abortions.

The most common communicable diseases by order of the number of cases reported in 1976 were enteritis and other diarrheal diseases 457,046; influenza 185,459; acute respiratory infections 147,063; amebiasis 100,306; scabies 74,880; parasitic diseases, unspecified 72,469; other worm diseases 64,467; other mycoses 34,139; measles 22,722; malaria 18,568; and pulmonary tuberculosis 10,961. In 1977 there were 6,417 cases of whooping cough, 4,134 of syphilis, and 3,252 of salmonellosis.

In the group of chronic diseases, mention may be made of cardiovascular diseases, especially arterial hypertension, ischemic heart disease, and rheumatic fever which accounts for 90% of all heart diseases and is the principal cause of death by cardiac disease in the age group 5 to 14 years; cancer, the incidence of which is not fully determined, but which constitutes a public health problem owing to the large number of deaths it causes; and diabetes mellitus which has a high prevalence, estimated at 2% for the general population, 6% for the fifth decade of life, 9% for the sixth, 13% for the seventh, and 10% for obese persons. (Another 3% of the population has varying degrees of intolerance to carbohydrates). It is estimated that 20-25% of the general population carries diabetes genes.

Among the preschool population of the country the percentage of serious malnutrition (grades II and III) ranges from 19.2 to 38.7%, and anemia from 7.6 to 29.5%. Furthermore, mental retardation in children between 10 and 14 years of age is estimated at 14 per 1,000. For its part, drug dependence affects 4.6 per 1,000 of the population over 14 years of age.

In 1974 the prevalence of psychosis ranged from 10 to 14 per 1,000 population and that of alcoholism was 6.2 per 1,000 population; moreover, it was estimated that 1,100,000 persons with psychiatric problems required specialized care. In addition, the suicide rate for persons over 15 years of age was 4 per 1,000 and the homicide rate 22.2 per 100,000 population.

There are approximately 4.5 million inhabitants (7% of the population) with some extent of disability, frequently caused by accidents at work. In 1975 the Mexican Social Security Institute (IMSS) registered 400,000 accidents, which represented a high social cost. Of the disabled, 50% are totally unproductive, 25% are economically dependent, and the remaining 25% are minors who receive inadequate treatment because they are either overprotected or rejected.

Although no studies have been made to determine actual figures concerning dental health, it is estimated that 98% of the population, both rural and urban, suffers from dental caries, in addition to diseases of the gums and periodontal diseases. The last-mentioned diseases affect both the adult and the child population, and their incidence is estimated at 40%. Problems of malocclusion affect 50% of the child population and a proportion of the adult population that was not treated at an early age. The incidence of congenital malformations of the lips and palate is high in some parts of the country. Mortality due to cancer of the mouth shows an upward trend, and is on the order of 1.5 per 100,000 population.

The principal zoonoses are canine rabies, of which there are around 7,000 cases annually requiring preventive treatment for approximately 70,000 persons; there are about 75 human cases each year. Brucellosis, the prevalence of which ranges between 4 and 5% in beef cattle and is presumably a lot greater in dairy cattle, caused almost 600 cases of human brucellosis in 1977, according to the Weekly Epidemiologic Report of Coordinated Services of the Office of Health and Social Welfare (SSA); however, it is estimated that this figure is far below the real figure. Bovine tuberculosis, the prevalence of which in beef cattle ranges between 1-2%, reaches 40% for the dairy cattle of the Federal District. Human cysticercosis is becoming a problem, and it is estimated that currently 2% of the population suffers from this disease.

In 1977, 26.85% of the urban population and 67.5% of the rural population lacked drinking water services, which meant that 41.35% of the total population did not have these services. In the same year, 58.91% of the urban population and 99.6% of the rural population did not have sewerage services, yielding a total unserved population of 73.41%. The rate of expansion for the coverage of potable water systems is slower than the population growth. This disparity is even greater in the case of sewerage.

The concentration of industries in metropolitan areas such as of those of Mexico City, Guadalajara, and Monterrey, has had an adverse effect on the quality of the air, water, and soil, and air pollution is considered to be one of the highest in the world. Untreated discharges of industrial liquid wastes have an organic concentration equivalent to that of a population of 50 million inhabitants; this, together with the discharge of domestic wastewaters in the urban centers, has led to serious pollution of the principal water basins of the country. Each day the main water basins receive pollution equivalent to 3,420 tons of biochemical oxygen demand. To this must be added the discharges of irrigation water, with high herbicide and pesticide contents. It is calculated that in the country there exist 3,600,000 automotive vehicles, with their consequent adverse effect on the environment. The generation of solid wastes is estimated at 40 million tons a year, or an average of 0.75 kilogram per inhabitant per day. In the metropolitan area of Mexico more than 5,000 tons of refuse are produced each day. The items most severely affected by pollution are drinking water and food.

The most serious housing problems are to be found in the Mexico City metropolitan area, in Monterrey, and in the United States border area. There is considerable overcrowding and proliferation of shantytowns; in Mexico City there are 750,000 families with two to nine members living in a single room; there are another 190,000 families with five to nine members living in two rooms. Rapid population growth, coupled with industrialization, unemployment, development of natural resources, and low per capita income represent a potential ecologic disaster.

Hurricanes, floods, and earthquakes are the natural disasters that most critically affect the population and the economy of the country. The first two are the only ones for which advanced information may be obtained and consequently early measures to reduce their effects can be taken.

The National Government considers as priority for the health sector the development of the following four programs: family planning, with precise goals for population growth; expansion of the coverage of health care to the rural areas in order to cover 60% of the community; nutrition, which includes supplementary food programs for pregnant women and preschool children in the rural areas; and communicable diseases prevention and control, which includes epidemiologic surveillance of smallpox, cholera, and yellow fever.

Institutional activities in the health sector are directed toward strengthening and upgrading measures to give unity to the health programs; improving the organization and administration of the health sector; strengthening the infrastructure for medical and health care; expanding the network of minimum services in rural areas; strengthening programs for maternal and child health care and continuing educational actions and service activities for the population; introducing changes and measures for the prevention, control, or eradication of communicable diseases; establishing steps and measures for improved distribution of health personnel; training technical and administrative cadres in order to compensate for the shortage of personnel in all institutions of the health sector; and strengthening and reinforcing the National System of Hospitals as well as the health infrastructure of all the institutions.

Among legislation of importance for health, mention should be made of the Political Constitution of the United States of Mexico (especially Article 73, Item XVI, and Article 123), the Health Code of the United States of Mexico, the Federal Law on the Prevention and Control of Environmental Pollution, the 1974 Social Security Law, the 1960 Law governing the Institute of Social Security and Services for State Employees, the General Population Law of 1978, the Federal Water Law, the Federal Law on Public Employees (containing regulations under Item B in Article 123 of the Constitution), the Federal Statistics Law, the Agreement of the Office of the Secretary for Human Settlements and Public Works (SAHOP) and the Office of the Secretary of Agriculture and Water resources (SARH), the Standing Regulations of the SSA, the Uniform Agreement for the Coordination of the Federation and the states, the Trust Contract between the Federal Government and the National Bank of Public Works and Services, and the Federal Law for the Prevention and Control of Environmental Contamination.

The SSA is the national institution responsible for the protection, promotion, and restoration of the health of the population. It is divided into four subdepartments: Health, which carries out activities for the prevention and control of communicable diseases; Welfare, which is responsible for activities concerning the recovery and development of health, including the regulation of fertility; Planning; and Environmental Improvement.

The Dirección General of Coordinated Public Health Services in the States, which comes under the authority of the the SSA, gives advice, monitors, and takes action to ensure the enforcement of legislation concerning health, supervises the preparation and execution of health programs, and promotes measures for improving the level of health of the State populations. In each State the Department of Coordinated Health Services has similar responsibilities in its jurisdiction. The Dirección General in the Federal District carries out similar work in that geographical area, which holds 21% of the population of the country. The plans and programs that have been prepared in order to provide care for the population are executed through a network of establishments such as health units, medical units, dispensaries, health centers, and hospitals.

The country also has several other institutions responsible for the health of specific groups of the population: the IMSS; the Institute of Social Security and Services for State Employees (ISSSTE); the National System for the Comprehensive Development of the Family; the Social Services of the Departments of National Defense and the Navy, and those of the Railway Company, the Mexican Petroleum Company, and the Federal Electricity Commission; the Department of Public Education; the National Indian Institute; the National Council on Population; the National Agency for the Coordination of Family Planning, and other institutions that have smaller coverage. The programs of these institutions are not coordinated, nor are their resources integrated.

In the area of environmental health, SAHOP undertakes activities connected with the installation and supply of potable water and sewerage services, as well as the distribution of the population and the conduct of housing and urban planning programs.

The Agency for Coordination of the National System of Information, established in 1978, is jointly responsible together with the SSA and other institutions of the sector for defining the technico-policy-making bases at the national level and for structuring and organizing all the information in the health sector in order to improve its utilization in the planning and evaluation of health programs.

It is noteworthy that IMSS coverage currently reaches some 20.5 million inhabitants, while the ISSSTE protects more than three million people, and other prepayment institutions two million. Private medicine provides care for almost 10 million persons. Thus a total of around 35 million persons are covered. The other 30 million inhabitants without formal coverage are theoretically covered by the SSA and other official agencies as far as health restoration is concerned. Due to insufficient resources, however, it is estimated that the services of these agencies actually reach some 10 million persons. As a result, there are probably approximately 20 million unprotected persons living in the marginalized urban areas and in more than 95,000 scattered rural communities.

The health and welfare care to the population is a significant problem because the concentration of a large number of health professionals in the major cities generates a shortage of these human resources in other areas. Some items of SSA care (prenatal 19.1%, delivery 15.8%, children 17.3%) indicate a decline in coverage as well as an under-utilization of resources. In 1976, 44% of the births registered in the country were institutional deliveries.

Standards and procedures do exist, and efforts are being made to ensure their application through the systematic supervision of health care services. The 1970 census revealed a total of 34,107 physicians, or 7.1 physicians for each 10,000 inhabitants; in the Federal District there was a concentration of 14,490 physicians, while the State of Quintana Roo had only 27. In 47% of the 2,388 municipalities of the country, no medical care was available. In 1976 there were an estimated 8.5 physicians per 10,000 population.

Present information on dental surgeons indicates that there are around 6,000, but it is believed that the real figure is approximately twice that number; most are concentrated in the cities, which yields a ratio of one dentist per 2,000 inhabitants in the metropolitan area of Mexico but only one per 100,000 to 200,000 inhabitants in some rural areas.

In 1970 there were 2,182 veterinarians and experts in animal husbandry, 18,424 nurses, and 29,624 nursing auxiliaries. The statistics for 1972 was 2.1 nurses and 5.4 auxiliaries per 10,000 population. In 1970 the personnel of diagnostic and treatment support services totaled 6,025, administrative personnel 17,453, management personnel 32,562, and that of other health-related services 5,323 persons.

In the field of maternal and child health and family planning the human resources available in 1976, expressed in annual hours worked per 1,000 population, were 4,598 for maternal care, 240 for child care, and 215 for family planning.

In 1970 the number of institutions providing outpatient consultations and preventive medicine services (medical units) were 5,353, of which 3,421 were establishments with beds and 1,932 without beds. In addition, there were 11,784 medical dispensaries, 866 laboratories for clinical analysis, 1,113 radiology rooms, 2,124 operating theaters, 1,937 delivery rooms, 223 blood banks, 1,741 emergency rooms, 13,688 infant cribs, 2,848 incubators, and 76,081 hospital beds, of which some 8,000 were psychiatric beds. There is a national reference laboratory and five regional laboratories intended to coordinate the operation of the 31 State public health laboratories.

Resources for cancer treatment are located in the large cities. Rehabilitation and psychiatric care services are insufficient to satisfy the demand. There is a private network of 55 youth integration centers for the prevention of drug dependence and alcoholism.

For 1978 the Government assigned the health sector a budget of 100 billion pesos or approximately 17.6% of the national budget. The SSA is responsible for executing 11% of the total funds assigned to the sector. It is estimated that the investment and health service outlays, expressed in Mexican pesos per capita for the year mentioned, will be 428 for the SSA, 2,346 for the IMSS, and 5,758 for the ISSSTE. The average amounts budgeted for family planning per woman of child-bearing age are 69 Mexican pesos for the SSA, 196 for the IMSS, and 91 for the ISSSTE.

In the training of health manpower, the production of physicians is much greater than that of other members of the health team. The plans and programs of study in the medical schools vary greatly and in general are not consistent with those of the institutions that provide health services. The schools are overcrowded and there is a proliferation of new schools that are insufficiently equipped. Enrollment in these schools does not take into account the actual need for physicians or the educational capacity of the system of higher education. In 1976 there were 55 schools and/or faculties of medicine in the country, one-third of which had been established in the previous six years. The total student population in medical schools exceeds 70,000. Between 1970 and 1975 some 5,800 new physicians passed the medical practice examination, of whom a large number were foreigners, especially United States citizens, who returned to their country of origin.

At present there are 34 schools of dentistry (compared with 19 in 1974) with programs of studies that vary from the traditional to the innovative. It is estimated that there are 34,000 students in these schools, and that in the next five years some 18,000 new dentists will be graduated. This is virtually the only type of professional that is being trained, although isolated efforts have been initiated for the training of dental technicians and auxiliaries.

In the nursing schools there is no uniform conception of the different levels of training and there is no national policy that sets guidelines for the training of nurses. There are four levels of graduates: graduate nurses, nursing specialists, nurses, and nursing auxiliaries. In 1976 there were 110 schools of nursing in the country, under the authority of universities, health agencies, or private institutions, with a total of 18,735 students, with some 4,800 graduates per year. In addition, all the welfare and health institutions provide programs of inservice training, varying their content in accordance with local needs. Greater efforts are being made to train nursing personnel who will be responsible for the preparation and supervision of personnel involved in the extension of health service coverage.

The SSA has two programs for the preparation and training of members of the community (persons in charge of health units, community auxiliaries, and nursing auxiliaries) and State groups (nurses and social workers) for the programs of service extension in the rural areas.

The School of Public Health of the SSA and that of Monterrey offer personnel graduate and middle-level courses in specialties connected with public health, such as administration, management, planning, statistics, and nursing. These schools receive fellows from several countries of the Hemisphere. Three national universities give graduate-level courses in sanitary engineering, and another two have begun to prepare similar courses. The civil engineering courses in all the universities of the country have a sanitary engineering component. In the School of Public Health in the SSA, courses are offered for sanitary inspectors. In the University of Puebla, courses for middle-level personnel in engineering and public health are conducted.

With regard to human resources for water supply and sanitation, the SAHOP is implementing the National Plan of Training for the drinking water and sewerage subsector. During the first stage, which will cover a period of three years, the middle-level and senior personnel will be upgraded and trained and will thus have a multiplier effect on the rest of the personnel.

There is a National Program of Health Research, which links the public sector to the institutions of higher learning and the National Council on Science and Technology (CONACYT). So far the results have been unproductive and incomplete. The most important research programs, which are coordinated and backed by the CONACYT, are divided into eight areas: operational research in health services; infectious and contagious diseases; environmental contamination; family planning; degenerative chronic diseases; development of drugs; development of biotechnology; and basic research for manpower training.

In 1973 and 1974 CONACYT made an inventory of researchers and research projects in the biomedical area. It is currently carrying out the same inventory for 1977 and 1978 and it is planned to update its information continually in the future.

In the field of stomatology research projects are being carried out on new types of equipment and physical facilities in order to be able to provide the new systems of treatment anywhere, including rural areas.

The Department of Livestock of SARH, through the National Institute of Livestock Research, conducts investigations in the areas of the production of immunizing biological agents, and on diagnostic techniques. The General Bureau of Animal Health carries out epidemiological investigations in the field.

In the area of socioeconomic analysis, SAHOP is developing mathematical models based on objective data derived from censuses and economic figures of the value added per worker and will use them for the socioeconomic classification of communities, municipalities, and federal entities, as well as for the planning of physical works, investments, and financing in the drinking water and sewerage subsector.

Mexico has highly specialized centers devoted to research and/or education such as the world-renowned National Institute of Cardiology; the National Medical Center of the IMSS, which has lengthy experience in the training of physicians at the graduate level; the Department of Training of the Maintenance Division of the IMSS, which has trained health personnel from several countries of the Americas; the Center of Training and Research in Immunology of the National Institute of Nutrition, which coordinates research in this field in the country and trains national and international personnel; the Mexican Drug Dependence Center; the National Livestock Research Institute, which has done outstanding work in the production of vaccines and biological immunizing agents and in diagnostic techniques; the Mexican Institute of Tropical Ophthalmology, A.C., which has made outstanding studies on some communicable diseases; the National Institute of Neurology which conducts neurological and neurosurgical research; the Center for Third World Economic and Social Studies, A.C.; the General Bureau of Regional and Urban Development of the Office of the Secretary to the President; the Inter-American Center for Social Security Studies (CIESS); the Mexican Petroleum Institute, which conducts programs of training in environmental health; the Mexican Children and Family Institute; the Center for Economic Research and Teaching, A.C.; and the National Nuclear Energy Institute.

The SSA, the IMSS, the ISSSTE, and certain universities have teaching departments which prepare and conduct programs for residents in the various medical specialties, and for post graduate studies.

The IMSS and the ISSSTE have modern technology and use it for treating their members, who for the most part live in the urban areas. In the metropolitan areas the SSA has the same type of technology, while in the shantytowns and rural areas, simplified technology for maternal and child health care is being tested.

MEXICO - NATIONAL HEALTH PROGRAMS

Programs of the Health Sector

Development of Health Services
Environmental Hygiene, Sanitation,
and Improvement
Family Health
Disease Control
Health Manpower Training and
Development
Sports Hygiene
Welfare
Social Security
Social Services for Students and
Professionals in the Health Disciplines

Health-Related Programs in Other Sectors

Department of National Defense:

Health Manpower Training
Disaster Relief
Medical Care

Department of Human Settlements and Public Works:

Environmental Surveillance and
Improvement
National Urban Development
Potable Water Supplies

Department of Agriculture and Water Resources:

Animal Health
Production and Control of
Biologicals

Department of Public Education: Student Health

Health Manpower Training
Universities:
Inservice Basic and Refresher
Training for the Various Health
Professions in the Country

MEXICO - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	4,185,134	75.2	2,736,150	61.7	2,244,460	60.0
=====	=====	=====	=====	=====	=====	=====
SERVICES TO INDIVIDUALS	3,430,860	61.7	2,123,450	47.9	1,520,680	40.6
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	106,000	1.9	140,000	3.2	191,600	5.1
0200 MALARIA	267,400	4.8	221,800	5.0	267,000	7.1
0400 TUBERCULOSIS	115,000	2.1	156,500	3.5	184,800	4.9
1100 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	2,942,460	52.9	1,605,150	36.2	877,280	23.5
ENVIRONMENTAL HEALTH SERVICES	609,074	10.9	487,800	11.0	603,100	16.2
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	55,500	1.0	283,600	6.4	357,100	9.6
2100 WATER SUPPLY AND EXCRETA DISPOSAL	184,120	3.3	-	-	-	-
ENVIRONMENTAL POLLUTION						
2300 PROGRAM PLANNING AND GENERAL ACTIVITIES	117,510	2.1	-	-	-	-
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	700	*	-	-	-	-
3300 ZOOUSES	251,244	4.5	204,200	4.6	246,000	6.6
COMPLEMENTARY SERVICES	145,200	2.6	124,900	2.8	120,700	3.2
4300 EPIDEMIOLOGICAL SURVEILLANCE	63,700	1.1	66,300	1.5	74,900	2.0
4500 REHABILITATION	81,500	1.5	58,600	1.3	45,800	1.2
II. DEVELOPMENT OF THE INFRASTRUCTURE	1,374,230	24.8	1,697,100	38.3	1,492,900	40.0
=====	=====	=====	=====	=====	=====	=====
HEALTH SYSTEMS	981,700	10.5	931,600	21.0	1,066,600	28.6
5100 GENERAL PUBLIC HEALTH SYSTEMS	981,700	10.5	931,600	21.0	1,066,600	28.6
DEVELOPMENT OF HUMAN RESOURCES	376,630	6.8	295,100	6.7	356,300	9.5
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	134,700	2.4	100,400	2.3	134,800	3.4
6300 NURSING	153,030	2.8	75,300	1.7	89,000	2.4
6400 ENVIRONMENTAL SCIENCES	43,800	.8	54,000	1.2	57,900	1.5
6500 VETERINARY MEDICINE	45,100	.8	65,000	1.5	74,600	2.0
PHYSICAL RESOURCES	343,100	6.2	400,000	9.0	-	-
7300 PRODUCTION OF BIOLOGICALS	343,100	6.2	400,000	9.0	-	-
TECHNOLOGICAL RESOURCES	72,800	1.3	70,400	1.6	70,000	1.9
8700 OTHER TECHNOLOGICAL RESOURCES	72,800	1.3	70,400	1.6	70,000	1.9
GRAND TOTAL	5,559,364	100.0	4,433,250	100.0	3,737,380	100.0
=====	=====	=====	=====	=====	=====	=====

*LESS THAN .05 PERCENT

MEXICO - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CCNS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHO--PR	1,572,600	120	-	1740	906,700	47,800	259	272,200	13,500	201,800	125,600	5,000
PW	81,220	-	-	-	-	524	8	9,167	-	64,145	-	7,384
PG	452,424	-	-	45	31,360	-	8	9,100	-	347,420	21,600	42,944
WHO--WR	535,500	-	-	580	135,100	7,100	150	157,200	51,100	68,700	92,200	24,100
WP	2,917,620	22	36	70	134,294	8,000	60	65,685	896,732	1,416,398	-	396,511
TOTAL	5,559,364	142	36	2435	1,207,454	63,424	485	513,352	961,332	2,098,463	239,400	475,939
PCT. OF TOTAL	100.0				21.7	1.2		9.2	17.3	37.7	4.3	8.6
1982-1983												
PAHO--PR	1,728,100	120	-	1170	1,150,000	63,300	264	369,600	86,300	12,600	40,500	5,800
PW	400,000	-	-	-	-	-	-	-	-	400,000	-	-
PG	700,000	-	-	510	199,700	9,400	201	281,400	160,700	20,900	-	27,900
WHO--WR	1,605,150	-	32	90	317,315	-	63	91,900	262,000	361,285	-	572,650
TOTAL	4,433,250	120	32	1770	1,667,015	72,700	528	742,900	509,000	794,785	40,500	606,350
PCT. OF TOTAL	100.0				37.6	1.6		16.8	11.5	17.9	.9	13.7
1984-1985												
PAHO--PR	2,030,900	120	-	1170	1,402,800	68,800	264	475,200	48,000	9,100	20,000	7,000
WHO--WR	829,200	-	-	540	282,600	10,000	201	361,800	124,600	10,600	-	39,600
WP	877,280	-	-	-	427,280	-	-	-	-	-	-	450,000
TOTAL	3,737,380	120	-	1710	2,112,680	78,800	465	837,000	172,600	19,700	20,000	496,600
PCT. OF TOTAL	100.0				56.6	2.1		22.4	4.6	.5	.5	13.3

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

MEXICO - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA II CONSULTANTS*

PROGRAM AREA				-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					540	321,316	540	313,230	540	347,660
PR, PB	AREA II	AREA REPRESENTATIVE	.0273	D-1						
		ADMINISTRATIVE OFFICER	.4721	P-3						
DISEASE PREVENTION AND CONTROL					-	-	622	107,010	622	122,340
WR	AMRO-4320	EPIDEMIOLOGIST	4.5348	P-4						
FAMILY HEALTH					510	69,510	510	87,520	510	100,200
PR	AMRO-1320	MEDICAL OFFICER (MCH)	.0027	P-4						
ENVIRONMENTAL HEALTH SERVICES					622	119,610	-	-	-	-
WR	AMRO-2020	SANITARY ENGINEER	4.0864	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					622	105,190	622	135,690	622	153,330
PR, WR	AMRO-3120	VETERINARIAN	.3218	P-4						
COMPLEMENTARY SERVICES					622	110,960	622	141,120	622	159,520
PR	AMRO-4120	NURSE ADMINISTRATOR	.0889	P-4						
DEVELOPMENT OF HEALTH SERVICES					1,866	274,070	1,244	247,220	1,244	281,340
PR	AMRO-5220	HOSPITAL ADMINISTRATOR	.2188	P-4						
WR	AMRO-5320	HEALTH PLANNER	4.3674	P-4						
WR	AMRO-5420	STATISTICIAN	4.0839	P-4						
TOTAL					4,782	1,000,656	4,160	1,031,790	4,160	1,164,390
					=====	=====	=====	=====	=====	=====

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985
					\$	\$

MEXICO - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Communicable diseases such as acute respiratory infections, enteric diseases, measles, tuberculosis, malaria, and dengue, continue to prevail among morbidity causes; at the same time, there is a record of increase in cardiovascular diseases, cancer, diabetes mellitus, and traffic accidents.

The Government has assigned high priority to disease prevention and control. Of special relevance are those aspects of epidemiological surveillance and immunization that help to improve and extend the coverage and accessibility of the pertinent programs within the National Development Plan 1980-1982, which points out that: "the activities of the health sector are geared to achieving expansion of coverage through the scaling of services, among other measures, with special emphasis on preventive activities without neglecting curative ones."

PAHO/WHO cooperates in the development of programs for malaria, tuberculosis, diarrhea, leprosy, vector control, dengue, rabies, brucellosis, and acute respiratory diseases; in the training of personnel for the programs of epidemiological surveillance and immunization; in national programs for the control of cancer, cardiovascular diseases, and diabetes mellitus; and in the support of cooperative research in various fields related to chronic diseases.

MEXICO-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		300	270	270	TOTAL	PR	106,000	140,000	191,600
CONSULTANT DAYS	PR	300	270	270	PERSONNEL - CONSULTANTS		40,600	75,600	108,800
TOTAL		44	46	46	SUPPLIES AND MATERIAL		19,000	-	-
FELLOWSHIP MONTHS	PR	44	46	46	FELLOWSHIPS		46,400	64,400	82,800

MEXICO-0200, MALARIA ERADICATION

TOTAL		24	24	24	TOTAL	PR	267,400	221,800	267,000
P-5 MALARIA ADVISOR .0529	PR	24	24	24	PERSONNEL - POSTS		96,600	138,400	156,900
TOTAL		120	90	90	PERSONNEL - CONSULTANTS		16,200	25,200	36,300
CONSULTANT DAYS	PR	120	90	90	STAFF DUTY TRAVEL		7,000	7,800	9,000
TOTAL		35	36	36	SUPPLIES AND MATERIAL		110,800	-	-
FELLOWSHIP MONTHS	PR	35	36	36	FELLOWSHIPS		36,800	50,400	64,800

MEXICO-0400, TUBERCULOSIS CONTROL

TOTAL		24	24	24	TOTAL	PR	115,000	156,500	184,800
P-4 TUBERCULOSIS ADVISOR .5116	PR	24	24	24	PERSONNEL - POSTS		96,600	121,900	139,700
TOTAL		-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
CONSULTANT DAYS	PR	-	30	30	STAFF DUTY TRAVEL		5,800	6,600	7,800
TOTAL		12	14	14	FELLOWSHIPS		12,600	19,600	25,200
FELLOWSHIP MONTHS	PR	12	14	14					

FAMILY HEALTH

One of the medium-term objectives of the health sector is "to contribute to a rate of population growth that is in greater harmony with the biological, economic, and sociocultural conditions of the population of the country, through the programs of maternal and child health care and family planning" (Five-year Program of the Health Sector and Social Security 1978-1982).

	1980- FUND 1981	1982- 1983	1984- 1985	FUND 1980-1981	1982-1983	1984-1985
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In the past decade the birth rate showed a decrease of 14%, with an estimate of 38.0 per 1,000 population for 1978, based on data from the National Survey on Fertility. This decline can be attributed in part to the National Family Planning Program, which is increasing its activities in the 1980's.

The actions of the Government are also directed toward bringing about a reduction in maternal and child mortality and toward ensuring that all infant deaths are fully recorded. PAHO provides the Government with technical cooperation through country, area, and region resources, and also acts as executing agency for UNFPA.

MEXICO-1300, NATIONAL PROGRAM FOR MATERNAL AND CHILD CARE AND FAMILY PLANNING

TOTAL	90	32	-	TOTAL	UNFPA 2,917,620	1,605,150	877,280
P-3 HEALTH EDUCATION SPECIALIST UNFPA	3	-	-	PERSONNEL - POSTS	123,611	55,380	-
4.5218				LOCAL PERSONNEL COSTS	-	247,235	427,280
P-3 NURSE MIDWIFE UNFPA	19	-	-	PERSONNEL - CONSULTANTS	10,683	14,700	-
4.5014				STAFF DUTY TRAVEL	8,000	-	-
G-5 ACCOUNTS ASSISTANT UNFPA	12	16	-	LOCAL TRAVEL COSTS	73,179	500,000	450,000
4.5219				SUBCONTRACTS	287,250	40,750	-
G-5 SECRETARY UNFPA	24	16	-	MISCELLANEOUS COSTS	36,082	31,900	-
4.4428				CONTRACEPTIVES	10,246	-	-
TOTAL	70	90	-	EXPENDABLE EQUIPMENT	166,945	272,000	-
CONSULTANT DAYS UNFPA	70	90	-	NON-EXPENDABLE EQUIPMENT	1,239,207	89,285	-
TOTAL	60	63	-	FELLOWSHIPS	65,685	91,900	-
FELLOWSHIP MONTHS UNFPA	60	63	-	COURSES AND SEMINARS	896,732	262,000	-

MEXICO-1302, FAMILY PLANNING/MATERNAL-CHILD HEALTH SURVEY (NORTHERN BORDER AREA)

TOTAL	PG	24,840	-	-
GRANTS		21,600	-	-
PROGRAM SUPPORT COSTS		3,240	-	-

ENVIRONMENTAL HEALTH SERVICES

Rapid population growth, the progressive concentration of the population in the cities, and the increase in agricultural and industrial activities are causing high and ever-increasing contamination of the soil, air, and water, and compromising the quality of life and human health. In order to protect the physical environment, the health sector is carrying out a wide range of activities which have been grouped together under the Program of Environmental Improvement. This program works both in the urban and the rural areas, and through its participation in primary health care, seeks to ensure the extension of coverage as advocated by the national health policy.

The Government has requested technical cooperation from the Organization in the improvement of environmental surveillance and protection, through the cleaning of the water, air, and soil, as well as in the protection of foods from chemical and biological contamination, in research activities to determine the effect of environmental conditions on health, and in the preparation and execution of plans and programs for the comprehensive development of the subsector.

MEXICO-2000, ENVIRONMENTAL SANITATION

TOTAL	-	24	24	TOTAL	PR	-	283,600	357,100
P-4 SANITARY ENGINEER PR	-	24	24	PERSONNEL - POSTS	-	121,900	139,700	
0528				PERSONNEL - CONSULTANTS	-	100,800	145,100	
TOTAL	-	360	360	STAFF DUTY TRAVEL	-	6,300	7,500	
CONSULTANT DAYS PR	-	360	360	SUPPLIES AND MATERIAL	-	4,200	-	
TOTAL	-	36	36	FELLOWSHIPS	-	50,400	64,800	
FELLOWSHIP MONTHS PR	-	36	36					

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
MEXICO-2100, WATER SUPPLIES AND SEWERAGE SYSTEMS								
TOTAL		12	-	-	TOTAL	184,120	-	-
P-4 SANITARY ENGINEER 0528	PR	12	-	-	SUBTOTAL	PR 102,900	-	-
TOTAL		300	-	-	PERSONNEL - POSTS	46,800	-	-
CONSULTANT DAYS	PR	300	-	-	PERSONNEL - CONSULTANTS	40,600	-	-
TOTAL		16	-	-	STAFF DUTY TRAVEL	2,600	-	-
FELLOWSHIP MONTHS	PR	8	-	-	SUPPLIES AND MATERIAL	6,500	-	-
FELLOWSHIP MONTHS	PR	8	-	-	FELLOWSHIPS	8,400	-	-
					SUBTOTAL	PW 81,220	-	-
					STAFF DUTY TRAVEL	524	-	-
					SUPPLIES AND MATERIAL	64,145	-	-
					FELLOWSHIPS	9,167	-	-
					PROGRAM SUPPORT COSTS	7,384	-	-

MEXICO-2300, CONTROL OF ENVIRONMENTAL POLLUTION

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
TOTAL		12	-	-	TOTAL	117,510	-	-
P-4 SANITARY ENGINEER 4169	PR	12	-	-	SUBTOTAL	PR 114,700	-	-
TOTAL		255	-	-	PERSONNEL - POSTS	49,800	-	-
CONSULTANT DAYS	PR	240	-	-	PERSONNEL - CONSULTANTS	32,400	-	-
CONSULTANT DAYS	PG	15	-	-	STAFF DUTY TRAVEL	2,800	-	-
TOTAL		24	-	-	SUPPLIES AND MATERIAL	4,500	-	-
FELLOWSHIP MONTHS	PR	24	-	-	FELLOWSHIPS	25,200	-	-
					SUBTOTAL	PG 2,810	-	-
					PERSONNEL - CONSULTANTS	2,810	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The development of agroindustry has high priority in the achievement of the objectives of the Mexican Food System. The Government, through the Ministry of Agriculture and Water Resources and the Ministry of Health and Welfare, is determined to carry out medium-term measures to counter the most common zoonoses, which have a great economic and social impact on the country, such as rabies, brucellosis, and tuberculosis, and to keep Venezuelan equine encephalitis under control so as to ensure an increase in the availability of animal protein.

A special concern is to prevent the introduction of foot-and-mouth disease, African porcine plague, and other zoonoses into the country. Priority has also been assigned to the strengthening of the animal health infrastructure and the production of veterinary biologicals in order to meet the demand generated by the animal health programs, which have extended their coverage as a result of the technical and administrative decentralization of the Department of Livestock.

PAHO/WHO cooperates with the Government in the development of human resources, the information system, and the processes of planning and programming, and in the production and quality control of biologicals for animal use.

MEXICO-3100, VETERINARY PUBLIC HEALTH

TOTAL	PG	700	-	-
SUPPLIES AND MATERIAL		700	-	-

MEXICO-3300, ZONOSSES CONTROL

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
TOTAL		100	60	60	TOTAL	WR 40,900	40,600	54,800
CONSULTANT DAYS	WR	100	60	60	PERSONNEL - CONSULTANTS	11,700	16,800	24,200
TOTAL		24	17	17	SUPPLIES AND MATERIAL	2,000	-	-
FELLOWSHIP MONTHS	WR	24	17	17	FELLOWSHIPS	25,200	23,800	30,600

MEXICO-3301, RABIES CONTROL: MEXICO-UNITED STATES BORDER								
	FUND	1980-1981	1982-1983	1984-1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$	\$
TOTAL		24	24	24	TOTAL	PR 134,600	163,600	191,200
P-4 VETERINARIAN 3223	PR	24	24	24	PERSONNEL - POSTS	96,600	113,800	129,900
					PERSONNEL - CONSULTANTS	8,100	16,800	24,200
					STAFF DUTY TRAVEL	9,800	10,600	11,000
TOTAL		60	60	60	GENERAL OPERAT. EXPENSES	5,000	5,800	7,000
CONSULTANT DAYS	PR	60	60	60	SUPPLIES AND MATERIAL	7,600	8,400	9,100
					COURSES AND SEMINARS	7,500	8,200	10,000

MEXICO-3303, RABIES ELIMINATION: NORTHERN BORDER AREA

	TOTAL	PG	1980-1981	1982-1983	1984-1985
TOTAL			75,744	-	-
TEMPORARY STAFF			23,320	-	-
CONTRACTUAL SERVICES			1,800	-	-
GENERAL OPERAT. EXPENSES			31,560	-	-
SUPPLIES AND MATERIAL			12,720	-	-
PROGRAM SUPPORT COSTS			6,344	-	-

COMPLEMENTARY SERVICES

The alleviation of physical disability in the affected population throughout the country has been a priority concern of the Government, and this is to be reaffirmed for 1981, the International Year of the Disabled. The health sector is implementing national programs for the rehabilitation of patients with various types of physical disabilities and handicaps and for the extension of rehabilitation coverage through community promoters. PAHO cooperates with the Government by providing personnel with advanced training abroad and grants for training through courses given in the country.

MEXICO-4500, REHABILITATION

	TOTAL	WR	1980-1981	1982-1983	1984-1985	TOTAL	WR	1980-1981	1982-1983	1984-1985
TOTAL			120	60	60	TOTAL		81,500	58,600	45,800
CONSULTANT DAYS	WR		120	60	60	PERSONNEL - CONSULTANTS		16,200	16,800	24,200
						FELLOWSHIPS		37,800	16,800	21,600
TOTAL			36	12	12	COURSES AND SEMINARS		27,500	25,000	-
FELLOWSHIP MONTHS	WR		36	12	12					

DEVELOPMENT OF HEALTH SERVICES

The Government is making a considerable effort to extend the coverage of health services to the population through the public institutions of the health sector (the Ministry of Health and Welfare), the social security institutions (the Mexican Social Security Institute, the Institute of Social Security Services for Public Workers, and other smaller ones), as well as through public welfare institutions (the National System for the Comprehensive Development of the Family, General Coordination of the National Plan for Depressed Areas and Marginalized Groups). More than 50% of the population is protected through insurance and social solidarity plans. The Ministry of Health and Welfare is reinforcing an ambitious program of care for the marginal urban population.

PAHO provides the Government with technical cooperation in the areas of planning and organization; education and advanced training of human resources; improvement of the information system; and establishment of control and evaluation systems.

MEXICO-5100, DEVELOPMENT OF HEALTH SERVICES

	TOTAL	WR	1980-1981	1982-1983	1984-1985	TOTAL	WR	1980-1981	1982-1983	1984-1985
TOTAL			-	24	24	TOTAL		219,800	485,900	614,600
P-4 HEALTH PROGRAMS OFFICER 5389	PR		-	24	24	SUBTOTAL	PR	-	128,900	148,200
						PERSONNEL - POSTS		-	121,900	139,700
TOTAL			180	240	270	STAFF DUTY TRAVEL		-	7,000	8,500
CONSULTANT DAYS	WR		180	240	270	SUBTOTAL	WR	219,800	357,000	466,400
						PERSONNEL - CONSULTANTS		24,300	67,200	108,800
TOTAL			54	132	132	SUPPLIES AND MATERIAL		46,900	-	-
FELLOWSHIP MONTHS	WR		54	132	132	FELLOWSHIPS		56,400	184,800	237,600
						COURSES AND SEMINARS		-	105,000	120,000
						GRANTS		92,200	-	-

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

MEXICO-5101, FIELD OFFICE: UNITED STATES-MEXICO BORDER*

TOTAL		339,900	374,800	399,900
SUBTOTAL	PR	235,500	250,000	270,200
PERSONNEL - POSTS		199,400	204,500	225,200
PERSONNEL - CONSULTANTS		3,400	-	-
STAFF DUTY TRAVEL		14,300	25,000	25,000
GRANTS		18,400	20,500	20,000
SUBTOTAL	HR	104,400	124,800	129,700
PERSONNEL - POSTS		56,600	56,900	64,900
STAFF DUTY TRAVEL		7,100	9,400	10,000
GENERAL OPERAT. EXPENSES		24,100	27,900	39,600
SUPPLIES AND MATERIAL		10,800	20,900	10,600
COURSES AND SEMINARS		5,800	9,700	4,600

* FUNDS FOR THE FIELD OFFICE: UNITED STATES-MEXICO BORDER ARE DIVIDED BETWEEN THIS PROGRAM AND THE "DEVELOPMENT OF HEALTH SERVICES" IN THE UNITED STATES OF AMERICA.

MEXICO-5102, HEALTH SERVICES IN CHIAPAS, OAXACA AND QUINTANA ROO

TOTAL		120	60	60	TOTAL	PR	141,200	137,200	127,000
CONSULTANT DAYS	PR	120	60	60	PERSONNEL - CONSULTANTS		16,200	16,800	24,200
TOTAL		32	36	36	SUPPLIES AND MATERIAL		24,200	-	-
FELLOWSHIP MONTHS	PR	32	36	36	FELLOWSHIPS		33,600	50,400	64,800
					COURSES AND SEMINARS		-	70,000	38,000
					GRANTS		67,200	-	-

DEVELOPMENT OF HUMAN RESOURCES

The activities of the health sector are geared to the achievement of expansion of coverage through the scaling of services, among other measures. Special emphasis is placed on preventive activities, without neglecting curative ones. The population of the urban and rural marginalized areas, especially the maternal and child group, has priority in the delivery of minimum health services. All of this requires a sufficient quantity of various types and categories of properly trained health personnel. The lack of personnel is especially obvious in activities connected with the extension of the coverage of health services through primary care.

The following needs are indicated: to have an information system on health manpower at the national level; to plan and direct a national policy on manpower training at the professional, intermediate, and auxiliary level; to formulate plans and programs for the basic training and education of professionals in medicine, nursing, engineering, veterinary medicine, and rehabilitation, as well as for the training of technicians; and to strengthen graduate-level programs in the health sciences at the universities and specialized centers of study throughout the country.

PAHO cooperation, through country, area, and regional center projects, is linked to the training of middle-level technical and auxiliary personnel in order to give added strength to the health teams; to the development of centers for research and educational training; to the institutional development of health manpower training centers; to the training of community family physicians, nursing personnel in epidemiology and community health, and educational personnel for the teaching of medicine, nursing, veterinary medicine, sanitary engineering, and rehabilitation.

MEXICO-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		360	120	120	TOTAL	PR	134,700	100,800	134,800
CONSULTANT DAYS	PR	360	120	120	PERSONNEL - CONSULTANTS		48,600	33,600	48,400
TOTAL		60	48	48	SUPPLIES AND MATERIAL		9,100	-	-
FELLOWSHIP MONTHS	PR	60	48	48	FELLOWSHIPS		63,000	67,200	86,400
					GRANTS		14,000	-	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
MEXICO-6300, NURSING EDUCATION								
TOTAL		24	-	-	TOTAL	193,030	75,300	89,000
P-3 NURSE EDUCATOR 0517	PR	24	-	-	SUBTOTAL	PR 147,800	75,300	89,000
TOTAL		90	60	60	PERSONNEL - POSTS	82,400	-	-
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200
CONSULTANT DAYS	PG	30	-	-	STAFF DUTY TRAVEL	5,500	-	-
TOTAL		36	36	36	SUPPLIES AND MATERIAL	2,000	-	-
FELLOWSHIP MONTHS	PR	36	36	36	FELLOWSHIPS	37,800	50,400	64,800
					COURSES AND SEMINARS	6,000	8,100	-
					GRANTS	6,000	-	-
					SUBTOTAL	PG 5,230	-	-
					PERSONNEL - CONSULTANTS	5,230	-	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
MEXICO-6400, SANITARY ENGINEERING EDUCATION								
TOTAL		120	90	90	TOTAL	WR 43,800	54,000	57,900
CONSULTANT DAYS	WR	120	90	90	PERSONNEL - CONSULTANTS	16,200	25,200	36,300
TOTAL		12	12	12	SUPPLIES AND MATERIAL	5,000	-	-
FELLOWSHIP MONTHS	WR	12	12	12	FELLOWSHIPS	12,600	16,800	21,600
					COURSES AND SEMINARS	10,000	12,000	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
MEXICO-6500, VETERINARY MEDICINE EDUCATION								
TOTAL		60	60	60	TOTAL	WR 45,100	65,000	74,600
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200
TOTAL		24	28	28	SUPPLIES AND MATERIAL	4,000	-	-
FELLOWSHIP MONTHS	WR	24	28	28	FELLOWSHIPS	25,200	39,200	50,400
					COURSES AND SEMINARS	7,800	9,000	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
MEXICO-7301, NATIONAL HEALTH LABORATORIES								
TOTAL		8	-	-	TOTAL	PG 343,100	400,000	-
FELLOWSHIP MONTHS	PG	8	-	-	SUPPLIES AND MATERIAL	334,000	400,000	-
					FELLOWSHIPS	9,100	-	-

DEVELOPMENT OF PHYSICAL, FINANCIAL, TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

Among the policy objectives of the Government in the health sector are self-sufficiency in the production of biologicals for the programs of diseases preventable by vaccination and for laboratory diagnosis, and in the manufacture of products designed to reduce physical disability. In order to achieve compliance with quality standards, high priority has been assigned to the development of the National Center for the Quality Control of Biologicals; this center will also provide reference services to the countries of the Region.

The Government considers the improvement of educational technology as a fundamental component in the development of teaching in the schools and programs for the training of health personnel. To that end the University Center of Educational Technology in Health (CEUTES) has been founded, under the authority of the Director's Office of the Autonomous University of Mexico; it has the support of the Ministry of Health and Welfare and the National Association of Universities and Institutions of Higher Learning (the Center is replacing the institution formerly known as CLATES). At the request of the Government, PAHO is cooperating in the production of vaccines and reagents of high quality and in the production of orthoses and prostheses, as well as in the development of animal laboratories.

MEXICO-8700, LATIN AMERICAN CENTER OF EDUCATIONAL TECHNOLOGY FOR HEALTH

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
TOTAL		180	120	120	TOTAL	PR 72,800	70,400	70,000
CONSULTANT DAYS	PR	180	120	120	PERSONNEL - CONSULTANTS	24,300	33,600	48,400
TOTAL		8	12	12	SUPPLIES AND MATERIAL	20,100	-	-
FELLOWSHIP MONTHS	PR	8	12	12	FELLOWSHIPS	8,400	16,800	21,600
					GRANTS	20,000	20,000	-

NETHERLANDS ANTILLES - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1977	252
Area (in thousand square kilometers)	1977	.961
Cultivated land	...	...
<u>Health Indicators:</u>		
Life expectancy at birth	1970	73.9
Death rate per 1,000 population	1973	4.8
Infant mortality rate per 1,000 live births	1973	19.8
Death rate 1-4 years, per 1,000 population	1972	0.4
Percentage of deaths from infectious and parasitic diseases (ICD Nos. 000-136)*	1974	0.9
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	...	...
Number of physicians per 10,000 population	1978	8.3
Number of hospital beds per 1,000 population	1978	8.1
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1973	37
Percentage of population 55 years and over	1973	18
Rate of natural increase per 1,000 population	1973	15.2
Fertility rate per 1,000 women 15-44 years of age	1972	107
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	95
Percentage of population with access to potable water	1970	98
Per capita calories per day	1972-1974	2,460
Per capita protein per day (grams)	1972-1974	71
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	...	...
- in United States dollars	1973	1,725
Percentage of GDP from secondary sector (manufacturing and building)	1967	44
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1971	92
Percentage of population 5-14 years enrolled in primary schools**	1977	90
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	5
Percentage of population 20-29 years enrolled in university**	1976	.2

*Excludes symptoms of ill-defined conditions

**Total enrollment as a percentage of population in the age group

 NETHERLANDS ANTILLES - COUNTRY STATEMENT

The Netherlands Antilles comprise two groups of islands: the Leeward Islands (Curaçao, Aruba and Bonaire), located approximately 40 miles off the northern coast of Venezuela, and the Windward Islands (St. Maarten, St. Eustatius and Saba), in the vicinity of the Virgin Islands. The two groups are separated by a distance of approximately 500 miles.

The National Government has its seat in Curaçao and each of the six islands has its own local government. At the end of 1975 the estimated population was 240,000, of which 157,000 live in Curaçao, 62,000 in Aruba, 10,500 in St. Maarten, 8,800 in Bonaire, 1,500 in St. Eustatius, and 1,000 in Saba. The annual population growth is 1%. Most of the population lives in urban areas. Of the total population, 37% (1973) are under 15 years of age and 18.5% (1973) are 55 and over. Life expectancy at birth is estimated (1970) at 73.9 years. The birth rate is estimated (1975) at 21.7%, and the death rate (1973) at 4.8 per 1,000 population. Infant mortality is 19.8 (1973) per 1,000 live births. The population with access to potable water is equivalent to 98% (1970). Illiteracy is almost nonexistent. There is universal opportunity for enrollment in primary and secondary schools.

Per capita GDP is estimated (1973) to be about \$1,725. The occupational distribution of the labor force is estimated (1975) as follows: agriculture and fisheries, 0.94%; mining, 0.70%; industry, 16.86%; electricity, gas and water, 1.94%; construction, 9.12%; commerce and hotels, 24.77%; banking and insurance, 3.98%; transport and communication, 8.19%; social and personal services, 29.46; and not classified, 4.04%.

The islands have limited agricultural, fishery and mineral resources and the development of industry is restricted by the small size of both population and land area. The economy began to prosper with increased world demand for petroleum but came to a halt in the late 1950's, which resulted in an increasing unemployment rate. Since the late 1950's tourism has developed rapidly in the islands and has become increasingly important to the economy.

The Ministry of Health has the power to enact all legislation and ordinances required to ensure the health of the population and to supervise the implementation of such legislation.

The Central Government is responsible for advising, supporting and complementing the efforts of island governments to implement health policies, as well as for providing services which for technical, economic, administrative and other reasons cannot be provided by island governments, as in the case of mosquito control, public health laboratory services, mental health services and others. Each island government is responsible for implementing health policies and for taking the necessary steps to guarantee the health of the population of the island territory. Island governments also run most health centers and clinics, as well as basic sanitation and epidemiology services in their respective territories.

Medical care facilities, with the exception of the mental hospital, are owned and operated by private nonprofit organizations. Both the Central Government and the island governments pay for the services of these facilities, as follows: (a) cost of services provided to workers and employees covered by Social Security is reimbursed by the Social Security System; (b) the Government reimburses 90% of the cost of medical care services provided to federal or island government public servants and 90% of the cost of services provided to their dependents; (c) individuals not included in (a) and (b) above but with capacity to pay must cover the cost of services received, either directly or through a commercial health insurance scheme; and (d) cost of service to individuals not included under (a) or (b) above, without capacity to pay, receive free, prepaid medical care from the governments. There are 10 general hospitals with 1,478 beds, 1 psychiatric hospital with 475 beds, and 9 homes for the aged with 352 beds. There are 25 pharmacies: 18 in Curaçao, 5 in Aruba, 1 in Bonaire and 1 in the Windward Islands.

At the beginning of 1978 there were 200 physicians: 151 in Curaçao, 38 in Aruba, 3 in Bonaire and 8 in the Windward Islands. The island governments employed 26 physicians. There were 33 dentists (21 in Curaçao, 9 in Aruba and 3 in the Windward Islands); 5 veterinarians (3 in Curaçao, 1 in Aruba and 1 in St. Maarten); 368 nurses with diploma working in hospitals; 194 auxiliary nurses; 18 trained midwives (16 in Curaçao, 1 in Aruba and 1 in Bonaire), and 483 nurses' aides.

Curaçao and St. Maarten are in the attack phase of an Aedes aegypti program; Aruba and Bonaire are in the maintenance phase.

 NETHERLANDS ANTILLES - NATIONAL HEALTH PROGRAMS

Health Services Development
Aedes aegypti Eradication
 Environmental Control
 Veterinary Public Health

NETHERLANDS ANTILLES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHU--PK	18,600	-	-	60	8,100	-	5	5,200	-	5,300	-	-
WHU--WR	38,000	-	-	95	12,600	-	24	25,400	-	-	-	-
TOTAL	56,600	-	-	155	20,700	-	29	30,600	-	5,300	-	-
PCT. CF TOTAL	100.0				36.6			54.1		9.3		
1982-1983												
PAHU--PR	15,400	-	-	30	8,400	-	5	7,000	-	-	-	-
WHU--WR	49,000	-	-	60	16,800	-	23	32,200	-	-	-	-
TOTAL	64,400	-	-	90	25,200	-	28	39,200	-	-	-	-
PCT. CF TOTAL	100.0				39.1			60.9				
1984-1985												
PAHU--PR	21,100	-	-	30	12,100	-	5	9,000	-	-	-	-
WHU--WR	65,600	-	-	60	24,200	-	23	41,400	-	-	-	-
TOTAL	86,700	-	-	90	36,300	-	28	50,400	-	-	-	-
PCT. CF TOTAL	100.0				41.9			58.1				

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

NETHERLANDS ANTILLES - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					20	4,010	30	13,520	30	15,840
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1						
		ADMINISTRATIVE OFFICER	4.5482	P-5						
			.5090	P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					86	19,190	86	22,990	86	25,140
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, SUPPLIES, FELLOWSHIPS	.0610	P-4						
<u>FAMILY HEALTH</u>					20	3,180	-	-	-	-
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
<u>ENVIRONMENTAL HEALTH SERVICES</u>					85	17,500	85	21,435	85	23,530
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5						
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					60	11,920	60	15,510	60	17,230
WR	AMRO-3110	VETERINARIAN CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	4.4045	P-5						
<u>COMPLEMENTARY SERVICES</u>					22	3,400	-	-	-	-
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					21	3,170	10	1,940	10	2,190
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					-	2,150	-	2,480	-	2,720
PR	AMRO-6210	GRANTS								
TOTAL					314	64,520	271	77,875	271	86,650

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

NETHERLANDS ANTILLES - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

After several years of renewed eradication campaigns carried out with adequate regularity in Aruba, Bonaire, Saba, St. Eustatius and St. Maarten, only the last continues to be infested with the Aedes aegypti mosquito. The remaining four islands are entering into their third year of negativity, upset by frequent discovery of reinfestation foci produced by the common practice of importing steel drums, flowers and other objects coming mainly from Curacao and other areas of the Caribbean which are still infested.

The purpose of this program is to assist the governments in keeping the negativity status in the four islands free from autochthonous Aedes aegypti, helping the campaign in St. Maarten to improve the quality of the attack operations being carried out, and attempting to promote the study and eventual organization of a regular program that includes anti-Aedes aegypti activities in Curacao.

NETHERLANDS ANTILLES-0700, AEDES AEGYPTI ERADICATION

TOTAL		60	30	30	TOTAL	PR	18,600	15,400	21,100
CONSULTANT DAYS	PR	60	30	30	PERSONNEL - CONSULTANTS		8,100	8,400	12,100
TOTAL		5	5	5	SUPPLIES AND MATERIAL		5,300	-	-
FELLOWSHIP MONTHS	PR	5	5	5	FELLOWSHIPS		5,200	7,000	9,000

DEVELOPMENT OF HEALTH SERVICES

A problem area of immediate priority is to introduce a more systematic organization to health statistics and to the information on service delivery. It is proposed to strengthen epidemiology services in the islands by means of inservice training, fellowships and seminars. Problems related to the environment and to food supply are determining factors in the economic activities of these island territories and represent two important priority areas for the health sector.

The purposes of this program are to assist in the reorganization of data flow, processing and analysis and to cooperate in the formulation of policy and norms for community health care and hospital services and environmental health. Development of human resources by training auxiliaries, health technicians at intermediate level, who will be used to implement the existing health programs, basically in laboratory, drugs, health inspectors, epidemiology auxiliaries, and hospital maintenance will also constitute one of the aims of this program.

NETHERLANDS ANTILLES-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		95	60	60	TOTAL	NR	38,000	49,000	65,600
CONSULTANT DAYS	NR	95	60	60	PERSONNEL - CONSULTANTS		12,600	16,800	24,200
TOTAL		24	23	23	FELLOWSHIPS		25,400	32,200	41,400
FELLOWSHIP MONTHS	NR	24	23	23					

 NICARAGUA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	2,732
Area (in thousand square kilometers)	1979	118
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	55.2
Death rate per 1,000 population	1975-1980	12.2
Infant mortality rate per 1,000 live births	1978	121.0
Death rate 1-4 years, per 1,000 population	1978	6.1
Percentage of deaths from infectious and parasitic diseases (including influenza, pneumonia, bronchitis, emphysema and asthma)(ICD Codes 000-136, ICD Codes 470-493)*	1974	31.4
Number of physicians per 10,000 population	1980	4.5
Number of hospital beds per 1,000 population	1980	1.9
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1980	48.0
Percentage of population 55 years and over	1980	5.7
Rate of natural increase per 1,000 population	1975-1980	34.5
Fertility rate per 1,000 women 15-44 years of age	1980	182
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1980	38
Percentage of population with access to potable water	1977	40
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	1974	69
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	2,663
- in United States dollars	1978	380
Percentage of GDP from secondary sector (manufacturing and building)	1978	24
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	1977	42
<u>Educational Indicators:</u>		
Percentage of literate population	1980	87
Percentage of population 5-14 years enrolled in primary schools**	1977	46
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	18
Percentage of population 20-29 years enrolled in university**	1977	6

*Excludes symptoms and ill-defined conditions

Total enrollment as a percentage of population in the age group

NOTE: The basic data provided in this table are estimated figures due to under registration.

NICARAGUA - COUNTRY STATEMENT

Geographically speaking, Nicaragua is the largest country in Central America. It is bordered by Honduras on the north, Costa Rica on the south, the Atlantic Ocean on the east, and the Pacific Ocean on the west. It covers an area of 118,358 square kilometers, not including the surface area of its two large lakes, approximately 10,000 square kilometers.

The estimated population for 1980 was 2,732,500 inhabitants, with a density of 23 inhabitants per square kilometer. This density varies notably in the three principal regions of socioeconomic development: the Pacific, Central-North and Atlantic. The most densely populated is the Pacific Region with an average of 82.1 inhabitants per square kilometer, followed by the Central-North Region with 21.3, and finally the Atlantic Region with only three inhabitants per square kilometer. There is considerable migration from rural to urban areas, which creates problems in the provision of services. The population of Managua exceeds 470,000 inhabitants, and, in addition, there are six other cities with populations over 20,000.

The economy is sustained by agro-export industry, with cotton, coffee and beef as products of fundamental importance, followed by other less important products such as cane sugar, tobacco and some grains. Agriculture and cattle raising account for 75% of all exports. The industrial sector generates 25% of all export products; these are essentially intermediate goods which take advantage of the cheap labor that can be obtained in the country.

In 1978 Nicaragua, whose population represents 12.7% of the Central American population, registered a per capita GDP equivalent to \$380. However, among the rural population, which accounts for 52.3% of the total population, it is estimated that per capita income is less than \$100 a year.

The Government of National Reconstruction is currently implementing projects that will make the economic objectives of the Government program a reality. These objectives involve a series of internal changes in key sectors of the economy such as agriculture, the financial system, the organization of foreign trade, and status of life in rural and urban sectors.

The Institute of Agrarian Reform, a state agency responsible for restructuring the modes and relations of production in the agricultural region, currently owns all nationalized land.

The policy of full employment and maintenance of the real wage has been implemented. The health and education sectors have been declared priority sectors under the plans of immediate action. The National Literacy Campaign is over, and steps have been taken to make universal, free, and compulsory education a reality. At the same time, mass programs were launched in order to raise the capacity of all cadres in the health sector in order to guarantee comprehensive and universal health care in the short term.

Popular participation has been of critical importance in the furtherance of all these tasks under various community organizations, through which the entire population has the opportunity to participate in the execution of priority health programs and in the analysis of the results of these programs.

The legacy of dictatorship has been disastrous in all respects, but it is particularly dramatic in the health sector. Medical certificates are issued for only 25% of all deaths. Forty-six per cent of all deaths occur in children under 15 years of age, and are usually caused by malnutrition aggravated by parasitosis, or respiratory or gastrointestinal infections. The infant mortality rate is 121 per 1,000 live births. Only 40% of the population has access to drinking water, and 72% of the total urban population lives in conditions of severe overcrowding. Housing for the entire rural population consists of wooden shacks.

The Ministry of Health hopes to provide its services on a universal basis through the Universal Health System, which is supported by a central policy-making structure and an executive structure working at the regional level and in the health areas.

For the organization and implementation of the various projects of medical care, preventive medicine, manpower training, hospital equipment, and maternal and child health care, the Ministry of Health has established and oversees technical cooperation with foreign governments and with various specialized agencies of the United Nations.

The principles of the health policy are:

(1) Health is a right of all citizens and a responsibility of the State. The only way that health can really be a right of all people is when the State takes it upon itself to provide the necessary services in keeping with its social and economic development. Within the health field there are two types of care: (a) A health system that offers only curative services when the individual is already ill and provides services on a personal and isolated basis; this is the type of care offered by social security, which charges for the services it provides. It cures the insured worker, who represents a small part of the population, once he has fallen ill in order to put him back to work so that he will continue to be productive. But upon returning to his place of work, this worker becomes ill again, because it is the kind of work he does and his work environment that cause his illness. This kind of care is the response of the exploiters and the middle class to the health problem. (b) Care that not only cures but also keeps the population from falling ill (promoting environmental health, water treatment, vaccination programs, prenatal control, good nutrition, health education, work hygiene), which is directed toward the entire population and not just one portion of it, which does not exact any payment for its services because it is financed with State resources, and which also requires the participation of the masses in its make-up, decisions and operation. This is the National Universal Health System, which is the Sandinist Revolution's answer to the health care needs of the people.

(2) Health services should be available to the entire population: this is guaranteed by distributing the services throughout the country in a coordinated fashion and avoiding their becoming concentrated in the urban areas alone. In addition, emphasis is placed on care to the most needy sectors of the population such as mothers and children, who will

be given special care since they are the weakest groups, who will be laying the foundation for the future of the new man; and the workers, because they shoulder the most important responsibility: production, for the development and maintenance of the rest of society. In addition, this is the sector that was most abandoned in previous years and which is therefore plagued by the most health problems. Economic limitations do not exist for the population as a whole, so the most expensive services, such as hospital services and preventive measures, are free.

(3) Health services are comprehensive in nature: this means that they deal not only with the disease of the individual, but they also help prevent disease and death to the greatest extent possible. Environmental services include the protection of the natural environment in which people live and work, mass hygiene, and all activities which seek to create better social conditions that are favorable to the development of the new man.

(4) Health activities should be carried out by work teams or work groups which equally incorporate the services of physicians, nurses, sociologists, laboratory technicians, educators and maintenance personnel. This is true because health activities consist of more than just medical consultation; they include all activities that help to improve work and living conditions.

(5) For health activities to be really effective, they cannot be left to the discretion of the individual, but should be planned and governed at the central level and should be standardized for all health institutions and health workers. The specific objective for each locality will vary in accordance with local needs and environmental conditions.

(6) The community should participate in all activities of the health system: every revolutionary process promotes, rests on, and is strengthened by an immense movement of the masses. The active and determined participation of the people has been decisive in our revolution: without their continuing support, the consolidation of the National Universal Health System is not possible.

Based on the six principles listed above, the following health policies have been established:

A. To bring health to the rural areas, since the health indicators in Nicaragua reveal a dramatic situation, for every 1,000 children born in urban areas, 120 die, but in rural areas 200 children die. In addition, for every 100 children under five years of age, 84 are undernourished; infectious diseases that could be prevented by vaccination are the principal causes of death, because there are few technical resources. Forty-nine percent of the population lives in rural areas where the health conditions are worse than those of the cities, with the exception of the cities of Managua and León, which have large populations living in marginalized areas where the level of health is similar to that in rural areas, as a result of overcrowding, poor sanitary conditions and the extreme poverty of the inhabitants. In addition to such dramatically poor health conditions in rural areas and the marginalized areas of large cities, this is a predominantly agricultural country: the rural area is the home of the coffee growers, cotton planters, tobacco farmers and sugar harvesters; so bringing health to the rural sector implies protecting the majority of the Nicaraguan people, who are the fundamental producers of the country's wealth. Bringing health to the country does not mean abandoning the cities; it involves maintaining the quality of human and material resources as well as installed capacity in the cities, and using operable resources to establish a new way of enhancing health in small rural communities and agricultural production centers on a priority basis.

B. To organize the health services in accordance with the new conditions brought about by the Sandinist Revolution, for which it is necessary to structure the Ministry of Health and its agencies, starting with regionalization, which makes it possible to establish the policies to be followed at the central level and implemented at all levels; to create and develop regions; to create and develop health areas (1 per every 30,000 inhabitants), as well as a system for reference and control of all services provided by the National Universal Health System.

C. To carry out the programs of preventive medicine with emphasis on vaccination, the establishment of sewerage systems, and care services for malaria and tuberculosis; through these measures, the prevalence of diseases preventable by vaccination, as well as malaria and tuberculosis, will be reduced in the short term. In addition, oral rehydration programs will be carried out to prevent death caused by diarrhea in children, and studies will be conducted for the control and eradication of mountain leprosy and other tropical diseases.

D. To reorganize health services for workers through the development of preventive and occupational medicine; this will be implemented by installing health posts with permanent nurses and part-time physicians wherever occupational hazards require them, and establishing a preventive-curative program in the work centers.

E. To develop planning as an essential component of scientific work in the Ministry of Health, for which the following activities will be carried out: establishment of a department of planning as a support to and part of planning throughout the country; establishment of standards concerning human resources and staff in the various services; establishment of health programs consistent with present conditions in our country; establishment of medical care standards consistent with those conditions; formulation of an effective system for periodic and systematic control; organization and training of cadres for the health statistics system; and development of the elements of planning and research as part of health services.

F. To prepare provisional drafts of the laws and regulations required for the smooth operation of the Ministry and to submit them for approval to the Junta of the Government of National Reconstruction (this requires that birth and death certificates be prepared); to create the conditions necessary for the drafting of a health code and to introduce the required regulations in state and private hospitals and health centers that govern the implementation of this code. The laws of the dictatorship having been abolished, it is now necessary to establish revolutionary laws that regulate activities for the benefit of the people.

G. To reinforce organized community participation in health work, which requires the promotion of citizens' health committees, a fundamental instrument of communication with the organized masses, and to organize popular health education in order to reach everyone.

H. To train human resources for the Ministry of Health in accordance with the plan for the extension of coverage: this requires the creation of at least 1,000 positions for the year 1981 and 2,000 by 1982, including physicians and technicians. Priority will be assigned to the training of health brigades.

I. To establish a definitive policy on drugs; this requires the formation of a drug enterprise for the procurement of medications of adequate quality and quantity to supply the units of the Ministry in the first stage, and to offer the drugs for sale in the second stage. It is also necessary to eliminate the provision of free drugs to outpatients.

J. To develop a policy in the international realm in order to seek human and financial resources, through projects, international medical brigades and foreign relations.

NICARAGUA - NATIONAL HEALTH PROGRAMS

Development of the Central Administration of the Ministry

- Level of the Minister
- Ministerial Departments of Medical Care and Preventive Medicine;
Education; and Administration and Finance
- Technical Council
- National Health Committee
- Bureau of Planning
- Bureau of International Relations
- Legal Unit
- Popular Health Education

Development of Regional Administration

- Regional Health Administrations

Coordination with Other Ministries

- Ministry of Planning
- Nicaraguan Institute of Water Supply and Sewerage Systems
- Nicaraguan Institute of Natural Resources and the Environment
- Bureau of Livestock Health (Ministry of Agricultural Development)
- Nicaraguan Institute of Agrarian Reform
- Ministry of Agricultural Development
- Universidad Nacional Autónoma of Nicaragua
- Department of Health in the Schools
- Ministry of Education. Rehabilitation Program
- Ministry of Social Welfare
- Ministry of the International Fund for Reconstruction

NICARAGUA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
PAHU--PR	226,700	48	-	60	201,300	16,100	6	6,300	3,000	-	-
PW	90,100	-	-	-	-	-	-	90,100	-	-	-
PG	720,856	-	-	1495	474,496	22,000	8	8,560	18,400	182,400	15,000
PD	402	-	-	-	-	-	-	-	402	-	-
MHO---WR	705,500	84	48	365	451,400	22,500	84	87,900	39,400	21,200	83,100
WP	426,580	-	-	420	53,203	-	16	37,884	-	327,776	8,117
WH	133,005	-	-	-	-	-	-	-	133,005	-	-
TOTAL	2,303,543	132	48	2340	1,180,399	60,600	114	140,644	150,900	664,783	106,217
PCT. OF TOTAL	100.0				51.3	2.6		6.1	6.6	28.8	4.6
1982-1983											
PAHO--PR	645,700	12	12	750	279,500	5,000	85	119,000	174,200	68,000	-
MHO---WR	401,600	24	48	120	211,600	11,600	24	33,600	20,100	40,000	84,700
TOTAL	1,047,300	36	60	870	491,100	16,600	109	152,600	194,300	108,000	84,700
PCT. OF TOTAL	100.0				46.9	1.6		14.6	18.5	10.3	8.1
1984-1985											
PAHU--PR	748,700	-	-	720	290,200	-	70	126,000	138,700	193,800	-
MHO---WR	508,000	24	48	120	245,700	15,000	36	64,800	20,000	60,000	102,500
TOTAL	1,256,700	24	48	840	535,900	15,000	106	190,800	158,700	253,800	102,500
PCT. OF TOTAL	100.0				42.7	1.2		15.2	12.6	20.2	8.1

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

NICARAGUA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA		POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER			BUDGET ELEMENT	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT ($)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>				150	70,010	150	73,200	150	85,280
PR	AREA III	AREA REPRESENTATIVE ADMINISTRATIVE OFFICER	.0283 .4800	D-1 P-3					
<u>DISEASE PREVENTION AND CONTROL</u>				140	25,640	100	24,850	100	28,350
PR	AMRO-0730	SANITARIAN	.3689	P-2					
PR, WB	AMRO-4330	EPIDEMIOLOGIST EPIDEMIOLOGIST SUPPLIES	.0861 4.5285	P-4 P-1					
<u>ENVIRONMENTAL HEALTH SERVICES</u>				114	20,880	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER SOLID WASTE ADVISOR SUPPLIES, COURSES AND SEMINARS	.0849 4.4932	P-5 P-4					
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>				178	38,640	233	64,180	63	15,170
WR	AMRO-3130	VETERINARIAN SUPPLIES	4.0853	P-4					
UNDP	AMRO-3230	VETERINARIAN STATISTICIAN CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT	4.4639 4.4640	P-5 P-4					
<u>COMPLEMENTARY SERVICES</u>				153	28,610	63	17,370	63	19,770
PR	AMRO-4130	NURSE ADMINISTRATOR NURSE ADMINISTRATOR SUPPLIES	.0891 .3214	P-4 P-3					
<u>DEVELOPMENT OF HEALTH SERVICES</u>				123	28,880	123	32,610	123	37,920
PR	AMRO-5030	COURSES AND SEMINARS							
PR	AMRO-5230	HOSPITAL ADMINISTRATOR SUPPLIES	.2031	P-4					
PR, WR	AMRO-5430	STATISTICIAN MEDICAL RECORDS OFFICER SUPPLIES	4.0810 .5076	P-4 P-3					
<u>DEVELOPMENT OF HUMAN RESOURCES</u>				345	96,990	345	72,430	345	81,800
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4					
PR, UNDP	AMRO-6031	PROJECT MANAGER HEALTH EDUCATOR NURSE EDUCATOR CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING	.5203 4.5323 4.084	P-5 P-4 P-4					
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>				27	3,770	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4					
TOTAL				1,230	313,420	1,014	284,640	844	268,290

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

NICARAGUA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Through this program collaboration will be given to the country in the strengthening and structuring of the programs of control and eradication of the most prevalent communicable and parasitic diseases and of their respective surveillance systems. The specific objectives are to reduce morbidity and mortality by eradicating some of the diseases preventable by vaccination; to eradicate malaria and to prevent reinfestation; to gradually enhance the comprehensive programs of control of tuberculosis, leprosy, and sexually transmitted diseases, and to obtain antituberculous drugs; and to intensify research and the organization of services for the control of leishmaniasis, Chagas' disease, and Aedes aegypti.

Other purposes of the program are to complete the organization of the cold chain for the national plan for the immunization of the entire population susceptible to poliomyelitis, tetanus, diphtheria, whooping cough, measles, and tuberculosis, and to establish the network of health laboratories and the national laboratory of preventive medicine and epidemiology. When the aforementioned objectives have been achieved, the national health system will have cold chain units throughout the country, in accordance with levels of operational complexity and training. In addition the training and education of professional, technical, and auxiliary personnel will be a reality.

NICARAGUA-0200, MALARIA ERADICATION

TOTAL		48	-	-	TOTAL	392,700	130,900	167,600
P-4 MALARIA ADVISOR 4,0536	WR	24	-	-	SUBTOTAL	PR 106,100	130,900	167,600
P-4 SANITARY ENGINEER .4664	PR	24	-	-	PERSONNEL - POSTS	96,600	-	-
TOTAL		-	240	240	PERSONNEL - CONSULTANTS	-	67,200	98,700
CONSULTANT DAYS	PR	-	240	240	STAFF DUTY TRAVEL	9,500	-	-
TOTAL		6	24	20	FELLOWSHIPS	-	33,600	36,000
FELLOWSHIP MONTHS	PR	-	24	20	COURSES AND SEMINARS	-	30,100	34,900
FELLOWSHIP MONTHS	WR	6	-	-	SUBTOTAL	PG 180,000	-	-
					SUPPLIES AND MATERIAL	180,000	-	-
					SUBTOTAL	WR 106,600	-	-
					PERSONNEL - POSTS	96,600	-	-
					STAFF DUTY TRAVEL	3,700	-	-
					FELLOWSHIPS	6,300	-	-

NICARAGUA-0400, TUBERCULOSIS CONTROL

TOTAL	PG	15,000	-	-
GENERAL OPERAT. EXPENSES		15,000	-	-

NICARAGUA-4300, EPIDEMIOLOGY AND LABORATORY SERVICES

TOTAL		6	-	-	TOTAL	PR 6,300	-	-
FELLOWSHIP MONTHS	PR	6	-	-	FELLOWSHIPS	6,300	-	-

FAMILY HEALTH

The purpose of the program is to collaborate with the Government in the strengthening of maternal and child health by improving the technico-policy-making functions of the Division of Medical Care.

Plans call for cooperation in the design and execution of subprograms of care for mothers (prenatal control, universalization of delivery care, and postpartum control), children (control of growth and development of children under six years of age and of the undernourished child; oral rehydration) and women (control of cervico-uterine and breast cancer, gynecologic care, and regulation of fertility); emphasis will be placed on the promotion of breast feeding, and scientific and technical standards for care will be developed, giving priority to the primary level.

High priority is granted to coordination with the areas of nutrition, mental health, and immunizations, and with the Vice-Ministry of Education, regarding training programs for middle-level technical personnel and auxiliary personnel and continuing education programs for professional personnel.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985

The dental health program seeks to increase significantly the coverage of dental care, both preventive and curative. High priority is granted to the mass means of prevention of oral processes, through the utilization of fluorine in the water, table salt, and mouthwashes, and the control of dentobacterial plaque. Several models of services adapted to the work environment of the Nicaraguans, will be designed and implemented for the purpose of increasing coverage, with emphasis on children. Another important activity is the training of human resources compatible with the national needs and resources.

NICARAGUA-1300, EXTENSION OF MATERNAL AND CHILD HEALTH AND FAMILY WELFARE SERVICES

TOTAL	360	-	-	TOTAL	UNFPA	256,980	-	-
CONSULTANT DAYS	UNFPA 360	-	-	PERSONNEL - CONSULTANTS	46,045	-	-	-
				LOCAL TRAVEL COSTS	8,000	-	-	-
				MISCELLANEOUS COSTS	117	-	-	-
				EXPENDABLE EQUIPMENT	10,580	-	-	-
				NON-EXPENDABLE EQUIPMENT	188,304	-	-	-
				GROUP TRAINING	3,934	-	-	-

NICARAGUA-1301, MATERNAL AND CHILD HEALTH FAMILY PLANNING PROGRAM (FINNISH TRUST FUND)

TOTAL	60	-	-	TOTAL	UNFPA	170,000	-	-
CONSULTANT DAYS	UNFPA 60	-	-	PERSONNEL - CONSULTANTS	7,158	-	-	-
TOTAL	16	-	-	EXPENDABLE EQUIPMENT	128,892	-	-	-
				FELLOWSHIPS	17,900	-	-	-
FELLOWSHIP MONTHS	UNFPA 16	-	-	GROUP TRAINING	16,050	-	-	-

NICARAGUA-1600, DENTAL CARE SERVICES

TOTAL	-	90	90	TOTAL	PR	-	89,200	117,100
CONSULTANT DAYS	PR -	90	90	PERSONNEL - CONSULTANTS	-	-	25,200	36,300
TOTAL	-	20	16	SUPPLIES AND MATERIAL	-	-	26,000	28,000
				FELLOWSHIPS	-	-	28,000	28,800
FELLOWSHIP MONTHS	PR -	20	16	COURSES AND SEMINARS	-	-	10,000	24,000

ENVIRONMENTAL HEALTH SERVICES

The program is designed to promote a national plan in order to accelerate the improvement of environmental conditions, especially in the rural area of the country. The activities of greatest priority for the authorities of the Ministry of Health are: (a) basic rural sanitation, which includes both water supply and excreta disposal services and the improvement of some elements of housing; (b) control of food hygiene, for the general purpose of protecting the consumer during the stages of manufacturing, storage, distribution, and sale of foods; (c) solid wastes, which seeks to improve the procedures for management and final disposal of solid wastes, mainly in urban communities of more than 5,000 inhabitants, and (d) environmental pollution, that should make an evaluation of the existing levels of water, air, and soil pollution, and carry out actions geared to keeping pollution under control, in order to protect the health and well-being of the population.

NICARAGUA-2000, ENVIRONMENTAL SANITATION

TOTAL	24	-	-	TOTAL	WR	126,100	127,300	193,200
P-4 SANITARY ENGINEER 4.4334	WR 24	-	-	PERSONNEL - POSTS	96,600	-	-	-
TOTAL	120	120	120	PERSONNEL - CONSULTANTS	16,200	33,600	48,400	-
CONSULTANT DAYS	WR 120	120	120	STAFF DUTY TRAVEL	6,000	-	-	-
TOTAL	6	24	36	SUPPLIES AND MATERIAL	1,000	40,000	60,000	-
				FELLOWSHIPS	6,300	33,600	64,800	-
FELLOWSHIP MONTHS	WR 6	24	36	COURSES AND SEMINARS	-	20,100	20,000	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

NICARAGUA-2105, INSTITUTIONAL DEVELOPMENT IN INAA

TOTAL	PM	90,100	-	-
COURSES AND SEMINARS		90,100	-	-

COMPLEMENTARY SERVICES

A fundamental objective of this program is to develop educational activities for the community. In that context plans call for a type of education which not only socializes knowledge, but involves the mass agencies in the planning and implementation of health programs.

Popular training is directed specifically toward those responsible for health in the popular organizations. The fulfillment of this program will benefit farm workers and the rural population, specially children and pregnant women. The programmed activities will give the mass agencies an effective participation in the health programs, participation that will result in the reduction of the high indexes of child and maternal morbidity and mortality; make it possible to improve the immunization indicators; modify the occupational and environmental health conditions; improve the recording of data, and will lead to the preparation of health educational material for the entire Nicaraguan population. Furthermore, through this program, the training of approximately 100,000 health workers will be facilitated.

NICARAGUA-4100, NURSING SERVICES

TOTAL		12	-	-	TOTAL	WR	50,800	-	-
P-3 NURSE ADMINISTRATOR 4.0544	WR	12	-	-	PERSONNEL - POSTS		42,500	-	-
					STAFF DUTY TRAVEL		2,000	-	-
					FELLOWSHIPS		6,300	-	-
TOTAL		6	-	-					
FELLOWSHIP MONTHS	WR	6	-	-					

NICARAGUA-4400, HEALTH EDUCATION FOR THE PUBLIC

TOTAL		-	210	240	TOTAL	PR	-	157,800	166,500
CONSULTANT DAYS	PR	-	210	240	PERSONNEL - CONSULTANTS		-	58,800	96,700
					SUPPLIES AND MATERIAL		-	25,000	20,000
					COURSES AND SEMINARS		-	74,000	49,800

DEVELOPMENT OF HEALTH SERVICES

In the face of the political, economic, and social changes taking place in the Republic of Nicaragua, both with regard to its internal structure and its international affairs, development of the concept of technical cooperation among developing countries is of special interest and is becoming a new frame of reference for the international agencies of the United Nations system.

This program will permit the coordination of PAHO/WHO technical cooperation, establishing the operational mechanisms that will make possible an adequate articulation of the priority programs of the Governing Bodies of the Organization and those defined by the country; coordination of the assistance provided by the different levels of PAHO/WHO (Headquarters technical divisions, Area III and the specialized centers); and the coordination of PAHO/WHO assistance with that of other specialized agencies of the United Nations, intergovernmental institutions, and agencies of cooperation in health.

PAHO/WHO will also assist in the development of the Directorate of International Relations of the Ministry, and will establish the bases for increasing the levels of communication between the Ministry and PAHO, at the same time that it will promote greater participation of the national authorities in all the activities related to technical cooperation and the country's participation in the meetings of the Governing Bodies of PAHO and WHO.

Concerning institutional development, the program seeks to improve the aspects of planning and organization of the services of the Unified National Health System (SNUS) at the central, regional, and health area levels.

For this purpose administrative procedures will be established for the operation of the SNUS; cooperation will be provided in the training and updating of knowledge of the professional and technical personnel; the subsystem of information and health statistics will be organized; the opening of the hospital services, centers, and health posts will be planned; a national program of preventive and corrective maintenance of health facilities and equipment will be developed; and the general principles of financial administration, supplies, and administration of personnel will be defined.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985

The program for extension of health services coverage is designed to promote extension as well as the development of the installed capacity in the health areas which belong to the health regions, as one of the fundamental mechanisms in order to reach health for all the Nicaraguans. The fulfillment of this program will complete the regionalized structure of the SNUS, the establishment of the program of supervision and evaluation of the primary care model, and the conduct of applied research in health services.

Collaboration will also be given in the establishment of a network of services to provide the level of care that the resources permit, preparing at the same time the conditions in order to gradually improve the capability of the services. In addition the SNUS will interact with the systems of education, agricultural development, national planning, housing, and labor, furthering the socioeconomic development of the country.

This program is expected to result in the protection of maternal and child health, the improvement of the well-being of the rural family, and progress toward the attainment of the goal of health for all by the year 2000.

NICARAGUA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		72	72	72	TOTAL	WR	249,500	274,300	314,800
P-5 PAHC/WHU REPRESENTATIVE 4.0543	WR	24	24	24	PERSONNEL - POSTS		165,400	178,000	197,300
G-6 ADMINISTRATIVE ASSISTANT 4.4722	WR	24	24	24	STAFF DUTY TRAVEL		10,800	11,600	15,000
G-4 SECRETARY 4.4878	WR	24	24	24	GENERAL OPERAT. EXPENSES		73,300	84,700	102,500

NICARAGUA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		245	-	-	TOTAL		145,302	-	-
CONSULTANT DAYS	WR	245	-	-	SUBTOTAL	PD	402	-	-
TOTAL		66	-	-	FURNITURE & EQUIPMENT		402	-	-
FELLOWSHIP MONTHS	WR	66	-	-	SUBTOTAL	PG	2,400	-	-
					SUPPLIES AND MATERIAL		2,400	-	-
					SUBTOTAL	WR	142,500	-	-
					PERSONNEL - CONSULTANTS		34,100	-	-
					FELLOWSHIPS		69,000	-	-
					COURSES AND SEMINARS		39,400	-	-

NICARAGUA-5102, EXTENSION OF COVERAGE OF HEALTH SERVICES

TOTAL		24	24	-	TOTAL		266,205	221,000	297,500
P-4 MEDICAL OFFICER .4901	PR	24	12	-	SUBTOTAL	PR	103,200	221,000	297,500
G-5 SECRETARY .5437	PR	-	12	-	PERSONNEL - POSTS		96,600	69,500	-
TOTAL		-	150	150	PERSONNEL - CONSULTANTS		-	42,000	60,500
CONSULTANT DAYS	PR	-	150	150	STAFF DUTY TRAVEL		6,600	5,000	-
TOTAL		-	41	34	SUPPLIES AND MATERIAL		-	17,000	145,800
FELLOWSHIP MONTHS	PR	-	41	34	FELLOWSHIPS		-	57,400	61,200
					COURSES AND SEMINARS		-	30,100	30,000
					SUBTOTAL	WH	133,005	-	-
					SUPPLIES AND MATERIAL		133,005	-	-
					SUBTOTAL	WR	30,000	-	-
					CONTRACTUAL SERVICES		9,800	-	-
					EXPENDABLE EQUIPMENT		20,200	-	-

NICARAGUA-5104, IMPROVEMENT AND EXPANSION OF REGIONAL HEALTH SERVICES

TOTAL		1275	-	-	TOTAL	PG	472,600	-	-
CONSULTANT DAYS	PG	1275	-	-	LOCAL PERSONNEL COSTS		185,900	-	-
					PERSONNEL - CONSULTANTS		246,100	-	-
					STAFF DUTY TRAVEL		22,000	-	-
					COURSES AND SEMINARS		18,400	-	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

DEVELOPMENT OF HUMAN RESOURCES

This program is designed to assist the different levels of the Vice-Ministry of Education, namely, higher education, intermediate education, the National Center of Information and Documentation in Health and the Directorate of Audiovisual Media, for the purpose of permitting the training of the professional, technical, and auxiliary personnel necessary for the development of the specific programs of the National Health System.

Through this program, PAHO/WHO will assist in the planning of human resources; in the structuring of the regional and national polytechnic units and of the departmental educational units; in the organization and equipment of the educational laboratories and libraries; and in the production of texts, teaching material and handbooks. Taking into consideration the need to train professional personnel at the graduate level in public health, the organization of a Central American program in public health and social medicine is envisioned.

NICARAGUA-6000, IMPROVEMENT OF TEACHING IN THE FACULTIES OF HEALTH SCIENCES AT UNAN

TOTAL		220	-	-	TOTAL	PG	51,056	-	-
CONSULTANT DAYS	PG	220	-	-	PERSONNEL - CONSULTANTS		42,496	-	-
TOTAL		8	-	-	FELLOWSHIPS		8,560	-	-
FELLOWSHIP MONTHS	PG	8	-	-					

NICARAGUA-6400, SANITARY ENGINEERING EDUCATION

TOTAL		60	-	-	TOTAL	PR	11,100	-	-
CONSULTANT DAYS	PR	60	-	-	PERSONNEL - CONSULTANTS		8,100	-	-
					COURSES AND SEMINARS		3,000	-	-

NICARAGUA-6900, TECHNICAL COOPERATION IN EDUCATING AUXILIARY AND TECHNICAL PERSONNEL

TOTAL		-	60	-	TOTAL	PR	-	46,800	-
CONSULTANT DAYS	PR	-	60	-	PERSONNEL - CONSULTANTS		-	16,800	-
					COURSES AND SEMINARS		-	30,000	-

 PANAMA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	1,824
Area (in thousand square kilometers)	1979	77
Cultivated land	1971	27
<u>Health Indicators:</u>		
Life expectancy at birth	1979	69.8
Death rate per 1,000 population	1979	4.4
Infant mortality rate per 1,000 live births	1979	24.1
Death rate 1-4 years, per 1,000 population	1979	0.9
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1978	9.5
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1978	6.7
Number of physicians per 10,000 population	1979	9.1
Number of hospital beds per 1,000 population	1979	3.4
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	41.5
Percentage of population 55 years and over	1979	9.0
Rate of natural increase per 1,000 population	1979	24.0
Fertility rate per 1,000 women 15-44 years of age	1979	141
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1970	40
Percentage of population with access to potable water	1979	83
Per capita calories per day	1975	2,748
Per capita protein per day (grams)	1975	68
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1978	660
- in United States dollars	1978	660
Percentage of GDP from secondary sector (manufacturing and building)	1978	18
Economically active population (thousands) in primary sector (agriculture, mining, quarrying, hunting, silviculture, fishing)	1976	166
<u>Educational Indicators:</u>		
Percentage of literate population	1970	82
Percentage of population 5-14 years enrolled in primary schools*	1978	81
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1978	68
Percentage of population 20-29 years enrolled in university*	1978	14

*Total enrollment as a percentage of population in the age group

PANAMA - COUNTRY STATEMENT

The 1980 census calculated the population of the country at 1,823,622 inhabitants, with a population density of 23.7 inhabitants per square kilometer. Since the 1970 census, the population had been growing 3.1% per year, until 1978, when it began to grow at an annual rate of 2.4%. The urban population continues to grow rapidly and this group accounts for 52.4% of the total population because of migration into the cities. The rural population is highly dispersed: the 1970 census registered 5,897 settlements with fewer than 50 inhabitants, 1,530 with fewer than 100, and 1,597 with fewer than 500. Together these account for 37.7% of the total population of the country. The population under 15 years of age accounts for 41.5%.

The statistics for morbidity and mortality point to an appreciable improvement in the health situation of the country. Despite an as yet undetermined underrecording of mortality, mainly in scattered and hard-to-reach rural areas, there has been an improvement in the coverage of these populations, which gives greater meaning to the marked decline in the general, maternal, and child death rates in recent years. The general death rate continues to fall, and stood at 4.4 per 1,000 population in 1979.

The infant mortality rate declined from 40.5 per 1,000 live births in 1970 to 24.1 in 1979; the neonatal mortality rate fell from 23.6 to 14.1; the rate for children 1-4 years of age, from 7.5 to 0.9; and maternal mortality, from 1.5 in 1966 to 0.6 in 1979. The five principal causes of infant mortality per 10,000 live births were the following, in 1976, 1977, and 1978 respectively: injury at birth, dystocia, anoxia, and hypoxia, 71.6, 14.3, and 50.9; other causes of perinatal mortality, 49.9, 40.5, and 32.1; diarrheal diseases, 47.4, 33.7, and 18.2; pneumonia, 20.9, 18.4, and 14.9; and birth defects, 29.0, 7.6, and 28.6.

In regard to morbidity, the principal causes from infectious diseases and the corresponding rates per 100,000 population for 1978 were: influenza, 1,501.9; diarrheal diseases, 1,979.0; the common cold, 3,154.1; gonococcal infections, 200.6; and measles, 129.6. The principal causes of hospital discharges, in rates per 100,000 population, were: accidents, suicides and homicides, 528.7; enteritis and other diarrheal diseases, 186.7; pneumonia, 216.8; other diseases of the genitourinary system, 249.8; and psychosis, 88.1.

The incidence of diseases preventable by vaccination has shown a decline in the course of the last 10 years. No case of diphtheria or poliomyelitis has been reported in the country for three and six years respectively; measles has the highest incidence in this group of diseases. Although waterborne diseases and the deaths by this cause have shown a marked decline, they are still among the leading causes of death and disease.

Little is known about the incidence, prevalence, and epidemiologic status of vector-borne diseases owing to lacks in the information system. Exceptions to this rule are malaria, yellow fever, and dengue for which very good procedures are in operation for reporting the diseases themselves and their entomologic and epidemiologic aspects as well.

Venereal diseases have become a cause for concern because of a steady surge in the number of cases recorded in the country in the last 10 years. In the period 1967-1978, cases of syphilis increased from 361 to 1,252, which represents an increase of 246.8%, and cases of gonococcal infections from 945 to 3,643, or an increase of 285.5%. The corresponding rates per 10,000 population increased over the same period from 2.69 to 6.9 for syphilis, and from 7.05 to 20.0 for gonococcal infections.

It is estimated according to the weight-age indicator, that around 60% of all children suffer from some degree of malnutrition, especially in the rural area, where the execution of community projects is being promoted to produce staple foods for the local population. Some of these projects also include a supplementary feeding component. Vitamin A began to be added to refined sugar in the country in 1977 but this measure was suspended in 1979 for reasons of a technical nature.

There is a high prevalence of caries; noteworthy are the average rate in school-age children of 6.14 affected teeth and that of 22.75 affected teeth in people 55 years and over. Some form of malocclusion affects 85.1% of the population, and 35% receives the benefits of fluoridated water.

With regard to animal health, anthrax remains the problem it was when it compelled the authorities of the sector to establish a program of annual vaccination for all animal under two years of age. Tuberculosis, external or internal parasitosis, and brucellosis constitute another problem of great concern owing to their economic impact and risk to human health; brucellosis had a prevalence of 3.7% in cattle herds and 10% in the swine population.

Generally speaking, it should be pointed out that epidemiologic information on the presence and absence of animal diseases and their respective incidence is inadequate, which makes it difficult to get a clear picture of the current situation in animal health. In the particular case of foot-and-mouth disease and vesicular stomatitis, a system of surveillance is in operation that makes it possible to confirm the absence of the former and the enzootic presence of the latter, which is generally consistent with the epidemiologic picture for the Central American Isthmus.

Canine rabies does not exist in the country and bovine rabies has been reduced to epizootic outbreaks in localized areas and is caused by bites of vampire bats. Nevertheless, the disease is considered under surveillance and is the object of a program of the border control and sea and airport quarantine.

The national development policies set for the period 1976-1980 put emphasis on greater participation of the population in the development process and better distribution of its benefits; the laying of the foundation for rapid, diversified, and sustained economic growth; acceleration of the regional integration of the country; the sound and orderly management of public finances; the further reinforcement of institutions; and self-reliant and independent development. In the setting of these overall development policies, the health sector seeks to reduce the quantitative and qualitative differences between services offered in the various regions of the country and to different population groups.

This policy is being implemented by organizing the communities to participate more actively in the identification of their own problems, by formulating the corrective measures most responsive to these problems and to their needs, and in carrying out all required activities and tasks. At the same time, efforts are proceeding to integrate the services and resources of the Ministry of Health and the Social Security Fund as a step prior to the establishment of the unified national health service and manpower development for the sector, and more is being learned about the social features of the community as the means to an end of policies, strategies, and health programs. In the area of administration, the strategies aim at progressive decentralization of the technical and administrative functions to tighten the bonds of interaction between the government and the community and give the provincial authorities a greater part to play in the planning of operations in the sector. Within this framework defined by policies and strategies, priority is directed toward programs that strengthen the integrity and stability of the family, such as programs for maternal and child care, environmental sanitation and housing sanitation, nutrition, and the surveillance of diseases preventable by vaccination, vector-borne and venereal diseases, and those transmitted to man by animals.

The health sector includes three health-care delivery institutions and one that trains health professionals. The Ministry of Health, the Social Security Fund, and the National Water Supply and Sewerage Institute provide services for the prevention, protection, and restoration of human health and the environment, and the University of Panama, with its schools and departments, is responsible for the training of the necessary professional personnel. Every agency has an administrative organization and an independent budget, but in the area of services, the Ministry of Health assumes the leading role, with the Minister for each sector acting as chairman of the board of directors for the other two institutions.

With regard to health, the country is divided into nine health regions and these, into sanitary areas. Each health region is the responsibility of a regional health director and his team of assistants, who are administratively under the Director of the Social Security Fund, and in matters of policy, under the Minister of Health. Each health region formulates its plans and programs in accordance with technical and administrative standards established by the central level and previously discussed with them. All the regional plans and programs are amalgated into the national plans and programs.

Noteworthy among the provisions that govern the situation within the health sector are Articles 103, 104, 107, 108, and 109 of the National Constitution and Cabinet Decrees No. 1 of 15 March 1969 and 57 of 27 February 1969 which establish the Ministry of Health and enact its charter; and No. 401 of 29 November 1970 regulating the health committees; and laws and decrees intended to establish guidelines for solving the problems of protection, care, and restoration of health and standards on food quality. Law 66 of 9 December 1976 approved the fortification of sugar with Vitamin A. Another national law requires the iodization of salt by which the prevalence of goiter has been reduced from 17 to 6% in 10 years.

The country has 29 integrated medical centers, which include 4 national hospitals in the metropolitan area (two general hospitals, one pediatric, and one psychiatric hospital); 31 health centers with annexes; 105 health centers; and 273 subcenters and health posts. The manpower employed in health programs has increased significantly in recent years. The availability of health personnel per 10,000 population is 9.1 physicians, 7.5 nurses, 1.3 dentists, 16.3 nursing auxiliaries, 2.7 laboratory workers, 0.7 x-ray technicians, and 0.9 sanitary engineers.

The number of hospital beds in the country was 6,249 in 1979, with a national rate of 3.4 per 1,000 population. This statistic has remained relatively unchanged since 1966 when the national rate was 3.5. In the same period employment dropped from 73.3 to 62.8%, performance declined from 33.4 patients/bed per year in 1966 to 24.5 in 1978, and the average length of stay decreased from 11.5 to 9.3 days. Changes introduced in 1973 in the standards for computing the days of stay for the chronically ill are the reason for the apparent inconsistency of the data on performance and average length of stay. Pediatric beds numbered 1,050, which accounted for 18.7% of the total supply, and the rate per 1,000 population under 15 years of age was 1.4 in 1978; in 1966 this rate was 0.9%. The number of maternal care beds rose to 717 in 1978, or 12.8% of the total supply, with a rate of 1.8 per 1,000 women between 10 and 49 years of age; this rate was 1.5% in 1966. The national rates of availability of human and physical resources are unequally distributed among the nine health regions, a circumstance which the policies and strategies for the sector notes as one of the basic problems to be solved.

The budget of the National Government grew in the period 1978-1979 from 422 million to 648.7 million balboas, which was an increase of 53% and yielded a distribution per capita of 360 balboas. In 1979 the budget for the health sector (Ministry, Social Security Fund, National Water Supply and Sewerage Institute (IDAAN), reached 143 million balboas, accounting for 22% of the National Budget and a per capita allotment for health of 78 balboas.

The 1980 budget for the sector is 159 million balboas, which implies an increase of 11.1% over 1979 and a per capita expenditure of 87 balboas per inhabitant. The increase of 9 million balboas, which was the same as the increase registered in 1978 and which accounts for 25% of the budget of the Ministry, has been utilized mainly to meet forced commitments to wage increases established through special laws negotiated with certain sectors of the labor force. The long-standing trend of increase in the category of personal services continues to hold, as a result of rising costs. Panama remains one of the countries whose policy is to allocate a greater proportion of their resources to the health sector. In 1979 the Ministry's investment budget climbed to \$5,577,300.00. That of IDAAN was \$1,011,900.00 and that of the Social Security Fund, \$9,824,900.00, in accordance with the law that covers these allocations.

The services and benefits of the Social Security Fund cover the entire country. The population covered by the system accounted for 11.7% of the total population in 1965 and increased to 46% in 1979. Of all those covered in 1965, 75% were insured subscribers; in 1979 this figure was 39%. In 1965, the subscriber/dependent ratio was 0.35, that is to say less than one dependent per subscriber; but in 1979 this ratio reached an average of 1.6.

Because of the deterioration of the world economy, since 1974, the country's economic growth rate has slackened, and unemployment and the cost of living have been on the rise. The signing of the Torrijos-Garter treaty, the product of years of negotiations over the Panama Canal, provides encouraging prospects for the national economy and for a country that is preparing to assume in 20 years total control and management of the Canal and to exercise full national sovereignty over it. The democratization process initiated by the National Government has given rise to a climate of stability and security, which has stimulated private investment. Many foreign banks have established branches in the country, making Panama an international financial center.

PANAMA - NATIONAL HEALTH PROGRAMS

Family Health
Epidemiology
Nutrition and Dietetics
Environmental Health
Administration of Health Resources
Health System and Services
Development of Human Resources (University)
Animal Health
(Ministry of Agricultural Development)
Teaching and Research.

PANAMA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	1,855,203	72.8	597,990	46.8	222,700	21.9
SERVICES TO INDIVIDUALS	1,408,803	55.3	448,790	35.1	31,400	3.1
COMMUNICABLE DISEASES						
0200 MALARIA	113,900	4.5	8,400	.7	19,300	1.9
0700 AEDES AEGYPTI-BORNE DISEASES	-	-	8,400	.7	12,100	1.2
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	1,294,903	50.8	431,990	33.7	-	-
ENVIRONMENTAL HEALTH SERVICES	237,900	9.3	77,000	6.0	85,500	8.4
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	87,300	3.4	77,000	6.0	85,500	8.4
3200 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3200 FCOT-AND-MOUTH DISEASE	107,200	4.2	-	-	-	-
3500 QUALITY CONTROL OF FOODSTUFFS	43,400	1.7	-	-	-	-
COMPLEMENTARY SERVICES	208,500	8.2	72,200	5.7	105,800	10.4
4300 EPIDEMIOLOGICAL SURVEILLANCE	208,500	8.2	72,200	5.7	105,800	10.4
II. DEVELOPMENT OF THE INFRASTRUCTURE	690,850	27.2	678,200	53.2	791,200	78.1
HEALTH SYSTEMS	615,150	24.2	575,100	45.1	676,400	66.8
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	110,900	4.4	120,400	9.4	121,500	12.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	179,300	7.0	326,400	25.6	407,900	40.3
5500 MANAGEMENT SYSTEMS	324,950	12.8	128,300	10.1	147,000	14.5
DEVELOPMENT OF HUMAN RESOURCES	75,700	3.0	103,100	8.1	114,800	11.3
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	75,700	3.0	103,100	8.1	114,800	11.3
GRAND TOTAL	2,546,053	100.0	1,276,190	100.0	1,013,900	100.0

 PANAMA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1980-1981												
PAHU--PR	409,300	48	-	145	219,400	16,600	137	143,300	-	30,000	-	-
PG	324,950	-	-	650	154,550	-	16	18,000	124,000	7,900	-	20,900
WHU--WR	523,200	24	48	480	211,100	8,000	174	183,200	14,000	81,400	-	25,500
WP	1,288,603	24	-	300	173,295	20,000	130	342,779	-	659,658	-	92,871
TOTAL	2,546,053	96	48	1625	758,345	44,600	457	687,279	138,000	778,558	-	139,271
PCT. OF TOTAL	100.0				29.8	1.8		27.0	5.4	30.6	-	5.4
1982-1983												
PAHU--PR	89,000	-	-	60	16,800	-	48	67,200	-	5,000	-	-
WHU--WR	755,200	48	48	345	419,200	13,500	179	250,600	13,500	26,000	-	32,400
WP	631,990	-	-	90	19,200	-	19	106,978	-	244,176	-	61,636
TOTAL	1,276,190	48	48	495	455,200	13,500	246	424,778	13,500	275,176	-	94,036
PCT. OF TOTAL	100.0				35.7	1.1		33.3	1.0	21.6	-	7.3
1984-1985												
PAHU--PA	137,200	-	-	60	24,200	-	60	108,000	-	5,000	-	-
WHU--WR	876,700	48	48	295	486,000	14,000	176	316,800	18,500	6,000	-	35,400
TOTAL	1,013,900	48	48	355	510,200	14,000	236	424,800	18,500	11,000	-	35,400
PCT. OF TOTAL	100.0				50.3	1.4		41.9	1.8	1.1	-	3.5

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

PANAMA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA III CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					150	70,010	150	73,200	150	85,280
PR	AREA III	AREA REPRESENTATIVE	.0283	D-1						
		ADMINISTRATIVE OFFICER	.4800	P-3						
<u>DISEASE PREVENTION AND CONTROL</u>					130	23,120	234	48,450	234	54,820
PR	AMRO-0730	SANITARIAN	.3689	P-2						
PR, WB	AMRO-4330	EPIDEMIOLOGIST	.0861	P-4						
		EPIDEMIOLOGIST	4.5285	P-1						
		SUPPLIES								
<u>ENVIRONMENTAL HEALTH SERVICES</u>					240	43,230	-	-	-	-
PR, WR	AMRO-2030	SANITARY ENGINEER	.0849	P-5						
		SOLID WASTE ADVISOR	4.4932	P-4						
		SUPPLIES, COURSES AND SEMINARS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					235	49,350	320	80,340	210	47,990
WR	AMRO-3130	VETERINARIAN	4.0853	P-4						
		SUPPLIES								
UNDP	AMRO-3230	VETERINARIAN	4.4639	P-5						
		STATISTICIAN	4.4640	P-4						
		CONSULTANTS, FELLOWSHIPS, GROUP TRAINING, EQUIPMENT								
<u>COMPLEMENTARY SERVICES</u>					162	30,830	90	24,940	90	28,390
PR	AMRO-4130	NURSE ADMINISTRATOR	.0891	P-4						
		NURSE ADMINISTRATOR	.3214	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HEALTH SERVICES</u>					216	46,510	216	53,190	216	61,530
PR	AMRO-5030	COURSES AND SEMINARS								
PR	AMRO-5230	HOSPITAL ADMINISTRATOR	.2031	P-4						
		SUPPLIES								
PR, WR	AMRO-5430	STATISTICIAN	4.0810	P-4						
		MEDICAL RECORDS OFFICER	.5076	P-3						
		SUPPLIES								
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					345	96,990	345	72,430	345	81,800
WR	AMRO-6030	DENTAL EDUCATION ADV.	4.4239	P-4						
PR, UNDP	AMRO-6031	PROJECT MANAGER	.5203	P-5						
		HEALTH EDUCATOR	4.5323	P-4						
		NURSE EDUCATOR	.4084	P-4						
		CONSULTANTS, SUPPLIES, LOCAL COSTS, EQUIPMENT, GROUP TRAINING								
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>					30	4,180	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4						
TOTAL					1,508	364,220	1,355	352,550	1,245	359,810

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

PANAMA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Disease prevention and control is considered one of the priority areas for the health sector of the country and therefore receives major financial support. PAHO/WHO provides cooperation in activities such as eradication of malaria and Aedes aegypti, the Expanded Program of Immunizations, and the National Plan of Epidemiological Surveillance.

The malaria eradication campaign continues to make progress; in 1980, of the 360,172 blood samples examined, only 304 cases were detected. The disease is focused in the eastern provinces of Darién and San Blas, which contain 3.02% of the population but which reported 78.9% of all cases. In these areas attack measures have been stepped up, and the incidence of the disease has been successfully reduced. Efforts to achieve eradication and maintain adequate epidemiological surveillance and thus prevent the reintroduction of cases will be continued.

The Aedes aegypti foci resulting from the reinfestation of the country in 1972 have been successfully eliminated. At present strict surveillance is maintained throughout the country in order to prevent new reinfestations. Surveillance has been reinforced both in the Caribbean ports and in the inland waterway ports.

In 1978 a serological and entomologic survey was initiated in order to determine the magnitude of the problem of Chagas' disease. This activity will have to be continued in order to subsequently decide what action is to be taken. Field work is carried out with personnel from the National Malaria Eradication Service, and for laboratory work the Gorgas Memorial Laboratory is used. There is also interest in determining the magnitude of the leishmaniasis problem and organizing a program for its control.

With PAHO/WHO assistance, the Ministry of Health prepared a national plan of epidemiological surveillance, of which implementation began in 1979. The objectives of this plan are to determine the incidence of diseases, their prevention and early control, and the capacity to avert the damage. The Expanded Program of Immunizations continues to progress satisfactorily, with important advances made in the control of diseases preventable by vaccination. With the Organization's cooperation, in 1980 regional plans for food control were prepared and will be brought together in a national plan geared to improving the sanitary control of food processing establishments, as well as food quality control.

The health authorities have expressed an interest in formulating and initiating programs for the prevention and control of chronic diseases; this is a field in which expansion is anticipated.

PANAMA-0200, MALARIA ERADICATION

TOTAL		24	-	-	TOTAL	113,900	8,400	19,300
P-3 ENTOMOLOGIST 4.0538	WR	24	-	-	SUBTOTAL	PR	-	8,400
TOTAL		-	30	30	PERSONNEL - CONSULTANTS		-	8,400
CONSULTANT DAYS	PR	-	30	30	FELLOWSHIPS		-	12,100
TOTAL		20	-	4	SUBTOTAL	WR	113,900	-
FELLOWSHIP MONTHS	PR	-	-	4	PERSONNEL - POSTS		82,400	-
FELLOWSHIP MONTHS	WR	20	-	-	STAFF DUTY TRAVEL		6,000	-
					SUPPLIES AND MATERIAL		4,500	-
					FELLOWSHIPS		21,000	-

PANAMA-0700, Aedes aegypti ERADICATION

TOTAL		-	30	30	TOTAL	PR	-	8,400	12,100
CONSULTANT DAYS	PR	-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100

PANAMA-4300, EPIDEMIOLOGY

TOTAL		24	-	-	TOTAL	PR	208,500	72,200	105,800
P-4 EPIDEMIOLOGIST 3.3888	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
TOTAL		15	-	-	PERSONNEL - CONSULTANTS		1,900	-	-
CONSULTANT DAYS	PR	15	-	-	STAFF DUTY TRAVEL		8,000	-	-
TOTAL		71	48	56	SUPPLIES AND MATERIAL		30,000	5,000	5,000
FELLOWSHIP MONTHS	PR	71	48	56	FELLOWSHIPS		74,000	67,200	100,800

	1980- FUND 1981	1982- 1983	1984- 1985	FUND 1980-1981	1982-1983	1984-1985
					\$	\$

FAMILY HEALTH

The objectives of the family health program are to prevent and care for the health problems of all family members and to sustain the family group as a functioning unit, placing priority on actions directed toward mothers and children. Children under 15 years of age account for 43.4% of the population of Panama. In recent years there has been a marked decline in the infant mortality rate from 40.5 per 1,000 live births in 1970 to 28.1 per 1,000 in 1977. There has also been a decline in the morbidity rate.

The purposes of the maternal and child health program are to reduce morbidity and mortality among mothers and children; create the optimal conditions for their development; and foster the well-being of mothers, children, the family, and the community and the upgrading of their physical, biological, and social environment. Measures are also being carried out in order to reduce the incidence of premature births, with assistance from CLAP.

Since 1979 the project for the extension of the maternal and child health care program has been carried out with UNFPA funds. The most relevant activities of this program are to provide technical assistance through consultants, to promote the updating of personnel and their training in Panama and abroad; to fully staff the health services; and to contribute to the establishment of three high risk units in the country. The program also promotes the subprogram for health and youth and the subprogram for the early detection of cervical and uterine cancer. The project has \$488,000 for its 1981 activities.

The objectives of the health subprogram for adults are the early detection of diseases that affect the population 24 years and over, and a reduction in the incidence of degenerative diseases that affect the elderly. There are plans to organize a program for accident control and to carry out a study of occupational diseases in which the Organization will cooperate. Other activities within the family health program are those of mental and dental health.

The purpose of the nutrition program is to improve the food and nutritional conditions of the population through education and the execution of community projects for basic production of foods as well as the establishment and implementation of a national policy on food and nutrition.

PANAMA-1300, EXTENSION OF MATERNAL AND CHILD HEALTH SERVICES

TOTAL	24	-	-	TOTAL	UNFPA 1,288,603	431,990	-
P-4 MEDICAL OFFICER (MCHD) 4-5311	UNFPA 24	-	-	PERSONNEL - POSTS	102,178	-	-
				ADMIN. SUPPORT PERSONNEL	23,314	-	-
				LOCAL PERSONNEL COSTS	5,300	4,800	-
TOTAL	300	90	-	PERSONNEL - CONSULTANTS	42,503	14,400	-
				STAFF DUTY TRAVEL	20,000	-	-
CONSULTANT DAYS	UNFPA 300	90	-	LOCAL TRAVEL COSTS	33,864	51,322	-
				SUBCONTRACTS	40,000	-	-
TOTAL	130	19	-	MISCELLANEOUS COSTS	11,407	10,314	-
				CONTRACEPTIVES	43,356	107,755	-
FELLOWSHIP MONTHS	UNFPA 130	19	-	EXPENDABLE EQUIPMENT	88,484	49,450	-
				NON-EXPENDABLE EQUIPMENT	527,818	86,971	-
				NEW PREMISES	7,600	-	-
				FELLOWSHIPS	139,434	23,484	-
				GROUP TRAINING	203,345	83,294	-

PANAMA-1301, MATERNAL, CHILD AND FAMILY HEALTH

TOTAL	6	-	-	TOTAL	PR 6,300	-	-
FELLOWSHIP MONTHS	PR 6	-	-	FELLOWSHIPS	6,300	-	-

ENVIRONMENTAL HEALTH SERVICES

The purpose of the environmental health program is to provide a comprehensive approach to the solution of high priority problems affecting the improvement of health and socioeconomic development of the country. To that end, the technical and administrative structures of the institutions providing environmental sanitation services should be strengthened, their coverage expanded, and their efficiency enhanced. The principal emphasis of this program is on drinking water supply, excreta disposal, solid wastes, environmental pollution, industrial hygiene, and rural sanitation.

In 1979, 83.1% of the total population of the country had drinking water services--around 93% in the urban area and 64% in the rural area--and 88.3% of the population was provided with a sanitary system of excreta disposal--92.7% of the urban population and 78.9% of the rural. Only 37% of the population covered had sanitary sewerage services; the rest had septic tanks or latrines. Under the current plans, provision is made for the expansion of coverage in the rural area through rural water supply systems, the improvement and expansion of the urban systems, and the extension of household sewerage connections to 50% of the urban population. To that end, the National Water Supply and Sewerage Institute (IDAA) plans to invest more than \$50 million for the five-year period 1978-1982 in the urban area, and the Ministry of Health has funds for a program of construction of rural water supply systems, wells, and latrines.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Solid waste collection and disposal systems are unsatisfactory. Priority has been assigned, through short-term and area advisers, to the solution of the problem of final waste disposal in the city of Panama, and the reorganization and relocation of the agency responsible for Panama City and Colon is being studied. Studies on air pollution, water quality, and the environmental impact of copper mining will be continued. In addition, the Government has expressed concern over the environmental impact of the hydroelectric projects to be carried out in the future. There are also plans to study the effect of pesticides on humans and the environment. For the strengthening of sanitation services, the National Environmental Health Plan will be reviewed and reformulated. In order to support these actions and reduce the shortage of skilled personnel, a five-year manpower plan has been prepared for the environmental health sector with the participation of the Ministry of Health, IDAAN, the Cleaning Department, the Polytechnic Institute of the University of Panama, and PAHO/WHO advisers.

PANAMA-2000, ENVIRONMENTAL SANITATION

TOTAL		180	105	105	TOTAL	87,300	77,000	85,500
CONSULTANT DAYS	PR	180	-	-	SUBTOTAL	PR 87,300	-	-
CONSULTANT DAYS	WR	-	105	105				
TOTAL		60	34	24	PERSONNEL - CONSULTANTS	24,300	-	-
FELLOWSHIP MONTHS	PR	60	-	-	FELLOWSHIPS	63,000	-	-
FELLOWSHIP MONTHS	WR	-	34	24	SUBTOTAL	WR -	77,000	85,500
					PERSONNEL - CONSULTANTS	-	29,400	42,300
					FELLOWSHIPS	-	67,600	43,200

PANAMA-3500, QUALITY CONTROL OF FOODSTUFFS

TOTAL		240	-	-	TOTAL	WR 43,400	-	-
CONSULTANT DAYS	WR	240	-	-	PERSONNEL - CONSULTANTS	32,400	-	-
TOTAL		11	-	-	FELLOWSHIPS	11,000	-	-
FELLOWSHIP MONTHS	WR	11	-	-				

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The zoonotic diseases that are most prevalent in the country and of greatest interest for public health are brucellosis, tuberculosis, and rabies in cattle; however the magnitude of the damage these diseases inflict on health and the economy is unknown. The purposes of this program are to expand and strengthen the animal health and veterinary public health infrastructure, which will make it possible to improve intersectoral coordination of the Ministers of Health and of Agricultural Development; to prevent exotic diseases, in particular foot-and-mouth disease; to establish a system of animal health epidemiological surveillance that will make it possible to follow the trends of the diseases and thus ensure their prevention and early control; and to develop professional, technical, and auxiliary personnel.

A program of educational and social communication to ensure community participation in the prevention of zoonotic diseases continues to be implemented, following the completion of the experimental plan. Of particular importance are those activities connected with epidemiological surveillance for the purpose of controlling canine rabies and equine encephalitis and preventing exotic diseases from being introduced into the country. During 1981 the Diagnostic Laboratory for Vesicular Diseases will begin operations; in addition to Panama, it will provide services for Central America as a whole.

PANAMA-3200, FOOT-AND-MOUTH DISEASE CONTROL

TOTAL		24	-	-	TOTAL	PR 107,200	-	-
P-4 VETERINARIAN .0636	PR	24	-	-	PERSONNEL - POSTS	96,600	-	-
					STAFF DUTY TRAVEL	10,600	-	-

DEVELOPMENT OF HEALTH SERVICES

The purpose of this program is to assist the Government in strengthening the system of integrated health services in such a way as to meet the basic needs of the entire national population. Particular attention will be given to the extension of health services coverage to the entire population, with close coordination with the other sectors involved

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

in economic and social development in the endeavor to improve the conditions of life and well-being for all citizens of the Republic. In order to attain this goal, special emphasis will be placed on strengthening the planning and programming of activities, the administrative structure and the support services of the Ministry of Health and other institutions of the sector, in order to facilitate the extension of coverage, to ensure maximum quality of the services, and to standardize the processes, policies, and guidelines utilized by the Ministry and the Social Security Fund in the development of health activities at the level of integrated services.

In addition, efforts are being made to fulfill the requirements for attaining health for all by the year 2000; to improve the system of retrieval, channeling, concentration, and analysis of information, in order to make the decision-making process more objective; to promote appropriate coordination between the institutions of the sector; and to improve the systems and methodology of administrative management, as well as those of operation and maintenance of medical equipment and facilities.

PANAMA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		48	48	48	TOTAL	WR	110,900	120,400	121,500
G-7 ADMINISTRATIVE ASSISTANT 4.4723	WR	24	24	24	PERSONNEL - POSTS		63,400	78,000	86,100
G-5 SECRETARY 4.4993	WR	24	24	24	STAFF DUTY TRAVEL		2,000	-	-
					GENERAL OPERAT. EXPENSES		25,500	32,400	35,400
					VEHICLES		20,000	10,000	-

PANAMA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		-	24	24	TOTAL	WR	179,300	326,400	407,900
P-4 HEALTH PLANNER 4.5386	WR	-	24	24	PERSONNEL - POSTS		-	122,300	140,500
					PERSONNEL - CONSULTANTS		16,700	33,600	40,300
					STAFF DUTY TRAVEL		-	7,500	7,500
TOTAL		120	120	100	SUPPLIES AND MATERIAL		56,900	16,000	6,000
					FELLOWSHIPS		95,700	140,000	201,600
CONSULTANT DAYS	WR	120	120	100	COURSES AND SEMINARS		10,000	7,000	12,000
TOTAL		90	100	112					
FELLOWSHIP MONTHS	WR	90	100	112					

PANAMA-5500, INSTITUTIONAL DEVELOPMENT OF INTEGRATED HEALTH SERVICES

TOTAL		650	-	-	TOTAL	PG	324,950	-	-
CONSULTANT DAYS	PG	650	-	-	TEMPORARY STAFF		28,550	-	-
TOTAL		16	-	-	PERSONNEL - CONSULTANTS		126,000	-	-
FELLOWSHIP MONTHS	PG	16	-	-	CONTRACTUAL SERVICES		7,400	-	-
					GENERAL OPERAT. EXPENSES		13,500	-	-
					FURNITURE & EQUIPMENT		7,500	-	-
					FELLOWSHIPS		18,000	-	-
					COURSES AND SEMINARS		124,000	-	-

PANAMA-5501, MANAGEMENT OF HEALTH SERVICES

TOTAL		-	24	24	TOTAL	WR	-	122,300	147,000
P-4 ADMIN. METHODS OFFICER 4.5359	WR	-	24	24	PERSONNEL - POSTS		-	122,300	140,500
					STAFF DUTY TRAVEL		-	6,000	6,500

DEVELOPMENT OF HUMAN RESOURCES

Through the manpower development program, PAHO/WHO assists in the training of instructors, the review of study plans, and the field research of the faculties and schools that train personnel for the health sector. As far as the teaching of medicine, nursing, and dentistry are concerned, the aim is to adapt study plans to the health problem and to the needs of the country. With PAHO/WHO cooperation, the school of nursing of the National University reviewed its plan of studies in 1980, adapting it to the policy of extension of health services coverage through primary care. There is a desire to improve the coordination between the Polytechnic Institute of the University of Panama, the Ministry of Health, and the National Water Supply and Sewerage Institute, with a view to having qualified personnel to undertake environmental health activities.

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

The Specialized Analysis Laboratory (LEA), which comes under the Faculty of Sciences of the University of Panama, is responsible for the quality control of drugs and foods in the country, as well as for the training of personnel in analytical methods. It is planned to continue training professional personnel in modern analytical methods and to enable LEA to become a graduate-level training center for drug and food analysis. A Pan American course was given on this topic in 1980. There is also a possibility that LEA can serve as a reference center for Central America for the quality control of drugs.

Within the community health training program for Central America and Panama, activities have been initiated and will increase in the training of personnel responsible for the preparation of health auxiliaries and technicians and the training of personnel in the Ministry of Health.

PANAMA-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		120	120	90	TOTAL	WR	75,700	103,100	114,800
CONSULTANT DAYS	WR	120	120	90	PERSONNEL - CONSULTANTS		16,200	33,600	36,300
TOTAL		53	45	40	FELLOWSHIPS		55,500	63,000	72,000
					COURSES AND SEMINARS		4,000	6,500	6,500
FELLOWSHIP MONTHS	WR	53	45	40					

 PARAGUAY - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	3,062
Area (in thousand square kilometers)	1980	407
Cultivated land (in thousand hectares)	1977	2,676
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	63.6
Death rate per 1,000 population	1976	8.8
Infant mortality rate per 1,000 live births	1978	89.7
Death rate 1-4 years, per 1,000 population	1978	5.5
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1976	20.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1976	14.7
Number of physicians per 10,000 population	1980	5.2
Number of hospital beds per 1,000 population	1978	1.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1980	44.9
Percentage of population 55 years and over	1980	8.3
Rate of natural increase per 1,000 population	1970-1975	30.9
Fertility rate per 1,000 women 15-44 years of age	1970-1975	180
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1976	22
Percentage of population with access to potable water	1978	16
Per capita calories per day	1976	3,098
Per capita protein per day (grams)	1976	87
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	57,760
- in United States dollars	1979	458
Percentage of GDP from secondary sector (manufacturing and building)	1979	22
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1977	524
<u>Educational Indicators:</u>		
Percentage of literate population	1975	81
Percentage of population 5-14 years enrolled in primary schools**	1979	81
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1978	30
Percentage of population 20-29 years enrolled in university**	1979	5

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 PARAGUAY - COUNTRY STATEMENT

Paraguay is a land-locked country, located in the center of South America, between latitudes 19°18' and 27°36' south and longitudes 54°19' and 62°38' west. It is located between the 21° and 24° isotherms and has an average annual temperature of 23°C. The annual average rainfall ranges from 500 millimeters in the west to 1,700 millimeters in the east.

The estimated population of Paraguay in mid-1980 was 3,061,824 inhabitants, with an average density of 7.50 inhabitants per square kilometer. It forms part of the La Plata River Basin through its principal rivers, the Paraná and the Paraguay; the latter divides the country into two large regions: the Eastern and the Western or Chaco Region. The Eastern Region, which occupies only 39% of the total surface area is, however, the more populated, with a density of 17.6 inhabitants per square kilometer. The urban population accounts for 37% of the total population and the rural, for 63%. The age structure of the population is that of a young country in full growth, with about 45% of the total population under 15 years of age and only 6% over 60.

According to the 1967 Constitution, Paraguay is a unitary republic with a representative democratic government. The executive power is vested in the President of the Republic, and legislative power rests with the Congress which is made up of two chambers: one of Senators and the other of Representatives. Judicial power is exercised by a Supreme Court of Justice and by the courts and judgeships established by law. The affairs of the Republic are the responsibility of the Ministers of the Executive Branch, who countersign the acts of the President of the Republic; there are 11 Ministries and several decentralized agencies. Administratively the country is divided into 19 departments which are governed by government delegates: 14 in the Eastern Region and five in the Western Region. The capital of the Republic constitutes an independent political unit. The departments are divided into districts and these, in turn, into companies. The municipalities are the departmental seats and all legal activities of the Government are centered there.

The performance of the national economy over the last decade has been characterized by stability, with moderate increases in goods and services, particularly imports. In 1977 the GDP increased by 8.1% compared with 6.1% in 1970-1975, and for 1978 an increase of 11.6% is estimated. The product per capita increased from \$391 in 1977 to \$458 in 1979. The forest agricultural sector continues to rank first in national production, but its growth rate (5%) is less than that registered by other sectors of the economy. In 1977 the balance of trade shows a deficit well below that of previous years (\$22,846,100). In recent years the deficit on current account of the country's balance of payments has been financed primarily with the proceeds of external loans, as well as by foreign capital investments and official and private grants. Net international reserves increased from \$112 million in 1975 to \$259,660,000 in late 1977. The upward trend in this regard is directly related to the significant increase in exports, the investments in the country by the Itaipú and Yacyretá binational agencies, foreign loans, the public sector, and inflows of private capital. It is estimated that in the last three years the overall inflation rate has been on the order of 10% annually. It was much higher in the case of imported inputs than in that of national inputs, over which the National Government is in a position to establish and operate control mechanisms. During the period 1976-1977, salaries and wages increased by about 10%. In 1978 a 15% increase in the minimum wage was agreed upon. There have been no changes in the official parity of the guaraní, the exchange rate of which is still 126 to the dollar. According to the Central Bank, the country's external debt service reached the equivalent of 23% of exports in 1976, which is higher than the 15% observed in 1975, but very similar to the annual average of 22% for the period 1971-1973. In late 1977 the balance of the external public debt, including unexpended portions of loans, totaled \$587 million. If unutilized portions of the loans are excluded, the balance to be repaid is reduced to \$393 million. Money in circulation rose from 23.7 billion guaraníes in 1976 to 31.9 billion at the end of 1977, with the result that there was no market liquidity problem.

The distribution of the economically active population by sectors of production corresponds to that of a developing country in which the primary sector offers the most work; 51% of the economically active population belong to the primary sector, 18% to the secondary sector, and 29% to the tertiary sector; 2% work in unspecified sectors. Paraguay is in a period of preindustrialization, which explains the low production of the secondary sector. The majority of the employed population is male.

With respect to physical development, the most noteworthy feature is the growth of Ciudad Presidente Stroessner, owing to the construction of a dam on the Parana River for the construction of the Itaipú hydroelectric plant, which will be the largest in the world, producing 12,600,000 kilowatts of electricity; urban planning and the construction of permanent dwellings for the Itaipú workers will make it possible for Ciudad Stroessner to accommodate around 50,000 inhabitants by 1980 and thus be the second largest city in the country.

The urban area has 40% of the total number of dwellings in the country and the rural area, 60%. The average number of inhabitants per dwelling for the country is 5.4, with 5.0 in the urban area and 5.7 in the rural area, and the index of overcrowding is 57.9%; 46.1% of all dwellings are classified as unsanitary, 15.4% of those in the urban area and 64.5% in the rural area. Only 12% of the country's dwellings have adequate drinking water supply service; in the urban area this proportion rises to 38.8% (1977). Only Asunción, with 30.5% of the urban population, has sanitary sewerage service; in the interior of the country excreta disposal is primarily by means of sanitary latrines, and it is calculated that the total population with satisfactory excreta disposal systems is 20.5%. The city of Asunción has a rainwater sewerage system which covers the commercial area and is currently being expanded. There is no treatment of the refuse that is collected in Asunción and in eight main cities of the interior; 47.4% of the urban population and 11.6% of the total population has public refuse collection service. Soil contamination due to the final disposal of refuse is high.

In the last decade, literacy increased considerably, and the difference in the literacy rate between men and women is very small. By 1975 81.4% of the population was literate, and enrollment in primary schools in 1979 was 80.6%; enrollment at the secondary and vocational levels and in the university increased appreciably, reaching 29.7% and 4.8%, respectively.

The health sector comprises three subsectors in accordance with their dependency and mode of financing: the public subsector, formed by the Ministry of Public Health and Social Welfare (MPHSW), the Military Health Unit, the Police Health Unit, the University, the Municipal Health Unit, and the Corporation of Sanitary Works (CORPOSANA), with financing from the national government; the semi-official subsector consisting of the Social Welfare Institute (IPS), with own financing; and the private subsector, formed by private establishments.

The MPHSW is organized as follows: a high administrative or decision-making level, represented by the Ministerial Cabinet; a level of coordination, represented by the General Directorate; advisory and support units, represented by the Normative Technical Services; and the Administrative Bureau and executive units, consisting of nine health regions that have health posts, health centers, regional health centers, general and specialized hospitals, and social welfare services.

Despite progress in recent years, the health situation is still unsatisfactory. Life expectancy at birth for 1975-1980 has been estimated at 63.6 years for both sexes and is influenced by high morbidity and mortality from infectious and parasitic diseases, nutritional diseases, complications of pregnancy, delivery and puerperium, and perinatal morbidity and mortality; the most vulnerable groups are children under 15 years of age, especially children under five, and mothers during pregnancy, delivery, and puerperium. The high general mortality rates and specific and selected mortality rates have been calculated only on the basis of the proportion of the population that tends to supply public health information (56.0%). In a five-year time series, these rates show a downward trend.

In 1976 there was a total of 13,202 deaths registered 30.82% of the deaths from all causes occurred in children under five. Excluding the group of ill-defined symptoms and conditions, the 10 leading causes of death for all ages were the following: acute respiratory diseases, 14.54%; diarrheal diseases, 12.83%; heart diseases, 12.60%; tumors, 7.91%; accidents and violent acts, 7.56%; diseases preventable by vaccination, 3.02%; perinatal causes, 2.58%; vitamin deficiencies and other nutritional deficiencies and anemias, 2.56%; tuberculosis (all forms), 2.39%; and conditions resulting from pregnancy, delivery, and puerperium, 1.45%. The communicable, infectious, and parasitic group of diseases are together the leading cause of death (34.97%) and mainly affect children under five years of age (57.83%). Of all deaths, 33.64% were medically certified, and the remaining 66.36% were not.

In the same year (1976), children under five years of age accounted for 11.78% of a total of 31,065 hospital discharges. Excluding ill-defined symptoms and conditions, the 10 leading causes of hospitalization for all ages were the following: normal delivery, 38.16%; complications in pregnancy, delivery, and puerperium, 14.75%; accidents and violent acts, 9.58%; appendicitis, 8.42%; diarrhea, 7.20%; acute respiratory diseases, 3.67%; diseases of the genitourinary system, 3.06%; tuberculosis, all forms, 2.56%; tumors, 2.23%; and diseases preventable by vaccination, 1.75%. Communicable, infectious, and parasitic diseases are together the second leading cause of hospitalization (15.81%), with children under five accounting for 45.17% of these hospitalizations.

Of a total of 147,500 first consultations in 1976, the group of children under five years of age accounted for 42.24%. Excluding consultations for healthy individuals and dental visits, the 10 leading causes of outpatient consultations for all age groups were the following: acute respiratory diseases, 36.67%; vitamin deficiencies and other nutritional deficiencies and anemias, 18.83%; helminthiasis, 11.97%; diarrheal diseases, 9.47%; accidents and violent acts, 6.51%; other infectious and parasitic diseases, 4.48%; cardiovascular diseases, 3.31%; diseases preventable by vaccination, 1.39%; syphilis and other venereal diseases, 0.87%; and complications in pregnancy, delivery, and puerperium, 0.77%.

Parasitic and infectious communicable diseases are together the leading cause of outpatient visits (65.54%), with children under five accounting for 54.75%.

Using the reporting population (55.3%) in 1976, the rates per 100,000 population for reportable diseases in the country have been calculated and are listed below in order of importance: influenza, 1,107.4; measles, 88.5; tuberculosis, 71.5; syphilis, 59.8; pertussis, 30.6; blennorrhagia, 26.3; hepatitis, 22.9; tetanus, 10.8; meningococemia, 6.3; and poliomyelitis, 1.3.

Leprosy is still a health problem, with a morbidity rate of 176 per 100,000 population. There are some cases of leishmaniasis and a few cases of malaria, almost all imported; diseases such as smallpox and urban yellow fever have been eradicated.

Because of underreporting, the real incidence and prevalence of zoonoses is not known; the estimated prevalence of canine rabies is 226.0 per 100,000, and paralytic rabies causes annual losses of around 30,000 head of cattle. Brucellosis and bovine tuberculosis are considered to be zoonoses that affect the productivity of the livestock sector.

The National Nutrition Survey of 1976, carried out in critical areas with a sample of 682 children under five examined in 27 localities on the basis of their weight-age ratio, found that 32.0% were undernourished. The distribution was as follows: 154 overweight, 23.0%; 309 normal, 45.0%; 187 grade I malnutrition, 27.0%, and 28 grade II malnutrition, 4.0%. Food availability expressed in terms of calories and proteins per capita per day is adequate, as shown by the above-mentioned National Survey; a dietary analysis of 1,844 persons indicated that caloric intake was 3,098 calories per capita/day, the availability of proteins 87.1 grams/day per capita, and that the percentage of proteins from animal sources was adequate.

There is an overall shortage of health manpower, mainly at the technical and auxiliary levels. In 1977, the structure was the following: 44.6% at the university level, 19.9% at the technical level, and 35.5% at the auxiliary level. According to category of personnel, the ratios per 10,000 population were: 4.8 for physicians; 2.7 for dentists; 0.88 for nurses; 1.3 for technical nurses; 0.55 for midwives; 1.0 for technical midwives; and 7.6 for nursing auxiliaries. There is an excessive concentration of resources in the capital city of Asunción, which contains only 16.5% of the population but more than 75% of all types of health professionals. The greatest shortage of human resources is at the technical and auxiliary levels; professional training schools meet the needs of the country. In the year 1977 there were also 0.30 university-level nurses and midwives, 0.27 technical-level nurses, and 1.6 nursing auxiliaries to every physician.

In 1978 the country had 601 establishments with 3,740 hospital beds and a ratio of 1.3 beds per 1,000 population nationwide; Asunción had a ratio of 6.6 beds and the rest of the country (the interior) 0.6 beds per 1,000 population. Ninety percent of the establishments with inpatient services contain less than 30 beds, which gives rise to low performance and high costs; most have an incomplete supply of auxiliary diagnostic and general services, and a high percentage of establishments (more than 30%) need to remodel and adequately equip their physical facilities; supplies of expendable materials and transport equipment are also inadequate.

Public financing of health services is insufficient to meet current needs. The total budget for the health sector in 1977 was 4,776 million guaranis, equivalent to 3.5% of the GDP and 6.6% of the total budget of the country. Current expenditures of the public sector totaled 3,407.59 million guaranis, or 2.5% of the GDP and 10.5% of the current public expenditure; of the last-mentioned amount, 39.1% went to the IPS, 18.6% to CORPOSANA, 24.1% to the MPHSW, and the remaining 18.2% to other public institutions engaged in health activities. There is a marked disparity in per capita health expenditures; whereas the MPHSW assigned only 522.60 guaranis, the equivalent of \$4.15 per capita in 1977, the IPS allotted 4,747.80 guaranis or \$37.67 per capita.

The health establishments of the sector are unable to provide total population coverage. It is estimated that, in 1978, approximately 1,000,000 inhabitants in the rural area lacked health care; the rest of the population, 56.7%, was provided with varying degrees of services, owing to the existence of institutions in the sector that provide care for extremely small, privileged groups.

The MPHSW covers the low-income population with comprehensive health activities and is the only institution that has a nationwide coverage service, namely the National Malaria Eradication Service. The private sector directs its services essentially toward meeting the medical care needs of the higher-income groups. The coverage of the sector is estimated at 56.7% with the following structure: MPHSW 35.7%; military health unit 8.9%; police health unit 1.5%; university 2.1%; and IPS 8.4%. For the same year, and for the registration area, the delivery of services expressed in terms of consultations and discharges was 1.2 consultations per capita and 28.8 discharges per 1,000 population.

The National Economic and Social Development Plan for the five-year period 1977-1981, prepared by the Technical Secretariat for Planning of the Office of the President of the Republic, and approved by the Executive, sets forth the national objectives and their social implications.

The basic strategy of development is defined as "outwardly directed growth via exports, promotion of agroindustrial activity, and import substitution." It states that this strategy is being followed because the prospects for expansion of the domestic market in the short- and medium-term are too limited to be able to serve as a basis for rapid national development.

However, this strategy entails a reorganization of production and national resources that will require multisectoral efforts and will place considerable demands on the social sectors.

For example, regionalization is to be one of the principal components of the strategy to be followed and through it, it is planned to achieve a more uniform distribution of the population, reasonably distributed economic activities around the principal poles of development, a year-round system of communications between these poles, a decrease in the cost of domestic communications, and the active participation of the public sector in all services in all of the regions. In accordance with the Plan, public investment should be primarily oriented toward the agroindustry sectors, and toward the supplementation and consolidation of investments already made, with a view to their earlier maturity based on an approach of comprehensive development. Furthermore, investments in the social area are to be stepped up, with better coverage for education at various levels, and for preventive and curative medicine, housing, community development, and so on. In the case of the agricultural, livestock, and forestry sector, it is stated that the low productivity of the sector is due, among other things, to the dispersion of farms, inadequate marketing, and insufficient support services for more intensive and comprehensive coverage to the producers. The strategies for agricultural development include aspects related to health, and in regard to the promotion of associations of producers, provision is made for these associations to provide, in addition to economic benefits and services, social services such as education, sanitation, nutrition, and health. With respect to the execution of integrated development projects in priority areas, provision is made in the social aspects for the construction of schools and health centers, assistance to families to improve food and nutrition, and assistance for environmental sanitation.

The objectives and strategies of the manufacturing, energy, and tourism sectors also give priority to the regions and poles of development that are already established or that have development potential. Of particular importance are the regions in which major hydroelectric projects are being carried out, or are planned, such as Itaipú, Yacyretá, and Corpus, because of the effects they will have on the redistribution of the population and on agroindustrial production, and the demands they will place on the social sector.

The objectives of the transportation and communication sector are expansion of the country's road system, with emphasis on an increase in the length of all-weather roads and the improvement and expansion of existing maintenance services; strengthening of the infrastructure for supporting agricultural, livestock, and forestry production through the construction and improvement of access roads to trunk highway systems and the principal markets; and expansion of the network of access roads to land settlement areas.

The Plan provides for a food and nutrition sector, the objectives of which are, for the most part, multisectoral in nature, since they are aimed at ensuring the population financial access to food items; promoting development of the national food industry; promoting family food production in the rural area; developing intensive nutritional education programs in order to encourage eating habits appropriate to the local food situation; stepping up environmental sanitation, immunizations, and parasitic disease control activities; continuing or expanding food supplementation programs; improving the domestic marketing of foods; eradicating endemic goiter; and controlling dental caries.

The short- and medium-term objectives of the National Plan emphasize the need to improve both the quantity and quality of human resources through the improvement and expansion of educational and health systems, and the strengthening of manpower training mechanisms, gearing personnel to meet the requirements of national development. The objectives of its sectoral policy are an increase in the coverage of health promotion and protection services for mothers, infants, and school-age children; a gradual increase in the supply of health services and an improvement in the efficiency of the system, especially in rural areas; and the coordination of efforts of the institutions forming the health sector for the establishment of a national health system geared to national conditions. The Plan specifically emphasizes that the population of the rural areas should receive preferential attention while the Plan is in effect.

The National Health Plan for 1976-1980 has defined its policy as part of the country's development policy, in accordance with the goals of the Ten-Year Health Plan for the Americas and the recommendations of the Sixth General Program of Work of WHO, establishing the following general objectives for the five-year period: a) increase in life expectancy at birth by 3.43 in order to reach 63.56 years in 1980, including the conduct of institutional health programs and the promotion of intersectoral and community activities; b) extension of the coverage of health services to the entire population; during the present five-year plan, it is planned to provide comprehensive health services to 83% of the population of the country; the increase in coverage will be greater at the level of rural communities with fewer than 2,000 inhabitants; c) contribution to overall development by incorporating the Health Plan into the General Development Plans, in order to increase life expectancy at birth, to enlarge and improve the labor force, and to improve and control health conditions that may be affected by ecological changes in the areas of major hydroelectric projects. Priority will be given to health activities in the poles of development, in land settlement areas, and in border areas.

The National Health Plan provides for the organization and improvement of a health system that coordinates the different institutions of the sector under the policy-making and regulatory authority of the Ministry of Public Health and Social Welfare, and designates the strategic and development areas as priorities. Four levels of care have been established in the service system of the Ministry of Health: Level I, Primary, to provide health care to rural communities with fewer than 2,000 inhabitants and to scattered communities; the type of establishment used is the health post; Level II, basic, to provide health care to communities with between 2,000 and 19,999 inhabitants that, for the most part, are rural in nature; the type of establishment is the health center that often has inpatient beds; Level III, Basic Supplementary, to provide health care for communities with between 20,000 and 99,999 inhabitants; the type of establishment it uses is the regional health center with 30 to 100 inpatient beds; Level IV, Specialized, for communities with more than 100,000 inhabitants; the type of establishment is the general and specialized hospital. Provision is made for the establishment of a system for referring patients from the centers with fewer resources to those of greater complexity.

The Plan defines health regionalization as the basis for an operational and coordinated network of health establishments with clear-cut preventive, curative and social functions, as well as clearly defined functions in the urban and rural sectors. Attempts are being made to achieve executive decentralization with enough delegation of authority to allow for technical and administrative coordination with the central level in order to rationalize available resources and to achieve adequate geographic, program, and population coverage. In order to implement the Plan, activity output has been standardized, as has been the assignment of personnel by type of establishment. Plans have been drawn up for the education and training of human resources, and the Ministry of Health will be responsible for the education and training of technical and auxiliary personnel, where a shortage exists. The Plan provides for an increase of 52.6% in installed capacity in the number of health establishments, particularly at Level I, which now accounts for 66.6% of the total, with an increase in the number of hospital beds to 1,204.

The investment expenditures provided for in the Plan have been estimated at 3,560,406,200 guaranis, equivalent to \$28,415,922, of which 49.3% (\$14 million) will go to the Concentrated Action Program of the National Environmental Sanitation Service (SENASA), the purpose of which is the construction of water supplies in communities with fewer than 4,000 inhabitants; and 50.7% (\$14,415,922) to the Program for the Extension of Coverage, which includes the construction, remodeling, and equipping of health establishments; these expenditures are to be financed by international lending institutions.

Under the National Health Plan, the Government signed a loan agreement with IBRD for the execution of the Water Supply and Basic Sanitation Project (Concentrated Action Program), which covers the construction of 42 water supply systems in populations with fewer than 4,000 inhabitants in the Central, Cordillera, and Paraguari departments, which will benefit 90,000 inhabitants; a pilot program that provides individual solutions to waste disposal problems, including around 4,500 drainage fields and 2,000 sanitary units to be executed in the towns in which water supply systems are being constructed; a program to strengthen administration, operation, and financial management of SENASA; and a basic educational and promotional public health program for administration of the basic operation of rural water supply systems and purchase of various types of equipment. The cost of the project is around \$10 million, of which the loan represents \$6 million and the remainder, the national counterpart contribution. The agreement is in effect from February 1978 to December 1981.

The inadequate population coverage of the health services mentioned above has become more serious with the growth of the population, influenced in part by immigration due to the construction of the Itaipú hydroelectric dam. The population increase will be greater when the other poles of development connected with the construction of the Corpus and Yacyretá dams come into existence. In order to remedy this situation, and in accordance with the provisions of the Plan, the "Project of Extension of Coverage of the Health Services of Paraguay" has been prepared for the purpose of obtaining additional international financing; this project has been approved by IDB.

The purpose of the referral project is to ensure that 100% of the population of the country is protected by health services, and the project objectives include: a) extension of coverage to the rural population, especially that which is currently unserved; b) utilization of nontraditional health personnel such as volunteer assistants who, when properly trained, will provide primary care to the population; c) strengthening of health centers and intermediate levels to allow them to deal adequately with referrals from primary levels; d) improvement of the supervision system; and e) improvement in the productivity of available resources.

Although the project was prepared for the entire country, the possibility of executing it by stages in accordance with previously established priority criteria was considered, and, according to these, the first stage, which is that to which the project refers and which will last four years, covers health regions IIa, IVa, and VIa (including IXa), which

in 1978 had a total of 1,157,345 inhabitants, or 40.1% of the national population. Provision is made for the construction of 91 health establishments and the equipping of 99; 89% of the constructions represent health posts for the primary level, and only one of the health centers will be of the regional type with 30 inpatient beds, with an increase of 140 in the number of available beds. Project investment expenditures are on the order of \$6.1 million, of which \$4.9 million corresponds to the proceeds of the loan, and \$1.2 million to the national counterpart contribution. Plans have been made to train 267 health workers and to strengthen the integration of the health pyramid, i.e., health regionalization. A substantial part of the necessary personnel will be obtained by incorporating a new type of community health worker that has so far not been used, i.e., the voluntary health assistant who, when properly trained and integrated into the institutional health system, is expected to be of great benefit to the small and scattered rural communities that cannot be served by traditional services and personnel. It is estimated that 1,980 voluntary collaborators will be needed for the three priority regions in the first stage of the Plan.

PARAGUAY - NATIONAL HEALTH PROGRAMS

Integrated Health Services
 Social Welfare
 National Environmental Sanitation Service
 Maternal and Child Health Care
 Promotion of Medical and Hospital Services
 National Malaria Eradication Service
 Central Administration
 Buildings and Equipment
 Military Health Unit
 Municipal Health Unit
 Production and Distribution of
 Drinking Water
 Sewerage
 Medical Care at the National University
 of Asunción
 Administration and Support Services for
 Health/Maternity Insurance
 Medical Care Services in the Capital
 Medical Care Services in the Interior
 of the Republic
 Patient-Care Benefits for Veterans,
 Disabled and Crippled of the Chaco War
 Social Assistance of the Social Welfare
 Institute
 Health Recovery of the Social Security
 Fund for Railway Employees and Workers
 Medical and Dental Care of the National
 Shipping and Ports Administration
 National Animal Health Control Service
 Food and Nutrition Education
 Rural Development
 Housing Construction and City Planning

PARAGUAY - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	801,196	51.3	653,377	47.2	765,500	47.9
SERVICES TO INDIVIDUALS	197,600	12.6	198,700	14.3	257,900	16.1
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	59,900	3.8	65,300	4.7	91,200	5.7
0200 MALARIA	109,000	7.0	104,000	7.5	135,700	8.5
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	28,700	1.8	29,400	2.1	31,000	1.9
ENVIRONMENTAL HEALTH SERVICES	517,396	33.2	328,977	23.8	360,200	22.6
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	21,700	1.4	132,900	9.6	192,900	12.1
2100 WATER SUPPLY AND EXCRETA DISPOSAL	391,896	25.1	52,377	3.8	-	-
3200 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH FOOT-AND-MOUTH DISEASE	103,800	6.7	143,700	10.4	167,300	10.5
COMPLEMENTARY SERVICES	86,200	5.5	125,700	9.1	147,400	9.2
4100 NURSING	86,200	5.5	125,700	9.1	147,400	9.2
II. DEVELOPMENT OF THE INFRASTRUCTURE	759,000	48.7	730,200	52.8	831,700	52.1
HEALTH SYSTEMS	719,800	46.2	662,400	47.9	782,700	49.0
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	167,300	10.7	249,100	18.0	285,300	17.9
5100 GENERAL PUBLIC HEALTH SYSTEMS	464,400	29.9	286,600	20.7	350,000	21.9
5500 MANAGEMENT SYSTEMS	88,100	5.6	126,700	9.2	147,400	9.2
DEVELOPMENT OF HUMAN RESOURCES	39,200	2.5	67,800	4.9	49,000	3.1
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	39,200	2.5	67,800	4.9	49,000	3.1
GRAND TOTAL	1,560,196	100.0	1,383,577	100.0	1,597,200	100.0

 PARAGUAY - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHD--PR	624,000	96	24	30	412,700	25,600	44	46,200	89,800	18,500	3,700	27,500
PH	309,542	24	-	630	246,360	8,618	9	10,000	7,200	-	-	37,364
PG	250,000	12	-	800	208,333	-	-	-	-	-	-	41,667
WHD--NR	284,400	48	-	-	179,000	9,000	22	23,700	33,000	39,700	-	-
NR	9,900	-	-	-	-	-	-	-	-	9,900	-	-
NR	82,354	-	-	310	59,500	-	2	2,200	10,540	-	-	10,114
TOTAL	1,560,196	180	24	1770	1,105,893	43,218	77	82,100	140,540	68,100	3,700	116,645
PCT. OF TOTAL	100.0				70.9	2.8		5.3	9.0	4.3	.2	7.5
1982-1983												
PAHU--PR	1,072,400	114	48	210	777,100	30,400	91	127,400	60,000	27,500	-	50,000
PH	52,377	6	-	30	39,437	1,000	4	4,000	7,140	-	-	-
WHU--NR	258,800	24	-	90	145,900	5,000	39	54,600	27,000	26,300	-	-
TOTAL	1,383,577	144	48	330	962,437	36,400	134	186,000	94,140	53,800	-	50,000
PCT. OF TOTAL	100.0				69.6	2.6		13.5	6.8	3.9	-	3.6
1984-1985												
PAHD--PR	1,109,600	120	48	210	958,300	33,700	102	133,600	51,000	27,000	-	56,000
WHD--NR	287,600	24	-	60	165,600	6,000	40	72,000	24,000	20,000	-	-
TOTAL	1,397,200	144	48	270	1,123,900	39,700	142	255,600	75,000	47,000	-	56,000
PCT. OF TOTAL	100.0				70.4	2.8		18.0	4.7	2.9	-	3.5

 *SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

 PARAGUAY - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA VI CONSULTANTS*

PROGRAM AREA				== 1980-1981 ==		== 1982-1983 ==		== 1984-1985 ==		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	136,920	300	281,770	300	339,310
PR	AREA VI	AREA REPRESENTATIVE	.0310	D-1						
		ADMINISTRATIVE OFFICER	.2098	P-1						
DISEASE PREVENTION AND CONTROL					110	22,590	110	52,420	110	63,200
WR	AMRO-4360	EPIDEMIOLOGIST SUPPLIES	4.0846	P-4						
FAMILY HEALTH					130	26,210	-	-	-	-
PR	AMRO-1360	MEDICAL OFFICER (MCH) SUPPLIES	.2117	P-4						
COMPLEMENTARY SERVICES					100	16,120	100	34,850	100	41,820
PR	AMRO-4160	NURSE ADMINISTRATOR SUPPLIES	.0895	P-4						
DEVELOPMENT OF HEALTH SERVICES					388	74,460	148	44,230	148	53,490
PR	AMRO-5360	HEALTH PLANNER SUPPLIES	.0915	P-4						
PR	AMRO-5460	STATISTICIAN SUPPLIES	.4853	P-3						
PR	AMRO-5560	ADMIN. METHODS OFFICER SUPPLIES	.4590	P-4						
DEVELOPMENT OF HUMAN RESOURCES					120	18,800	-	-	-	-
WR	AMRO-6060	HEALTH MANPOWER OFFICER SUPPLIES	4.3685	P-4						
TOTAL					1,148	295,100	658	413,270	658	497,820

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980- FUND 1981	1982- 1983	1984- 1985	FUND 1980-1981	1982-1983	1984-1985
					\$	\$

PARAGUAY - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The objectives of this program are to cooperate with the national programs of the central administration that come under the responsibility of the National Epidemiology and Zoonosis Service and the National Malaria Eradication Service in the improvement of activities for the prevention, control, and epidemiological surveillance of communicable, infectious and parasitic diseases through the strengthening of programming at all levels; adaptation of improved techniques; training of personnel; inter-institutional coordination of policy-making; and planning, organization, and establishment of a demonstration area for an expanded immunization program that can eventually be extended to the whole country.

There is expected to be continuing cooperation in strengthening programming and execution of malaria eradication activities and in the initiation of systematic activities for studying the status and control of Chagas' disease and other vector-borne diseases, through programming, operational research, and the training of personnel.

PARAGUAY-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		-	60	60	TOTAL	59,900	65,300	91,200
	CONSULTANT DAYS	WR	-	60	60			
TOTAL		10	19	25	SUBTOTAL	9,900	-	-
	FELLOWSHIP MONTHS	WR	10	19	25			
					SUBTOTAL	50,000	65,300	91,200
					PERSONNEL - CONSULTANTS	-	16,800	24,200
					SUPPLIES AND MATERIAL	28,500	16,900	16,000
					FELLOWSHIPS	10,500	26,600	45,000
					COURSES AND SEMINARS	11,000	5,000	6,000

PARAGUAY-0200, MALARIA ERADICATION

TOTAL		24	-	-	TOTAL	109,000	104,000	135,700
	P-4 MALARIA ADVISOR 4.0557	WR	24	-	-			
TOTAL		-	180	180	SUBTOTAL	-	104,000	135,700
	CONSULTANT DAYS	PR	-	180	180			
TOTAL		-	24	24	SUBTOTAL	109,000	-	-
	FELLOWSHIP MONTHS	PR	-	24	24			
					PERSONNEL - POSTS	96,600	-	-
					STAFF DUTY TRAVEL	5,200	-	-
					SUPPLIES AND MATERIAL	7,200	-	-

FAMILY HEALTH

Under this program area, cooperation will be provided to the national program for maternal and child health care to expand the coverage of care for mothers, children, adolescents, and youth through comprehensive health services and through the study of the current status of the care being provided, including dental care, the review and adjustment of standards in effect, the improvement of programming, the training of personnel, and the upgrading of policy coordination among the different institutions that provide services.

Furthermore, steps will be taken to promote the formulation of an intersectoral policy for the protection of the family, and of mothers and children. In addition, provision is made for cooperation in the promotion and development of a national food and nutrition policy and in the promotion, organization and execution of a supplementary feeding program and of epidemiological surveillance of nutrition. PAHO/WHO will also cooperate in the retraining of auxiliary nutrition personnel attached to the peripheral agencies of the Ministry.

PARAGUAY-1300, FAMILY HEALTH AND POPULATION DYNAMICS

TOTAL		10	15	15	TOTAL	28,700	29,400	31,000
	FELLOWSHIP MONTHS	PR	10	15	15			
					SUPPLIES AND MATERIAL	10,500	3,400	4,000
					FELLOWSHIPS	10,500	21,000	27,000
					COURSES AND SEMINARS	4,000	5,000	-
					GRANTS	3,700	-	-

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

ENVIRONMENTAL HEALTH SERVICES

The purpose of this program is to assist in conducting three national programs: National Service of Environmental Sanitation (SENASA), Production and Distribution of Safe Water, and Provision of Urban Sewerage Works of the Sanitary Works Corporation (CORPOSANA).

With respect to the first programs, PAHO/WHO will cooperate in the execution of a program for the construction and operation of safe water supply services in communities of up to 4,000 inhabitants, to be carried out by SENASA with the financial support of IBRD; and in the operation and construction of water supplies in rural areas, quality control of drinking water, strengthening of the rural excreta disposal program, improvement of refuse disposal, food control, study of air pollution, establishment of a policy for quality control of water resources, development of methodology for the control of the environmental impact of large hydroelectric projects, and strengthening of occupational health programs. This cooperation will be provided through development of the operational capacity of the national agency responsible for the programs; strengthening of long-, medium- and short-term planning, including the preparation of the ten-year plan for the sector; adaptation, development and introduction of standards, procedures, and suitable practices; conduct of operational research; training of personnel, and organization of the beneficiary communities for their full participation in the activities planned.

Cooperation in the production and distribution of drinking water and the provision of urban sewerage systems, to be carried out by CORPOSANA, is oriented toward the design of water treatment plants; the improvement of technology for the design, construction, operation, and maintenance of drinking water services; wastewater treatment; and storm sewers. To this end operational research will be carried out, advisory services will be provided, and the required personnel will be trained.

PARAGUAY-2000, ENVIRONMENTAL SANITATION

<u>TOTAL</u>		-	18	24	<u>TOTAL</u>	PR	21,700	132,900	192,900
P-4 SANITARY ENGINEER .5113	PR	-	18	24	PERSONNEL - POSTS		-	102,600	158,900
					PERSONNEL - CONSULTANTS		4,000	-	-
					STAFF DUTY TRAVEL		-	4,500	4,600
<u>TOTAL</u>		30	-	-	FELLOWSHIPS		8,400	16,800	23,400
					COURSES AND SEMINARS		9,300	9,000	6,000
CONSULTANT DAYS	PR	30	-	-					
<u>TOTAL</u>		8	12	13					
FELLOWSHIP MONTHS	PR	8	12	13					

PARAGUAY-2100, ADMINISTRATION AND MAINTENANCE OF WATER SUPPLY SERVICES

<u>TOTAL</u>		130	-	-	<u>TOTAL</u>	PW	28,484	-	-
CONSULTANT DAYS	PW	130	-	-	PERSONNEL - CONSULTANTS		24,986	-	-
					PROGRAM SUPPORT COSTS		3,498	-	-

PARAGUAY-2101, RURAL WATER SUPPLY AND SANITATION

<u>TOTAL</u>		24	6	-	<u>TOTAL</u>	PW	281,058	52,377	-
P-4 SANITARY ENGINEER .5113	PW	24	6	-	PERSONNEL - POSTS		125,206	32,400	-
					PERSONNEL - CONSULTANTS		96,168	7,037	-
					STAFF DUTY TRAVEL		8,618	1,000	-
<u>TOTAL</u>		500	30	-	FELLOWSHIPS		10,000	4,800	-
					COURSES AND SEMINARS		7,200	7,140	-
					PROGRAM SUPPORT COSTS		33,866	-	-
CONSULTANT DAYS	PW	500	30	-					
<u>TOTAL</u>		9	4	-					
FELLOWSHIP MONTHS	PW	9	4	-					

PARAGUAY-2102, INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

<u>TOTAL</u>		310	-	-	<u>TOTAL</u>	WW	82,354	-	-
CONSULTANT DAYS	WW	310	-	-	PERSONNEL - CONSULTANTS		59,500	-	-
					FELLOWSHIPS		2,200	-	-
<u>TOTAL</u>		2	-	-	COURSES AND SEMINARS		10,540	-	-
					PROGRAM SUPPORT COSTS		10,114	-	-
FELLOWSHIP MONTHS	WW	2	-	-					

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The purpose of the activities of this program is to cooperate with the national program of the National Animal Health Service (SENACSA), which is carrying out activities for the control of foot-and-mouth disease, brucellosis, bovine tuberculosis and paralytic rabies, with financial assistance from the IDB; improvement of operational capacity to solve technical, administrative and institutional problems through the updating of the diagnosis, epidemiological surveillance, health education, planning, organization and execution of field activities, as well as the training of personnel and the provision of advisory services in the specific fields of production, testing, storage and distribution of vaccines and biological products, and the improvement and expansion of border agreements with neighboring countries.

This program includes activities for strengthening the veterinary public health program, the initial activities of which include the control of human rabies by improving diagnosis, training personnel, and providing immunological products.

PARAGUAY-3200, FOOT-AND-MOUTH DISEASE CONTROL

TOTAL		24	24	24	TOTAL	PR	103,800	143,700	167,300
P-4 VETERINARIAN .3152	PR	24	24	24	PERSONNEL - POSTS STAFF DUTY TRAVEL		96,600 7,200	136,800 6,900	158,900 8,400

COMPLEMENTARY SERVICES

The objective of this program is to cooperate with one of the components of the national program of the central administration, specifically that of nursing. In accordance with the priority assigned to the extension of health services coverage to the rural and shantytown population, support activities have been planned in the health services development project and are directed toward identifying and promoting nursing activities, primarily those involved in primary health care, updating the organization, functions, standards and procedures for the different care levels, and the education and training of personnel who will provide services at the local level, including nontraditional personnel necessary for conducting the coverage extension project.

PARAGUAY-4100, NURSING SERVICES

TOTAL		24	-	-	TOTAL	WR	86,200	-	-
P-3 NURSE ADMINISTRATOR 9.4846	WR	24	-	-	PERSONNEL - POSTS STAFF DUTY TRAVEL		82,400 3,800	- -	- -

DEVELOPMENT OF HEALTH SERVICES

In this area supplementary technical cooperation will support the efforts that the Government is making through the national program for comprehensive health services, with financial support from IDB. The purpose is to establish a health services system that fulfills the basic health needs of the entire population of the country. The design, organization and operation of this system is based on the coordinated action of all the health sector institutions and of those of other related sectors whose efforts are directed toward the achievement of complete well-being for the community, as well as provision of basic services to the entire population and full community participation in all aspects of the provision of these services. Cooperation will include advisory services for the design of the system and preparation and introduction of standards, procedures and technical and administrative practices; determination of training needs; improvement of planning and programming; administrative development; formation, development and training of necessary personnel; development and implementation of appropriate technologies; search for alternative financing; community organization; and intra- and intersectoral coordination.

In accordance with the priority attached to the extension of health services coverage to the rural and marginal populations, support activities have been planned within the framework of the project of health services development and are aimed at identifying and promoting those nursing activities mainly concerned with primary health care, in the updating of organization and functions as well as of standards and procedures for various levels of care, and in the education and training of personnel to provide services at the local level, including nonconventional personnel required for development of the project of extension of coverage.

PARAGUAY-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		48	48	48	TOTAL	PR	167,300	249,100	285,300
P-5 PAHO/WHO REPRESENTATIVE .0563	PR	24	24	24	PERSONNEL - POSTS STAFF DUTY TRAVEL		133,100 6,700	192,100 7,000	221,600 7,700
G-5 SECRETARY .4724	PR	24	24	24	GENERAL OPERAT. EXPENSES		27,500	50,000	56,000

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	
PARAGUAY-5100, DEVELOPMENT OF HEALTH SERVICES									
TOTAL		24	96	96	TOTAL		214,400	539,000	644,800
P-4 MEDICAL OFFICER .3871	PR	24	24	24	SUBTOTAL	PR	214,400	413,300	497,400
P-3 ADMIN. METHODS OFFICER .4692	PR	-	24	24					
P-3 NURSE ADMINISTRATOR 4.4846	WR	-	24	24	PERSONNEL - POSTS		96,600	286,800	336,300
G-4 CLERK-STENOGRAPHER .5407	PR	-	24	24	PERSONNEL - CONSULTANTS		-	8,400	12,100
					STAFF DUTY TRAVEL		6,000	12,000	13,000
					SUPPLIES AND MATERIAL		8,000	4,100	3,000
					FELLOWSHIPS		27,300	56,000	90,000
					COURSES AND SEMINARS		76,500	46,000	45,000
TOTAL		-	30	30	SUBTOTAL	WR	-	129,700	147,400
CONSULTANT DAYS	PR	-	30	30					
TOTAL		26	40	50	PERSONNEL - POSTS		-	120,700	141,400
					STAFF DUTY TRAVEL		-	5,000	6,000
FELLOWSHIP MONTHS	PR	26	40	50					

PARAGUAY-5103, EXTENSION OF COVERAGE OF HEALTH SERVICES

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985					
TOTAL		12	-	-	TOTAL	PG	250,000	-	-
P-4 PROJECT MANAGER .5414	PG	12	-	-	PERSONNEL - POSTS		54,500	-	-
					PERSONNEL - CONSULTANTS		153,833	-	-
TOTAL		800	-	-	PROGRAM SUPPORT COSTS		41,667	-	-
CONSULTANT DAYS	PG	800	-	-					

PARAGUAY-5500, MANAGEMENT OF HEALTH SERVICES

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985					
TOTAL		24	-	-	TOTAL	PR	88,100	-	-
P-3 ADMIN. METHODS OFFICER .4692	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
					STAFF DUTY TRAVEL		5,700	-	-

DEVELOPMENT OF HUMAN RESOURCES

The purpose of this program is to support both the manpower component of the central administration program of the Ministry of Public Health and Social Welfare, and training institutions for health personnel, in order to coordinate efforts aimed at establishing teaching-service integration within health regionalization for the training of health manpower geared to national needs. Steps will be taken to establish an agency responsible for the coordinated planning of human resources in the health sector, and to institutionalize those training activities that are presently carried out in an unsystematic manner.

Cooperation takes the form of advisory services for determining the type and quantity of needs for the formation, training and retraining of personnel; study of current programs; examination and discussion of this study by the interested parties in order to bring about the necessary curriculum changes; and establishment of personnel training and development courses not under the responsibility of any of the existing training institutions. Advisory services will also be provided for the organization and strengthening of the Health Manpower Office in the Ministry concerned.

PARAGUAY-6000, DEVELOPMENT OF HUMAN RESOURCES

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985					
TOTAL		-	30	-	TOTAL	WR	39,200	67,800	49,000
CONSULTANT DAYS	WR	-	30	-	PERSONNEL - CONSULTANTS		-	8,400	-
TOTAL		12	20	15	SUPPLIES AND MATERIAL		4,000	9,400	4,000
					FELLOWSHIPS		13,200	28,000	27,000
					COURSES AND SEMINARS		22,000	22,000	18,000
FELLOWSHIP MONTHS	WR	12	20	15					

PERU - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	17,780
Area (in thousand square kilometers)	1980	1,285
Cultivated land (in thousand hectares)	1979	3,000
<u>Health Indicators:</u>		
Life expectancy at birth	1979	58.2
Death rate per 1,000 population	1979	11.1
Infant mortality rate per 1,000 live births	1979	95.0
Death rate 1-4 years, per 1,000 population	1979	12.8
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1973	24.3
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1973	25.9
Number of physicians per 10,000 population	1979	6.8
Number of hospital beds per 1,000 population	1979	1.9
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	43.0
Percentage of population 55 years and over	1979	7.7
Rate of natural increase per 1,000 population	1979	27.7
Fertility rate per 1,000 women 15-44 years of age	1979	181
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1972	41
Percentage of population with access to potable water	1978	48
Per capita calories per day	1972-1974	2,322
Per capita protein per day (grams)	1972-1974	61
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	176,816
- in United States dollars	1979	705
Percentage of GDP from secondary sector (manufacturing and building)	1979	29
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	1979	42
<u>Educational Indicators:</u>		
Percentage of literate population	1977	77
Percentage of population 5-14 years enrolled in primary schools** (a)	1977	72
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	70
Percentage of population 20-29 years enrolled in university**	1977	12

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

(a) Includes pre-school, 191,100

PERU - COUNTRY STATEMENT

Since taking power on 28 July 1980, the Constitutional Government has faced a health situation in deterioration, characterized by the unequal distribution of scarce resources. According to socioeconomic studies (R. Webb and Figueroa in particular), income is concentrated in the hands of a minority group within the population, which constitutes the modern sector of Peruvian society. In this dual society, the income of the traditional or marginal sector is low, sometimes below the vital minimum salary (currently some \$65.00 a month). The health expenditure of the principal elements of the sector (Ministry, Social Security, and Armed Forces) is continuing its former tendency of meeting the needs of a mainly urban minority whose members have relatively high incomes. The objective of the Constitutional Government is to provide health services to the great majority of the population that is marginalized and poor, moving the focus away as much as possible from the minority sectors that already have what is considered within the national context to be adequate medical care. In order to achieve this objective, three main goals are proposed for the medium term: to decrease morbidity and mortality, especially among children; to promote the care of the mother-child unit, and to improve health services and extend their coverage. In order to fulfill these goals, simple methods will be used, and the process will be expedited as much as possible.

Health care will be carried out at four levels: (a) First level: through a strategy of primary care based on the pioneer experience of the "Rijcharys" of Núñez Butrón in the 1930-1940 decade. ("Rijchary" means "awakeners" in Quechua, and was the name that Dr. Núñez Butrón gave the first health promoters in Peru); (b) Second level: will consist of "health centers", and this generic term can refer to a health post or a small hospital; it should be an outpatient establishment which covers at least 80% of all care needs. It will be occupied by young physicians trained in the doctrine of "Rijcharismo" and in community development. Medical volunteers will be used in these centers for the specializations of pediatrics, obstetrics, and gynecology; (c) Third level: general hospitals, of which there are already many in the country; they will be used to provide care to patients referred from the health centers. These hospitals can operate without major changes; (d) Fourth level: highly specialized care, in which a single center contains all resources used in detailed specializations; a referral hospital can serve as a point of integration for the institutions of the sector.

The Ministry of Health faces a very serious managerial crisis, which calls for extensive and vigorous reorganization in that institution. The extent of budgetary problems becomes clear when one realizes that the Ministry's budget for 1980 accounts for 4% of the general budget of the nation, with a very low proportion assigned to goods and services, which partly explains the hospital crisis. For 1981, a budget of 142,387,600 soles has been requested; the possibility that this proposal will be accepted is doubtful in view of the country's economic problems and the Ministry of Health's low capacity for expenditure. It is hoped that by 1981 the resources of the National Health and Social Welfare Fund will be recovered.

The Peruvian Social Security Institute (IPSS) was created in 1979 as an autonomous entity headed by a Directing Council. This Institute faces problems similar to those of the Ministry of Health and the other Government agencies.

Available resources account for 15% of the salaries and wages from the State, and from employers and workers; 7.5% is assigned to health, and the other 7.5% to retirement pensions. In 1979 revenue came to 90,000,000 soles, 50% of which was allocated for the provision of health care, 40% for pensions, and 10% for institutional investments. In 1980 revenue is expected to amount to 128,000,000,000 soles. The increase reflects the rise in salaries and wages and an improvement in tax collection. It is estimated that tax evasion is at 40%.

Traditional institutional policy has not been geared to resolving comprehensive health problems, but to treating disease. In order to correct this situation, it has been proposed that the efforts of the IPSS and the Ministry of Health be coordinated in order to develop a complementary health policy that helps to solve the problems of disease and to improve health.

The population for 1980 is estimated at 17,779,500 inhabitants, distributed among the three large regions (coast, mountains, and jungle) which cover an area of 1,285,215 square kilometers. The death rate per 1,000 population in 1979 was calculated at 11.1, and infant mortality was 95 per 1,000 live births. In 1978, Decree-Law No. 22365 established the National System of Health Services, whose purpose is to coordinate the plans and programs of health services at the central, regional, and local level.

The system consists of the Ministry of Health, the IPSS, the Health Units of the Armed Forces and of the Ministry of the Interior, and the private sector. The private sector brings together the medical departments of the agrarian production cooperatives, the "Sociedades agrarias de interés social", and the private enterprises, and also includes private hospitals and physicians in private practice.

In planning, programming, and general health activities, it is considered important to take measures to organize and operate a National System of Coordinated Health Services that will ensure all Peruvians access to adequate, timely, and continuous coverage, in keeping with the social and economic development of the country.

The health organization of the Ministry of Health is divided up into 17 administrative areas; administrative functions tend to be decentralized, while policy-making is centralized.

In the program area of the development of health services, actions are being directed toward enhancing the effectiveness and efficiency of services through the reorganization of the administrative system of the Ministry at all levels, the upgrading of equipment in the health establishments, and the provision of a regular supply of essential drugs of good quality at low cost, as well as of other inputs necessary for the effective operation of the services. A managerial commission for operational coordination will be entrusted with the task of implementing effective mechanisms for coordination between the Ministry of Health, the IPSS, and other institutions of the health sector.

The Government's plan for achieving the proposed coverage goals is to promote the strategy of primary health care, an action intended to encourage the population to take responsibility for meeting its own most basic health and environmental sanitation needs, with emphasis on drinking water and drainage; accordingly, authorities have formulated the National Plan for Support of Primary Health Care, which promotes activities in the home and in the community, and determines the functions and the organization of the other levels of the National System of Health Services. In 1977 there was a total of 393,812 hospital discharges, which implies an annual rate of three discharges per 100 inhabitants. In the same year 275,476 hospitalizations were reported for the establishments of the Ministry of Health, with an average stay of 9.3 days.

In 1977 6,656,861 medical consultations were registered in the reporting establishments, which account for 96.3% of all establishments; the greatest demand came from the age group over five years of age (5.3% in 1944, 6.2% in 1972 and 5.8% in 1977). In 1978 there were 28,934 beds, 330 hospitals, 548 health centers, and 1,230 health posts, of which the Ministry of Health administers 107 hospitals, 403 health centers, and 1,154 health posts. The rest of the establishments are the responsibility of Social Security, welfare agencies, the Armed Forces, agrarian cooperatives, and other public and private entities.

In the program area of maternal and child health, the situation is unsatisfactory and is characterized by high maternal mortality (30 per 10,000 live births) caused mainly by hemorrhage, sepsis, and toxemia. The overall fertility rate is 5.3 children per woman, with shortly spaced births, pregnancies very early and very late in the fertile period of life are frequent. There is an unsatisfied demand for contraception among an estimated 38.5% of the women of child-bearing age.

The main causes of infant mortality, estimated at 101 per 1,000 live births (1977), are diseases of the respiratory tract, gastroenteritis, and infectious and parasitic diseases. Children under five account for 48.4% of all deaths. Actions to remedy this situation are being developed under a program of comprehensive care seeking to improve maternal and child health and to regulate fertility; it offers a wide range of family planning methods for those who wish to use them. Priority is assigned to care during pregnancy, delivery, and puerperium; the detection of uterine and breast cancer; and family planning. In services for children, emphasis is placed on care for nursing infants and preschool and schoolchildren, and on the improvement of maternal and child nutrition, the reduction of diseases preventable by vaccination, and gastroenteritis.

The country faces a serious food and nutrition problem. Energy protein malnutrition affects 44% of all children under the age of six. The prevalence of endemic goiter is 23% in the mountains and 29% in the jungle. In women of child-bearing age, the prevalence of hypoferric anemia is 33%. The nutrition problem has multisectoral implications, and this is the standpoint from which the country views its solution, not as the responsibility of one sector alone, but as requiring the participation of the private sector, the community, and other development sectors. It is hoped that in this way a policy of food and nutrition can be framed which establishes a program to formulate actions regarding the production and distribution of foods as well as food quality and its biological use. Twenty-five percent of the population has a physical handicap that requires rehabilitative care and, as a result, actions in this field are being directed toward providing services to deal with locomotor disabilities, toward developing graduate-level courses on orthoses and prostheses, and toward promoting scientific research and development of national technology in order to find the optimal solution to the problems of inputs and the manufacture of prostheses.

Priority programs in the control of communicable and noncommunicable diseases and zoonoses include the programs for malaria, tuberculosis, Chagas' disease, diseases preventable by vaccination, and acute diarrhea; those for noncommunicable diseases focus on the control of arterial hypertension and rheumatic fever. In addition, this program area includes programs for zoonoses, particularly for the control of brucellosis, foot-and-mouth disease, rabies, and hydatidosis; it also includes laboratory services and cooperation with the National Health Institutes.

Communicable, infectious, and parasitic diseases rank first among the causes of death, affecting in particular children under five; within this group the importance of acute diarrhea, acute pulmonary infections, and the diseases covered by the Expanded Program on Immunization (whooping cough and measles) should be noted.

Tuberculosis, with an estimated incidence of 108 per 100,000 population, has a heavy impact on the population from 15 to 35 years of age. In recent years an increase in the incidence of malaria has been observed as a result of administrative problems rather than technical ones; new land settlement areas in the north of the country are very receptive. Although the eradication of *Aedes aegypti* has been maintained, triatoma infestation is on the increase in the southern area of the country. There is an endemic plague focus in the north and endemic leprosy foci in the eastern and southeastern regions. Epidemic outbreaks of yellow fever, exanthematous typhus, leishmaniasis, and hepatitis have been registered.

Several Government programs are directed toward solving these public health problems. The Ministry has established norms for operational activities within the programs for the control of tuberculosis and rheumatic fever, and for rehydration in acute diarrhea; at the same time standards have been established for the Expanded Program on Immunization.

In recent years, these programs, as well as the program for malaria control, have received strong support in the form of outside assistance, especially from the World Bank, which has led to an improved organization of services and a regular supply of the necessary inputs. This program has high priority in the attainment of the first goal of the health plan to diminish child morbidity and mortality. Noncommunicable diseases, particularly hypertension and rheumatic fever, are the focus of projects still limited to the urban areas; however, plans are being made to program primary prevention activities for rheumatic fever at the peripheral levels of care through the standardization of the program.

Control of the most important zoonoses is being achieved through upgrading diagnostic techniques, research, and epidemiologic surveillance, as well as enhancing the quality and quantity of biologicals and strengthening projects for control in the field.

The program for the control of foot-and-mouth disease is particularly significant within the hemispheric program, because from an epidemiological standpoint, in Peru the elimination of this disease in the medium term is feasible. Laboratory and field activities carried out in the Ministry of Agriculture and Food and the Ministry of Health, as well as through the technical cooperation of PAHO/WHO, are working toward that objective.

The objective of the program of laboratory services is to define a national policy which includes laboratories and blood banks and involves preparing standards for the strengthening and expansion of services, adapting laboratories to the new regionalized organization, and conducting applied research. The National Health Institutes are the referential framework and the center of the laboratory system; they also assume some regulatory functions in technical standardization, and act as a reference center. In addition, they are responsible for the production and control of biologicals and vaccines, and they carry out activities related to the training of human resources and health research. In the program area of training of human resources and research, steps are being taken to promote manpower planning at the level of the Ministry of Health; training in health administration at the university level and at the School of Public Health; improvement of the undergraduate curricula in preparation for dentistry, medicine, nursing, sanitary engineering, and veterinary medicine; and training of technical and auxiliary personnel. Special attention is being given to the training program in supervision of health services and continuing education; to the introduction of modern teaching methods; and to the improvement of the system of information and scientific biomedical documentation. The Peruvian university system has eight academic programs in human medicine, five in dentistry, five in veterinary medicine, and three in pharmacy and biochemistry. There are nine schools for university-level nursing preparation, twelve technical-level nursing programs, two programs for midwives, and a program in sanitary engineering. PAHO/WHO, under its program of technical cooperation with the Government of Peru, is planning activities for the promotion and strengthening of academic programs in the health sciences and for the conduct of programs of teaching-service integration.

In 1975 the Civil Service of Health Science Graduates was founded in the country. Following a student's academic training, it requires him to perform compulsory service in any area of the country needing his help. As of December 1979 some 10,000 graduates in medicine, dentistry, obstetrics, nursing, and pharmacy have provided services in distant communities of the urban centers for periods ranging from 6 to 12 months. This Civil Service of Graduates has already been extended to the housing sector and plans are also underway to expand it to food and engineering. Under legal provisions issued in 1980, the Civil Service of Graduates will be transformed into a Rural Medical Service.

Special emphasis has been given to the "Rijchary" training of health aids and health promoters within the training program promoted by the health regions for both current and new personnel; through these programs, updated information has supplemented the knowledge of 2,500 health aids between 1973 and 1979.

PERU - NATIONAL HEALTH PROGRAMS

Control of Communicable, Noncommunicable
and Zoonotic Diseases
Maternal and Child Health and Family Welfare
Development of Health Services
Environmental Health
Manpower Development and Research

PERU - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	1,437,850	52.5	2,872,190	75.8	2,431,600	68.1
SERVICES TO INDIVIDUALS	1,055,808	38.6	2,509,190	66.1	1,995,500	56.0
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	191,112	7.0	242,900	6.4	303,800	8.5
0200 MALARIA	62,600	2.3	83,400	2.2	101,200	2.8
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	687,544	25.2	2,092,990	55.1	1,500,000	42.1
1400 NUTRITION	-	-	21,000	.6	7,200	.2
1500 MENTAL HEALTH	77,752	2.8	20,200	.7	30,600	.9
1600 DENTAL HEALTH	11,500	.4	16,000	.4	20,600	.6
1700 CHRONIC DISEASES	25,300	.9	26,700	.7	32,100	.9
ENVIRONMENTAL HEALTH SERVICES	244,400	8.9	319,500	8.5	382,300	10.6
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	169,700	6.2	227,100	6.0	268,500	7.5
2100 WATER SUPPLY AND EXCRETA DISPOSAL	13,600	.5	25,100	.7	33,600	.9
3300 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH ZOOSES	61,100	2.2	67,300	1.8	80,200	2.2
COMPLEMENTARY SERVICES	137,642	5.0	43,500	1.2	53,800	1.5
4100 NURSING	85,400	3.1	-	-	-	-
4200 LABORATORIES	39,042	1.4	33,900	.9	41,600	1.2
4500 REHABILITATION	13,200	.5	9,600	.3	12,200	.3
II. DEVELOPMENT OF THE INFRASTRUCTURE	1,300,500	47.5	922,400	24.2	1,138,100	31.9
HEALTH SYSTEMS	1,065,300	39.0	593,000	15.5	735,400	20.6
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	16,800	.6	25,400	.7	28,200	.8
5100 GENERAL PUBLIC HEALTH SYSTEMS	764,200	28.0	418,500	10.9	502,500	14.1
5200 MEDICAL CARE SYSTEMS	38,300	1.4	69,300	1.8	96,700	2.7
5400 STATISTICS AND INFORMATION SYSTEMS	38,400	1.4	-	-	-	-
5500 MANAGEMENT SYSTEMS	207,600	7.6	79,800	2.1	108,000	3.0
DEVELOPMENT OF HUMAN RESOURCES	185,400	6.7	265,300	7.0	326,100	9.2
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	15,800	.6	35,000	.9	56,900	1.6
6100 PUBLIC HEALTH	50,500	1.8	62,300	1.6	100,000	2.8
6200 MEDICINE	29,500	1.1	48,200	1.3	39,000	1.1
6300 NURSING	52,900	1.9	66,900	1.8	70,900	2.0
6400 ENVIRONMENTAL SCIENCES	10,600	.4	13,600	.4	16,900	.5
6500 VETERINARY MEDICINE	8,700	.3	15,600	.4	12,000	.3
6600 DENTISTRY	17,400	.6	24,300	.6	30,400	.9
PHYSICAL RESOURCES	25,300	.9	35,000	.9	43,600	1.2
7400 MAINTENANCE OF HEALTH CARE FACILITIES	25,300	.9	35,000	.9	43,600	1.2
TECHNOLOGICAL RESOURCES	24,500	.9	28,500	.8	33,000	.9
8700 OTHER TECHNOLOGICAL RESOURCES	24,500	.9	28,500	.8	33,000	.9
GRAND TOTAL	2,738,350	100.0	3,794,590	100.0	3,569,700	100.0

PERU - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHU--PR	1,043,800	96	72	850	539,300	24,000	114	119,800	185,400	98,300	77,000	-
PG	14,054	-	-	-	-	-	12	13,042	-	1,012	-	-
WHD---WR	488,300	24	-	286	135,100	4,000	56	58,800	174,900	96,000	19,500	-
WF	56,952	-	-	-	6,000	-	-	-	6,536	10,000	-	34,416
WT	447,700	24	-	180	138,500	4,000	16	60,300	-	241,300	-	3,600
WP	687,544	15	-	-	244,120	3,980	10	78,441	-	176,060	-	184,943
TOTAL	2,738,350	159	72	1316	1,063,020	35,930	208	330,383	366,836	622,672	96,500	222,959
PCT. OF TOTAL	100.0				38.8	1.3		12.1	13.4	22.7	3.5	8.2
1982-1983												
PAHU--PR	1,204,200	72	48	640	594,300	22,300	190	266,000	199,600	93,600	28,400	-
WHD---WR	497,400	24	-	275	197,100	6,500	38	53,200	141,200	74,600	24,800	-
WP	2,092,990	24	-	200	455,720	-	10	242,800	-	880,270	-	514,200
TOTAL	3,794,590	120	48	1115	1,247,120	28,800	238	562,000	340,800	1,048,470	53,200	514,200
PCT. OF TOTAL	100.0				32.9	.8		14.8	9.0	27.6	1.4	13.5
1984-1985												
PAHU--PR	1,464,200	72	48	750	770,700	25,100	181	325,800	220,000	99,100	23,500	-
WHD---WR	605,500	24	-	325	267,400	7,000	39	70,200	143,600	90,200	27,100	-
WP	1,500,000	12	-	80	237,350	-	5	184,000	-	756,450	-	322,200
TOTAL	3,569,700	108	48	1155	1,275,450	32,100	225	580,000	363,600	945,750	50,600	322,200
PCT. OF TOTAL	100.0				35.7	.9		16.3	10.2	26.5	1.4	9.0

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 PERU - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA IV CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
PROGRAM PLANNING AND GENERAL ACTIVITIES					290	212,180	290	257,150	290	284,810
PR	AREA IV	AREA REPRESENTATIVE	.0294	D-1						
DISEASE PREVENTION AND CONTROL					300	52,690	300	57,340	300	64,680
PR	AMRO-4340	EPIDEMIOLOGIST	.2028	P-4						
FAMILY HEALTH					370	51,240	370	69,760	250	55,650
UNFPA	AMRO-1340	MEDICAL OFFICER (MCH)	4.3700	P-4						
WR	AMRO-1440	NUTRITION ADVISOR	4.0877	P-4						
ENVIRONMENTAL HEALTH SERVICES					180	32,950	-	-	-	-
PR	AMRO-2940	SANITARY ENGINEER	.4266	P-5						
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					300	45,400	300	57,790	300	65,210
WR	AMRO-3140	VETERINARIAN	4.3088	P-4						
COMPLEMENTARY SERVICES					240	38,370	240	47,020	240	52,970
PR	AMRO-4140	NURSE ADMINISTRATOR	.0893	P-4						
DEVELOPMENT OF HEALTH SERVICES						32,170		18,470		24,000
PR	AMRO-5140	CONSULTANTS, LOCAL STAFF, COURSES AND SEMINARS, FELLOWSHIPS, GRANTS								
DEVELOPMENT OF HUMAN RESOURCES					760	118,990	760	146,280	760	164,450
PR, WR	AMRO-6040	MEDICAL EDUCATOR NURSE EDUCATOR	4.3401 4.4046	P-5 P-4						
TOTAL					2,440	583,990	2,260	653,810	2,140	711,770
					=====	=====	=====	=====	=====	=====

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
PERU-0200, MALARIA ERADICATION									
TOTAL		-	30	30	TOTAL	PR	62,600	83,400	101,200
CONSULTANT DAYS	PR	-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
TOTAL		12	13	16	SUPPLIES AND MATERIAL		43,000	49,800	50,300
FELLOWSHIP MONTHS	PR	12	13	16	FELLOWSHIPS		12,600	18,200	28,800
					COURSES AND SEMINARS		7,000	7,000	10,000
PERU-1700, CANCER CONTROL									
TOTAL		30	30	30	TOTAL	WR	25,300	26,700	32,100
CONSULTANT DAYS	WR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
					SUPPLIES AND MATERIAL		10,000	6,000	12,000
					COURSES AND SEMINARS		11,300	12,300	8,000

FAMILY HEALTH

Priority has been placed on the Program of Maternal and Child Health Care and Population. This program is developing with a large financial contribution from UNFPA; it is directed toward strengthening the technical and administrative infrastructure and the operational capacity of services in order to expand its coverage.

Maternal and child care activities are focused on the control of risks connected with the reproductive cycle, the prevention of avoidable injuries in the infant population, and the provision of integrated educational and medical services that will enable couples to decide freely on the size of their families and the spacing of their children. Actions are also being taken for the early diagnosis of uterine and breast cancer.

In the field of nutrition, actions are being directed toward four priority areas: intersectoral coordination, promotion of the cultivation and consumption of local foods, adequate nutrition for mothers and children within the framework of primary health care, coverage of specific unattended needs, and training of human resources.

In mental health, studies are progressing on the epidemiology and clinical effects of drug addiction. The training of human resources in the field of child psychiatry is also being carried out.

Dental health activities are directed toward promoting the maintenance of dental equipment and toward training human resources for primary dental health care. These are considered to be mechanisms that contribute to the improvement of dental and stomatological services. In addition, fluorine is still being provided to various water treatment plants.

PERU-1301, HEALTH AND POPULATION									
TOTAL		15	24	12	TOTAL	UNFPA	188,520	2,092,990	1,500,000
P-4 MEDICAL OFFICER (MCH) 4.5027	UNFPA	15	24	12	PERSONNEL - POSTS		59,260	118,150	71,950
					ADMIN. SUPPORT PERSONNEL		5,282	28,350	16,300
					LOCAL PERSONNEL COSTS		34,693	255,220	119,500
					PERSONNEL - CONSULTANTS		-	54,000	29,600
TOTAL		-	200	80	STAFF DUTY TRAVEL		3,980	-	-
CONSULTANT DAYS	UNFPA	-	200	80	SUBCONTRACTS		32,343	429,200	278,200
					MISCELLANEOUS COSTS		6,600	85,000	44,000
TOTAL		6	10	5	CONTRACEPTIVES		-	268,400	209,900
FELLOWSHIP MONTHS	UNFPA	6	10	5	EXPENDABLE EQUIPMENT		-	165,000	70,000
					NON-EXPENDABLE EQUIPMENT		8,621	446,870	676,550
					FELLOWSHIPS		7,060	13,800	8,000
					GROUP TRAINING		30,681	229,000	176,000

PERU-1302, MATERNAL AND CHILD HEALTH AND POPULATION (NORWEGIAN TRUST FUND)									
TOTAL		4	-	-	TOTAL	UNFPA	499,024	-	-
FELLOWSHIP MONTHS	UNFPA	4	-	-	ADMIN. SUPPORT PERSONNEL		8,100	-	-
					OTHER PERSONNEL COSTS		138,785	-	-
					LOCAL TRAVEL COSTS		13,000	-	-
					SUBCONTRACTS		118,000	-	-
					MISCELLANEOUS COSTS		15,000	-	-
					CONTRACEPTIVES		66,533	-	-
					EXPENDABLE EQUIPMENT		25,000	-	-
					NON-EXPENDABLE EQUIPMENT		75,906	-	-
					FELLOWSHIPS		4,000	-	-
					GROUP TRAINING		36,700	-	-

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
PERU-1400, NATIONAL PROJECT ON FOOD AND NUTRITION									
TOTAL		-	15	4	TOTAL	PR	-	21,000	7,200
FELLOWSHIP MONTHS	PR	-	15	4	FELLOWSHIPS		-	21,000	7,200
PERU-1500, MENTAL HEALTH									
TOTAL		30	30	30	TOTAL	WR	20,800	26,200	30,600
CONSULTANT DAYS	WR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
					SUPPLIES AND MATERIAL		1,800	2,200	8,500
					COURSES AND SEMINARS		15,000	15,600	10,000
PERU-1501, EPIDEMIOLOGICAL STUDY OF DRUG ABUSE									
				TOTAL	WF	56,952	-	-	-
				TEMPORARY STAFF		6,000	-	-	-
				CONTRACTUAL SERVICES		16,916	-	-	-
				GENERAL OPERAT. EXPENSES		17,500	-	-	-
				SUPPLIES AND MATERIAL		10,000	-	-	-
				COURSES AND SEMINARS		6,536	-	-	-
PERU-1600, ORAL HEALTH									
TOTAL		30	30	30	TOTAL	WR	11,500	16,000	20,600
CONSULTANT DAYS	WR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
					SUPPLIES AND MATERIAL		3,100	3,200	3,600
					COURSES AND SEMINARS		4,400	4,400	4,900

ENVIRONMENTAL HEALTH SERVICES

A group of institutions, represented by the Ministries of Health and Housing and Construction, the Water Supply and Sewerage Enterprises of Lima, Trujillo and Arequipa, and the National University of Engineering will participate in programs for the strengthening of activities connected with basic sanitation and the control of environmental hazards and pollution.

In technical cooperation, priority has been assigned to increasing both the coverage and quality of water supply services and services for the disposal of excreta and liquid waste in urban areas, rural areas, and urban shantytowns. The steadily worsening problems of urban sanitation and of the collection and final disposal of solid waste are another area of work and still await a solution.

Cooperation will continue to be provided in the preparation of plans and programs for the protection of natural resources, and especially the control of water and air pollution. The industries of the country, particularly the mining, steel and petrochemical industries, must establish joint efforts with the agencies responsible for environmental contamination programs if pollution is to be controlled and the resources of the country preserved. Support will be provided to the Institute of Occupational Health for its programs, including the control of radiation and air pollution.

The national capacity to formulate, implement and execute the Ten-Year Water Supply and Sanitation Plan 1981-1990 will be strengthened, and programs for the preservation of water and air quality will be continued. Through the fellowships program and visits to other countries for observation, and through the holding of seminars in the country, the establishment of a national plan for manpower planning, utilization and development required for the sector will be promoted.

Priority has been assigned to basic sanitation within projects for the extension of coverage, based on primary health care services and community participation in the different health regions of the country. The cooperation of CEPIS and ECO within the environmental health programs in the country has been considered in several components.

PERU-2000, ENVIRONMENTAL SANITATION

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
TOTAL		24	24	24	TOTAL	PR	134,100	180,600	209,500
P-4 SANITARY ENGINEER .0581	PR	24	24	24	PERSONNEL - POSTS		96,600	120,100	136,300
					PERSONNEL - CONSULTANTS		16,200	33,600	44,300
					STAFF DUTY TRAVEL		7,700	9,500	10,900
TOTAL		120	120	110	FELLOWSHIPS		12,600	15,400	18,000
CONSULTANT DAYS	PR	120	120	110	COURSES AND SEMINARS		1,000	2,000	
TOTAL		12	11	10					
FELLOWSHIP MONTHS	PR	12	11	10					

PER

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
PERU-2001, ENVIRONMENTAL POLLUTION AND OCCUPATIONAL HEALTH								
TOTAL		60	60	60	TOTAL	PR 35,600	46,500	59,000
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200
TOTAL		18	11	10	SUPPLIES AND MATERIAL	4,400	7,300	6,800
FELLOWSHIP MONTHS	PR	18	11	10	FELLOWSHIPS	18,900	15,400	18,000
					COURSES AND SEMINARS	4,200	7,000	10,000
PERU-2100, WATER SUPPLIES								
TOTAL		-	60	60	TOTAL	WR 13,600	25,100	33,600
CONSULTANT DAYS	WR	-	60	60	PERSONNEL - CONSULTANTS	-	16,800	24,200
TOTAL		6	3	4	SUPPLIES AND MATERIAL	2,300	-	-
FELLOWSHIP MONTHS	WR	6	3	4	FELLOWSHIPS	6,300	4,200	7,200
					COURSES AND SEMINARS	5,000	4,100	2,200

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

The Government, through the Ministries of Health and Agriculture and Food, has been assigning special importance to the control of certain animal diseases that have a major impact on public health and on the livestock economy of the country. Of the zoonoses of greatest impact are rabies, brucellosis, hydatidosis, bovine tuberculosis and Venezuelan equine encephalitis. Control of foot-and-mouth disease continues to be a priority program.

Under the program for the control of rabies, activities have been extended to the urban and rural areas of the country, where there is a varying incidence of the disease.

The program for brucellosis control continues to be successful in the Departments of Lima and Ica and mainly involves the vaccination of goats. The program for hydatidosis control has extended its scope of action to other affected areas in the Central Sierra.

Special priority has been granted to the program for the control of foot-and-mouth disease, which is the animal disease with the greatest impact on meat and milk production. Activities for the control of this disease are very advanced, and there are areas in which there has been no case of the disease for several years.

PAHO/WHO is cooperating with the Government in the development of programs for the control of the above-mentioned diseases by providing technical advisory services and elements of support for them through its regional, area and country resources, and with the important participation of PANAPTOSA and CEPANZO.

PERU-3300, RABIES CONTROL

TOTAL		4	5	5	TOTAL	WR 26,500	24,000	28,500
FELLOWSHIP MONTHS	WR	4	5	5	SUPPLIES AND MATERIAL	13,700	8,000	9,000
					FELLOWSHIPS	4,200	7,000	9,000
					COURSES AND SEMINARS	8,600	9,000	10,500

PERU-3301, HYDATIDOSIS CONTROL

TOTAL		2	3	4	TOTAL	WR 19,100	23,600	28,100
FELLOWSHIP MONTHS	WR	2	3	4	SUPPLIES AND MATERIAL	10,300	10,900	12,900
					FELLOWSHIPS	2,100	4,200	7,200
					COURSES AND SEMINARS	6,700	8,500	8,000

PERU-3302, BRUCELLOSIS CONTROL

TOTAL		4	3	4	TOTAL	WR 15,500	19,700	23,600
FELLOWSHIP MONTHS	WR	4	3	4	SUPPLIES AND MATERIAL	6,300	9,000	10,400
					FELLOWSHIPS	4,200	4,200	7,200
					COURSES AND SEMINARS	5,000	6,500	6,000

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

COMPLEMENTARY SERVICES

Due to the current centralization of diagnostic laboratory services, it is considered necessary to promote the establishment of a national network of diagnostic laboratories on a scale of growing complexity consistent with the four levels of care promoted by the Ministry.

The first stage involves utilization of a system of inservice training of laboratory auxiliaries. It focuses primarily on the microscopic diagnosis of tuberculosis and malaria, in addition to simple blood and stool examinations. At the national level a central reference laboratory for tuberculosis is being established.

Within the health programs, actions are being carried out in the area of disability prevention and rehabilitation. Disability affects health, education and work: in children, it detracts from their education, and in adults, it causes problems that translate into underemployment and unemployment with their consequent implications for the economy of the country.

Actions in the field of rehabilitation are directed toward upgrading the systems for the programming of rehabilitative services and promoting the development of national technology in order to seek the best solution to the country's problems with respect to inputs and the manufacture of prostheses and orthosis.

PERU-4200, LABORATORY SERVICES

TOTAL		60	30	30	TOTAL	WR	26,000	33,900	41,600
CONSULTANT DAYS	WR	60	30	30	PERSONNEL - CONSULTANTS		8,100	8,400	12,100
					SUPPLIES AND MATERIAL		11,200	12,900	10,300
TOTAL		-	4	4	FELLOWSHIPS		-	5,600	7,200
					COURSES AND SEMINARS		6,700	7,000	12,000
FELLOWSHIP MONTHS	WR	-	4	4					

PERU-4201, NATIONAL HEALTH LABORATORIES

TOTAL		12	-	-	TOTAL	PG	13,042	-	-
FELLOWSHIP MONTHS	PG	12	-	-	FELLOWSHIPS		13,042	-	-

PERU-4500, REHABILITATION

TOTAL		30	-	-	TOTAL	PR	13,200	9,600	12,200
CONSULTANT DAYS	PR	30	-	-	PERSONNEL - CONSULTANTS		4,000	-	-
					SUPPLIES AND MATERIAL		2,900	-	-
TOTAL		-	2	2	FELLOWSHIPS		-	2,800	3,600
					COURSES AND SEMINARS		6,300	6,800	8,600
FELLOWSHIP MONTHS	PR	-	2	2					

DEVELOPMENT OF HEALTH SERVICES

In the program area of development of health services, actions are being directed toward improving the effectiveness and efficiency of the services through reorganization of the administrative system at all levels of the Ministry, through the upgrading of equipment in health establishments, and through provision of a regular supply of essential drugs of good quality at low cost, as well as of other inputs necessary for the effective operation of services. A managerial commission for operational coordination will be entrusted with the task of implementing effective mechanisms for coordination between the Ministry of Health, the Peruvian Social Security Institute, and other health sector institutions.

To achieve the proposed coverage goals, the Government plan is promoting the strategy of primary health care, an action intended to encourage the population to take responsibility for meeting its own most basic health and environmental sanitation needs, with emphasis on drinking water and drainage; accordingly, authorities have formulated the National Plan for Support of Primary Health Care, which promotes activities in the home and in the community, and determines the functions and the organization of the other levels of the National System of Health Services.

PERU-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		24	24	24	TOTAL	PR	16,800	25,400	28,200
G-8 ADMINISTRATIVE ASSISTANT	PR	24	24	24	PERSONNEL - POSTS		16,800	25,400	28,200

PER

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985	
	FUND	1981	1983	1985			\$	\$	
PERU-5101, DEVELOPMENT OF HEALTH SERVICES IN THE EASTERN REGION (IQUITOS)									
TOTAL		<u>24</u>	<u>-</u>	<u>-</u>	TOTAL	UNDP	<u>262,000</u>	<u>-</u>	<u>-</u>
P-4 PROJECT MANAGER 4.4522	UNDP	24	-	-	PERSONNEL - POSTS		116,500	-	-
					STAFF DUTY TRAVEL		4,000	-	-
					MISCELLANEOUS COSTS		2,100	-	-
TOTAL		<u>7</u>	<u>-</u>	<u>-</u>	MISCELLANEOUS EQUIPMENT		98,100	-	-
FELLOWSHIP MONTHS	UNDP	7	-	-	FELLOWSHIPS		7,800	-	-
					GROUP TRAINING		33,500	-	-
PERU-5102, DEVELOPMENT OF HEALTH SERVICES IN THE NORTHWEST REGION (PIURA)									
					TOTAL	WR	<u>9,500</u>	<u>-</u>	<u>-</u>
					COURSES AND SEMINARS		9,500	-	-
PERU-5103, DEVELOPMENT OF HEALTH SERVICES IN THE SOUTHERN HIGHLANDS (PUNO)									
TOTAL		<u>48</u>	<u>-</u>	<u>-</u>	TOTAL		<u>205,200</u>	<u>-</u>	<u>-</u>
P-4 MEDICAL OFFICER 4.3517	WR	24	-	-	SUBTOTAL	PR	<u>85,400</u>	<u>-</u>	<u>-</u>
P-3 NURSE ADMINISTRATOR .3856	PR	24	-	-	PERSONNEL - POSTS		82,400	-	-
					STAFF DUTY TRAVEL		3,000	-	-
TOTAL		<u>8</u>	<u>-</u>	<u>-</u>	SUBTOTAL	WR	<u>119,800</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	WR	8	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		4,000	-	-
					FELLOWSHIPS		8,400	-	-
					COURSES AND SEMINARS		10,800	-	-
PERU-5104, DEVELOPMENT OF HEALTH SERVICES IN THE SOUTHEAST REGION (CUZCO)									
TOTAL		<u>180</u>	<u>-</u>	<u>-</u>	TOTAL	UNDP	<u>185,700</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	UNDP	180	-	-	ADMIN. SUPPORT PERSONNEL		4,000	-	-
TOTAL		<u>9</u>	<u>-</u>	<u>-</u>	PERSONNEL - CONSULTANTS		18,000	-	-
FELLOWSHIP MONTHS	UNDP	9	-	-	MISCELLANEOUS COSTS		1,500	-	-
					MISCELLANEOUS EQUIPMENT		143,200	-	-
					FELLOWSHIPS		10,000	-	-
					GROUP TRAINING		9,000	-	-
PERU-5105, DEVELOPMENT OF HEALTH SERVICES IN THE CENTRAL REGION (HUANCAYO)									
					TOTAL	PR	<u>10,800</u>	<u>-</u>	<u>-</u>
					SUPPLIES AND MATERIAL		5,400	-	-
					COURSES AND SEMINARS		5,400	-	-
PERU-5106, DEVELOPMENT OF HEALTH SERVICES IN THE SOUTHWEST REGION (AREQUIPA)									
TOTAL		<u>30</u>	<u>30</u>	<u>30</u>	TOTAL	PR	<u>11,500</u>	<u>30,400</u>	<u>38,300</u>
CONSULTANT DAYS	PR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
TOTAL		<u>-</u>	<u>5</u>	<u>5</u>	FELLOWSHIPS		-	7,000	9,000
FELLOWSHIP MONTHS	PR	-	5	5	COURSES AND SEMINARS		7,500	15,000	17,200
PERU-5107, NATIONAL SYSTEM OF HEALTH SERVICES									
TOTAL		<u>48</u>	<u>48</u>	<u>48</u>	TOTAL		<u>164,900</u>	<u>332,500</u>	<u>375,400</u>
P-5 MEDICAL OFFICER .5315	PR	24	24	24	SUBTOTAL	PR	<u>164,900</u>	<u>205,900</u>	<u>232,100</u>
P-4 MEDICAL OFFICER 4.3517	WR	-	24	24	PERSONNEL - POSTS		123,100	136,300	153,000
G-5 SECRETARY .4089	PR	24	-	-	PERSONNEL - CONSULTANTS		13,630	25,200	60,500
					STAFF DUTY TRAVEL		7,500	6,000	7,000
TOTAL		<u>100</u>	<u>90</u>	<u>150</u>	SUPPLIES AND MATERIAL		3,200	3,600	5,000
CONSULTANT DAYS	PR	100	90	150	FELLOWSHIPS		-	14,000	-
					COURSES AND SEMINARS		6,000	7,100	-
					GRANTS		11,500	13,700	6,600
TOTAL		<u>-</u>	<u>10</u>	<u>-</u>	SUBTOTAL	WR	<u>-</u>	<u>126,600</u>	<u>143,300</u>
FELLOWSHIP MONTHS	PR	-	10	-	PERSONNEL - POSTS		-	120,100	136,300
					STAFF DUTY TRAVEL		-	6,500	7,000

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
							\$	\$	\$
PERU-5109, IMPROVEMENT OF PRIMARY HEALTH CARE									
TOTAL		-	60	60	TOTAL	PR	-	55,600	88,800
CONSULTANT DAYS	PR	-	60	60	PERSONNEL - CONSULTANTS		-	16,800	24,200
TOTAL		-	10	20	FELLOWSHIPS		-	14,000	36,000
FELLOWSHIP MONTHS	PR	-	10	20	COURSES AND SEMINARS		-	24,800	28,600
PERU-5200, MEDICAL CARE									
TOTAL		180	180	180	TOTAL	PR	38,300	69,300	96,700
CONSULTANT DAYS	PR	180	180	180	PERSONNEL - CONSULTANTS		24,300	50,400	72,500
TOTAL		8	9	9	FELLOWSHIPS		8,400	12,600	16,200
FELLOWSHIP MONTHS	PR	8	9	9	COURSES AND SEMINARS		5,600	6,300	8,000
PERU-5400, HEALTH STATISTICS									
TOTAL		120	-	-	TOTAL	PR	38,400	-	-
CONSULTANT DAYS	PR	120	-	-	PERSONNEL - CONSULTANTS		16,200	-	-
					SUPPLIES AND MATERIAL		9,900	-	-
					COURSES AND SEMINARS		12,300	-	-
PERU-5500, MANAGEMENT OF HEALTH SERVICES									
TOTAL		160	-	-	TOTAL	PR	207,600	79,800	108,000
CONSULTANT DAYS	PR	160	-	-	PERSONNEL - CONSULTANTS		21,600	-	-
TOTAL		58	57	60	SUPPLIES AND MATERIAL		20,500	-	-
FELLOWSHIP MONTHS	PR	58	57	60	FELLOWSHIPS		61,000	79,800	108,000
					COURSES AND SEMINARS		51,500	-	-
					GRANTS		53,000	-	-

DEVELOPMENT OF HUMAN RESOURCES

Together with other national university institutions, the Ministry of Health is engaged in a process of training and developing human resources and carrying out research. Special emphasis is being given to programs of training in health administration at the university level and at the Public Health School, the improvement of the undergraduate curricula in preparation for dentistry, medicine, nursing, sanitary engineering and veterinary medicine, and the training of technical and auxiliary personnel. Special attention is being given to the training program in supervision of health services and continuing education, to the introduction of modern teaching techniques, and to the improvement of the information system and scientific and medical documentation.

Within its program of technical cooperation with the Government of Peru, PAHO/WHO is considering activities for the promotion and strengthening of academic programs in the health sciences and the development of programs for teaching-service integration.

PERU-6000, DEVELOPMENT OF HUMAN RESOURCES

TOTAL		-	12	20	TOTAL	PR	15,800	35,000	56,900
FELLOWSHIP MONTHS	PR	-	12	20	FELLOWSHIPS		-	16,800	36,000
					COURSES AND SEMINARS		13,000	14,000	16,000
					GRANTS		2,800	4,200	4,900

PERU-6100, SCHOOL OF PUBLIC HEALTH

TOTAL		40	40	90	TOTAL	WR	50,500	62,300	100,000
CONSULTANT DAYS	WR	40	40	90	PERSONNEL - CONSULTANTS		5,400	11,200	36,300
TOTAL		8	7	12	SUPPLIES AND MATERIAL		8,700	9,300	10,000
FELLOWSHIP MONTHS	WR	8	7	12	FELLOWSHIPS		8,400	9,800	21,600
					COURSES AND SEMINARS		20,000	20,000	20,000
					GRANTS		8,000	12,000	12,100

PER

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
PERU-6200, MEDICAL EDUCATION								
TOTAL		-	10	-	TOTAL	PR 8,700	24,000	12,000
FELLOWSHIP MONTHS	PR	-	10	-	FELLOWSHIPS COURSES AND SEMINARS	-	14,000	-
						8,700	10,000	12,000
PERU-6201, CENTER FOR TRAINING IN PHYSIOLOGY AND PATHOLOGY OF THE HIGHLANDS								
				TOTAL	PR	20,800	24,200	27,000
				SUPPLIES AND MATERIAL		4,700	5,900	7,000
				COURSES AND SEMINARS		6,400	7,800	8,000
				GRANTS		9,700	10,500	12,000
PERU-6300, NURSING EDUCATION								
TOTAL		-	4	-	TOTAL	NR 13,000	20,600	18,000
FELLOWSHIP MONTHS	NR	-	4	-	FELLOWSHIPS COURSES AND SEMINARS	-	5,600	-
						13,000	15,000	18,000
PERU-6301, TRAINING OF HEALTH AUXILIARIES								
				TOTAL	PR	39,900	46,300	52,900
				COURSES AND SEMINARS		39,900	46,300	52,900
PERU-6400, SANITARY ENGINEERING EDUCATION								
TOTAL		6	5	6	TOTAL	10,600	13,600	16,900
FELLOWSHIP MONTHS	PR	6	-	-				
FELLOWSHIP MONTHS	NR	-	5	6	SUBTOTAL	PR 10,600	-	-
					SUPPLIES AND MATERIAL	4,300	-	-
					FELLOWSHIPS	6,300	-	-
				SUBTOTAL	NR	-	13,600	16,900
				SUPPLIES AND MATERIAL		-	6,600	6,100
				FELLOWSHIPS		-	7,000	10,800
PERU-6500, VETERINARY MEDICINE EDUCATION								
TOTAL		-	4	-	TOTAL	NR 8,700	15,600	12,000
FELLOWSHIP MONTHS	NR	-	4	-	FELLOWSHIPS COURSES AND SEMINARS	-	5,600	-
						8,700	10,000	12,000
PERU-6600, DENTAL EDUCATION								
TOTAL		50	40	40	TOTAL	PR 17,400	24,300	30,400
CONSULTANT DAYS	PR	50	40	40	PERSONNEL - CONSULTANTS	6,800	11,200	16,100
					COURSES AND SEMINARS	10,600	13,100	14,300

DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES, AND RESEARCH COORDINATION

The delivery of health services has been inadequate in meeting the real needs of the population; the infrastructure is deficient as regards installations, equipment, maintenance and supplies.

It is considered important to organize and finance a national system of coordinated health services that will ensure all Peruvians access to adequate, timely and continuous service coverage in keeping with social and economic development. Priority is being given to the investment of financial resources in a health program to benefit low-income sectors in order to promote a true policy of investment in human capital and thus to increase the productivity of the population.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985
					\$	\$

Steps are being taken to promote the upgrading and extension of services, and the country has taken into account national public and private funds and the contribution of international cooperation for the financing of these objectives.

PERU-7400, HOSPITAL MAINTENANCE AND ENGINEERING

TOTAL		60	55	55	TOTAL	WR	25,300	35,000	43,600
CONSULTANT DAYS	WR	60	55	55	PERSONNEL - CONSULTANTS		8,100	15,400	22,200
					SUPPLIES AND MATERIAL		5,600	6,500	7,400
					COURSES AND SEMINARS		11,600	13,100	14,000

PERU-8700, TECHNICAL COOPERATION WITH DEVELOPING COUNTRIES

TOTAL	WR	24,500	28,500	33,000
COURSES AND SEMINARS		13,000	15,700	18,000
GRANTS		11,500	12,800	15,000

 SAINT LUCIA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	112
Area (in thousand square kilometers)	1978	.616
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1978	6.3
Infant mortality rate per 1,000 live births	1978	28.0
Death rate 1-4 years, per 1,000 population	1978	6.1
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	9.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	9.9
Number of physicians per 10,000 population	1978	3.6
Number of hospital beds per 1,000 population	1978	3.2
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	47.0
Percentage of population 60 years and over	1978	7.1
Rate of natural increase per 1,000 population	1978	27.0
Fertility rate per 1,000 women 15-44 years of age	1976	204
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1969-1970	60
Percentage of population with access to potable water	. . .	. . .
Per capita calories per day	1972-1974	2,159
Per capita protein per day (grams)	1972-1974	57
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	1,525
- in United States dollars	1977	565
Percentage of GDP from secondary sector (manufacturing and building)	1977	13
Percentage of economically active population in primary sector (agriculture, mining, and quarrying)	1977	44
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools**	1977	83
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1977	31
Percentage of population 20-29 years enrolled in university**	1973	1

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 SAINT LUCIA - COUNTRY STATEMENT

Saint Lucia is an independent country which occupies a central position among the Windward Islands group of the Lesser Antilles. It is approximately 238 square miles, much of which is mountainous. The 1978 estimated population was 112,000 concentrated in two major areas, the south and the northwest. The country is a member of CARICOM, a group of 12 countries in the Caribbean attempting economic integration and also an active member in the East Caribbean Common Market (ECCM), which encompasses seven less-developed countries.

Like other small underdeveloped countries, Saint Lucia is faced with serious problems which affect her ability to thrust forward into self-sustained economic growth. Paramount among these problems are (a) the small size of the domestic market; (b) relatively few and underdeveloped intersectoral linkages and interindustrial transactions; (c) a high ratio of imports to GDP; (d) a relatively large pool of surplus and unskilled labor; and (e) a high birth rate.

Two major goals have been put into the Saint Lucia National Plan. The first, will be to provide adequate employment in all sections for the rapidly increasing and youthful population; and the second will be a goal of prosperity based on balanced economic growth. Specific objectives have been developed within the following coordinated areas: the development of agriculture; the development of industry and tourism; community development and social services with emphasis focused on the rural population; and infrastructural and engineering services. This national plan is based on a five-year time span with emphasis being placed on the development of agriculture, tourism and industry.

Since 1945 the population of Saint Lucia has grown at a steady annual rate of 1.5% despite an emigration of 1.9% annually. This emigration figure is considered by the Government as the most important demographic feature as it is highly age specific (75% in the 15-45 age group) and closely linked with educational attainment. The net annual internal migration to the capital, Castries, of 0.8% is higher than the 0.5% in other ECCM countries. Employment in the last 10 years increased only in the construction and service sectors but did not keep pace with the rapid decline in agricultural employment. Emigration alleviated this strained employment situation and it is projected that in future years there may be little or no net emigration.

The projected labor force is expected to have an average growth rate of 3.2% in the seventies and 2.6% in the eighties. Thus, it is estimated that the labor force will rise from 28,700 in 1970 (28.8% of the population), to 39,400 in 1980 (32.3%), and 51,000 by 1990 (35.9%). These figures make it imperative that the Government place emphasis on job availabilities in agriculture, industry and tourism.

In the area of health care, Saint Lucia now has two general hospitals (198 beds total), a tuberculosis sanatorium (15 beds), plus 149 additional beds at two casualty hospitals and a private hospital. The mental hospital has 168 beds. Thus, there are 557 beds or 5 beds per 1,000 population. In 1971 there was a 92% occupancy rate in the mental hospital and 50% elsewhere.

There are 27 health centers and one nurse training school. In 1977 there were 32 medical doctors and 186 certified nurses. There has been a general improvement in the health of the nation in recent years and dramatic decreases in neonatal death rates per 1,000 live births (24.7 in 1973 to 6.3 in 1976) and death rates per 1,000 in 1-4 year old children (5.7 in 1973 to 2.3 in 1976). Fewer cases of malnutrition were reported. A survey in 1974 revealed that 2% of children under five years of age may be severely undernourished and require urgent treatment. Average calorie intake was 90% and average protein intake 140% of the recommended daily allowance. Schistosomiasis continues to be a problem. The Schistosomiasis Research and Control Center was established jointly by the Government, British Medical Research Council and the Rockefeller Foundation in 1965. The control program has been expanded, but future curtailment may be envisioned with the proposed closure of this Center in the early 1980's.

The reported cases of communicable diseases in 1976 (as compared to 1973) were as follows: measles, 7 (960); gastroenteritis and other diarrheal diseases, 777 (661); influenza, 1,548 (559); schistosomiasis, 232 (362); gonococcal infection, 320 (359); syphilis, 339 (340); whooping cough, 409 (188); tuberculosis, 33 (72); typhoid fever, 16 (36); bacillary dysentery, 32 (12); yaws, 0 (5); diphtheria 0 (3) and poliomyelitis, 0 (1).

Epidemiological surveillance is provided in association with CAREC and is currently being reviewed and upgraded. A standard system for collecting data on all aspects of health has been established.

In addition to the medical doctors and nurses, in 1977 there were (with a rate per 10,000 population) 4 dentists (0.4), 2 veterinarians (0.2), 2 sanitary engineers (0.2), 2 health educators (0.2), 3 field nutritionists (0.25), 44 nursing assistants (4.1), 4 radiographers and 1 x-ray technician (0.4), 11 laboratory technicians (1.0), 20 public health inspectors (2.0) and 3 statistical and medical records personnel (0.3).

The Government is committed to furthering the development of health institutions and services. The aim is to provide basic health care which is easily accessible to all the population, at an acceptable cost under prevailing social and economic conditions. In the five-year national plan, the following specific objectives are noted for health and nutrition: (a) effective communicable disease control through immunization; (b) effective maternal and child care; (c) elimination of malnutrition and an improved nutritional status of the nation; (d) total health care of the sick; (e) effective sanitation control; (f) early establishment of a national health care scheme; and (g) stabilization of population growth through family planning.

Over the past five years the Government's recurrent expenditure on health has been in the order of 7.5% of the total. This is a decrease in the percentage of the total budget spent on health from the 13.7% noted in 1971.

 SAINT LUCIA -- PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	162,270	100.0	115,718	58.3	-	-
SERVICES TO INDIVIDUALS	162,270	100.0	115,718	58.3	-	-
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	162,270	100.0	115,718	58.3	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	-	-	82,800	41.7	110,500	100.0
HEALTH SYSTEMS	-	-	82,800	41.7	110,500	100.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	-	-	82,800	41.7	110,500	100.0
GRAND TOTAL	162,270	100.0	198,518	100.0	110,500	100.0

SAINT LUCIA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL		DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER		
		MONTHS PROF.	LOCAL		CONS. DAYS	AMOUNT					MONTHS	AMOUNT
	\$			\$	\$		\$	\$	\$	\$		
1980-1981												
WP	162,270	-	-	330	94,266	-	13	27,463	-	4,338	-	36,203
TOTAL	162,270	-	-	330	94,266	-	13	27,463	-	4,338	-	36,203
PCT. OF TOTAL	100.0				58.1			16.9		2.7		22.3
1982-1983												
PAHU--PR	82,800	-	-	30	8,400	-	51	71,400	-	3,000	-	-
WP	115,718	-	-	270	71,956	-	1	12,340	-	20,322	-	11,100
TOTAL	198,518	-	-	300	80,356	-	52	83,740	-	23,322	-	11,100
PCT. OF TOTAL	100.0				40.5			42.2		11.7		5.6
1984-1985												
PAHU--PR	110,500	-	-	30	12,100	-	53	95,400	-	3,000	-	-
TOTAL	110,500	-	-	30	12,100	-	53	95,400	-	3,000	-	-
PCT. OF TOTAL	100.0				11.0			86.3		2.7		-

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

SAINT LUCIA - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA		BUDGET ELEMENT	POST NUMBER	GRADE	-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER				UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>										
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1	20	4,010	114	49,340	114	58,060
		ADMINISTRATIVE OFFICER	4.5482	P-5						
			.5090	P-2						
PR	WIN-5100	PROGRAM OFFICER FELLOWSHIPS, SUPPLIES	.5458	P-5						
<u>DISEASE PREVENTION AND CONTROL</u>										
PG	AMRO-0510	CONSULTANTS, SUPPLIES			12	4,870	12	3,260	12	3,560
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, FELLOWSHIPS	.0610	P-4						
<u>FAMILY HEALTH</u>										
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5	203	90,670	84	31,560	20	5,040
		HEALTH EDUCATION SPEC.	4.3702	P-4						
		MEDICAL OFFICER (MCH)	4.5319	P-4						
		NURSE MIDWIFE	4.3703	P-4						
UNFPA	AMRO-1313	NURSE EDUCATOR	4.5127	P-4						
		NURSE EDUCATOR	4.5312	P-3						
		CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS								
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT								
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
<u>ENVIRONMENTAL HEALTH SERVICES</u>										
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS			-	710	-	405	-	-
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>										
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5	125	24,730	25	6,460	25	7,180
PR, UNDP	AMRO-3111	PROJECT MANAGER	.4787	P-4						
		LABORATORY TECHNICIAN	.4790	P-2						
		CONSULTANTS, FELLOWSHIPS, COURSES AND SEMINARS								
<u>COMPLEMENTARY SERVICES</u>										
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4	49	7,790	27	5,440	27	6,130
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>										
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4	57	8,810	35	6,910	35	7,840
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4						
<u>DEVELOPMENT OF HUMAN RESOURCES</u>										
PR	AMRO-6210	GRANTS			51	13,240	46	14,400	36	12,880
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4						
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5						
		HEALTH EDUCATOR	4.4355	P-4						
		HEALTH EDUCATOR	4.4356	P-4						
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS								
TOTAL					517	154,830	343	117,775	269	100,690

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	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985
					\$	\$

SAINT LUCIA - PROGRAM NARRATIVES AND PROJECT DETAIL

FAMILY HEALTH

This program focuses on health education and community participation in family health services, neonatal services, family planning, nursing and midwifery curriculum development and training, nutrition, implementation of the food and nutrition policy, and the expansion/improvement of the immunization program.

SAINT LUCIA-1300, FAMILY PLANNING SERVICES - FAMILY LIFE EDUCATION

TOTAL	330	270	-	TOTAL	UNFPA	162,270	115,718	-
CONSULTANT DAYS	UNFPA 330	270	-	ADMIN. SUPPORT PERSONNEL		5,394	5,980	-
TOTAL	13	1	-	LOCAL PERSONNEL COSTS		45,602	44,200	-
FELLOWSHIP MONTHS	UNFPA 13	1	-	PERSONNEL - CONSULTANTS		43,270	21,776	-
				MISCELLANEOUS COSTS		1,203	1,100	-
				EXPENDABLE EQUIPMENT		3,960	7,600	-
				NON-EXPENDABLE EQUIPMENT		378	12,722	-
				NEW PREMISES		35,000	10,000	-
				FELLOWSHIPS		15,101	1,200	-
				GROUP TRAINING		12,362	11,140	-

DEVELOPMENT OF HEALTH SERVICES

The PAHO/WHO program of technical cooperation covers the main areas of health service systems management, development of infrastructure, and environmental health. The management system program focuses on the review and development of health policies; formulation of a national health plan; development of the health information system; review of health legislation; strengthening of administrative support systems for supplies, personnel, finance and budget, and transport and communication; and the development of the planning and programming process. Community participation forms an essential element of these activities. The environmental health program deals with solid waste disposal, inservice training of water utility personnel, sewerage disposal and rodent control. The development of the infrastructure includes human resources development and health facilities development.

SAINT LUCIA-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL	-	30	30	TOTAL	PR	-	82,800	110,500
CONSULTANT DAYS	PR	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
TOTAL		51	53	SUPPLIES AND MATERIAL		-	3,000	3,000
FELLOWSHIP MONTHS	PR	51	53	FELLOWSHIPS		-	71,400	95,400

ST. VINCENT AND THE GRENADINES - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1977	110
Area (in thousand square kilometers)	1977	.388
Cultivated land	1977	36%
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1976	7.6
Infant mortality rate per 1,000 live births	1976	54.1
Death rate 1-4 years, per 1,000 population	1975	4.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1975	15.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1975	9.3
Number of physicians per 10,000 population	1974	2.2
Number of hospital beds per 1,000 population	1974	5.4
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1975	51
Percentage of population 55 years and over	1975	10
Rate of natural increase per 1,000 population	1975	25.6
Fertility rate per 1,000 women 15-44 years of age	1976	159
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1977	33
Per capita calories per day	1972-1974	2,365
Per capita protein per day (grams)	1972-1974	57
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools*	1971	130
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1971	48
Percentage of population 20-29 years enrolled in university*	1971	0

*Total enrollment as a percentage of population in the age group

 ST. VINCENT AND THE GRENADINES - COUNTRY STATEMENT

St. Vincent, one of the Windward Islands in the Lesser Antilles, has an area of 388 square kilometers (including the Grenadines) and a population of 110,000 (1977). Children under 15 years of age constituted 51.2% of the population and 22.4% of the population (24,294) were females in the age group 15-44.

Thirty-six per cent of the land mass is devoted to agriculture, the main source of employment. The national income is quite low; estimated in 1976 to be about \$200 per capita. Only 9% of the total land mass is used for settlement, giving an average density of 836 per square mile.

St. Vincent was an Associated State with Britain, but is now an independent state. There is no formal health policy. The distribution of health facilities reflects the piecemeal origins of the economic, social and political history of the country. Health, medical technology and social policies have all developed independently, thus, an integrated health policy has been nearly impossible to compile. Many of the health laws are outdated and unenforceable, though efforts are being made for a new Public Health Act, Mental Health Act, and nurse, midwife and medical registration.

About 15% of the national budget (in excess of \$3 million) was spent on health. The Government employs 18 doctors, and there are 3 private doctors and 1 private hospital. The doctor population ratio is about 1:5,500. There are 81 nurses and 7 public health nurses. There are 3 dentists in private practice and 1 full-time government dentist. Two dental auxiliaries are now in training. Medical and health care is provided through 32 visiting stations, 3 rural hospitals, with a central general hospital, and 3 specialist institutions.

In 1975 a National Planning Program was established and is estimated to cover 11.25% of women in the fertile age group. Primary efforts are directed toward free issue of contraceptives, training of staff, and integrating family planning into the maternal and child health program. The population growth rate is approximately 2.5%, nearly double the rate reported for the period 1960-1970. This increasing population, especially in the urban areas, is intensifying unemployment, housing and sanitation problems.

While the birth rate continues to show a steady decrease from 41.3 live births per 1,000 population in 1971 to 36.6 in 1976, the crude death rate also decreased from 10.5 per 1,000 in 1973 to 7.6 in 1976. However, the fertility rate shows a marked decrease, from 173.5 live births per 1,000 women 15-44 years of age in 1973, to 159.0 in 1976.

The maternal mortality rate per 1,000 live births showed a rise from 0.59 in 1974 to 1.05 in 1976. The infant mortality rate per 1,000 live births decreased slightly from 63.4 in 1974 to 54.1 in 1976. The three principal causes of death in adults 60 years and over were hypertension, heart disease and diabetes mellitus.

A food and nutrition policy has been established and new programs are being developed in cooperation with the Ministry of Agriculture. For the past several years a PAHO/WHO nutritionist has been working in St. Vincent.

Communicable disease reporting is poorly developed, but programs in cooperation with CAREC are being implemented to improve the situation. In 1976 the communicable diseases and number of cases reported were: amebiasis (4), respiratory tuberculosis (9), whooping cough (3), measles (143), infectious hepatitis (12), syphilis (9), gonococcal infections (500), gastroenteritis in the five-year age group (780), malnutrition in the five-year age group (88), and influenza (80).

Water supply remains a problem. Less than one-third of the houses have piped water. Chlorination of water in the Kingstown area has begun. Solid waste disposal is also a considerable problem. A recently constructed sewage system operates in Kingstown and over 80% of the rural households have acceptable liquid solid waste disposal systems such as septic tanks or pit latrines. New rules and regulations in the area of environmental health are now being developed.

ST. VINCENT AND THE GRENADINES - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	103,256	100.0	185,230	69.1	-	-
SERVICES TO INDIVIDUALS	103,256	100.0	185,230	69.1	-	-
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	103,256	100.0	185,230	69.1	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	-	-	82,800	30.9	110,500	100.0
HEALTH SYSTEMS	-	-	82,800	30.9	110,500	100.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	-	-	82,800	30.9	110,500	100.0
GRAND TOTAL	103,256	100.0	268,030	100.0	110,500	100.0

ST. VINCENT AND THE GRENADINES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
	\$				\$	\$	\$	\$	\$	\$	\$	
WP	103,256	-	-	45	14,508	2,500	21	26,577	-	25,471	-	34,200
TOTAL	103,256	-	-	45	14,508	2,500	23	26,577	-	25,471	-	34,200
PCT. OF TOTAL	100.0				14.1	2.4		25.7		24.7		33.1
1982-1983												
PAHO--PK	82,800	-	-	30	8,400	-	51	71,400	-	3,000	-	-
WP	185,230	-	-	-	88,500	-	10	16,300	-	42,614	-	37,816
TOTAL	268,030	-	-	30	96,900	-	61	87,700	-	45,614	-	37,816
PCT. OF TOTAL	100.0				36.2	-		32.7		17.0		14.1
1984-1985												
PAHO--PK	110,500	-	-	30	12,100	-	53	95,400	-	3,000	-	-
TOTAL	110,500	-	-	30	12,100	-	53	95,400	-	3,000	-	-
PCT. OF TOTAL	100.0				11.0	-		86.3		2.7		-

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

ST. VINCENT AND THE GRENADINES - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA						-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					20	4,010	86	37,400	86	43,990	
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1							
		ADMINISTRATIVE OFFICER	4.5482	P-5							
			.5090	P-2							
PR	WIN-5100	PROGRAM OFFICER FELLOWSHIPS, SUPPLIES	.5458	P-5							
<u>DISEASE PREVENTION AND CONTROL</u>					12	2,720	12	3,260	12	3,560	
PG	AMRO-0510	CONSULTANTS, SUPPLIES									
PR	AMRO-0710	Aedes Aegypti Advisor CONSULTANTS, FELLOWSHIPS	.0610	P-4							
<u>FAMILY HEALTH</u>					203	90,670	84	31,560	20	5,040	
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5							
		HEALTH EDUCATION SPEC.	4.3702	P-4							
		MEDICAL OFFICER (MCH)	4.5319	P-4							
		NURSE MIDWIFE	4.3703	P-4							
UNFPA	AMRO-1313	NURSE EDUCATOR	4.5127	P-4							
		NURSE EDUCATOR	4.5312	P-3							
		CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS									
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT									
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3							
<u>ENVIRONMENTAL HEALTH SERVICES</u>					-	710	-	405	-	-	
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS									
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					120	23,730	20	5,170	20	5,740	
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5							
PR, UNDP	AMRO-3111	PROJECT MANAGER	.4787	P-4							
		LABORATORY TECHNICIAN	.4790	P-2							
		CONSULTANTS, FELLOWSHIPS, COURSES AND SEMINARS									
<u>COMPLEMENTARY SERVICES</u>					49	7,790	27	5,440	27	6,130	
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4							
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4							
<u>DEVELOPMENT OF HEALTH SERVICES</u>					66	10,270	44	8,770	44	9,930	
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4							
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4							
WR	AMRO-5410	STATISTICIAN	4.0841	P-4							
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4							
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					51	13,240	46	14,400	36	12,880	
PR	AMRO-6210	GRANTS									
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4							
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5							
		HEALTH EDUCATOR	4.4355	P-4							
		HEALTH EDUCATOR	4.4356	P-4							
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS									
TOTAL					521	153,140	319	106,405	245	87,270	

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	1980-	1982-	1984-				
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

ST. VINCENT AND THE GRENADINES - PROGRAM NARRATIVES AND PROJECT DETAIL

FAMILY HEALTH

This program of technical cooperation deals with maternal and child care services, family planning services, food and nutrition, disease prevention and control (e.g., immunization, gastroenteritis, epidemiological surveillance), family life education, and health education in relation to primary health care services.

ST. VINCENT AND THE GRENADINES-1300, NATIONAL FAMILY PLANNING PROGRAM

<u>TOTAL</u>		45	-	-	<u>TOTAL</u>	UNFPA	103,256	185,230	-
CONSULTANT DAYS	UNFPA	45	-	-	LOCAL PERSONNEL COSTS		7,800	88,500	-
<u>TOTAL</u>		23	10	-	PERSONNEL - CONSULTANTS		6,708	-	-
FELLOWSHIP MONTHS	UNFPA	23	10	-	STAFF DUTY TRAVEL		2,500	-	-
					LOCAL TRAVEL COSTS		-	17,116	-
					MISCELLANEOUS COSTS		2,200	5,700	-
					CONTRACEPTIVES		14,295	30,755	-
					EXPENDABLE EQUIPMENT		1,045	6,459	-
					NON-EXPENDABLE EQUIPMENT		10,131	5,400	-
					IMPROVEMENT OF PREMISES		32,000	15,000	-
					FELLOWSHIPS		24,177	9,000	-
					GROUP TRAINING		2,400	7,300	-

DEVELOPMENT OF HEALTH SERVICES

This program is aimed at strengthening the health planning and programming process to improve the health information system, develop and implement training for nurses and other allied health personnel, and institute a storage and procurement management system. The environmental health component deals with water, sewerage and solid waste disposal, training of environmental health personnel, and continuing support to the Aedes aegypti program.

ST. VINCENT AND THE GRENADINES-5100, DEVELOPMENT OF HEALTH SERVICES

<u>TOTAL</u>		-	30	30	<u>TOTAL</u>	PR	-	82,800	110,500
CONSULTANT DAYS	PR	-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
<u>TOTAL</u>		-	51	53	SUPPLIES AND MATERIAL		-	3,000	3,000
FELLOWSHIP MONTHS	PR	-	51	53	FELLOWSHIPS		-	71,400	95,400

SURINAME - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	352
Area (in thousand square kilometers)		163
Cultivated land (in thousand square kilometers)		33
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	68.8
Death rate per 1,000 population	1978	7.0
Infant mortality rate per 1,000 live births	1978	37.3
Death rate 1-4 years, per 1,000 population	1975	1.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1977	3.6
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1977	6.3
Number of physicians per 10,000 population	1978	5.5
Number of hospital beds per 1,000 population	1978	5.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1980	40.7
Percentage of population 55 years and over	1978	8.6
Rate of natural increase per 1,000 population	1976	24.0
Fertility rate per 1,000 women 15-44 years of age	1975	137
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1980	45
Percentage of population with access to potable water	1978	80
Per capita calories per day	1973	2,740
Per capita protein per day (grams)	1973	65
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1974	3,023
- in United States dollars	1974	1,679
Percentage of GDP from secondary sector (manufacturing and building)	1975	8
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1971	31
<u>Educational Indicators:</u>		
Percentage of literate population	1980	65
Percentage of population 5-14 years enrolled in primary schools*	1974	80
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1974	80
Percentage of population 20-29 years enrolled in university*	1977	1

*Total enrollment as a percentage of population in the age group

SURINAME - COUNTRY STATEMENT

Suriname, an independent republic since 1975, is located on the northeast coast of South America, between French Guiana, Brazil and the Cooperative Republic of Guyana. The population of the country is highly concentrated in the coastal area, while the interior is sparsely populated and consists mainly of tropical rain forests with small settlements along the extensive river system. The climate is tropical, with an average temperature of 26 degrees centigrade and a mean annual rainfall of 2,000 to 2,500 mm.

After the revolution of 25 February 1980, the newly appointed Government announced its crash program for development based on the principles of renovation, that is, the creation of (1) a new political and administrative order; (2) a new social order; (3) a new socioeconomic order; and (4) a new educational system. Within the framework of the establishment of a new socioeconomic order the ultimate goals are (a) increased economic growth; (b) increased employment opportunities; (c) improved living conditions; (d) a just division of income; and (e) reduction of economic dependency.

In order to attain a balanced spread of social and economic activities, certain geographical areas are receiving special development attention. Among them, the Western Suriname area is the most important. In this area a large complex of bauxite mining and processing will be established. The ongoing project entails the construction of hydroelectric power stations with dams which will create two large artificial lakes, all needed industrial installations, and a new large town at Apoera. A railroad joining the Bakhyus mountains and their extensive deposits with the Corantyn river has been completed. This type of development project will present major changes in the life style of the local population and will bring people from other areas of the country. The hazards related to ecological changes will be a growing concern of the health authorities.

The Ministry of Health will initiate an evaluation procedure of the National Health Care Plan for Suriname 1976-1980. With the change of Government a new health care plan has to be developed as part of the crash program. Already a thoroughly revised health insurance plan has been given the highest priority within the established goals of socioeconomic development. Some features of the previous health care plan have been re-endorsed.

Health conditions of the country continue to appear satisfactory. However, the statistical system works under great difficulties due to a serious lack of qualified manpower. The unavailability or inaccuracy of health statistics is a handicap to better assessment and health planning.

The principal health problems are identified as (a) malaria, which is a continuing problem in the Tapanahony River, has extended into the Langatabbetje area in the Marowijne River, where an outbreak occurred which is now being controlled; (b) abundance of *Aedes aegypti* in the densely populated coastal area which makes the possibility of outbreaks of dengue a constant hazard. Cases of yellow fever might appear if infected persons from other countries or from jungle areas come to the coast. However, vaccination against yellow fever is a strong part of the immunization program; (c) leprosy which is controlled through a program that has operated effectively and is extending its operations into the rural areas; (d) sexually transmitted diseases which are dealt with through the centralized Dermatology Service which is also in charge of leprosy control, and which has presented the same control difficulties experienced in other countries; (e) schistosomiasis, although still a major problem in the coastal rural area, is being controlled through systematic search for parasitic carriers and specific treatment. Prevalence has diminished but it is thought that incidence remains at about the same level. Some drainage work and mollusciciding has been done, but these activities should be enhanced; (f) gastroenteritis remains a health hazard in early childhood although the magnitude of the problem cannot be accurately assessed; and (g) infectious and parasitic diseases still remain on the list of major causes of death.

In order to improve health service coverage and the delivery of primary health care, particularly to the rural areas, a new administrative subdivision was established as a coordinating and directing body for the regional health services. Continued endeavors to improve the situation in the preventive sector of health care, especially in the maternal and child health area, have not been as effective as expected. This was largely due to a serious lack of trained public health professionals. In the area of nutrition, the Center for Agricultural Research in Suriname is completing a survey which will give a base line for planning and policy.

In the area of dental health, the School of Dental Auxiliaries has produced 23 graduates and is expected to satisfy the need for youth dental care practitioners in the next decade. The donation by PAHO of two low-cost dental units in 1977 was followed by the Government's purchase of additional units through PAHO. Furthermore, approval from the Commission of Cooperative Development between The Netherlands and Suriname has been secured to purchase an additional number of units with Dutch aid funds to equip the school and health units completely.

In the area of environmental health, although the planned Division has not been established, needs have been defined and the basis for its organization has been stated. The rural water supplies development program is being carried out following the specifications of the reports produced through studies realized by PAHO/WHO and the Government under the auspices of UNDP from 1969 to 1973. The reports contain proposals for the satisfaction of needs up to the year 2001. The coverage obtained is very high, 100% for urban population and 64% for rural, with either house connection or easy access.

In terms of human resources, the health sector, although well endowed as to the availability of well-qualified physicians, suffers from organizational constraints and scarcity of qualified mid-level personnel. There are 5.1 physicians, 0.5 dentists, 12.5 nurses and 8.7 nursing aides per 10,000 population, but only 1 sanitary engineer and 7 well-qualified sanitarians in the service of the Government. Other areas where there is a need for qualified personnel are statistics and entomology.

In the area of veterinary public health, PAHO has collaborated with the Government as Executing Agency of a UNDP project on Strengthening of Veterinary Services which has been in operation since April 1978. All major required items of equipment and transport have been delivered. The extension of the Veterinary Diagnostic Laboratory has been completed and a training scheme has been proposed. This project is helping to further the national objectives in the area of production through increase of local livestock herds.

SURINAME - NATIONAL HEALTH PROGRAMS

Communicable Disease Control
Medical Care
Dental Care
Family Health
Nutrition
Environmental Sanitation
Veterinary Public Health
Development of Infrastructure
Human Resources Development

SURINAME - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	483,624	60.8	315,600	46.5	363,600	44.4
SERVICES TO INDIVIDUALS	105,300	11.3	153,000	22.6	170,400	20.8
COMMUNICABLE DISEASES						
0200 MALARIA	99,200	12.5	119,400	17.6	135,700	16.6
0700 AEDES AEGYPTI-BORNE DISEASES	-	-	15,400	2.3	10,000	1.2
0800 PARASITIC DISEASES	6,100	.8	18,200	2.7	24,700	3.0
ENVIRONMENTAL HEALTH SERVICES	213,600	26.8	29,400	4.3	40,400	4.9
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	103,300	13.0	18,200	2.7	24,700	3.0
3100 ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	110,300	13.8	11,200	1.6	15,700	1.9
COMPLEMENTARY SERVICES	164,724	20.7	133,200	19.6	152,800	18.7
4200 LABORATORIES	164,724	20.7	-	-	-	-
4300 EPIDEMIOLOGICAL SURVEILLANCE	-	-	133,200	19.6	152,800	18.7
II. DEVELOPMENT OF THE INFRASTRUCTURE	312,800	39.2	363,800	51.5	453,800	55.6
HEALTH SYSTEMS	302,600	37.9	268,600	39.5	328,800	40.3
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	180,300	22.5	219,000	32.2	252,800	31.0
5100 GENERAL PUBLIC HEALTH SYSTEMS	122,300	15.4	49,600	7.3	76,000	9.3
DEVELOPMENT OF HUMAN RESOURCES	10,200	1.3	95,200	14.0	125,000	15.3
6100 PUBLIC HEALTH	-	-	33,600	4.9	43,200	5.3
6200 MEDICINE	10,200	1.3	19,600	2.9	27,800	3.4
6300 NURSING	-	-	42,000	6.2	54,000	6.6
GRAND TOTAL	796,424	100.0	679,400	100.0	817,400	100.0

SURINAME - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			AMOUNT	DJTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHO--PR	312,800	24	24	415	199,200	9,530	60	63,100	-	12,800	-	28,200
WHO--NR	208,600	48	-	30	168,700	10,330	6	6,300	-	23,300	-	-
WT	110,300	15	-	180	95,500	500	7	7,300	-	3,000	-	4,000
WV	164,724	-	-	-	-	-	4	4,244	-	-	-	160,480
TOTAL	796,424	87	24	625	463,400	20,300	77	80,944	-	39,100	-	192,680
PCT. OF TOTAL	100.0				58.2	2.5		10.2	-	4.9	-	24.2
1982-1983												
PAHO--PR	390,400	24	24	150	214,100	9,900	72	100,800	-	28,600	-	37,000
WHO--WK	289,000	48	-	60	228,700	15,900	21	29,400	-	15,000	-	-
TOTAL	679,400	72	24	210	442,800	25,800	93	130,200	-	43,600	-	37,000
PCT. OF TOTAL	100.0				65.2	3.8		19.2	-	6.4	-	5.4
1984-1985												
PAHO--PR	479,500	24	24	140	252,900	10,300	89	100,200	-	10,000	-	46,100
WHO--WK	337,900	48	-	60	268,500	16,600	21	37,800	-	15,000	-	-
TOTAL	817,400	72	24	200	521,400	26,900	110	138,000	-	25,000	-	46,100
PCT. OF TOTAL	100.0				63.8	3.3		24.2	-	3.1	-	5.6

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

SURINAME - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA				-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>					20	4,930	30	14,880	30	17,280
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1						
		ADMINISTRATIVE OFFICER	4.5482	P-5						
			.5090	P-2						
<u>DISEASE PREVENTION AND CONTROL</u>					62	15,900	62	16,480	62	18,020
PG	AMRO-0510	CONSULTANTS, LOCAL COSTS, SUPPLIES								
PR	AMRO-0710	AEDES AEGYPTI ADVISOR	.0610	P-4						
		CONSULTANTS, SUPPLIES, FELLOWSHIPS								
<u>FAMILY HEALTH</u>					70	11,290	40	10,560	30	7,560
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5						
		HEALTH EDUCATION SPEC.	4.3702	P-4						
		MEDICAL OFFICER (MCH)	4.5319	P-4						
		NURSE MIDWIFE	4.3703	P-4						
PR	AMRO-1510	NURSE ADMINISTRATOR	.5281	P-3						
		CONSULTANTS, SUPPLIES								
<u>ENVIRONMENTAL HEALTH SERVICES</u>					-	710	-	405	-	-
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS								
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>					60	11,920	60	15,510	60	17,230
WR	AMRO-3110	VETERINARIAN	4.4045	P-5						
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS								
<u>COMPLEMENTARY SERVICES</u>					49	7,790	27	5,440	27	6,130
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
<u>DEVELOPMENT OF HEALTH SERVICES</u>					110	17,300	88	17,450	88	19,820
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER	.0917	P-4						
		CONSULTANTS, SUPPLIES								
<u>DEVELOPMENT OF HUMAN RESOURCES</u>					36	6,930	36	10,450	36	11,720
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR	.0604	P-4						
		CONSULTANTS, SUPPLIES, COURSES AND SEMINARS								
TOTAL					407	76,770	343	91,175	333	97,760

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

SURINAME - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The main areas of PAHO/WHO cooperation have been in the malaria eradication and the Aedes aegypti eradication programs. Some assistance has been given in reducing the incidence of other communicable diseases, especially through support to the immunization program.

Malaria transmission was mainly confined to the bushnegro villages of the interior along the Tapanahony and Lawa rivers and in some isolated Amerindian villages in other areas. There was an outbreak of malaria in 1978 in Langatabetje on the Marowijne river, bordering French Guiana, which is now practically under control. However, in 1979 the malaria situation deteriorated, mainly because of reintroduction of cases in the area of the Upper Suriname river. The number of malaria cases in the first half of 1980 (1088) surpassed the numbers in 1976 (537), 1977 (933) and 1978 (876). Malaria foci also emerged in areas in the consolidation phase. There is a full-time technical officer assigned to the program and to the Aedes aegypti eradication program. Consultant services from regional projects are used to further the aims of these programs.

The situation of the Aedes aegypti program is such that, with the resources available, only limited control can be exercised. Since the infestation has reached many localities in the interior, the Bureau of Public Health has established a new post of entomologist which will be of great assistance to all programs related to vector-borne diseases. A revised program with ground application of atomized droplets (U.L.V.) of insecticides combined with focal and perifocal treatment will be initiated.

The schistosomiasis program is carried out mainly by the Bureau of Public Health which does epidemiological surveys and treatment of cases and follow-up in general health services. Some assistance has been given to mollusciciding and irrigation work.

SURINAME-0200, MALARIA ERADICATION

TOTAL		24	24	24	TOTAL	MR	99,200	119,400	135,700
P-2 SANITARIAN 4.1048	MR	24	24	24	PERSONNEL - POSTS		68,100	88,600	101,800
					STAFF DUTY TRAVEL		5,700	6,000	6,300
					SUPPLIES AND MATERIAL		23,300	15,000	15,000
TOTAL		2	7	7	FELLOWSHIPS		2,100	9,800	12,600
FELLOWSHIP MONTHS	MR	2	7	7					

SURINAME-0700, AEDES AEGYPTI ERADICATION

TOTAL	PR	-	15,400	10,000
SUPPLIES AND MATERIAL		-	7,400	10,000
VEHICLES		-	8,000	-

SURINAME-0800, SCHISTOSOMIASIS

TOTAL		30	30	30	TOTAL	MR	6,100	18,200	24,700
CONSULTANT DAYS	MR	30	30	30	PERSONNEL - CONSULTANTS		4,000	8,400	12,100
TOTAL		2	7	7	FELLOWSHIPS		2,100	9,800	12,600
FELLOWSHIP MONTHS	MR	2	7	7					

SURINAME-4300, EPIDEMIOLOGICAL SURVEILLANCE

TOTAL		-	24	24	TOTAL	MR	-	133,200	152,800
P-4 EPIDEMIOLOGIST 4.5452	MR	-	24	24	PERSONNEL - POSTS		-	123,300	142,500
					STAFF DUTY TRAVEL		-	9,900	10,300

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

ENVIRONMENTAL HEALTH SERVICES

In the environmental health section of the Health Care Plan for Suriname, there is provision for the establishment of a division of environmental health that will be responsible for environmental sanitation, vector control, food hygiene, zoonoses control and public health laboratories. Efforts have been directed towards the implementation of the division following the guidelines provided by a report previously prepared by a PAHO team. However, shortage of needed qualified personnel and other constraints have prevented the Government from taking a definite step towards implementation of this plan. The proposals made are under study and there is a decision to recruit a director of the division and implement the plan during 1981. Assistance has been provided in cooperation with other ministries and agencies related to environmental problems. At the end of 1979, 40 new inspectors were recruited who received training in environmental sanitation, while the older inspectors attended a refresher course.

SURINAME-2000, ENVIRONMENTAL SANITATION

TOTAL		24	-	-	TOTAL	NR	103,300	18,200	24,700
P-4 SANITARY ENGINEER 4.4972	NR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					PERSONNEL - CONSULTANTS		-	8,400	12,100
					STAFF DUTY TRAVEL		4,600	-	-
					FELLOWSHIPS		2,100	9,800	12,600
TOTAL		-	30	30					
CONSULTANT DAYS	NR	-	30	30					
TOTAL		2	7	7					
FELLOWSHIP MONTHS	NR	2	7	7					

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

Suriname is making efforts to improve its livestock industry in order to reduce the drain of foreign currency caused by the importation of meat and dairy products. In the past PAHO/WHO has assisted by being the executing agency of the UNDP project on strengthening veterinary services. Future assistance will be directed towards continued improvement of the new veterinary diagnostic laboratory through fellowship training. Assistance will also be available in the area of abattoir design and continued updating of animal health legislation. The services of PANAFOSA, CEPANZO and CAREC will be requested as relevant problems are identified.

SURINAME-3100, ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

TOTAL		-	30	30	TOTAL	PR	-	11,200	15,700
CONSULTANT DAYS	PR	-	30	30	PERSONNEL - CONSULTANTS		-	8,400	12,100
TOTAL		-	2	2	FELLOWSHIPS		-	2,800	3,600
FELLOWSHIP MONTHS	PR	-	2	2					

SURINAME-3101, STRENGTHENING VETERINARY SERVICES

TOTAL		15	-	-	TOTAL	UNDP	110,300	-	-
P-5 PROJECT MANAGER 4.5012	UNDP	15	-	-	PERSONNEL - POSTS		71,200	-	-
					PERSONNEL - CONSULTANTS		24,300	-	-
					STAFF DUTY TRAVEL		500	-	-
					MISCELLANEOUS COSTS		4,000	-	-
					MISCELLANEOUS EQUIPMENT		3,000	-	-
					FELLOWSHIPS		7,300	-	-
CONSULTANT DAYS	UNDP	180	-	-					
TOTAL		7	-	-					
FELLOWSHIP MONTHS	UNDP	7	-	-					

COMPLEMENTARY SERVICES

The program aims at accomplishing the following: (a) the establishment of an immunodiagnostic laboratory to provide supporting services for the early diagnosis of communicable diseases with a view to their control; (b) dissemination in the country of information on the assistance that this laboratory can provide to the various health programs, to ensure maximum utilization of its services; (c) the organization of teaching activities at all levels for the training of professional and technical staff and to provide information on the programs conducted; and (d) the execution of programs of basic and applied research in close cooperation with the Center, particularly in areas that pose public health problems in the country.

SUR

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
SURINAME-4200, IMMUNOLOGY LABORATORIES									
TOTAL		<u>4</u>	<u>-</u>	<u>-</u>	TOTAL	WV	<u>164,724</u>	<u>-</u>	<u>-</u>
FELLOWSHIP MONTHS	WV	4	-	-	CONTRACTUAL SERVICES		160,480	-	-
					FELLOWSHIPS		4,244	-	-

DEVELOPMENT OF HEALTH SERVICES

Cooperation in this field covers many aspects of health care services within the context of the National Health Care Plan. Emphasis will be directed towards assistance in planning and organization of services; development of human resources through local and international training; and development, adaptation and dissemination of scientific information, especially at middle and primary levels.

SURINAME-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

			48	48	48		PR	180,300	219,000	252,800
TOTAL			<u>48</u>	<u>48</u>	<u>48</u>	TOTAL		<u>180,300</u>	<u>219,000</u>	<u>252,800</u>
P-5 PAHO/WHO REPRESENTATIVE	PR	24	24	24	PERSONNEL - POSTS		142,600	172,100	196,400	
.3308					STAFF DUTY TRAVEL		9,500	9,900	10,300	
G-6 ADMINISTRATIVE ASSISTANT	PR	24	24	24	GENERAL OPERAT. EXPENSES		28,200	37,000	46,100	
.3402										

SURINAME-5100, DEVELOPMENT OF HEALTH SERVICES

			355	60	50		PR	122,300	49,600	76,000
TOTAL			<u>355</u>	<u>60</u>	<u>50</u>	TOTAL		<u>122,300</u>	<u>49,600</u>	<u>76,000</u>
CONSULTANT DAYS	PR	355	60	50	PERSONNEL - CONSULTANTS		48,500	16,800	20,200	
TOTAL		<u>58</u>	<u>14</u>	<u>31</u>	SUPPLIES AND MATERIAL		12,800	13,200	-	
FELLOWSHIP MONTHS	PR	58	14	31	FELLOWSHIPS		61,000	19,600	55,800	

DEVELOPMENT OF HUMAN RESOURCES

Considering the need to improve and reorient health manpower in Suriname, the Government requested the Organization's support in developing programs providing academic fellowships in public health, short-term fellowships for mid-level health and allied personnel, with the aim of increasing awareness and reorientation of problem approach and problem solving. Cooperation will be provided to the Faculty of Medicine with emphasis on preventive medicine and public health teaching.

SURINAME-6100, PUBLIC HEALTH EDUCATION

			-	24	24		PR	-	33,600	43,200
TOTAL			<u>-</u>	<u>24</u>	<u>24</u>	TOTAL		<u>-</u>	<u>33,600</u>	<u>43,200</u>
FELLOWSHIP MONTHS	PR	-	24	24	FELLOWSHIPS		-	33,600	43,200	

SURINAME-6200, MEDICAL EDUCATION

			60	60	60		PR	10,200	19,600	27,800
TOTAL			<u>60</u>	<u>60</u>	<u>60</u>	TOTAL		<u>10,200</u>	<u>19,600</u>	<u>27,800</u>
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200	
TOTAL		<u>2</u>	<u>2</u>	<u>2</u>	FELLOWSHIPS		2,100	2,800	3,600	
FELLOWSHIP MONTHS	PR	2	2	2						

SURINAME-6300, NURSING EDUCATION

			-	30	30		PR	-	42,000	54,000
TOTAL			<u>-</u>	<u>30</u>	<u>30</u>	TOTAL		<u>-</u>	<u>42,000</u>	<u>54,000</u>
FELLOWSHIP MONTHS	PR	-	30	30	FELLOWSHIPS		-	42,000	54,000	

 TRINIDAD AND TOBAGO - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	1,156
Area (in thousand square kilometers)	1979	5
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	70.8
Death rate per 1,000 population	1979	6.6
Infant mortality rate per 1,000 live births	1979	23.9
Death rate 1-4 years, per 1,000 population	1976	1.3
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1977	4.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1977	7.0
Number of physicians per 10,000 population	1979	6.7
Number of hospital beds per 1,000 population**	1979	3.9
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	36.5
Percentage of population 65 years and over	1979	4.2
Rate of natural increase per 1,000 population	1976	18.0
Fertility rate per 1,000 women 15-44 years of age	1978	114
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 10,000 inhabitants	1976	29
Percentage of population with access to potable water	1978	90
Per capita calories per day	1972-1974	2,530
Per capita protein per day (grams)	1972-1974	65
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1979	8,757
- in United States dollars	1979	3,619
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1970	92
Percentage of population 5-14 years enrolled in primary schools***	1978-1979	78
Percentage of population 15-19 years enrolled in secondary and vocational schools***	1971	48
Percentage of population 20-29 years enrolled in university***	1971	2

*Excludes symptoms and ill-defined conditions

**Includes nursing home beds

***Total enrollment as a percentage of population in the age group

TRINIDAD AND TOBAGO - COUNTRY STATEMENT

The islands of Trinidad and Tobago were discovered by Columbus in 1498. In 1802 Trinidad became a British Crown Colony and in 1956 self-government was granted. Trinidad and Tobago became independent on 31 August 1962 and a Republic on 24 September 1976.

The total mid-1979 population for Trinidad and Tobago was estimated at 1,156,100 by the Central Statistical Office of the Ministry of Finance. Together the two islands, which cover an area of approximately 5,130 square kilometers, constitute the Republic of Trinidad and Tobago. The country is subdivided into eight counties; however, 44% of the total inhabitants live in the major urban centers of Port-of-Spain, San Fernando and the county of St. George.

In the past five years, the country has experienced an accelerated rate of development due mostly to the petroleum sector. Within this framework the Government plans to invest TT\$6 billion (US\$2.5 billion) in the development of the Point Lisas Industrial Estate. Feasibility studies are underway for an aluminum smelter, methanol plant and various steel projects. The Iron and Steel Plant, which began operation in mid-1980, was built at a cost of TT\$800 million.

The Central Statistical Office places the Gross National Product in 1979 at TT\$10,075.9 million (US\$4,163 million), and the income per capita at TT\$8,757 (US\$3,619).

Between 1970 and 1978 expenditures in health services represented approximately 8.7% of the national budget. In 1978 the ratio of physicians was 6.9 per 10,000 population and 18.8 for nurses and midwives. The most frequent cause of death in children is attributed to gastroenteritis and in adults to diseases of the heart, cerebrovascular disease and malignant neoplasms. Deaths attributed to major vehicle accidents have increased considerably in the past few years. In 1979 a total of 195,300 motor vehicles were registered in the country.

Ratios of staff to population, although not the lowest in the Caribbean area, demonstrate an inequitable distribution with serious shortages of health manpower in some rural areas. However, an inventory of human resources is currently being undertaken for all the health institutions in the country with a view to determining needs based on present and future expansions.

The role of trained manpower has been intensified in recent years as part of the overall strategy. Some categories of health personnel are trained locally. In nursing education a three-year course is offered in basic general and mental nursing. There is a postgraduate course in public health nursing and midwifery. Training is also offered for nursing assistants, dental nurses, public health inspectors and pharmacists. Continuing education in specialized areas is available for some of these categories, both locally and abroad. The Port-of-Spain General Hospital accepts medical students for part of their training from the Mona Campus of the University of the West Indies. The Port-of-Spain, San Fernando and St. Ann's Hospitals also offer postgraduate training in medicine and psychiatry.

The national program for the training of dental health nurses graduated 34 dental nurses in 1980. Legislation has been enacted to incorporate dental nurse services into the community. The Government has also initiated the first phase of a regional training program for allied health professionals, to be followed by the training of public health inspectors and, thereafter, by medical laboratory technicians. Moreover, the Mount Hope Medical Complex is being developed for medicine, nursing (postgraduate degree), dentistry, veterinary education and a pharmacy. A national commission of inquiry is at present reviewing all matters related to nursing.

The training unit of the Water and Sewerage Authority has been strengthened and a continuous training program is envisaged with the assistance of a project financed by the UNDP and IDB, with PAHO/WHO as Executing Agency.

In disease control the Epidemiological Unit, with assistance from the National Public Health Laboratory and CAREC, when requested, is continuing its program of disease surveillance. This includes the use of sentinel physicians, who report specific infectious diseases by telephone, and the use of direct information from government laboratories. Venereal disease control and treatment are continuing, with emphasis on health education, early detection and treatment of cases and, within the limitations of the staff available, contact tracing. Tuberculosis control is actively performed by detection, followed by non-institutional treatment and contact tracing. Due to the lower infectivity rate now existing, routine vaccination has lower priority in TB control. Institutionalized treatment of leprosy has been discontinued and the Leprosarium, which was located on a remote island, is now closed down. Active case finding, monitored treatment and health education are being used to achieve the eventual eradication of the disease.

The mental health program carries out community based ambulatory care with extension of facilities at the local level. Mental health is a priority concern and there is an enlightened Mental Health Act. Diabetes, hypertension and, with increasing awareness of its importance, accident prevention, are being given increasing priority. For treatment of children with moderate to severe diarrhea, oral rehydration is being introduced in government hospitals; trials are also being undertaken to determine the effectiveness of its use at primary health care centers and, ultimately, in the community itself.

Within the framework of health for all by the year 2000, the first phase of the evaluation of the Ten-Year Health Plan is underway and, upon completion, this exercise may provide the basis for the formulation of national strategies.

A Veterinary Public Health Unit was established in the Ministry of Health in 1973. One of the principal aims is development of an effective food protection program. The Unit, in collaboration with the Animal Health Division of the Ministry of Agriculture, is embarking on control programs of several zoonotic diseases utilizing the recently trained animal health and veterinary public health assistants. The development of a veterinary diagnostic laboratory has provided the tool for surveys of zoonoses in animals to ascertain the incidence of these diseases, which are considered a health hazard in many parts of the Americas.

There is a considerable discrepancy between demand and actual supply of water. Presently water is distributed to over 92% of the population. Of this total, 52% have house connections while 40% are served by public standpipes. The present shortfall is approximately 30% of the total water produced. To eliminate this deficit, projects are currently underway and are expected to come on stream in the early 1980's. Plans for improvement of sewage and solid waste disposal are being developed in major towns. Projects in sewage include the laying of facilities throughout the East/West Corridor and development of local systems in regional centers. These are expected to be finished in this decade.

The Public Health Engineering Division, which began operations in 1972, encompasses the various disciplines of public health engineering, contributing to the upgrading of solid waste disposal, establishment of standards, and control practices. In Port-of-Spain a sanitary landfill project was put into operation in 1979 with the assistance of engineering consultants. Control of food handlers through compulsory annual medical examination and registration, with improved surveillance of typhoid cases and carriers, has been continued. In the insect vector control program, malaria vigilance is maintained. The reinfestation of Aedes aegypti has caused considerable concern and approximately TT\$30 million is being spent on its control.

Efforts have been made in recent years to upgrade the medical records systems, initially at regional and district hospitals and health centers, aiming at the establishment of a national medical records system. A pilot project was carried out for two years at one of the new health centers, and it is intended to extend this project to the other 101 health centers throughout the country once the question of manpower resources is defined.

The strengthening of the Statistical Unit of the Ministry of Health and the provision of trained personnel at the peripheral level have been undertaken with a view to streamlining the information system within the health sector. However, there is still room for improvement in the quality of the annual statistical report of the Ministry.

Inadequate administrative management techniques, particularly at the middle level, have contributed to the problems at the ministerial and institutional levels for many years, and the Government is actively attempting to redress the situation. At the present time, based on the recommendations of the Ministerial Review Committee to the Cabinet, a Committee to study the manpower needs of the present and projected hospital services is actively working under the chairmanship of the Chief Medical Officer. The report is expected to be finalized in the near future.

Maternal and child health services are being modified to integrate with the family planning program. Evaluation of the national family planning program is currently underway with UNFPA funding. A population council has been appointed ensuring representation of the private sector. The collection of data in the infant and childhood mortality study in the county of Caroni has been completed and analysis is underway.

The regional hospitals, with a total of 1,518 beds, provide increasingly specialized services for the people of the country who are subserved by a network of county and district hospitals and maternity visits. In the recent past the Cabinet has approved a plan that involves the redevelopment of existing hospitals and the construction of new health centers and hospitals. The Mt. Hope Maternity Hospital, with 110 beds, was completed in 1979. In addition to this hospital, 33 new health centers--7 under a World Bank loan and 26 under an IDB loan--have been built in various areas throughout the country. Plans are underway to construct five new health centers to be financed by the Government of Trinidad and Tobago.

Hospitals to be redeveloped include the Port-of-Spain and San Fernando General Hospitals and the District Hospitals of Tobago, Point Fortin and Sangre Grande. Consideration is also being given to the construction of new hospitals in Couva and Arima, and a feasibility study funded by the IDB, is to be undertaken by PAHO/WHO in the near future.

Under a Government-to-Government agreement with the Republic of France, the Mt. Hope Teaching and Medical Center is being considered in addition to the redevelopment of the Port-of-Spain and San Fernando General Hospitals. In Port-of-Spain the hospital will get a new entrance and outpatients building, radiology and intensive care units, an operating theater, and new technical facilities. At the San Fernando General Hospital the number of beds is to be increased from 674 to 900, including the installation of modern equipment. An expansion move has already begun at St. Ann's Psychiatric Hospital with plans for extension of the Alcoholic Treatment Center.

TRINIDAD AND TOBAGO - NATIONAL HEALTH PROGRAMS

Development of Health Services
 Community Health Services
 Environmental Control
 Medical and Paramedical Training
Aedes aegypti Eradication
 Community Mental Health
 Epidemiological Surveillance
 Health Statistics and Medical Records
 Food Hygiene
 Institutional Health Care
 Maintenance
 National Radiotherapy
 WASA Training Unit
 Occupational Health Program

 TRINIDAD AND TOBAGO - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$
1980-1981											
PAHO--PR	290,200	48	-	360	227,600	13,600	45	47,400	900	700	-
PH	107,340	-	-	235	84,950	3,000	-	-	-	-	19,390
PG	130,000	-	-	-	-	-	-	-	-	-	130,000
WMO--WR	599,200	60	96	535	414,000	27,030	87	91,900	2,900	14,900	48,500
WT	402,800	54	-	444	308,400	-	40	46,600	-	38,600	9,200
WP	17,735	-	-	45	5,376	-	-	-	-	260	12,099
TOTAL	1,547,275	162	96	1619	1,040,326	43,600	172	185,900	3,800	54,460	-
PCT. OF TOTAL	100.0				67.2	2.8		12.0	.3	3.5	-
											14.2
1982-1983											
PAHO--PR	373,300	48	-	240	311,000	12,000	34	47,600	1,500	1,200	-
WMO--WR	716,600	48	96	410	472,300	14,100	101	141,400	-	13,300	75,500
WT	286,900	42	-	300	236,100	-	29	39,600	-	2,500	8,700
TOTAL	1,376,800	138	96	950	1,019,400	26,100	164	228,600	1,500	17,000	-
PCT. OF TOTAL	100.0				74.1	1.9		16.6	.1	1.2	-
											6.1
1984-1985											
PAHO--PR	506,200	48	-	360	432,400	12,700	32	57,600	2,000	1,500	-
WMO--WR	807,300	48	96	360	554,800	15,000	82	147,600	-	6,900	83,000
TOTAL	1,313,500	96	96	720	987,200	27,700	114	205,200	2,000	8,400	-
PCT. OF TOTAL	100.0				75.2	2.1		15.6	.2	.6	-
											6.3

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

TRINIDAD AND TOBAGO - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA		POST NUMBER	GRADE	1980-1981		1982-1983		1984-1985	
FUNDING	PROJECT NUMBER			BUDGET ELEMENT	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT ($)
<u>PROGRAM PLANNING AND GENERAL ACTIVITIES</u>				130	22,910	195	83,320	195	98,030
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1					
		ADMINISTRATIVE OFFICER	4.5482	P-5					
			.5090	P-2					
<u>DISEASE PREVENTION AND CONTROL</u>				213	47,000	213	56,310	213	61,590
PR	AMRO-0710	Aedes Aegypti Advisor Consultants, Supplies, Fellowships	.0610	P-4					
<u>FAMILY HEALTH</u>				135	34,130	95	25,090	50	12,410
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5					
		HEALTH EDUCATION SPEC.	4.3702	P-4					
		MEDICAL OFFICER (MCH)	4.5319	P-4					
		NURSE MIDWIFE	4.3703	P-4					
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT, MISCELLANEOUS COSTS							
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3					
<u>ENVIRONMENTAL HEALTH SERVICES</u>				60	19,470	60	18,850	60	15,870
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5					
PR	AMRO-3610	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS							
<u>ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH</u>				60	11,920	60	15,510	60	17,230
WR	AMRO-3110	VETERINARIAN CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	4.4045	P-5					
<u>COMPLEMENTARY SERVICES</u>				75	12,180	53	10,880	53	12,260
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4					
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4					
<u>DEVELOPMENT OF HEALTH SERVICES</u>				187	28,980	158	30,950	158	35,070
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4					
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4					
WR	AMRO-5410	STATISTICIAN	4.0841	P-4					
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4					
<u>DEVELOPMENT OF HUMAN RESOURCES</u>				312	122,720	242	93,160	72	52,030
PR	AMRO-6210	GRANTS							
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, SUPPLIES, COURSES AND SEMINARS	.0604	P-4					
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5					
		HEALTH EDUCATOR	4.4355	P-4					
		HEALTH EDUCATOR	4.4356	P-4					
		CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, COURSES AND SEMINARS, GROUP TRAINING, MISCELLANEOUS COSTS							
<u>DEVELOPMENT OF PHYSICAL, FINANCIAL AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH</u>				-	7,200	-	-	-	-
PR	AMRO-7430	MAINTENANCE ENGINEER	.4384	P-4					
TOTAL				1,172	306,510	1,076	334,070	861	304,490
				=====	=====	=====	=====	=====	=====

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

TRINIDAD AND TOBAGO - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The program is to provide advisory services for the monitoring and control of both communicable and noncommunicable diseases, as well as data for evaluation of health indicators. The objectives are: (a) to provide training for medical practitioners, nurses and public health inspectors in epidemiology; (b) to encourage laboratory development; (c) to reduce the incidence of gastroenteritis; (d) to support the food protection committee; (e) to emphasize care for those suffering from chronic diseases, for example, diabetes and hypertension; (f) to emphasize the area of accident prevention; and (g) to provide dengue and yellow fever surveillance. Assistance will continue to be provided in the overall planning of the *Aedes aegypti* eradication program; the execution of training courses for field personnel; provision, where necessary, of periodic evaluation of the program; and obtaining of insecticides, spraying equipment and spare parts for the program.

TRINIDAD AND TOBAGO-0700, *Aedes aegypti* ERADICATION

TOTAL		24	24	24	TOTAL	WR	78,900	111,300	115,400
P-2 SANITARIAN 4-0613	WR	24	24	24	PERSONNEL - POSTS		68,100	93,300	108,400
					STAFF DUTY TRAVEL		10,800	6,800	7,000
					FELLOWSHIPS		-	11,200	-
TOTAL		-	8	-					
FELLOWSHIP MONTHS	WR	-	8	-					

TRINIDAD AND TOBAGO-4300, EPIDEMIOLOGY

TOTAL		60	-	-	TOTAL	WR	14,400	16,800	21,600
CONSULTANT DAYS	WR	60	-	-	PERSONNEL - CONSULTANTS		8,100	-	-
TOTAL		6	12	12	FELLOWSHIPS		6,300	16,800	21,600
FELLOWSHIP MONTHS	WR	6	12	12					

FAMILY HEALTH

The main focus of this program is in the areas of dental health, nutrition, immunization and health education. The nutrition program focuses on the development and implementation of training programs in dietetics, the management of diabetes and obesity, and, in collaboration with the University of the West Indies, a course on human nutrition and food planning. Support will also be given to the National Breast-Feeding Program and to strengthening the Health Education Unit of the Ministry of Health and the Family Life Education Program. The dental health program will focus on training of dental nurses, a survey of community dental health services, and the development of the Dental School as part of the Mount Hope Complex.

TRINIDAD AND TOBAGO-1300, EVALUATION OF THE FAMILY PLANNING PROGRAM

TOTAL		45	-	-	TOTAL	UNFPA	17,735	-	-
CONSULTANT DAYS	UNFPA	45	-	-	PERSONNEL - CONSULTANTS		5,376	-	-
					LOCAL TRAVEL COSTS		5,229	-	-
					SUBCONTRACTS		3,050	-	-
					MISCELLANEOUS COSTS		3,820	-	-
					EXPENDABLE EQUIPMENT		260	-	-

ENVIRONMENTAL HEALTH SERVICES

The Public Health Engineering Division is responsible for providing advisory technical support to the Ministry of Health on pollution of air, water and land; operation of community and individual water and sewerage systems; collection, storage, transportation and disposal of solid wastes; assessment of food preparation facilities; heavy and light industrial operations; quarry and agricultural operations with respect to general waste disposal; and other environmental problems and related legislation. The Division also designs waste treatment systems and monitors sewerage discharges by means of physical, chemical and biological tests. A public company has been established to be responsible for the disposal of all solid wastes.

TRINIDAD AND TOBAGO-2000, ENVIRONMENTAL SANITATION									
	FUND	1980-1981	1982-1983	1984-1985	FUND	1980-1981	1982-1983	1984-1985	
							\$	\$	
TOTAL		<u>24</u>	<u>24</u>	<u>24</u>	TOTAL	PR	<u>110,300</u>	<u>152,900</u>	<u>176,100</u>
P-4 SANITARY ENGINEER 4.3384	PR	24	24	24	PERSONNEL - POSTS		96,600	129,900	151,900
					STAFF DUTY TRAVEL		5,300	6,200	6,200
					FELLOWSHIPS		8,400	16,800	18,000
TOTAL		<u>8</u>	<u>12</u>	<u>10</u>					
FELLOWSHIP MONTHS	PR	8	12	10					

TRINIDAD AND TOBAGO-2100, STRENGTHENING OF TRAINING UNIT OF WATER AND SEWERAGE AUTHORITY (WASA)

TRINIDAD AND TOBAGO-2100, STRENGTHENING OF TRAINING UNIT OF WATER AND SEWERAGE AUTHORITY (WASA)									
	FUND	1980-1981	1982-1983	1984-1985	FUND	1980-1981	1982-1983	1984-1985	
							\$	\$	
TOTAL		<u>18</u>	<u>30</u>	<u>-</u>	TOTAL	UNDP	<u>155,200</u>	<u>222,200</u>	<u>-</u>
P-4 PROJECT MANAGER 4.4335	UNDP	8	16	-	PERSONNEL - POSTS		73,800	128,400	-
P-4 INSTRUCTIONAL TECHNOLOGIST 4.5370	UNDP	10	14	-	PERSONNEL - CONSULTANTS		34,400	49,600	-
					MISCELLANEOUS COSTS		4,200	5,700	-
					MISCELLANEOUS EQUIPMENT		15,600	2,500	-
					FELLOWSHIPS		27,200	36,000	-
TOTAL		<u>225</u>	<u>300</u>	<u>-</u>					
CONSULTANT DAYS	UNDP	225	300	-					
TOTAL		<u>25</u>	<u>26</u>	<u>-</u>					
FELLOWSHIP MONTHS	UNDP	25	26	-					

TRINIDAD AND TOBAGO-2102, IMPROVEMENT OF TECHNICAL FIELDS OF WATER AND SEWERAGE AUTHORITY (WASA)

TRINIDAD AND TOBAGO-2102, IMPROVEMENT OF TECHNICAL FIELDS OF WATER AND SEWERAGE AUTHORITY (WASA)									
	FUND	1980-1981	1982-1983	1984-1985	FUND	1980-1981	1982-1983	1984-1985	
							\$	\$	
TOTAL		<u>235</u>	<u>-</u>	<u>-</u>	TOTAL	PM	<u>107,340</u>	<u>-</u>	<u>-</u>
CONSULTANT DAYS	PM	235	-	-	TEMPORARY STAFF		39,350	-	-
					PERSONNEL - CONSULTANTS		45,600	-	-
					STAFF DUTY TRAVEL		3,000	-	-
					CONTRACTUAL SERVICES		1,500	-	-
					PROGRAM SUPPORT COSTS		17,890	-	-

ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

An intergovernmental committee is assigned the task of reorganization and standardization. Legislative changes in most laws involving production, preparation, sale or marketing of food items have recently been made and are awaiting full implementation and interpretation.

Two to four individuals each year receive fellowship training outside the country in various aspects of food protection. These individuals will train nationals when training sessions are developed. Veterinary public health assistants have been trained in meat inspection and food-borne diseases.

TRINIDAD AND TOBAGO-3100, VETERINARY PUBLIC HEALTH

TRINIDAD AND TOBAGO-3100, VETERINARY PUBLIC HEALTH									
	FUND	1980-1981	1982-1983	1984-1985	FUND	1980-1981	1982-1983	1984-1985	
							\$	\$	
TOTAL		<u>12</u>	<u>-</u>	<u>-</u>	TOTAL	WR	<u>96,300</u>	<u>28,000</u>	<u>-</u>
P-4 VETERINARIAN 4.3858	WR	12	-	-	PERSONNEL - POSTS		46,800	-	-
					PERSONNEL - CONSULTANTS		21,500	14,000	-
					STAFF DUTY TRAVEL		3,000	-	-
					SUPPLIES AND MATERIAL		1,000	-	-
					FELLOWSHIPS		21,100	14,000	-
					COURSES AND SEMINARS		2,900	-	-
TOTAL		<u>150</u>	<u>50</u>	<u>-</u>					
CONSULTANT DAYS	WR	150	50	-					
TOTAL		<u>20</u>	<u>10</u>	<u>-</u>					
FELLOWSHIP MONTHS	WR	20	10	-					

DEVELOPMENT OF HEALTH SERVICES

The purpose of this program is to strengthen the planning and evaluation process in keeping with the strategies of health for all by the year 2000; the development of administrative support services in personnel and supply management; improvement of the health information system and maintenance system; and the conduct of feasibility studies on selected rural hospitals. The main activities to be undertaken include a feasibility study on the upgrading of the Sangre Grande, Arima, Conva and Scarborough Hospitals, and the development and implementation of training programs in medical records, the coding of deaths, and in the maintenance of health facilities. The management improvement program focuses on strengthening of the health planning process in keeping with the concept of health for all, the development of the supply management system at medical stores, the training of staff in supply management, and the computerization of health manpower data.

				1980-1981			1982-1983			1984-1985		
				FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985	
TRINIDAD AND TOBAGO-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES												
<u>TOTAL</u>		<u>120</u>	<u>120</u>	<u>120</u>	<u>TOTAL</u>	<u>WR</u>	<u>285,700</u>	<u>347,000</u>	<u>392,300</u>			
P-5 PAHO/WHO REPRESENTATIVE 4.3225	WR	24	24	24	PERSONNEL - POSTS		224,000	264,200	301,300			
G-7 ADMINISTRATIVE ASSISTANT 4.4726	WR	24	24	24	STAFF DUTY TRAVEL		13,200	7,300	8,000			
G-6 ADMINISTRATIVE ASSISTANT 4.0828	WR	24	24	24	GENERAL OPERAT. EXPENSES		48,500	75,500	83,000			
G-5 SECRETARY 4.0267	WR	24	24	24								
G-2 CLERK-TYPIST 4.5032	WR	24	24	24								

TRINIDAD AND TOBAGO-5100, DEVELOPMENT OF HEALTH SERVICES

<u>TOTAL</u>		<u>325</u>	<u>360</u>	<u>360</u>	<u>TOTAL</u>	<u>WR</u>	<u>123,900</u>	<u>213,500</u>	<u>278,000</u>
CONSULTANT DAYS	WR	325	360	360	PERSONNEL - CONSULTANTS		45,500	100,800	145,100
<u>TOTAL</u>		<u>61</u>	<u>71</u>	<u>70</u>	SUPPLIES AND MATERIAL		13,900	13,300	6,900
FELLOWSHIP MONTHS	WR	61	71	70	FELLOWSHIPS		64,500	99,400	126,000

TRINIDAD AND TOBAGO-5200, FEASIBILITY STUDY FOR THE IMPROVEMENT OF FOUR DISTRICT HOSPITALS

<u>TOTAL</u>		<u>PG</u>	<u>130,000</u>	<u>-</u>	<u>-</u>
CONTRACTUAL SERVICES			110,000	-	-
PROGRAM SUPPORT COSTS			20,000	-	-

TRINIDAD AND TOBAGO-5400, HEALTH STATISTICS

<u>TOTAL</u>		<u>360</u>	<u>240</u>	<u>360</u>	<u>TOTAL</u>	<u>PR</u>	<u>83,900</u>	<u>86,700</u>	<u>170,200</u>
CONSULTANT DAYS	PR	360	240	360	PERSONNEL - CONSULTANTS		48,600	67,200	145,100
<u>TOTAL</u>		<u>32</u>	<u>12</u>	<u>12</u>	SUPPLIES AND MATERIAL		700	1,200	1,500
FELLOWSHIP MONTHS	PR	32	12	12	FELLOWSHIPS		33,700	16,800	21,600
					COURSES AND SEMINARS		900	1,500	2,000

TRINIDAD AND TOBAGO-5500, MANAGEMENT OF HEALTH SERVICES

<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR</u>	<u>96,000</u>	<u>133,700</u>	<u>159,900</u>
P-3 ADMIN. METHODS OFFICER .2055	PR	24	24	24	PERSONNEL - POSTS		82,400	113,900	135,400
<u>TOTAL</u>		<u>5</u>	<u>10</u>	<u>10</u>	STAFF DUTY TRAVEL		8,300	5,800	6,500
FELLOWSHIP MONTHS	PR	5	10	10	FELLOWSHIPS		5,300	14,000	18,000

DEVELOPMENT OF HUMAN RESOURCES

The objectives of the program are: (a) to assist in the development of human resources in nursing--quantitatively and qualitatively--to meet the goal of extended health services to all sectors of the community, in order to develop an educational system that will prepare different categories and numbers of nurse practitioners, including auxiliaries, required to achieve national health goals, and to establish preparation of nurses at the continuing education level with short courses, seminars and workshops in the different clinical and functional areas of nursing; (b) to assist in supporting a training school in dentistry in order to help provide an effective government dental service staffed with a cadre of well-trained dental nurses; and (c) to assist in the development of a curriculum for a professional dental school.

TRINIDAD AND TOBAGO-6600, ESTABLISHMENT OF SCHOOL OF DENTAL NURSING

<u>TOTAL</u>		<u>36</u>	<u>12</u>	<u>-</u>	<u>TOTAL</u>	<u>UNDP</u>	<u>247,600</u>	<u>64,700</u>	<u>-</u>
P-4 DENTAL EDUCATION ADVISOR 4.4418 4.4419	UNDP	36	12	-	PERSONNEL - POSTS		164,500	58,100	-
<u>TOTAL</u>		<u>219</u>	<u>-</u>	<u>-</u>	OTHER PERSONNEL COSTS		2,000	-	-
CONSULTANT DAYS	UNDP	219	-	-	PERSONNEL - CONSULTANTS		33,700	-	-
<u>TOTAL</u>		<u>15</u>	<u>3</u>	<u>-</u>	MISCELLANEOUS COSTS		5,000	3,000	-
FELLOWSHIP MONTHS	UNDP	15	3	-	MISCELLANEOUS EQUIPMENT		23,000	-	-
					FELLOWSHIPS		16,400	3,600	-
					GROUP TRAINING		3,000	-	-

 UNITED STATES OF AMERICA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	227,640+
Area (in thousand square miles)	1970	3,540
Cultivated land (in thousand acres)	1980	387,000
<u>Health Indicators:</u>		
Life expectancy at birth	1979	73.8*
Death rate per 1,000 population	1979	8.7*
Infant mortality rate per 1,000 live births	1979	13.0*
Death rate 1-4 years, per 1,000 population	1979	0.6*
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1979	0.8*
Number of physicians per 10,000 population	1978	19.1
Number of hospital beds per 1,000 population	1978	6.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	22.8**
Percentage of population 55 years and over	1979	20.7**
Rate of natural increase per 1,000 population	1979	7.1*
Fertility rate per 1,000 women 15-44 years of age	1979	68*
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1978	44*
Percentage of population with access to potable water	. . .	***
Per capita calories per day	1979	3,500
Per capita protein per day (grams)	1979	104
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	1980	11,795
Percentage of GDP from secondary sector (manufacturing and building)	1979	28
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1969	99
Percentage of population 5-14 years enrolled in primary schools	1979	98****
Percentage of population 15-19 years enrolled in secondary and vocational schools	1979	77****
Percentage of population 20-29 years enrolled in university	1979	16****

+estimate based on 1980 census
 *provisional
 **estimated
 ***virtually all
 **** civilian, non-institutionalized population

UNITED STATES OF AMERICA - COUNTRY STATEMENT

The total population of the United States of America in 1978 was 218.2 million, having increased only 0.9% or 1.8 million from the previous year. The rate of natural increase in the 1970's is lower than it has ever been in the United States of America. In 1978 there were 24.1 million people 65 years and over; by the year 2000 there will be 31.8 million and by 2030, as the last of the World War II baby boom reaches age 65, there may be 55.0 million.

The birth rate has generally increased in recent years but in 1978 was still below the levels observed in 1970 and earlier. While previously postponed births are accounting for the observed increases, rates of childbearing among young women and higher order birth rates for older women have continued to decline. Higher proportions of married couples are using contraception, and they are using effective methods with low failure rates. The proportion of babies born to unmarried women has increased. In 1978 there were about 543,900 births to unmarried women. Nearly a quarter were to young women under age 18 who probably did not finish high school; almost half were to women under age 20. The 1978 death rate of 8.8 deaths per 1,000 population was the same as the rate for 1977, which was the lowest ever recorded in this country. The age-adjusted rate for men was 1.8 times that for women; for people other than white it was 1.4 times the white rate. Black children under age five had a death rate twice as high as white children. The difference in life expectancy between men and women has remained relatively constant since 1973, while the difference between whites and others has decreased. If 1978 death rates were to continue to prevail over their lifetimes, white female babies born in 1978 could expect to live 77.8 years, other females 73.6, white males 70.2 years, and other male babies 65.0 years.

About two-thirds of the deaths in 1978 were caused by heart disease, malignant neoplasms, and cerebrovascular diseases. While death rates from heart disease and cerebrovascular diseases have been declining, the death rate for cancer has continued to climb slowly. About two-fifths of the deaths of small children aged 1-4 are caused by accidents; half of the deaths of children aged 5-14 and 15-19 are caused by accidents. In 1978 approximately 36% of the children aged 1-4 were not protected against measles and 35% were not protected against rubella. About 32% were not protected against diphtheria-tetanus-pertussis, and 39% had no protection against polio.

In 1978, the great majority (87%) of the civilian noninstitutionalized population were reported to be in good or excellent health. Higher proportions of both the aged and the poor were reported to be in only fair or poor health than were the young and the more affluent. In 1979, almost 8 million people or 3.7% of the noninstitutionalized population were unable to perform what they considered their major activity, 7.2% were limited in the kind or amount of major activity, and 3.7% were limited in other activities as a direct result of chronic diseases. In total about 31 million persons had some degree of limitation of activity as a result of chronic conditions.

The chronic conditions causing the greatest numbers of individuals with debility are arthritis and rheumatism, impairment of the back, lower extremities and hips, heart conditions and hypertensive disease. Of the persons with chronic conditions, an estimated 8.6 million persons had visual impairments, 16.7 million persons had hearing impairments, and 11.8 million persons had impairments of the back and spine according to 1979 figures. More than 23 million (18%) of the adults in this country have hypertension not under control through diet or medication. Only 45% of the people identified as being definite hypertensives reported that a physician had ever told them they had high blood pressure or hypertension. The venereal disease rate has been rising since 1960 and has reached epidemic proportions. The 1979 data show an increase of almost 15% from the number of cases reported in 1978, with an increase in the rate of reported cases per 100,000 population from 10.0 to 11.4. However, reported cases of gonorrhea decreased slightly, with the 1979 rate of reported cases per 100,000 population being 459.4, compared with the 1978 rate of 468.3.

At every age and for both sexes, death rates are higher for people who smoke or who have smoked in the past than for people who have never smoked. Smoking has decreased among adults and teenaged boys and stabilized among teenaged girls.

Some major nutritional problems that have been identified by national surveys are excessive weight or obesity, iron deficiency anemias, and dental decay. Obesity is a major health problem affecting people in all age and economic groups. Its causes are primarily related to excessive consumption of food in relation to expenditure of energy. There is growing evidence that obesity may be a primary risk factor for several diseases: cardiovascular disease, hypertension, diabetes, and perhaps cancer. From the National Health and Nutrition Examination Survey (NHANES I), it is estimated that 42 million Americans 20-74 years of age exceed their desirable weight by 10% or more. About 23 million persons 20-74 years of age exceed their desirable weight by 20% or more; about 7 million of these persons could be classified as severely obese by some definitions.

Iron deficiency is quite common, particularly in young children, pregnant women, the elderly, and in lower socioeconomic populations. As many as 10% of lower socioeconomic pregnant women, 5% of lower socioeconomic infants, and an unknown proportion of the elderly are afflicted with some degree of relative iron deficiency. More reliable estimates of these prevalences are hard to come by, since detailed NHANES data are not available for pregnant women and children less than 2 years old and not available at all for the over 74 years age group.

Too frequently over-consumption of sugars and inadequate fluoride intake are significant factors in the development of dental decay (caries). The average 17-year old has had caries in 8.7 of his permanent teeth, and about 20% of the age group have had caries in one-half or more of their teeth. Dental caries are sufficiently prevalent that one can say that in excess of 95% of the population are afflicted to some degree.

Although mortality is a significant indicator of health status, mental disorders and substance abuse are also major factors related to disability and limitation of activity. From recent national household surveys, it is estimated that during the month prior to interview about 22.5 million persons were active marijuana users (1979), about 2.0 million persons were active stimulant users (1979), about 1.6 million persons were active sedative users (1979), and about 470,000 persons ages 12-25 years of age were active opiate users (1977). It is estimated that 10% of the adult population who drink are either alcoholics or experience problems with their drinking. An estimated 15% of the population suffers from some form of mental disorder.

About 22 million persons or 10.4% of the population have experienced difficulty in obtaining medical care, with the most common problem of getting an appointment. Differences in the amount of utilization of health services between the poor and the non-poor that existed a decade ago have diminished, disappeared or actually reversed.

While the number of physicians per 100,000 people has been increasing, the number of physician contacts per person (excluding contacts while a hospital inpatient) has remained about the same. Three quarters of the civilian noninstitutionalized population had at least one physician contact in 1979. Visits to the emergency room accounted for 4.6% of all physician contacts in 1979 in contrast with 2.6% in 1970. In 1979, 12.8% of all physician contacts of children under age 17 in low income (less than \$5,000) families were emergency room visits in contrast with 6.6% in 1970.

Half of the population saw a dentist at least once in 1979. Only 35% of the people in low-income families (less than \$7,000) had at least one visit during the year in contrast with 66% in high-income families (\$25,000 or more), and the high-income persons reported twice as many visits, 2.3 versus 1.2 visits per year.

People in families with low incomes are hospitalized more often, and once hospitalized they remain in the hospital longer than people in families with higher incomes. According to the National Health Interview Survey, the hospital discharge rates for people 65 years and over increased substantially from 1970 to 1979 (from 234 to 270 per 1,000).

Data from the National Hospital Discharge Survey show that the hospital discharge rates for people 65 years and over increased substantially from 1965 to 1978 (from 264 to 382 per 1,000). In 1978 diseases of the circulatory system accounted for 30% of the days elderly people spent in short-stay hospitals and 26% of their visits to physicians' offices. Surgery was being performed at a higher rate in 1978 than in 1965. A rate of 9,704 operations per 100,000 persons of all ages occurred in 1978 in contrast with 7,735 in 1965, an increase of 25%.

Only 14.6% of the noninstitutionalized population are limited in activity because of chronic conditions, yet these people account for 29% of the visits to physicians and 56% of the days in the hospital. In 1978, approximately 1.3 million persons were residents of nursing homes. (This includes homes for the aged, personal care homes and other such facilities.) The vast majority were elderly people who utilized far more days of care in nursing homes than in short-stay hospitals.

The increase in the use of outpatient psychiatric services is associated with reductions in the use of inpatient psychiatric hospital services, increases in use of new drug therapies, and expansion of insurance benefits for outpatient psychiatric services.

The number of active physicians (including doctors of osteopathy) in the United States of America increased nearly 100% between 1950 and 1978. During this period the population increased only about 50%, thus increasing the physician to population ratio from 141 to 191 per 100,000 population. In spite of the advances in the physician to population ratio, large variations among States still remain. Mississippi and South Dakota have the lowest physician to population ratio (10.9). The highest occurs in Maryland, with 282 physicians available per 100,000 population. It is obvious that maldistribution still remains in spite of all attempts to solve this problem.

In 1950 there were 76,940 active dentists in the United States of America. This number has increased to 120,620 in 1978 or an increase of somewhat more than 50% in almost 30 years. This increase has just about kept pace with the growth in population. In 1950 there were 49 active civilian dentists per 100,000 resident civilian population compared to 53 per 100,000 population in 1978. This moderate increase among dentists is quite different than that experienced by physicians during this same period (see above). An analysis of the ratio of dentists to population among States shows considerable variation with the lowest State, Mississippi, having only 31 dentists for 100,000 population while the State having the highest ratio, New York, had 72. (The District of Columbia had 82 dentists per 100,000 but this may be a special case.) A significant change in field of dentistry has been the increase in the number of specialists. In 1960 there were 4,170 specialists representing 5% of the active dentists. By 1978 there were 14,959 specialists representing 12% of the active dentists.

Nursing and related services account for slightly more than half of the estimated health professionals employed in the health field. The number of registered nurses relative to population has increased from 282 in 1960 to 467 per 100,000 population in 1977. In spite of this large increase, many hospitals are still finding it increasingly difficult to recruit an adequate supply of these health professionals. For the country as a whole there were in 1978, 377 registered nurses employed in hospitals per 1,000 hospital beds. This rate varied among States with West Virginia having 272 and Arizona having a high of 526 nurses per 1,000 beds.

During the past 30 years over \$50 billion were spent on health facilities construction and modernization. While only about \$4 billion of this total were derived directly from the Hill-Burton facilities construction legislation, those funds appear to have been a factor in achieving a more equitable distribution of the short-stay hospital bed supply across the country. The number of hospitals decreased from 7,845 to 7,230, and the number of hospital beds decreased from 1.6 million to 1.4 million from 1969 to 1978. The decline in hospital beds has been mostly within the specialty hospitals. In general, the number of community hospital beds per 1,000 population was highest in the North Central Region (5.0) and lowest in the West Region (3.6). In 1978 there were 725,000 community hospital beds in large metropolitan areas and 250,000 such beds in outlying areas.

One of the many factors related to the rising cost of hospital care is the increase in the number of hospital employees per patient. In 1978 there were 370 full-time equivalent employees for every 100 patients in non-Federal short-stay (community) hospitals. This is more than twice the number of employees per patient as 30 years ago. The growth of the nursing home industry was one of the major health developments in the past 15 years. There were two and a half times as many beds in nursing homes in 1978 as in 1963. Nationally, there were 56 nursing home beds per 1,000 people 65 years and over in 1978.

During 1979, national health expenditures in the United States of America totaled \$212.2 billion or 9.0% of the gross national product. This total health expenditure was 13% greater than that in the previous year. Personal health care expenditures averaged \$753 per person, 12% more than in the previous year. Between 1950 and 1979, personal health expenditures rose at an average annual rate of 10.3%. More than half of this increase was due to price increases.

Expenditures for hospital care rose more rapidly than those for services of physicians and dentists. Changes in the quantity and quality of services provided by hospitals, however, have accounted for less than half of the increased outlays for providing that care.

Between 1950 and 1979, an increasing proportion of total health expenditures were spent on inpatient care (i.e., hospital and nursing home care). In 1979, hospital care alone accounted for 40% of national health expenditures. Expenditures for nursing home care have grown at an average annual rate of 17% a year since enactment of Medicare and Medicaid. Between 1965 and 1979, public expenditures rose at nearly twice the rate of private expenditures. By 1979 they accounted for 43% of all spending for health care, up from a relatively stable 25% share during the years from 1950 to 1965.

In 1979, 52% of public program expenditures, \$47.7 billion, were devoted to hospital care, with the largest amounts (both absolutely and proportionally) being paid by the Medicare Program. Physicians' services accounted for \$10.6 billion, or 14% of the total, followed closely by outlays for nursing home care of \$10.1 billion (13%). Per capita expenditures for personal health care services increase with age. In 1979, \$2,026 was spent for each person 65 years and over, \$764 for those aged 19-64, and \$286 for those under age 19. The health expenditures for older people were publicly subsidized to a greater extent than those for the younger population. In 1979 the public contribution varied from 63% for the elderly to 29% for people under 19 years of age.

The total economic cost of illness, taking into account the direct cost of treatment and the losses attributed to morbidity and mortality at a 10% discount rate was \$239 billion in 1975. The major increase was in the direct cost of providing care. Direct costs accounted for 49.6% in 1975 in contrast to 24.1% in 1963. Diseases of the circulatory system accounted for the largest share of total costs of illness, one-fifth, in both years.

An estimated 185 million persons, or 87.4% of the nation's population, were protected against some portion of the cost of medical care by either governmental or private coverage in 1977. Private health insurance, as opposed to Federally sponsored Medicare/Medicaid Plans, paid for about one-quarter of all personal health care expenses in 1978. The bulk of these payments were for hospital care (59%) and physicians' services (30%).

There is almost no area of health where the available knowledge is adequate to the challenges faced. The goal is clear: to improve the health status of people; the means to achieve that goal are frequently not so clear. Knowledge development is important not only in the biomedical fields but also for health services delivery, financing, and improving the quality of care. The Federal Government has long maintained a significant role in support of knowledge development. In 1979, the Government provided funding for 61% of the nation's health-related research.

While the development of new knowledge remains an integral element in promoting the people's health, a report prepared in 1979 (the Surgeon General's Report on Health Promotion and Disease Prevention) reviewed preventable threats to health and identified priority areas in which appropriate actions can bring further gains over the coming decade. The report established broad national goals, which were expressed as reductions in overall death rates or days of disability, for the improvement of the health of Americans at the five major life stages. Specifically, the goals established were: (1) To continue to improve infant health, and, by 1990 to reduce infant mortality by at least 35%, to fewer than nine deaths per 1,000 live births. (2) To improve child health, foster optimal childhood development, and, by 1990, reduce deaths among children ages one to 14 years by at least 20%, to fewer than 34 per 100,000. (3) To improve the health and health habits of adolescents and young adults, and, by 1990, to reduce deaths among people ages 15 to 24 by at least 20%, to fewer than 93 per 100,000. (4) To improve the health of adults, and, by 1990, to reduce deaths among people ages 25 to 64 by at least 25%, to fewer than 400 per 100,000. (5) To improve the health and quality of life for older adults and, by 1990, to reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20%, to fewer than 30 days per year for people aged 65 and older.

To attain these broad goals, specific and quantifiable objectives have been developed in 15 priority prevention areas. These are spelled out at the end of this presentation. While the objectives were developed under Public Health Service sponsorship, and are consistent with Federal policies, they are far wider in purpose and scope. They are intended to be National, not Federal, objectives. To realize the potential for reducing the rates of premature death and disability to the levels projected requires a truly National commitment, including, but going far beyond, that of government. Moreover, the United States Government has committed itself to the goal of the World Health Organization of health for all by the year 2000 and is viewing its analysis of the health situation and the development of health-related policies within that context.

To achieve these objectives demands actions by people in all walks of life, in their roles as concerned individuals, parents, and as citizens of their Nation and of States and local communities. Sustained interest and action is required not only by physicians and other health professionals, but also by industry and labor, by voluntary health associations, schools, churches, and consumer groups, by health planners, and by legislators and public officials in health departments and in other agencies of local and State governments and at the Federal level.

No effort has been made to establish priorities among the 15 areas, or even among the various objectives within any given area. Given the nature of a pluralistic society and the diversity of regional and local needs and capabilities, both the setting of priorities and the choice of program direction are best left to those responsible for planning, coordinating, and implementing prevention strategies—namely State and local health agencies, State health planning and development agencies, health system agencies, and governing boards of the wide range of private sector organizations involved.

It is important to note that some themes can be identified which group the activities of the 15 areas into sub-categories with common elements. "Substance abuse," for example, links the areas of smoking and health and misuse of alcohol and drugs. Common elements in these areas include questions of addictive properties, neurochemical action, long-term sequelae, age-related vulnerability, effectiveness of primary and secondary prevention measures, and ethical issues attendant to behavior change. Each of these issues should be considered not only on its own merit, but also for its lessons for, and commonalities with, the other abusive behaviors. Another example is the theme of "reproductive health." Family planning, pregnancy and infant health, and sexually transmitted diseases are, of course, all concerned with reproductive health, but elements are also found in the discussions of smoking and health, misuse of alcohol and drugs, nutrition, toxic agent control, occupational safety and health, and immunization. Approaches to ensuring positive results of

human reproductive processes compel consideration of issues of sexual attitudes and behavior, understanding of fertility and infertility, decisions about pregnancy, activities and exposures during pregnancy, obstetrical services, and follow-up care of mother and infant. All are important factors in reproduction; central concerns of much of reproductive life. Considering the spectrum of issues in the aggregate, rather than a series of isolated events, has substantial merit.

Implementation of the objectives for each of the 15 areas requires a pluralistic process involving public and private participants from many sectors and backgrounds. Health officials and health providers must be joined by employers, labor unions, community leaders, school teachers, communications executives, architects and engineers, and many others in efforts to prevent disease and promote health. It is important to emphasize that, while the Federal Government must bear responsibility for leading, catalyzing and providing strategic support for these activities, the effort must be collective and it must have local roots.

UNITED STATES OF AMERICA - PRIORITY PREVENTION AREAS

Preventive Health Services

High Blood Pressure Control
Family Planning
Pregnancy and Infant Health
Immunization
Sexually Transmitted Diseases

Health Protection

Toxic Agent Control
Occupational Safety and Health
Accident Prevention and Injury Control
Fluoridation and Dental Health
Surveillance and Control of Infectious Diseases

Health Promotion

Smoking and Health
Misuse of Alcohol and Drugs
Nutrition
Physical Fitness and Exercise
Control of Stress and Violent Behavior

 UNITED STATES OF AMERICA - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	119,200	20.9	66,400	10.4	75,000	9.9
ENVIRONMENTAL HEALTH SERVICES	55,500	9.7	-	-	-	-
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	55,500	9.7	-	-	-	-
COMPLEMENTARY SERVICES	63,700	11.2	66,400	10.4	75,000	9.9
4300 EPIDEMIOLOGICAL SURVEILLANCE	63,700	11.2	66,400	10.4	75,000	9.9
II. DEVELOPMENT OF THE INFRASTRUCTURE	451,500	79.1	574,500	89.6	682,900	90.1
HEALTH SYSTEMS	451,500	79.1	574,500	89.6	682,900	90.1
5100 GENERAL PUBLIC HEALTH SYSTEMS	451,500	79.1	574,500	89.6	682,900	90.1
GRAND TOTAL	570,700	100.0	640,900	100.0	757,900	100.0

UNITED STATES OF AMERICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHU--PR	299,400	72	120	50	202,700	14,300	61	63,900	-	-	18,500	-
PG	30,000	12	-	105	20,000	10,000	-	-	-	-	-	-
WHO--WR	241,300	24	-	540	129,500	7,100	61	64,000	5,800	10,900	-	24,000
TOTAL	570,700	108	120	695	352,200	31,400	122	127,900	5,800	10,900	18,500	24,000
PCT. OF TOTAL	100.0				61.7	5.5		22.4	1.0	1.9	3.3	4.2
1982-1983												
PAHU--PR	307,400	48	144	-	204,500	25,000	44	57,400	-	-	20,500	-
WHO--WR	333,500	24	-	540	208,100	9,500	41	57,400	9,700	21,000	-	27,800
TOTAL	640,900	72	144	540	412,600	34,500	82	114,800	9,700	21,000	20,500	27,800
PCT. OF TOTAL	100.0				64.4	5.4		17.9	1.5	3.3	3.2	4.3
1984-1985												
PAHU--PR	340,400	48	144	-	225,200	25,000	39	70,200	-	-	20,000	-
WHO--WR	417,500	24	-	540	282,600	10,000	39	70,200	4,600	10,500	-	39,600
TOTAL	757,900	72	144	540	507,800	35,000	78	140,400	4,600	10,500	20,000	39,600
PCT. OF TOTAL	100.0				67.0	4.6		18.6	.6	1.4	2.6	5.2

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

UNITED STATES OF AMERICA - PROGRAM NARRATIVES AND PROJECT DETAIL

DEVELOPMENT OF HEALTH SERVICES

The purposes of this program are: (a) to promote and coordinate the joint study and approach to the solution of common health problems along the United States and Mexico border of primary concern to both Governments; (b) to facilitate the exchange of information and discussion of problems among federal, state, and local health authorities of both countries in the planning and implementation of border health initiative programs; (c) to collect and concentrate data on initiative programs and other health-related activities and distribute them to health authorities of all levels in both country; (d) to coordinate border interuniversity activities and investigations in the health field; and (e) to act as a Secretariat of the United States-Mexico Border Health Association.

UNITED STATES OF AMERICA-5100, CONSULTANTS IN SPECIALIZED FIELDS

TOTAL		645	540	540	TOTAL	92,900	151,200	217,600
CONSULTANT DAYS	PG	105	-	-	SUBTOTAL	PG	20,000	-
CONSULTANT DAYS	WR	540	540	540	PERSONNEL - CONSULTANTS		20,000	-
					SUBTOTAL	WR	72,900	151,200
					PERSONNEL - CONSULTANTS		72,900	217,600

UNITED STATES OF AMERICA-5101, FIELD OFFICE: UNITED STATES-MEXICO BORDER*

TOTAL		228	216	216	TOTAL	349,900	374,900	399,900
P-5 CHIEF OF FIELD OFFICE	PR	24	24	24	SUBTOTAL	PR	235,500	250,000
.0902					PERSONNEL - PCSFS		199,300	204,500
P-5 EPIDEMIOLOGIST	WR	24	-	-	PERSONNEL - CONSULTANTS		3,400	-
4-3788					STAFF DUTY TRAVEL		14,300	25,000
P-4 EPIDEMIOLOGIST	WR	-	24	24	GRANTS		18,500	20,500
4-5342					SUBTOTAL	PG	10,000	-
P-4 SANITARY ENGINEER	PM	24	-	-	PERSONNEL - POSTS		-	-
.0903					STAFF DUTY TRAVEL		10,000	-
P-2 ADMINISTRATIVE OFFICER	PR	24	24	24	SUBTOTAL	WR	104,400	124,900
.3310					PERSONNEL - POSTS		56,600	56,900
U-6 RESEARCH OFFICER	PG	12	-	-	STAFF DUTY TRAVEL		7,100	9,500
.5438					GENERAL OPERAT. EXPENSES		24,000	27,800
G-6 SECRETARY	PR	72	72	72	SUPPLIES AND MATERIAL		10,900	21,000
.0906 .0907 .0908					COURSES AND SEMINARS		5,800	9,700
G-5 CLERK	PR	24	48	48				
.3623 .5472								
G-5 SECRETARY	PR	24	24	24				
.4134								
TOTAL		50	-	-				
CONSULTANT DAYS	PR	50	-	-				

* FUNDS FOR THE FIELD OFFICE: UNITED STATES-MEXICO BORDER ARE DIVIDED BETWEEN THIS PROGRAM AND THE "DEVELOPMENT OF HEALTH SERVICES" IN MEXICO.

UNITED STATES OF AMERICA-5102, FELLOWSHIPS

TOTAL		122	82	78	TOTAL	127,900	114,800	140,400
FELLOWSHIP MONTHS	PR	61	41	39	SUBTOTAL	PR	63,900	57,400
FELLOWSHIP MONTHS	WR	61	41	39	FELLOWSHIPS		63,900	57,400
					SUBTOTAL	WR	64,000	57,400
					FELLOWSHIPS		64,000	57,400

URUGUAY - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	2,864
Area (in thousand square kilometers)	1978	176
Cultivated land (in thousand hectares)	1976-1977	1,064
<u>Health Indicators:</u>		
Life expectancy at birth	1980-1985	70.7
Death rate per 1,000 population	1978	9.8
Infant mortality rate per 1,000 live births	1979	33.8
Death rate 1-4 years, per 1,000 population	1978	1.1
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	3.3
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	2.0
Number of physicians per 10,000 population	1979	19.3
Number of hospital beds per 1,000 population	1979	5.2
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	27.0
Percentage of population 55 years and over	1978	19.0
Rate of natural increase per 1,000 population	1980-1985	9.7
Fertility rate per 1,000 women 15-44 years of age	1975	99
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1975	63
Percentage of population with access to potable water	1977	75
Per capita calories per day	1962-1976	3,122
Per capita protein per day (grams)	1962-1976	107
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	.	.
- in United States dollars	1978	1,635
Percentage of GDP from secondary sector (manufacturing and building)	1977	30
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)	1975	171
<u>Educational Indicators:</u>		
Percentage of literate population	1975	94
Percentage of population 5-14 years enrolled in primary schools**	1975	98
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	97
Percentage of population 20-29 years enrolled in university**	1973	6

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

URUGUAY - COUNTRY STATEMENT

The Eastern Republic of Uruguay is a sovereign state with a democratic republic government, located in the southern area of South America, on the Atlantic coast. Its total surface area is 313,782 square kilometers divided in the following manner: land surface, 176,215 square kilometers; territorial seas, 120,684 square kilometers; Lake Merín, the La Plata and Uruguay Rivers, and islands, 16,883 square kilometers; Antarctic territory, unknown.

The country is located in the temperate region of the southern hemisphere and is characterized by its damp subtropical climate, with rains throughout the year. The annual mean temperature is 16°C, with a mean temperature in winter of 12.8°C and in summer 25°C. There are slight variations in temperature between the northern and the southern half of the country that are the result of the the ocean's influence on the latter.

The country's fluvial network comprises the second largest hydrologic system in South America, the Amazon being the largest. It encompasses Paraguay, Paraná, Uruguay, and the River Plate. In Uruguay this system includes the basins of the Rivers Negro, Uruguay, and Plate, and Lake Merín, all located on the Atlantic Slope.

Politically the country is divided into 19 departments; the capital is Montevideo. Demographically, it is characterized by a high life expectancy at birth (68.89 years for the period 1974-1975) and low fertility and mortality rates, with a consequent decline in the rate of growth. In 1975 the rates were 21.1 for the birth rate; 9.9 for the mortality rate; 11.2 for natural increase; and 5.0 for real growth.

The figures for Uruguay's population pyramid are 27% for the population under 15 years of age, 63.2% for that between 15 and 64 years of age, and the remaining 9.8% for that over 64 years of age; the present trend suggests that by the year 2000, 11.25% of the population will be over 64 years of age.

Uruguay is one of the most urbanized countries in the Americas; according to the 1975 census, only 17% of the population lived in the countryside, and it is anticipated that this figure will decrease to 15% by the year 2000.

The capital city of Montevideo had a population of 1,173,254 in 1975, accounting for 42.32% of the total population, and qualifying Uruguay as the leading country in the Americas in terms of population density in its capital. The city has an annual growth rate of 0.23%.

The secondary cities are extremely different from the capital, since all of them have a population of under 75,000 inhabitants. These cities grow at an annual rate of 1.8%, which is higher than the index of natural increase, a fact that suggests the existence of migration from the countryside or from smaller cities.

In 1978 the country's GDP was \$1,635 per capita, and GDP rate of growth was 2.3% annually. In 1977, GDP basically consisted of the manufacturing and construction industries, which accounted for 30.3% of the total; services, 29.5%; the agriculture and livestock and the fishing sectors, 14.6%; trade, 14.5%; transport, 7.4%; electricity, gas, and water, 2.5%; and communications, 1.2%.

Uruguay is an important producer of beef; in 1978 it slaughtered 1,085,000 heads of cattle, which produced 358,000 tons of beef, of which 226,000 were exported and 132,000 sold on the domestic market. In addition, 70,000 tons of fish were caught. It is also an important producer of wheat, rice, maize, and barley and produces potatoes, beetroot, and sugar cane. In a general breakdown, in 1977 traditional products accounted for 36.2% of all exports, and nontraditional products for 63.8%.

In 1975, 50.1% of the population over 12 years of age was classified as economically active; of these, 93.3% were employed and the remaining 6.7%, unemployed.

It is worth mentioning that Uruguay is the country with the highest figures for literacy in Latin America; in 1975 only 5.7% of the population over 10 years of age was illiterate. There is sufficient available food, with a daily average per inhabitant of 3,122 calories and 107 grams of protein.

According to the 1975 census, in Uruguay 72.8% of the private dwellings are connected to the public water supply system. In Montevideo 93.4% of the dwellings are supplied by the public system, and in the cities of the interior, this figure is 73.2%. Forty-three point eight percent of all private dwellings are connected to the public sewerage system; 46.6% use septic tanks or cesspools, and 9.5% utilize other systems. In the Department of Montevideo 71.3% of household wastewater is channeled into the sewerage system. This system also collects rainwater. The elimination of liquid industrial wastes is regulated by a municipal ordinance which standardizes wastewater disposal in the industrial establishments of Montevideo.

Many studies have been carried out in order to find solutions to the problem of elimination of liquid wastes. One of them was conducted in 1972 by the Municipal Government of Montevideo in coordination with a team of consultants. The final report concluded that the sanitation system is adequate for present needs, although some extensions and good maintenance of the system are required, and the ordinance on industrial wastewater disposal should be rigidly applied.

Concerning the final disposal of solid wastes, in both Montevideo and in most of the cities in the interior of the country, there are refuse collection services, which are under the responsibility of the municipal governments. Refuse is picked up once a day. In the rural areas, this service does not exist, and the wastes are buried or burned.

Indicators of the standard of living in Uruguay are generally satisfactory; the country has maintained a high level of life expectancy at birth for several decades; in the period 1974-1976, this figure was 68.89 years for the two sexes, 65.66 years for men, and 72.41 for women. The indicator for mortality indicates a downward trend; in 1978 the rate was 9.8 per 1,000 population.

Currently the five leading causes of death are, in order of decreasing importance: diseases of the circulatory system, causing 41.2% of all deaths; malignant tumors, 21.4%; accidents, 4.5%; certain causes of perinatal mortality, 3.8%; and infectious and parasitic diseases, 3.3%. Diseases of the circulatory system and cancer cause 63.6% of all deaths.

The difference in the rates for diseases of the circulatory system and cancer (403 and 209 respectively) on the one hand, and the next leading causes of death on the other (accidents 44.0, infectious and parasitic diseases 32.0) show the relative ranking of the health problems.

It is considered that the rates for infectious diseases, perinatal causes, and acute respiratory infections are higher than desirable, and this explains the priority assigned to the programs for these diseases in national health planning.

The five leading causes of hospitalization in the units of the Ministry of Public Health were accidents; acute respiratory infections and pneumonia; diseases of the circulatory system; psychoses, neuroses, personality disorders, oligophrenia; and finally, enteritis and other diarrheal diseases.

The five leading causes of outpatient care were diseases of the respiratory tract, bronchitis, emphysema, and asthma; diseases of the nervous system and of the sense organs; diseases of the circulatory system; infectious and parasitic diseases; enteritis and other diarrheal diseases.

In the first half of this century the country had one of the lowest infant mortality rates in the Americas with a clear downward trend; starting in 1950, and for almost two decades, this decline was halted, changing the trend to a stationary one with periodic "peaks" that reflected outbreaks of infectious disease affecting postneonatal infants. Starting in around 1969 the peaks of instability ceased, and a period of downward trend emerged; the figure obtained in 1979 has been the lowest in the history of the country.

In regard to infant mortality it should be noted that the decline of recent years equally involved the neonatal and postneonatal periods. However, there was a phenomenon of stabilization at the beginning of the neonatal period, accompanied by a clear decline towards the end of the neonatal period, which suggests that the problem of infant health is closely linked to factors inherent in pregnancy and delivery. In 1978 the causes related to pregnancy and delivery applied to 41.5% of all infant deaths and 72.2% of the neonatal deaths.

Maternal mortality has experienced a clear downward trend; in 1978 the rate was 4.9 per 1,000 births. The death rate in children from 1 to 4 years of age is 1.1 per 1,000 children; in this age group, the total number of accidents, birth defects, and cases of cancer account for 42.4% all deaths. In the age group 5 to 9 years of age, which has a death rate of 0.36 per 1,000, the above-mentioned causes account for 60% of all deaths. In the group 10 to 14 years of age, which has a rate of 0.43 per 1,000, accidents constitute 40.9%.

The reduction of mortality in these groups is mainly associated with the high percentage of children vaccinated throughout the country, which made a considerable reduction in the number of cases of communicable diseases preventable by vaccination. In 1978 the levels of immunization achieved for children under 5 years of age were measles 65%; whooping cough 69%; tetanus 81%; diphtheria 81%; and poliomyelitis 85%.

The specific death rates by age for the whole country indicate low figures for adolescents and young adults (15 to 19 and 20 to 44 years). In the group 15 to 19 years of age, accidents and other external causes generated 51.4% of all deaths. In the group 20 to 44 years of age, the leading cause of death was accidents (22.0%), followed by malignant tumors (19.8%), and diseases of the circulatory system (18.3%). Of particular interest is the low ranking of infectious diseases as a cause of mortality (3.7%).

Diseases of the circulatory system ranked third, with a percentage of 18.3, and among them, ischemic heart diseases and cerebrovascular diseases were the most common. In the group 45 to 64 years of age, diseases of the circulatory system and cancer together accounted for 62.2% of all deaths.

The 1975 census determined that the population 65 years and over comprised 272,816 persons, 119,800 of which were men and 153,516 women. The population in this age group constitutes a high percentage of the total population of the country (9.8%) and reflects the previously mentioned decline of mortality and fertility in the country.

In the period since the census was taken, the population over 65 years of age grew at an annual rate of 2.5%, which was much higher than the country's overall rate of growth (0.5%), climbing from 7.6% of the population in 1963 to 9.8% in 1975. The percentage of people over 64 years of age has increased steadily throughout this century, in 1908 it represented 2.5%, in 1963 7.8%, and in 1975 9.8%. United Nations estimates indicate that this sector of the population in Uruguay will total 417,000 persons by the year 2000, or 12.1% of the total population.

Seventy-four point four per cent of all deaths in this age group were caused by diseases of the circulatory system (53.6%) and cancer (20.8%). These causes are followed by diabetes mellitus (2.7%), bronchitis, emphysema, and asthma (2.4%), and finally acute respiratory infections, influenza, and pneumonia (2.2%).

The aim of the Government of the Eastern Republic of Uruguay is to provide within the "model of desirable well-being for the population," universal protection against the risks of disease, death, and/or disability, directing actions above all toward children, pregnant women, and disabled and elderly persons.

Because it is considered that the model of desirable well-being can be achieved only through the concerted action of all socioeconomic sectors and subsectors in the country, the Ministry of Public Health is working on the establishment of interrelationships for the purpose of designing and developing joint programs with institutions that specialize in the field of education and social welfare.

The National Health Plan has been designed within the framework of the National Plan of Development; in it are established clear objectives that ensure a level of health compatible with real socioeconomic opportunities.

At the international level, the Ministry of Public Health is working with the advisory services of PAHO, which provide assistance in 17 programs. In the last year special emphasis has been given, within the framework of Technical Cooperation between Developing Countries (TCDC), to a health agreement with the Argentine Republic, because the two countries' problems and approaches for dealing with them are similar.

The agreement established a Joint Committee for Coordination and formed working groups for the study, diagnosis, prevention, and treatment of common diseases. A similar agreement has been signed with Brazil and is in the process of being carried out.

The health sector is made up of two subsectors, the public and the private. The public subsector consists of the Ministry of Public Health, the Ministry of Education and Culture, the Health Unit of the Armed Forces, the Police Health Unit, and the General Bureau of Social Security. There are also institutional medical services, whose objective is to provide medical care to the personnel in their agencies.

The role of the Ministry of Public Health is to care for the population of the country, legally regulating and controlling the activities of the private sector, providing direct measures in benefit of the population, and coordinating its activities with other medical institutions for the care of specific groups and the provision of environmental services.

The Ministry of Education and Culture supports the Clinical Hospital, which is a university hospital and the most complex in the country. The Ministry has grade-school and high-school health programs. The military and police health units provide medical care to members and their families.

The purpose of the General Social Security Bureau is to administer health and work insurance and to provide maternal and child health care to policy-holders; it is also responsible for the provision of family allocations.

The private subsector comprises the Institutions of Collective Medical Care (IAMC), private sanatoria, and a rest home. The IAMCs are mutual or union aid societies that provide medical care to their members in exchange for a monthly payment; they are prepayment insurance institutions. The sanatoria are private hospitals, and the rest homes harbor elderly and handicapped people to whom they provide medical and nursing care.

It is calculated that approximately 45% of the population is under the direct responsibility of the Ministry of Public Health (MPH), 35.4% under the mutual system, 14.6% under other semi-official and state medical services, and the remaining 5% under the nonmutual private system.

In 1979, the mutual societies had 992,930 members, 884,844 in Montevideo and 108,046 in the interior, which means that 73.7% of the population of Montevideo and 6.75% of the interior depend on this system.

There are currently 14,660 hospital beds in the country (not counting the so-called geriatric units of the Ministry of Health and the convalescent units of the rest homes) with a ratio of 5.24 beds for every 1,000 inhabitants.

There are 10,131 short-stay beds, with a ratio of 3.62 per 1,000 population. Other beds are distributed as follows: 704 for tuberculosis (0.25 beds per 1,000 population); 3,775 for mental diseases (1.34 per 1,000 population); and 70 for Hansen's disease (0.03 per 1,000 population). There are 2,781 beds intended to provide shelter and minimum medical and nursing care to elderly and disabled persons.

Of the short-stay beds, 5,691, or 56.17%, are in Montevideo, and the remaining 4,440, that is 43.83%, are in the interior of the country. The institution that has the most beds of this type is the MPH with 56.44% of the total, followed by the IAMC with 18.06%.

The 704 beds for tuberculosis belong to the MPH; 456 are in Montevideo and the remaining 248 distributed in hospitals in the interior of the country. Of the 3,755 beds for mental diseases, 3,642 belong to the MPH and 113 to the private sector. The 70 beds for Hansen's disease belong to the MPH and are located in Montevideo.

Of the beds for minimum care and in the convalescent units, 1,149 belong to the MPH, 803 are in Montevideo in the Piñeyro del Campo Convalescent Hospital, and the other 346 are distributed among various hospitals in the interior. The private sector has 1,632 of these beds, 975 in Montevideo and 675 in the interior.

With regard to the occupancy rate for short-stay beds, it should be indicated that those of the MPH and those of the Clinical Hospital, which were included because they cover the same clientele as the Ministry, have an overall occupancy rate of 62.83 beds.

The beds for tuberculosis patients in the interior have a 26% rate of occupancy; in Montevideo this percentage is 67.7. Among beds for mental patients, those considered to be for national coverage, as in the Vilardebó Hospital of Montevideo and the Etchepare Colony of San José, have a 66.9% occupation rate; and this figure for beds in the hospitals of the interior is 67.9. Overall, beds of this type have a 62.90% occupancy rate. Beds for patients suffering from Hansen's disease have a 23.2% occupancy rate.

The country currently has 5,400 physicians, with an index of 19.3 per 10,000 population; 1,988 dentists with an index of 7.1 per 10,000; 784 university nurses, with an index of 2.8 per 10,000 population, and 15,600 nursing auxiliaries with an index of 54.3 per 10,000 population.

For the purpose of organizing the delivery of the services more efficiently, the MPH is carrying out a study to determine the different levels of care and the models of complexity of the establishments in structuring the network of services within a regionalized system.

Considered among current priorities is an increase in protection for mothers and children for the purpose of reducing infant mortality even more through preventive services in the units that were previously intended to provide only recovery care.

In parallel, research is being carried out to identify risk factors to be utilized in order to organize the programs more effectively. In this field a study of child morbidity and mortality is being conducted at the national level. The practice of issuing medical-obstetric birth certificates and perinatal death certificates has been introduced.

Through national statistics on the birth rate and death rate, the percentage of low birthweights, their geographical location, and maternal age, have been determined, and specific minimum rates have been established to gear the program to mothers and children with the highest risks.

With respect to communicable diseases, the outlook is good for improving the implementation of programs in general, and in particular the immunization programs. Health teams that have already been or will be formed for the various hydroelectric dam projects the country has in progress are helping to identify and solve health problems that are a consequence of the ecological changes that these works effect on the environment.

Tuberculosis is not a national problem; in 1978 only five persons died of this disease. This low figure is attributed to the high degree of immunity of the population and to early detection and treatment. With regard to leprosy, there are few registered cases and they are under control. Sexually transmitted diseases have increased; in response, authorities have developed an effective program for their control and prevention. Rabies and the Aedes aegypti have been practically eradicated in the country. In the north of the country, where there are cases of Chagas' disease, a program for Triatoma extermination is being conducted.

In the plan for development of the technical infrastructure, authorities are perfecting effective coordination between the subsectors and carrying out measures for technical and administrative rationalization in the Ministry of Public Health and the IAMC.

The Planning Division of the Ministry of Public Health is responsible for translating the general guidelines set at the policy-making level into specific programs on a global scale. In addition, it is in charge of providing programming schemes and advisory services to all levels requiring them, so that the levels can plan their activities within that frame of reference. It is also entrusted with the task of supervising and evaluating the progress of the programs on a global scale, as well as promoting necessary intrainstitutional integration and coordination.

With PAHO/WHO cooperation, an analysis of the information system is being carried out; the system will be adapted to the requirements of the sector. A UNFPA-financed program designed to improve the procurement of vital statistics is also being conducted.

In the field of human resources an agreement is in effect for the coordination of activities between the MPH and the School of Medicine. The curriculum of this school has been updated. The first students in the graduate program in public health, organized by the School of Medicine, are currently graduating.

The process of formulating the plan of health for all by the year 2000 has supplied the country with a calculation of the human resources it will require by that year; this calculation currently serves as a basis for the updating of a policy on health manpower.

In the area of nursing, minimum standards of care have been set in order to help alleviate the shortage of personnel through the improved utilization of resources.

With the assistance of PAHO/WHO, the Central Public Health Laboratory has been founded and is operating; it develops quality controls for the other public laboratories and does highly specialized examinations which require complex technology. In addition it establishes standards of operation for the intermediate and peripheral laboratories.

In the area of mental health the campaigns against alcoholism and drug addiction have intensified. For the treatment of these disorders, levels of care have been established and psychiatric treatment is being integrated into the general hospitals. The official opening of the Psychiatric Hospital for acute cases in Montevideo will soon take place; it has a 600-bed capacity.

With regard to environmental sanitation, a feasibility study is under way with technical cooperation granted by IDB in the form of \$350,000 and with a contribution from the Municipal Government of Montevideo in the amount of \$100,000 for the first phase of the project of final disposal of wastewater in the city of Montevideo.

In the first half-year, with the assistance of CEPIS, the standardization and definition of the mathematical model by which the behavior of the currents in the coastal area of Montevideo will be studied was completed. The project has two phases: the first will include the construction of the main collector; at the same time the currents will be studied; and finally the outlet will be constructed. It is hoped that in this way a better solution can be found to the problem of contamination in the city's coastal area and in some neighboring watercourses, which is the consequence of the dumping of household and industrial wastewater. Based on the resulting studies, it is hoped that the project will be able to obtain a loan of \$28,000,000 from IDB.

Lastly, it is important to point out that the present authorities have been successful in making a series of favorable circumstances work together to generate a positive situation for the improved channeling of the activities of the health sector, by setting up effective working teams and introducing the programming of activities at all levels.

URUGUAY - NATIONAL HEALTH PROGRAMS

Planning	Maternal and Child Health
Medical Care	Nutrition
Administrative Reorganization	Dental Health
Recovery of the Installed Capacity	Epidemiology
Training of Human Resources	Rheumatic Diseases
Maintenance	High Risk Centers
Statistics	Occupational Medicine
Laboratories	Financing
Nursing	Critical Fields
Mental Health	Hydatidosis
Rehabilitation	Environmental Sanitation
	Gerontology

URUGUAY - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
PAHU--PR	332,200	48	-	170	216,400	6,000	30	31,700	51,100	27,000	-
WHD--WK	418,500	48	24	235	247,800	10,000	13	13,700	31,700	40,600	74,700
WT	98,700	17	-	90	96,700	-	-	1,000	-	-	1,000
WP	133,784	-	-	160	110,068	-	-	-	14,250	-	9,466
TOTAL	983,184	113	24	655	670,968	16,000	43	46,400	82,800	81,850	85,166
PCT. OF TOTAL	100.0				68.3	1.6		4.7	8.4	8.3	8.7
1982-1983											
PAHU--PR	380,700	24	-	270	220,400	3,000	46	64,400	47,400	45,500	-
WHD--WK	436,600	24	24	55	219,500	7,000	30	42,000	37,900	45,200	85,200
WP	45,577	-	-	-	38,127	-	-	-	3,700	-	3,750
TOTAL	863,877	48	24	325	478,027	10,000	76	106,400	85,300	94,400	88,950
PCT. OF TOTAL	100.0				55.4	1.2		12.3	9.9	10.9	10.3
1984-1985											
PAHU--PR	492,400	24	-	390	328,300	3,500	43	77,400	44,000	39,200	-
WHD--WK	489,400	24	24	55	263,100	7,000	29	52,200	38,300	42,000	86,800
TOTAL	981,800	48	24	445	591,400	10,500	72	129,600	82,300	81,200	86,800
PCT. OF TOTAL	100.0				60.2	1.1		13.2	8.4	8.3	8.8

SEE LIST OF SOURCES OF FUNDS ON THE LAST PAGE OF THIS DOCUMENT

URUGUAY - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM AREA VI CONSULTANTS*

PROGRAM AREA					-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --	
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$	UNITS (DAYS)	AMOUNT \$
PROGRAM PLANNING AND GENERAL ACTIVITIES					300	136,920	300	281,770	300	339,310
PR	AREA VI	AREA REPRESENTATIVE	.0310	D-1						
		ADMINISTRATIVE OFFICER	.2098	P-1						
DISEASE PREVENTION AND CONTROL					100	20,780	100	47,930	100	57,720
WR	AMRO-4360	EPIDEMIOLOGIST	4.0846	P-4						
		SUPPLIES								
FAMILY HEALTH					120	24,400	-	-	-	-
PR	AMRO-1360	MEDICAL OFFICER (MCH)	.2117	P-4						
		SUPPLIES								
COMPLEMENTARY SERVICES					92	15,040	92	32,300	92	38,710
PR	AMRO-4160	NURSE ADMINISTRATOR	.0895	P-4						
		SUPPLIES								
DEVELOPMENT OF HEALTH SERVICES					250	50,800	110	33,650	110	40,520
PR	AMRO-5360	HEALTH PLANNER	.0915	P-4						
		SUPPLIES								
PR	AMRO-5460	STATISTICIAN	.4853	P-3						
		SUPPLIES								
PR	AMRO-5560	ADMIN. METHODS OFFICER	.4590	P-4						
		SUPPLIES								
DEVELOPMENT OF HUMAN RESOURCES					80	13,440	-	-	-	-
WR	AMRO-6060	HEALTH MANPOWER OFFICER	4.3685	P-4						
		SUPPLIES								
TOTAL					942	261,380	602	395,650	602	476,260

* THE AREA REPRESENTATIVE AND ADVISORS ARE BUDGETED IN THE AREA OFFICE AND AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE AREA REPRESENTATIVE FOR UTILIZATION OF THE RESOURCES AVAILABLE IN THE AREA.

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

URUGUAY - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

The purpose of this program is to develop activities for the control and/or eradication of the agents of disease, disability, or death at levels compatible with the technological possibilities of the country.

The program has been divided into eight components, and provision is made for the cooperation of PAHO/WHO in the aspects of (a) epidemiological surveillance: to provide assistance in order to improve the current system of surveillance and to update and motivate human resources at the departmental level; (b) immunizations: to provide assistance in order to step up vaccination activities throughout the entire country; (c) Chagas' disease: to provide assistance for information workshops for the spraying of houses, to increase the volume of specialized laboratory services, and to increase awareness among professionals practicing in areas where Chagas' disease is a problem; (d) venereal diseases: to provide assistance for the establishment of the Venereal Disease Control Center in Montevideo and for the organization of the National Reference Laboratory for sexually transmitted diseases and the departmental laboratories; to assist in local courses and fellowships for training abroad; (e) rabies: to provide assistance in reducing the canine population and to step up vaccination activities, to assist in information dissemination workshops and fellowships for training abroad; (f) noncommunicable diseases: to provide assistance in order to organize and implement a national program; (g) leprosy: to provide assistance for the training of programs personnel; (h) vector control: to provide assistance in order to strengthen existing resources.

Because of the importance of noncommunicable diseases in Uruguay, the authorities have decided, to include a permanent consultant in the epidemiology program with the goal of operationally integrating the various fields of action for these diseases.

In rheumatic diseases, the program intends to promote the development of information and research media and to improve the treatment of these diseases in the country. To that end, provision is made for PAHO/WHO cooperation in providing assistance for the incorporation of new techniques into the laboratory of the National Rheumatology Institute and for subscriptions to specialized journals. The program is provided with assistance for an epidemiologic survey on chronic rheumatic diseases.

The demographic characteristics of the country, with a strong and growing age group 65 years and over, are a cause for concern among the authorities, who have decided to promote a multisectoral national program, based in the health sector, in order to deal with the problems of elderly persons.

URUGUAY-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		3	5	4	TOTAL	MR	28,000	36,700	29,700
FELLOWSHIP MONTHS	MR	3	5	4	SUPPLIES AND MATERIAL		21,700	23,700	18,100
					FELLOWSHIPS		3,100	7,000	7,200
					COURSES AND SEMINARS		3,200	4,000	4,400

URUGUAY-1700, CHRONIC DISEASES

TOTAL	MR	9,700	11,000	12,100
SUPPLIES AND MATERIAL		6,000	7,000	8,000
COURSES AND SEMINARS		3,700	4,000	4,100

FAMILY HEALTH

In the field of maternal and child health the aim of the program is to reduce specific morbidity and mortality by improving and expanding the appropriate services. For that purpose, assistance is provided for the evaluation, redesign, and testing of the information system; for carrying out campaigns to enlist and educate pregnant women and publishing standards for the care of healthy children; and for training courses for the personnel in maternal and child health services and specialization fellowships. CLAP collaborates in a special program of primary care in the Departments of Cerro Largo and Treinta y Tres. In mental health, the purposes of the program are to promote and coordinate comprehensive activities in the country for preventing mental disorders in the population, to formulate an appropriate diagnosis of the situation, and to improve treatment at all stages of the disease. To that end, provision is made for the standardization of mental health activities, the installation of a specific information system, the operation of the Psychiatric Hospital, and the reorganization of the Hospital for Chronic Patients.

URUGUAY-1300, MATERNAL AND CHILD HEALTH

TOTAL		7	9	9	TOTAL	PR	17,300	22,500	26,400
FELLOWSHIP MONTHS	PR	7	9	9	SUPPLIES AND MATERIAL		3,100	4,200	4,200
					FELLOWSHIPS		7,400	12,600	16,200
					COURSES AND SEMINARS		6,800	5,700	6,000

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
URUGUAY-1301, MORBIMORTALITY STUDIES							
TOTAL	160	-	-	TOTAL	UNFPA 133,784	45,577	-
CONSULTANT DAYS	UNFPA 160	-	-	ADMIN. SUPPORT PERSONNEL	3,000	2,542	-
				LOCAL PERSONNEL COSTS	83,492	35,585	-
				PERSONNEL - CONSULTANTS	23,576	-	-
				SUBCONTRACTS	4,218	1,500	-
				MISCELLANEOUS COSTS	5,248	2,250	-
				EXPENDABLE EQUIPMENT	14,250	3,700	-

URUGUAY-1500, MENTAL HEALTH

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
TOTAL	45	25	25	TOTAL	WR 7,300	10,100	12,900
CONSULTANT DAYS	WR 45	25	25	PERSONNEL - CONSULTANTS	5,900	7,000	10,100
				COURSES AND SEMINARS	1,400	3,100	2,800

ENVIRONMENTAL HEALTH SERVICES

The fundamental objective of this program is to promote and strengthen the technical and administrative structures of the environmental sanitation services at the municipal and/or national level, with particular emphasis on drinking water supply and sewerage services, through the adoption, use, and application of new technological criteria that will make it possible to increase individual knowledge about technical resources and to increase the rate of development of the sanitation agencies. This will help to ensure the maximum development of human beings and the environment which surrounds them and serves as their habitat, and thus to contribute to the achievement by the sector of the goals of the National Development Plan of Uruguay.

Support is provided in order to control the environment as a whole and to develop programs for institutional strengthening in the State Sanitary Works Administration, as well as for the control of air pollution, occupational health, occupational hygiene, and management and disposal of solid wastes. Furthermore, support is provided through activities specific to the environmental problem of the joint Uruguayan/Argentine hydroelectric project at Salto Grande and the Uruguayan dam project at Paso Severino.

In order to meet one of the goals set in the United Nations Water Conference, held in Mar del Plata in 1977, a project financed by UNDP with PAHO as executive agency is in operation to carry out activities for ensuring maximum efficiency in the use of water, its administration, and the comprehensive training of human resources.

URUGUAY-2000, ENVIRONMENTAL SANITATION

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
TOTAL	60	60	60	TOTAL	PR 17,100	34,300	42,800
CONSULTANT DAYS	PR 60	60	60	PERSONNEL - CONSULTANTS	8,100	16,800	24,200
				SUPPLIES AND MATERIAL	2,300	5,500	4,600
TOTAL	2	5	5	FELLOWSHIPS	2,100	7,000	9,000
				COURSES AND SEMINARS	4,600	5,000	5,000
FELLOWSHIP MONTHS	PR 2	5	5				

URUGUAY-2100, WATER SUPPLIES AND SEWERAGE

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
TOTAL	30	30	30	TOTAL	PR 8,900	19,900	24,900
CONSULTANT DAYS	PR 30	30	30	PERSONNEL - CONSULTANTS	4,000	8,400	12,100
				SUPPLIES AND MATERIAL	800	2,500	1,300
TOTAL	2	5	5	FELLOWSHIPS	2,100	7,000	9,000
				COURSES AND SEMINARS	2,000	2,000	2,500
FELLOWSHIP MONTHS	PR 2	5	5				

URUGUAY-2101, DEVELOPMENT OF ADMINISTRATION OF NATIONAL SANITARY PUBLIC WORKS

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
TOTAL	17	-	-	TOTAL	UNDP 98,700	-	-
P-4 PROJECT MANAGER 4.5149	UNDP 17	-	-	PERSONNEL - POSTS	82,600	-	-
				PERSONNEL - CONSULTANTS	14,100	-	-
TOTAL	90	-	-	MISCELLANEOUS COSTS	1,000	-	-
				IN-SERVICE TRAINING	1,000	-	-
CONSULTANT DAYS	UNDP 90	-	-				

FUND	1980- 1981	1982- 1983	1984- 1985
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FUND	1980-1981	1982-1983	1984-1985
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COMPLEMENTARY SERVICES

The purpose of the nursing program is to increase the coverage of nursing services in accordance with the concept of comprehensive medical care. For that purpose assistance will be provided in preparing a national nursing program and in formulating standards and preparing manuals of procedures, as well as in the development of courses and working groups for training personnel.

In the laboratory area, the objective is to assist in the establishment and implementation of a National Service of Public Health Laboratory.

In the field of rehabilitation, and with initial emphasis on physical rehabilitation, the aim is to acquire more complete knowledge of the nature of the demand and the capacity of the supply in order to formulate a national program.

URUGUAY-4100, NURSING SERVICES

TOTAL		60	-	-	TOTAL	WR	11,600	15,900	19,200
CONSULTANT DAYS	WR	60	-	-	PERSONNEL - CONSULTANTS		8,100	-	-
					FELLOWSHIPS		-	12,600	16,200
TOTAL		-	9	9	COURSES AND SEMINARS		3,500	3,300	3,000
FELLOWSHIP MONTHS	WR	-	9	9					

DEVELOPMENT OF HEALTH SERVICES

The purpose of this program, as the nucleus of PAHO/WHO cooperation, is to support the actions of the Ministry of Public Health (MPH) aimed toward rationalizing and programming an efficient structuring and organization of the resources of the sector, with a view to increasing the level of health of the entire population through the improved operation of these resources. It also supports the development and strengthening of the health system planning process and the utilization of the National Health Plan as the true central reference point for the activities of the system.

Within this framework, provision is made for PAHO/WHO cooperation in providing advice on the programming of the central and peripheral levels and in furnishing support for the execution and evaluation of the programs and their alignment with the National Health Plan; in providing specialized bibliographic material and assistance on the formulation, installation, and evaluation of integrated nutrition programs; in designing the system of statistics and providing funds for local courses for the training of personnel; and in organizing seminars, providing the necessary equipment and the training of health personnel.

In the field of medical care, efforts are being made to strengthen and rationalize the development of the specific system of the MPH within the framework of the National Health Plan.

URUGUAY-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES

TOTAL		48	48	48	TOTAL	WR	215,500	296,300	334,700
P-5 PAHO/WHO REPRESENTATIVE 4-3354	WR	24	24	24	PERSONNEL - POSTS		133,800	204,100	240,900
G-5 ADMINISTRATIVE ASSISTANT 4-4727	WR	24	24	24	STAFF DUTY TRAVEL		7,000	7,000	7,000
					GENERAL OPERAT. EXPENSES		74,700	85,200	86,800

URUGUAY-5100, DEVELOPMENT OF HEALTH SERVICES

TOTAL		50	150	270	TOTAL	PR	51,300	118,000	192,100
CONSULTANT DAYS	PR	50	150	270	PERSONNEL - CONSULTANTS		6,800	42,000	108,800
					SUPPLIES AND MATERIAL		13,300	29,300	27,300
TOTAL		14	20	20	FELLOWSHIPS		14,800	28,000	36,000
FELLOWSHIP MONTHS	PR	14	20	20	COURSES AND SEMINARS		16,400	18,700	20,000

URUGUAY-5200, MEDICAL CARE AND HOSPITAL ADMINISTRATION

TOTAL		24	24	24	TOTAL	PR	106,500	160,400	179,500
P-4 HOSPITAL ADMINISTRATOR 4852	PR	24	24	24	PERSONNEL - POSTS		96,600	144,800	171,100
					STAFF DUTY TRAVEL		3,000	3,000	3,500
TOTAL		-	4	2	SUPPLIES AND MATERIAL		-	3,000	-
FELLOWSHIP MONTHS	PR	-	4	2	FELLOWSHIPS		-	5,600	3,600
					COURSES AND SEMINARS		6,900	4,000	1,300

		1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
URUGUAY-5500, MANAGEMENT OF HEALTH SERVICES								
TOTAL		<u>24</u>	<u>-</u>	<u>-</u>	TOTAL	MR 108,200	28,100	31,700
P-3 ADMIN. METHODS OFFICER 4.3608	NR	24	-	-	PERSONNEL - POSTS	82,400	-	-
					PERSONNEL - CONSULTANTS	4,300	-	-
					STAFF DUTY TRAVEL	3,000	-	-
TOTAL		<u>30</u>	<u>-</u>	<u>-</u>	SUPPLIES AND MATERIAL	3,500	6,000	7,500
CONSULTANT DAYS	NR	30	-	-	FELLOWSHIPS	1,100	5,600	7,200
TOTAL		<u>1</u>	<u>4</u>	<u>4</u>	COURSES AND SEMINARS	13,900	16,500	17,000
FELLOWSHIP MONTHS	NR	1	4	4				

DEVELOPMENT OF HUMAN RESOURCES

The purpose of this program is to produce a sufficient supply of manpower in the various health disciplines, trained in accordance with the needs and requirements of the health situation throughout the national territory and to coordinate its activities with those of other sectors in contributing and carrying out the most appropriate solutions for the country's health problems. Accordingly, there will be cooperation in three components: (a) cooperation with the School of Medicine through participation in analyzing the problem of medical education, in improving educational resources of all types in the School, and in developing services which include activities to be coordinated with other agencies of the sector; (b) cooperation with the MPH in the activities directed toward advisory services on the organization and development of the infrastructure of the Training Department and in the programming of its annual activities, as well as in the financing of the courses it runs under the responsibility of its Training Department and in coordination with the technical agencies concerned; and (c) cooperation with the School of Engineering in the field of sanitary engineering education, with a view to the upgrading of professional personnel and the on-going updating of technical and semitechnical personnel that are carrying out sanitary engineering activities and activities connected with other environmental sciences; scientific, technological, and administrative support for the Institute of Sanitary Sciences and the Environment and the School of Engineering, and the conduct of intensive courses that will subsequently be summarized in an information manual that will serve as a guide to advances in modern methods of environmental control.

The problems of excesses and shortages revealed by the MPH projections in connection with the strategies of health for all by the year 2000 led the authorities to decide to incorporate a permanent consultant into the human resources program, with the objective of promoting, formulating, and implementing a national multisectoral program in this field.

URUGUAY-6001, COLLABORATION WITH THE UNIVERSITY OF THE REPUBLIC

		100	30	30		MR 30,100	30,700	38,100
TOTAL		<u>100</u>	<u>30</u>	<u>30</u>	TOTAL			
CONSULTANT DAYS	NR	100	30	30	PERSONNEL - CONSULTANTS	13,300	8,400	12,100
TOTAL		<u>9</u>	<u>12</u>	<u>12</u>	SUPPLIES AND MATERIAL	7,300	5,500	4,400
FELLOWSHIP MONTHS	NR	9	12	12	FELLOWSHIPS	9,500	16,800	21,600

URUGUAY-6100, TRAINING OF HEALTH PERSONNEL

		10,000	10,000	7,200
TOTAL	PR	<u>10,000</u>	<u>10,000</u>	<u>7,200</u>
COURSES AND SEMINARS		10,000	10,000	7,200

URUGUAY-6400, SANITARY ENGINEERING EDUCATION

		8,100	10,000	11,000
TOTAL	MR	<u>8,100</u>	<u>10,000</u>	<u>11,000</u>
SUPPLIES AND MATERIAL		2,100	3,000	4,000
COURSES AND SEMINARS		6,000	7,000	7,000

	1980-	1982-	1984-				
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

DEVELOPMENT OF PHYSICAL, FINANCIAL, AND TECHNOLOGICAL RESOURCES AND COORDINATION OF RESEARCH

The purpose of this project is to formulate a national program of physical investments in health, designed to rehabilitate, adapt, modernize, and expand the infrastructure of health establishments of the Ministry of Public Health, to reduce to a minimum the consequences of the deterioration of the physical plant, general facilities, and basic equipment; to guide the investment of national resources; and to justify applications for international loans to be used to establish a regionalized system of health establishments through short, medium, and long term investment programs while endeavoring to maximize both the amount and the quality of the services provided to the population.

In order to achieve these objectives, provision is made for assistance to advise on territorial regionalization; installation and equipping of new hospitals and remodeling of existing hospitals; preparation of the necessary documentation in order to process loans; a study for better utilization and upkeep of existing physical resources and the formulation of a program for rehabilitating the installed capacity of buildings, facilities, and equipment; preparation of standards and regulations in the field of hospital architecture; and assistance in architectural design activities, projects under study, and works in progress.

URUGUAY-7400, MAINTENANCE AND IMPROVEMENT OF HEALTH INSTALLATIONS

TOTAL		24	-	-	TOTAL	PK	121,100	15,600	19,500
P-4 ARCHITECT .4591	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					PERSONNEL - CONSULTANTS		4,300	8,400	12,100
					STAFF DUTY TRAVEL		3,000	-	-
TOTAL		30	30	30	SUPPLIES AND MATERIAL		7,500	1,000	1,800
					FELLOWSHIPS		5,300	4,200	3,600
CONSULTANT DAYS	PR	30	30	30	COURSES AND SEMINARS		4,400	2,000	2,000
TOTAL		5	3	2					
FELLOWSHIP MONTHS	PR	5	3	2					

 VENEZUELA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	13,121
Area (in thousand square kilometers)	. . .	912
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	1978	68.8
Death rate per 1,000 population	1978	5.5
Infant mortality rate per 1,000 live births	1978	34.3
Death rate 1-4 years, per 1,000 population	1978	2.4
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1978	10.2
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1978	7.0
Number of physicians per 10,000 population	1978	11.2
Number of hospital beds per 1,000 population	1978	2.5
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	42.5
Percentage of population 55 years and over	1978	7.2
Rate of natural increase per 1,000 population	1978	30.8
Fertility rate per 1,000 women 15-44 years of age	1978	166
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1978	63
Percentage of population with access to potable water	1978	83
Per capita calories per day	1977	2,500
Per capita protein per day (grams)	1977	70
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	11,996
- in United States dollars	1977	2,789
Percentage of GDP from secondary sector (manufacturing, building, petroleum refinery)	1977	23
Economically active population (thousands) in primary sector (agriculture, mining, and quarrying)**	1977	749
<u>Educational Indicators:</u>		
Percentage of literate population	1977	83
Percentage of population 5-14 years enrolled in primary schools***	1977-1978	68
Percentage of population 15-19 years enrolled in secondary and vocational schools***	1977-1978	48
Percentage of population 20-29 years enrolled in university***	1977-1978	13

*Excludes symptoms and ill-defined conditions

**Includes crude petroleum and natural gas

***Total enrollment as a percentage of population in the age group

 VENEZUELA - COUNTRY STATEMENT

The Republic of Venezuela is a Federal State with a democratic government. It is located in the northern part of South America and occupies an area 912,050 kilometers square. The population, which was 13.12 million in 1978, has a natural growth rate of 3.02%. Of the total population, 75% lives in urban areas—63% in cities of 20,000 or more and 45% in the 13 major cities with a population of 100,000 or more. More than 50% of the population is concentrated on one-fifth of the total land area, where the population density is 14.38 inhabitants per square kilometer. The Venezuelan population is predominantly young, 42.5% being under 15 years of age. It is concentrated on the coast and in the mountain valleys, while in the southern regions of the country, which correspond to one-third of the national territory, there is less than 1% of the population.

The principal demographic indexes for the 1969-1978 decade show that: (a) the overall death rate continued to decline progressively as it had been doing in previous decades, even though the figure, the result of an unspecific national average, has little discriminatory value; (b) infant mortality fell by 26.9% between the beginning and the end of the period (from 46.9 to 34.3 per 1,000 live births in 1969 and 1978, respectively). This reduction took place both in the neonatal age group (under one month), whose rate went from 22.4 to 18.0 per 1,000 live births, and the postneonatal group (1-11 months), whose rate dropped from 24.5 to 16.3 per 1,000 live births over the same period, with declines of 19.6% and 33.5%, respectively; (c) the death rate in the 1-4 age group saw a reduction of 56.4% in the period (from 5.5 to 2.4 per 1,000 children in that age group), coinciding with the trend that has been observed in the country in the past; (d) the maternal death rate remained at about 0.7 per 1,000 live births; and (e) the percentage of undiagnosed mortality (as a percentage of overall mortality) showed a significant decline—from 23.2 to 14.2%—due apparently to greater medical control over certification of death.

Also, the birth rate remained approximately the same, at around 37 per 1,000 population, and life expectancy at birth continued its rising trend of the last decades, reaching a level of 68.8 years in 1978.

With regard to the demographic picture, it is easy to foresee a population explosion resulting from a combination of the high rate of natural growth (around 3.0%), the decline in overall mortality, and the large flow of immigration seen in recent years, owing to the excellent socioeconomic prospects that the country offers. Completing the demographic picture is a strong and growing migration from rural areas to the cities, which has created intense pressure on the demand for medical care, an attendant burden on services, and, consequently, a growing population in need of care.

With respect to hospital morbidity, discharges, corresponding to the increase in the number of beds, rose by 178,800 during the period 1969-1978. Within the morbidity observed, the following trends are of note: (a) abortions and other complications of pregnancy, delivery, and the puerperium constituted in both years the leading cause of hospitalization (excluding normal deliveries), the figures being 43,502, or 22.4%, in 1969 and 90,469, or 24.2%, in 1978; (b) traumas (external, including a significant proportion due to traffic accidents) were the second cause in both years, for a total of 20,079, or 10.3% of all hospitalizations, in 1969 and 35,300, or 9.5%, in 1978; (c) enteritis and other diarrheal diseases ranked third in both years, going from 13,459 in 1969 to 24,091 in 1978, for a rate of 6.9 and 6.5%, respectively. Nevertheless, it should be pointed out that in those years there were 263,155 and 239,483 cases of gastroenteritis registered in children under two years of age in the weekly epidemiological telegrams and the monthly epidemiological reports, giving rates of 2,626 and 1,825 per 100,000 population, respectively. This means that only 5% of the cases in 1969 and 10% of those in 1978 actually warranted hospitalization or were hospitalized. These figures indicate that gastroenteritis continues being a disease of serious national importance against whose occurrence the measures taken so far have had very little impact. Solution of the problem goes far beyond the action of the health sector alone, as it involves the social factors of poverty, illiteracy, false ideas regarding its etiology, unsanitary living conditions, and poor environmental sanitation.

Pneumonia, which was the eighth cause of hospitalization in 1969, rose to fourth place in 1978 (6,157, or 3.2%, and 23,381, or 6.3%, respectively). In the same years the total known cases of pneumonia came to 19,473 and 34,101 (for rates of 194.3 and 259.9 per 100,000 population, respectively), revealing an increase either in actual occurrence or in better diagnosis. Cardiovascular diseases moved from fourth place in 1969 to fifth place in 1978, with figures of 9,698, or 5.0%, and 20,314, or 5.4%, respectively. This group includes diseases of the heart, cerebrovascular diseases, and arterial hypertension. Diseases of the perinatal period went from tenth to sixth place, with 5,086, or 2.6%, and 19,799, or 5.3% of all cases, in 1969 and 1978, respectively.

In 1978 morbidity from infectious diseases for which there are no specific measures of prevention was as follows: malaria, 5,100 cases, or 38.9 per 100,000 population; hepatitis, 3,842, or 29.3; dysentery, 61,286, or 466.9. Morbidity from infectious diseases for which specific prevention measures exist (vaccination) was as follows: measles, 18,568 cases, or 141.5; whooping cough, 4,445, or 33.9; typhoid fever, 105, or 0.8; poliomyelitis, 37, or 0.3; diphtheria, 49, or 0.4; human rabies, 8, or 0.06; tetanus, 453, or 3.4, and tuberculosis, 4,190, or 31.9. There were no cases of jungle yellow fever.

Mortality presented the following picture:

(a) Cardiovascular diseases constitute a group of related conditions (arterial hypertension, cardiac ischemia, and cerebrovascular diseases being the most frequent) whose control, treatment, and outcome are decidedly influenced by various and complex factors such as sedentary lifestyle, smoking, obesity, poor eating habits, fatigue (stress) caused by modern life, and environmental pollution. Early detection and regular treatment are the fundamental requirements for achieving success and avoiding unnecessary deaths. A recent epidemiological observation is the extension of this group of diseases toward increasingly younger groups, thus impinging on the population that is just entering its productive life. Another important epidemiological observation is the agreement of experts in the field that prevention of the disease is the key and that cardiovascular surgery is only a means of avoiding fatal outcomes, which favors a privileged group of patients owing to the limited services available and to their difficulty and high cost. It is important to recognize that cardiovascular diseases will continue to increase since they are a logical consequence of the increase in

life expectancy; the role of the health sector will consist of the introduction of measures that limit their morbidity and mortality. From 1969 to 1978 heart disease was the leading cause of death with rates of 72.5 and 80.3 per 100,000 population respectively. Cerebrovascular diseases rose from seventh to fifth place with rates of 28.7 and 32.2 per 100,000 population respectively.

(b) Accidents: although the figures here refer to all types of accidents, a special comment is in order in regard to traffic accidents. It has to be said that this serious problem has become the leading cause of death in the male population and takes a very high toll each year. Like cardiovascular diseases, the multiplicity of causal factors place accidents beyond the control of the health sector alone, assistance being urgently needed from other areas such as the automobile industry, the Ministry of Transport and Communications, the Ministry of Labor, the Ministry of Education, the Judicial branch and the community at large. The health sector, for its part, could work to improve, among other things, the services it provides in the areas of emergency care, traumatology, rehabilitation, and plastic surgery. It is important to point out that this serious threat to the people's health is on the rise, corresponding to growth at all points in its epidemiological chain, i.e. in the number of vehicles, in the population, and in the highway system, which is aggravated, in turn, by disregard for the law, weakness of the authorities in enforcing it, and increasing abuse of alcohol and drugs, all of these having direct bearing on the performance and ability to react of motorists, passengers, and pedestrians. Accidents went from fourth place in 1969 to second in 1978, with rates of 40.1 and 61.2 per 100,000 population, respectively.

(c) Cancer is closely related to increased life expectancy, the modern environment, genetics, and smoking, as well as other factors yet to be identified. For several years it has ranked third among the causes of death, stomach and lung cancer being the most common forms in men and cervical cancer in women. The health sector, together with other official and private agencies, should conduct information campaigns on this disease, pointing out the importance of the early diagnosis, mainly in order to ensure success in its control. Cancer moved from second place in 1969 to third in 1978, with rates of 53.8 and 53.4 per 100,000 population, respectively.

(d) The perinatal diseases involve a group of conditions associated with pregnancy, delivery, and the puerperium, that are difficult to combat, the best weapons being early detection, control of high-risk pregnant women, and adequate clinical and instrumental management of the newborn. It should be pointed out that around 50% of the deaths in infants under one year of age occur during the first month of life, and of these, around 80% in the first week. These diseases went from fifth to fourth place between 1969 and 1978, with rates of 45.7 and 40.5 per 100,000 population, respectively.

(e) The pneumonias are an important group of respiratory diseases. This category includes the primary type and also terminal complications of various morbid conditions, although in these cases the death should be attributed to the original disease. Children are attacked with great frequency and severity. Pneumonia remained in sixth place between 1969 and 1978, with rates of 40.4 and 30.3 per 100,000 population, respectively.

(f) The gastroenteritis and other diarrheal diseases were responsible for 5,085 deaths in 1969. Given a total of 263,155 cases, this figure represented a fatality rate of 1.9 per 100 cases. During 1978 there were 3,707 deaths reported, which compared with a total of 239,483 cases, for a case fatality rate of 1.3. This shows that, although the occurrence of gastroenteritis (diarrheas in children under two years of age) has not yet been controlled, there has been relative success in the reduction of deaths from this cause. Both the mortality and the morbidity in this category should be reconsidered in relation to dysentery and parasitic diseases, given the epidemiological similarity of the chain of transmission. In 1969 there were 520 deaths from dysentery (168 in 1978) and 213 from parasitic diseases (98 in 1978). Although these figures are not very high, they point nevertheless to a situation that needs to be dealt with. In relation to the mortality data it should be mentioned that the percentage of undiagnosed mortality improved notably, falling from 23.2% in 1969 to 14.2 in 1978, which is indicative of the greater and better knowledge of our pathology.

(g) In 1978 the deaths from infectious diseases for which there are no specific measures (vaccines) were as follows: malaria, 13 cases, or 0.10 per 100,000 population; hepatitis, 53, or 0.40.

(h) Infectious diseases for which prevention measures exist (vaccines) presented the following picture in 1978: measles, 315 cases, or 2.40 per 100,000 population; whooping cough, 35, or 0.27; typhoid fever, 7, or 0.05; poliomyelitis, 3, or 0.02; diphtheria, 3, or 0.02; human rabies, 8, or 0.06; tetanus, 135, or 1.03. There were no cases of jungle yellow fever.

In regard to the organization and operation of services, the characteristics of the health sector are as follows:

(a) There are a number of agencies that provide health services, each with a different organizational structure and using different methods. There is little coordination among them, which means that existing resources are not being fully utilized.

(b) Restorative measures predominate over prevention and early detection, which makes care very costly and stands in the way of improving the state of health of the population.

(c) There is low productivity and yield from existing resources within the official subsector owing, among other factors, to the absence of clearly defined policies that could be being carried out, especially with respect to the technical management of the most expensive resource (the hospital bed); to inadequate outpatient care, in terms of both quantity and quality (it usually being in the hands of medical residents or specialists with little experience); to inadequate maintenance of installations and equipment; and to lack of timely and sufficient supplies.

(d) The picture of morbidity and mortality continues to be one of a developed country associated, at the same time, with a pattern of morbidity characteristic of the lower-income strata, including various degrees of malnutrition, lack of or only limited sanitation technology (sewerage, drinking water, sanitary housing), lack of or only limited medical care provided on a timely basis, and little or no correct use of existing services on the part of the population.

(e) There is a rise in morbidity from chronic and degenerative diseases, especially cardiovascular disease and cancer, in addition to conditions associated with the labor processes imposed by industrial development.

(f) Morbidity and mortality from accidents, especially traffic accidents, are increasing at a rapid rate, the economically active population being particularly affected.

(g) There is little opportunity for participation by the community in problems, alternatives, and decisions related to health services.

(h) There is little information and education about individual and collective health, another problem that militates against success in the provision of services.

(i) The existing human and physical resources are improperly distributed, and there is a shortage of technical and middle-level personnel.

(j) There is excessive centralization of administration and of decision-making, which makes it difficult for the services to respond with efficiency.

The VI National Plan (1981-1985) includes a chapter "Development of Health and Nutrition," which is divided into two parts devoted, respectively, to health, and nutrition.

In regard to health, the following objectives are pointed out: (a) to provide the population with health services that are accessible, timely, integrated, preventive in emphasis, of high quality, and clearly equal for everyone; (b) to promote, from the time of conception on, a qualitatively better population and to reduce mortality in the perinatal period and in early and late childhood; (c) to update and increase epidemiological knowledge of the diseases and situations that affect the health of the population; (d) to develop and maintain, adequately and efficiently, a physical infrastructure that responds to the objectives desired for the sector; (e) to increase the effectiveness and efficiency of State spending in the health sector; (f) to finance the sector in a manner that permits the adequate delivery of services at a high quantitative and qualitative level; (g) to strengthen activities in health education and in community health; (h) to recruit, select, and train human resources that will meet current and future needs in terms of number, type, and final location; (i) to exercise greater control over manufactured and nonmanufactured foods, the registration of foods, buildings and equipment, and fast foods; (j) to offer man an optimum environment that will contribute decisively to his biologic and social development; (k) to exercise control over raw materials and semimanufactured pharmaceutical products as well as final products that enter the country, to exercise very strict control over psychotropic drugs and cosmetics, and to achieve acceptable coverage in the inspection of pharmaceutical establishments; and (l) to organize and standardize the health system and its methods of operation.

In regard to nutrition, the principal objective is to provide the population with comprehensive care in the area of food and nutrition by coordinating the work of the agencies involved in the production, supply, marketing, distribution, and consumption of food; by undertaking effective measures to combat the high indexes of malnutrition in the more vulnerable groups; by carrying out epidemiological, clinical, and technological research in the field of the nutrition; and by implementing a nutritional education program based on the actual values of our culture.

VENEZUELA - NATIONAL HEALTH PROGRAMS

<ul style="list-style-type: none"> Mental health Oral health Prevention of accidents and care of the injured Medical care for the elderly Medical rehabilitation Cancer control Cardiovascular diseases Diabetes control Enteric diseases Maternal care Well baby care Control of diseases preventable by vaccines 	<ul style="list-style-type: none"> Tuberculosis control Control of pneumonia, asthma, chronic bronchitis, and emphysema Pneumoconiosis control Leprosy control Control of onchocerciasis and leishmaniasis Control of sexually transmitted diseases Nutrition Control of endemias Water quality Solid waste and pest control Rural housing
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VENEZUELA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1980-1981												
PAHO--PR	912,700	124	72	510	707,300	26,700	170	178,700	-	-	-	-
PG	603,277	56	48	155	385,406	22,401	105	115,767	-	60,113	-	19,590
WHO--WR	584,300	44	-	885	312,500	13,700	236	247,800	-	10,300	-	-
WT	46,800	-	-	180	45,300	-	-	-	-	-	-	1,500
TOTAL	2,147,077	228	120	1730	1,450,506	62,801	511	542,267	-	70,413	-	21,090
PCT. OF TOTAL	100.0				67.6	2.9		25.2	-	3.3	-	1.0
1982-1983												
PAHO--PR	702,200	24	72	400	451,200	4,600	176	246,400	-	-	-	-
WHO--WR	655,300	24	-	645	353,800	8,000	208	291,200	-	2,300	-	-
TOTAL	1,357,500	48	72	1045	805,000	12,600	384	537,600	-	2,300	-	-
PCT. OF TOTAL	100.0				59.3	.9		39.6	-	.2	-	-
1984-1985												
PAHO--PR	915,800	24	72	485	593,400	5,600	176	316,800	-	-	-	-
WHO--WR	854,500	24	-	680	481,600	8,000	198	356,400	-	8,500	-	-
TOTAL	1,770,300	48	72	1165	1,075,000	13,600	374	673,200	-	8,500	-	-
PCT. OF TOTAL	100.0				60.7	.8		38.0	-	.5	-	-

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

VENEZUELA - PROGRAM NARRATIVES AND PROJECT DETAIL

DISEASE PREVENTION AND CONTROL

Among the national health care responsibilities entrusted to the Ministry of Health and Social Welfare, the programs and activities relative to disease prevention and control are very important, as evidenced by the concentration of resources assigned to them.

The socioeconomic changes that have taken place so rapidly in the country in the last two decades have caused a shift from the diseases more representative of the developing countries (where communicable diseases have the greatest impact) to a profile that resembles more that of countries that are developed or well advanced in the development process --as seen in the fact that the three leading causes of death are heart disease, accidents and cancer. Nevertheless, acute communicable diseases, although they do not figure among the five leading causes of death, also represent a serious problem from the standpoint of demand for care, given the morbidity and mortality that they cause in the population at large, and they are particularly a problem in children under five from the lower-income social strata.

With regard to other communicable diseases, tuberculosis, although it has continued to show a downward trend and as a cause of death ranks only in thirteenth place, is still a serious health problem that calls for the application of new approaches for the integrated execution of control programs. The Government recognizes that, in order to move ahead toward the solution of these problems, new technological alternatives will need to be incorporated and appropriate structural changes introduced in their application, with emphasis on the development of human resources that will facilitate implementation of the activities that are planned.

For the technical cooperation desired for these national initiatives, the Organization has organized its resources with a view to collaborating in the improvement of communicable diseases control programs, with particular emphasis on the development of epidemiological surveillance systems, including laboratory techniques for the establishment of etiologic diagnoses and improved approaches for the integration of follow-up and for the evaluation of immunization programs within general health services. In addition, support is given to the country in its participation in international cooperative programs for the prevention of complications from rheumatic disease, for epidemiological studies, for intervention in arterial hypertension, for studies of the risk factors in coronary disease and diabetes, and for standardization of the systems for the recording and collection of data on cancer, especially cervical cancer.

VENEZUELA-0100, COMMUNICABLE DISEASE CONTROL

TOTAL		60	50	50	TOTAL	21,800	36,400	47,200
CONSULTANT DAYS	PR	-	50	50				
CONSULTANT DAYS	WR	60	-	-	PR	-	36,400	47,200
TOTAL		13	16	15				
FELLOWSHIP MONTHS	PR	-	16	15	PERSONNEL - CONSULTANTS	-	14,000	20,200
FELLOWSHIP MONTHS	WR	13	-	-	FELLOWSHIPS	-	22,400	27,000
					PERSONNEL - CONSULTANTS	8,100	-	-
					FELLOWSHIPS	13,700	-	-

VENEZUELA-0400, TUBERCULOSIS CONTROL

TOTAL		12	-	-	TOTAL	PR	49,800	-	-
P-4 TUBERCULOSIS ADVISOR	PR	12	-	-	PERSONNEL - POSTS		46,800	-	-
.4CCB					STAFF DUTY TRAVEL		3,000	-	-

VENEZUELA-1700, CANCER AND CHRONIC DISEASES

TOTAL		90	60	60	TOTAL	WR	24,500	37,800	51,200
CONSULTANT DAYS	WR	90	60	60	PERSONNEL - CONSULTANTS		11,900	16,800	24,200
TOTAL		12	15	15	FELLOWSHIPS		12,600	21,000	27,000
FELLOWSHIP MONTHS	WR	12	15	15					

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

FAMILY HEALTH

It has already been said that there is a need for an intra- and intersectoral working system that permits the comprehensive participation of the different sectors in the establishment of plans, policies and programs in the nutrition field. The National Nutrition Survey to be conducted in 1981 will serve as the basis for obtaining information in this area. There is a shortage of personnel to carry out the various activities in service, education and research, and it is necessary to encourage and strengthen the teaching of nutrition and maternal and child health. An interinstitutional system is being established for the ongoing evaluation and surveillance of nutrition programs and problems. The perinatal component of infant mortality is responsible for half of the deaths that occur in children under one year of age, and diarrheas continue to be an important factor in morbidity and mortality. The socioeconomic variables associated with nutrition and the environment (production, income, housing, education and employment) impact negatively on the health conditions of the family.

The program proposes to strengthen the mechanisms that will make it possible to meet the nutritional needs of the population; to strengthen biopsychosocial services for mothers, pregnant women, children and youth; to strengthen nutrition services for groups at high nutritional risk; to continue to prepare and train a critical mass of human resources for the programs; to promote research in priority areas; and to initiate a system of evaluation and ongoing surveillance of the programs.

VENEZUELA-1300, FAMILY HEALTH

TOTAL		120	60	90	TOTAL	PR	54,300	51,800	81,300
CONSULTANT DAYS	PR	120	60	90	PERSONNEL - CONSULTANTS		16,200	16,800	36,300
TOTAL		36	25	25	FELLOWSHIPS		38,100	35,000	45,000
FELLOWSHIP MONTHS	PR	36	25	25					

VENEZUELA-1401, CREATION OF A NUTRITION RESEARCH UNIT

TOTAL		18	-	-	TOTAL		100,886	16,800	40,900
P-4 NUTRITION ADVISOR .4991	PR	16	-	-	SUBTOTAL	PR	84,000	16,800	40,900
P-4 NUTRITION ADVISOR .4991	PG	2	-	-	PERSONNEL - POSTS		65,400	-	-
TOTAL		30	-	30	PERSONNEL - CONSULTANTS		4,000	-	12,100
CONSULTANT DAYS	PR	30	-	30	STAFF DUTY TRAVEL		2,000	-	-
TOTAL		12	12	16	FELLOWSHIPS		12,600	16,800	28,800
FELLOWSHIP MONTHS	PR	12	12	16	SUBTOTAL	PG	16,886	-	-
					PERSONNEL - POSTS		16,886	-	-

ENVIRONMENTAL HEALTH SERVICES

The country has not managed to completely overcome the natural risks in the environment, and already its rapid industrial development and population growth are having a negative impact on the environment. The creation of the Ministry of Environment and Renewable Natural Resources (MARNR) on 1 April 1972 and the promulgation of a Basic Law on the Environment are clear indications of the Government's determination to face and deal with the complex environmental problem and its repercussions on health and well-being. In order to implement a policy for the conservation, protection and improvement of the environment so as to enhance the quality of life, MARNR will apply the regulatory principles of the Basic Law on the Environment.

The Ministry of Health and Social Welfare continues to carry out programs in the following areas: collection, treatment and disposal of wastewater; provision of drinking water for the rural population; collection and final disposal of solid wastes; control of ionizing radiation; housing sanitation; occupational health; control of food, drugs and cosmetics; training of human resources; pesticide control; and accident prevention.

VENEZUELA-2300, ENVIRONMENTAL POLLUTION RESEARCH CENTER

TOTAL		15	-	-	TOTAL		151,277	43,400	42,200
P-4 SANITARY ENGINEER .4696	PG	15	-	-					

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
<u>TOTAL</u>		<u>155</u>	<u>-</u>	<u>-</u>				
CONSULTANT DAYS	PG	155	-	-				
<u>TOTAL</u>		<u>105</u>	<u>-</u>	<u>-</u>				
FELLOWSHIP MONTHS	PG	105	-	-				

VENEZUELA-3300, VENEZUELAN EQUINE ENCEPHALITIS

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
<u>TOTAL</u>		<u>24</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PR 116,200</u>	<u>-</u>	<u>-</u>
P-5 LABORATORY ADVISOR 3667	PR	24	-	-	PERSONNEL - POSTS	113,200	-	-
					STAFF DUTY TRAVEL	3,000	-	-

VENEZUELA-3301, REGIONAL CENTER FOR THE PRODUCTION OF RABIES VACCINES

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR 101,300</u>	<u>177,800</u>	<u>213,000</u>
P-4 ADJUNGS SPECIALIST 0771	PR	24	24	24	PERSONNEL - POSTS	96,600	173,200	207,400
					STAFF DUTY TRAVEL	4,700	4,600	5,600

COMPLEMENTARY SERVICES

The program undertakes to strengthen activities in support of diagnosis and production of biologicals with a view to increasing and improving technology for the production of immunizing biologicals, as well as to expand the coverage of diagnosing diseases of concern to public health. It also seeks to contribute to the improvement of rehabilitation services, particularly occupational therapy services and orthosis and prosthesis laboratories; to initiate rehabilitation services for cardiac patients; to apply simple techniques in the prevention and treatment of physical disabilities; and to promote and support the training of personnel.

VENEZUELA-4200, LABORATORY SERVICES

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
<u>TOTAL</u>		<u>120</u>	<u>60</u>	<u>60</u>	<u>TOTAL</u>	<u>WR 33,000</u>	<u>33,600</u>	<u>45,800</u>
CONSULTANT DAYS	WR	120	60	60	PERSONNEL - CONSULTANTS	16,200	16,800	24,200
<u>TOTAL</u>		<u>16</u>	<u>12</u>	<u>12</u>	FELLOWSHIPS	16,800	16,800	21,600
FELLOWSHIP MONTHS	WR	16	12	12				

VENEZUELA-4500, REHABILITATION

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
							\$	\$
<u>TOTAL</u>		<u>120</u>	<u>80</u>	<u>120</u>	<u>TOTAL</u>	<u>PR 39,300</u>	<u>50,400</u>	<u>93,400</u>
CONSULTANT DAYS	PR	120	80	120	PERSONNEL - CONSULTANTS	16,200	22,400	48,400
<u>TOTAL</u>		<u>22</u>	<u>20</u>	<u>25</u>	FELLOWSHIPS	23,100	28,000	45,000
FELLOWSHIP MONTHS	PR	22	20	25				

DEVELOPMENT OF HEALTH SERVICES

This program is aimed at adapting the technical cooperation of PAHO/WHO so that its activities are developed in a systematic and programmed manner, taking into consideration the country's plans for development and specifically for the health sector and for strengthening its health services, with a view to the provision of more satisfactory care as well as increased coverage.

PAHO/WHO promotes the application of recommendations emanating from the Governing Bodies of both PAHO and WHO, and it also makes the needs of national health programs known within the headquarters of the two Organizations; it coordinates and controls the PAHO/WHO technical cooperation program, and it provides logistic support for the activities carried out at the regional, area or country level.

The determination to establish a National Health Service calls for the improvement of sectoral systems that relate to information, planning and coordination so as to permit the harmonious operation of the country's multiple health services. The resources of this program are geared to cooperation with this national effort.

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	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
VENEZUELA-5000, PROGRAM PLANNING AND GENERAL ACTIVITIES								
TOTAL		96	72	72	TOTAL	235,511	166,000	190,400
P-5 MEDICAL OFFICER -0265	PR	24	-	-	SUBTOTAL	PR 227,100	166,000	190,400
G-6 SECRETARY -4728	PR	24	24	24				
G-4 OFFICE ASSISTANT -5282	PR	24	24	24	PERSONNEL - POSTS	219,900	166,000	190,400
G-3 DRIVER -3903	PR	24	24	24	STAFF DUTY TRAVEL	7,200	-	-
					SUBTOTAL	PG 8,411	-	-
					GENERAL OPERAT. EXPENSES	8,411	-	-

VENEZUELA-5100, STRENGTHENING HEALTH SERVICES

TOTAL		24	24	24	TOTAL	WR	219,600	309,500	412,500
P-4 MEDICAL OFFICER 4.4813	WR	24	24	24	PERSONNEL - POSTS		96,600	173,200	207,400
					PERSONNEL - CONSULTANTS		30,200	42,000	80,600
					STAFF DUTY TRAVEL		8,900	8,000	8,000
TOTAL		225	150	200	SUPPLIES AND MATERIAL		10,300	2,300	8,500
					FELLOWSHIPS		75,600	84,000	108,000
CONSULTANT DAYS	WR	225	150	200					
TOTAL		72	60	60					
FELLOWSHIP MONTHS	WR	72	60	60					

DEVELOPMENT OF HUMAN RESOURCES

In the course of 1980 the Government again pointed to the high priority it assigns to the development of human resources within its objectives for national development. A National Council on Human Resources has been created at the national level with representation from all the Ministries, the universities, and other institutions concerned with the training of human resources, as well as the Office of Human Resources in the Ministry of Health and Social Welfare (MSAS).

The Office of Health Manpower, created by ministerial decree on 6 August 1974, has received significant support in the last year; coordination with the education sector is in the process of being built up through the progressive establishment of agreements with the universities and through immediate implementation of the action plans within these agreements.

An important advance has been made in the formation of personnel at the intermediate level through the creation of a technical assistance education program, which comes under the Ministry of Education both administratively and academically and operates in the services and with technical advice and financial support from the Ministry of Health. One of the more important programs in this field is that of nursing, which aims to take care of the country's shortage of middle-level nursing personnel through diversified technical high school education. A joint programming process has been initiated, involving the Office of Human Resources of the MSAS, the associations of schools of medicine and nursing, and the professional schools. It is planned to continue with joint action plans.

A joint study has been initiated involving the Office of Human Resources and those programs that respond to the needs of health personnel as established in the new programs derived from care models, such as multiple service modules, the broad program for outpatient care, and, in general, programs for the extension of health service coverage.

The need has been felt for an evaluation of human resource training programs at the national level, and the Office of Human Resources of the MSAS, as well as various training institutions, have recognized the need to promote research as an indispensable process for the evaluation and reformulation of the programs.

The country's objectives in regard to policies, plans and programs coincide with those contained in the PAHO/WHO programming for the medium-term development of human resources.

VENEZUELA-6000, HUMAN RESOURCES PLANNING

TOTAL		24	-	-	TOTAL	PR	133,300	50,400	63,300
P-4 HEALTH MANPOWER OFFICER -4814	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					PERSONNEL - CONSULTANTS		16,200	28,000	36,300
					STAFF DUTY TRAVEL		6,800	-	-
TOTAL		120	100	90	FELLOWSHIPS		13,700	22,400	27,000
CONSULTANT DAYS	PR	120	100	90					
TOTAL		13	16	15					
FELLOWSHIP MONTHS	PR	13	16	15					

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
VENEZUELA-6100, SCHOOL OF PUBLIC HEALTH									
TOTAL		60	60	60	TOTAL	WR	40,600	50,400	69,200
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		31	24	25	FELLOWSHIPS		32,500	33,600	45,000
FELLOWSHIP MONTHS	WR	31	24	25					
VENEZUELA-6200, MEDICAL EDUCATION									
TOTAL		60	60	60	TOTAL	PR	66,800	92,400	114,200
CONSULTANT DAYS	PR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		56	54	50	FELLOWSHIPS		58,700	75,600	90,000
FELLOWSHIP MONTHS	PR	56	54	50					
VENEZUELA-6300, NURSING EDUCATION									
TOTAL		60	60	60	TOTAL	WR	40,600	61,600	81,800
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		31	32	32	FELLOWSHIPS		32,500	44,800	57,600
FELLOWSHIP MONTHS	WR	31	32	32					
VENEZUELA-6400, SANITARY ENGINEERING EDUCATION									
TOTAL		60	60	60	TOTAL	WR	14,400	30,800	42,200
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		6	10	10	FELLOWSHIPS		6,300	14,000	18,000
FELLOWSHIP MONTHS	WR	6	10	10					
VENEZUELA-6500, VETERINARY MEDICINE EDUCATION									
TOTAL		60	60	60	TOTAL	WR	35,400	50,400	67,400
CONSULTANT DAYS	WR	60	60	60	PERSONNEL - CONSULTANTS		8,100	16,800	24,200
TOTAL		26	24	24	FELLOWSHIPS		27,300	33,600	43,200
FELLOWSHIP MONTHS	WR	26	24	24					
VENEZUELA-6600, DENTAL EDUCATION									
TOTAL		24	-	-	TOTAL	WR	116,000	21,000	18,000
P-4 DENTAL EDUCATION ADVISOR 4,4239	WR	24	-	-	PERSONNEL - POSTS		96,600	-	-
TOTAL		12	15	10	STAFF DUTY TRAVEL		6,800	-	-
FELLOWSHIP MONTHS	WR	12	15	10	FELLOWSHIPS		12,600	21,000	18,000

 WEST INDIES: ANGULLA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	6,500
Area (in thousand square kilometers)	1980	.087
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	. . .	. . .
Infant mortality rate per 1,000 live births	. . .	. . .
Death rate 1-4 years, per 1,000 population	. . .	. . .
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	. . .	. . .
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	. . .	. . .
Number of physicians per 10,000 population	1977	6.1
Number of hospital beds per 1,000 population	1980	3.6
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1973	45.7
Percentage of population 55 years and over	1973	10.8
Rate of natural increase per 1,000 population	. . .	. . .
Fertility rate per 1,000 women 15-44 years of age	. . .	. . .
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	. . .	. . .
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	. . .	. . .
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	. . .	. . .
Percentage of population 5-14 years enrolled in primary schools**	. . .	. . .
Percentage of population 15-19 years enrolled in secondary and vocational schools**	. . .	. . .
Percentage of population 20-29 years enrolled in university**	. . .	. . .

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

WEST INDIES: ANGUILLA - COUNTRY STATEMENT

The island of Anguilla is a British Dependent Territory (Crown Colony). In 1980 Anguilla's separation from the Associated State of St. Kitts-Nevis-Anguilla was formalized. Anguilla is the northernmost of the Leeward Islands, latitude 18° N and longitude 63° W. It lies 112 kilometers northwest of St. Kitts and about 8 kilometers north of St. Maarten. It is a flat island with a total land area of 87 square kilometers (the smallest island in the English-speaking Lesser Antilles). It is of coral limestone formation covered by sparse dry woodlands and with pockets of red loam soil.

The 1978 estimated population (6,500) and the population density (75 per square kilometer) are the lowest in the Lesser Antilles. The population of Anguilla is approximately half that of Montserrat (13,000) and of the British Virgin Islands (12,000).

The Government of Anguilla comprises a Commissioner, representing the Queen, who presides over the Executive Council and Legislature Assembly. The Executive Assembly consists of the the Chief Minister and two other appointed and two ex officio members.

The economy of Anguilla does not differ from the general pattern of other small islands in the Caribbean. Its economy is based on agriculture and tourism. Salt, fish, lobster and small stock are Anguilla's principal exports.

In the area of health care Anguilla has a 24-bed Cottage Hospital and four health care centers at the Valley, South Hill, East End and West End. The old folks' infirmary, with 10 beds, is under the supervision of the Cottage Hospital. The ratio of acute beds per 1,000 population is 3.6, the lowest ratio in the Lesser Antilles or the British Virgin Islands. The bed occupancy for the Cottage Hospital was 51.3% in 1975, 41.7% in 1976, and 51.8% in 1977. The number of outpatients attending the Cottage Hospital was 1,526 in 1977. In 1977 the total number of births was 180; 178 (98.8%) took place in the hospital.

There were four physicians in 1977, a ratio of 6.1 per 10,000 population, and eight staff nurses or 12.7 per 10,000 population.

It is not possible to assess the health status of the population of Anguilla because of lack of information. The 1977 Annual Report of the Medical and Health Department does not provide information on vital events.

In the environmental sector activities include household inspections (1,420 in 1977), food inspection, a food handlers clinic, meat inspection, hotel inspection, and insect and rodent control.

WEST INDIES: ANTIGUA AND BARBUDA/REDONDA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	73
Area (in thousand square kilometers)	1978	.442
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1978	5.5
Infant mortality rate per 1,000 live births	1978	22.3
Death rate 1-4 years, per 1,000 population	1978	1.0
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1976	4.1
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1976	5.6
Number of physicians per 10,000 population	1978	3.6
Number of hospital beds per 1,000 population	1978	6.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	36.5
Percentage of population 55 years and over	1976	13.4
Rate of natural increase per 1,000 population	1978	12.8
Fertility rate per 1,000 women 15-44 years of age	1977	104
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1977	99
Per capita calories per day	1972-1974	2,060
Per capita protein per day (grams)	1972-1974	54
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1976	1,698
- in United States dollars	1976	950
Percentage of GDP from secondary sector (manufacturing and building)	1976	16
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1960	89
Percentage of population 5-14 years enrolled in primary schools**	1974	70
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1974	87
Percentage of population 20-29 years enrolled in university**	1974	1

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

 WEST INDIES: ANTIGUA AND BARBUDA/REDONDA - COUNTRY STATEMENT

Antigua and its dependencies, Barbuda and Redonda, are low-lying islands on the Atlantic side of the Leeward Islands chain, situated between 60° W longitude and 17° and 18° N latitude. They are small in size with a total of 442 square kilometers (Antigua, 280 square kilometers; Barbuda, 161 square kilometers; Redonda, 1 square kilometer).

A region of volcanic origin in the southwest of Antigua is mountainous and has the island's highest elevation at Bogy Peak (1,330'). Barbuda, 25 miles north of Antigua, is a flat coral island.

The 1978 estimated population was 73,000 with a population density of 165 per square kilometer. The town of St. John's (Antigua's capital) has a population of 24,000. Other towns include Parham and Codrington (on Barbuda, population 1,145). In 1978 the population distribution by age shows that 36.5% was under 15 years of age, the rate of natural increase 12.8, and the fertility rate of women 15-44 years of age was 104 per 1,000.

Antigua is an Associated State of the United Kingdom. The exercise of government is provided through a Governor, representing the Queen, and a Parliament consisting of an appointed Senate of 10 members and a House of Representatives of 17 members elected in single member constituencies by adult suffrage of 18 years and over. Executive power is vested in a Cabinet headed by a Premier. The island of Antigua is divided into six parishes. Local government is administered by 29 community councils, each with 9 members. The health sector is under the Ministry of Health and Public Information.

Antigua's economy has been depressed in the 1970's with the per capita GNP declining at an annual rate of 3.7% for the period 1970-1977. Nevertheless, the per capita GNP for 1978 was \$950, the second largest in the Lesser Antilles and the largest of the small less developed West Indies countries.

The economy is heavily reliant on tourism (40-50% of the GDP). Agricultural production, cotton and sugar have suffered serious declines in recent years. Recent government measures for economic reconstruction and development are: (a) the use of former sugar lands for large-scale mechanized corn and sorghum production, granting incentives to promote more labor and intensive assembly-type manufacturing; (b) developing a strategy for changing the tourist industry to a year-round enterprise; and (c) promoting primary sector growth in food crop agriculture, livestock and fishing.

In the area of health care resources, Antigua has four hospitals: Halberton, a general hospital, with 220 beds; a mental hospital with 200 beds which admits patients from the neighboring Leeward Islands; a hospital for leprosy patients with about 40 beds; and the Fiennes Institutes with 150 beds. For Halberton General Hospital the following indices are available: the per day cost per occupied bed for 1978 was calculated at EC\$50.00; average length of stay, 14.0 days; percentage occupancy, 77.7; gross death rate per 100 discharges, 4.0. In Barbuda the Spring View Hospital, which opened in July 1978, has a capacity of eight beds. The total bed population ratio in 1978 for Antigua and Barbuda was 6.3 per 1,000 population. There were 18 health establishments with outpatient services, 3 health centers and posts, 15 clinics and dispensaries, and 2 dental clinics. The ratio of physicians per 10,000 population was 3.6, and the ratio of graduate nurses was 17.7.

In 1978 the total health expenditure, including capital expenditure, was EC\$6,827 or 13.2% of the total government budget. The 1978 per capita expenditure for health services was EC\$93.2. This figure represents a substantial increase over the 1974 figure of EC\$62.8. The trend from 1974 to 1978 had been a constant increase in per capita expenditure for health (1974, \$62.8; 1975, \$72.1; 1976, \$79.2; 1977, \$84.6; and 1978, \$93.2).

The health status of the population of Antigua, in comparison with the other less developed countries, could be considered at an intermediate level. There were 30 infant deaths in 1978, or an infant mortality rate of 22.3 per 1,000 live births. Of those 30 infant deaths, 21 took place in the first 28 days of life, with a neonatal mortality rate of 15.6%. A clinical survey of children under 5 years of age (1978) reported the following rates of malnutrition: Grade 3, 0.10%; grade 2, 25%, and grade 1, 16.0% (Gomez Scale); normal 64.1% and overweight and obese 17.2%. The rate per 100,000 population of reported cases of typhoid fever for the period 1976-1979, on an annual average, was 2.3, the second lowest in the Lesser Antilles.

In 1978 the leading causes of death and their rates per 1,000 population were: cerebrovascular disease (430-438), .98; malignant neoplasms (140-209), .70; heart diseases (393, 398, 410-429), .49; hypertensive diseases (400-404), .38; causes of perinatal mortality (760-779), .35; diabetes (250) .27; pneumonia (480-486), .19; avitaminosis and other nutritional deficiencies (260-209), .11; and other diseases of the circulatory system (440-458), .1.

The main health activities for 1978 were increase of the Halberton Hospital specialist staff; improvement of the delivery of primary health care by training 22 community health aides to assist district nurses, midwives and public health nurses in their routine duties; continuation of the diabetic clinics; and appointment of psychiatric specialist at the mental hospital. The appointment of a hospital administrative secretary and a principal nursing officer at the Ministry has strengthened the management aspect.

Ongoing activities are related to occupational health; animal health and veterinary public health; quality control of food and control of pesticides; disaster preparedness; nursing; laboratories; health education; handicapped children; Aedes aegypti eradication; and school medical and dental services.

In the environmental health sector, 40% of houses had water connections in 1978; it was estimated that, with a few exceptions, the whole population had easy access to a potable water supply. Collection and disposal of solid waste remains a health problem. A sewage system is being formulated for St. John's to be financed from external sources.

WEST INDIES: BERMUDA - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1980	54.7
Area (in thousand square kilometers)	1980	.053
Cultivated land	...	...
<u>Health Indicators:</u>		
Life expectancy at birth	...	...
Death rate per 1,000 population	1979	6.1
Infant mortality rate per 1,000 live births	1979	15.4
Death rate 1-4 years, per 1,000 population	1978	0.6
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	2.8
Number of physicians per 10,000 population	1979	11.2
Number of hospital beds per 1,000 population	1979	8.4
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1980	22.7
Percentage of population 65 years and over	1980	8.3
Rate of natural increase per 1,000 population	1980	3.2
Fertility rate per 1,000 women 15-44 years of age	1979	57
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1980	0
Percentage of population with access to potable water	1980	100
Per capita calories per day	...	...
Per capita protein per day (grams)	...	...
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1980	11,000
- in United States dollars	1980	par value
Percentage of GDP from secondary sector (manufacturing and building)	...	...
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1980	97
Percentage of population 5-14 years enrolled in primary schools and infant schools**	1980	32
Percentage of population 15-29 years enrolled in secondary, vocational schools and university**	1980	71

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

WEST INDIES: BERMUDA - COUNTRY STATEMENT

Bermuda is the name given to a group of islands and islets located in the Atlantic Ocean, with a land area of about 22 square miles and a multiracial population estimated at about 55,000 inhabitants (1980). Of the Bermuda Islands, nine contain parishes, namely St. George's, Hamilton, Smith's, Devonshire, Pembroke, Paget, Warwick, Southampton, and Sandys. There is no illiteracy, and unemployment is very low. The main industry is tourist trade. The Bermudian Cabinet consists of the Premier and 11 other ministers, most of whom are members of the Legislature.

The annual per capita income in Bermuda exceeds \$4,000 and is one of the highest in the world. The national budget for 1977-1978 was \$78,422,659, of which \$13,831,910 was allocated to health and social services.

The health status of the Bermuda population is very satisfactory. The crude death rate in 1977 was estimated at 6.6 per 1,000 inhabitants, birth rate 14.2 per 1,000 live births, infant mortality rate 18.6 per 1,000 live births, and only 4.80% of the total deaths occurred in children 0-5 years of age. It is estimated that over 90% of the children are immunized against DPT, polio, and smallpox.

The Ministry of Health and Social Services has the overall responsibility for health and social welfare of the people of Bermuda. The Health Department has a central laboratory which deals with food and drug analysis. There are two hospitals: King Edward Memorial (general) with 320 beds and St. Brendan (psychiatric) with 170 beds. There are no academic training programs for health professionals, and the local training program for enrolled nurses is to be terminated.

The Government has been reviewing the 1976 PAHO/WHO Study on Water Supply and Sewerage Sector. The quality control of food and milk products, as well as general environmental sanitation, are high priority programs. The Government has embarked on a Preventive Dental Health Program for children through the use of fluoride.

Upgrading the quality of the care of the elderly and the handicapped is an area of concern. The need for closer collaboration of health and social services aimed at the family as a unit is also recognized.

The Government has adopted a policy of Bermudianization of its public services, and conscious efforts are being made to prepare Bermudians to take over responsible positions in all sectors, including health and social services.

 WEST INDIES: BRITISH VIRGIN ISLANDS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	12
Area (in thousand square kilometers)	1977	.153
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1975	5.9
Infant mortality rate per 1,000 live births	1975	17.8
Death rate 1-4 years, per 1,000 population	1975	0.8
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1977	0.0
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1977	4.8
Number of physicians per 10,000 population	1977	8.3
Number of hospital beds per 1,000 population	1977	3.5
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	38.0
Percentage of population 55 years and over	1978	10.0
Rate of natural increase per 1,000 population	1975-1978	6.4
Fertility rate per 1,000 women 15-44 years of age	1975-1978	81.7
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1977	0
Percentage of population with access to potable water	1977	80
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	. . .	. . .
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	2,000
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1960	93
Percentage of population 5-14 years enrolled in primary schools*	1973	81
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1973	73
Percentage of population 20-29 years enrolled in university*	1973	0

*Total enrollment as a percentage of population in the age group

WEST INDIES: BRITISH VIRGIN ISLANDS - COUNTRY STATEMENT

The British Virgin Islands are a British Dependent Territory (Crown Colony). The four main islands, Tortola, Virgin Gorda, Jost Van Dyke and Anegada, have a total of 153 square kilometers. They are located between 64° and 65° W longitude and 18° and 19° N latitude. The capital, Roadtown, is located on Tortola.

The total estimated mid-year population for 1978 was 11,500. The population density is 78 per square kilometer, the second lowest in the Lesser Antilles. The birth rate per 1,000 population in 1978 was 17.5, one of the lowest in the Lesser Antilles. The percentage of children under 15 years of age was 38 in 1978. The total percentage of women 15-44 years of age and children under 15 years is 57.

The main sources of income of the British Virgin Islands are tourism, custom duties, taxes and licenses. Agriculture and fishing were major industries in the past, and efforts are being made to encourage their redevelopment. The per capita income for 1978 was approximately \$2,000 (the highest in the Lesser Antilles). The percentage of unemployed persons was zero in 1978 due to the high construction activity in the Territory.

The health sector is under the Minister of Health, advised primarily by the Permanent Secretary and the Chief Medical Officer. The main objective of the health policy is to improve the health of the people by providing the maximum opportunity for a health existence.

In the area of health resources, the British Virgin Islands has Peebles Hospital with 34 beds, or 3 beds per 1,000 population (the lowest rate in the Lesser Antilles). In the Health Department there are 5 medical doctors; 1 dentist; 44 nurses, midwives, and assistant nurses; and 3 public health inspectors. The ratio of physicians per 10,000 population is 8.3, the highest in the Lesser Antilles, and the ratio of graduate nurses per 10,000 is 13.

Government expenditure on public health was \$1,202,770 in 1978 or 12.8% of the total Government expenditure. Per capita expenditure was \$104.50 (1978). The health status of the population of the British Virgin Islands has achieved a high level according to vital and epidemiological statistics. The neonatal death rate was 19.8% in 1978; communicable diseases present very few problems; and geriatrics and noncommunicable diseases are becoming one of the health priorities in the country.

In 1978 there were 878 hospital discharges, with an average length of stay of 9 days. The occupancy rate for the hospital was 62% and the bed turnover rate, 28. Total outpatient contracts numbered 11,038 (including 5,960 casualty attendances). Of a total of 210 deliveries, 193 took place in the hospital.

There are ongoing programs in control of communicable diseases, postnatal clinics, family planning clinics, school health services, diabetics and cancer screening, mental health survey, dental health and health education.

The British Virgin Islands has a fairly good water supply system. A total of 8,000 inhabitants live in houses served with water connections (6,000) or easy access (2,000). Piped chlorinated water is supplied to the urban area of Roadtown. There are two desalination plants in the Territory, both operated by private hotels. There is a sewerage system for urban Roadtown serving 15% of the population; 75% of the total population has an approved sewerage system. Solid waste disposal is, on the whole, well organized, although there are some problems because of old equipment.

WEST INDIES: CAYMAN ISLANDS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	17
Area (in thousand square kilometers)	1976	.259
Cultivated land	...	...
<u>Health Indicators:</u>		
Life expectancy at birth	...	...
Death rate per 1,000 population	1979	5.3
Infant mortality rate per 1,000 live births	1980	18.2
Death rate 1-4 years, per 1,000 population	1980	0
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1980	1.9
Percentage of deaths from influenza, emphysema, pneumonia, bronchitis, and asthma (ICD Codes 470-493)*	1980	14.3
Number of physicians per 10,000 population	1980	9.6
Number of hospital beds per 1,000 population	1980	2.9
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1979	29.1
Percentage of population 55 years and over	1979	13.3
Rate of natural increase per 1,000 population	1980	14.4
Fertility rate per 1,000 women 15-44 years of age	1980	80.4
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	...	...
Percentage of population with access to potable water	1979	98.5
Per capita calories per day	...	...
Per capita protein per day (grams)	...	...
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1972.	1,850
- in United States dollars	...	...
Percentage of GDP from secondary sector (manufacturing and building)	1972	15
Economically active population in primary sector (agriculture, mining, and quarrying)	...	...
<u>Educational Indicators:</u>		
Percentage of literate population	1976	85
Percentage of population 5-14 years enrolled in primary schools**	1976	56
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1976	41
Percentage of population 20-29 years enrolled in university**	1976	3

*Excludes symptoms and ill-defined conditions

Total enrollment as a percentage of population in the age group

WEST INDIES: CAYMAN ISLANDS - COUNTRY STATEMENT

The Cayman Islands consist of three small islands in the Western Caribbean--Grand Cayman, Cayman Brac and Little Cayman. The aggregate land mass is about 100 square miles, of which 76 are in Grand Cayman. The estimated population in 1977 was 17,000 with approximately 15,323 in Grand Cayman, 1,603 in Cayman Brac and 14 in Little Cayman.

The crude birth rate has declined from 31.9 per 1,000 population in 1961 to 19.1 per 1,000 population in 1980, and the crude death rate has declined from 7.8 per 1,000 population to 5.3 per 1,000. The infant mortality rate in 1980 was 18.2 per 1,000 live births.

A survey of the Georgetown Hospital birth records, where about 93% of the total births in Grand Cayman take place, revealed that 8% of the newborns had some congenital abnormality. The stillbirth rate declined to 1.6 per 1,000 births and number of twin births were also high, 4.3% of all birth were multiple births. A survey conducted in 1977 by PAHO/WHO revealed a dramatic increase in autosomal recessive diseases. A wide range of diseases, including Cayman disease (a new cerebellar parenchymatous degenerative disease), a new storage disease of the mucopolysaccharidosis mucopolipidosis type, genetic deafness, congenital blindness and mental retardation have been found. Other health problems include diseases of the cardiovascular system and accidents.

The Government is reviewing a feasibility study to improve the water supply and sewage disposal system.

Health services are mainly provided by the Government, through the Department of Health in the Portfolio for Health, Education and Social Services and, to a limited extent, by private practitioners.

There are two hospitals in the Islands, one in Georgetown, Grand Cayman, with 38 beds and the other in Cayman Brac with 10 beds. There are district health clinics in West Bay, East End, Bodden Town, North Side, and at the hospitals in Georgetown and at the Brac. The Health Department is staffed by the chief medical officer, one medical social worker, one surgeon, four medical officers, one hospital secretary and a number of medical consultants (private practitioners who have part-time appointments in pediatrics, obstetrics and gynecology, and internal medicine). The dental staff in the Government Services includes a dental officer, two dental auxiliaries, one dental health educator and two dental assistants.

Other services at the hospital and in the communities include pharmacy services, nursing services, community nursing services and an environmental health program.

The health care delivery system is oriented towards the curative practice of medicine. In recent years, the emphasis has been shifted towards strengthening community-based services.

A health policy is under review. The major priorities identified are the prevention and control of genetic disease; provision of rehabilitation services for handicapped individuals; strengthening of community-based services, particularly maternal and child health/family planning, genetic counseling and family life education; provision of psychiatric services in the islands; and improvement of dental services.

A review of health legislation has recently been carried out and health laws that require change or updating have been drafted.

 WEST INDIES: MONTserrat - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1979	12
Area (in thousand square kilometers)	1979	.098
Cultivated land (in thousand acres)	1977	7.0
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	69.1
Death rate per 1,000 population	1976	10.5
Infant mortality rate per 1,000 live births	1976	48.5
Death rate 1-4 years, per 1,000 population	1977	0.7
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)	1977	1.4
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)	1977	9.4
Number of physicians per 10,000 population	1980	5.5
Number of hospital beds per 1,000 population	1979	5.6
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1977	34.0
Percentage of population 55 years and over	1977	11.4
Rate of natural increase per 1,000 population	1979	10.9
Fertility rate per 1,000 women 15-44 years of age	1976	105.0
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1978	0
Percentage of population with access to potable water	1976	93
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	. . .	. . .
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1976	1,365
- in United States dollars	1976	515
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1960	81
Percentage of population 5-14 years enrolled in primary schools*	1973	87
Percentage of population 15-19 years enrolled in secondary and vocational schools*	1973	41
Percentage of population 20-29 years enrolled in university*	1973	0

*Total enrollment as a percentage of population in the age group

WEST INDIES: MONTSERRAT - COUNTRY STATEMENT

The island of Montserrat is situated at latitude 16° 45' N and longitude 60° 15' W, about 43.2 kilometers southwest of Antigua. The total land area is 98 square kilometers, the second smallest in the English-speaking Lesser Antilles. Volcanic in structure, the island is mountainous with three main ridges: Silver Hill in the north (1,285'), Central Hill (2,450') and Soufriere Hills (Chance Peak 3,002').

The estimated population was 12,079 in 1979. The population of Plymouth, the capital, was estimated to be 3,000 in 1976. The population density is 132 per square kilometer. The population distribution by age shows that 34% is under 15 years of age, one of the oldest populations in the Windward and Leeward Islands. The crude birth rate was relatively low, 14 (1979) and the rate of natural increase per 1,000 population was 10.9. Montserrat's growth rate has been significantly affected by a high rate of immigration. It is estimated that about one-quarter of the population emigrated during the 1950's.

The Montserrat Government is headed by a Governor (British Dependent Territory) with responsibility for defense, external affairs and internal security. The Governor presides over an Executive Council consisting of a chief minister, three other ministers and two ex officio members.

Montserrat's economy has been limited by its small size and physical features. Steep slopes and rocky terrain limit arable acreage. A low volume of trade makes external shipping and air connections very costly. Agriculture was replaced as Montserrat's main economic sector in the 1960's by retiree tourism, which stimulated the construction industry. The per capita GNP in 1978 was \$745, the third largest in the English-speaking Lesser Antilles. Future development of the economy depends on increasing productive activity to provide employment. The Government is exploring three possibilities: expansion and diversification of tourism, agricultural development with emphasis on tree crops, and promotion of light industry.

In the area of health care facilities, Montserrat has a new hospital in Plymouth with a total of 67 beds. The ratio of beds per 1,000 population is 5.6. There are also 12 district health centers clinics and one geriatric facility with 30 beds. No person has to travel over two miles to a district health center/clinic. In 1979 there were 6 doctors, 1 dentist, 41 nurses, 16 nursing assistants, and 9 student nurses. In 1980 the ratio of physicians per 10,000 population was 5.5, and the ratio of graduate nurses per 10,000 was 43.3 (the highest figure in all the English-speaking Lesser Antilles).

The health status of the population is generally measured by the infant mortality rate. In Montserrat, the picture shows an infant mortality rate of 46 per 1,000 live births, which represents 11 death occurring in the first year of life.

WEST INDIES: ST. KITTS/NEVIS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1978	49
Area (in thousand square kilometers)	1978	.294
Cultivated land (in thousand square kilometers)	1975	.130
<u>Health Indicators:</u>		
Life expectancy at birth	1975-1980	69.1
Death rate per 1,000 population	1979	10.6
Infant mortality rate per 1,000 live births	1979	49.5
Death rate 1-4 years, per 1,000 population	1978	2.8
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1979	11.2
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1979	6.2
Number of physicians per 10,000 population	1979	3
Number of hospital beds per 1,000 population	1979	5
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1978	49.0
Percentage of population 55 years and over	1978	15.0
Rate of natural increase per 1,000 population	1979	13.9
Fertility rate per 1,000 women 15-44 years of age	1978	143
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	. . .	. . .
Percentage of population with access to potable water	1979	100
Per capita calories per day	1979	2,017
Per capita protein per day (grams)	1979	48
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	1977	1,800
- in United States dollars	1977	670
Percentage of GDP from secondary sector (manufacturing and building)	1975	7
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1977	80
Percentage of population 5-14 years enrolled in primary schools***	1977	100
Percentage of population 15-19 years enrolled in secondary and vocational schools***	1977	78
Percentage of population 20-29 years enrolled in university***	1977	0.2

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

WEST INDIES: ST. KITTS/NEVIS - COUNTRY STATEMENT

The islands of St. Christopher (shortened name St. Kitts) and Nevis are an Associated State of Great Britain. This Associated State began as the State of St. Kitts/Nevis/Anguilla, but shortly after the state was formed, Anguilla decided to have separate administration. In 1971 Anguilla came under direct United Kingdom responsibility and since 1976 has had status of British Dependent Territory (Crown Colony). The former United Kingdom Colony of St. Kitts/Nevis/Anguilla became, under provision of the 1966 Constitution, a "State in Voluntary Association" with Great Britain. After the formal separation of Anguilla it became the State of St. Kitts/Nevis. Together the two islands have a total area of 294 square kilometers. They are 3.0 kilometers apart by sea and are of volcanic origin. St. Kitts' highest peak, Mt. Misery (3,792' high), in the northwestern part of the island, has a crater of an extinct volcano. The oval shaped Nevis is a volcanic cone rising some 3,500' high.

The 1978 estimated population was 49,000 (St. Kitts, 36,000 and Nevis, 13,000). The capital city, Basseterre, has a total population of 14,597 (1976), and Charlestown, in Nevis, has a total population of 2,450 (1976). The population density is 167 per square kilometer (1978). The population distribution by age shows that 49% is under 5 years of age (1970), the second youngest population in the Windward and Leeward islands. The Government comprises a parliament and a House of Assembly and an Executive Branch consisting of a Premier and Cabinet. The Queen is represented by a Governor appointed by her, and the House of Assembly is made up of 10 elected members and 3 appointed members. The Cabinet, headed by the Premier (leader of the majority party in the House), includes the Attorney General (ex officio) and four other members. At the regional level, St. Kitts is divided into nine parishes and Nevis, five parishes. The economy of St. Kitts/Nevis during the 1970's had a per capita GNP growth rate of 1.6% (1970-1977). The St. Kitts/Nevis economy, on the whole, is highly dependent on sugar production (60% of exports and 30% of GDP). For St. Kitts, the principal agricultural product is sugar cane; peanuts are the second crop. Sugar was once the main crop on Nevis, but the low rainfall forced a change to sea island cotton, which has become the main export crop. Economy diversification has been encouraged by the Government with emphasis on tourism, light manufacturing, and agricultural diversification into food-crop growing.

The health sector is under the Ministry of Education, Health and Social Affairs. In the area of health care resources, St. Kitts/Nevis has a general hospital in Basseterre, the Joseph N. France General Hospital, with 164 beds, and another general hospital in Charlestown, Nevis, the Alexandra General Hospital, with 54 beds. There is a 28-bed cottage hospital in Sandy Point, St. Kitts, the Pogson Hospital. In St. Kitts there are 100 infirmary beds at the Cardin Home and 9 at the Hansen Home. In Nevis there are 26 infirmary beds. Total general beds number 246, or 5 per 1,000 population, and there are 381 total beds (including chronic beds), or 7.8 per 1,000 population. The following indices are available for 1978 for the Joseph N. France General Hospital: average length of stay, 15 days; occupancy rate, 76%; and bed turnover, 21. For the Alexandra Hospital, the average length of stay was 8 days; occupancy rate, 44% and bed turnover, 20. There are also 21 community health establishments. Of these, 11 are health centers, 6 are outposts, and 4 are for child health care.

The available figures for the 20 outpatient services are as follows: in 1979, 3,528 outpatients registered in child health clinics and 1,887 in toddlers clinics. The new attendance for the child health clinics was 1,342 and for the toddlers clinics, 697. The total attendance was 19,225 for child health clinics and 4,246 for toddlers clinics.

With respect to health manpower resources, St. Kitts/Nevis has a total of 15 physicians and 161 nurses, giving a ratio of 3 physicians per 10,000 population (1979), or 3,267 persons per physician, and 27 graduate nurses per 10,010 population (1976), or 370 persons per nurse. The health status of the population of St. Kitts/Nevis measured by the infant mortality rate could be considered one of the less elevated of the Lower Antilles. Not only was the infant mortality rate for 1977 one of the highest, 42 per 1,000 births, but also the trend in the 10 years from 1968 to 1977 showed little improvement. In 1978-1979, the neonatal component of the infant mortality rate was 23% that is one of every two death under one year of age was in children under 28 days of life.

The leading causes of death under 5-year age group were: in 1978, enteritis and other diarrheal diseases, and pneumonia; in 1979, intestinal infectious diseases, conditions of the perinatal period, and diseases of the respiratory tract. The gastroenteritis morbidity rate per 1,000 children under five years of age, in a three-year annual average is 78, the second largest in the lower Antilles.

The environmental indicators show that approximately half of the population lives in households with water connection. The other half have easy access to water.

WEST INDIES: TURKS AND CAICOS ISLANDS - BASIC DATA

<u>External Indicators:</u>	<u>Year</u>	<u>Figure</u>
Population, mid-year (in thousands)	1977	6
Area (in thousand square kilometers)	1977	.430
Cultivated land	. . .	. . .
<u>Health Indicators:</u>		
Life expectancy at birth	. . .	. . .
Death rate per 1,000 population	1976	7.3
Infant mortality rate per 1,000 live births	1976	49.9
Death rate 1-4 years, per 1,000 population	. . .	. . .
Percentage of deaths from infectious and parasitic diseases (ICD Codes 000-136)*	1973	14.7
Percentage of deaths from influenza, asthma, pneumonia, bronchitis, and emphysema (ICD Codes 470-493)*	1973	5.9
Number of physicians per 10,000 population	1973	5.0
Number of hospital beds per 1,000 population	1973	3.3
<u>Demographic Indicators:</u>		
Percentage of population under 15 years of age	1970	47.1
Percentage of population 55 years and over	1970	12.5
Rate of natural increase per 1,000 population	1975	17.5
Fertility rate per 1,000 women 15-44 years of age	1975	130.9
<u>Environmental Indicators:</u>		
Percentage of population in localities of more than 20,000 inhabitants	1978	0
Percentage of population with access to potable water	. . .	. . .
Per capita calories per day	. . .	. . .
Per capita protein per day (grams)	. . .	. . .
<u>Economic Indicators:</u>		
Per capita gross domestic product (GDP):		
- in national currency	. . .	. . .
- in United States dollars	. . .	. . .
Percentage of GDP from secondary sector (manufacturing and building)	. . .	. . .
Economically active population in primary sector (agriculture, mining, and quarrying)	. . .	. . .
<u>Educational Indicators:</u>		
Percentage of literate population	1960	91.1
Percentage of population 5-14 years enrolled in primary schools**	1973	100
Percentage of population 15-19 years enrolled in secondary and vocational schools**	1973	69
Percentage of population 20-29 years enrolled in university**	1973	0

*Excludes symptoms and ill-defined conditions

**Total enrollment as a percentage of population in the age group

WEST INDIES: TURKS AND CAICOS ISLANDS - COUNTRY STATEMENT

Turks and Caicos Islands, lying some 575 miles southeast of Miami, and 90 miles north of Haiti, consist of eight large islands and a multitude of small cays. Only six of these islands and two cays are inhabited. The total population in 1977 was estimated at 7,670 distributed as follows: Grand Turk 3,200; Salt Cay 400; South Caicos 1,300; North Caicos 1,400; Grand Caicos 450; and Providenciales 900.

Constitutionally, the islands are a British Crown Colony with an appointed Governor. The Island's Chief Minister is assisted by three Ministers responsible for (a) works and utilities; (b) trade, tourism and development of industries and resources; and (c) education, health and welfare.

The economy of the Islands is based on tourism and fishing. In 1977 the estimated unemployment rate was 29%. The recent collapse of the salt industry has had a serious effect on the economy. The Government is presently in the process of producing a three-year development plan which will emphasize the development of the infrastructure in roads, air fields, and ports.

Lack of statistical data make it difficult to assess the health status of the population. Forty-four deaths registered in 1976 give a crude death rate of 7.3 per 1,000; and 1977 live births registered during the same period give a crude birth rate of 33.3 per 1,000 population. Infant mortality in 1976 was estimated at 49.9 per 1,000 live births.

The main apparent health problems of the school-age children are said to be undernutrition, physical and mental handicaps, teenage pregnancies, and sexually transmitted diseases. Inadequate and contaminated water supply, poor sanitary facilities, inadequate refuse disposal system and pollution of salinas increase the environmental hazards to health and the prevalence of gastroenteritis is said to be very high.

The Ministry of Health, Education and Welfare is responsible for health services in the Islands. The Health Care Delivery System is comprised of a 20-bed general hospital located in Grand Turks and 12 clinics distributed as follows: Grand Turks 1; South Caicos 1; Salt Cay 1; Middle Caicos 3; North Caicos 3; and Providenciales 3. The hospital in Grand Turks is being expanded to 30-bed capacity. The 1977 estimates provided for 3 medical officers, 9 staff nurses, 20 clinical nurses, 1 midwife, 1 public health nurse, 2 public health inspectors, 1 dentist and 1 dental assistant. The lack of adequately trained health manpower and the availability of persons with basic qualifications for entry into training programs are the most serious problem.

In early 1978, in consultation with the Government authorities, major health needs were identified. The areas highest priority are the manpower development; development of health statistics and information services; assessment of health risks from environmental problems development of an appropriate program; improvement of administration of hospital services and formulation of programs for the eradication of the Aedes aegypti, control of other mosquitoes and for the immunization of the young child population.

The need for the formulation of a health policy and a plan for improvement of the health services has been identified.

WEST INDIES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$
1980-1981											
PAHQ--PR	45,500	-	-	240	32,900	-	12	12,600	-	-	-
WHO--MR	465,100	72	-	155	268,100	25,200	159	167,100	-	4,700	-
WT	404,400	14	-	315	107,700	5,500	97	131,400	-	44,400	115,400
WP	580,546	-	-	810	286,761	5,123	36	58,394	1,211	106,609	122,448
TOTAL	1,495,546	86	-	1520	695,461	35,823	304	369,494	1,211	155,709	237,848
PCT. OF TOTAL	100.0				46.5	2.4		24.7	.1	10.4	15.9
1982-1983											
PAHQ--PR	255,300	24	-	245	208,600	25,700	15	21,000	-	-	-
WHO--MR	450,700	48	48	-	268,000	22,300	113	158,200	-	2,200	-
WT	171,800	10	-	180	82,000	5,000	24	50,800	-	30,000	4,000
WP	165,012	-	-	-	108,861	3,650	12	17,540	-	15,865	19,096
TOTAL	1,042,812	82	48	425	667,461	56,650	164	247,540	-	48,065	23,096
PCT. OF TOTAL	100.0				64.0	5.5		23.7	-	4.6	2.2
1984-1985											
PAHQ--PR	290,300	24	-	160	221,400	25,700	24	43,200	-	-	-
WHO--MR	553,500	48	48	-	310,500	24,500	120	216,000	-	2,500	-
TOTAL	843,800	72	48	160	531,900	50,200	144	259,200	-	2,500	-
PCT. OF TOTAL	100.0				63.0	6.0		30.7	-	.3	-

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

WEST INDIES - ADDITIONAL ADVISORY SERVICES AVAILABLE FROM CARIBBEAN CONSULTANTS*

PROGRAM AREA				-- 1980-1981 --		-- 1982-1983 --		-- 1984-1985 --		
FUNDING	PROJECT NUMBER	BUDGET ELEMENT	POST NUMBER	GRADE	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)	UNITS (DAYS)	AMOUNT (\$)
PROGRAM PLANNING AND GENERAL ACTIVITIES					140	23,050	210	87,360	210	103,050
PR, WR	AMRO-5011	CARIBBEAN PROGRAM COORD. TECHNICAL OFFICER	.5089	D-1						
		ADMINISTRATIVE OFFICER	4.5482	P-5						
			.5090	P-2						
DISEASE PREVENTION AND CONTROL					100	41,562	100	26,630	100	29,120
PG	AMRO-0510	CONSULTANTS, SUPPLIES								
PR	AMRO-0710	AEDES AEGYPTI ADVISOR CONSULTANTS, FELLOWSHIPS	.0610	P-4						
FAMILY HEALTH					2,500	872,462	1,400	470,348	310	89,980
WR, UNFPA	AMRO-1310	MEDICAL OFFICER (MCH)	4.3209	P-5						
		HEALTH EDUCATION SPEC.	4.3702	P-4						
		MEDICAL OFFICER (MCH)	4.5319	P-4						
		NURSE MIDWIFE	4.3703	P-4						
UNFPA	AMRO-1313	NURSE EDUCATOR	4.5127	P-4						
		NURSE EDUCATOR	4.5312	P-3						
		CONSULTANTS, LOCAL COSTS, EQUIPMENT, FELLOWSHIPS, GROUP TRAINING, GRANTS								
UNFPA	AMRO-1315	LOCAL COSTS, EQUIPMENT								
UNFPA	AMRO-1316	CONSULTANTS, LOCAL COSTS, FELLOWSHIPS, GROUP TRAINING								
PR	AMRO-1510	NURSE ADMINISTRATOR CONSULTANTS, SUPPLIES	.5281	P-3						
ENVIRONMENTAL HEALTH SERVICES					170	41,510	170	46,740	170	47,340
PR	AMRO-2010	SANITARY ENGINEER	.0862	P-5						
PR	AMRO-3610	CONSULTANTS, FELLOWSHIPS								
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					390	78,133	130	33,610	130	37,350
WR	AMRO-3110	VETERINARIAN CONSULTANTS, COURSES	4.4045	P-5						
PR, UNDP	AMRO-3111	PROJECT MANAGER	.4787	P-4						
		LABORATORY TECHNICIAN	.4790	P-2						
		CONSULTANTS, FELLOWSHIPS, COURSES AND SEMINARS								
COMPLEMENTARY SERVICES					547	85,980	267	54,520	267	61,490
PR	AMRO-4110	NURSE ADMINISTRATOR	.0887	P-4						
PR	AMRO-4410	HEALTH EDUCATION SPEC.	.0918	P-4						
DEVELOPMENT OF HEALTH SERVICES					898	140,940	773	152,320	773	172,730
WR	AMRO-5210	HOSPITAL ADMINISTRATOR	4.3580	P-4						
PR, WR	AMRO-5310	HEALTH PLANNER	4.4034	P-4						
WR	AMRO-5410	STATISTICIAN	4.0841	P-4						
PR	AMRO-5510	ADMIN. METHODS OFFICER CONSULTANTS, SUPPLIES	.0917	P-4						
DEVELOPMENT OF HUMAN RESOURCES					555	198,558	455	151,360	155	83,180
PR	AMRO-6210	GRANTS								
PR	AMRO-6310	NURSE EDUCATOR CONSULTANTS, COURSES	.0604	P-4						
PR, PG, UNDP	AMRO-6910	PROJECT MANAGER	4.4353	P-5						
		HEALTH EDUCATOR	4.4355	P-4						
		HEALTH EDUCATOR	4.4356	P-4						
		CONSULTANTS, FELLOWSHIPS, COURSES, GROUP TRAINING, MISCELLANEOUS COSTS								
TOTAL					5,300	1,482,195	3,505	1,022,888	2,115	624,240

* THE CARIBBEAN PROGRAM COORDINATOR AND ADVISORS ARE BUDGETED IN THE AMRO PROJECTS LISTED ABOVE. DETAILS OF THESE PROJECTS ARE PROVIDED IN THE SECTION OF THIS DOCUMENT ENTITLED "AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL."

THIS TABLE INDICATES ADDITIONAL ADVISORY SERVICES WHICH ARE AVAILABLE TO THE COUNTRIES. THE CONSULTANT DAYS AND DOLLAR AMOUNTS HAVE BEEN DISTRIBUTED TO THE COUNTRIES IN THE AREA BASED ON THE REQUESTS OF THE INDIVIDUAL COUNTRIES AND THE PLANS OF THE CARIBBEAN PROGRAM COORDINATOR FOR UTILIZATION OF THE RESOURCES AVAILABLE.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

WEST INDIES - PROGRAM NARRATIVES AND PROJECT DETAIL

FAMILY HEALTH

A wide range of the program of activities in family health in the nonindependent islands of the English-speaking Caribbean is supported by UNFPA funding. At present, there are such programs in Antigua, Anguilla, St. Kitts/Nevis, the British Virgin Islands and the Cayman Islands. These all have family life education linked with family planning as a central theme, and among their objectives is the improvement of child health through reduction in the national birth rate and infant mortality rate. More specifically, the thrust in family life education is being directed towards young people in society with a view to reducing the incidence of teenage pregnancy and developing more responsible attitudes to parenthood. In the Cayman Islands, where there is a unique genetic disease problem, special attention is being given to its prevention. While the other islands falling in this grouping do not as yet have this special funding, there is hope that at least the Turks and Caicos Islands and Montserrat will be beneficiaries for family life education-oriented projects in the near future.

To strengthen the health manpower of the Windward and Leeward Islands, a continuing and postbasic education program in family health nursing has been launched (based in St. Vincent--the newest of the Caribbean independent countries). Hence, family nurse practitioners will soon be added to the professional ranks of the health services of these islands.

Through the Expanded Program on Immunization these countries are in the process of scheduling national inservice training workshops geared towards the upgrading of technical skills of health personnel and the extension of immunization coverage.

Basic family health services such as antenatal and child health clinics and home visiting are being reinforced by the greater use of the relatively new cadre of primary health care workers (variously called community health aides or workers and outreach workers). Greater emphasis is therefore being placed on local training and on building up the concept and practice of community participation.

There are as yet only incipient school health and dental health programs throughout these islands. Training of personnel for these purposes allied to relevant program development must therefore be accelerated.

WEST INDIES-1301, FAMILY PLANNING (ST. KITTIS/NEVIS)

TOTAL	10	-	-	TOTAL	UNFPA	93,293	21,077	-
FELLOWSHIP MONTHS	UNFPA	10	-	-	LOCAL PERSONNEL COSTS	26,255	18,875	-
					MISCELLANEOUS COSTS	1,382	1,167	-
					CONTRACEPTIVES	7,308	-	-
					EXPENDABLE EQUIPMENT	5,025	1,035	-
					NON-EXPENDABLE EQUIPMENT	7,755	-	-
					IMPROVEMENT OF PREMISES	28,000	-	-
					FELLOWSHIPS	10,953	-	-
					GROUP TRAINING	6,605	-	-

WEST INDIES-1305, GENETIC DISEASE PREVENTION (CAYMAN ISLANDS)

TOTAL	330	-	-	TOTAL	UNFPA	96,630	-	-
CONSULTANT DAYS	UNFPA	330	-	-	LOCAL PERSONNEL COSTS	22,318	-	-
					PERSONNEL - CONSULTANTS	38,631	-	-
TOTAL		11	-	-	MISCELLANEOUS COSTS	1,669	-	-
					EXPENDABLE EQUIPMENT	7,448	-	-
FELLOWSHIP MONTHS	UNFPA	11	-	-	NON-EXPENDABLE EQUIPMENT	13,573	-	-
					FELLOWSHIPS	11,780	-	-
					COURSES AND SEMINARS	1,211	-	-

WEST INDIES-1306, YOUTH INVOLVEMENT IN FAMILY LIFE EDUCATION (ST. KITTIS/NEVIS)

TOTAL	180	-	-	TOTAL	UNFPA	94,216	46,624	-
CONSULTANT DAYS	UNFPA	180	-	-	ADMIN. SUPPORT PERSONNEL	4,100	1,714	-
					LOCAL PERSONNEL COSTS	16,149	27,950	-
TOTAL		15	12	-	PERSONNEL - CONSULTANTS	18,128	-	-
					MISCELLANEOUS COSTS	972	1,062	-
FELLOWSHIP MONTHS	UNFPA	15	12	-	EXPENDABLE EQUIPMENT	2,357	-	-
					NON-EXPENDABLE EQUIPMENT	3,454	898	-
					IMPROVEMENT OF PREMISES	30,906	-	-
					FELLOWSHIPS	15,000	15,000	-
					GROUP TRAINING	3,150	-	-

	1980-1981			1982-1983			1984-1985		
	FUND	1981	1982	1983	FUND	1980-1981	1982-1983	1984-1985	
WEST INDIES-1307, YOUTH INVOLVEMENT IN FAMILY LIFE EDUCATION (ANTIGUA)									
TOTAL		300	-	-	TOTAL	UNFPA 167,733	21,987	-	
CONSULTANT DAYS	UNFPA	300	-	-	ADMIN. SUPPORT PERSONNEL	4,160	647	-	
					LOCAL PERSONNEL COSTS	54,210	8,000	-	
					PERSONNEL - CONSULTANTS	41,453	-	-	
					STAFF DUTY TRAVEL	796	1,000	-	
					MISCELLANEOUS COSTS	3,084	-	-	
					CONTRACEPTIVES	500	1,000	-	
					EXPENDABLE EQUIPMENT	5,788	500	-	
					NON-EXPENDABLE EQUIPMENT	21,938	-	-	
					IMPROVEMENT OF PREMISES	30,000	10,000	-	
					GROUP TRAINING	5,804	840	-	

WEST INDIES-1309, FAMILY LIFE EDUCATION AND STRENGTHENING OF FAMILY SERVICES (ANGUILLA)									
	TOTAL	UNFPA	83,738	40,707	-				
ADMIN. SUPPORT PERSONNEL	4,339	2,200	-	-	-				
LOCAL PERSONNEL COSTS	27,128	33,475	-	-	-				
STAFF DUTY TRAVEL	2,122	1,850	-	-	-				
MISCELLANEOUS COSTS	2,235	1,350	-	-	-				
CONTRACEPTIVES	2,627	532	-	-	-				
EXPENDABLE EQUIPMENT	3,450	1,000	-	-	-				
NON-EXPENDABLE EQUIPMENT	15,435	-	-	-	-				
IMPROVEMENT OF PREMISES	22,000	-	-	-	-				
GROUP TRAINING	4,402	300	-	-	-				

WEST INDIES-1310, DEVELOPMENT OF FAMILY LIFE EDUCATION AND FAMILY PLANNING SERVICES (BRITISH VIRGIN ISLANDS)									
	TOTAL	UNFPA	44,946	34,617	-				
LOCAL PERSONNEL COSTS	29,890	16,000	-	-	-				
STAFF DUTY TRAVEL	2,205	800	-	-	-				
PREMISES RENTAL & MAINT.	1,800	3,600	-	-	-				
MISCELLANEOUS COSTS	400	1,917	-	-	-				
CONTRACEPTIVES	5,626	1,900	-	-	-				
EXPENDABLE EQUIPMENT	1,925	1,000	-	-	-				
NON-EXPENDABLE EQUIPMENT	2,400	8,000	-	-	-				
GROUP TRAINING	700	1,400	-	-	-				

WEST INDIES-1400, NUTRITION									
	TOTAL	WR	95,200	127,600	150,400				
P-3 NUTRITIONIST	WR	24	24	24	PERSONNEL - POSTS	82,400	113,900	135,400	
4.3382					STAFF DUTY TRAVEL	11,900	13,200	14,500	
					SUPPLIES AND MATERIAL	900	500	500	

WEST INDIES-1500, MENTAL HEALTH									
	TOTAL	WR	13,700	21,000	36,000				
FELLOWSHIP MONTHS	WR	13	15	20	FELLOWSHIPS	13,700	21,000	36,000	

ENVIRONMENTAL HEALTH SERVICES

The long-term objective of PAHO technical cooperation in this area is to assist in the development of comprehensive national environmental health programs comprising a broad spectrum of specific projects. Special attention will be paid to developing a dynamic approach to the International Drinking Water Supply and Sanitation Decade (1981-1990) in all countries.

In the northwest Caribbean, assistance will be provided in water quality surveillance and wastewater disposal in Bermuda, Bahamas and the Turks and Caicos, while training in these and other environmental health fields will continue to receive attention both at home and abroad. In the eastern Caribbean, special efforts will be made in the area of project formulation, funding and implementation to assist the smaller territories to realize their much-needed water supply and sanitation projects.

WEST INDIES -2106, DEVELOPMENT OF WATER SUPPLY AND ENGINEERING SANITATION SERVICES (TURKS AND CAICOS ISLANDS)									
	TOTAL	UNDP	135	-	-				
CONSULTANT DAYS	UNDP	135	-	-	OTHER PERSONNEL COSTS	1,100	-	-	
					PERSONNEL - CONSULTANTS	15,300	-	-	
					SUBCONTRACTS	94,000	-	-	
					MISCELLANEOUS COSTS	17,900	-	-	
					MISCELLANEOUS EQUIPMENT	14,400	-	-	
FELLOWSHIP MONTHS	UNDP	7	-	-	FELLOWSHIPS	7,300	-	-	

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

COMPLEMENTARY SERVICES

The purpose of the program is to assist in the organization of hospital and community nursing services of the Caribbean countries in accordance with the needs of each country and their primary health care and referral systems.

Through training activities and maximizing the use of existing laboratory reference services, assistance is planned to strengthen and develop national health laboratories of the less-developed countries to meet the increasing demands of health services in the region.

WEST INDIES-4100, NURSING SERVICES

TOTAL		24	24	24	TOTAL	WR	113,900	161,600	188,800
P-3 NURSE ADMINISTRATOR 4.3670	WR	24	24	24	PERSONNEL - POSTS		82,400	109,100	124,800
					STAFF DUTY TRAVEL		5,300	9,100	10,000
					FELLOWSHIPS		26,200	43,400	54,000
TOTAL		25	31	30					
FELLOWSHIP MONTHS	WR	25	31	30					

WEST INDIES-4201, CARIBBEAN HEALTH LABORATORY SERVICES

TOTAL		14	10	-	TOTAL	UNDP	161,700	161,800	-
P-4 PROJECT MANAGER 4.5297	UNDP	14	10	-	PERSONNEL - POSTS		57,500	44,600	-
					ADMIN. SUPPORT PERSONNEL		8,000	8,000	-
					PERSONNEL - CONSULTANTS		25,800	29,400	-
TOTAL		180	180	-	STAFF DUTY TRAVEL		5,500	5,000	-
CONSULTANT DAYS	UNDP	180	180	-	MISCELLANEOUS COSTS		3,500	4,000	-
					MISCELLANEOUS EQUIPMENT		30,000	30,000	-
TOTAL		10	16	-	FELLOWSHIPS		11,400	20,800	-
FELLOWSHIP MONTHS	UNDP	10	16	-	GROUP TRAINING		20,000	20,000	-

DEVELOPMENT OF HEALTH SERVICES

The objective of PAHO technical cooperation is to improve the planning, management and the delivery of health care services with particular emphasis on the improvement of community-based services and on the philosophy of primary health care.

In the Turks and Caicos Islands, assistance will be provided in the assessment of capacity and needs of the present health services, in the assessment of health manpower needs, and in the development of a comprehensive plan for the improvement of the health services. Health manpower needs will also be assessed in Bermuda and the Cayman Islands, and the corresponding training plans for the next five-year period will be developed.

In the eastern Caribbean, health priorities are being identified, country health programming is being introduced, and advisory services of health teams for management information systems, primary health care and human resource development will be made available.

WEST INDIES-5100, DEVELOPMENT OF HEALTH SERVICES (EASTERN CARIBBEAN)

TOTAL		-	72	72	TOTAL		77,700	306,200	360,900
P-5 PROGRAM OFFICER .5458	PR	-	24	24	SUBTOTAL	PR	-	165,700	182,600
G-6 SECRETARY 4.4709	WR	-	24	24	PERSONNEL - POSTS		-	140,000	156,900
G-5 SECRETARY 4.3081	WR	-	24	24	STAFF DUTY TRAVEL		-	25,700	25,700
TOTAL		71	67	70	SUBTOTAL	WR	77,700	140,500	178,300
FELLOWSHIP MONTHS	WR	71	67	70	PERSONNEL - POSTS		-	45,000	50,300
					SUPPLIES AND MATERIAL		3,000	1,700	2,000
					FELLOWSHIPS		74,700	93,800	126,000

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
WEST INDIES-5101, DEVELOPMENT OF HEALTH SERVICES (WINDWARD ISLANDS)									
TOTAL		60	-	-	TOTAL	NR	61,900	-	-
CONSULTANT DAYS	NR	60	-	-	PERSONNEL - CONSULTANTS		8,600	-	-
TOTAL		50	-	-	SUPPLIES AND MATERIAL		800	-	-
FELLOWSHIP MONTHS	NR	50	-	-	FELLOWSHIPS		52,500	-	-

WEST INDIES-5102, DEVELOPMENT OF HEALTH SERVICES (TURKS AND CAICOS ISLANDS)

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		32	-	-	TOTAL	UNDP	39,900	-	-
FELLOWSHIP MONTHS	UNDP	32	-	-	FELLOWSHIPS		34,800	-	-
					GROUP TRAINING		5,100	-	-

WEST INDIES-5103, DEVELOPMENT OF HEALTH SERVICES (NORTHERN CARIBBEAN)

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		240	245	160	TOTAL	PR	45,500	89,600	107,700
CONSULTANT DAYS	PR	240	245	160	PERSONNEL - CONSULTANTS		32,900	68,600	64,500
TOTAL		12	15	24	FELLOWSHIPS		12,600	21,000	43,200
FELLOWSHIP MONTHS	PR	12	15	24					

WEST INDIES-5203, MEDICAL CARE SERVICES (CAYMAN ISLANDS)

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		37	8	-	TOTAL	UNDP	41,100	10,000	-
FELLOWSHIP MONTHS	UNDP	37	8	-	FELLOWSHIPS		41,100	10,000	-

WEST INDIES-5500, MANAGEMENT OF HEALTH SERVICES

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		24	-	-	TOTAL	NR	102,700	-	-
P-3 ADMIN. METHODS OFFICER 4,2004	NR	24	-	-	PERSONNEL - PGSTS		82,400	-	-
TOTAL		95	-	-	PERSONNEL - CONSULTANTS		12,300	-	-
CONSULTANT DAYS	NR	95	-	-	STAFF DUTY TRAVEL		8,000	-	-

DEVELOPMENT OF HUMAN RESOURCES

This program has aimed at strengthening the health manpower capacity of the health sector of Bermuda. It has included the training of people in medical technology in order to improve hospital laboratory services, and also in nursing administration.

WEST INDIES-6910, FELLOWSHIPS IN MEDICAL TECHNOLOGY (BERMUDA)

		1980-	1982-	1984-			1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		11	-	-	TOTAL	UNDP	11,700	-	-
FELLOWSHIP MONTHS	UNDP	11	-	-	FELLOWSHIPS		11,700	-	-

AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	5,602,141	43.7	4,630,905	36.2	3,881,900	29.9
=====	=====	=====	=====	=====	=====	=====
SERVICES TO INDIVIDUALS	2,792,936	21.7	1,809,905	14.1	1,012,000	7.8
COMMUNICABLE DISEASES						
0500 LEPROSY	42,982	.3	-	-	-	-
0700 AEDES AEGYPTI-BORNE DISEASES	159,900	1.2	302,100	2.4	334,700	2.6
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	2,360,854	18.4	1,350,505	10.4	497,900	3.8
1400 NUTRITION	115,500	.9	148,300	1.2	166,600	1.3
1500 MENTAL HEALTH	113,700	.9	9,000	.1	12,800	.1
ENVIRONMENTAL HEALTH SERVICES	1,532,423	12.0	1,158,500	9.1	941,600	7.2
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	551,900	4.3	176,100	1.4	197,000	1.5
2200 SOLID WASTES	112,600	.9	-	-	-	-
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	662,923	5.2	637,700	5.0	718,600	5.5
3200 FOOT-AND-MOUTH DISEASE	154,700	1.2	315,900	2.5	26,000	.2
3600 QUALITY CONTROL OF DRUGS	50,300	.4	28,800	.2	-	-
COMPLEMENTARY SERVICES	1,276,782	10.0	1,662,500	13.0	1,928,300	14.9
4100 NURSING	713,400	5.6	738,800	5.8	854,800	6.6
4300 EPIDEMIOLOGICAL SURVEILLANCE	444,782	3.5	776,700	6.1	907,800	7.0
4400 HEALTH EDUCATION	118,600	.9	147,000	1.1	165,700	1.3
II. DEVELOPMENT OF THE INFRASTRUCTURE	7,200,524	56.3	6,185,100	48.8	9,109,500	70.1
=====	=====	=====	=====	=====	=====	=====
HEALTH SYSTEMS	5,375,346	42.0	6,781,400	52.8	7,857,900	60.4
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	3,665,046	28.7	5,327,800	41.5	6,173,200	47.5
5100 GENERAL PUBLIC HEALTH SYSTEMS	120,000	.9	68,600	.5	90,000	.7
5200 MEDICAL CARE SYSTEMS	357,700	2.8	277,900	2.2	318,000	2.4
5300 PLANNING	358,700	2.8	139,900	1.1	158,000	1.2
5400 STATISTICS AND INFORMATION SYSTEMS	614,500	4.8	818,900	6.3	948,600	7.3
5500 MANAGEMENT SYSTEMS	259,400	2.0	148,300	1.2	170,100	1.3
DEVELOPMENT OF HUMAN RESOURCES	1,768,678	13.9	1,403,700	11.0	1,251,600	9.7
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	724,700	5.7	462,600	3.6	521,900	4.0
6200 MEDICINE	97,800	.8	112,500	.9	124,800	1.0
6300 NURSING	319,700	2.5	436,600	3.4	490,900	3.8
6900 OTHER HEALTH PERSONNEL	626,478	4.9	392,000	3.1	119,000	.9
PHYSICAL RESOURCES	56,500	.4	-	-	-	-
7400 MAINTENANCE OF HEALTH CARE FACILITIES	56,500	.4	-	-	-	-
GRAND TOTAL	12,802,665	100.0	12,816,005	100.0	12,991,400	100.0
=====	=====	=====	=====	=====	=====	=====

 AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHO--PR	7,723,400	972	1800	600	5,983,100	482,100	74	78,000	38,300	44,500	129,000	968,400
PG	235,383	22	-	235	111,093	16,724	59	64,363	29,567	5,000	-	8,636
PB	130,846	-	-	-	-	-	-	-	-	-	-	130,846
WHO---WR	1,832,700	360	144	-	1,627,700	183,600	-	-	16,300	5,100	-	-
WB	20,382	10	-	-	16,698	1,500	-	-	-	-	-	2,184
WT	1,027,200	98	72	1170	657,400	36,900	-	113,700	-	94,200	-	125,000
WP	1,832,754	124	24	740	1,058,641	118,671	68	452,786	-	74,591	6,050	122,015
TOTAL	12,802,665	1586	2040	2745	9,454,832	839,495	201	708,849	84,167	223,391	135,050	1,357,001
PCT. OF TOTAL	100.0				73.9	6.6		5.5	.7	1.7	1.0	10.6
1982-1983												
PAHO--PR	8,813,700	744	1488	320	6,589,600	428,500	209	92,600	74,600	37,000	112,500	1,478,900
WHO---WR	2,475,400	360	168	40	2,262,600	192,000	-	-	17,800	3,000	-	-
WT	615,900	60	36	480	446,300	32,000	38	85,000	-	22,800	-	29,800
WP	911,005	104	24	165	667,784	101,230	26	105,999	-	26,392	-	9,600
TOTAL	12,816,005	1268	1716	1005	9,966,284	753,730	275	283,599	92,400	69,192	112,500	1,518,300
PCT. OF TOTAL	100.0				77.8	5.9		2.2	.7	.7	.9	11.8
1984-1985												
PAHO--PR	10,147,200	744	1488	250	7,591,900	469,100	203	105,400	91,500	40,800	123,800	1,724,700
WHO---WR	2,818,200	360	168	30	2,590,300	205,000	-	-	19,000	3,900	-	-
WT	26,000	4	-	-	24,300	-	-	-	-	-	-	1,700
TOTAL	12,991,400	1108	1656	280	10,206,500	674,100	203	105,400	110,500	44,700	123,800	1,726,400
PCT. OF TOTAL	100.0				78.6	5.2		.8	.9	.3	.9	13.3

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AREA REPRESENTATIVES, CARIBBEAN PROGRAM COORDINATOR AND ADVISORS - DETAIL

Area Offices and the Office of Caribbean Program Coordination provide advisory services to the countries through country representatives. The general functions are to follow closely and report on the tendencies in the socioeconomic development in the countries of the area; promote inclusion of health in the development process; advise on health planning and programming; serve as liaison with subregional organizations of the area to which assigned and with international, bilateral and private organizations in the countries of the area; participate in the planning, development and coordination of intercountry programs; coordinate with utilization of intercountry advisors; and promote the objectives of PAHD through association with professional schools, institutions, and societies.

In addition, specialists are being assigned as area advisors in technical fields common to the countries in each area. These fields are identified in separate projects below:

Area I and the Office of Caribbean Program Coordination: The Bahamas, Barbados, Belize, Dominica, the Departments of France in the Americas, Grenada, Guyana, Jamaica, the Netherlands Antilles, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, the West Indies and other territories of the United Kingdom, and Venezuela. The Area Office is located in Caracas, Venezuela, and the Office of Caribbean Program Coordination in Bridgetown, Barbados.

Area I:

TOTAL		240	192	192	TOTAL	PR	697,100	873,700	1,001,100
D-1 AREA REPRESENTATIVE	PR	24	24	24	PERSONNEL - POSTS		520,400	675,000	782,000
.0264					STAFF DUTY TRAVEL		19,000	15,000	16,000
G-8 OFFICE MANAGER	PR	24	24	24	GENERAL OPERAT. EXPENSES		156,700	182,700	202,100
.0863					HOSPITALITY		1,000	1,000	1,000
G-6 SECRETARY	PR	72	72	72					
.0270 .3059 .3855									
G-5 SECRETARY	PR	24	-	-					
.1069									
G-3 DRIVER	PR	24	24	24					
.3479									
G-3 OFFICE CLERK	PR	24	24	24					
.0271									
G-2 MESSENGER	PR	48	24	24					
.0272 .3212									

Office of Caribbean Program Coordination:

TOTAL		72	168	168	TOTAL		245,000	910,100	1,072,200
D-1 PROGRAM COORDINATOR	PR	24	24	24	PERSONNEL - POSTS		198,800	318,700	355,900
.5089					STAFF DUTY TRAVEL		23,100	24,900	26,000
P-5 TECHNICAL OFFICER	NR	-	24	24	GENERAL OPERAT. EXPENSES		23,100	416,700	522,400
4.5482					HOSPITALITY		-	1,000	1,000
P-2 ADMINISTRATIVE OFFICER	PR	24	24	24	SUBTOTAL	NR	-	148,800	166,900
.5090									
G-5 CLERK	PR	-	24	24	PERSONNEL - POSTS		-	140,000	156,900
.5401					STAFF DUTY TRAVEL		-	8,800	10,000
G-5 FELLOWSHIPS ASSISTANT	PR	-	24	24					
.5354									
G-5 SECRETARY	PR	24	48	48					
.5091 .5400									

AMRO-0510, LEPROSY CONTROL IN THE COMMONWEALTH CARIBBEAN

TOTAL		185	-	-	TOTAL	PG	42,982	-	-
CONSULTANT DAYS	PG	185	-	-	TEMPORARY STAFF		2,525	-	-
					PERSONNEL - CONSULTANTS		35,457	-	-
					SUPPLIES AND MATERIAL		5,000	-	-

AMRO-0710, Aedes Aegypti ERADICATION (CARIBBEAN)

TOTAL		48	24	24	TOTAL	PR	159,900	191,600	209,500
P-4 Aedes Aegypti ADVISOR	PR	24	24	24	PERSONNEL - POSTS		112,200	129,900	151,900
.0610					PERSONNEL - CONSULTANTS		-	11,200	12,100
G-5 SECRETARY	PR	24	-	-	STAFF DUTY TRAVEL		16,000	17,200	19,000
.4583					SUPPLIES AND MATERIAL		21,200	20,700	21,100
					FELLOWSHIPS		10,500	12,600	5,400

AREA

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
TOTAL		-	40	30				
CONSULTANT DAYS	PR	-	40	30				
TOTAL		10	9	3				
FELLOWSHIP MONTHS	PR	10	9	3				

AMRO-1310, FAMILY HEALTH AND POPULATION DYNAMICS (CARIBBEAN)

TOTAL		112	120	24	TOTAL	437,732	570,500	179,900
P-5 MEDICAL OFFICER (MCH) 4.3209	MR	24	24	24	SUBTOTAL	MA 129,700	161,600	179,900
P-4 HEALTH EDUCATION SPECIALIST 4.3702	UNFPA	24	24	-	PERSONNEL - POSTS	113,200	140,000	156,900
P-4 MEDICAL OFFICER (MCH) 4.5319	UNFPA	16	24	-	STAFF DUTY TRAVEL	16,500	21,600	23,000
P-4 NURSE MIDWIFE 4.3703	UNFPA	24	24	-	SUBTOTAL	UNFPA 308,032	408,900	-
G-5 SECRETARY 4.4933	UNFPA	24	24	-	PERSONNEL - POSTS	254,944	342,900	-
					STAFF DUTY TRAVEL	53,088	66,000	-

AMRO-1313, CONTINUING EDUCATION IN FAMILY HEALTH NURSING (ENGLISH-SPEAKING CARIBBEAN)

TOTAL		36	8	-	TOTAL	UNFPA 636,341	157,083	-
P-4 NURSE EDUCATOR 4.5127	UNFPA	24	4	-	PERSONNEL - POSTS	134,000	34,534	-
P-3 NURSE EDUCATOR 4.5312	UNFPA	12	4	-	ADMIN. SUPPORT PERSONNEL	17,726	7,500	-
					LOCAL PERSONNEL COSTS	30,000	18,450	-
TOTAL		660	45	-	PERSONNEL - CONSULTANTS	73,782	6,000	-
CONSULTANT DAYS	UNFPA	660	45	-	STAFF DUTY TRAVEL	27,583	13,000	-
TOTAL		55	23	-	LOCAL TRAVEL COSTS	5,000	5,000	-
FELLOWSHIP MONTHS	UNFPA	55	23	-	SUBCONTRACTS	96,529	-	-
					MISCELLANEOUS COSTS	13,978	-	-
					EXPENDABLE EQUIPMENT	17,148	-	-
					NON-EXPENDABLE EQUIPMENT	28,789	-	-
					FELLOWSHIPS	60,363	28,242	-
					GROUP TRAINING	165,393	42,357	-
					GRANTS	6,050	-	-

AMRO-1315, ADVANCED TRAINING AND RESEARCH IN FERTILITY MANAGEMENT (CARIBBEAN)

TOTAL	UNFPA	234,091	-	-
ADMIN. SUPPORT PERSONNEL		53,650	-	-
LOCAL PERSONNEL COSTS		130,463	-	-
STAFF DUTY TRAVEL		21,000	-	-
MISCELLANEOUS COSTS		24,978	-	-
NON-EXPENDABLE EQUIPMENT		4,000	-	-

AMRO-1316, FAMILY HEALTH CARE IN THE CARIBBEAN

TOTAL		80	120	-	TOTAL	UNFPA 574,594	223,722	-
CONSULTANT DAYS	UNFPA	80	120	-	ADMIN. SUPPORT PERSONNEL	84,850	23,900	-
TOTAL		13	5	-	LOCAL PERSONNEL COSTS	181,970	99,000	-
FELLOWSHIP MONTHS	UNFPA	13	5	-	PERSONNEL - CONSULTANTS	22,560	30,200	-
					STAFF DUTY TRAVEL	12,000	4,230	-
					MISCELLANEOUS COSTS	21,530	4,600	-
					EXPENDABLE EQUIPMENT	7,780	1,806	-
					NON-EXPENDABLE EQUIPMENT	16,874	24,586	-
					FELLOWSHIPS	14,400	6,400	-
					GROUP TRAINING	212,630	29,000	-

AMRO-1510, PSYCHIATRIC NURSING (CARIBBEAN)

TOTAL		24	-	-	TOTAL	PR 113,700	9,000	12,800
P-3 NURSE ADMINISTRATOR .5281	PR	24	-	-	PERSONNEL - POSTS	96,600	-	-
TOTAL		30	30	30	PERSONNEL - CONSULTANTS	4,300	8,400	12,100
CONSULTANT DAYS	PR	30	30	30	STAFF DUTY TRAVEL	12,000	-	-
					SUPPLIES AND MATERIAL	800	600	700

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
AMRO-2010, SANITARY ENGINEERING (CARIBBEAN)									
TOTAL		48	48	48	TOTAL	PR	140,600	176,100	197,000
P-5 SANITARY ENGINEER .0862	PR	24	24	24	PERSONNEL - POSTS		127,500	159,500	178,700
G-4 SECRETARY .3211	PR	24	24	24	STAFF DUTY TRAVEL		12,700	15,900	17,500
					SUPPLIES AND MATERIAL		400	700	800
AMRO-3110, VETERINARY PUBLIC HEALTH (CARIBBEAN)									
TOTAL		24	24	24	TOTAL	NR	143,100	186,100	206,800
P-5 VETERINARIAN 4.4045	NR	24	24	24	PERSONNEL - POSTS		113,200	140,000	156,900
					PERSONNEL - CONSULTANTS		-	11,200	12,100
TOTAL		-	40	30	STAFF DUTY TRAVEL		15,200	16,400	18,000
CONSULTANT DAYS	NR	-	40	30	SUPPLIES AND MATERIAL		400	700	800
					COURSES AND SEMINARS		14,300	17,800	19,000
AMRO-3111, MOBILE VETERINARY LABORATORY SERVICES (CARIBBEAN)									
TOTAL		22	-	-	TOTAL		131,723	-	-
P-4 PROJECT MANAGER .4787	PG	15	-	-	SUBTOTAL	PG	119,123	-	-
P-2 LABORATORY TECHNICIAN .4790	PG	7	-	-	PERSONNEL - POSTS		63,631	-	-
TOTAL		50	-	-	PERSONNEL - CONSULTANTS		9,480	-	-
CONSULTANT DAYS	PG	50	-	-	STAFF DUTY TRAVEL		16,724	-	-
TOTAL		2	-	-	FELLOWSHIPS		2,100	-	-
FELLOWSHIP MONTHS	PG	2	-	-	COURSES AND SEMINARS		27,188	-	-
					SUBTOTAL	UNDP	12,600	-	-
					MISCELLANEOUS EQUIPMENT		12,600	-	-
AMRO-3610, CARIBBEAN REGIONAL DRUG TESTING LABORATORY									
TOTAL		120	60	-	TOTAL	PR	50,300	28,800	-
CONSULTANT DAYS	PR	120	60	-	LOCAL PERSONNEL COSTS		28,000	12,000	-
TOTAL		6	-	-	PERSONNEL - CONSULTANTS		15,700	16,800	-
FELLOWSHIP MONTHS	PR	6	-	-	FELLOWSHIPS		6,600	-	-
AMRO-4110, NURSING (CARIBBEAN)									
TOTAL		24	-	-	TOTAL	PR	109,700	-	-
P-4 NURSE ADMINISTRATOR .0887	PR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		12,700	-	-
					SUPPLIES AND MATERIAL		400	-	-
AMRO-4410, HEALTH EDUCATION (CARIBBEAN)									
TOTAL		24	24	24	TOTAL	PR	118,600	147,000	165,700
P-4 HEALTH EDUCATION SPECIALIST .0918	PR	24	24	24	PERSONNEL - POSTS		96,600	123,300	139,700
					STAFF DUTY TRAVEL		12,000	12,900	14,000
					SUPPLIES AND MATERIAL		10,000	10,800	12,000
AMRO-5210, MEDICAL CARE SERVICES (CARIBBEAN)									
TOTAL		24	-	-	TOTAL	NR	109,700	-	-
P-4 HOSPITAL ADMINISTRATOR 4.3580	NR	24	-	-	PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		12,700	-	-
					SUPPLIES AND MATERIAL		400	-	-

AREA

FUND		1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
AMRO-5310, HEALTH PLANNING AND ORGANIZATION (CARIBBEAN)								
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>109,700</u>	<u>139,900</u>	<u>158,000</u>
P-4 HEALTH PLANNER 4.4034	PR	24	-	-	SUBTOTAL	PR 109,700	-	-
P-4 HEALTH PLANNER 4.4034	WR	-	24	24	PERSONNEL - POSTS	96,600	-	-
					STAFF DUTY TRAVEL	12,700	-	-
					SUPPLIES AND MATERIAL	400	-	-
					<u>SUBTOTAL</u>	<u>WR -</u>	<u>139,900</u>	<u>158,000</u>
					PERSONNEL - POSTS	-	123,300	139,700
					STAFF DUTY TRAVEL	-	15,900	17,500
					SUPPLIES AND MATERIAL	-	700	800
AMRO-5410, HEALTH STATISTICS (CARIBBEAN)								
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>WR 109,700</u>	<u>139,900</u>	<u>158,000</u>
P-4 STATISTICIAN 4.0841	WR	24	24	24	PERSONNEL - POSTS	96,600	123,300	139,700
					STAFF DUTY TRAVEL	12,700	15,900	17,500
					SUPPLIES AND MATERIAL	400	700	800
AMRO-5510, MANAGEMENT OF HEALTH SERVICES (CARIBBEAN)								
<u>TOTAL</u>		<u>48</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR 124,100</u>	<u>148,300</u>	<u>170,100</u>
P-4 ADMIN. METHODS OFFICER .0917	PR	24	24	24	PERSONNEL - POSTS	111,000	123,300	139,700
G-4 CLERK .2122	PR	24	-	-	PERSONNEL - CONSULTANTS	-	8,400	12,100
					STAFF DUTY TRAVEL	12,700	15,900	17,500
					SUPPLIES AND MATERIAL	400	700	800
<u>TOTAL</u>		<u>-</u>	<u>30</u>	<u>30</u>				
CONSULTANT DAYS	PR	-	30	30				
AMRO-6210, MEDICAL EDUCATION IN THE CARIBBEAN								
					<u>TOTAL</u>	<u>PR 97,800</u>	<u>112,500</u>	<u>123,800</u>
					GRANTS	97,800	112,500	123,800
AMRO-6310, NURSING EDUCATION (CARIBBEAN)								
<u>TOTAL</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR 95,500</u>	<u>159,400</u>	<u>180,100</u>
P-4 NURSE EDUCATOR .0604	PR	24	24	24	PERSONNEL - POSTS	82,400	114,100	126,700
					PERSONNEL - CONSULTANTS	-	11,200	16,100
					STAFF DUTY TRAVEL	12,700	15,900	17,500
					SUPPLIES AND MATERIAL	400	700	800
					COURSES AND SEMINARS	-	17,500	19,000
<u>TOTAL</u>		<u>-</u>	<u>40</u>	<u>40</u>				
CONSULTANT DAYS	PR	-	40	40				
AMRO-6910, EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL (CARIBBEAN)								
<u>TOTAL</u>		<u>122</u>	<u>60</u>	<u>-</u>	<u>TOTAL</u>	<u>626,478</u>	<u>392,000</u>	<u>115,000</u>
P-5 PROJECT MANAGER 4.4353	UNDP	22	12	-	SUBTOTAL	PR 52,500	92,000	115,000
P-4 HEALTH EDUCATOR 4.4355 4.4356	UNDP	28	12	-	FELLOWSHIPS	52,500	80,000	100,000
G-6 ADMINISTRATIVE ASSISTANT 4.4547	UNDP	24	12	-	COURSES AND SEMINARS	-	12,000	15,000
G-5 SECRETARY 4.3529	UNDP	24	12	-	<u>SUBTOTAL</u>	<u>PG 73,278</u>	<u>-</u>	<u>-</u>
G-2 DRIVER 4.4548	UNDP	24	12	-	FELLOWSHIPS	62,263	-	-
					COURSES AND SEMINARS	2,379	-	-
					PROGRAM SUPPORT COSTS	8,636	-	-
<u>TOTAL</u>		<u>750</u>	<u>360</u>	<u>-</u>				
CONSULTANT DAYS	UNDP	750	360	-				
<u>TOTAL</u>		<u>107</u>	<u>200</u>	<u>200</u>				
FELLOWSHIP MONTHS	PR	50	200	200				
FELLOWSHIP MONTHS	PG	57	-	-				

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$
				SUBTOTAL	UNDP 500,700	300,000	-
				PERSONNEL - POSTS	284,000	173,300	-
				OTHER PERSONNEL COSTS	10,000	10,000	-
				PERSONNEL - CONSULTANTS	100,800	58,800	-
				STAFF DUTY TRAVEL	23,900	12,000	-
				MISCELLANEOUS COSTS	37,000	16,000	-
				MISCELLANEOUS EQUIPMENT	20,000	9,900	-
				GROUP TRAINING	25,000	20,000	-

AMRO-7410, MAINTENANCE OF HEALTH CARE FACILITIES (CARIBBEAN)

TOTAL	60	-	-	TOTAL	UNDP	7,200	-	-
CONSULTANT DAYS	UNDP 60	-	-	PERSONNEL - CONSULTANTS	7,200	-	-	-

Area II: Cuba, Dominican Republic, Haiti, and Mexico. The Area Office is located in Mexico, D.F., Mexico.

TOTAL	312	264	264	TOTAL	864,346	843,300	935,900
D-1 AREA REPRESENTATIVE .0273	PR 24	24	24	SUBTOTAL	PB 130,846	-	-
P-3 ADMINISTRATIVE OFFICER .4721	PR 24	24	24	NEW PREMISES	130,846	-	-
G-7 OFFICE MANAGER .0276	PR 24	24	24	SUBTOTAL	PR 733,500	843,300	935,900
G-6 OFFICE ASSISTANT .0279	PR 24	24	24	PERSONNEL - POSTS	473,800	558,100	619,400
G-5 SECRETARY .0277 .3496	PR 48	24	24	STAFF DUTY TRAVEL	10,200	11,000	12,000
G-4 CLERK .0278	PR 24	24	24	GENERAL OPERAT. EXPENSES	248,500	273,200	303,500
G-4 GENERAL SERVICES ASSISTANT .0280	PR 24	24	24	HOSPITALITY	1,000	1,000	1,000
G-4 SECRETARY .0281 .3532	PR 48	24	24				
G-3 DRIVER .0282 .3446	PR 48	48	48				
G-2 MESSENGER .4606	PR 24	24	24				

AMRO-1320, MATERNAL AND CHILD HEALTH AND POPULATION DYNAMICS (AREA II)

TOTAL	24	24	24	TOTAL	PR 106,400	132,500	151,100
P-4 MEDICAL OFFICER (MCH) .0027	PR 24	24	24	PERSONNEL - POSTS	96,600	121,900	139,700
				STAFF DUTY TRAVEL	9,800	10,600	11,400

AMRO-2020, SANITARY ENGINEERING (AREA I)

TOTAL	48	-	-	TOTAL	WR 146,900	-	-
P-5 SANITARY ENGINEER 4.0864	WR 24	-	-	PERSONNEL - POSTS	137,100	-	-
G-5 SECRETARY 4.0865	WR 24	-	-	STAFF DUTY TRAVEL	9,800	-	-

AMRO-3120, VETERINARY PUBLIC HEALTH (AREA II)

TOTAL	48	48	48	TOTAL	130,300	166,300	187,800
P-4 VETERINARIAN .3216	PR 24	24	24	SUBTOTAL	PR 130,300	132,500	151,100
G-6 ACCOUNTS ASSISTANT .3875	PR 24	-	-	PERSONNEL - POSTS	120,500	121,900	139,700
G-5 SECRETARY 4.0865	WR -	24	24	STAFF DUTY TRAVEL	9,800	10,600	11,400
				SUBTOTAL	WR -	33,800	36,700
				PERSONNEL - POSTS	-	33,800	36,700

AREA

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
AMRO-4120, NURSING (AREA II)								
TOTAL		48	48	48	TOTAL	PR 137,000	172,600	194,600
P-4 NURSE ADMINISTRATOR +0889	PR	24	24	24	PERSONNEL - POSTS	127,200	162,000	183,200
G-6 ADMINISTRATIVE ASSISTANT +0890	PR	24	24	24	STAFF DUTY TRAVEL	9,800	10,600	11,400
AMRO-4320, EPIDEMIOLOGY (AREA II)								
TOTAL		-	24	24	TOTAL	MR -	134,900	153,700
P-4 EPIDEMIOLOGIST 4.5348	MR	-	24	24	PERSONNEL - POSTS	-	121,900	139,700
					STAFF DUTY TRAVEL	-	13,000	14,000
AMRO-5220, MEDICAL CARE SERVICES (AREA II)								
TOTAL		24	24	24	TOTAL	PR 106,400	132,500	151,100
P-4 HOSPITAL ADMINISTRATOR +2188	PR	24	24	24	PERSONNEL - POSTS	96,600	121,900	139,700
					STAFF DUTY TRAVEL	9,800	10,600	11,400
AMRO-5320, HEALTH PLANNING (AREA II)								
TOTAL		24	-	-	TOTAL	MR 108,800	-	-
P-4 HEALTH PLANNER 4.3674	MR	24	-	-	PERSONNEL - POSTS	96,600	-	-
					STAFF DUTY TRAVEL	12,200	-	-
AMRO-5420, HEALTH STATISTICS (AREA II)								
TOTAL		48	48	48	TOTAL	MR 130,500	172,800	194,800
P-4 STATISTICIAN 4.0839	MR	24	24	24	PERSONNEL - POSTS	120,500	162,000	183,200
G-6 SECRETARY 4.3161	MR	24	24	24	STAFF DUTY TRAVEL	10,000	10,800	11,600

Area III: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The Area Office is located in Guatemala City, Guatemala.

		336	312	312		PR 650,400	678,300	789,300
TOTAL		336	312	312	TOTAL	PR 650,400	678,300	789,300
D-1 AREA REPRESENTATIVE +0283	PR	24	24	24	PERSONNEL - POSTS	474,700	478,200	540,800
P-3 ADMINISTRATIVE OFFICER +4800	PR	24	24	24	STAFF DUTY TRAVEL	31,100	35,000	42,000
G-6 SECRETARY +0287 +0291 +0867 +2063 +2131 +3125 +4995	PR	144	144	144	GENERAL OPERAT. EXPENSES	143,600	164,100	205,500
G-5 ADMINISTRATIVE ASSISTANT +5277	PR	24	-	-	HOSPITALITY	1,000	1,000	1,000
G-4 RECEPTIONIST +3571	PR	24	24	24				
G-3 DRIVER/MESSENGER +3184	PR	24	24	24				
G-2 DRIVER +0292	PR	24	24	24				
G-1 JANITOR +0293	PR	24	24	24				
G-1 MESSENGER +5278	PR	24	24	24				

AMRO-0730, Aedes Aegypti ERADICATION (AREA III)

		-	24	24		PR -	110,500	125,200
TOTAL		-	24	24	TOTAL	PR -	110,500	125,200
P-2 SANITARIAN +3689	PR	-	24	24	PERSONNEL - POSTS	-	90,900	104,200
					STAFF DUTY TRAVEL	-	19,600	21,000

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
AMRO-1330, MATERNAL AND CHILD HEALTH (AREA IIC)									
TOTAL		48	24	24	TOTAL	PR	151,800	145,400	166,900
P-4 MEDICAL OFFICER (MCH) .3365	PR	24	24	24	PERSONNEL - POSTS		134,800	126,500	145,900
G-5 SECRETARY .3000	PR	24	-	-	STAFF DUTY TRAVEL		16,000	18,900	21,000
					SUPPLIES AND MATERIAL		1,000	-	-
AMRO-2030, SANITARY ENGINEERING (AREA III)									
TOTAL		48	-	-	TOTAL		244,800	-	-
P-5 SANITARY ENGINEER .0849	PR	24	-	-	SUBTOTAL	PR	130,200	-	-
P-4 SOLID WASTE ADVISOR 4.4932	WR	24	-	-	PERSONNEL - POSTS		113,200	-	-
					STAFF DUTY TRAVEL		16,000	-	-
					SUPPLIES AND MATERIAL		1,000	-	-
					SUBTOTAL	WR	114,600	-	-
					PERSONNEL - POSTS		96,600	-	-
					STAFF DUTY TRAVEL		16,000	-	-
					COURSES AND SEMINARS		2,000	-	-
AMRO-3130, VETERINARY PUBLIC HEALTH (AREA III)									
TOTAL		48	24	24	TOTAL	WR	142,200	140,000	160,900
P-4 VETERINARIAN 4.0853	WR	24	24	24	PERSONNEL - POSTS		125,200	126,500	145,900
G-5 SECRETARY 4.0832	WR	24	-	-	STAFF DUTY TRAVEL		16,000	13,500	15,000
					SUPPLIES AND MATERIAL		1,000	-	-
AMRO-3230, SURVEILLANCE OF VESICULAR DISEASES IN CENTRAL AMERICA AND PANAMA									
TOTAL		24	36	4	TOTAL	UNDP	154,700	315,900	26,000
P-5 PROJECT MANAGER 4.4639	UNDP	12	24	4	PERSONNEL - POSTS		104,100	170,800	24,300
P-4 STATISTICIAN 4.4640	UNDP	12	12	-	PERSONNEL - CONSULTANTS		11,600	33,400	-
					STAFF DUTY TRAVEL		13,000	20,000	-
					MISCELLANEOUS COSTS		6,000	13,800	1,700
					MISCELLANEOUS EQUIPMENT		5,000	12,900	-
					FELLOWSHIPS		-	53,000	-
					GROUP TRAINING		15,000	12,000	-
CONSULTANT DAYS	UNDP	60	120	-					
TOTAL		-	38	-					
FELLOWSHIP MONTHS	UNDP	-	38	-					
AMRO-4130, NURSING (AREA III)									
TOTAL		72	48	48	TOTAL	PR	240,600	180,700	206,100
P-4 NURSE ADMINISTRATOR .0891	PR	24	24	24	PERSONNEL - POSTS		207,600	161,800	185,100
P-3 NURSE ADMINISTRATOR .3214	PR	24	-	-	STAFF DUTY TRAVEL		32,000	18,900	21,000
G-7 SECRETARY .4734	PR	24	24	24	SUPPLIES AND MATERIAL		1,000	-	-
AMRO-4330, EPIDEMIOLOGY (AREA III)									
TOTAL		58	48	48	TOTAL		172,182	163,900	187,500
P-4 EPIDEMIOLOGIST .0861	PR	24	24	24	SUBTOTAL	PR	151,800	163,900	187,500
P-1 EPIDEMIOLOGIST 4.5285	WB	10	-	-	PERSONNEL - POSTS		134,800	145,000	166,500
G-5 SECRETARY .0290	PR	24	24	24	STAFF DUTY TRAVEL		16,000	18,900	21,000
					SUPPLIES AND MATERIAL		1,000	-	-
					SUBTOTAL	WB	20,382	-	-
					PERSONNEL - POSTS		16,698	-	-
					STAFF DUTY TRAVEL		1,500	-	-
					PROGRAM SUPPORT COSTS		2,184	-	-

		1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
AMRO-5030, SPECIAL SEMINARS IN AREA III								
	TOTAL				TOTAL	PR 18,400	25,100	32,500
	COURSES AND SEMINARS					18,400	25,100	32,500
AMRO-5230, MEDICAL CARE SERVICES (AREA III)								
	TOTAL	48	24	24	TOTAL	PR 141,600	145,400	166,900
P-4	HOSPITAL ADMINISTRATOR -2031	PR 24	24	24	PERSONNEL - POSTS	125,200	126,500	145,900
G-5	SECRETARY .0892	PR 24	-	-	STAFF DUTY TRAVEL	16,000	18,900	21,000
					SUPPLIES AND MATERIAL	400	-	-
AMRO-5430, HEALTH STATISTICS (AREA III)								
	TOTAL	72	72	72	TOTAL	248,300	294,700	338,700
P-4	STATISTICIAN 4.0810	WR 24	24	24	SUBTOTAL	PR 135,100	130,800	151,200
P-3	MEDICAL RECORDS OFFICER -5076	PR 24	24	24	PERSONNEL - POSTS	119,100	111,900	130,200
G-7	SECRETARY -0289	PR 24	-	-	STAFF DUTY TRAVEL	16,000	18,900	21,000
G-5	SECRETARY 4.0289	WR -	24	24	SUBTOTAL	MR 113,200	163,900	187,500
					PERSONNEL - POSTS	96,600	145,000	166,500
					STAFF DUTY TRAVEL	16,000	18,900	21,000
					SUPPLIES AND MATERIAL	600	-	-
AMRO-6030, DEVELOPMENT OF HUMAN RESOURCES (AREA III)								
	TOTAL	-	24	24	TOTAL	MR -	134,300	153,900
P-4	DENTAL EDUCATION ADVISOR 4.4239	WR -	24	24	PERSONNEL - POSTS	-	126,500	145,900
					STAFF DUTY TRAVEL	-	7,800	8,000
AMRO-6031, COMMUNITY HEALTH TRAINING PROGRAM FOR LATIN AMERICA AND PANAMA								
	TOTAL	72	48	48	TOTAL	603,500	314,100	352,900
P-5	PROJECT MANAGER -5203	PR 24	24	24	SUBTOTAL	PR 251,500	314,100	352,900
P-4	HEALTH EDUCATOR 6.5323	UNDP 24	-	-	PERSONNEL - POSTS	209,800	264,600	298,300
P-4	NURSE EDUCATOR -4084	PR 24	24	24	LOCAL PERSONNEL COSTS	19,200	22,100	25,000
					STAFF DUTY TRAVEL	21,500	26,400	28,000
					SUPPLIES AND MATERIAL	1,000	1,000	1,600
	TOTAL	300	-	-	SUBTOTAL	UNDP 352,000	-	-
	CONSULTANT DAYS	UNDP 300	-	-	PERSONNEL - POSTS	98,400	-	-
					PERSONNEL - CONSULTANTS	41,300	-	-
					SUBCONTRACTS	65,000	-	-
					MISCELLANEOUS COSTS	17,000	-	-
					MISCELLANEOUS EQUIPMENT	56,600	-	-
					GROUP TRAINING	73,700	-	-
AMRO-7430, HEALTH FACILITIES MAINTENANCE (AREA III)								
	TOTAL	12	-	-	TOTAL	PR 49,300	-	-
P-4	MAINTENANCE ENGINEER -4384	PR 12	-	-	PERSONNEL - POSTS	48,300	-	-
					STAFF DUTY TRAVEL	1,000	-	-

AREA

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$
AMRO-4160, NURSING (AREA VI)							
<u>TOTAL</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR 106,700</u>	<u>240,200</u>	<u>291,000</u>
P-4 NURSE ADMINISTRATOR .0895	PR 24	24	24	PERSONNEL - POSTS	96,600	229,300	279,500
				STAFF DUTY TRAVEL	9,000	10,000	10,000
				SUPPLIES AND MATERIAL	1,100	900	1,500
AMRO-4360, EPIDEMIOLOGY (AREA VI)							
<u>TOTAL</u>	<u>48</u>	<u>48</u>	<u>48</u>	<u>TOTAL</u>	<u>MR 140,400</u>	<u>334,400</u>	<u>405,500</u>
P-4 EPIDEMIOLOGIST 4.0846	MR 24	24	24	PERSONNEL - POSTS	130,200	323,500	394,000
G-5 SECRETARY 4.1041	MR 24	24	24	STAFF DUTY TRAVEL	9,000	10,000	10,000
				SUPPLIES AND MATERIAL	1,200	900	1,500
AMRO-5360, HEALTH PLANNING (AREA VI)							
<u>TOTAL</u>	<u>48</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PR 140,200</u>	<u>-</u>	<u>-</u>
P-4 HEALTH PLANNER .0915	PR 24	-	-	PERSONNEL - POSTS	130,200	-	-
G-5 SECRETARY .0896	PR 24	-	-	STAFF DUTY TRAVEL	9,000	-	-
				SUPPLIES AND MATERIAL	1,000	-	-
AMRO-5460, HEALTH STATISTICS (AREA VI)							
<u>TOTAL</u>	<u>48</u>	<u>24</u>	<u>24</u>	<u>TOTAL</u>	<u>PR 126,000</u>	<u>211,500</u>	<u>257,100</u>
P-3 STATISTICIAN .4253	PR 24	24	24	PERSONNEL - POSTS	116,000	200,600	245,600
G-5 SECRETARY .0871	PR 24	-	-	STAFF DUTY TRAVEL	9,000	10,000	10,000
				SUPPLIES AND MATERIAL	1,000	900	1,500
AMRO-5560, MANAGEMENT OF HEALTH SERVICES (AREA VI)							
<u>TOTAL</u>	<u>48</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PR 135,300</u>	<u>-</u>	<u>-</u>
P-4 ADMIN. METHODS OFFICER .4590	PR 24	-	-	PERSONNEL - POSTS	125,300	-	-
G-4 SECRETARY .3052	PR 24	-	-	STAFF DUTY TRAVEL	9,000	-	-
				SUPPLIES AND MATERIAL	1,000	-	-
AMRO-6060, DEVELOPMENT OF HUMAN RESOURCES (AREA VI)							
<u>TOTAL</u>	<u>24</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>MR 106,700</u>	<u>-</u>	<u>-</u>
P-4 HEALTH MANPOWER OFFICER 4.3685	MR 24	-	-	PERSONNEL - POSTS	96,600	-	-
				STAFF DUTY TRAVEL	9,000	-	-
				SUPPLIES AND MATERIAL	1,100	-	-

INTERCOUNTRY PROJECTS - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	53,200,535	64.2	50,732,047	61.1	55,665,295	60.3
SERVICES TO INDIVIDUALS	24,568,961	29.7	23,161,679	28.0	23,442,476	25.3
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	1,065,158	1.3	1,001,500	1.2	1,139,600	1.2
0200 MALARIA	1,301,935	1.6	1,061,200	1.3	1,342,600	1.2
0400 TUBERCULOSIS	252,409	.3	302,600	.4	352,500	.4
0500 LEPROSY	765,039	.9	73,200	.1	52,300	.1
0600 VENEREAL DISEASES	16,800	.0	23,100	.0	32,200	.0
0700 ACUTE AEGYPTI-BURNE DISEASES	491,022	.6	423,500	.6	544,100	.6
0800 PARASITIC DISEASES	158,600	.2	196,800	.2	206,600	.2
0900 VECTOR BIOLOGY AND CONTROL	1,747,191	2.1	1,806,600	2.2	2,062,000	2.2
1200 OTHER COMMUNICABLE DISEASES	990,393	1.2	742,900	.9	769,300	.8
1300 MATERIAL AND CHILD HEALTH AND FAMILY WELFARE	3,551,917	4.3	2,884,056	3.5	1,948,600	2.1
1400 NUTRITION	11,673,889	14.1	10,895,100	13.1	11,358,400	12.4
1500 MENTAL HEALTH	428,315	.5	486,000	.6	537,200	.6
1600 DENTAL HEALTH	587,859	.7	354,800	.4	381,300	.4
1700 CHRONIC DISEASES	1,538,443	1.9	2,480,723	3.0	2,664,776	2.3
1800 HEALTH OF SPECIAL GROUPS	-	-	400,000	.5	750,000	.8
ENVIRONMENTAL HEALTH SERVICES	23,363,989	28.1	22,274,410	26.8	25,982,525	28.3
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	894,084	1.1	1,120,036	1.3	1,324,302	1.3
2100 WATER SUPPLY AND EXCRETA DISPOSAL	4,019,716	4.8	2,467,518	3.0	2,714,438	2.9
2200 SOLID WASTES	186,518	.2	189,924	.2	199,090	.2
ENVIRONMENTAL POLLUTION						
2300 PROGRAM PLANNING AND GENERAL ACTIVITIES	1,859,615	2.2	2,138,903	2.6	2,320,418	2.5
2400 AIR POLLUTION	300,330	.4	327,895	.4	364,405	.4
2500 RADIATION AND ISOTOPES	315,700	.4	243,500	.3	273,700	.3
2600 PESTICIDES	56,824	.1	112,934	.1	70,757	.1
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	1,312,443	1.6	586,200	.7	659,200	.7
3200 FEET-AND-MOUTH DISEASE	6,002,400	7.2	5,635,000	6.8	6,382,400	7.0
3300 ZOOZOOSES	7,892,053	9.5	8,635,800	10.4	10,891,115	11.9
3500 QUALITY CONTROL OF FOODSTUFFS	334,000	.4	443,400	.5	436,200	.5
3600 QUALITY CONTROL OF DRUGS	183,000	.2	212,800	.3	235,600	.3
3700 PREVENTION OF ACCIDENTS	-	-	160,200	.2	202,900	.2
COMPLEMENTARY SERVICES	5,267,585	6.4	5,295,958	6.3	6,240,294	6.7
4100 NURSING	552,500	.7	419,300	.5	472,600	.5
4200 LABORATORIES	358,669	.4	359,900	.4	410,100	.4
4300 EPIDEMIOLOGICAL SURVEILLANCE	4,161,916	5.0	3,679,558	4.4	4,081,094	4.4
4400 HEALTH EDUCATION	151,500	.2	437,200	.5	526,500	.6
4500 REHABILITATION	53,000	.1	-	-	750,000	.8
4600 COMMUNITY PARTICIPATION	-	-	400,000	.5	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE	29,823,408	35.8	32,404,856	38.9	36,586,095	39.7
HEALTH SYSTEMS	9,496,988	11.5	11,489,068	13.8	12,225,830	13.3
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	126,000	.2	240,220	.3	271,560	.3
5100 GENERAL PUBLIC HEALTH SYSTEMS	3,346,888	4.0	3,368,748	4.1	2,834,570	3.1
5200 MEDICAL CARE SYSTEMS	1,003,500	1.2	897,200	1.1	885,800	1.0
5300 PLANNING	564,300	.7	1,364,700	1.6	1,497,100	1.6
5400 STATISTICS AND INFORMATION SYSTEMS	4,115,900	5.0	4,604,400	5.5	5,397,500	5.8
5500 MANAGEMENT SYSTEMS	341,800	.4	613,800	.7	679,300	.7
5600 PRIMARY HEALTH CARE SYSTEMS	-	-	400,000	.5	750,000	.8
DEVELOPMENT OF HUMAN RESOURCES	4,641,039	5.5	4,664,320	5.6	4,560,300	5.0
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	2,238,862	2.7	2,855,320	3.4	2,880,300	3.1
6100 PUBLIC HEALTH	340,937	.4	297,400	.4	334,200	.4
6200 MEDICAL	222,400	.3	29,600	.0	21,100	.0
6300 NURSING	376,800	.4	486,400	.6	536,000	.6
6400 ENVIRONMENTAL SCIENCES	487,940	.6	-	-	-	-
6500 VETERINARY MEDICINE	415,300	.5	505,600	.6	241,400	.3
6600 DENTISTRY	32,200	.0	45,300	.1	55,900	.1
6700 OTHER HEALTH PERSONNEL	532,600	.6	444,700	.5	488,400	.5
PHYSICAL RESOURCES	365,600	.4	595,600	.7	969,200	1.0
7300 PRODUCTION OF BIOLOGICALS	-	-	195,600	.2	219,200	.2
7500 OPERATING CAPACITY	365,600	.4	400,000	.5	750,000	.8
7800 DEVELOPMENT OF INTERSECTORAL LINKAGES	-	-	400,000	.5	750,000	.8
TECHNOLOGICAL RESOURCES	14,104,481	16.9	14,000,768	16.8	16,665,565	18.1
8000 PROGRAM PLANNING AND GENERAL ACTIVITIES	330,200	.4	690,200	.8	765,600	.8
8100 TEXTBOOKS AND OTHER TEACHING MATERIALS	-	-	-	-	-	-
8200 MEDICAL TEXTBOOKS	5,536,162	6.7	6,592,970	7.9	8,328,260	9.1
8300 REGIONAL LIBRARIES	2,497,900	3.0	1,155,500	1.4	1,286,200	1.4
8400 EDITORIAL SERVICES	3,587,619	4.3	4,403,948	5.3	4,734,005	5.1
8700 OTHER TECHNOLOGICAL RESOURCES	1,602,300	1.9	758,550	.9	801,500	.9
8800 DEVELOPMENT OF APPROPRIATE TECHNOLOGY	-	-	400,000	.5	750,000	.8
8900 RESEARCH COORDINATION	1,215,600	1.5	1,255,100	1.5	1,415,200	1.5
GRAND TOTAL	83,023,943	100.0	83,136,903	100.0	92,251,390	100.0

*LESS THAN .05 PERCENT

INTERCOUNTRY PROJECTS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PRGF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHO--PR	32,222,700	4334	6104	5025	25,654,900	1,440,100	233	259,000	544,400	1,157,300	498,100	2,668,900
PJ	3,167,564	241	1440	75	1,812,643	55,232	125	137,210	286,690	449,085	-	426,704
PW	349,900	77	125	155	243,120	8,000	-	-	35,500	33,280	-	30,000
FU	124,741	-	-	135	46,266	6,167	10	11,428	-	53,691	-	7,189
PG	14,946,895	342	2614	3955	7,900,116	172,839	207	228,729	1,642,941	1,814,099	191,700	2,996,471
PK	612,162	-	-	-	-	-	-	-	-	612,162	-	-
PA	751,600	410	1500	-	572,760	6,800	-	-	-	15,140	-	156,900
PH	4,950,437	96	276	400	587,700	37,000	4	3,900	23,600	318,800	215,837	3,763,600
PN	6,137,553	536	1930	715	1,934,314	408,744	400	438,132	77,653	1,621,008	-	1,657,702
PO	55,412	-	-	-	-	1,301	-	-	-	54,111	-	-
PX	577,715	22	11	-	277,114	-	-	-	5,058	52,961	-	242,582
PV	5,758	-	-	-	2,449	-	-	-	2,335	974	-	-
WHO--MR	15,205,600	2130	1320	6215	11,016,450	778,200	149	190,200	853,200	733,900	627,600	1,006,050
WB	39,200	15	-	-	31,000	4,000	-	-	-	-	-	4,200
WT	472,100	64	-	168	307,300	6,500	-	123,500	-	25,400	-	9,400
WP	1,325,637	129	264	1755	1,028,927	106,036	-	4,853	50,138	10,000	7,000	118,663
WN	62,700	-	-	-	-	-	-	-	55,000	-	-	7,700
WS	250,000	-	160	35	31,000	1,200	53	58,000	17,000	42,100	41,000	59,700
WA	328,662	19	19	35	236,526	-	-	-	4,000	21,365	-	66,171
WC	360,539	-	235	-	155,586	13,479	36	40,000	20,000	54,215	60,000	17,259
WG	460,613	36	-	200	230,750	24,800	-	-	71,069	12,300	-	121,694
WH	76,200	-	120	-	22,600	-	-	-	30,000	14,000	-	9,600
WV	458,353	36	-	255	187,709	3,000	-	-	123,005	29,304	38,300	77,035
WW	81,902	-	-	135	63,104	-	-	-	-	-	6,100	12,698
TOTAL	83,023,543	8487	15603	19738	52,342,334	3,073,358	1217	1,494,952	3,770,520	6,571,802	2,310,099	13,460,838
PCT. OF TOTAL	100.0				63.1	3.7		1.8	4.5	7.9	2.8	16.2
1982-1983												
PAHO--PR	37,146,200	3637	5184	10250	25,029,500	1,621,600	92	128,800	961,000	1,153,300	973,500	3,278,500
PJ	2,377,458	125	1476	-	1,675,319	62,533	-	50,289	90,831	180,536	-	311,550
PW	286,810	96	144	-	267,210	9,600	-	-	-	10,000	-	-
PG	10,348,395	184	2080	720	6,522,173	99,405	72	102,600	317,843	420,238	521,041	2,365,095
PA	1,400,000	470	1800	-	1,100,800	32,000	-	-	-	42,400	-	224,800
PH	5,999,840	120	336	60	875,500	45,500	-	-	-	275,000	-	4,803,750
PN	9,332,500	380	1440	590	2,076,800	308,800	511	567,600	-	263,100	-	2,116,200
PK	99,600	24	7	-	99,600	-	-	-	-	-	-	-
WHO--MR	18,447,000	2176	1344	6155	14,841,600	1,054,600	125	213,500	640,400	600,300	112,000	978,600
NI	420,600	48	-	300	289,700	14,000	-	62,400	-	40,000	-	14,500
WP	4,278,500	120	264	360	1,014,500	133,000	-	-	-	-	-	131,000
TOTAL	83,136,903	7380	14075	18435	57,792,792	3,381,038	800	1,125,189	2,016,074	2,990,874	1,606,541	14,224,395
PCT. OF TOTAL	100.0				69.5	4.1		1.4	2.4	3.6	1.9	17.1
1984-1985												
PAHO--PR	43,355,000	3600	5160	9565	34,035,900	2,079,600	92	165,600	848,300	1,192,700	1,194,500	3,838,400
PJ	2,577,694	96	1440	-	1,845,240	71,920	-	-	-	379,034	-	281,500
PW	313,510	96	144	-	293,510	10,000	-	-	-	10,000	-	-
PG	10,736,566	144	2040	255	7,681,065	71,020	57	101,800	152,050	167,900	257,850	2,304,881
PA	1,660,000	500	2160	-	1,258,000	36,600	-	-	-	48,500	-	256,900
PH	7,723,120	120	336	50	1,193,520	54,100	-	-	-	296,200	-	6,179,300
PN	5,000,000	240	1070	385	1,721,100	256,000	314	470,600	-	218,100	-	2,334,200
PK	107,700	24	-	-	107,700	-	-	-	-	-	-	-
WHO--MR	20,692,000	2184	1368	5030	17,009,000	1,128,000	125	256,000	586,400	511,000	79,500	1,122,100
WT	145,800	12	-	180	110,000	4,000	-	22,800	-	5,000	-	4,000
TOTAL	92,251,390	7016	13718	15465	65,255,035	3,711,240	588	1,016,800	1,586,750	2,828,434	1,531,850	16,321,281
PCT. OF TOTAL	100.0				70.7	4.0		1.1	1.7	3.1	1.7	17.7

*SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

	1980-	1982-	1984-				
FUND	1981	1983	1985		FUND 1980-1981	1982-1983	1984-1985

 INTERCOUNTRY PROJECTS - NARRATIVES AND DETAIL

AMRO-0100, COMMUNICABLE DISEASES CONTROL

This project serves as the regional focal point for the technical supervision and coordination of the following program areas: immunization, diarrheal diseases; bacterial, viral, rickettsial and fungal diseases; tuberculosis; leprosy; sexually transmitted diseases; and control of hospital infections.

TOTAL		72	48	48	TOTAL	317,100	248,500	286,700
P-6 EPIDEMIOLOGIST .0030	PR	24	-	-				
P-5 EPIDEMIOLOGIST 4.0036	WR	-	24	24	SUBTOTAL	PR 173,900	-	-
P-4 EPIDEMIOLOGIST 4.0910	WR	24	-	-	PERSONNEL - POSTS	161,400	-	-
G-6 CLERK .0041	PR	24	-	-	STAFF DUTY TRAVEL	12,500	-	-
G-6 SECRETARY 4.0041	WR	-	24	24	SUBTOTAL	WR 143,200	248,500	286,700
TOTAL		160	125	160	PERSONNEL - POSTS	96,600	181,900	206,400
					PERSONNEL - CONSULTANTS	21,500	35,000	40,300
					STAFF DUTY TRAVEL	10,500	25,900	30,000
CONSULTANT DAYS	WR	160	125	160	SUPPLIES AND MATERIAL	14,600	5,700	10,000

AMRO-0170, EXPANDED PROGRAM OF IMMUNIZATION

The Expanded Program of Immunization (EPI) begins the decade of the 1980's with a good start toward the goal of providing permanent immunization services by 1990 to all children under one year of age and pregnant women. By extending immunization coverage, EPI aims to reduce the morbidity and mortality from diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis. In achieving its own goals, the EPI contributes directly to the broader goals of primary health care. The addition of the provision of immunization services is more often than not the entry point for primary health care. Additional primary health care services may be added to the immunization component after a schedule of routine visits and logistics has been worked out.

To ensure that EPI meets its objectives and the goals set forth in the Alma Ata charter and by the Governing Bodies of PAHO/WHO, EPI has taken a multidisciplinary approach by collaborating with the programs of maternal and child health, laboratory services, primary health care, diarrheal diseases, epidemiological surveillance, development of human resources and appropriate technology for health.

The strategies being pursued by EPI encompass a broad range of activities, but particular emphasis has been given to the following areas: (1) training of top-level public health officials and middle-level supervisory personnel who are involved with immunization activities; (2) procurement of vaccines--for the past two years PAHO has been operating a revolving fund for the procurement and supply of vaccines to participating members in the Region; the countries and the territories participating in the revolving fund have increased by 57% from 1979 to 1981 and for 1981, 33 countries and territories of the Region will have elected to procure their EPI vaccine needs through the Revolving Fund; (3) evaluation: with the implementation of EPI in the Americas, evaluation has become essential in order to assure the achievement of program goals; because of EPI's multidisciplinary approach, the evaluation component will be performed by a multidisciplinary team from the country where the evaluation is being carried out; (4) research: EPI has undertaken a series of operational and applied research activities; a project on testing cold chain equipment in order to identify those items which best meet the needs of the EPI and members of the Region is underway in collaboration with the Ministry of Health of Colombia and the Centro de Investigaciones Multidisciplinarias en Desarrollo, Cali, Colombia. In addition, EPI is pursuing operational research on the seroconversion to measles vaccine in order to determine the optimum age for measles vaccination in the Region of the Americas.

Finally, PAHO/WHO is directing research in various areas aimed at improving vaccine stability and effectiveness as well as modifying current immunization schedules in order to facilitate extension of coverage of immunization services to the target populations.

TOTAL		192	192	192	TOTAL	748,058	753,000	852,900
P-5 EPIDEMIOLOGIST 4.2166	WR	24	24	24				
P-3 OPERATIONS OFFICER 4.4928	WR	24	24	24	SUBTOTAL	PV 5,758	-	-
P-3 PROCUREMENT OFFICER 4.5243	WR	24	24	24	TEMPORARY STAFF	2,449	-	-
P-2 OPERATIONS OFFICER 4.3905 4.5220	WR	48	48	48	SUPPLIES AND MATERIAL	974	-	-
P-1 TECHNICAL OFFICER 4.5428	WR	-	24	24	COURSES AND SEMINARS	2,335	-	-
G-6 PROCUREMENT ASSISTANT 4.5244	WR	24	24	24	SUBTOTAL	PG 40,000	-	-
G-5 SECRETARY 4.5221	WR	24	-	-	COURSES AND SEMINARS	40,000	-	-
G-4 SECRETARY 4.0043	WR	24	24	24				

AMR

	1980-	1982-	1984-		1980-	1982-	1984-
FUND	1981	1983	1985		1980-1981	1982-1983	1984-1985
						\$	\$

AMRO-0202, RESEARCH IN MALARIA AND OTHER PARASITIC DISEASES

The aim of this project is to promote and coordinate research activities in malaria and other parasitic diseases in the Region. Through specific agreements with Member Governments and research institutions, this project collaborates in planning, organization, execution and evaluation of research activities in chemotherapy, immunology and serology. By special arrangement, it collaborates and organizes training courses for research officials supported by the WHO Special Program for Research and Training in Tropical Diseases and other research institutions.

TOTAL		24	24	24	TOTAL	290,474	188,400	203,800
P-5 MALARIA ADVISOR .4758	PR	24	24	24	SUBTOTAL	PR 192,600	188,400	203,800
TOTAL		-	120	80	PERSONNEL - PGSTS	113,200	134,800	151,600
CONSULTANT DAYS	PR	-	120	80	PERSONNEL - CONSULTANTS	-	33,600	32,200
					STAFF DUTY TRAVEL	18,600	20,000	20,000
					LOCAL COSTS	50,000	-	-
					SUPPLIES AND MATERIAL	10,800	-	-
					SUBTOTAL	PG 40,373	-	-
					SUPPLIES AND MATERIAL	40,373	-	-
					SUBTOTAL	WA 57,501	-	-
					CONTRACTUAL SERVICES	57,501	-	-

AMRO-0203, CLINICAL TESTS WITH THE ANTIMALARIAL DRUG MEFLOROQUINE

The continuation of this project, initiated in 1979, is a joint effort of the Government of Brazil, PAHO/WHO and the WHO/TDR (Special Program for Research and Training in Tropical Diseases). It has three purposes: (a) to evaluate tolerance of mefloquine in comparison with standard treatments for chloroquine-resistant *P. falciparum*, (b) to evaluate clinical and parasitic response to the drugs, and (c) to measure the duration of plasma concentration of intact mefloquine and of the standard treatment drugs after administration of a combined dose. The study is conducted on selected volunteers in areas where there is natural transmission of *P. falciparum* and rigorous clinical and laboratory studies are being done under isolated hospital conditions in Belém do Pará, Brazil.

TOTAL		35	-	-	TOTAL	WA 154,161	-	-
CONSULTANT DAYS	WA	35	-	-	TEMPORARY STAFF	116,433	-	-
					PERSONNEL - CONSULTANTS	7,093	-	-
					CONTRACTUAL SERVICES	9,270	-	-
					SUPPLIES AND MATERIAL	21,365	-	-

AMRO-0204, DEVELOPMENT OF A REGIONAL TRAINING PROGRAM FOR MALARIA

The Directing Council of PAHO at its XXVII Meeting requested the Governments and the Director to promote and support the development of the components of the hemispheric malaria control plan, particularly the education and training of program personnel. The Directing Council further requested that the Director continue the effort to channel extra-budgetary funds to the support of malaria control in the Hemisphere.

While a time-limited eradication program called for the application of a specific methodology on a country-wide basis, the revised strategy is more demanding in so far as the malariologist is expected to identify the problem and the different variables which can be the subject of future interventions, identify the appropriate technology that can be brought to bear on those variables, work with the community, and articulate the program with the primary health care system. Recent surveys indicate that, of the four or five malariologists trained during the last 20 years, only one remains in the program.

Considering the high priority assigned to the malaria program by the Governing Bodies, there is a recognized need to train newly recruited personnel to restaff the programs, to retrain existing personnel following the new strategy, and to establish incentives to retain the newly trained personnel.

Project funds will be used to support the identification of training needs and the preparation of an inventory of resources, as well as the preparation of a regional malaria training plan. Project activities include the promotion of external cooperation to complement resources and strengthen the program. The establishment of a coordinating mechanism is an integral part of this project.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$
	TOTAL				92,700	-	-
	SUBTOTAL			PG	30,000	-	-
	COURSES AND SEMINARS				30,000	-	-
	SUBTOTAL			WN	62,700	-	-
	COURSES AND SEMINARS				55,000	-	-
	PROGRAM SUPPORT COSTS				7,700	-	-

AMRO-0400 CONTROL OF TUBERCULOSIS, MYCOSIS AND RESPIRATORY DISEASES

The purpose of this project is to promote integrated programs of national coverage against tuberculosis, mycosis, and respiratory diseases, and thus to accelerate the reduction of infection, morbidity, and mortality from these diseases at a rate compatible with modern methods of control. Basic activities consist of BCG vaccination, the bacteriological diagnosis of patients with respiratory symptoms, and outpatient chemotherapy for tuberculosis, vaccination, and treatment of acute respiratory infections in children, and the diagnosis and simplified treatment of superficial and deep mycosis.

The project will provide medical, laboratory, and nursing advisers for the reorganization of the tuberculosis programs and their integration into the general health structure and for the organization of programs for the control of acute respiratory infections aimed toward reducing mortality by pneumonia in children; it will disseminate standards on programming, supervision, and evaluation of activities; it will offer advisory services for the production and the quality control of the BCG vaccine; it will distribute information on the technical and operational projects connected with disease control; it will promote operational research on problems that impede the effective execution of the programs; it will supply materials and equipment; it will assist in the training of senior personnel in methods for the management and supervision of integrated programs, and in the training of multipurpose health personnel. Support will be provided for national courses on the control of tuberculosis in Argentina, Cuba, Chile, and Mexico for epidemiologists, laboratory workers, and nurses with administrative responsibilities in the control of tuberculosis and respiratory diseases; support will also be provided for the Regional Course in TB Bacteriology of CEPANZO.

TOTAL	48	48	48	TOTAL	252,400	302,600	352,500
P-5 TUBERCULOSIS ADVISOR 4.0039	PR	24	-	-			
P-5 TUBERCULOSIS ADVISOR 4.0039	WR	-	24	24	PR	125,200	-
G-4 SECRETARY 4.0045	WR	24	24	24	PERSONNEL - POSTS	113,200	-
					STAFF DUTY TRAVEL	12,000	-
TOTAL		175	165	180	SUBTOTAL	WR	127,200
CONSULTANT DAYS	WR	175	165	180	PERSONNEL - POSTS	31,100	170,100
					PERSONNEL - CONSULTANTS	23,800	46,200
					STAFF DUTY TRAVEL	-	20,100
					CONTRACTUAL SERVICES	-	6,000
					SUPPLIES AND MATERIAL	15,300	15,700
					COURSES AND SEMINARS	57,000	44,500

AMRO-0500, LEPROSY CONTROL

The purpose of this project is to collaborate with the Member Governments that regard leprosy as a public health problem in the formulation, introduction, and evaluation of a program for its control. An important component is the training of personnel, both in specific aspects of diagnosis and patient treatment and in operational methodology; emphasis will be placed on outpatient care and the integration of control activities with local health resources, both at the official and community levels.

Steps will be taken to promote scientific research with a view to improving knowledge of the natural history of the disease; emphasis will be placed on laboratory testing for diagnosis or detection of subclinical infections and the development of a preventive vaccine.

		1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
	FUND	1981	1983	1985			\$	\$
TOTAL		36	-	-	TOTAL	765,039	73,200	52,300
P-5 LEPROSY ADVISOR 1398	PR	24	-	-	SUBTOTAL	128,100	73,200	52,300
G-4 SECRETARY 4,9100	WR	12	-	-	PERSONNEL - POSTS	96,600	-	-
TOTAL		635	215	85	PERSONNEL - CONSULTANTS	-	60,200	34,300
CONSULTANT DAYS	PR	-	215	85	STAFF DUTY TRAVEL	13,500	-	-
CONSULTANT DAYS	WC	235	-	-	SUPPLIES AND MATERIAL	18,000	8,000	8,000
CONSULTANT DAYS	WR	240	-	-	GRANTS	-	5,000	10,000
CONSULTANT DAYS	WS	160	-	-	SUBTOTAL	8,000	-	-
TOTAL		89	-	-	COURSES AND SEMINARS	8,000	-	-
FELLOWSHIP MONTHS	WC	36	-	-	SUBTOTAL	360,539	-	-
FELLOWSHIP MONTHS	WS	53	-	-	TEMPORARY STAFF	110,000	-	-
					PERSONNEL - CONSULTANTS	45,586	-	-
					STAFF DUTY TRAVEL	13,479	-	-
					SUPPLIES AND MATERIAL	54,215	-	-
					FELLOWSHIPS	40,000	-	-
					COURSES AND SEMINARS	20,000	-	-
					GRANTS	60,000	-	-
					PROGRAM SUPPORT COSTS	17,259	-	-
					SUBTOTAL	58,400	-	-
					PERSONNEL - POSTS	16,000	-	-
					PERSONNEL - CONSULTANTS	32,400	-	-
					GRANTS	10,000	-	-
					SUBTOTAL	210,000	-	-
					PERSONNEL - CONSULTANTS	31,000	-	-
					STAFF DUTY TRAVEL	1,200	-	-
					SUPPLIES AND MATERIAL	36,000	-	-
					FELLOWSHIPS	58,000	-	-
					COURSES AND SEMINARS	17,000	-	-
					GRANTS	41,000	-	-
					PROGRAM SUPPORT COSTS	25,800	-	-

AMRO-0600, VENEREAL DISEASE AND TREPONEMATOSES

The purpose of this project is to promote the development of control programs for sexually transmitted diseases; to assist governments in the planning, implementation and evaluation of existing programs; and to support training activities for professional and paraprofessional health workers, especially in the context of primary health care. Operational research to define clearly the magnitude of the sexually transmitted disease problem is planned for 1982-1983.

TOTAL		80	70	80	TOTAL	16,800	23,700	35,200
CONSULTANT DAYS	PR	80	-	-	SUBTOTAL	16,800	-	-
CONSULTANT DAYS	WR	-	70	80	PERSONNEL - CONSULTANTS	10,800	-	-
					SUPPLIES AND MATERIAL	2,000	-	-
					GRANTS	4,000	-	-
					SUBTOTAL	-	23,700	35,200
					PERSONNEL - CONSULTANTS	-	19,600	32,200
					SUPPLIES AND MATERIAL	-	2,100	2,000
					GRANTS	-	2,000	1,000

AMRO-0700, Aedes Aegypti ERADICATION

The purpose of this project is to provide technical cooperation with Member Governments in problems related to Aedes aegypti. The project promotes the PAHO policy of eradication of Aedes aegypti as the most effective way of preventing epidemics of dengue or urban yellow fever and it also assists in the control of these diseases in countries where Aedes aegypti is still present.

Cooperation with health services is provided in the planning, execution, and evaluation of eradication and control programs and in the establishment of effective surveillance services for the maintenance of achieved eradication, in the surveillance and control of yellow fever, and in the emergency control of dengue epidemics.

The project coordinates and collaborates in field research to study the biology, ecology, and distribution of Aedes aegypti and the vectors of jungle yellow fever, as well as to develop methods for control. It provides training of vector control specialists in new entomological and control methodologies.

		1980- 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983 \$	1984-1985 \$
TOTAL		108	96	96	TOTAL	491,022	473,500	544,100
P-5 Aedes Aegypti Advisor 4.0811	WR	24	24	24	SUBTOTAL	PR 187,300	-	-
P-4 Entomologist 4.5378	WG	12	-	-				
P-4 Entomologist 4.0812	WR	-	24	24	PERSONNEL - POSTS	82,400	-	-
P-3 Entomologist .0812	PR	24	-	-	STAFF DUTY TRAVEL	8,700	-	-
P-2 Sanitarian 4.0612	WR	24	24	24	SUPPLIES AND MATERIAL	96,200	-	-
G-5 Secretary 4.3309	WR	24	24	24	SUBTOTAL	WG 82,422	-	-
TOTAL		130	150	150	PERSONNEL - POSTS	40,000	-	-
CONSULTANT DAYS	WG	50	-	-	PERSONNEL - CONSULTANTS	10,000	-	-
CONSULTANT DAYS	WR	80	150	150	STAFF DUTY TRAVEL	4,800	-	-
					GENERAL OPERAT. EXPENSES	4,500	-	-
					SUPPLIES AND MATERIAL	6,000	-	-
					FURNITURE & EQUIPMENT	7,000	-	-
					PROGRAM SUPPORT COSTS	10,122	-	-
					SUBTOTAL	WR 221,300	473,500	544,100
					PERSONNEL - POSTS	195,200	371,500	435,300
					PERSONNEL - CONSULTANTS	10,800	42,000	60,500
					STAFF DUTY TRAVEL	15,300	35,000	35,000
					SUPPLIES AND MATERIAL	-	10,000	5,800
					COURSES AND SEMINARS	-	15,000	7,500

AMRO-0800, PARASITIC DISEASES

Prevention of parasitic diseases is the ultimate goal of this project, and programs to control or interrupt transmission will be promoted and supported whenever feasible. Nevertheless, considering that the public health impact of some of these diseases is not sufficiently known in many areas, the project assigns high priority to epidemiologic studies to gather basic information. To facilitate these studies, the project also promotes and supports the establishment of standard serodiagnostic services in national laboratories, coordinates the supply of antigens and reagents, and assists in training activities.

The project also aims at the promotion and coordination of research activities and the preparation of research protocols to be presented as candidates for funding from other programs and/or institutions.

The WHO, IBRD and UNDP Special Program for Research and Training in Tropical Diseases (TDR) was developed for research on the control of six diseases, namely leprosy, malaria, trypanosomiasis, schistosomiasis, filariasis and leishmaniasis, following resolutions WHA27.52 (1974) and WHA29.71 (1976). Of these six diseases, the latter four fall within the terms of reference of this program. This project will collaborate with the TDR program in promoting and supporting its activities in this Region.

Activities under this project will be conducted by project personnel, headquarters staff, short term consultants, courses and seminars, and through the support of technical publications.

		24	24	24		WR 158,600	196,800	206,600
TOTAL		24	24	24	TOTAL			
P-5 Parasitic Diseases Advisor 4.4704	WR	24	24	24	PERSONNEL - POSTS	113,200	144,700	157,800
					PERSONNEL - CONSULTANTS	5,400	16,800	16,100
					STAFF DUTY TRAVEL	18,000	20,000	20,000
TOTAL		40	60	40	LOCAL COSTS	20,000	12,000	12,000
					SUPPLIES AND MATERIAL	2,000	3,300	700
CONSULTANT DAYS	WR	40	60	40				

AMRO-0900, TECHNICAL ADVISORY SERVICES ON VECTOR BIOLOGY AND CONTROL

Vector control remains the most practical approach to prevention and control of the majority of the vector-borne diseases. This project provides technical cooperation with Member Countries on methods for the control of disease vectors and reservoirs, their applicability, cost and expected effectiveness, necessary requirements for their safe use, and known limitations. Emphasis is placed on research and training in vector biology and control and on technical cooperation in upgrading regional control activities as well as for emergencies created by epidemics of vector-borne diseases or natural disasters.

Major activities include the preparation of manuals and guidelines on vector and reservoir biology and control; assisting in international and national training in vector control equipment, environmental maintenance, rodent control, and community involvement in control activities; and promoting study of vector biology in relation to the epidemiology of these diseases, with a view to finding better control methods and improving evaluation techniques. Operational research is concerned mainly with malaria, Chagas' disease and *Aedes aegypti*.

In collaboration with other programs of the Organization, it also provides technical advisory services to Member Governments in the study of epidemiological problems and in the planning, execution and evaluation of programs for the control of vector-borne diseases, and collaborates in the study and design of programs for possible solutions to the problems arising from the indiscriminate use of pesticides.

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		96	24	24	TOTAL	WR	317,000	160,600	178,400
P-5 VECTOR CONTROL ADVISOR 4.0114	WR	24	-	-	PERSONNEL - POSTS		276,900	113,800	129,900
P-4 ENTOMOLOGIST 4.0113	WR	24	24	24	PERSONNEL - CONSULTANTS		-	16,800	24,200
G-5 SECRETARY 4.4815	WR	24	-	-	STAFF DUTY TRAVEL		30,000	20,000	21,000
G-4 SECRETARY 4.0119	WR	24	-	-	SUPPLIES AND MATERIAL		10,100	10,000	3,300
TOTAL		-	60	60					
CONSULTANT DAYS	WR	-	60	60					

AMRO-0901, RESEARCH IN INSECTICIDES, RESISTANCE AND NEW METHODS OF CONTROL

The main objective of this project is to develop new methods for the control of malaria and other vector-borne diseases. To attain this end, the project undertakes epidemiological studies aiming at the design and testing of techniques for stratification of the malaria problems and selection of the most adequate control measures. Based on the knowledge acquired from the studies, the project undertakes field trials of promising control measures and develops adequate methodology for the evaluation of their efficacy and definition of the conditions for their use.

This project also collaborates with Member Governments in the design and evaluation of adequate malaria control methods according to the local epidemiological condition, taking into account administrative, financial, and sociocultural feasibility. It also participates in the WHO program for testing and evaluation of new insecticides and biological agents for vector control, and promotes and stimulates applied research projects supported by the WHO Special Program for Research and Training in Tropical Diseases.

		120	120	120	TOTAL	483,600	658,700	723,500
P-5 VECTOR CONTROL ADVISOR 4.3221	WR	24	24	24	SUBTOTAL	PR 135,100	-	-
P-4 ENTOMOLOGIST 4.0857	WR	-	24	24	PERSONNEL - POSTS	108,400	-	-
P-3 ENTOMOLOGIST .0857	PR	24	-	-	STAFF DUTY TRAVEL	6,700	-	-
P-2 SANITARIAN 4.3511 4.3512	WR	48	48	48	GRANTS	20,000	-	-
G-6 ADMINISTRATIVE ASSISTANT 4.4632	WR	-	24	24	SUBTOTAL	WR 348,500	658,700	723,500
G-5 ADMINISTRATIVE ASSISTANT .4632	PR	24	-	-	PERSONNEL - POSTS	232,800	475,600	539,700
TOTAL		120	90	90	PERSONNEL - CONSULTANTS	16,200	25,200	36,300
CONSULTANT DAYS	WR	120	90	90	STAFF DUTY TRAVEL	19,800	40,000	40,000
					SUPPLIES AND MATERIAL	79,700	96,900	97,500
					GRANTS	-	21,000	10,000

AMRO-0902, RESEARCH AND REFERENCE CENTER ON VECTOR BIOLOGY AND CONTROL

The purpose of this project is to establish, in collaboration with the Department of Malaria and Environmental Health and the School of Malaria of Venezuela, a regional facility for research in the biology, ecology, distribution, population density, susceptibility to insecticides, and epidemiological significance of the vectors and reservoirs of metaxenic diseases, particularly Chagas' disease, leishmaniasis, filariasis and onchocercosis in order to develop effective and economic methods for their control. The Center will test and evaluate new insecticides and rodenticides both in the laboratory and in the field; investigate nonchemical and other new control methodologies; and maintain a strain bank of *Trypanosoma cruzi*. It cooperates with individuals and institutions in the Region in research or in exchange of information related to its objectives.

An important function of the Center is personnel training in biology of vectors and reservoirs, in parasitological laboratory procedures, and in methods for the prevention and control of vector-borne diseases, through specialized individual training or by holding courses, workshops, and seminars on relevant subjects.

		120	120	120	TOTAL	WR 568,400	987,300	1,160,100
P-5 ENTOMOLOGIST 4.4725	WR	24	24	24	PERSONNEL - POSTS	499,600	890,500	1,064,800
P-4 ECCLGIST 4.4731	WR	24	24	24	PERSONNEL - CONSULTANTS	8,100	16,800	24,200
P-4 EPIDEMIOLOGIST 4.4710	WR	24	24	24	STAFF DUTY TRAVEL	22,500	37,600	30,000
P-4 VECTOR CONTROL ADVISOR 4.4732 4.4733	WR	48	48	48	CONTRACTUAL SERVICES	12,900	-	-
TOTAL		60	60	60	SUPPLIES AND MATERIAL	25,300	42,400	41,100
CONSULTANT DAYS	WR	60	60	60				

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-0903, DOMICILIARY CONTROL OF CHAGAS' DISEASE

The purpose of the project is to study the effectiveness of simple rural home improvements in controlling the transmission of Chagas' disease. This is a cooperative undertaking of the Organization with the Rural Endemics and Sanitation Works Divisions of the Malaria and Environmental Sanitation Department of the Ministry of Health of Venezuela. The study is coordinated by the Research and Reference Center on Vector Biology and Control and is financed from a research support fund donated to PAHO by the Edna McConnell Clark Foundation.

Major activities include experimentation on construction materials and design, study of the role of the community and the individual in implementing home modification, entomological-epidemiological evaluation of the role of home improvement on prevention and control of Chagas' disease, and training in house construction and community participation.

TOTAL		24	-	-	TOTAL	WG	378,191	-	-
P-4 COMMUNICATIONS SPECIALIST 4.5111	WG	24	-	-	PERSONNEL - POSTS		152,000	-	-
					PERSONNEL - CONSULTANTS		28,750	-	-
					STAFF DUTY TRAVEL		20,000	-	-
TOTAL		150	-	-	MISCELLANEOUS COSTS		5,700	-	-
CONSULTANT DAYS	WG	150	-	-	SUPPLIES AND MATERIAL		27,636	-	-
					FURNITURE & EQUIPMENT		30,433	-	-
					NEW PREMISES		70,000	-	-
					GRANTS		12,300	-	-
					PROGRAM SUPPORT COSTS		31,372	-	-

AMRO-1200, VIRAL AND RICKETTSIAL DISEASES

The important viral diseases in the PAHO program are yellow fever, dengue, infant gastroenteritis virus, hepatitis, hemorrhagic fever and certain arboviruses. In the Expanded Program on Immunization, poliomyelitis and measles remain important.

The project coordinates the activities of the Scientific Advisory Committee on Yellow Fever, Dengue and *Aedes aegypti* to provide resources for research, reference diagnostic services, consultation in epidemics, and dissemination of information. Collaborative programs are carried out with national laboratories in the investigation of rotavirus, proficiency testing for arbovirus, enterovirus, and hepatitis, and the strengthening of surveillance for all field activities related to viral diseases.

TOTAL		48	48	48	TOTAL		264,209	278,900	290,800
P-5 VIRAL DISEASES ADVISOR 4.0038	WR	24	24	24	SUBTOTAL	PG	32,409	-	-
G-5 SECRETARY 4.0044	WR	24	24	24	LOCAL PERSONNEL COSTS		8,911	-	-
TOTAL		120	150	100	CONTRACTUAL SERVICES		1,470	-	-
CONSULTANT DAYS	WR	120	150	100	SUPPLIES AND MATERIAL		1,018	-	-
					COURSES AND SEMINARS		18,000	-	-
					PROGRAM SUPPORT COSTS		3,010	-	-
					SUBTOTAL	WR	231,800	278,900	290,800
					PERSONNEL - POSTS		149,200	176,300	197,200
					PERSONNEL - CONSULTANTS		16,200	42,000	40,300
					STAFF DUTY TRAVEL		23,100	20,000	20,000
					SUPPLIES AND MATERIAL		7,400	4,100	10,000
					COURSES AND SEMINARS		15,900	13,200	11,300
					TRAINING GRANTS		20,000	23,300	12,000

AMRO-1201, BACTERIAL DISEASES

The priority areas of this project are plague, typhoid fever, meningococcal disease, botulism and rickettsial diseases. Plague remains endemic in several Member Countries and manpower training in laboratory and surveillance activities will continue to receive priority. A large typhoid control study, including a field trial of a new oral vaccine, is being undertaken by one Member Country. Similar activities may be undertaken in other typhoid-endemic countries pending results of this initial study. Regional and subregional training courses are planned in botulism, meningitides and bacterial etiologies of acute respiratory infections. The latter will be developed in collaboration with the Tuberculosis, Mycoses and Respiratory Disease Control Program. Assistance in investigation of epidemic outbreaks is an ongoing activity.

TOTAL		140	150	150	TOTAL	WR	44,600	58,000	76,500
CONSULTANT DAYS	WR	140	150	150	PERSONNEL - CONSULTANTS		21,600	42,000	60,500
					SUPPLIES AND MATERIAL		13,000	11,000	11,000
					GRANTS		10,000	5,000	5,000

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-1202, RICKETTSIAL DISEASES

Bolivia, Ecuador, Guatemala and Peru remain endemic areas for louse-borne typhus. In some areas DDT resistance in lice presents control problems. Surveillance activities will be strengthened in all areas by providing newer laboratory diagnostic tests and closer collaboration between field and laboratory investigation. Further trials with type E attenuated vaccines are planned.

TOTAL		40	-	-	TOTAL	MR	9,400	-	-
CONSULTANT DAYS	MR	40	-	-	PERSONNEL - CONSULTANTS		5,400	-	-
					SUPPLIES AND MATERIAL		2,000	-	-
					GRANTS		2,000	-	-

AMRO-1203, CONTROL OF DIARRHEAL DISEASES

The short-term objective of the Diarrheal Disease Control Program (CDD) is immediate reduction of mortality due to acute diarrheal diseases by means of early oral rehydration therapy (ORT) and appropriate dietary management of cases. The program also emphasizes the traditional preventive strategies--improved nutrition, health education, water and sanitation and epidemiological surveillance--for the long-term elimination of diarrheal diseases as a major public health problem.

For both the short and long terms, the program consists of two components: implementation and research. Where program activities over the past two years have been concentrated on promotional efforts and specialized epidemiological and clinical research, a shift toward achieving wide-scale program coverage is now apparent. Member Countries are beginning to integrate CDD activities into their primary health care systems. In the field, ORT is viewed as an entry point through which preventive messages can be delivered to target populations. Thus, national program planning, manpower training, operational research and national CDD program evaluation will be the important areas over the coming biennium. Simultaneously, specialized technical assistance in all aspects of oral rehydration salts (ORS) production will be increased in interested Member Countries in order to meet the goal of regional self-reliance in ORS production by 1984.

To complement expanding CDD program coverage, three regional training and reference centers have been designated and will continue to receive PAHO support. Materials for health education and manpower training are being developed, a CDD information service has been created, and international, inter-agency and, within PAHO, inter-divisional, collaborative activities are becoming increasingly vital.

TOTAL		84	64	72	TOTAL	613,884	351,200	327,000
P-4 ENTERIC DISEASES ADVISOR 4.5047	MR	24	24	24	SUBTOTAL	PR	15,100	-
P-4 MEDICAL OFFICER 4.5373	MR	12	-	-	PERSONNEL - POSTS		15,100	-
P-3 ADMINISTRATIVE OFFICER 4.5421	MR	24	-	-	SUBTOTAL	MR	362,084	-
P-3 TECHNICAL OFFICER 4.5446	MR	-	16	24	PERSONNEL - POSTS		138,400	-
G-4 SECRETARY .3119	PR	12	-	-	PERSONNEL - CONSULTANTS		28,800	-
G-4 SECRETARY 4.3119	MR	12	24	24	STAFF DUTY TRAVEL		3,000	-
TOTAL		510	250	60	CONTRACTUAL SERVICES		23,600	-
CONSULTANT DAYS	MR	150	-	-	SUPPLIES AND MATERIAL		29,304	-
CONSULTANT DAYS	MR	360	250	60	COURSES AND SEMINARS		72,500	-
					GRANTS		38,300	-
					PROGRAM SUPPORT COSTS		28,180	-
					SUBTOTAL	MR	236,700	351,200
					PERSONNEL - POSTS		112,600	211,900
					PERSONNEL - CONSULTANTS		48,600	70,000
					STAFF DUTY TRAVEL		12,500	25,000
					SUPPLIES AND MATERIAL		13,000	5,300
					COURSES AND SEMINARS		20,000	24,000
					GRANTS		30,000	15,000
								274,000
								24,200
								26,000
								2,800
								-
								-

AMRO-1204, MYCOTIC DISEASES

The activities of this project were merged into project AMRO-0400, Control of Tuberculosis, Mycosis, and Respiratory Diseases.

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		40	-	-	TOTAL		36,400	-	-
CONSULTANT DAYS	WR	40	-	-	SUBTOTAL	PG	26,000	-	-
					COURSES AND SEMINARS		26,000	-	-
					SUBTOTAL	WR	10,400	-	-
					PERSONNEL - CONSULTANTS		5,400	-	-
					SUPPLIES AND MATERIAL		5,000	-	-

AMRO-1275, PREVENTION OF BLINDNESS

Blindness corresponds to categories 3, 4, and 5 of visual impairment, as described in the International Classification of Diseases (1977).

Considering that the prevention of blindness (PBL) has been pronounced a priority of WHO's Global Technical Cooperation Program, and that some Governments in Latin America and the Caribbean are formulating national programs for PBL, the Directing Council of PAHO in its XXVI Meeting (October 1979) requested that technical assistance for the development of regional blindness prevention programs be strengthened.

Activities already carried out include the convening of the Planning Group on Prevention of Blindness in Washington (1979) and of the First Meeting of the PAHO Advisory Committee on Prevention of Blindness in Belo Horizonte, Brazil (1980). A short course on primary eye care for medical and auxiliary personnel was held in Guatemala (1980). Preparation of training aids has also been started.

It is estimated that about two-thirds of blindness today is avoidable. To accomplish this goal, it is necessary to expand blindness prevention services beyond the delivery of basic ophthalmic services to the integration of primary eye care into primary health care.

The basic approach is the promotion of national programs, with emphasis on the training of auxiliary personnel in eye care, on community participation, on a multidisciplinary approach, and on integration of primary eye care into primary health care.

Project funds will be used to support the meetings of the PAHO Advisory Committee and to implement its recommendations.

TOTAL		60	120	120	TOTAL	WR	21,900	54,800	75,000
CONSULTANT DAYS	WR	60	120	120	PERSONNEL - CONSULTANTS		9,100	33,600	48,400
					SUPPLIES AND MATERIAL		-	6,000	7,600
					TRAINING GRANTS		13,800	15,200	19,000

AMRO-1300, FAMILY HEALTH AND POPULATION DYNAMICS

There have been significant advances in the health status of the family in the Americas over the past decade. However, in many countries of the Region high rates of morbidity and mortality prevail, affecting the most vulnerable population groups, especially mothers and children.

In the context of primary health care, activities for the care of mothers and children, within an integrative approach centered on the family as a unit to be studied and served, are a fundamental component of the programs for the extension of service coverage.

Greater knowledge of the risks of disease and death to which family members are exposed will make it possible to ensure a more rational utilization of health resources, and an important element in this area is the conduct of studies on the application of alternative methodologies to determine the level and factors of child morbidity and mortality.

Not to be forgotten in the context of activities for the promotion of family health are the benefits that can be derived from the regulation of fertility—spacing births so as to minimize risks to the health of mothers and infants. Viewed in this way, family planning activities are a valuable preventive tool which, when authorized by national policy decisions, can also contribute to the achievement of population goals in accordance with a chosen model of global development.

The purpose of this project is to assist in the expansion of maternal and child health service coverage, with special emphasis on the extension of primary health care to the families in the urban shantytowns and the rural areas. Plans have been made to provide assistance to the countries in the identification of health problems that affect mothers, children, young people, and the family as a whole; in the formulation, execution, and evaluation of programs for the adequate provision of services to these groups; in the systematic application of the concept of family risk as a tool for the extension of coverage; and in the training of the necessary manpower.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

The personnel participating in this project will contribute to the achievement of the social objective of health for all, supporting actions that the countries of the Region and the Governing Bodies have identified as priority items within the strategies for that goal.

Plans are under way to hold meetings, courses, and seminars to promote the integration of women and youth into the social development process, to train health personnel in the administration of maternal and child health programs, and to promote the qualified participation of the community in health activities.

Steps will be taken to promote epidemiological and operational research in order to contribute to the body of nosologic knowledge on the nature of human reproduction, growth, and development, and to provide concrete findings for the improvement of health service delivery, with special emphasis on the primary level of care.

To this end provision has been made for grants to service and teaching institutions, short-term consultant services in specific fields, and supplies and equipment needed specifically for the previously mentioned activities.

TOTAL		465	312	72	TOTAL	1,565,055	1,309,500	516,400
P-5 FAMILY HEALTH OFFICER 4.3696	WR	24	24	24				
P-5 MEDICAL OFFICER (MCH) -3367	PR	24	24	24	SUBTOTAL	PR 403,800	207,300	232,200
P-5 MEDICAL OFFICER (MCH) 4.0078	WR	24	-	-	PERSONNEL - POSTS	356,900	176,300	197,200
P-4 ADMINISTRATIVE OFFICER 4.3697	WR	24	-	-	STAFF DUTY TRAVEL	46,900	31,000	35,000
P-4 ADMINISTRATIVE OFFICER 4.4427	UNFPA	9	-	-	SUBTOTAL	WR 446,200	239,800	284,200
P-4 HEALTH EDUCATION SPECIALIST 4.4196	WR	24	-	-	PERSONNEL - POSTS	391,100	134,800	151,600
P-4 NURSE MIDWIFE -0847 -3342	PR	48	-	-	PERSONNEL - CONSULTANTS	-	25,200	36,300
P-2 ACCOUNTS OFFICER 4.3805	UNFPA	24	24	-	STAFF DUTY TRAVEL	55,100	29,800	30,300
P-1 PROCUREMENT OFFICER 4.4198	UNFPA	24	24	-	SUPPLIES AND MATERIAL	-	1,000	2,000
G-6 ACCOUNTS ASSISTANT 4.3807	UNFPA	24	24	-	COURSES AND SEMINARS	-	40,000	45,000
G-6 CLERK 4.3370	UNFPA	24	24	-	GRANTS	-	13,000	19,000
G-6 FELLOWSHIPS ASSISTANT 4.3808	UNFPA	24	24	-	SUBTOTAL	UNFPA 715,055	862,400	-
G-6 OFFICE ASSISTANT 4.3714	UNFPA	24	24	-	PERSONNEL - POSTS	457,000	536,000	-
G-6 SECRETARY 4.3877	UNFPA	-	24	-	PERSONNEL - CONSULTANTS	79,425	62,400	-
G-5 OFFICE ASSISTANT 4.3368	UNFPA	24	-	-	STAFF DUTY TRAVEL	105,206	133,000	-
G-5 PERSONNEL ASSISTANT 4.3806	UNFPA	24	24	-	MISCELLANEOUS COSTS	72,559	131,000	-
G-5 SECRETARY -0086 -3306	PR	48	24	24	GROUP TRAINING	865	-	-
G-5 SECRETARY 4.4195	UNFPA	24	24	-				
G-4 CLERK 4.5349	UNFPA	24	24	-				
TOTAL		510	450	90				
CONSULTANT DAYS	WR	-	90	90				
CONSULTANT DAYS	UNFPA	510	360	-				

AMRO-1302, EXTENSION OF FAMILY HEALTH SERVICES

The activities of this project were merged into project AMRO-1373, Maternal and Child Health Development.

TOTAL		240	-	-	TOTAL	165,800	-	-
CONSULTANT DAYS	PR	240	-	-				
TOTAL		8	-	-	SUBTOTAL	PR 117,400	-	-
FELLOWSHIP MONTHS	WR	8	-	-	LOCAL PERSONNEL COSTS	30,000	-	-
					PERSONNEL - CONSULTANTS	32,400	-	-
					COURSES AND SEMINARS	35,000	-	-
					GRANTS	20,000	-	-
					SUBTOTAL	WR 48,400	-	-
					SUPPLIES AND MATERIAL	40,000	-	-
					FELLOWSHIPS	8,400	-	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-1303, DEVELOPMENT OF HUMAN RESOURCES IN MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

This project is geared to the formation of personnel for the maternal and child health and family planning programs that are carried out in the countries. Special emphasis is given to the preparation of professional personnel in order to support the extension of coverage of services.

In order to improve the training of the educational and assistance personnel this project is designed: (a) to prepare guidelines for strengthening the maternal and child component of the primary health care programs; b) to prepare models of curricula for teaching maternal and child health; and (c) to provide grants to selected teaching institutions.

TOTAL	420	-	-	TOTAL	UNFPA	112,202	-	-
CONSULTANT DAYS	UNFPA 420	-	-	PERSONNEL - CONSULTANTS		56,202	-	-
				SUBCONTRACTS		25,000	-	-
				GENERAL OPERAT. EXPENSES		4,000	-	-
				COURSES AND SEMINARS		27,000	-	-

AMRO-1304, PROMOTION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING POLICIES

This project is based on the analysis of available data on the demographic situation and maternal and child health conditions prevalent in the countries. Using these data as a basis, methodologies are proposed for the formulation of policies and strategies designed to improve family health and keep population growth compatible with the existing socio-economic possibilities.

TOTAL	540	-	-	TOTAL	UNFPA	97,538	-	-
CONSULTANT DAYS	UNFPA 540	-	-	PERSONNEL - CONSULTANTS		74,400	-	-
				COURSES AND SEMINARS		23,138	-	-

AMRO-1305, OPERATIONAL RESEARCH ON DELIVERY OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING SERVICES

Operational research on population is focused on the interaction between the maternal and child health services and the public that requires them. The results of this research can lead to changes in the way services are delivered in order to improve their ability to meet the real needs of the population.

Within that general approach, these studies have two orientations: (a) the interaction between the health system and the community and (b) the study of costs, coverage obtained, and degree of satisfaction with the different ways of administering the services.

TOTAL	180	-	-	TOTAL	UNFPA	48,927	-	-
CONSULTANT DAYS	UNFPA 180	-	-	PERSONNEL - CONSULTANTS		24,667	-	-
				MISCELLANEOUS COSTS		14,260	-	-
				NON-EXPENDABLE EQUIPMENT		10,000	-	-

AMRO-1312, CONTINUING EDUCATION IN ADMINISTRATION OF FAMILY PLANNING PROGRAMS

With the initiation of maternal and child health programs and family planning in numerous countries of the Region, the demand for the training of administrative personnel has increased significantly. As a response to that demand, and in view of the experience gained in the introduction of existing programs, this project has the following objectives: to develop subregional and national courses in order to provide training to the staff members in charge of the administration of the programs; to organize workshops on educational methodology and educational evaluation; and to produce publications and educational material on the subject.

TOTAL	25	-	-	TOTAL	UNFPA	20,351	-	-
CONSULTANT DAYS	UNFPA 25	-	-	ADMIN. SUPPORT PERSONNEL		5,000	-	-
				PERSONNEL - CONSULTANTS		4,363	-	-
				GROUP TRAINING		3,988	-	-
				GRANTS		7,000	-	-

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985			
					5	5

AMRO-1370, LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT

The Center's general objective is to work with the countries on improving maternal and child health through the identification and solution of the principal perinatal (obstetric and neonatal) and pediatric problems of the Region, through increased coverage, and through improvement in the quality of perinatal and pediatric care. The expectation, based on the strategies adopted for the goal of health for all by the year 2000, is to reduce morbidity and mortality--maternal, perinatal, infant, and early childhood--and also the incapacitating sequelae produced in the mother and in her child during the perinatal period.

Training is given for medical specialists (obstetricians, neonatologists, pediatricians, public health physicians), general practitioners, midwives, nurses, auxiliaries, primary health workers, and other health personnel involved in perinatal and pediatric care, with emphasis on primary health care. Classes are held both at the Center and in its field area (Departments of Cerro Largo and Treinta y Tres, Uruguay) following programs that are circulated to the countries two years in advance. In addition, training activities are carried out in the countries at their request.

Research on appropriate technology is carried out at the Center's headquarters and in the field, and also in the countries, with focus on multinational projects in epidemiology and operational research. The appropriate technology refers basically to health care, data registration and processing, and health education, all in the perinatal and pediatric field.

The Center provides technical cooperation to the countries of the Region through its training activities, through dissemination of the results of its research in appropriate technology, and through response to specific requests that it receives from the countries, including advisory services for the organization of national groups, centers, or institutes of perinatology.

The Center distributes educational material in the field of perinatal and pediatric health, including audiovisual aids, bibliographic information, and the results of research carried out or coordinated by the Center.

The Center applies the strategies that it considers to have significant impact on the health of the mother, the fetus, the newborn, and the child--for example: (1) epidemiological research aimed at identifying the factors that increase perinatal and pediatric risks in the Region (such as birthweight distribution, the epidemiology of prematurity and toxemia), and (2) the development of innovative models for pediatric and perinatal health services that are regionalized, have several levels of care, and provide for appropriate standards and procedures, including a perinatal and pediatric health information system, precoded forms for the systematic collection of data, and programs for health education and community participation.

TOTAL		96	72	72	TOTAL	1,258,244	1,182,356	961,000
P-5 DIRECTOR OF CENTER	PR	24	-	-				
.3521								
P-4 PERINATOLOGIST	PR	48	48	48	SUBTOTAL	697,200	710,700	778,900
.3501 .4318								
P-4 PERINATOLOGIST	WR	24	24	24	PERSONNEL - POSTS	306,400	289,600	342,200
4.3054					LOCAL PERSONNEL COSTS	233,100	256,500	270,100
					STAFF DUTY TRAVEL	40,800	31,500	31,900
					GENERAL OPERAT. EXPENSES	43,900	53,100	54,700
					SUPPLIES AND MATERIAL	73,000	80,000	80,000
					SUBTOTAL	454,444	315,856	-
					TEMPORARY STAFF	179,928	184,056	-
					STAFF DUTY TRAVEL	5,680	3,400	-
					CONTRACTUAL SERVICES	10,080	14,160	-
					SUPPLIES AND MATERIAL	258,756	114,240	-
					SUBTOTAL	106,600	155,800	182,100
					PERSONNEL - POSTS	96,600	144,800	171,100
					STAFF DUTY TRAVEL	10,000	11,000	11,000

AMRO-1373, MATERNAL AND CHILD HEALTH DEVELOPMENT GROUP

Within primary health care, which is the key instrument for attaining the objective of health for all by the year 2000, it would be hard to overstate the importance of maternal and child health care. The basic principles on which the strategies and general policies for the provision of primary health care rest are also fundamental for maternal and child care: intersectoral coordination, the need for total coverage, the active participation of every family and the community, the systematic application of the epidemiologic approach in the prevention of risks for the adequate utilization of the levels of care; and the best possible use of existing human resources.

The advance of epidemiologic knowledge makes it possible to increase the effectiveness and efficiency of measures for the prevention of risks that affect human growth and development, allowing for selective and opportune actions that enable the resources to have their greatest impact.

This project promotes the creation of models of teaching-service integration for the care of the family unit; these models will involve epidemiological and operational research for the purpose of increasing the effectiveness and efficiency of maternal and child health services. At the same time, the project attempts to contribute to the training of personnel who can assist in the extension of coverage and in the development of appropriate technologies for primary health care.

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

The purpose of this personnel is to provide advisory services to the countries for the establishment of program areas within the concept of the integration of services; to promote epidemiological research as well as research on maternal and child health services; to promote meetings and seminars for teaching-service integration; to promote the exchange of experiences among the various subprojects as a mechanism for technical cooperation between developing countries; and to promote the design, preparation, and evaluation of appropriate technologies for perinatal and maternal and child care.

The activities of project AMRO-1302, Extension of Family Health Services, were merged into this project.

TOTAL		24	48	48	TOTAL	283,800	391,200	471,200
P-5 MEDICAL OFFICER (MCH) .4309	PR	24	24	24	SUBTOTAL	PR 119,200	391,200	471,200
P-4 NURSE MIDWIFE .0847	PR	-	24	24	PERSONNEL - POSTS	113,200	309,600	366,100
TOTAL		-	120	120	PERSONNEL - CONSULTANTS	-	33,600	48,400
CONSULTANT DAYS	PR	-	120	120	STAFF DUTY TRAVEL	6,000	44,000	52,700
					SUPPLIES AND MATERIAL	-	4,000	4,000
					SUBTOTAL	PH 144,600	-	-
					TEMPORARY STAFF	3,800	-	-
					EXTERNAL PRINTING	6,000	-	-
					GENERAL OPERAT. EXPENSES	5,200	-	-
					LIBRARY BOOKS & SUPPLIES	6,500	-	-
					GRANTS	143,100	-	-

AMRO-1400, NUTRITION ADVISORY SERVICES

The role of the health sector in the formulation, development, and evaluation of policies, plans, and programs on food and nutrition is generally recognized. Necessary for these activities are a continually updated assessment of the food and nutrition status of the population; the execution of nutrition and feeding activities as an element of health services, in cooperation with other sectors of national development (education, agriculture, labor, economy, and the food industry); the preparation and training of nutrition specialists and nutritional education for health personnel and personnel in other sectors; the development of programs of education and nutritional information for the entire population; the improvement of food services in institutions for healthy and sick individuals; and the conduct of operational research in order to identify the most appropriate nutritional activities, with an evaluation of their costs and benefits.

The purpose of this project is to cooperate with the governments of the Region in the strengthening of the technical nutrition units of their ministries of health, in order to expand their capacity for planning, advisory services, and evaluation of nutrition activities at the various levels of the health services, including their participation in intersectoral food and nutrition programs, either at the national, regional, or local level. More specifically, this project promotes and participates in the following areas of technical cooperation: (a) design of systems and indicators including high risk indicators for the diagnosis and surveillance of the food and nutrition status of the population; (b) development of simple methodology for the planning, execution, supervision, and evaluation of nutritional activities within the health sector and as part of other intersectoral health and nutrition programs; (c) formulation of guidelines for the integration of nutrition into the package of primary health care services (surveillance of child growth, prevention and treatment of malnutrition); (d) planning, execution, and evaluation of programs for the supplementary feeding of vulnerable groups; (e) development of programs of education and nutritional information for the population, including mass media campaigns and individual education; (f) improvement of feeding and dietetics services in hospitals and other institutions dealing with both healthy or sick individuals; (g) prevention and control of specific nutritional deficiencies (iron anemias, hypovitaminosis A, and endemic goiter) and development of food mixtures of high nutritional value; (h) support to academic programs for the training of dietitians at the undergraduate and graduate levels, the teaching of nutrition in the health sciences (medicine, nursing, and others), and in-service training of health personnel, including technical and auxiliary personnel; (i) identification and support of national research groups interested in collaborative studies on child feeding, development of indicators of nutrition and feeding, and evaluation of activities; and (j) dissemination of information and nutrition through support to regional and subregional meetings, publications, and other communications media.

TOTAL		96	96	96	TOTAL	298,900	542,500	627,000
P-5 NUTRITION ADVISOR .0076	PR	24	24	24	SUBTOTAL	PR 298,900	360,500	418,000
P-4 NUTRITION ADVISOR .3654	PR	24	-	-	PERSONNEL - POSTS	276,900	261,300	297,500
P-4 NUTRITIONIST .0886	PR	-	24	24	PERSONNEL - CONSULTANTS	-	25,200	36,300
P-4 NUTRITIONIST 4.5350	WR	-	24	24	STAFF DUTY TRAVEL	20,000	30,000	35,200
G-5 SECRETARY .0087	PR	24	-	-	SUPPLIES AND MATERIAL	2,000	4,000	4,000
G-5 SECRETARY 4.0092	WR	-	24	24	COURSES AND SEMINARS	-	40,000	45,000
G-4 CLERK .0083	PR	24	-	-	SUBTOTAL	WR -	182,000	209,000
TOTAL		-	90	90	PERSONNEL - POSTS	-	168,000	191,500
CONSULTANT DAYS	PR	-	90	90	STAFF DUTY TRAVEL	-	14,000	17,500

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

AMRO-1401, NATIONAL FOOD AND NUTRITION POLICIES

The objectives of the project are to intensify or to promote in the countries of Latin America and the Caribbean knowledge and understanding of the food and nutrition problem, its causes, evolution, and biological and organic consequences, and its negative impact on economic activities and socioeconomic development; to contribute to the search for national solutions in the short, medium, and long term and to the definition of the actions which should be taken; to support the governments so that they may formulate and adopt policies on food and nutrition, include them in their general plans of socioeconomic development and in their sectoral plans and give them adequate priority among the national development objectives; to contribute to the interagency study and analysis of the food and nutrition problem in Latin America and the Caribbean, and to strive for the integration of actions concerning foods and nutrition that are carried out by the participating organizations at the national level.

TOTAL		12	-	-	TOTAL	PG	63,930	-	-
P-5 NUTRITION ADVISOR .4580	PG	12	-	-	PERSONNEL - POSTS		57,700	-	-
					PERSONNEL - CONSULTANTS		4,730	-	-
					STAFF DUTY TRAVEL		1,500	-	-
TOTAL		25	-	-					
CONSULTANT DAYS	PG	25	-	-					

AMRO-1411, CARIBBEAN FOOD AND NUTRITION INSTITUTE

The Caribbean Food and Nutrition Institute (CFNI) serves 17 Member Countries (Antigua, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts-Nevis-Anguilla, Saint Lucia, St. Vincent, Suriname, Trinidad and Tobago, Turks and Caicos Islands) for which it is a major technical resource in food and nutrition, facilitating exchange of experience and coordination of practice between member countries, the University of West Indies and other related agencies.

The general objective of CFNI is to collaborate with its member governments in their efforts to achieve by the year 2000 a level of nutritional well-being for all that will permit them to lead socially and economically productive lives as part of overall development.

More specifically, CFNI has the following impact and process objectives: (1) eliminate undernutrition; (2) reduce nutritional anemias; (3) lower the incidence of obesity and the prevalence of related diseases, particularly diabetes mellitus and hypertension; (4) ensure adequate and stable supply of nutritious, safe and acceptable foods to all individuals; (5) cooperate in developing national and regional policies, strategies and action plans to achieve the general objective; (6) support institutional development so that member governments can plan, execute and monitor food and nutrition-related programs; (7) cooperate in the education and training of government personnel to carry out food and nutrition-related activities; (8) cooperate in ensuring public awareness, understanding and knowledge of food and nutrition; and (9) cooperate in the diagnosis, monitoring and surveillance of the food and nutrition situation in the Caribbean countries.

TOTAL		730	631	624	TOTAL	2,289,340	1,658,800	1,862,000	
P-5 DIRECTOR OF CENTER .0967	PR	24	24	24	SUBTOTAL	PX	27,130	5,400	-
P-4 AGRICULTURAL ECONOMIST .4317	PR	24	24	24	PERSONNEL - POSTS		8,400	5,400	-
P-4 AGRICULTURAL ECONOMIST .4225	PG	17	-	-	CONTRACTUAL SERVICES		48,730	-	-
P-4 NUTRITION ADVISOR 4.0885	NR	24	24	24	SUBTOTAL	PR	753,300	908,800	971,400
P-4 NUTRITION EDUCATOR .4511	PG	3	-	-	PERSONNEL - POSTS		596,700	703,200	779,200
P-4 NUTRITIONIST .2044 .3692	PR	48	48	48	STAFF DUTY TRAVEL		35,000	41,600	41,600
P-4 NUTRITIONIST 4.3103	NR	24	24	24	GENERAL OPERAT. EXPENSES		121,000	148,400	150,000
P-3 SYSTEMS ANALYST .3491	PR	24	24	24	HOSPITALITY		600	600	600
P-2 ADMINISTRATIVE OFFICER 4.3068	NR	24	24	24	SAFETY EQUIPMENT		-	15,000	-
P-2 EDITOR .4222	PR	24	24	24	SUBTOTAL	PG	1,239,810	379,300	478,400
P-2 NUTRITIONIST .5144	PG	17	-	-	PERSONNEL - POSTS		384,749	223,600	270,500
G-6 ADMINISTRATIVE ASSISTANT .3506	PG	24	24	24	TEMPORARY STAFF		8,475	-	-
G-5 ADMINISTRATIVE ASSISTANT .4064 .5146	PG	41	24	24	PERSONNEL - CONSULTANTS		78,158	-	-
G-5 CLERK .4491	PG	24	24	24	STAFF DUTY TRAVEL		71,008	13,900	16,800
G-5 OFFICE ASSISTANT .3562	PR	24	24	24	GENERAL OPERAT. EXPENSES		57,702	119,500	164,200
G-4 CLERK .4436	PR	24	24	24	SUPPLIES AND MATERIAL		87,238	-	-
G-4 SECRETARY .3507 .4065 .5034 .5145	PG	89	72	72	FURNITURE & EQUIPMENT		16,152	-	-
G-3 CLERK .4054 .4060	PG	48	48	48	FELLOWSHIPS		6,871	-	-
					COURSES AND SEMINARS		348,885	22,300	26,900
					PROGRAM SUPPORT COSTS		180,572	-	-
					SUBTOTAL	NR	269,100	365,300	412,200
					PERSONNEL - POSTS		247,100	335,300	382,200
					STAFF DUTY TRAVEL		22,000	30,000	30,000

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985		\$	\$	\$
G-3 DRIVER .4061	PG	24	24	24				
G-3 ENCODER .3706	PR	24	24	24				
G-3 SECRETARY .5423	PX	11	7	-				
G-3 SECRETARY .4466	PR	24	-	-				
G-3 SECRETARY .4125 .4126	PG	48	48	48				
G-2 PRINTING CLERK .4062	PG	24	24	24				
G-1 DRIVER .4066	PG	24	24	24				
G-1 MESSENGER .4063	PG	24	24	24				
TOTAL		405	-	-				
CONSULTANT DAYS	PG	405	-	-				
TOTAL		6	-	-				
FELLOWSHIP MONTHS	PG	6	-	-				

AMRO-1430, INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA

From its foundation, INCAP has been carrying out research and providing technical cooperation to the countries of Central America and Panama, and the rest of the Region as well, for the solution of their food and nutrition problems. The results of INCAP's activities are concrete: it has worked with the countries, building up their own human resources, on the diagnosis of the nutritional situation, the setting of food and nutrition policies, and in the development of programs and projects at the country level.

The Directing Council of INCAP, in a meeting held at the end of 1980, decided to review the Institute's activities in training, technical cooperation, and research and to reorient them in terms of new priorities, on the basis of which INCAP will carry forward its programs with the support of the countries and the collaboration of the Organization, special emphasis being placed on the work at the country level.

TOTAL		4640	4330	4210	TOTAL	8,825,719	8,693,800	8,869,400
P-6 DIRECTOR OF CENTER .0615	PR	24	24	24				
P-5 NUTRITION ADVISOR .0616 .0989 .1004	PR	72	72	72	SUBTOTAL	228,361	-	-
P-4 ADMINISTRATIVE OFFICER .0921	PR	24	24	24	TEMPORARY STAFF	178,139	-	-
P-4 NUTRITION ADVISOR .0617 .0618 .3190	PR	72	48	48	CONTRACTUAL SERVICES	28,507	-	-
P-4 PROGRAMMER/ANALYST .3497	PR	24	24	24	GENERAL OPERAT. EXPENSES	21,715	-	-
P-2 ACCOUNTS OFFICER .2052	PR	24	24	24	SUBTOTAL	1,446,300	1,566,400	1,752,300
P-2 EDITOR-TRANSLATOR .0619	PR	24	24	24	PERSONNEL - POSTS	1,079,600	1,148,900	1,319,200
P- PROFESSIONALS (INCAP)	PA	410	470	500	LOCAL PERSONNEL COSTS	306,900	325,000	345,000
P- PROFESSIONALS (INCAP)	PN	536	380	240	DELEGATES' TRAVEL	12,500	13,000	14,000
G- LOCALS (INCAP)	PA	1500	1800	2160	STAFF DUTY TRAVEL	46,300	58,500	73,100
G- LOCALS (INCAP)	PN	1930	1440	1070	HOSPITALITY	1,000	1,000	1,000
TOTAL		1215	1070	865	SAFETY EQUIPMENT	-	20,000	-
CONSULTANT DAYS	PN	715	590	385	SUBTOTAL	751,600	1,400,000	1,600,000
CONSULTANT DAYS	WR	420	480	480	PERSONNEL - POSTS	572,760	1,100,800	1,258,000
CONSULTANT DAYS	UNFPA	80	-	-	STAFF DUTY TRAVEL	6,800	32,000	36,600
TOTAL		526	636	439	CONTRACTUAL SERVICES	17,395	14,500	16,500
FELLOWSHIP MONTHS	PN	400	511	314	GENERAL OPERAT. EXPENSES	139,505	210,300	240,400
FELLOWSHIP MONTHS	WR	126	125	125	SUPPLIES AND MATERIAL	15,140	42,400	48,500
					SUBTOTAL	6,137,553	5,332,500	5,000,000
					PERSONNEL - POSTS	1,893,961	1,975,200	1,637,500
					PERSONNEL - CONSULTANTS	40,353	101,600	83,600
					STAFF DUTY TRAVEL	408,744	308,800	256,000
					CONTRACTUAL SERVICES	351,427	677,400	561,600
					GENERAL OPERAT. EXPENSES	1,306,275	1,438,800	1,772,600
					SUPPLIES AND MATERIAL	718,008	263,100	218,100
					FURNITURE & EQUIPMENT	903,000	-	-
					FELLOWSHIPS	438,132	567,600	470,600
					COURSES AND SEMINARS	77,653	-	-

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$
				SUBTOTAL	WR 249,300	394,900	517,100
				PERSONNEL - CONSULTANTS	57,100	134,400	193,400
				SUPPLIES AND MATERIAL	60,200	85,500	98,700
				FELLOWSHIPS	132,000	175,000	225,000
				SUBTOTAL	UNFPA 12,605	-	-
				PERSONNEL - CONSULTANTS	8,911	-	-
				STAFF DUTY TRAVEL	830	-	-
				IMPROVEMENT OF PREMISES	2,864	-	-

AMRO-1472, NUTRITION TRAINING

The activities of this project were merged into project AMRO-1400, Nutrition Advisory Services.

TOTAL		48	-	-	TOTAL	PR	196,000	-	-
P-4 NUTRITIONIST .0886	PR	24	-	-	PERSONNEL - POSTS		132,600	-	-
G-5 SECRETARY .4350	PR	24	-	-	PERSONNEL - CONSULTANTS		24,300	-	-
TOTAL		180	-	-	STAFF DUTY TRAVEL		16,600	-	-
CONSULTANT DAYS	PR	180	-	-	SUPPLIES AND MATERIAL		2,500	-	-
					COURSES AND SEMINARS		20,000	-	-

AMRO-1500, MENTAL HEALTH

Among the objectives of the regional program for mental health are to incorporate the basic components of mental health into general health services, to modernize psychiatric care services, and to promote the rehabilitation of mental patients. As activities for the support of these goals, the program maintains a service for the dissemination of mental health information and cooperates with the countries in their training programs for both technical specialists and general health workers.

For the two-year period 1982-1983 there are plans to establish closer links with the programs for the extension of services to unserved populations by adding a sociopsychological component to these programs, including training of the primary health care worker in the field of mental health. There will also be efforts for greater cooperation with the programs of maternal and child health care, particularly in connection with the psychosocial stimulation of the child, psychological advice for married couples, and the psychosocial aspects of family planning.

There will be active cooperation with the new program of accident prevention, with emphasis on its behavioral, alcohol, and drug dependence-related components; and in the field of research, the program will continue to support clinical and epidemiological research in various countries.

Furthermore, support will be continued for the programs of psychiatric specialization, with emphasis on community and social aspects; the sponsoring of projects for the training of physicians and general nurses in mental health will be continued; and greater cooperation with the schools of nursing, medicine, social services, and occupational therapy will be promoted.

TOTAL		48	48	48	TOTAL		200,771	316,400	347,500
P-5 MENTAL HEALTH ADVISOR .0077	PR	24	-	-	SUBTOTAL	PR	161,600	-	-
P-5 MENTAL HEALTH ADVISOR 4.0077	WR	-	24	24	PERSONNEL - POSTS		113,200	-	-
G-5 SECRETARY 4.3985	WR	24	24	24	PERSONNEL - CONSULTANTS		28,300	-	-
TOTAL		225	360	280	STAFF DUTY TRAVEL		14,000	-	-
CONSULTANT DAYS	PR	210	-	-	SUPPLIES AND MATERIAL		3,100	-	-
CONSULTANT DAYS	PG	15	-	-	COURSES AND SEMINARS		3,000	-	-
CONSULTANT DAYS	WR	-	360	280	SUBTOTAL	PG	3,171	-	-
					PERSONNEL - CONSULTANTS		3,171	-	-
					SUBTOTAL	WR	36,000	316,400	347,500
					PERSONNEL - POSTS		36,000	176,300	197,200
					PERSONNEL - CONSULTANTS		-	100,800	112,800
					STAFF DUTY TRAVEL		-	22,000	25,000
					SUPPLIES AND MATERIAL		-	7,000	5,000
					COURSES AND SEMINARS		-	10,300	7,500

	1980- FUND 1981	1982- 1983	1984- 1985	FUND 1980-1981	1982-1983	1984-1985
					\$	\$

AMRO-1575, ALCOHOL AND DRUG ABUSE

Although epidemiological data on alcohol and drug problems is unavailable in the majority of the countries of the Region, there are indications that their social and economic impact is increasing. Few of the countries have the necessary resources to take effective action to manage these problems and their social, economic and health consequences.

This project provides technical cooperation to countries in developing national drug and alcohol abuse prevention and treatment programs. The project also assists in the development of policies and plans, the strengthening of human resources, and the development of epidemiological surveillance, monitoring and evaluation systems. At the country level, this project is closely coordinated with activities funded through the United Nations Fund for Drug Abuse Control and the ongoing programs of the WHO Collaborating Centers in Drug Dependence Research and Training.

During 1982-1983, emphasis in this project will be on the development of national epidemiological surveillance and monitoring systems and the establishment of clear and effective mechanisms for planning and decision-making based on these information systems. In addition, efforts to strengthen national resources through fellowships, seminars, and courses will continue. The development of low-cost, community based services for drug abuse prevention and treatment will also be emphasized.

TOTAL		48	48	48	TOTAL	197,544	169,600	189,700
P-4 SOCIOLOGIST 4.3983	NR	24	24	24				
G-4 SECRETARY 4.0884	NR	24	24	24				
					PG	61,844	-	-
						7,000	-	-
						37,030	-	-
						3,000	-	-
						14,814	-	-
					SUBTOTAL	135,700	169,600	189,700
					PERSONNEL - POSTS	127,700	149,100	168,700
					STAFF DUTY TRAVEL	8,000	20,500	21,000

AMRO-1583, EPIDEMIOLOGY OF ALCOHOLISM

This project includes a survey of drinking patterns in five Latin American cities and the publication and dissemination of a monograph based on the study.

TOTAL	PG	30,000	-	-
CONTRACTUAL SERVICES		30,000	-	-

AMRO-1600, DENTAL HEALTH

There is a high prevalence and incidence of dental disease in Latin America and limited provision of preventive and curative dental services, as well as a shortage of dental personnel, both professional and auxiliary, and of effective systems to provide comprehensive dental services. This project collaborates in the conduct of national dental health and manpower surveys in Colombia, Mexico and Venezuela. It also assists in initiating surveys in the LDC's of the English-speaking Caribbean and in the preliminary review of the delivery of dental services and the status of dental health manpower. Schools for the preparation of dental auxiliaries have been established in Cuba, Guyana, Jamaica, Suriname and Trinidad. The use of dental auxiliary personnel is commencing in other Caribbean countries and territories. Integrated dental clinics for services to the community have been established in Brazil, Chile, Ecuador, Guatemala, Mexico, Panama and Venezuela, simplified dental equipment installed in such clinics, and additional laboratories established for experimentation into the use of dental personnel and new delivery systems for dental care. It is necessary to bring together experts with experience in dental programs in order to evaluate the achievement of these and other programs in the field and to apply current knowledge for the improvement of the Organization's approach to the programs to be developed in countries in Latin America.

It is proposed to develop dental health planning and administration, including the improvement of methods for the utilization of dental personnel and the application of preventive and curative measures, insofar as possible integrating these services into comprehensive health programs. It is envisaged that, through a combined approach involving use of auxiliary personnel, new systems of care delivery, improved payment mechanisms, community participation, and further use of local material resources and equipment, the range of services available in Latin America will be expanded. The Organization will collaborate with Member Governments in implementing the resolution on the fluoridation of table salt to extend preventive dental coverage to currently underserved populations. It is also proposed to hold a continuing series of seminars to evaluate dental programs, their approach and achievements, and to perpetuate and accelerate the interchange of information and experience for the development of programs in Latin America.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

In the forthcoming period, it is proposed to provide advisory services to governments in connection with the extension of primary care and the concept of health for all by the year 2000; to assist in the implementation of Resolution VII of the Caribbean Health Ministers Meeting in 1977 to improve dental health in the English-speaking Caribbean; to implement the resolution of the Ministers of Health of Central America and Panama in 1978; to implement the resolutions of the Andean Ministers of Health; and to assist national authorities in developing more effective systems for dental health planning and delivery of services.

Workshops will be held on the design of physical facilities for the provision of health services; the utilization of auxiliary personnel; the participation of the community in improvement of dental health; dental health for school-children; the use of appropriate technology, and techniques for the improvement of the dental health status in Member Countries. Courses will be developed to improve the capability of personnel in the Region to provide maintenance of dental equipment, to conduct epidemiological studies, and to collect, analyze, and utilize dental health data. Publications on pertinent topics related to dental health will be prepared and distributed to governments, associations and educational institutions in the Region.

TOTAL		120	48	48	TOTAL	587,859	354,000	381,300
P-5 DENTAL OFFICER .3015	PR	24	24	24				
P-5 SANITARY ENGINEER .3027	PR	24	-	-	SUBTOTAL	PR 416,000	323,600	381,300
P-3 DENTAL HYGIENIST .4631	PR	24	-	-	PERSONNEL - POSTS	380,800	176,300	197,200
G-5 SECRETARY .0876 .4109	PR	48	24	24	PERSONNEL - CONSULTANTS	-	100,800	145,100
					STAFF DUTY TRAVEL	28,000	22,000	22,000
					SUPPLIES AND MATERIAL	-	13,200	9,500
					FELLOWSHIPS	1,100	-	-
					COURSES AND SEMINARS	6,100	11,300	7,500
TOTAL		780	425	360	SUBTOTAL	PG 84,159	31,200	-
CONSULTANT DAYS	PR	-	360	360	PERSONNEL - CONSULTANTS	51,916	16,200	-
CONSULTANT DAYS	PG	270	65	-	CONTRACTUAL SERVICES	3,200	-	-
CONSULTANT DAYS	WR	510	-	-	SUPPLIES AND MATERIAL	29,043	15,000	-
TOTAL		2	-	-	SUBTOTAL	WR 87,700	-	-
FELLOWSHIP MONTHS	PR	1	-	-	PERSONNEL - CONSULTANTS	69,100	-	-
FELLOWSHIP MONTHS	WR	1	-	-	SUPPLIES AND MATERIAL	12,600	-	-
					FELLOWSHIPS	1,000	-	-
					COURSES AND SEMINARS	5,000	-	-

AMRO-1700, CHRONIC DISEASES

The Organization is assisting the governments of the Region in the formulation of policies based on accurate information on the magnitude of the problem of chronic diseases, on the real prospects for primary and secondary prevention, and on the availability of the resources needed in order to carry out effective programs of control, within the context of general health services. Special emphasis is assigned to cardiovascular diseases, diabetes mellitus, and cancer.

In the Organization's system of technical cooperation with Member Countries, activities on two levels stand out: (a) direct technical cooperation which has generally been oriented in those countries in which it is warranted by the magnitude of the problem, toward the public health administrations in the assignment of priorities, defining of program areas, and rational planning of control programs, and (b) intercountry programs which are important in this stage of the conduct of programs for the control of chronic diseases, because they are aimed at demonstrating the feasibility and effectiveness of epidemiological studies and of preventive and therapeutic measures, with a view to the progressive extension of coverage, at both the national and regional levels. Special attention is being granted to the risk factors that can be controlled with proper measures, such as the treatment of hypertension in order to reduce morbidity by cardiovascular diseases.

TOTAL		96	96	96	TOTAL	PR 398,400	505,900	545,200
P-5 CHRONIC DISEASES ADVISOR .0974 .4110	PR	48	48	48	PERSONNEL - POSTS	298,100	352,000	396,800
G-6 SECRETARY .0042 .4274	PR	24	24	24	PERSONNEL - CONSULTANTS	24,300	75,600	74,600
G-4 SECRETARY .2014	PR	24	24	24	STAFF DUTY TRAVEL	30,000	32,400	33,000
					SUPPLIES AND MATERIAL	18,000	19,500	17,000
					COURSES AND SEMINARS	14,000	20,400	17,800
					GRANTS	12,000	6,000	6,000
TOTAL		180	270	185				
CONSULTANT DAYS	PR	180	270	185				

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	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
TOTAL		260	300	235	SUBTOTAL	PG	811,371	1,218,300	1,415,200
CONSULTANT DAYS	PG	260	300	235	PERSONNEL - POSTS		259,275	361,850	415,150
TOTAL		44	54	49	PERSONNEL - CONSULTANTS		50,620	82,800	94,800
FELLOWSHIP MONTHS	PG	44	54	49	STAFF DUTY TRAVEL		12,809	18,700	22,500
					GENERAL OPERAT. EXPENSES		73,295	93,150	106,750
					SUPPLIES AND MATERIAL		10,495	-	-
					FELLOWSHIPS		48,941	76,600	87,800
					COURSES AND SEMINARS		54,520	78,700	90,150
					GRANTS		108,000	214,000	257,850
					PROGRAM SUPPORT COSTS		193,416	292,500	340,200

AMRO-1780, ADVANCING THE MANAGEMENT OF ISCHEMIC HEART DISEASE

This two-day high-level conference aims to achieve significant impact in advancing medical practice and patient benefits in the area of ischemic heart disease. The three main sessions of the conference will discuss in depth the current knowledge and experience of coronary ischemic and myocardial metabolism, coronary spasm and the role of calcium antagonists, and the treatment of coronary artery spasm. The proceedings, to be published as a PAHO Scientific Monograph, will be amply distributed among medical practitioners throughout the world. The conference will be organized with technical coordination of WHO, administrative support of PAHO, and outside financial assistance.

TOTAL	PG	103,606	-	-
CONFERENCE SERVICES		78,728	-	-
PROGRAM SUPPORT COSTS		24,878	-	-

AMRO-1800, PROMOTION AND PROTECTION OF THE HEALTH OF SPECIAL HUMAN GROUPS

The goal of health for all by the year 2000, and the strategies agreed upon by the Member Governments in order to attain it, pertain to the entire population of the Region. Notwithstanding, due to their greater vulnerability and exposure to the different factors of risk, it has been agreed to give priority to the disadvantaged populations of the rural and urban environment, and within these, to women and children, workers, the elderly and the disabled.

The purposes of this project are to cooperate with the countries in the identification of the particular needs of these special human groups, and in the investigation and development of the most socially efficient solutions for meeting those needs; and to promote and cooperate in the application, development, evaluation, and dissemination of these solutions.

TOTAL		-	600	720	TOTAL	PR	-	400,000	750,000
CONSULTANT DAYS	PR	-	600	720	TEMPORARY STAFF		-	152,000	290,800
					PERSONNEL - CONSULTANTS		-	168,000	290,200
					STAFF DUTY TRAVEL		-	40,000	84,500
					CONTRACTUAL SERVICES		-	40,000	84,500

AMRO-2000, ENVIRONMENTAL SANITATION

Within the overall framework of the environmental health protection program, this project aims to provide technical cooperation to the countries in the analysis and development of policies and programs that give due consideration to environmental health factors, as well as to coordinate related activities with international agencies dealing with environment and development issues. The activities carried out include collaborating with countries in the preparation of environmental health project proposals for submission to potential funding agencies; studying and developing new approaches to assure an increased flow of national, international, and bilateral funding for environmental health; assisting countries in planning and formulating policies, technical criteria, standards, and guidelines for use in program development and project implementation; encouraging countries to establish or strengthen a focal point for environmental health activities at the highest governmental level; and developing a regional network of collaborating centers for the exchange of information, training of staff, and conduct of research.

TOTAL		96	120	120	TOTAL		377,700	555,400	626,300
P-5 SANITARY ENGINEER 3035 4430	PR	48	24	24	SUBTOTAL	PR	321,700	142,500	159,600
P-5 SANITARY ENGINEER 44430	WR	-	24	24	PERSONNEL - POSTS		267,000	134,800	151,600
P-4 SANITARY ENGINEER 45391	WR	-	24	24	STAFF DUTY TRAVEL		24,500	7,700	8,000
G-6 SECRETARY 0054	PR	24	-	-	CONTRACTUAL SERVICES		7,200	-	-
G-6 SECRETARY 40054	WR	-	24	24	SUPPLIES AND MATERIAL		3,000	-	-
G-5 SECRETARY 42059	WR	24	24	24	COURSES AND SEMINARS		20,000	-	-
TOTAL		150	180	145	SUBTOTAL	WR	56,000	412,900	466,700
CONSULTANT DAYS	WR	150	180	145	PERSONNEL - POSTS		36,000	337,200	381,900
					PERSONNEL - CONSULTANTS		20,000	50,400	58,400
					STAFF DUTY TRAVEL		-	18,300	18,400
					CONTRACTUAL SERVICES		-	4,500	5,000
					SUPPLIES AND MATERIAL		-	2,500	3,000

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-2070, PAN AMERICAN CENTER FOR SANITARY ENGINEERING AND ENVIRONMENTAL SCIENCES

Under the direction of the Division of Environmental Health Protection (EHP), CEPIS provides technical cooperation to the Member Countries through its basic functions of: development of human and institutional resources, development of technology and dissemination of technical information and, to a lesser extent, of specialized technical assistance. CEPIS will channel its cooperation into the development of human resources, with efforts to generate stronger participation among institutions and professionals in the countries, seeking (a) to concentrate the Center's actions on the preparation of trainers; (b) to utilize the trainers prepared by this program in training activities at the regional, subregional, and local level; (c) to identify national or international institutions that can serve as executive units for the manpower development program, and to make them members of a potential Pan American Network of Environmental Training Centers; (d) to prepare modular courses that can be conducted by local personnel trainers (simultaneously in several countries, and over and over again in the same country if a multiplier effect is needed); (e) to establish a permanent mechanism for evaluation that makes it possible to determine if the trainees internalize and apply the knowledge they receive; and (f) to prepare manuals for the trainers and the trainees that can be followed without the presence of a specialized high-level instructor.

The fundamental emphasis of the training will be placed on areas related to the International Drinking Water Supply and Sanitation Decade and to the collection, disposal, and treatment of liquid and solid wastes; somewhat less emphasis will be given to training in the areas of evaluation and control of air pollution, water pollution, and the work environment, as well as in the proper utilization of water resources, the organization, installation, and operation of environmental laboratories, and the analysis of computation systems and sciences that can be used in sanitary engineering.

In the area of technological development, CEPIS will collaborate with the Governments in the search for and adoption of technical solutions consonant with the social, cultural, and economic conditions of each country, for which it will promote and support research institutions in such a way as to further their activities and capacity in the health-related fields of environmental engineering.

The Center will cooperate in the review and updating of design parameters and construction standards, promoting greater use of the countries' available material and human resources in sanitation works. It will promote the reduction of costs through the use of locally produced equipment and materials that are easy to repair and do not require highly complex operation and maintenance, as well as the use of exemplary and model solutions for the elements constituting the systems of water supply, and wastewater collection and disposal. The aim of this effort, in reducing project and construction costs, will be to extend the coverage of services to the marginalized populations. In addition, special emphasis will be placed on the development of technical solutions that can be used in the rural environment for the provision of water and excreta disposal services.

CEPIS, with the support of EHP and the country programs of sanitary engineering, will try to capitalize on and make better use of the technical material and experiences that have been accumulated through the Project for the Technological Development of Water Supply and Sewerage Institutions. At the present time this project is being executed with a contribution from the Peruvian Government and IDB, and its purpose is to improve the operation and maintenance of the services in Peru, eventually extending into the other Andean Pact countries.

CEPIS will continue to coordinate the regional activities of the Global Network for the Monitoring of Air and Water Quality of WHO, known as the GEMS Program, and will continue its efforts for the improvement of laboratory analysis, that is, the Regional Program for Analytic Control in Water and Wastewater Laboratories.

The Center considers the dissemination of technical information to be of fundamental importance and, therefore, will work not only for development at the national level of the Cooperating Centers of the Pan American Network of Information and Documentation on Sanitary Engineering and Environmental Sciences (REPIDISCA), but also for encouragement and promotion of greater and more frequent use of technical information by professionals and personnel in the field of environmental sanitation of the Region. Efforts will be made to ensure that REPIDISCA has fully functioning collaborating centers in 15 countries of Latin America and the Caribbean, for which it has the cooperation of the International Development Research Center of Canada, the Program for the Exchange and Transfer of Information, and the International Center for Training and Reference of The Hague.

Finally, CEPIS will respond, though with a smaller quantity of resources, to requests of national institutions for technical cooperation in the solution of specific problems.

TOTAL		1244	993	936	TOTAL	3,397,005	2,178,400	2,304,100
P-5 DIRECTOR OF CENTER 3372	PR	24	24	24				
P-5 PROJECT MANAGER 5120	PG	24	1	-	SUBTOTAL	PX 9,174	-	-
P-5 AIR POLLUTION ADVISOR 42004	WR	24	-	-	CONTRACTUAL SERVICES	9,174	-	-
P-5 PROGRAM COORDINATOR 43434	WR	24	24	24	SUBTOTAL	PR 855,600	1,033,100	1,160,700
P-5 SANITARY ENGINEER 3169	PR	24	24	24	PERSONNEL - POSTS	854,800	1,032,300	1,159,900
P-5 SANITARY ENGINEER 43295	WR	24	24	24	HOSPITALITY	800	800	800
P-5 SOLID WASTE ADVISOR 44705	WR	24	24	24	SUBTOTAL	PW 44,800	-	-
P-5 SYSTEMS ANALYST 3432	PR	24	24	24	LOCAL PERSONNEL COSTS	31,520	-	-
P-5 WATER SUPPLY SPECIALIST 3397	PR	24	24	24	SUPPLIES AND MATERIAL	13,280	-	-
P-4 PROJECT MANAGER 5408	PG	20	4	-				
P-4 HEALTH MANPOWER OFFICER 45097	WR	12	-	-				

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	
P-4 INFORMATION SCIENCE OFFICER PR		24	24	24	SUBTOTAL	PG	1,656,531	293,600	323,700
.3337									
P-4 SANITARY ENGINEER PR		48	24	24	PERSONNEL - POSTS		477,055	117,400	129,500
.2003 .3433					PERSONNEL - CONSULTANTS		321,780	-	-
P-4 SANITARY ENGINEER PG		24	12	-	STAFF DUTY TRAVEL		21,344	-	-
.5121					CONTRACTUAL SERVICES		281,731	-	-
P-2 ADMINISTRATIVE OFFICER WR		24	24	24	GENERAL OPERAT. EXPENSES		102,940	176,200	194,200
4.3435					SUPPLIES AND MATERIAL		168,419	-	-
P-2 EDITOR-TRANSLATOR PR		-	24	24	NEW PREMISES		3,000	-	-
.5411					COURSES AND SEMINARS		225,345	-	-
G-7 STATISTICAL ASSISTANT PG		20	4	-	PROGRAM SUPPORT COSTS		54,917	-	-
.5405					SUBTOTAL	WR	830,900	851,700	819,700
G-7 TECHNICAL ASSISTANT PR		24	24	24					
.3775					PERSONNEL - POSTS		630,300	599,500	672,000
G-7 TECHNICAL ASSISTANT PG		24	24	24	PERSONNEL - CONSULTANTS		32,400	50,400	24,200
.3949					STAFF DUTY TRAVEL		70,000	70,000	70,000
G-6 ACCOUNTS ASSISTANT WR		24	24	24	GENERAL OPERAT. EXPENSES		41,000	49,700	53,500
4.3438					SUPPLIES AND MATERIAL		57,200	58,100	-
G-6 PRINTING ASSISTANT WR		24	24	24	SAFETY EQUIPMENT		-	15,000	-
4.3436					COURSES AND SEMINARS		-	5,400	-
G-6 SECRETARY WR		48	48	48	STAFF TRAINING		-	3,600	-
4.0933 4.3437									
G-6 TECHNICAL ASSISTANT PR		48	24	24					
.3779 .5170									
G-6 TECHNICAL ASSISTANT PG		20	4	-					
.5406									
G-5 GENERAL SERVICES ASSISTANT PG		24	24	24					
.3950									
G-5 LIBRARY CLERK WR		24	-	-					
4.4974									
G-5 SECRETARY PR		24	24	24					
.0622									
G-5 SECRETARY PG		24	11	-					
.5123									
G-5 SECRETARY WR		24	24	24					
4.4372									
G-5 TECHNICAL ASSISTANT PR		24	24	24					
.4973									
G-4 RECEPTIONIST PG		24	7	-					
.5124									
G-4 SECRETARY PR		72	72	72					
.0875 .3776 .4975									
G-4 SECRETARY PG		68	37	24					
.3777 .5122 .5407									
G-4 SECRETARY WR		24	24	24					
4.4371									
G-3 LIBRARY CLERK PR		24	24	24					
.3952									
G-3 PRINTING CLERK PG		48	48	48					
.3778 .4373									
G-3 RECEPTIONIST PG		24	24	24					
.3953									
G-2 DRIVER PG		48	48	48					
.3353 .4377									
G-2 DRIVER/MESSENGER PR		24	24	24					
.3955									
G-1 GARDENER PG		24	24	24					
.5347									
G-1 JANITOR PR		72	72	72					
.3352 .3956 .4374									
G-1 JANITOR PG		24	24	24					
.4829									
G-1 MESSENGER PG		24	1	-					
.5314									
TOTAL		2010	180	60					
CONSULTANT DAYS	PG	1770	-	-					
CONSULTANT DAYS	WR	240	180	60					

AMRO-2071, PROMOTION OF SANITARY ENGINEERING

As the countries of the Americas intensify efforts to industrialize, environmental health problems are growing proportionately in number, complexity, and severity. Their solutions involve multidisciplinary and multisectoral approaches, in order to assure that the best resources, experience, and materials available in the Region and elsewhere are widely publicized and shared among the countries, particularly among individuals working in the fields of sanitary engineering and environmental health.

The Organization collaborates with the AIDIS. The AIDIS consists of professionals in Ministries of Health, of the Environment, and of Finance, national water and sanitation institutions, universities, and other organizations, as well as from the private sector, and is an important mechanism for cross-fertilization of ideas.

Activities planned for 1982-1985 include an inventory of environmental manpower agencies, materials, and resources; studies on adapting education and training practices for engineers and operational level technicians to make more realistic use of locally available resources and facilities; and dissemination of technical information through AIDIS journals, congresses, and national seminars.

TOTAL	PR	20,000	10,000	10,000
GRANTS		20,000	10,000	10,000

FUND	1980-	1982-	1984-	FUND 1980-1981	1982-1983	1984-1985
	1981	1983	1985		\$	\$

AMRO-2100, WATER SUPPLIES

Member Governments have assigned high priority to improving their programs for providing the underserved populations of the Region with adequate quantities of safe drinking water as near to the point of use as possible, as well as effective sanitation measures. In support of this effort, the XXVI Meeting of PAHO's Directing Council (1979) passed a resolution setting forth strategies for extending and improving potable water supply and excreta disposal services during the decade of the 1980's.

The strategies call for water and sanitation programs to give emphasis to improving managerial practices used for planning and evaluation of sector activities and for national training programs to prepare all types of personnel--technicians, operators, engineers, and managers. Furthermore, special attention is to be given to designing and adopting technologies that are appropriate and compatible with the social, cultural, and economic conditions in a given country; improving operation and maintenance procedures; and exploring financing policies and mechanisms to increase support from both internal and external sources.

Those strategies will require the project to establish linkages with primary health care activities and direct efforts to cooperate with the countries toward improving and expanding service coverage; give special attention to the underserved populations in dispersed and semi-concentrated rural and marginal urban areas; improve drinking water quality; strengthen interagency coordination and planning; adopt, on an operational basis, technologies that realistically reflect nationally available resources; develop mechanisms to generate funding; implement human resource development plans; improve long-term locally based operation and maintenance services; include community education and participation practices in operational programs; and develop and strengthen TCDC efforts.

Specific activities include efforts to improve the bacteriological quality of drinking water; studies of unaccounted for water in distribution systems; identification of critical parameters to monitor water quality; promotion of water conservation practices; development of human resource programs; and revision of design criteria to allow compatibility with locally available human, technical, and financial resources. In support of these activities are a laboratory program, appropriate technology development efforts, and guideline and manual preparation to assist countries in the restoration of services following natural disasters.

The activities of this project are carried out in response to PAHO Governing Body mandates as stated in the following resolutions: CD17.15, CSP18.34, CSP19.14, CSP19.24, CD21.13, CD23.21, CD24.32, and CD26.22.

The project will work in close coordination with CEPIS, ECO and, within PAHO, with the resources of the Division of Environmental Health Protection in both Washington and the field.

TOTAL		144	168	168	TOTAL	511,100	662,000	731,200
P-5 SANITARY ENGINEER	PR	72	72	72				
.0048 .3120 .3343								
G-5 SECRETARY	PR	24	48	48	PR	475,100	620,500	685,600
.0051 .0876								
G-5 SECRETARY	WR	24	24	24	PERSONNEL - POSITS	406,700	522,700	584,600
4.0051					PERSONNEL - CONSULTANTS	16,200	50,400	56,400
G-4 SECRETARY	PR	24	24	24	STAFF DUTY TRAVEL	39,000	41,000	43,000
.0852					CONTRACTUAL SERVICES	6,500	4,000	1,000
					SUPPLIES AND MATERIAL	4,700	2,400	400
TOTAL		120	180	140	SUBTOTAL	WR 36,000	41,500	45,600
CONSULTANT DAYS	PR	120	180	140	PERSONNEL - POSITS	36,000	41,500	45,600

AMRO-2172, RURAL WATER SUPPLY AND SANITATION

The provision of adequate quantities of safe water and effective sanitation measures constitutes a key element of the strategy to improve living conditions in rural areas and of the quest for health for all by the year 2000.

The purpose of this project is to assist the countries in the improvement, expansion, and channeling of efforts aimed at bringing the basic health services of water and sanitation to all the Region's rural inhabitants by 1990. Past experience shows that the benefits from these services are greatest when they are linked with the countries' primary health care activities. Active community participation, integration with other rural development activities, and long-term operation and maintenance schemes are of paramount importance in these efforts.

To help the countries achieve their goals, this project will cooperate in establishing information systems so that experiences can be exchanged; developing techniques for instructing local operators in operation and maintenance of village water and sanitation systems; investigating low-cost methods for providing safe water supply and basic sanitation measures; defining, designing, and helping to find funding for projects that will bring service to villages and dispersed rural populations; and identifying and documenting programs for the provision of water and sanitation service to those living in rural areas.

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	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	
TOTAL		96	96	96	TOTAL	PR	339,500	398,400	443,300
P-5 SANITARY ENGINEER .4382	PR	24	24	24	PERSONNEL - POSTS		272,000	319,200	359,100
P-4 SANITARY ENGINEER .3509	PR	24	24	24	PERSONNEL - CONSULTANTS		16,200	50,400	58,400
G-4 SECRETARY .1049 .3780	PR	48	48	48	STAFF DUTY TRAVEL		26,000	23,800	23,800
					CONTRACTUAL SERVICES		8,500	3,000	1,000
					SUPPLIES AND MATERIAL		1,800	2,000	1,000
					COURSES AND SEMINARS		15,000	-	-
TOTAL		120	180	145					
CONSULTANT DAYS	PR	120	180	145					

AMRO-2173, INSTITUTIONAL DEVELOPMENT

The purpose of this project is to cooperate with the governments in strengthening institutions responsible for environmental health services and programs to enable them to assist the sector in attaining the goal of water and sanitation for all by 1990.

Throughout the 1970's PAHO cooperated with both rural and urban authorities of Latin America and the Caribbean to improve their planning, managerial, and operational capabilities. That cooperation included development of human resources and assistance in various legal, financial, and organizational aspects. The experience gained from those efforts will now be used to expand the program to those institutions responsible for solid waste disposal and pollution control.

Working in close collaboration with institutions' staff, PAHO serves as a catalyst in the application of sound management techniques that realistically reflect institutional needs and resources. Within the framework of a holistic approach, information systems are established to support management in decision-making.

As the planned process of change improves the effectiveness of an institution, increased coverage and improved services result. Among the principal goals of this project are optimization of operation and maintenance; promotion and strengthening of project preparation and execution; and development of adequate tariffs and commercial systems to generate more income. These achievements will accelerate the acquisition of national and international funds required for financing projects. Community participation and health education, which play basic roles in rural and depressed areas, will be integrated into the sector through local institutional development schemes.

TOTAL		298	312	312	TOTAL	706,500	651,210	738,710	
P-5 ECONOMIST .0850	PR	24	24	24	SUBTOTAL	PR	276,000	213,600	158,700
P-5 MANAGEMENT ADVISOR .4412	PM	1	-	-					
P-5 SANITARY ENGINEER 4.2058	WR	24	24	24	PERSONNEL - POSTS		250,400	183,400	153,000
P-4 MANAGEMENT ADVISOR .3581	PR	24	-	-	PERSONNEL - CONSULTANTS		11,900	25,200	-
P-4 MANAGEMENT ADVISOR .4136 .4137 .4209	PM	52	72	72	STAFF DUTY TRAVEL		11,800	5,000	5,700
P-4 TECHNICAL OFFICER .4213	PM	24	24	24	SUPPLIES AND MATERIAL		1,900	-	-
G-7 ACCOUNTS TECHNICIAN .4538	PM	24	24	24	SUBTOTAL	PM	305,100	286,810	313,510
G-6 OFFICE ASSISTANT .0930	PR	24	24	-					
G-6 OFFICE ASSISTANT .3884	PM	24	24	24	PERSONNEL - POSTS		181,600	267,210	293,510
G-6 OFFICE ASSISTANT 4.0930	WR	-	-	24	PERSONNEL - CONSULTANTS		30,000	-	-
G-6 TECHNICAL ASSISTANT .5390	PM	21	24	24	STAFF DUTY TRAVEL		8,000	9,600	10,000
G-5 PERSONNEL ASSISTANT .4917	PM	24	24	24	CONTRACTUAL SERVICES		30,000	-	-
G-5 WORD PROCESSING OPERATOR .5492	PM	8	24	24	SUPPLIES AND MATERIAL		20,000	10,000	10,000
G-3 OFFICE CLERK .5298	PM	24	24	24	COURSES AND SEMINARS		35,500	-	-
TOTAL		245	90	110	SUBTOTAL	WR	125,400	150,000	266,500
CONSULTANT DAYS	PR	90	90	-					
CONSULTANT DAYS	PM	155	-	-	PERSONNEL - POSTS		113,200	114,800	206,400
CONSULTANT DAYS	WR	-	-	110	PERSONNEL - CONSULTANTS		-	-	44,300
					STAFF DUTY TRAVEL		12,200	11,000	10,800
					SUPPLIES AND MATERIAL		-	5,000	5,000

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

AMRO-2174, CARIBBEAN BASIN WATER MANAGEMENT PROGRAM

The purpose of this project is to develop the human resources and the organizational framework and linkages between both the Eastern Caribbean water and sewerage utilities and existing local training institutions for a self-sustaining training delivery system for the area. Major emphasis will be placed on providing technically prepared individuals with the communication skills and instructional techniques to pass on their knowledge and experience to others and in developing appropriate performance-oriented training/job manuals and other instructional materials on location in the Eastern Caribbean.

This activity represents an innovative approach to training water utility personnel in the Eastern Caribbean and elsewhere. It calls for a reorientation of not only educational materials but instructors as well. Since training is an integral component of management action, special briefings and orientation will be provided for top officials and supervisors to facilitate the transition. It is expected that the project will provide experience for similar programs in other areas of the Region. This project is financed for the period 1980-1982 by grants from CIDA and the Government of Kingdom of the Netherlands.

TOTAL		20	-	-	TOTAL	PG	551,521	-	-
P-4 PROJECT MANAGER .4137	PG	20	-	-	PERSONNEL - POSTS		108,000	-	-
					STAFF DUTY TRAVEL		3,210	-	-
					CONTRACTUAL SERVICES		168	-	-
TOTAL		7	-	-	FELLOWSHIPS		8,033	-	-
					COURSES AND SEMINARS		432,110	-	-
FELLOWSHIP MONTHS	PG	7	-	-					

AMRO-2175, COOPERATIVE ACTION IN WATER SUPPLY AND SANITATION

PAHO and the IBRD have been engaged in a specific cooperative action in the water supply and sanitation sector since 1978. Initial results of sector studies in the countries have been positive and will permit identification of major constraints to development.

Under this program, services will be provided to the countries of the Region in project identification and preparation for submittal to various funding institutions. In order to assure the active involvement of PAHO/WHO country staff and national planning agencies in these tasks, a series of seminars will be arranged on sector, project, and operational planning. National training programs are to be prepared and their financing sought, with PAHO/WHO collaboration.

The experiences gained in this project will be gradually applied to the solid waste removal sector, another target for promotion of project preparation.

TOTAL	WR	37,800	38,700	47,400
LOCAL PERSONNEL COSTS		27,800	31,300	37,400
STAFF DUTY TRAVEL		10,000	7,400	10,000

AMRO-2180, PLANNING FOR INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

The physical and financial implications in the attainment of the targets for the International Drinking Water Supply and Sanitation Decade, i.e., safe water supply and sanitation services for all by the year 1990, requires affirmative action by governments at the country level. Policy decision will be required to establish country targets which calls for a reordering of intersectoral priorities. Governments must improve their absorptive capacity, especially in institutional and manpower development. To do so, governments must reorient their sector planning towards the Decade objectives and goals and introduce these in their plans for socioeconomic development. These plans should be conceived at the highest level of government with input from national action committees that have a responsibility for national Decade activities. These national committees are expected to coordinate sector input from those responsible for education, agriculture, public works, hydraulic resources, rural development, housing, and others, as well as to coordinate activities among the various levels of government. Planning should also include community participation in the decision-making process, recognizing that water and sanitation projects must be an integral part of the effort to improve primary health care.

In recognition of these needs, WHO and the Federal German Republic through the German Agency for Technical Cooperation, Ltd. (GTZ) have agreed to conduct an interregional cooperative project on national planning for the International Drinking Water Supply and Sanitation Decade. The general objective of the project is to support planning for the Decade, to promote accelerated development of the water supply and sanitation sector and to increase the flow of external resources.

GTZ made indications, in principle, to continue supporting financially this activity in the coming years which would allow expanding the collaboration to other countries and intercountry projects.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

In the Region of the Americas, Haiti, Bolivia, and Paraguay are now participating in this project through agreements signed with PAHO. Financial resources have been allocated to cover costs of technical cooperation including short term consultants, development of workshops, and participation of nationals in interregional seminars. The output of the work of this project will be: formulation of realistic goals for service coverage for the Decade, formulation of support program proposals and identification of priority investment projects.

TOTAL	135	-	-	TOTAL	WM	81,902	-	-
CONSULTANT DAYS	WM	135	-	-	LOCAL PERSONNEL COSTS	36,860	-	-
					PERSONNEL - CONSULTANTS	26,244	-	-
					GENERAL OPERAT. EXPENSES	2,600	-	-
					GRANTS	6,100	-	-
					PROGRAM SUPPORT COSTS	10,098	-	-

AMRO-2300, PAN AMERICAN CENTER FOR HUMAN ECOLOGY AND HEALTH

The Pan American Center for Human Ecology and Health (ECO) is a regional technical center which functions as the epidemiological and ecological resource of the Division of Environmental Health Protection. Human ecology is the study of the interrelationships between man and his physical, biological and sociocultural environment. ECO concentrates its efforts on complex interacting environmental health problems associated with development and industrialization.

The mission of ECO is to alert governments to the risks to human health which may accompany uncontrolled development and unregulated manufacture or use of hazardous materials and to collaborate with the governments in the development of the manpower and technology needed to minimize undesirable effects.

ECO was established in Mexico in 1975 and has largely completed a five-year development plan. A new 1,500 square meters building was provided for the use of the Center by the Government of the State of Mexico. The building was inaugurated on 30 June 1980 in a ceremony witnessed by the President of the United Mexican States. The Government of Mexico continues to provide a substantial portion of the operating costs of the Center.

The program of ECO is regional in scope and concentrates on two specific areas: the assessment of the health problems associated with development projects such as dams and factories, and the health hazards of chemical contamination including the risks associated with occupational exposures.

The activities of the Center are integrated into the Division's priority program areas and are also coordinated with the program of CEPIS. ECO contributes to the goals of the UN International-Drinking Water Supply and Sanitation Decade by, for example, by cooperating with CEPIS on studies of the health hazards of the reuse of treated waste water. In this case ECO contributes toxicological and epidemiological expertise to complement CEPIS' engineering, economic, and water quality expertise. ECO's behavioral scientist participates in activities related to the sociocultural components of environmental health projects. ECO's ecologist is a key member of the team working on assessments of development projects.

ECO has completed its initial five-year organizational and technical development stage and now has eight professional and twelve local staff positions. As a result of the experience that the Center staff has obtained by working on environmental health projects in over 22 Member States, greater program implementation emphasis is being placed on the development of critically scarce human and institutional resources and on the dissemination of environmental information. ECO also acts as the American Region's focal point for global programs in environmental monitoring and chemical safety.

ECO and the Latin America Regional Office of the UNDP are working together to establish a network or association of regional and national institutions which share an interest in human ecology and environmental health. The institutions, both academic and governmental, will have in common the capacity to undertake educational, training and research programs to improve the status of health in the Americas. The goal is to support national institutions and develop human resources which can effectively introduce health and environmental goals into the development process and staff effective environmental health protection agencies.

ECO's staff, consultants and national development project team members are writing specific sets of guidelines for making environmental and human health impact assessments of development projects. The first publication in the series was a guide for the use of decision and policy makers; it describes the need, importance, and value of conducting assessments of development projects so as to avoid the occurrence of serious environmental and health problems. The second guide presents procedures for carrying out environmental and human health assessments of dam construction and provides examples of how to minimize adverse effects while enhancing environmental health and social well-being of the affected population. It suggests alternative assessment methodologies which may be employed. Other guidelines are in preparation.

A program in environmental epidemiology and toxicology is being developed and consists of three main elements: (a) an inventory of human, institutional and laboratory resources; (b) development of training programs in selected institutions; and (c) development of an experimental model environmental surveillance system.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Occupational health is an integral part of both the epidemiological activities mentioned above and is the concern of a separate program element within the Center.

The information system of ECO collects, processes, evaluates and disseminates written and visual information required by Center projects concerning environmental intervention and change. The information consists of published literature, unpublished documents and reports, photographs and maps. A roster of experts available as consultants is continually updated. The roster identifies general professional skills and specific areas of expertise and experience. Further development of the environmental health and human ecology information system is being done in coordination with the Division of Environmental Health Protection and CEPIS.

TOTAL		442	384	384	TOTAL	1,567,699	1,793,000	1,956,200
P-5 DIRECTOR OF CENTER .4461	PR	24	24	24	SUBTOTAL	PR 626,500	723,100	770,400
P-5 BEHAVIORAL SCIENTIST .4818	PR	24	24	24	PERSONNEL - POSTS	542,900	565,200	641,900
P-5 ECOLOGGIST 4.3828	WR	24	24	24	PERSONNEL - CONSULTANTS	28,200	89,600	80,600
P-5 EPIDEMIOLOGIST 4.4624	WR	24	-	-	STAFF DUTY TRAVEL	30,100	38,300	42,900
P-4 ECOLOGGIST .4619	PR	24	-	-	FURNITURE & EQUIPMENT	-	30,000	5,000
P-4 EPIDEMIOLOGIST .4623	PR	24	24	24	GRANTS	25,300	-	-
P-4 SYSTEMS ANALYST 4.4625	WR	24	24	24	SUBTOTAL	PG 318,599	379,800	435,000
P-4 TOXICGLOGGIST 4.4626	WR	24	24	24	PERSONNEL - POSTS	164,092	270,000	310,000
P-3 INFORMATION OFFICER .5142	PR	24	24	24	GENERAL OPERAT. EXPENSES	80,522	65,000	85,000
G-8 RESEARCH ASSISTANT 4.4621	WR	24	24	24	FURNITURE & EQUIPMENT	73,985	44,800	40,000
G-8 TECHNICAL ASSISTANT .4627	PR	24	24	24	SUBTOTAL	WR 622,600	690,100	750,800
G-7 ADMINISTRATIVE ASSISTANT .4761	PG	24	24	24	PERSONNEL - POSTS	490,500	440,800	499,900
G-7 ADMINISTRATIVE ASSISTANT 4.4620	WR	24	-	-	STAFF DUTY TRAVEL	32,200	25,000	30,000
G-5 ACCOUNTS ASSISTANT .5417	PG	18	24	24	CONTRACTUAL SERVICES	21,400	64,800	38,000
G-5 SECRETARY .4689 .5418 .5419	PG	60	72	72	GENERAL OPERAT. EXPENSES	23,300	119,200	141,300
G-4 CLERK .5420	PG	18	24	24	HOSPITALITY	-	1,000	1,000
G-3 DRIVER .4765	PG	24	24	24	SUPPLIES AND MATERIAL	31,600	29,300	33,100
					COURSES AND SEMINARS	23,600	10,000	7,500
TOTAL		210	320	200				
CONSULTANT DAYS	PR	210	320	200				

AMRO-2500, HEALTH ASPECTS OF RADIATION

The objective of this project is to improve the use of radiation and radioisotopes in preventive and curative medicine and to reduce and control excessive radiation doses to patients, workers and the public.

Consequently, regarding the diagnostic and therapeutic use of radiation, the Organization will offer technical cooperation to (a) governments who desire to establish or improve diagnostic radiology, radiation therapy, or nuclear medicine services; (b) promote the use of simple X-ray equipment suitable for operation in rural or peri-urban hospitals and health centers; (c) promote the establishment of training centers and the preparation of teaching aids for technicians in diagnostic radiology, radiation therapy and nuclear medicine; (d) introduce concepts of quality assurance in diagnostic and therapeutic procedures, and assist in improving the training of radiologists and supporting technical personnel; (e) disseminate technical information concerning developments in diagnosis and therapy; (f) assist in improving the accuracy of dosimetry in radiation therapy in collaboration with the International Atomic Energy Agency and WHO Headquarters through the use of mailed thermoluminescent dosimeters; and (g) promote the training of engineering technicians specialized in the maintenance and repair of radiological equipment.

In the area of radiation protection, the Organization will collaborate in the establishment of national radiation protection services. Specifically, technical cooperation will be offered to (a) plan, organize and strengthen national radiation protection units; (b) assist in the training of staff to plan and carry out national programs; (c) assist in carrying out radiation protection surveys and evaluations; (d) encourage and assist in the drafting of radiation protection legislation; (e) promote quality assurance awareness, techniques and training and assist in carrying out quality assurance intercomparison studies; (f) promote and support the Regional Reference Centers for Secondary Standard Radiation Dosimetry as a means to transfer capability and promote self-reliance; (g) disseminate information concerning developments in radiation protection and related fields; (h) prepare manuals and guidelines for teaching and implementing radiation protection activities; and (i) promote the establishment of high-level joint commissions to improve the utilization of available resources.

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	\$
TOTAL		<u>72</u>	<u>48</u>	<u>48</u>	TOTAL		<u>315,700</u>	<u>243,500</u>	<u>273,700</u>
P-5 HEALTH PHYSICIST .1005	PR	24	24	24	SUBTOTAL	PR	<u>284,600</u>	<u>202,000</u>	<u>228,100</u>
P-5 RADIATION ADVISOR .0090	PR	24	-	-	PERSONNEL - POSTS		226,400	134,800	151,600
G-5 SECRETARY 4.0024	WR	24	24	24	PERSONNEL - CONSULTANTS		24,300	33,600	48,400
TOTAL		<u>180</u>	<u>120</u>	<u>120</u>	STAFF DUTY TRAVEL		23,000	18,000	20,000
CONSULTANT DAYS	PR	180	120	120	CONTRACTUAL SERVICES		5,500	6,000	4,100
					SUPPLIES AND MATERIAL		5,400	5,000	4,000
					COURSES AND SEMINARS		-	4,600	-
					SUBTOTAL	WR	<u>31,100</u>	<u>41,500</u>	<u>45,600</u>
					PERSONNEL - POSIS		31,100	41,500	45,600

AMRO-2600, CONTROL OF TOXIC SUBSTANCES

Pesticides continue to be the chemicals most frequently involved in episodes of human and animal intoxications. Stepped-up agricultural development for food production has fallen behind demand for agricultural products. Greater amounts of pesticides are being applied with increasing frequency.

Transportation, storage, and commercial distribution of toxic substances are carried out with minimal control and regulation. The impact on humans occurs through exposure and by ingestion of contaminated food.

Emphasis will be placed on collaboration with Member Governments in the evaluation of the human health risks from toxic substances and in the promotion of the contribution of scientific knowledge and experience to the decision-making process controlling of these chemicals.

The safe handling and management of pesticides will be given priority. Improved collaboration between the epidemiologic surveillance units of ministries of health and PAHO for determining the prevalence of human cases of pesticide intoxication will be promoted.

Emphasis will also be on improvement of toxic substances control services, principally inspection, laboratory analysis and enforcement. More attention will be given to the encouragement of community participation in toxic substances control, particularly through the dissemination of informational material.

TOTAL		<u>120</u>	<u>210</u>	<u>60</u>	TOTAL	WR	<u>21,900</u>	<u>70,100</u>	<u>26,200</u>
CONSULTANT DAYS	WR	120	210	60	PERSONNEL - CONSULTANTS		16,200	58,800	24,200
					SUPPLIES AND MATERIAL		5,700	11,300	2,000

AMRO-3100, ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH

Food of animal origin contains proteins, minerals, vitamins and fats which are a valuable part of man's diet and indispensable for children. Hence, the Ministries of Agriculture and Health are concerned with the availability and quality of foods necessary to maintain and improve the level of health of the population, consonant with the regional strategies of health for all by the year 2000.

Foot-and-mouth disease and the zoonoses, among other animal diseases, have a negative impact on the production and productivity of foods. The zoonoses, in addition, constitute a direct risk of disease for man. Rabies, brucellosis, tuberculosis, hydatidosis, leptospirosis, equine encephalitis, and the salmonellosis seriously impair man's health. All of these impede social and economic development.

PAHO/WHO cooperates with the governments, through the ministries of agriculture and health, in the prevention, control, and eradication of foot-and-mouth disease and the zoonoses that have a major effect on human health or affect it indirectly by reducing the supply of animal protein essential for human nutrition. The Ministries of Agriculture, in the Inter-American Meeting on Animal Health at the Ministerial Level that is held annually, reaffirm the need to establish and consolidate animal health programs geared toward the goals of health for all by the year 2000.

TOTAL		<u>144</u>	<u>144</u>	<u>144</u>	TOTAL		<u>623,941</u>	<u>586,200</u>	<u>659,200</u>
P-6 CHIEF OF PROGRAM .4691	PR	24	24	24	SUBTOTAL	PR	<u>292,600</u>	<u>349,700</u>	<u>394,000</u>
P-5 VETERINARIAN .4733	PR	24	24	24	PERSONNEL - POSTS		265,100	316,800	356,600
P-5 VETERINARIAN 4.3290	WR	24	24	24	STAFF DUTY TRAVEL		27,500	26,800	30,700
G-6 SECRETARY 4.3787	WR	24	24	24	SUPPLIES AND MATERIAL		-	6,100	6,700

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
G-4 LABORATORY HELPER	PR	144	120	120				
.0661 .0663 .0668 .0669								
.3758 .3759								
G-3 CLERK	PR	240	216	216				
.0662 .0664 .0670 .0671								
.0674 .0679 .0690 .0733								
.0959 .3238								
G-3 CLERK-TYPIST	PR	72	72	72				
.3250 .4447 .4448								
G-3 LABORATORY HELPER	PR	240	240	240				
.0665 .0667 .0683 .0698								
.0754 .0997 .3234 .3589								
.3590 .3591								
G-3 LABORER	PR	24	24	24				
.0725								
G-2 CLERK	PR	120	72	72				
.0678 .0685 .0692 .2054								
.3237								
G-2 DRIVER	PR	312	312	312				
.0675 .0676 .0677 .0694								
.0700 .0701 .0719 .0738								
.2132 .3235 .3243 .3248								
.3249								
G-2 LABORATORY HELPER	PR	528	480	480				
.0673 .0680 .0681 .0682								
.0686 .0687 .0688 .0696								
.0697 .0702 .0703 .0717								
.0718 .0723 .0730 .0731								
.0755 .1001 .3242 .3245								
.3246 .3247								
G-2 LABORER	PR	24	24	24				
.0715								
G-2 MESSENGER	PR	24	24	24				
.0735								
G-2 SWITCHBOARD OPERATOR	PR	24	24	24				
.0728								
G-1 LABORER	PR	648	480	480				
.0704 .0706 .0707 .0708								
.0709 .0710 .0712 .0713								
.0714 .0716 .0720 .0722								
.0724 .0726 .0727 .0729								
.0732 .0734 .0736 .0737								
.0739 .0740 .1003 .3236								
.3239 .3240 .3241 .3252								
.3253 .3254 .3259								
TOTAL		120	370	370				
CONSULTANT DAYS	PR	120	370	370				
TOTAL		184	52	52				
FELLOWSHIP MONTHS	PR	184	52	52				

AMRO-3300, PAN AMERICAN ZOONOSES CENTER

CEPANZO was established in 1956 by the joint action of PAHO/WHO-UN/TA and the Government of Argentina, for the purpose of cooperating with the countries of the Americas, and in particular with those of Latin America and the Caribbean, in the prevention, control, and eradication of zoonoses and in the prevention of food poisonings of animal origin.

It conducts its activities in the framework established by the resolutions and mandates of PAHO's Governing Bodies, as well as by the recommendations of the Inter-American Meeting on Animal Health, held every year by the Ministers of Agriculture. It receives, in addition, the guidance of a Scientific Advisory Committee, which every two years examines the Center's work and makes its recommendations to the Director of PAHO.

The Center cooperates actively with the countries of Latin America and the Caribbean in the control of the principal zoonoses, giving priority to development of systems of control, epidemiological surveillance, diagnostic techniques, the production and control of biologicals and reagents, food hygiene and breeding of laboratory animals. Emphasis is placed on programs for the control of brucellosis, tuberculosis, rabies, hydatidosis, leptospirosis, equine encephalitis and salmonellosis, and on programs for the protection and hygiene of food.

The countries have assigned the Center the functions of a regional reference laboratory for brucellosis, rabies, leptospirosis, tuberculosis, hydatidosis, and microbiology of food. CEPANZO reproduces, maintains, and distributes strains for the production of reference antigens and vaccines and receives pathologic materials or strains for reference diagnosis, as well as vaccines, sera, and antigens for control tests.

The Center's research projects are predominantly applied research, and their principal objectives are the improvement of methods of diagnosis and of production and control of vaccines and antigens, as well as the acquisition of better epidemiological knowledge of the zoonoses and of the operational procedures that will make the execution of programs control more efficient.

Several hundred institutions and thousands of professionals in the Americas benefit from the periodic publications of the Center. Through these publications the Center strives to alleviate the critical shortage of information that affects professionals who work in a rural environment, far from scientific libraries and information centers. Furthermore, the professionals working at the central level in the countries are kept duly informed of the principal technological and scientific activities applicable to the prevention and control of zoonoses.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Finally, the Center cooperates in the negotiation of intercountry accords and agreements for the coordination of activities to expedite border control for the trade of animals, food of animal origin, and biologicals. Similarly, measures are established in order to exchange epidemiological information, standardize regulations, and facilitate personnel training and the exchange of knowledge and experiences of mutual interest.

The amounts shown under PG funding are estimates based upon current staffing. These amounts do not necessarily represent actual commitments of the grantors.

TOTAL			2287	1536	1536	TOTAL	7,870,159	8,600,600	10,848,415
P-5	DIRECTOR OF CENTER .0768	PR	24	24	24				
P-5	CHIEF OF TECHNICAL SERVICES .3745 .1057	PR	24	-	-	PR	2,515,600	2,905,200	3,531,500
P-4	CHIEF OF TRAINING .3745	PR	24	-	-	PERSONNEL - POSTS	1,948,800	2,395,200	2,917,800
P-4	CONTRAC. PROGRAMS ADVISOR .3737	PR	24	24	24	PERSONNEL - CONSULTANTS	21,000	50,400	72,500
P-4	IMMUNOLOGIST .3736	PR	24	24	24	STAFF DUTY TRAVEL	108,800	87,800	106,200
P-4	MICROBIOLOGIST .3744	PR	24	24	24	CONTRACTUAL SERVICES	84,800	-	-
P-4	PARASITOLOGIST .3742	PR	24	24	24	EXTERNAL PRINTING	12,100	20,800	25,200
P-4	STATISTICIAN .3738	PR	24	-	-	GENERAL OPERAT. EXPENSES	126,700	-	-
P-4	VIROLOGIST .2142	PR	-	24	24	HOSPITALITY	1,000	1,000	1,000
P-4	VIROLOGIST 4.2142	WR	24	-	-	CONFERENCE SERVICES	24,000	-	-
P-4	ZOOUSES SPECIALIST .0770 .3739	PR	24	48	48	SUPPLIES AND MATERIAL	149,400	225,900	272,500
P-4	ZOOUSES SPECIALIST 4.0770	WR	24	-	-	SAFETY EQUIPMENT	-	15,000	-
P-3	ADMINISTRATIVE OFFICER .0772	PR	-	24	24	FELLOWSHIPS	39,000	56,000	72,000
P-3	ADMINISTRATIVE OFFICER 4.0772	WR	24	-	-	COURSES AND SEMINARS	-	53,100	64,300
P-2	ANIMAL SPECIALIST .3174	PR	24	24	24				
P-2	BACTERIOLOGIST 4.2143	WR	24	-	-	PERSONNEL - POSTS	3,995,990	4,730,270	6,149,115
P-2	EDITOR-TRANSLATOR .3746	PR	24	24	24	TEMPORARY STAFF	65,328	-	-
P-1	RESEARCH OFFICER .0774 .3163 .3164	PG	55	48	48	STAFF DUTY TRAVEL	7,000	-	-
P-1	VISUAL MEDIA OFFICER .3173	PR	24	-	-	CONTRACTUAL SERVICES	2,041	-	-
G-7	ADMINISTRATIVE ASSISTANT .0776 .3162	PG	36	24	24	GENERAL OPERAT. EXPENSES	784,898	880,130	1,064,900
G-7	LABORATORY ASSISTANT .3750	PR	24	-	-	SUPPLIES AND MATERIAL	36,802	85,000	102,900
G-7	LABORATORY TECHNICIAN .0783 .3750	PG	36	48	48				
G-6	ACCOUNTS ASSISTANT .0773	PG	24	24	24	PERSONNEL - POSTS	343,700	-	-
G-6	ADMINISTRATIVE ASSISTANT .0775 .0778 .2111	PG	60	48	48	STAFF DUTY TRAVEL	23,500	-	-
G-6	LABORATORY ASSISTANT .3754	PR	24	-	-	SUPPLIES AND MATERIAL	95,300	-	-
G-6	LABORATORY ASSISTANT .0785 .2108 .2110 .3643	PG	96	72	72				
G-5	CLERK .4281	PR	24	-	-				
G-5	CLERK .0790 .5037 .5038	PG	48	24	24				
G-5	LABORATORY ASSISTANT .0777 .0779 .0796 .2107	PG	132	120	120				
G-5	SECRETARY .5275	PR	24	-	-				
G-5	SECRETARY .3481 .3742 .3733	PG	60	48	48				
G-4	CLERK .0781 .0784 .2102 .3074	PG	96	48	48				
G-4	LABORATORY ASSISTANT .0780 .0786 .2101 .4019	PG	84	96	96				
G-4	LABORATORY HELPER .4019	PR	24	-	-				
G-4	SECRETARY .0782	PG	12	-	-				
G-3	CLERK .3755 .4283	PR	48	-	-				
G-3	CLERK .0791 .0795 .0802 .3165 .3427 .3654 .3755 .4283 .5039 .5040 .5041 .5131	PG	192	144	144				
G-3	CLERK-TYPIST .4282	PR	24	-	-				
G-3	CLERK-TYPIST .0789 .3429 .4282	PG	48	48	48				
G-3	LABORATORY HELPER .0787 .0788 .2109	PG	48	24	24				
G-3	LABORER .0799 .3800	PG	36	24	24				

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
G-2 CLERK .3166	PG	24	24	24				
G-2 DRIVER .3093 .3431 .3734	PG	48	24	24				
G-2 LABORATORY HELPER .0793 .0794 .2112	PG	48	24	24				
G-2 LABORER .0801 .0803 .0804 .5130	PG	72	48	48				
G-1 CLERK .3677	PG	12	-	-				
G-1 GUARD/JANITOR .2103	PG	24	24	24				
G-1 LABORATORY HELPER .0807	PG	12	-	-				
G-1 LABORER .4205	PR	24	-	-				
G-1 LABORER .0792 .0805 .0806 .0808 .0809 .2104 .2105 .2113 .2114 .3057 .3405 .3406 .3410 .3426 .3430 .3645 .3646 .3676 .4285 .5129	PG	372	288	288				
G-1 MESSENGER .3371	PG	12	-	-				
TOTAL		155	180	180				
CONSULTANT DAYS	PR	155	180	180				
TOTAL		37	40	40				
FELLOWSHIP MONTHS	PR	37	40	40				

AMRO-3370, RABIES CONTROL

In the entire Hemisphere, canine rabies constitutes an important public health problem. Dogs are the principal carriers and transmitters of the virus, except in Canada and the United States of America, where wildlife rabies is the principal threat to man. The seriousness of the rabies problem becomes apparent when it is recognized that medical services must be provided to thousands of people who have been bitten and rabies treatment must be given to all those who have been attacked by rabid animals or stray dogs. In Latin America, the seriousness of the human problem is compounded by the extremely high mortality in cattle caused by rabies transmitted by vampire bats that is found in all the tropical areas, from Mexico to the Argentine Chaco.

National canine vaccination programs, when carried out systematically, reduce the number of cases of human rabies, but in some countries the incidence of rabies remains high because the coverage of the campaign is inadequate and its control activities are limited or interrupted.

The demand for rabies vaccine for human and animal use increases each year. Latin American laboratories cannot meet the demand, and the importation of expensive vaccine from developed countries is not economically feasible. Production laboratories must be expanded, and for that purpose it is necessary to provide them with equipment and supplies and to train laboratory personnel. National programs for the control of rabies can be carried out more rapidly when vaccines are available in sufficient quantity and quality.

The purpose of this project is to cooperate with national and municipal programs for the control of rabies through advisory services and supply of vaccines and equipment.

TOTAL		120	105	90	TOTAL	PR	21,900	35,200	42,700
CONSULTANT DAYS	PR	120	105	90	PERSONNEL - CONSULTANTS		16,200	29,400	36,300
					SUPPLIES AND MATERIAL		5,700	5,800	6,400

AMRO-3500, FOOD PROTECTION

Strengthening of the essential elements of national food protection programs and services in the primary purpose of this project. Food control services of the Member Governments continue to drop further behind the advancement of food industry technology and its increased domination of the food supply. Gastroenteritis and diarrheal diseases are still the leading causes of infant morbidity and mortality. A reduction in these illnesses could be brought about through the consumption by this age group of wholesome food. Greater amounts of food are being imported by the countries at increasing costs while losses of food prevail, compounding the economic burden on the governments' economies.

Emphasis will be placed on the increasing role of food inspection and community education--principally sanitary measures and personal hygiene. Resolution XXIII of the XXVI Meeting of the Directing Council (1979) recommended that the topic of the Technical Discussions at its XXVIII Meeting be "Sanitary Control of Food." Preparation for those discussions will be carried out under the activities of this project.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Technical guidance will continue to be provided to the countries in the planning, execution, and evaluation of national food protection programs. The National Food Protection Program of Colombia will enter its fourth year of activities with considerable training scheduled for inspectors and professionals. A joint effort by PAHO/CARICOM/Ministries of Health of the Caribbean countries will develop the strategy, design, and implementation of the new Food Safety Program of that subregion. A conference on the program, with participants from all the CARICOM countries, is planned for 1981.

An Inter-American Conference on Food Safety is proposed for 1982 in order to review the contribution of science and technology to, and its effect on, decision-making in food safety programs. Extrabudgetary funding for the conduct of the conference will be explored.

TOTAL		48	48	48	TOTAL	WR	187,900	259,000	252,100
P-5 FOOD CONSULTANT 4.378w	WR	24	24	24	PERSONNEL - POSTS		149,200	176,300	197,200
G-5 SECRETARY 4.0017	WR	24	24	24	PERSONNEL - CONSULTANTS		16,200	58,800	36,300
					STAFF DUTY TRAVEL		12,000	12,600	12,600
					SUPPLIES AND MATERIAL		10,500	11,300	6,000
TOTAL		120	210	90					
CONSULTANT DAYS	WR	120	210	90					

AMRO-3571, REGIONAL EDUCATIONAL PROGRAM IN FOOD PROTECTION

Manpower development, particularly at the inspection level, is a key element of food control services of the governments. Instruction of inspectors, supervisors, and professionals is standardized for the Latin American and Caribbean countries through the activities of this project. A five-month course is offered for food inspectors, and several one-month courses are given for supervisors and professionals. The subject matter of these courses includes management of food control services, milk and meat hygiene, poultry inspection, seafood quality assurance, and laboratory analysis.

The project helps to ensure that the responsibility for food safety is in the hands of properly trained personnel. Emphasis will be placed on preparation and distribution of educational resources for use in promotion of greater community participation in food protection activities, giving specific attention to improvement of sanitary procedures in open markets. A series of workshops on food protection will be offered for inspectors and professionals in the Andean, Caribbean, and Southern Cone areas.

Collaboration will continue with the Food Safety and Quality Service of the Meat and Poultry Inspection Program of the United States Department of Agriculture in the activities of consultantship, training of professionals, and preparation of instructional resources.

TOTAL		24	24	24	TOTAL	WR	151,400	184,400	202,100
P-4 TRAINING OFFICER 4.3439	WR	24	24	24	PERSONNEL - POSTS		96,600	124,900	147,300
					PERSONNEL - CONSULTANTS		24,300	32,200	36,300
					STAFF DUTY TRAVEL		8,000	9,300	10,000
TOTAL		180	115	90	SUPPLIES AND MATERIAL		10,500	12,000	2,500
CONSULTANT DAYS	WR	180	115	90	GRANTS		12,000	6,000	6,000

AMRO-3600, DRUG CONTROL

Under this project, PAHO promotes the rationalization of the registration and use of drugs in the countries of the Region in order to guarantee that growing expenditures in this area result in the maximum benefits for the health of the population. PAHO provides technical assistance, information, and training aimed at developing the capacity of the national authorities to enable them to use updated registration procedures, to ensure compliance with international standards of manufacturing and quality inspection, and analyze samples. The foregoing will make it possible to ensure the quality, the safety, and the efficacy of the drugs on the market. At the request of the Directing Council, special attention has been granted to a study of the factors that influence the cost of the drugs, since growing expenditures in this area limit the funds available for other health programs, including those for the expansion of health service coverage.

Cooperation is being established with the Andean Group countries in the preparation of drug forms and uniform standards of registration for those countries, and with the Caribbean Community in the establishment of a drug analysis laboratory, with headquarters in Jamaica.

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		48	24	24	TOTAL		183,000	212,800	235,600
P-5 DRUG CONSULTANT 2006	PR	24	24	24	SubTOTAL	PR	147,000	212,800	235,600
G-5 SECRETARY 4-0026	WR	24	-	-	PERSONNEL - POSTS		113,200	134,800	151,600
TOTAL		120	200	130	PERSONNEL - CONSULTANTS		16,200	56,000	52,400
CONSULTANT DAYS	PR	120	200	130	STAFF DUTY TRAVEL		12,500	15,200	20,000
					SUPPLIES AND MATERIAL		5,100	6,800	11,600
					SubTOTAL	WR	36,000	-	-
					PERSONNEL - POSTS		36,000	-	-

AMRO-3700, TRAFFIC ACCIDENTS

In almost all the countries of the Region, the morbidity and mortality rates for traffic accidents are rapidly increasing. Comprehensive programs to reduce this serious health problem are almost nonexistent. Measures will be taken to promote a better understanding of the factors involved and to develop government/community awareness of the problem.

The purposes of this project are: (1) to stimulate the development/interest of agencies concerned with the prevention of traffic accidents; (2) to facilitate adoption of uniform terminologies and statistical systems for data collection in this area; (3) to promote epidemiological surveillance to gain a better understanding of the rates, causes and factors involved in traffic accidents; (4) to promote education for the prevention of traffic accidents; (5) to disseminate the available technical and educational material on the problem of traffic accidents and their prevention in the countries of the Region; and (6) to provide technical assistance in the development of intersectoral strategies and programs for the reduction of vehicle injuries and deaths caused by vehicles.

		-	24	24	TOTAL	WR	-	160,200	202,900
P-5 EPIDEMIOLOGIST 4-5352	WR	-	24	24	PERSONNEL - POSTS	-	-	134,800	151,600
TOTAL		-	55	100	PERSONNEL - CONSULTANTS	-	-	15,400	40,300
CONSULTANT DAYS	WR	-	55	100	STAFF DUTY TRAVEL	-	-	10,000	11,000

AMRO-4200, LABORATORY SERVICES

The development of both the preventive and curative aspects of public health programs requires the support of precise and accurate laboratory services. The purpose of this program is to establish laboratory networks in all countries, to cover the entire national territory. To that end PAHO/WHO has promoted the designation of national collaborating centers; it has cooperated in the conduct of collaborative studies that make it possible to obtain greater knowledge of diseases in each country; it has organized courses and meetings for the training of human resources; it has prepared and distributed manuals and other audiovisual aids, and it has distributed guidelines and reference materials to the laboratories of the Region.

		48	48	48	TOTAL	WR	229,000	359,900	410,100
P-5 LABORATORY ADVISOR 4-0040	WR	24	24	24	PERSONNEL - POSTS		149,200	176,360	197,200
G-5 SECRETARY 4-4935	WR	24	24	24	PERSONNEL - CONSULTANTS		24,300	78,400	120,900
TOTAL		180	280	300	STAFF DUTY TRAVEL		18,000	19,200	24,500
CONSULTANT DAYS	WR	180	280	300	SUPPLIES AND MATERIAL		12,500	21,200	30,000
					COURSES AND SEMINARS		25,000	64,800	37,500

AMRO-4201, IMMUNOLOGY LABORATORIES

The rapid development in immunology has provided a new approach to the laboratory diagnosis of diseases, both communicable and noncommunicable. The application of immunology for routine diagnostic procedures in support of epidemiology and of clinical medicine has necessitated the establishment of immunology laboratories. The project therefore aims at establishing and/or strengthening existing health laboratories in performing immunological tests for the rapid diagnosis of communicable diseases and the improved diagnosis of immune deficiencies; the production and control of immunological reagents; and the coordination of research/training activities between the national laboratories and the WHO

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

Collaborating Centers in Brazil and Mexico. With the assistance provided by the International Immunology Training and Research Center, Amsterdam, Netherlands, immunology units were being established in Cuba, Jamaica, Trinidad and Suriname. A committee coordinates the activities of the immunology units in the Caribbean region.

TOTAL	105	-	-	TOTAL	97,269	-	-
CONSULTANT DAYS	WV 105	-	-	SUBTOTAL	PG 1,000	-	-
				COURSES AND SEMINARS	1,000	-	-
				SUBTOTAL	WV 96,269	-	-
				PERSONNEL - CONSULTANTS	20,509	-	-
				COURSES AND SEMINARS	50,505	-	-
				PROGRAM SUPPORT COSTS	25,255	-	-

AMRO-4280, TRAINING OF LABORATORY PERSONNEL

To overcome the shortage of trained laboratory personnel at each level, PAHO/WHO has been encouraging and supporting the development of training centers for all branches of laboratory technology. In keeping with this objective, the Organization has proposed the establishment of training centers in microbiology and laboratory technology in Brazil and Venezuela. It sponsors courses in different aspects of laboratory services such as organization and management, automation and quality control; it also organizes individual and group programs for advanced training in specialized subjects in any of the main laboratory disciplines. Assistance in improving educational resources is another important activity extended to the countries in the Region.

TOTAL	240	-	-	TOTAL	PR 32,400	-	-
CONSULTANT DAYS	PH 240	-	-	PERSONNEL - CONSULTANTS	32,400	-	-

AMRO-4300, EPIDEMIOLOGICAL SURVEILLANCE

The purpose of the epidemiological surveillance program is to maintain an information system on the incidence and distribution of the diseases representing priority problems in the Region and to disseminate data and information relevant to the programs of disease prevention and control in the Americas both by telegram and through the Epidemiologic Bulletin. The program of training is basically for personnel at the more peripheral levels of the health services, as well as for the training of epidemiologists at the intermediate level. Emphasis is placed on the preparation of guidelines for epidemiological surveillance of the principal diseases that are subject to prevention and control in the Region, organized in such a way as to permit the countries to identify levels and methods of surveillance compatible with the resources and goals selected in programs for their control.

The program will continue to promote the use of national support laboratories and international reference centers as components of the regional epidemiological surveillance program.

TOTAL	72	120	120	TOTAL	321,400	508,700	609,900
P-5 EPIDEMIOLOGIST .3633	PR 24	24	24	SUBTOTAL	PR 213,600	307,400	364,700
P-4 SURVEILLANCE OFFICER 4.4855	WR 24	24	24	PERSONNEL - POSTS	149,200	217,200	245,200
P-1 STATISTICIAN 4.0104	WR -	24	24	PERSONNEL - CONSULTANTS	10,800	19,600	36,300
G-6 SECRETARY .0046	PR 24	24	24	STAFF DUTY TRAVEL	11,300	15,100	25,000
G-4 SECRETARY .3635	PR -	24	24	EXTERNAL PRINTING	-	46,800	48,800
				SUPPLIES AND MATERIAL	8,300	8,700	9,400
				COURSES AND SEMINARS	20,000	-	-
				TRAINING GRANTS	14,000	-	-
TOTAL	80	70	90	SUBTOTAL	WR 107,800	201,300	245,200
CONSULTANT DAYS	PR 80	70	90	PERSONNEL - POSTS	96,600	180,300	204,600
				STAFF DUTY TRAVEL	11,200	12,500	20,000
				COURSES AND SEMINARS	-	8,500	20,600

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-4370, CARIBBEAN EPIDEMIOLOGY CENTER

The Caribbean Epidemiology Center was established in January 1975 by PAHO/WHO at the request of the Ministers responsible for health of Antigua, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts-Nevis-Anguilla, Saint Lucia, St. Vincent, Turks and Caicos, and Trinidad and Tobago. In July 1977 Suriname became a fully participating member.

The purposes of the Center are to establish and consolidate diseases surveillance in the territories through epidemiological teams of epidemiologists, laboratory staff and surveillance statistical offices designated by each Government; to act as a source of immediate epidemic aid to the participating countries; and to provide laboratory back-up services and within-country training in parasitology and bacteriology, diagnostic services in virology and back-up and reference services in bacteriology, parasitology, and entomology. In keeping with country priorities, non-communicable disease epidemiology will be developed.

An extensive training program is being conducted in epidemiology and laboratory technology, both at the Center and within the countries. A cadre of nonmedically qualified deputy epidemiologists and statistical surveillance clerks is being developed in the countries. In addition, national medical officers and medical students are offered training at the Center. This program is supported in part by a special grant from the United States Agency for International Development.

Research activities at the Center complement the service program and in particular the development of the Expanded Program on Immunization, including seroepidemiological surveys. In association with the Medical Research Council of the United Kingdom, studies of leptospirosis, *Wuchereria bancrofti*, *Mansonella ozzardi* and cardiovascular disease are being carried out. Immunological problems of streptococcal disease are being examined in association with Rockefeller University of New York. An insect cell line for improving field diagnostic arbovirology is being developed in association with the Government of Trinidad and Tobago and the International Development Research Center of Canada. Visiting scientists are encouraged to work on relevant programs with full external funding.

The Center offers a specialized technical resource to the countries it serves and is developing, in close association with the Division of Disease Prevention and Control, the Caribbean Program Coordinator, the Country Representatives, the CFNI, the UWI, and other institutes and centers, a coordinated approach to the use of epidemiological surveillance, laboratory facilities, statistical techniques, training and research studies in support of country programs in the epidemiology and control of disease.

TOTAL		1981	1982	1985	TOTAL	3,840,516	3,170,858	3,471,196
P-5 DIRECTOR OF CENTER 4387	PR	24	24	24				
P-4 BACTERIOLOGIST 4527	PR	24	24	24	SUBTOTAL	PX 44,152	-	-
P-4 EPIDEMIOLOGIST 4828	PJ	24	24	24	TEMPORARY STAFF	5,575	-	-
P-4 EPIDEMIOLOGIST 42042	WR	24	24	24	GENERAL OPERAT. EXPENSES	17,216	-	-
P-4 MICROBIOLOGIST 5302	PR	24	24	24	FURNITURE & EQUIPMENT	21,561	-	-
P-4 PARASITOLOGIST 4462	PJ	24	24	24	SUBTOTAL	PR 418,500	571,000	667,800
P-4 VETERINARIAN 4827	PJ	24	-	-	PERSONNEL - POSTS	388,800	521,400	610,200
P-3 STATISTICIAN 4670	PR	24	24	24	STAFF DUTY TRAVEL	20,500	49,600	57,600
P-3 TRAINING OFFICER 5033	PJ	17	9	-	HOSPITALITY	1,200	-	-
P-2 ADMINISTRATIVE OFFICER 4464	PJ	24	24	24	STAFF RELATIONS	2,000	-	-
P-2 VIROLOGIST 4463	PJ	24	6	-	SUBTOTAL	PJ 3,167,564	2,377,458	2,577,694
P-1 EPIDEMIOLOGIST 45284	WB	15	-	-	PERSONNEL - POSTS	808,737	518,049	495,400
P-1 LABORATORY SUPERINTENDENT 5371	PJ	24	24	24	LOCAL PERSONNEL COSTS	982,906	1,157,270	1,349,840
U-G ENTOMOLOGIST 5284	PJ	18	-	-	PERSONNEL - CONSULTANTS	21,000	-	-
U-G EPIDEMIOLOGIST 5126	PR	5	6	-	DELEGATES' TRAVEL	-	28,000	30,000
U-G EPIDEMIOLOGIST 5287	PJ	20	-	-	STAFF DUTY TRAVEL	55,232	62,533	71,920
U-G LABORATORY SCIENTIST 5286	PJ	24	8	-	LOCAL TRAVEL COSTS	1,000	-	-
U-G VIROLOGIST 5434	PJ	18	6	-	CONTRACTUAL SERVICES	25,000	-	-
C- LOCALS (CAREC)	PJ	1440	1476	1440	GENERAL OPERAT. EXPENSES	206,357	226,845	249,500
TOTAL		175	115	-	MISCELLANEOUS COSTS	3,250	11,750	2,000
CONSULTANT DAYS	PJ	75	-	-	SUPPLIES AND MATERIAL	449,085	180,536	379,034
CONSULTANT DAY	WR	100	115	-	FELLOWSHIPS	137,210	50,287	-
TOTAL		139	38	-	COURSES AND SEMINARS	286,690	96,831	-
FELLOWSHIP MONTHS	PJ	125	38	-	PROGRAM SUPPORT COSTS	191,097	45,355	-
FELLOWSHIP MONTHS	WR	14	-	-	SUBTOTAL	WR 171,100	222,400	225,700
					PERSONNEL - POSTS	96,600	129,900	151,900
					PERSONNEL - CONSULTANTS	13,700	31,500	-
					STAFF DUTY TRAVEL	-	12,400	14,400
					GENERAL OPERAT. EXPENSES	2,100	47,600	58,400
					HOSPITALITY	-	1,000	1,000
					SUPPLIES AND MATERIAL	24,600	-	-
					FELLOWSHIPS	15,000	-	-
					COURSES AND SEMINARS	19,100	-	-
					SUBTOTAL	WB 39,200	-	-
					PERSONNEL - POSTS	31,000	-	-
					STAFF DUTY TRAVEL	4,000	-	-
					PROGRAM SUPPORT COSTS	4,200	-	-

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

AMRO-4400, HEALTH EDUCATION AND COMMUNITY PARTICIPATION IN HEALTH CARE

In view of today's advances in the health sciences, the mission to be carried out to achieve the goal of health for all by the year 2000 is surprisingly basic: common knowledge and routine practice in health for the last 40 years in areas such as basic hygiene, aseptic technique, nutrition, prevention of locally endemic disease, and family planning, must be transferred to those in need for it.

The Directing Council at its XXVII Meeting recognized in Resolutions XX and XXXIV that community participation is an essential factor in multisectoral planning for community health education. It recommended that the health sector reorganize to include community participation, and recognized that Ministries of Health bear the responsibility for catalytic action for community health education at all levels of care.

The purpose of this project is to provide overall technical cooperation to countries of the Region to promote healthy human behavior and active community participation in health, to develop and stimulate appropriate approaches to increasing active community participation, and to increase knowledge of individual and community health practices.

In countries concerned, the project will design, promote and conduct operational research in community participation which will lead to the development of appropriate methods and techniques of community organization. Through health education and training activities, these techniques will be used in the development of local community development projects. Community health education activities will be conducted to promote community participation in primary health care efforts which are appropriate to the characteristics of the community concerned (1983-1984).

TOTAL		-	72	72	TOTAL	WR	-	437,200	526,500
P-5 HEALTH EDUCATION SPECIALIST	WR	-	24	24	PERSONNEL - POSTS	-		290,100	327,100
4-0081					PERSONNEL - CONSULTANTS	-		42,000	60,500
P-4 HEALTH EDUCATION SPECIALIST	WR	-	24	24	STAFF DUTY TRAVEL	-		44,100	52,900
4-4196					CONTRACTUAL SERVICES	-		10,000	10,000
G-5 CLERK	WR	-	24	24	SUPPLIES AND MATERIAL	-		6,000	6,000
4-3368					COURSES AND SEMINARS	-		30,000	60,000
					GRANTS	-		15,000	10,000
TOTAL		-	150	150					
CONSULTANT DAYS	WR	-	150	150					

AMRO-4600, ORGANIZATION AND PARTICIPATION OF THE COMMUNITY FOR ITS WELL-BEING

The main objectives of this project are to promote healthy human behavior and active community participation in health; to develop and stimulate appropriate approaches to increasing active community participation; and to increase knowledge of individual and community health practices. Specific community education and developmental approaches and programs will be developed for improving the participation and meeting the needs of special groups such as women, youth, and workers, with emphasis on integrated intersectoral programs. Simplified educational technology and materials as well as appropriate approaches will be developed, aimed at promoting self-care, preventive measures, and healthy practices in the population. Actions aimed at facilitating communication and coordination between the communities and health workers and community-based systems and health systems will be intensified.

This project relates to and should be integrated into all the other priority components of primary health care strategies.

TOTAL		-	600	720	TOTAL	PR	-	400,000	750,000
CONSULTANT DAYS	PR	-	600	720	TEMPORARY STAFF	-		152,000	290,800
					PERSONNEL - CONSULTANTS	-		168,000	290,200
					STAFF DUTY TRAVEL	-		40,000	84,500
					CONTRACTUAL SERVICES	-		40,000	84,500

AMRO-5002, COORDINATION WITH FOUNDATIONS

This project reflects the budgetary requirements of the Pan American Health and Education Foundation (PAHEF), an independent organization whose main purpose is to advance the fundamental objectives of PAHO. The "PR" funds reflect the support of PAHO for the administration of PAHEF; the "PH" funds are from PAHEF's own resources. These requirements do not include the textbook program which appears under AMRO-8100.

PAHEF cooperates with and receives donations and grants for designated health activities from private foundations, institutions, organizations, corporations, and individuals, and uses these funds to finance projects which operate under the technical and administrative supervision of PAHO. Throughout this document, funds designated "PH" are from this source. PAHEF also finances the Medical Textbook Program with capital borrowed from IDB.

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		48	72	72	TOTAL		126,000	240,220	271,560
P-4 PROGRAM OFFICER .5409	PR	-	24	24	SUBTOTAL	PR	61,000	166,700	187,900
G-7 OFFICE TECHNICIAN .4117	PR	24	24	24	PERSONNEL - POSTS		40,600	166,300	167,500
G-6 ACCOUNTS ASSISTANT .4018	PH	24	24	24	SUPPLIES AND MATERIAL		400	400	400
					GRANTS		20,000	-	-
					SUBTOTAL	PH	65,000	73,520	83,660
					PERSONNEL - POSTS		42,000	47,120	51,760
					STAFF DUTY TRAVEL		10,000	11,500	13,900
					CONTRACTUAL SERVICES		8,400	9,700	11,700
					GENERAL OPERAT. EXPENSES		4,600	5,200	6,300

AMRO-5100, HEALTH SERVICES DEVELOPMENT

Health services development in the countries is basically characterized by difficulties in organizing the health sector as a result of the large number of institutions it comprises, the lack of coordination among these institutions, and the unsatisfactory distribution and allocation of resources among them. All of this gives rise to limitations in the efficiency and effectiveness of the services. In addition to the above-mentioned difficulties, there are problems in the cultural, financial, and geographical access of the population to these services.

The main purpose of this project is to cooperate in the creation and adaptation of mechanisms to be used to join and integrate the contributions of projects designed to solve specific problems in the fields of planning, administration, and information with those of projects that contribute to the development of infrastructure and the delivery of services.

Project activities are carried out in close cooperation with the other units of the Organization and are directed primarily toward the areas of (a) adaptation, introduction, and evaluation of concrete experiences in the application of the strategy of primary care, with special attention to community participation, intersectoral articulation, and development of appropriate technology; (b) analysis of national experiences concerning the extension of coverage of services, and utilization of the results of these experiences in the preparation of materials for the training of personnel; (c) promotion and development of approaches that facilitate the effective articulation of the schemes of primary care with the rest of the technical and administrative levels in the health sector, including the rationalization of the levels of care, supervision, and necessary administrative support; (d) identification, development, and support of activities of cooperation between developing countries in substantive areas related to the extension of health services coverage; and (e) identification and preparation of multidisciplinary human resources in a number of fields of health services administration. This personnel can be utilized in various programs of cooperation between PAHO and the Member Governments.

TOTAL		528	432	312	TOTAL	1,692,659	1,653,900	1,454,200	
P-5 HEALTH PLANNER .0009	PR	24	-	-	SUBTOTAL	PR	679,300	595,800	590,200
P-5 MEDICAL OFFICER 4.0020 4.5256	WR	24	24	24	PERSONNEL - POSTS		530,600	344,900	385,400
P-5 SOCIAL SECURITY SPECIALIST 4.4696	WR	24	-	-	PERSONNEL - CONSULTANTS		20,200	126,000	108,800
P-4 FINANCIAL ANALYST .4886	PR	24	-	-	STAFF DUTY TRAVEL		43,500	18,400	20,000
P-4 MEDICAL OFFICER 4.0078	WR	-	24	24	SUPPLIES AND MATERIAL		-	6,000	6,000
P-4 NURSE ADMINISTRATOR 4.2068 4.2177	WR	24	24	24	COURSES AND SEMINARS		85,000	82,500	45,000
P-4 PRIMARY HEALTH CONSULTANT 4.5497	WR	-	-	24	GRANTS		-	18,000	25,000
P-4 PROGRAM ANALYST .3200	PR	24	24	24	SUBTOTAL	WR	694,400	642,000	864,000
P-4 PROGRAM ANALYST 4.5254	WR	24	-	-	PERSONNEL - POSTS		587,900	564,800	771,600
P-4 PROGRAM MANAGEMENT OFFICER 4.3697	WR	-	24	24	STAFF DUTY TRAVEL		71,900	77,200	92,400
P-4 SOCIAL SCIENTIST 4.5253	WR	24	-	-	SUPPLIES AND MATERIAL		34,600	-	-
P-4 STATISTICIAN 4.4668	UNFPA	24	24	-	SUBTOTAL	UNFPA	318,959	416,100	-
P-2 EVALUATION OFFICER 4.4653	UNFPA	24	24	-	PERSONNEL - POSTS		318,959	416,100	-
P-1 ADMINISTRATIVE OFFICER 4.4669	UNFPA	24	24	-					
P-1 REPORTS & INFORMATION OFF. .4956	PR	-	24	24					
G-7 OFFICE TECHNICIAN .2139	PR	24	24	24					
G-6 SECRETARY 4.0082	WR	24	24	24					
G-5 CLERK 4.3809	UNFPA	24	24	-					
G-5 SECRETARY .2179 .4887	PR	24	24	24					
G-5 SECRETARY 4.3649	UNFPA	24	24	-					
G-5 WORD PROCESSING OPERATOR 4.2007	WR	24	24	24					

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
G-4 SECRETARY .0012 .2153 .3216	PR	72	24	24				
G-4 SECRETARY 4.3888	UNFPA	24	24	-				
G-4 WORD PROCESSING OPERATOR .4888	PR	24	24	24				
TOTAL		150	450	270				
CONSULTANT DAYS	PR	150	450	270				

AMRO-5101, RESEARCH IN METHODS FOR DEVELOPMENT OF COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE

This project has been changed to AMRO-4400, Health Education and Community Participation in Health Care.

TOTAL		72	-	-	TOTAL	WR	560,100	-	-
P-5 HEALTH EDUCATION SPECIALIST 4.0081	WR	24	-	-	PERSONNEL - POSTS		262,400	-	-
P-5 SOCIOLOGIST 4.4976	WR	24	-	-	PERSONNEL - CONSULTANTS		32,400	-	-
G-5 SECRETARY 4.3028	WR	24	-	-	STAFF DUTY TRAVEL		28,300	-	-
TOTAL		240	-	-	CONTRACTUAL SERVICES		8,000	-	-
CONSULTANT DAYS	WR	240	-	-	SUPPLIES AND MATERIAL		30,000	-	-
					COURSES AND SEMINARS		84,000	-	-
					GRANTS		115,000	-	-

AMRO-5102, WHO WORLD PROGRAM FOR TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

A global focal point for technical cooperation among developing countries (TCDC) was established in Washington at the request of the Director-General of WHO in 1977. It subserves the other five Regional Offices of WHO and has been the collating center of all WHO conceptual approaches to TCDC and the center from where all TCDC reports from the Regions were analyzed and collated in the form of progress reports to the United Nations.

TCDC is now recognized as a key mechanism in the promotion of primary health care and will play an important role in the action program being developed for health for all by the year 2000.

TOTAL		12	-	-	TOTAL	WR	50,000	-	-
G-4 SECRETARY 4.5073	WR	12	-	-	PERSONNEL - POSTS		20,000	-	-
TOTAL		15	-	-	TEMPORARY STAFF		15,000	-	-
CONSULTANT DAYS	WR	15	-	-	PERSONNEL - CONSULTANTS		3,750	-	-
					STAFF DUTY TRAVEL		10,000	-	-
					MISCELLANEOUS COSTS		1,250	-	-

AMRO-5103, COMPREHENSIVE HEALTH SERVICES DEVELOPMENT GROUP

This program is based on the conclusions and recommendations of vast epidemiological studies, mainly on the Inter-American investigations of mortality in adults and children under five. Its objectives are the planning and implementation of community programs of joint action between universities and health agencies in order to develop the technology of the services and the human resources in the area of maternal and child health.

In the present budgetary period plans call for follow-up of the projects under way in Brazil and Colombia and the initiation of new areas in various countries of the Region, among them, Argentina, Mexico, Peru, Dominican Republic and Uruguay.

In all these projects there is an attempt to promote mechanisms of teaching-service integration and at the same time to apply the results of health services research that offer solutions to priority problems of the populations served.

TOTAL		105	40	-	TOTAL	PG	131,447	50,900	-
CONSULTANT DAYS	PG	105	40	-	PERSONNEL - CONSULTANTS		20,000	10,000	-
TOTAL		27	-	-	CONTRACTUAL SERVICES		10,000	5,000	-
FELLOWSHIP MONTHS	PG	27	-	-	SUPPLIES AND MATERIAL		8,000	4,000	-
					FELLOWSHIPS		29,647	-	-
					COURSES AND SEMINARS		50,000	25,000	-
					GRANTS		13,800	6,900	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-5104, PROMOTION OF PARTICIPATION OF WOMEN IN HEALTH AND DEVELOPMENT

The problem of inequality in opportunities for women as well as the need for active involvement of women in the health and development process is well recognized in most countries of the Region and the world.

The countries have stated that some of the basic problems of inequality in opportunities for women as well as discrimination against them in all fields result from traditional orientation of life style and education which give preferential placement to men.

In recognition of the importance of the potential of women in the overall developmental process, the Directing Council in its XXVII Meeting adopted Resolution XVII in which it is recommended that governments a) introduce in their basic educational programs the concept of equality between sexes; b) make it possible for women to have an active role in health development; c) promote development of appropriate technologies to ease the burden of household activities related to water supply and food production and preparation. In the light of this resolution, PAHO will, through this project, develop cooperative activities with its Member Governments to achieve the overall objective of enhancing the status and participation of women in the health and development process. Specific activities during the period covered by the present budget and program exercise involve a) development of educational materials aimed at enhancing women's role in health and community development; and b) identification and formulation of projects that involve women's active participation in health community development and the development of appropriate household technologies.

PAHO/WHO will also intensify the selection and recruitment of women for professional posts, including those at the highest levels, and promote leadership abilities of women within Member Countries and PAHO, particularly in policy making positions. A focal point at the highest level of PAHO will be fostered with an aim to ensuring that women's needs and roles are adequately considered in the formulation and implementation of health programs and encouraging the enhancement of the status of women within the Bureau and in the development process as a whole in the Region.

The progress of this activity will be closely monitored and evaluated before the end of the period.

TOTAL		150	120	TOTAL	PR	104,500	103,400
CONSULTANT DAYS	PR	150	120	PERSONNEL - CONSULTANTS	-	42,000	48,400
				CONTRACTUAL SERVICES	-	20,000	20,000
				COURSES AND SEMINARS	-	37,500	30,000
				GRANTS	-	5,000	5,000

AMRO-5106, PROMOTION OF APPROPRIATE TECHNOLOGY IN HEALTH SERVICES DEVELOPMENT

The goal of health for all by the year 2000 will only be attained if the limited resources, existing and potential, are used effectively and efficiently in terms of achieving universal health service coverage. Current conventional patterns of health care delivery and its organization and management do not generally meet this criteria. In addition, there seems to exist a lack of awareness of the critical role that technology plays in this regard and consequently little or no systematized effort to manage and control its selection, use and development.

The World Health Assembly in Resolutions WHA29.74 and WHA31.34 and the Directing Council in Resolutions CD24.R14 and CD27.R20 stressed the need for development of appropriate technology and urged governments to take the necessary actions.

The purpose of this project is to provide technical cooperation to governments in the development of their capacity to manage and control the selection and use of technology and in the development of new technologies, especially with reference to primary health care and the goal of health for all by the year 2000.

The objectives are the promotion and provision of technical cooperation in the modification and development of a selection process that facilitates the choice of technologies appropriate to achievement of the goal and the country's context; the monitoring of the use of technology and identification and analysis of technological problems through the supervisory system; establishment of an information network to facilitate the interchange of information on technology and to make available to decision-makers information on alternative technologies; evaluation of effectiveness and efficiency of current technologies used in primary health care; and research into problems requiring the development of a more appropriate technology.

Projected activities include (a) planning, organization and conduct of subregional workgroups for the countries; (b) promotion and collaboration with the countries in the development of workgroups to disseminate the "appropriate technology in health" approach; (c) development of an information network through establishment of mechanisms to connect the various documentation centers; and (d) promotion and collaboration with the countries in development/strengthening/modification of the mechanisms or processes for selecting, monitoring and evaluating the use of technology as well as for the development of new technologies, especially with reference to primary health care and the goal of health for all by the year 2000.

TOTAL		48	48	TOTAL	WR	268,400	257,800
P-4 HEALTH ADMINISTRATOR 4.5255	WR	24	24	PERSONNEL - POSTS	-	155,300	175,500
6-5 SECRETARY 4.0089	WR	24	24	PERSONNEL - CONSULTANTS	-	33,600	36,300
				STAFF DUTY TRAVEL	-	22,000	26,000
				CONTRACTUAL SERVICES	-	20,000	20,000
				COURSES AND SEMINARS	-	22,500	-
				GRANTS	-	15,000	-
CONSULTANT DAYS	WR	120	90				

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-5170, ORGANIZATION OF PRIMARY HEALTH CARE AT THE COMMUNITY LEVEL

Consequent to the mandates from the Governing Bodies of PAHO/WHO on the introduction of primary care as a fundamental strategy for achieving the goal of health for all by the year 2000, the fundamental purpose of this project is to contribute to the development of health services systems geared to meeting the basic needs of the population, and in particular, the needs of those groups that inhabit rural and periurban areas that have not yet reached adequate levels of care.

Project activities are carried out in close coordination with the other units of the Organization and are directed toward the following important aspects of regional cooperation: (a) establishment of guidelines and techniques in order to identify the principal health needs and to assess the well-being of population groups that are underserved or of difficult access, as a continuous process directed toward orienting the programming, execution, and evaluation of activities at the most peripheral level of services; (b) promotion and development of approaches and techniques that facilitate the execution of comprehensive programs through the joining of activities aimed at solving health problems that share common epidemiologic characteristics and that usually require forms of treatment and application of resources of similar complexity; (c) development and application of techniques in order to provide support to education and community organization and to facilitate their effective participation in promoting health and well-being; (d) identification of modalities and development of know-how for the organization of levels of care that are directed toward satisfying basic health needs on a continuous and universal basis, and in keeping with technological plans of growing complexity linked together by well-defined systems of supervision, reference, and administrative support; (e) promotion of intersectoral participation in health development, particularly with regard to the participation of the education sector in the activities carried out at the community level; and (f) reorientation of the roles of health personnel so that they may meet the particular requirements of primary care, with emphasis on the development of appropriate technology, and including the incorporation and upgrading of community workers.

The project activities are mainly directed toward compiling, analyzing, and disseminating information on the development of processes used to introduce the strategy of primary care; toward developing cooperation among the countries for the purpose of utilizing and exchanging experiences and resources, especially human and technological resources; toward facilitating the identification and preparation of resources for international cooperation; and toward promoting studies on specific areas in the development of the national programs.

TOTAL		96	72	72	TOTAL	454,600	414,100	453,300
P-5 MEDICAL OFFICER	PR	-	24	24				
.4976								
P-5 MEDICAL OFFICER	WR	24	-	-	SUBTOTAL	PR 141,900	282,000	304,600
4.0020								
P-4 COMMUNITY DEVELOPMENT ADV.	PR	-	24	24	PERSONNEL - POSTS	127,700	243,500	268,600
.5256					STAFF DUTY TRAVEL	14,200	31,000	36,000
P-4 NURSE ADMINISTRATOR	PR	24	-	-	COURSES AND SEMINARS	-	7,500	-
.2177								
P-4 NURSE ADMINISTRATOR	WR	24	24	24	SUBTOTAL	WR 312,700	132,100	148,700
4.4513								
G-4 SECRETARY	PR	24	-	-	PERSONNEL - POSTS	209,800	114,100	126,700
.3876					PERSONNEL - CONSULTANTS	8,100	-	-
TOTAL		60	-	-	STAFF DUTY TRAVEL	18,800	15,000	18,000
					SUPPLIES AND MATERIAL	-	3,000	4,000
CONSULTANT DAYS	WR	60	-	-	COURSES AND SEMINARS	76,000	-	-

AMRO-5171, EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION

Most countries of the Region are highly vulnerable to natural or manmade disasters, particularly earthquakes, hurricanes, floods and droughts. The effectiveness of the national response to emergencies can be greatly enhanced, especially in the health sector, by improving the preparedness of the Member Countries.

The Emergency Preparedness and Disaster Relief Coordination Program was established in March 1977 in compliance with Resolution CD24.10 of the 24th Meeting of the Directing Council. The objectives, as defined by the resolution, are "to formulate plans of actions for the various types of disasters, to make an inventory of the human and other resources available, to train the necessary personnel, to prepare and disseminate the appropriate guidelines and manuals, and to promote operational research to meet the needs of the countries in disaster situations."

This program aims to improve the overall emergency preparedness of disaster-prone Member Countries and to reinforce the participation of the health sector in predisaster planning. The following activities will progressively be carried out according to availability of resources: assist in the establishment of a disaster preparedness program and a focal point in each ministry of health; conduct courses, seminars and training sessions on emergency planning for specific types of catastrophes; prepare guidelines, manuals, audiovisual training aids and disaster simulation exercise; provide fellowships to designated health officials in charge of emergency coordination; and support operational and epidemiological research on emergency situations. As instructed by the Directing Council in its 27th Meeting, technical cooperation should gradually be increased also in technological disasters of public health importance. The compilation and dissemination of scientific literature and technical reports and the preparation of a technical newsletter "Disaster Preparedness in the Americas" will represent an increasingly important activity of the program.

Following disasters in Member Countries, the fundamental purposes of the program are to assist disaster-stricken Member Countries in the management and international coordination of health assistance to the affected populations; maintain and/or adjust essential long-term health programs in spite of adverse temporary conditions; and place top priority on provision of technical expertise to assist the governments in assessing health-related needs and determining relief

	1980-	1982-	1984-		FUND 1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

priorities. The PAHO/WHO assessment would be carried out under the overall coordination of the UNDRD/UNDP, within the United Nations system, and at the national level in cooperation with the civil defense or emergency coordination and the Ministry of Health. Relief supplies may be procured on a limited scale according to availability of relief funds and established needs, or on request from and on behalf of contributors to the Natural Disaster Relief Voluntary Fund.

TOTAL		119	119	96	TOTAL	1,026,182	969,048	705,870
P-5 PROJECT MANAGER .5443	PG	12	12	-	SUBTOTAL	55,412	-	-
P-5 EMERGENCY DISASTER ADVISOR .4484	PA	24	24	24	STAFF DUTY TRAVEL	1,301	-	-
P-5 TECHNICAL OFFICER .5460	PG	13	11	-	SUPPLIES AND MATERIAL	54,111	-	-
P-4 MEDICAL OFFICER .5375	PG	22	24	24	SUBTOTAL	8,058	-	-
G-7 OFFICE TECHNICIAN .4809	PR	24	24	24	CONTRACTUAL SERVICES	3,000	-	-
G-5 SECRETARY .5332	PG	24	24	24	COURSES AND SEMINARS	5,058	-	-
TOTAL		355	335	20	SUBTOTAL	184,900	267,100	251,100
CONSULTANT DAYS	PR	60	150	-	PERSONNEL - POSTS	153,800	187,300	209,200
CONSULTANT DAYS	PG	295	185	20	PERSONNEL - CONSULTANTS	8,100	42,000	-
TOTAL		36	18	8	STAFF DUTY TRAVEL	10,500	12,200	13,500
FELLOWSHIP MONTHS	PG	36	18	8	SUPPLIES AND MATERIAL	-	3,000	3,300
					COURSES AND SEMINARS	12,500	22,600	25,100
					SUBTOTAL	777,812	701,948	454,770
					PERSONNEL - POSTS	226,362	317,395	229,500
					TEMPORARY STAFF	8,000	17,000	14,000
					PERSONNEL - CONSULTANTS	62,896	51,000	6,500
					STAFF DUTY TRAVEL	25,063	32,500	27,000
					CONTRACTUAL SERVICES	82,592	16,000	6,500
					SUPPLIES AND MATERIAL	70,620	35,000	15,000
					FELLOWSHIPS	39,800	26,000	14,000
					COURSES AND SEMINARS	147,066	114,943	35,000
					PROGRAM SUPPORT COSTS	115,413	92,110	107,270

AMRO-5172, DEVELOPMENT OF HEALTH SERVICES IN UNDERSERVED URBAN AREAS

One of the most striking changes in the Region's demographic patterns, especially in Latin America, is the geographic redistribution of the population. By 1980 the urban population had increased to 430 million, representing 70% of the total population. According to current projections this trend will continue because of rapid urbanization and, as a result, the percentage of urban population in the Region as a whole in the year 2000 will be 78.5 (690 million).

These figures have particular significance for the health sector in Latin America where, by the year 2000, nine of the 50 largest cities in the world will be located. Mexico City will become the largest urban conglomerate in the world, with more than 31 million inhabitants.

The principal objective of this project is to cooperate with countries of the Americas in developing and strengthening health services to serve the needs of the urban population.

Cooperation will be provided in (a) definition of methods, techniques and approaches to better understand the health and well-being needs of the inhabitants of large cities, taking into consideration the epidemiological and demographic characteristics of the physical, social and economic environment; (b) development of instruments for programming and delivery of services to the urban population, in particular to the underprivileged living in big cities; (c) promotion of measures to coordinate resources and activities available within the health sector and in other development sectors; (d) research and development of methods to promote effective community participation in health and well-being activities, aimed at solving the particular health problems of these population groups. Activities will be developed based upon the previous identification and assessment of the experience available in some countries of the Region. The information resulting from the implementation of project activities will be disseminated among interested groups throughout the Region.

TOTAL		-	180	180	TOTAL	PR	-	155,400	140,000
CONSULTANT DAYS	PR	-	180	180	PERSONNEL - CONSULTANTS	-	-	50,400	72,500
					CONTRACTUAL SERVICES	-	-	30,000	30,000
					COURSES AND SEMINARS	-	-	60,000	22,500
					GRANTS	-	-	15,000	15,000

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-5200, MEDICAL CARE SYSTEMS

The extension of health care coverage to the entire population and the achievement of the goal of basic health coverage for all by the year 2000, as well as the incorporation of the strategies of primary care and community participation and the selection and use of technologies that are effective and at the same time compatible with the availability of national resources, require that substantive changes are brought about in the organization and delivery of personal health services.

Within this context, the purpose of the project is to support and cooperate with national actions aimed at the review, reform, unification, and development of that group of institutions, programs, and establishments within the national health systems designed to provide personal health services for prevention, cure, and rehabilitation in line with the countries' respective systems of medical care. Within these systems, the goals and strategies adopted by the Member Governments require a simultaneous increase and enhancement of existing institutional and operational capacity, and the creation and development of new programs and establishments in order to deliver the services to currently unserved rural and marginalized urban populations. Accordingly, the project plans to contribute to the development of modalities for the organization and provision of services in accordance with levels of care; to strengthen the organization of the programs and establishments involved in the direct delivery of services and the effective performance and administration of these establishments; to identify vulnerable groups in the population, particularly elderly, crippled, and disabled persons and those subject to occupational risks and to design and establish appropriate care programs; to train the personnel required to manage and to furnish support services and administrative support in the establishments; and to cooperate in developing means and mechanisms for coordination among the institutions, especially the health ministries and social security institutes that are responsible for the provision of health services.

All of these actions are synthesized in the project's priority objectives for the period under consideration as follows: (a) to contribute, through direct research and through support to related activities in the countries, to the development of methods that can be easily applied in order to assess the technological component at the various levels of care and to design alternative models to be adapted at the different levels, which can be utilized as a reference in the formulation of the corresponding service programs for the rural or urban populations; (b) to promote and to cooperate in the development and improvement of the organization of outpatient care services, including emergency services, in the large metropolitan areas, especially for the periurban populations; (c) to contribute to the improvement of functional programming and the organization and administration of basic hospitals and other operational units, including assistance in the training programs for the required personnel; (d) to foster coordination among the agencies of the social security system and those of the health ministries for medical care programs, and to contribute and to collaborate in the analysis of mechanisms and operational strategies to favor such coordination, both at the top administrative levels of each system and in the joint programming and operation of establishments and plans for care services; (e) to promote the analysis of organizational and operational problems in hospital teaching centers and to contribute to the formulation of appropriate solutions in order to ensure that such establishments are really using local and regional hospital support; and (f) to promote and support national efforts to carry out various forms of research on health services, and to assist in the formulation of comprehensive care programs for the elderly population and in occupational health care.

TOTAL		216	96	96	TOTAL	976,500	480,800	547,200
P-5 HOSPITAL ADMINISTRATOR .3711 .3785	PR	48	24	24				
P-5 MAINTENANCE ENGINEER .2012	PR	24	-	-	SUBTOTAL	776,200	324,000	369,600
P-5 MEDICAL CARE ADVISOR .0977	PR	24	-	-	PERSONNEL - POSTS	621,400	211,600	236,000
P-5 MEDICAL CARE ADVISOR 4.0977	WR	-	24	24	PERSONNEL - CONSULTANTS	64,800	50,400	60,500
P-5 REHABILITATION ADVISOR .0609	PR	24	-	-	STAFF DUTY TRAVEL	53,000	22,000	26,000
P-4 PROSTHETIST 4.5279	WR	24	-	-	SUPPLIES AND MATERIAL	9,300	-	-
P-3 NURSE ADMINISTRATOR 4.4058	WR	24	-	-	COURSES AND SEMINARS	27,700	30,000	37,100
G-5 SECRETARY .2182 .4162	PR	48	24	24	GRANTS	-	10,000	10,000
G-4 SECRETARY .2153	PR	-	24	24	SUBTOTAL	200,300	156,800	177,600
TOTAL		480	180	150	PERSONNEL - POSTS	179,000	134,800	151,600
CONSULTANT DAYS	PR	480	180	150	STAFF DUTY TRAVEL	21,300	22,000	26,000

AMRO-5201, DEVELOPMENT OF HEALTH SERVICES FOR THE DISABLED

In implementing policies for the extension of service coverage, the health authorities of the countries of the Region have recognized the need to appropriately strengthen services for the prevention of disabilities and for rehabilitation, and to establish effective measures at the community level for the early detection of individual needs for this type of support, and for the development of care programs that can be carried out within the community itself and with its participation.

In support of these national actions, the purpose of this project is to promote the adoption of means for organizing services which, while taking into consideration and utilizing the potential of the communities themselves, help prevent physical or mental injuries caused by disease or trauma from becoming disabilities, or if that is not possible, ensure that the handicapped have proper access to services that allow them to be physically, socially, and economically independent at the earliest possible time.

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		-	120	180		PR	-	65,600	112,500
CONSULTANT DAYS	PR	-	120	180	PERSONNEL - CONSULTANTS	-	-	33,600	72,500
					SUPPLIES AND MATERIAL	-	-	2,000	10,000
					COURSES AND SEMINARS	-	-	30,000	30,000

AMRO-5203, DEVELOPMENT OF HOSPITAL AND OTHER HEALTH CARE FACILITIES (ANDEAN REGION)

The need to establish a multi-country program for the development of the health infrastructure in the Andean countries has been stressed in resolutions and recommendations at the Special Meetings of the Ministers of Health and supported by the corporated bodies of the "Andean Group." PAHO has assisted in the organization of five country projects and one subregional program, which would aim together at the achievement of the indicated objective. These projects would be financially sponsored by the UNDP and other sources and are expected to start operations in early 1982.

The objectives of the subregional project are to provide linkages, coordination and technical assistance to the five country projects of the subregion in the following areas: organization of local agencies responsible for the planning, programming, design, construction, equipping and maintenance of health facilities; identification of common problem areas and development of mechanisms of cooperation among participating countries; development of methods, technical norms and standards in functional programming, architecture, equipment and maintenance; development of national programs on maintenance of health infrastructure; development of human resources including management capabilities; promotion and support of research activities in areas of common concern such as technical norms and the feasibility of adopting collective solutions to the production and/or distribution of critical inputs in health care services; cooperation in specific technical problems, and implementation of subregional mechanisms and arrangements to institutionalize the cooperation among participating countries.

TOTAL	UNDP	80,000	-	-
GROUP TRAINING		80,000	-	-

AMRO-5300, HEALTH SYSTEMS PLANNING AND MANAGEMENT

If development in the field of health is to be compatible with the goal of health for all in the year 2000, current restrictions in the organization and operation of planning systems in the countries of the Region must be overcome. Structural and functional restrictions, the inadequacy of the approaches and techniques, and the speed and direction of social changes imply new attacks and requirements for the development of planning processes to guide the regional strategies.

The general purpose of this project is to contribute to the development of the national health systems through cooperation with the countries in (a) the identification of restrictions that affect planning processes for the extension of coverage; (b) development and deepening of the conceptual framework provided by the regional strategies in accordance with various conditions; (c) the adaptation and creation of instruments for planning and evaluation that perfect the planning processes; (d) the analysis, evaluation, and dissemination of experiences with regard to the extension of service coverage and the strategies of health for all by the year 2000; (e) development of procedures in order to identify areas of foreign cooperation in accordance with national priorities, knowledge of the possible wealth of foreign resources, analysis and programming of these resources in terms of the benefits or restrictions expected; and (f) to promote and support, in coordination with the Division of Human Resources and Research, progressive self-sufficiency in the countries with regard to manpower training in planning as related to administration; to promote the expansion of institutional capacity to train human resources and to review the contents of the current courses in order to update them in accordance with the real conditions in which the strategies for the achievement of the goal of health for all in the year 2000 are being developed.

TOTAL		120	144	144	TOTAL	561,200	853,300	927,300
P-5 HEALTH PLANNER .4637 .4885	PR	48	48	48				
P-5 HEALTH PLANNER 4.3300	WR	24	24	24	SUBTOTAL	PR 386,400	447,800	502,300
P-5 NURSE ADMINISTRATOR 4.0080	WR	-	24	24	PERSONNEL - POSTS	323,000	343,800	397,800
P-4 NURSE ADMINISTRATOR .3691	PR	24	-	-	STAFF DUTY TRAVEL	40,300	44,000	52,000
G-5 SECRETARY 4.0092 4.3028	WR	24	24	24	COURSES AND SEMINARS	23,100	45,000	37,500
G-4 SECRETARY .3876	PR	-	24	24	GRANTS	-	15,000	15,000
					SUBTOTAL	WR 174,800	405,500	425,000
TOTAL		60	180	60	PERSONNEL - POSTS	149,200	311,100	348,800
CONSULTANT DAYS	WR	60	180	60	PERSONNEL - CONSULTANTS	8,100	50,400	24,200
					STAFF DUTY TRAVEL	17,500	44,000	52,000

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985				

AMRO-5301, ECONOMICS OF HEALTH SYSTEMS AND INTEGRATED DEVELOPMENT PROJECTS

The purpose of this project is to collaborate with the governments in an analysis of the economic and financial aspects of development and the operation of the systems of services, and to cooperate in the integration of the health sector and/or its programs in projects of national, regional, or local development, in accordance with the regional and national strategies for health for all by the year 2000.

The financing of the health sector in the countries of the Region has two noteworthy characteristics: (a) it is insufficient in meeting needs for the operation of services mainly because the authorities in the sector lack the economic and financial information they require in order to: (1) satisfactorily justify their annual requests for resources; (2) efficiently manage the resources they do have; and (3) program development of services on the basis of cost, efficiency, and performance; and (b) in most of the countries domestic resources are insufficient to cover the investment needs of their programs for the extension of services, and they are obliged to resort to external sources of financing.

Specifically, this project intends (a) to design and aid in the application of appropriate techniques in order to identify the sources of financing in the sector and their nature and potential, and to discover how the monetary resources they provide are distributed among the agents that convert them into services for the various sectors or population groups according to demographic characteristics and socioeconomic strata. The achievement of this objective will reveal the origin and destination of the funds and the distribution of services in the population, and will generate reasons to support decisions concerning the redistribution of the sector's resources and the allocation of additional resources; (b) to provide advisory services to the governments in the organization and implementation of such programs and in the processes of modernization and implementation of training programs for national personnel; and (c) to cooperate in the development of approaches and guidelines for analysis and programming which allow the health sector as well as its agencies and programs to develop closer bonds with other sectors and socioeconomic programs in order to rationalize the sectoral assignment of resources and to achieve greater efficiency and effectiveness in integrated programs of intersectoral development.

TOTAL		-	96	96	TOTAL	-	485,100	532,700
P-5 ECONOMIST	WR	-	24	24				
4,5253								
P-4 FINANCIAL ANALYST	PR	-	24	24	SUBTOTAL	PR	324,300	355,100
.4886								
G-5 SECRETARY	PR	-	48	48	PERSONNEL - POSTS	-	196,800	221,100
.0047 .4887					PERSONNEL - CONSULTANTS	-	42,000	60,500
					STAFF DUTY TRAVEL	-	22,000	26,000
TOTAL		-	150	150	COURSES AND SEMINARS	-	52,500	37,500
					GRANTS	-	15,000	10,000
CONSULTANT DAYS	PR	-	150	150	SUBTOTAL	WR	156,800	177,600
					PERSONNEL - POSTS	-	134,800	151,600
					STAFF DUTY TRAVEL	-	22,000	26,000

AMRO-5302, PROGRAMMING OF PHYSICAL RESOURCES IN THE DEVELOPMENT OF HEALTH SERVICES

The expansion and enhancement of installed capacity, necessary in most of the countries of the Region in order to achieve the goals of extension of coverage, implies, among other actions, the appropriate development of health establishments. Mechanisms for the programming and execution of these activities are, in general, poorly defined and barely developed.

In most of the countries, this need has been answered with ad hoc programs, which have produced solutions at critical moments; however, due to their discontinuous nature and the circumstances of relative urgency in which they have usually been carried out, they have not been able to delve deeply enough into the analysis and systematization of the large number of factors included in the programming, design, construction, effective operation, and maintenance of physical resources required for the provision of services. As a consequence, there is generally found to be a lack of national standards, and development continues to be governed by foreign models or standards, with the consequent limitations on the achievement of technological solutions that are appropriate to a specific type of need and to the corresponding availability of resources.

In support of the national efforts and the joint efforts of subregional groups of countries in this field, the project seeks to contribute to the development of technical and administrative capacity in order to comprehensively deal with the process of programming, design, emplacement, effective operation, and maintenance of health establishments. The approach will be to analyze these processes from a technological standpoint, emphasizing and promoting the formulation of national and intercountry programs for the evaluation, selection, adaptation, and development of appropriate technology.

In order to achieve this objective, and through actions of direct technical cooperation and the establishment of standards, research, and dissemination of information on methods for the analysis of functions and activities that correspond to each type of establishment within the general system of provision of services, the project has as specific objectives (a) to cooperate with the countries in the formulation of plans of investment in physical facilities for the provision of personal health services; (b) to cooperate in the development and incorporation into the national processes of the approach of functional programming of health establishments; (c) to obtain information on criteria, procedures, standards, and systems of planning, design, and provision of health establishments, particularly medium-size general hospitals utilized by the countries of the Region, and to analyze this information in order to extract general principles

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	1980-1981	1984-1985

and common elements that can serve as guidelines to the countries in the development of plans of investment that form part of their programs for the extension of service coverage; and (d) to investigate and study the need for critical inputs in health establishments as well as the feasibility of developing for such establishments, particularly the medium-size general hospitals, complete prototypes or sectoral model units that may help to rationalize the characteristics, size, and utilization of essential inputs in these establishments.

Special attention will be given to those elements that could be applied on a general basis and used as guidelines after some necessary revision in order to orient and support the efforts of the countries in developing the physical infrastructure of their health services, and to foster the training of personnel responsible for the above-mentioned activities in the countries, and to assist in the development of their respective educational programs.

TOTAL		-	48	48	TOTAL	-	198,100	229,700
P-4 HEALTH FACILITIES CONSULT.	WR	-	24	24	SUBTOTAL	PR	62,300	73,800
4-4696								
G-5 SECRETARY	PR	-	24	24	PERSONNEL - POSTS	-	41,500	45,600
.2182					PERSONNEL - CONSULTANTS	-	16,800	24,200
TOTAL		-	60	60	SUPPLIES AND MATERIAL	-	4,000	4,000
CONSULTANT DAYS	PR	-	60	60	SUBTOTAL	WR	135,800	155,900
					PERSONNEL - POSTS	-	113,800	129,900
					STAFF DUTY TRAVEL	-	22,000	26,000

AMRO-5400, HEALTH STATISTICS

For the planning of regional health activities, the establishment of strategies for the goal of health for all by the year 2000, the evaluation of the Ten-Year Health Plan, and the control of health conditions in the Region, a supply of health statistics on the countries of the Americas is required. To this end, the Office of Statistical Services has been created. Its functions are (a) to coordinate the gathering, processing, and analysis of statistical information that PAHO collects in accordance with the mandates from its Constitution and its Governing Bodies, making sure that the information is comparable; (b) to coordinate the aspects of gathering, processing, analysis, and dissemination of health statistics of the Region with the national and international organizations; (c) to develop a data bank on health conditions in the Americas to make it possible to respond quickly to requests for information from the technical units of PAHO and the national and international organizations; and (d) to promote the development of international standards for the gathering and analysis of data that make it possible to compare health statistics among the countries of the Region.

TOTAL		432	360	360	TOTAL	1,261,600	1,230,800	1,384,200
P-5 STATISTICIAN	PR	48	48	48	SUBTOTAL	PR	811,700	641,700
.0095 .5245								
P-4 STATISTICIAN	WR	48	24	24	PERSONNEL - POSTS	728,300	624,200	702,900
4-3629 4-5246					STAFF DUTY TRAVEL	16,500	17,500	19,000
P-3 STATISTICIAN	PR	48	-	-	STATISTICAL PUBLICATIONS	66,900	-	-
.0096 .0097					SUBTOTAL	WR	449,900	589,100
P-3 STATISTICIAN	WR	-	48	48	PERSONNEL - POSTS	421,500	484,800	544,100
4-0050 4-0097					PERSONNEL - CONSULTANTS	11,900	16,800	24,200
P-2 STATISTICIAN	PR	48	48	48	STAFF DUTY TRAVEL	16,500	17,500	19,000
.0098 .0103					STATISTICAL PUBLICATIONS	-	70,000	75,000
P-2 STATISTICIAN	WR	24	-	-	PERSONNEL - POSTS	421,500	484,800	544,100
4-0099					PERSONNEL - CONSULTANTS	11,900	16,800	24,200
P-1 STATISTICIAN	PR	24	24	24	STAFF DUTY TRAVEL	16,500	17,500	19,000
.0101					STATISTICAL PUBLICATIONS	-	70,000	75,000
P-1 STATISTICIAN	WR	24	-	-				
4-0104								
G-7 STATISTICAL ASSISTANT	WR	-	24	24				
4-4103								
G-6 OFFICE ASSISTANT	PR	-	24	24				
.0108								
G-6 OFFICE ASSISTANT	WR	24	24	24				
4-3268								
G-6 STATISTICAL ASSISTANT	PR	24	24	24				
.4057								
G-6 STATISTICAL ASSISTANT	WR	24	-	-				
4-5247								
G-5 OFFICE ASSISTANT	PR	24	24	24				
.0106								
G-5 SECRETARY	PR	24	-	-				
.5248								
G-5 SECRETARY	WR	24	48	48				
4-0107 4-5249								
G-4 CLERK	PR	24	-	-				
.3635								
TOTAL		90	60	60				
CONSULTANT DAYS	WR	90	60	60				

	1980-	1982-	1984-				
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

AMRO-5403, INTERNATIONAL CLASSIFICATION OF DISEASES

The International Classification of Diseases has been widely used in the Region of the Americas as a working tool in the field of health statistics and scientific research.

However, it is necessary to develop simpler tools that are adapted to the needs of primary care and that make it possible to group and classify cases and deaths in communities that do not have medical personnel. These tools will permit the gathering of statistics, which contribute to more rational programming of health activities, better and more efficient assignment of resources, and an evaluation of the health services provided.

To this end, the Organization and the three WHO collaborative centers for the classification of diseases that operate in this Region (the Venezuelan Center for the Classification of Diseases, Caracas, Venezuela; the Brazilian Center for the Classification of Diseases, Sao Paulo, Brazil; and the National Center for Health Statistics, Hyattsville, Maryland) are joining forces in order to develop an international classification of health problems and an international classification of contact information for primary care services. This work will be carried out with close cooperation between the countries and the programs of primary care and the populations they serve.

This project will also assign high priority to research activities. In this area, planning is underway for an investigation of medical terminology currently in use in the countries of Latin America, and an investigation of the application of the Ninth Edition of the International Classification of Diseases. Both investigations will foster greater knowledge about the needs of the countries with respect to the Classification, and will therefore lead to a more effective contribution to the Tenth Edition of the International Classification of Diseases, which WHO is preparing for the year 1990.

TOTAL		120	48	48	TOTAL	364,200	395,500	451,400
P-4 STATISTICIAN .0100	PR	24	24	24				
P-3 STATISTICIAN .5088	PH	-	24	24	SUBTOTAL	PR 205,200	395,500	451,400
P-3 STATISTICIAN 4.5088	WR	24	-	-	PERSONNEL - POSTS	137,200	325,400	390,700
G-6 STATISTICAL ASSISTANT .0108	PR	24	-	-	PERSONNEL - CONSULTANTS	20,000	33,600	24,200
G-6 STATISTICAL ASSISTANT 4.4103	WR	24	-	-	STAFF DUTY TRAVEL	18,000	10,000	10,000
G-5 SECRETARY 4.5249	WR	24	-	-	EXTERNAL PRINTING	-	4,000	4,000
					COURSES AND SEMINARS	-	7,500	7,500
					GRANTS	30,000	15,000	15,000
					SUBTOTAL	WR 159,000	-	-
TOTAL		150	120	60	PERSONNEL - POSTS	159,000	-	-
CONSULTANT DAYS	PR	150	120	60				

AMRO-5405, COMPUTER SCIENCE SERVICES

The purpose of this project is to provide comprehensive computer services in support of the administrative and technical activities of the Organization. Members of the computer sciences group also provide advisory services in the area of computer selection and applications to the health agencies of Member Governments, and have responsibility for maintaining a high level of competency in current computer technology. Activities of the Section include participation in feasibility studies and systems design in conjunction with various users within the Organization; program development and testing; maintenance of all existing computer systems, and the encoding of information used for all Organization projects into machine processable form.

TOTAL		526	528	528	TOTAL	1,963,900	2,243,800	2,638,100
P-5 COMPUTER SCIENTIST .3379	PR	24	24	24	SUBTOTAL	PX 175,000	94,200	107,700
P-4 PROGRAMMER/ANALYST .2171	PR	24	24	24	PERSONNEL - POSTS	85,000	94,200	107,700
P-3 DATA BASE ADMINISTRATOR .5379	PX	22	24	24	CONTRACTUAL SERVICES	90,000	-	-
P-3 PROGRAMMER/ANALYST .0180 .3180	PR	48	24	24	SUBTOTAL	PR 1,437,400	1,636,900	1,883,400
P-3 PROGRAMMER/ANALYST 4.0180 4.3075	WR	24	48	48	PERSONNEL - POSTS	1,078,700	1,119,000	1,244,200
P-2 DATA PROCESSING OFFICER .3313	PR	24	24	24	STAFF DUTY TRAVEL	12,500	14,500	16,000
P-2 PROGRAMMER/ANALYST .0262 .3866 .3867	PR	72	72	72	DATA PROCESSING COSTS	346,200	503,400	623,200
P-2 PROGRAMMER/ANALYST 4.3066	WR	24	24	24	SUBTOTAL	WR 351,500	512,700	647,000
G-8 COMPUTER OPERATOR .3094 .3314	PR	48	48	48	PERSONNEL - POSTS	150,500	306,100	341,100
G-7 COMPUTER OPERATOR .3513 .3628	PR	48	48	48	DATA PROCESSING COSTS	201,000	206,600	305,900
G-5 COMPUTER OPERATOR .4167 .4168	PR	48	48	48				
G-5 ENCODER .3201 .3202 .3869 .4166	PR	96	72	72				
G-5 ENCODER 4.3869	WR	-	24	24				
G-5 SECRETARY .3514	PH	24	24	24				

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-5474, NATIONAL HEALTH INFORMATION SYSTEMS

Programs in the health sector of the countries of the Region need timely and reliable data for the processes of planning, programming, administration, and evaluation of programs and projects of the health sector as well as of other health-related sectors in the countries. The quality of the data depends on the existence of good records so that it may be easily acquired and of a structure so that it may be effectively and efficiently managed. Health statistics, medical registers and health and other basic registers, means of processing data, and reporting systems bring new elements to the application of criteria to systems of information.

The objective of this project is to promote improvement in the quality and utilization of data by (a) stimulating the development or the redesign of the national health information systems; (b) unifying the statistical systems of the different establishments of the health sector; (c) improving medical registers and health and other basic registers; (d) encouraging the use of control and evaluation indicators, to be judged according to appropriate techniques of level of complexity; (e) promoting improvement in the production of data and indicators; (f) encouraging the diffusion of scaled systems of reports; (g) promoting the existence of integrated basic registers which make it possible for data bases to function; and (h) training personnel.

Using as its base the policies for the development of regional strategies for health for all by the year 2000, this program accompanies the processes of planning, programming, administration, and evaluation of programs and projects, and supports the structures within programs for the delivery of services and for the development of special programs in the health sector of the countries. Priority will be assigned to matters related to procedures that can be used for the development of primary care in order to facilitate the operation of programs for the extension of coverage.

TOTAL		96	120	120	TOTAL	PR	409,500	589,200	671,100
P-5 SYSTEMS ANALYST	PR	24	24	24	PERSONNEL - POSTS		337,500	433,000	489,000
.3930					PERSONNEL - CONSULTANTS		-	25,200	36,300
P-4 HEALTH INFORMATION OFFICER	PR	24	24	24	STAFF DUTY TRAVEL		60,000	66,000	79,000
.0981					SUPPLIES AND MATERIAL		2,000	10,000	-
P-4 MEDICAL RECORDS OFFICER	PR	24	24	24	COURSES AND SEMINARS		10,000	55,000	54,800
.2061					GRANTS		-	-	12,000
G-4 SECRETARY	PR	24	48	48					
.2128 .4216									
TOTAL		-	90	90					
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CONSULTANT DAYS	PR	-	90	90					

AMRO-5476, FIELD INVESTIGATIONS IN NATIONAL HEALTH INFORMATION SYSTEMS

The development of extension of coverage programs in the countries of the Americas striving to achieve the goal of health for all by the year 2000 by means of the strategies of primary care, community participation, appropriate technology, and an intersectoral approach requires the investigation of new methods for the recording, gathering, processing, and transmission of information in order to facilitate the programming, administration, and evaluation of these programs. The objectives of this project are to assist in investigating and determining the types and amount of data, as well as simplified methods for records and reports that may enhance the information systems which are necessary for adequate monitoring of technical and administrative management.

Another objective of this project will be to cooperate in the preparation of manuals and procedures that the countries can utilize, adapting them to their own systems.

TOTAL		240	-	-	TOTAL	PR	32,400	-	-
CONSULTANT DAYS	PR	240	-	-	PERSONNEL - CONSULTANTS		32,400	-	-

AMRO-5480, REGIONAL COMPUTER SCIENCE SERVICES

Ministries of health in the Region which have computer equipment or which are planning for the use of computers in their health services, frequently request advisory services on the selection of equipment and on systems analysis and programming. Often the computer plans cover both administrative and technical program areas. One of the purposes of this project is to ensure that advisory services are available so that the countries will make optimum utilization of computer resources.

This project coordinates computer usage between Headquarters and field facilities and provides assistance to PAHO projects where computer resources are in use or anticipated. Methods to promote coordination include the publication of an Information Bulletin to disseminate information concerned with available computer resources; specific applications, and selected computer science articles of general interest; conduct an annual PAHO computer resource meeting to encourage the free exchange of ideas; to provide the current state of the art of tutorials; and to make recommendations to the Organization for further enhancement of cost-effective use of modern computer technology. This project should promote or sponsor education and training in computer science--formal and informal--for PAHO staff and Member Governments.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
TOTAL		12	24	24	TOTAL	PR	83,400	145,100	162,700
P-4 COMPUTER SCIENTIST .5072	PR	12	24	24	PERSONNEL - POSTS		49,800	113,800	129,900
					PERSONNEL - CONSULTANTS		8,100	-	-
					STAFF DUTY TRAVEL		5,500	12,500	14,000
TOTAL		60	-	-	COURSES AND SEMINARS		20,000	18,800	18,800
CONSULTANT DAYS	PR	60	-	-					

AMRO-5500, HEALTH SYSTEMS ADMINISTRATION

The role of this project is to assist the efforts of the Member Governments in exploring options for the development of health services management by helping to recognize opportunities for change and strengthening administrative capacity in order to make a direct or indirect impact on (a) widening the access of the population to health services and improving the mechanisms for community participation; (b) extending the networks of basic services and strengthening the role of health development and coordination of comprehensive care; (c) strengthening the functional interrelationships of services, of mechanisms for regionalization, and of processes for the extension and evaluation of coverage; (d) increasing the production and productivity of regionalized services and promoting research for solutions to operational problems and the containment of unnecessary costs; (e) promoting the process of administrative decentralization and upgrading the mechanisms for regulation, policy formulation, and control of management; (f) upgrading the production of resources, policies on their allocation, and their utilization in order to optimize their impact on health conditions; and (g) to promote measures among institutions to form collaborative regional and national networks of technical cooperation in health administration.

Actions of technical cooperation are focused on the development of the management of basic health services, hospital institutions, regionalized services, and health systems and their relationship with direct services to the public.

Technical cooperation in the management of basic health services is concentrated on the strengthening of (a) the mechanisms for regulating the flow of patients, including the processes of referral, transport, appointments, admission, and follow-up; (b) the processes of assignment and distribution of critical inputs, especially vaccines, drugs, supplies, and basic equipment; and (c) administrative and logistic methods, with emphasis on the simplification of the work.

Technical cooperation in the management of hospital institutions is directed toward the improvement of (a) procedures for the management of human, financial, and material resources, and of information; (b) the production of goods and services with particular attention to the formulation of operational policies, programming, and control of management, and (c) the opening and operational design of new institutions.

Technical cooperation in the management of regionalized services is directed toward the development of (a) systems for spatial, program-related, and institutional allocation of resources and of methods to evaluate their utilization and impact; (b) collaborative projects between institutions in order to coordinate actions and to ensure adequate coverage of services to the entire population; and (c) steps toward decentralization designed to facilitate decision-making at the local level and to advance organized community participation.

Cooperation in the management of national health systems is directed toward the rationalization of (a) legal instruments and regulations bearing on the structure and operation of the sector; (b) sources of financing, structure of the public expenditure in health, productivity, and costs of the sector; and (c) reorganization and administrative reform of the health sector with emphasis on the reform of structural restrictions in public administration.

The program contents cover a wide range of specialized disciplines in the field of management, and incorporate contingent system and management approaches to organization and the quantitative sciences, in order to raise the level of management of resource utilization in the health sector. Special attention is given to the administration of human, financial, and material resources, and of information.

Program objectives and program contents are formulated through technical cooperation in research, education, dissemination of knowledge, technical consultation, and development of projects. Research directed toward solving priority problems in management is encouraged, and educational actions that are closely related to the programs of the Division of Human Resources are emphasized. Preferential support is given to innovative efforts, continuing education, and the training of instructors and professors.

The design and administration of projects of investment and institutional development represent an especially important area of cooperation. A high proportion of the collaboration is directed toward the administration of technical cooperation projects with financing from international organizations.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
TOTAL		72	72	72	TOTAL	PR	341,300	435,200	472,500
P-5 ADMINISTRATIVE CONSULTANT .3711	PR	-	24	24	PERSONNEL - POSTS		262,400	290,100	327,100
P-5 ECONOMIST .4398	PR	24	-	-	PERSONNEL - CONSULTANTS		8,100	33,600	48,400
P-4 ADMINISTRATIVE CONSULTANT .2178	PR	24	24	24	STAFF DUTY TRAVEL		24,800	44,000	52,000
G-5 SECRETARY .2179 .3306	PR	24	24	24	COURSES AND SEMINARS		45,000	52,500	30,000
					GRANTS		1,000	15,000	15,000
TOTAL		60	120	120					
CONSULTANT DAYS	PR	60	120	120					

AMR

	1980- FUND 1981	1982- 1983	1984- 1985		FUND 1980-1981	1982-1983	1984-1985
						\$	\$

AMRO-5501, ADMINISTRATION AND MAINTENANCE ENGINEERING OF HEALTH SERVICES

The purpose of this project is to assist the efforts of the Governments in the maintenance of the health sector's growing capital investment in physical plants, installations, and equipment, in the development of appropriate technologies, in the design of maintenance engineering, and in the strengthening of the managerial capacity for the administration and maintenance of works of public heritage.

Actions of technical cooperation are centered around the development of technologies for the maintenance of basic health services; the promotion of vocational education in basic maintenance; the establishment of hospital maintenance departments; and the support of national engineering and maintenance centers.

Cooperation in the development of technologies for maintenance engineering in basic health services is directed toward the development of methods for the analysis of the relationship between the technological structure and the functions of prevention and health recovery, toward the development of techniques for the identification of problems concerning the maintenance of equipment, installations, and working areas, and of simplified maintenance procedures; and toward the application of appropriate technologies that require low capital investment and utilize local resources.

Cooperation in the promotion of vocational education in basic maintenance aims at the strengthening of vocational training programs in basic maintenance, of the agreements on basic maintenance with the participation of vocational schools, and of educational infrastructure in vocational schools, including training of instructors, development of teaching materials, and workshops.

Cooperation in the development of maintenance departments is directed toward the rationalization of the structure and programming of work with emphasis on preventive actions, and of the procedures for preventive and reparative maintenance, and the management of departments, development of records, and control of equipment.

Cooperation in support of the national engineering and maintenance centers is directed toward the development of policies for the selection and incorporation of technologies, particularly of biomedical equipment; toward the establishment of policies and plans for the development of maintenance engineering in the health sector; and toward the development of processes and procedures for preventive maintenance in the institutions of the health sector.

The program contents cover the various disciplines of engineering as well as methods for upkeep, preventive maintenance, and recovery of installed capacity. The objectives and program contents are formulated through technical cooperation in research, education, dissemination of knowledge, technical consultation, and project design.

Education has high priority and involves, in particular, education of the users of equipment and facilities, the training of operational personnel, and the upgrading of technicians and engineers. Special attention is given to the development of the countries' educational capacity in vocational and industrial schools, training centers, and maintenance centers.

TOTAL	-	24	24	TOTAL	PR	-	178,600	206,800
P-5 MAINTENANCE ENGINEER .2012	PR	-	24	24	PERSONNEL - POSTS	-	134,800	151,600
					PERSONNEL - CONSULTANTS	-	16,800	24,200
					STAFF DUTY TRAVEL	-	22,000	26,000
TOTAL	-	60	60	SUPPLIES AND MATERIAL	-	5,000	5,000	
CONSULTANT DAYS	PR	-	60	60				

AMRO-5600, DEVELOPMENT OF PRIMARY HEALTH CARE STRATEGY

The Member Governments have stated that primary health care is the key to attaining the target of health for all by the year 2000, as part of overall development and in the spirit of social justice. They also recognize that primary health care strategy requires complementary strategies for its full application.

The concept of Primary Health Care (PHC) has been clearly defined in the Declaration of Alma-Ata, but several aspects of primary health care deserve emphasis: PHC is the central thrust of the health system for achieving health for all by the year 2000, not an isolated program or set of services, and it must give direction to the whole system. PHC, to be universally accessible, must often extend its activities far beyond the geographic limits of the existing health services and thus requires innovative approaches to organization and management. PHC involves full participation of individuals, families and the community, and mobilization of such support and participation is crucial to its effectiveness. PHC is an integral part of the overall development of the community, and requires support from and interaction with other sectors participating in health development.

The purpose of this project is to promote and cooperate with Member Governments in the implementation of PHC strategies within the framework of the Regional Strategies adopted by the XKVII Directing Council, and their national and regional monitoring and evaluation.

TOTAL	-	600	720	TOTAL	PR	-	400,000	750,000
CONSULTANT DAYS	PR	-	600	720	TEMPORARY STAFF	-	152,000	290,800
					PERSONNEL - CONSULTANTS	-	168,000	290,200
					STAFF DUTY TRAVEL	-	40,000	84,500
					CONTRACTUAL SERVICES	-	40,000	84,500

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-6000, DEVELOPMENT OF HUMAN RESOURCES

The purpose of this project is to promote, coordinate and support the training of personnel of different categories and types required for the programs of extension of the coverage of health services that are being carried out in the countries of the Region, in accordance with the strategies to attain health for all by the year 2000.

The project basically coordinates general health manpower development activities and encourages interdivisional participation in PAHO/WHO and other agencies of the United Nations for the purpose of ensuring a harmonious development closely geared to the needs of the countries.

Technical cooperation between the countries of the Region is also promoted through exchange of experiences and qualified personnel, in accordance with the principles of technical cooperation among developing countries. In addition, the project endeavors to attract additional external financing for conducting the programs in the countries. Finally, it evaluates the impact of the manpower programs conducted at the regional, area, and country levels.

This project includes the administration of the PAHO/WHO fellowships program and is responsible for its coordination, quality control and evaluation, since this program is one of the most important forms of technical cooperation among Member Countries.

TOTAL		432	408	408	TOTAL	1,015,300	1,126,200	1,252,600
P-4 TRAINING OFFICER .0056	PR	24	24	24				
P-3 TRAINING OFFICER .0058 .3348 .3598	PR	72	72	72	SUBTOTAL	671,800	700,900	794,800
P-1 ADMINISTRATIVE OFFICER .0068	PR	24	-	-	PERSONNEL - POSTS	644,600	679,000	774,600
P-1 TRAINING OFFICER 4.0057	WR	24	24	24	CONTRACTUAL SERVICES	16,000	16,000	16,000
G-7 FELLOWSHIPS TECHNICIAN 4.0061	WR	24	24	24	SUPPLIES AND MATERIAL	2,000	-	-
G-6 ACCOUNTS ASSISTANT .2053	PR	24	24	24	COURSES AND SEMINARS	9,200	5,900	4,200
G-6 FELLOWSHIPS ASSISTANT .0064 .0066 .0071 .0072 .4395	PR	120	120	120	SUBTOTAL	343,500	425,300	457,800
G-6 FELLOWSHIPS ASSISTANT 4.0062 4.0063 4.0067 4.0069	WR	96	96	96	PERSONNEL - POSTS	297,900	342,700	390,300
G-4 OFFICE ASSISTANT 4.0073	WR	24	24	24	PERSONNEL - CONSULTANTS	40,600	75,600	60,500
					STAFF DUTY TRAVEL	5,000	7,000	7,000
TOTAL		300	270	150				
CONSULTANT DAYS	WR	300	270	150				

AMRO-6002, JOINT PROGRAMS WITH NONGOVERNMENTAL ORGANIZATIONS IN HEALTH SCIENCES EDUCATION

The purpose of this project is to join efforts with nongovernmental health sciences organizations to achieve the health manpower training goals established by the countries, primarily with the view to expanding health services coverage. For that purpose, strategies will be developed for extending teaching-service integration and regionalization through support to meetings and joint programs. At present, joint activities are being conducted with the Pan American Federation of Associations of Medical Schools, the World Medical Education Foundation and the Latin American Association of Schools of Public Health. Through these organizations, contact is maintained with the national institutions they represent and, through joint work programs, the activities recommended at the regional level are carried out at the country level.

TOTAL		150	250	200	TOTAL	MR	68,500	100,000	113,100
CONSULTANT DAYS	WR	150	250	200	PERSONNEL - CONSULTANTS		21,500	70,000	80,600
					COURSES AND SEMINARS		22,000	15,000	15,000
					GRANTS		25,000	15,000	17,500

AMRO-6003, HUMAN RESOURCES PLANNING AND CONTINUING EDUCATION

Health objectives, and especially coverage extension objectives, call for personnel specifically provided and qualified to deliver the new forms of service.

Manpower planning provides a rational basis for guiding the training of health personnel, both as regards numbers and quality, as well as for making better use of personnel already trained.

Continuing education makes it possible to adjust the basic training of personnel to the needs of the services and to update their knowledge, and thus enable them to provide the population with integrated care of optimum quality.

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND	5	5

Through this project the Organization is cooperating with the ministries of health and personnel training centers in organizational and methodological aspects and in the training of personnel for manpower planning and continuing education of health personnel.

TOTAL		48	48	48	TOTAL	714,462	373,520	263,100
P-5 MEDICAL EDUCATOR 4.0059	WR	24	24	24				
G-5 SECRETARY 4.0070	WR	24	-	-	SUBTOTAL	PG 523,862	145,920	-
G-4 SECRETARY 4.2017	WR	-	24	24	LOCAL PERSONNEL COSTS	74,748	19,033	-
TOTAL		385	205	120	PERSONNEL - CONSULTANTS	51,481	21,919	-
CONSULTANT DAYS	PG	265	85	-	LOCAL TRAVEL COSTS	24,115	-	-
CONSULTANT DAYS	WR	120	120	120	CONTRACTUAL SERVICES	900	-	-
TOTAL		67	-	-	LOCAL COSTS	78,413	38,679	-
FELLOWSHIP MONTHS	PG	67	-	-	SUPPLIES AND MATERIAL	130,612	53,108	-
					FELLOWSHIPS	73,323	-	-
					COURSES AND SEMINARS	35,992	-	-
					PROGRAM SUPPORT COSTS	54,278	13,181	-
					SUBTOTAL	WR 190,600	227,600	263,100
					PERSONNEL - POSTS	149,200	170,100	190,400
					PERSONNEL - CONSULTANTS	16,200	33,600	48,400
					STAFF DUTY TRAVEL	14,000	16,400	16,800
					COURSES AND SEMINARS	11,200	7,500	7,500

AMRO-6004, COORDINATION AND SUPPORT OF HEALTH CARE ADMINISTRATION EDUCATION

The purpose of this project is to provide the countries with technical cooperation in identifying, quantifying, analyzing and solving critical problems relating to the training of personnel who will be responsible for the administration of the health systems and institutions. To that end, a wide range of activities are being carried out to strengthen the present 45 regular training programs in administration, curriculum development, promotion of continuing education, support for applied research, faculty development, and creation of a network of middle-level programs and programs of advanced studies.

TOTAL		48	48	48	TOTAL	440,600	460,600	251,500
P-5 MEDICAL EDUCATOR .3121	PR	24	24	24	SUBTOTAL	PR 180,200	218,000	251,500
G-5 SECRETARY .3717	PR	24	24	24	PERSONNEL - POSTS	149,200	176,300	197,200
TOTAL		450	135	90	PERSONNEL - CONSULTANTS	14,900	25,200	36,300
CONSULTANT DAYS	PR	110	90	90	STAFF DUTY TRAVEL	16,100	16,500	18,000
CONSULTANT DAYS	PG	65	45	-	SUBTOTAL	PG 207,400	242,600	-
CONSULTANT DAYS	PH	275	-	-	PERSONNEL - CONSULTANTS	12,400	12,400	-
					CONTRACTUAL SERVICES	50,000	90,000	-
					SUPPLIES AND MATERIAL	19,200	19,200	-
					COURSES AND SEMINARS	76,900	76,900	-
					GRANTS	48,900	44,100	-
					SUBTOTAL	PH 53,000	-	-
					PERSONNEL - CONSULTANTS	53,000	-	-

AMRO-6005, PAHO GRANT PROGRAM FOR RESEARCH AND DEVELOPMENT

The purpose of this project is to promote, coordinate, and evaluate grants awarded by PAHO for research, training, and general health development in areas regarded as priority by Member Countries and by the Governing Bodies. Grants will emphasize support for special techniques and methods applicable to development of new and innovative approaches toward reaching the goal of health for all by the year 2000. This regional activity will support meetings, the development of special working groups and, in exceptional situations not foreseen in the regular programs, the purchasing of equipment. Likewise, it will promote studies in pilot projects which may lead to the formulation of policies, plans, and methodologies, and which have a potential for inclusion in PAHO's regular programming or for financing from other agencies.

TOTAL	PR	-	795,000	1,000,000
GRANTS		-	795,000	1,000,000

1980- 1982- 1984-
FUND 1981 1983 1985

FUND 1980-1981 1982-1983 1984-1985
5 5

AMRO-6100, EDUCATION AND TRAINING IN PUBLIC HEALTH

PAHO/WHO will continue to cooperate in teaching programs in public health and preventive and social medicine. In the conduct of these programs, the efforts of health manpower training institutions have been of great importance. In addition to schools of public health, many have succeeded in carrying out postgraduate programs, some of which are very innovative. There is reason to believe that the research being conducted will lead to important contributions by increasing the knowledge of public health and health care problems and promoting the training of specialists and research workers.

Support will continue to be given to the Latin American Association of Schools of Public Health (ALAESF), which is likely to play an important role in the exchange of experiences in the Region. During the period 1982-1983, PAHO/WHO will provide support for the XII ALAESF conference. In addition to support for this program, the education and training of technical and auxiliary personnel is covered by the activities described in other PAHO/WHO programs.

This project also includes the administration of PAHO research grants in order to provide support to research programs and for the training and exchange of research workers.

TOTAL		48	72	72	TOTAL	340,937	297,400	337,200
P-5 MEDICAL EDUCATOR 4.0055	WR	24	24	24	SUBTOTAL	PG 25,000	-	-
G-5 OFFICE ASSISTANT 4.0030	WR	-	24	24	COURSES AND SEMINARS	25,000	-	-
G-5 SECRETARY 4.4056	WR	24	24	24	SUBTOTAL	PH 109,437	-	-
TOTAL		120	120	120	SUPPLIES AND MATERIAL	31,000	-	-
CONSULTANT DAYS	WR	120	120	120	COURSES AND SEMINARS	5,700	-	-
					GRANTS	72,737	-	-
					SUBTOTAL	MR 206,500	297,400	337,200
					PERSONNEL - POSTS	144,300	217,800	242,800
					PERSONNEL - CONSULTANTS	16,200	33,600	48,400
					STAFF DUTY TRAVEL	16,000	16,000	16,000
					COURSES AND SEMINARS	30,000	30,000	30,000

AMRO-6200, MEDICAL EDUCATION

The principal objectives of this project are institutional development within the context of integration of teaching and service activities and the conduct of undergraduate and postgraduate teaching-learning activities as a continuous process closely related to the training of professional, technical, and auxiliary personnel.

To achieve these objectives, the project promotes the preparation and execution of educational development plans which emphasize interdisciplinary training and the early and progressive integration of students into health services and also develops teacher training and teaching methodology programs.

In addition to collaboration in the medical training area, this program provides for activities designed to accelerate interprofessional activities that will facilitate the establishment of a personnel structure based on the social division of labor and the needs of the countries.

TOTAL		72	-	-	TOTAL	PR 222,400	29,600	21,100
P-5 MEDICAL EDUCATOR .0978	PR	24	-	-	PERSONNEL - POSTS	180,300	-	-
G-5 SECRETARY .0035	PR	24	-	-	PERSONNEL - CONSULTANTS	10,200	16,800	12,100
G-4 SECRETARY .2017	PR	24	-	-	STAFF DUTY TRAVEL	16,000	-	-
TOTAL		75	60	30	COURSES AND SEMINARS	15,900	12,800	9,000
CONSULTANT DAYS	PR	75	60	30				

AMRO-6300, NURSING EDUCATION

This project will continue to support nursing education programs with a view to gearing the curricula to community health and primary health care. In designing new programs, efforts are being made to relate them more closely to the activities of the health services as a strategy for ensuring greater teaching-service integration. There is a need for enlarging the role of nurses by integrating greater responsibilities and greater authority in health care activities in the communities.

AMR

	1980-	1982-	1984-				
FUND	1981	1983	1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

In addition, this project is directed toward the planning and programming of activities related to the training of auxiliary personnel, who will provide primary health services in rural and shantytown areas, as well as of personnel who will work in the curative services, thus ensuring that appropriate use is made of auxiliary personnel in the health systems.

<u>TOTAL</u>		<u>48</u>	<u>48</u>	<u>48</u>	<u>TOTAL</u>	<u>PR</u>	<u>194,900</u>	<u>355,700</u>	<u>389,300</u>
P-4 NURSE EDUCATOR	PR	24	24	24	PERSONNEL - POSTS		127,700	149,100	168,700
.0123					PERSONNEL - CONSULTANTS		16,200	84,000	96,700
G-4 SECRETARY	PR	24	24	24	STAFF DUTY TRAVEL		16,000	16,000	18,000
.0126					COURSES AND SEMINARS		35,000	86,600	90,900
					GRANTS		-	20,000	15,000
<u>TOTAL</u>		<u>120</u>	<u>300</u>	<u>240</u>					
CONSULTANT DAYS	PR	120	300	240					

AMRO-6381, TRAINING OF NURSING AUXILIARIES

This project is directed toward the planning and programming of activities relating to the training of auxiliary personnel who will provide primary health services in rural and shantytown areas, as well as of personnel who will work in the curative services and, in addition, will ensure that appropriate use is made of auxiliary personnel in the health systems.

<u>TOTAL</u>		<u>48</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>WR</u>	<u>175,900</u>	<u>-</u>	<u>-</u>
P-4 NURSE EDUCATOR	WR	24	-	-	PERSONNEL - POSTS		116,800	-	-
4.0979					PERSONNEL - CONSULTANTS		8,100	-	-
G-4 SECRETARY	WR	24	-	-	STAFF DUTY TRAVEL		16,000	-	-
4.3013					COURSES AND SEMINARS		35,000	-	-
<u>TOTAL</u>		<u>60</u>	<u>-</u>	<u>-</u>					
CONSULTANT DAYS	WR	60	-	-					

AMRO-6400, SANITARY ENGINEERING EDUCATION

This project collaborates with Member Countries in the preparation and implementation of plans to provide needed staff for environmental services. Specifically, it provides technical cooperation for the promotion of studies and research on the formulation of practical working guidelines for drafting a manpower policy and plans in the context of national health plans and programs; participates in the establishment of national and regional reference services and in the organization of working groups and other meetings; and collaborates in the organization of long and short-term courses and multiprofessional education courses for the training of professionals and specialists in human ecology and in the environmental sciences and technology.

<u>TOTAL</u>		<u>48</u>	<u>-</u>	<u>-</u>	<u>TOTAL</u>	<u>PR</u>	<u>194,400</u>	<u>-</u>	<u>-</u>
P-5 SANITARY ENGINEER	PR	24	-	-	PERSONNEL - POSTS		149,200	-	-
.1034					PERSONNEL - CONSULTANTS		16,200	-	-
G-5 SECRETARY	PR	24	-	-	STAFF DUTY TRAVEL		19,000	-	-
.3053					COURSES AND SEMINARS		10,000	-	-
<u>TOTAL</u>		<u>120</u>	<u>-</u>	<u>-</u>					
CONSULTANT DAYS	PR	120	-	-					

AMRO-6500, VETERINARY MEDICINE EDUCATION

The purpose of this project is to contribute to the improvement of veterinary medicine education in the countries by training professors and administrative personnel in curriculum revision methods in order to improve teaching-learning, and by setting up continuing education at the graduate level to enable veterinarians to update their knowledge and improve their skills.

PAHO/WHO will continue to collaborate by providing advisory services to teaching institutions and organizing and conducting courses in the countries. A special meeting is planned in which the teaching programs of the countries of the Andean Pact will be reviewed.

	1980-1981			1982-1983			1984-1985			
	FUND	1981	1982	1983	1984	1985	FUND	1980-1981	1982-1983	1984-1985
TOTAL		<u>300</u>	<u>250</u>	<u>200</u>	TOTAL		<u>HR</u>	<u>50,600</u>	<u>85,000</u>	<u>95,600</u>
CONSULTANT DAYS	HR	300	250	200	PERSONNEL - CONSULTANTS			40,600	70,000	80,600
					COURSES AND SEMINARS			10,000	15,000	15,000

AMRO-6570, TRAINING OF ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH ASSISTANTS

To meet a critical shortage of trained veterinary personnel in the Caribbean countries, the Government of Guyana, UNDP and PAHO/WHO agreed in 1975 to plan and establish a regional center for the education and training of animal health and veterinary public health assistants.

The Center, known as REPAHA, opened in 1976 near Georgetown, Guyana. During the first phase of the project, with substantial financial and manpower inputs from the Government of Guyana, as well as with assistance by the other 16 participating governments, CIDA, and the European Development Fund, the Center has graduated 131 assistants in two-year training courses.

A project evaluation mission, carried out in 1979, recommended a four-year extension of the project. During this second phase, it is expected that the Center will become a fully autonomous institution, with regular contributions by the participating countries.

	1980-1981			1982-1983			1984-1985			
	UNDP	1981	1982	1983	UNDP	1980-1981	1982-1983	1984-1985		
TOTAL		<u>64</u>	<u>48</u>	<u>12</u>	TOTAL		<u>UNDP</u>	<u>364,700</u>	<u>420,600</u>	<u>145,800</u>
P-5 PROJECT MANAGER 4.4410	UNDP	24	24	12	PERSONNEL - POSTS			274,700	237,700	73,400
P-4 LECTURER 4.4549 4.4550	UNDP	40	24	-	PERSONNEL - CONSULTANTS			32,600	52,000	36,600
					STAFF DUTY TRAVEL			6,500	14,000	4,000
					MISCELLANEOUS COSTS			9,400	14,500	4,000
					MISCELLANEOUS EQUIPMENT			25,400	40,000	5,000
TOTAL		<u>168</u>	<u>300</u>	<u>180</u>	FELLOWSHIPS			300	-	-
CONSULTANT DAYS	UNDP	168	300	180	GROUP TRAINING			15,800	62,400	22,800

AMRO-6600, DENTAL EDUCATION

The primary purposes of this project are to cooperate with the faculties of dentistry in Latin America in the revision of their curricula; to assist in the designing of adequate facilities and appropriate administrative structures; to establish new faculties of dentistry and institutions for the training of auxiliary personnel where needed; to develop continuing education programs; and to prepare the required personnel in specific aspects of education using appropriate teaching materials, in order to improve the quality and accessibility of dental education in Latin America.

Workshops will be conducted on utilization of auxiliary personnel, administration of dental schools, and community service programs. The index on dental literature in Spanish will be distributed together with five other publications per year.

	1980-1981			1982-1983			1984-1985			
	UNDP	1981	1982	1983	UNDP	1980-1981	1982-1983	1984-1985		
TOTAL		<u>165</u>	<u>135</u>	<u>120</u>	TOTAL		<u>HR</u>	<u>32,200</u>	<u>45,300</u>	<u>55,900</u>
CONSULTANT DAYS	HR	165	135	120	PERSONNEL - CONSULTANTS			22,100	37,800	48,400
					COURSES AND SEMINARS			10,100	7,500	7,500

AMRO-6900, TRAINING IN SUPERVISION AND CONSULTATION IN LOCAL HEALTH SERVICE UNITS

The fundamental purposes of this project are to train personnel in supervision and advisory services; to retrain personnel that already have some training and to orient them toward primary level activities; and to organize a system that will enable these activities to be undertaken in the local units of the health services.

Appropriate methods need to be developed for the establishment of large-scale training systems that will be highly efficient. Only in this way will it be possible to meet the increasing demand for the training or retraining of supervisors and advisors in the work-place itself, and with a minimum of displacement, and on the basis of an appropriate educational technology that makes it possible to make optimum use of local resources and self-teaching methods. The project on training in supervision and consultation in local health units is financed by the Development Program of the WHO Regional Director.

This project includes strengthening of programs for the training of technical and auxiliary personnel whose purpose is to satisfy identified needs for manpower in the health teams on the basis of comparative studies conducted in countries of the Region, the definition of criteria for the establishment of an efficient training system, and the preparation of alternative models for their training.

	FUND	1980-	1982-	1984-	TOTAL	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985				\$	\$
TOTAL		120	480	480	TOTAL	MR	505,200	444,700	488,400
CONSULTANT DAYS	MR	120	480	480	PERSONNEL - CONSULTANTS		16,200	134,400	193,400
					EXTERNAL PRINTING		19,000	60,000	60,000
					SUPPLIES AND MATERIAL		-	41,300	26,000
					COURSES AND SEMINARS		215,400	209,000	209,000
					GRANTS		254,600	-	-

AMRO-6901, STUDY TOUR TO CHINA ON BASIC HEALTH SERVICES

The study tour on the basic health services in China was organized by PAHO/WHO, in collaboration with the Ministry of Public Health of the People's Republic of China and under the auspices of the UNDP. The program included visits to the cities of Nanjing, Wuxi, Shanghai, and Beijing.

The aim was to afford high-level health officials of Latin American countries an opportunity to acquaint themselves with the development of basic and community health services in China at the various levels of care, with emphasis on planning, administration, and community participation.

TOTAL	UNDP	27,400	-	-
GROUP TRAINING		27,400	-	-

AMRO-7300, PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS

The purpose of this project is to collaborate with the countries of the Region to enable them to expand the production and improve the quality of biologicals for the purpose of meeting national needs and particularly the needs of the Expanded Program of Immunizations (EPI). Emphasis is being placed on the six vaccines required by EPI: diphtheria, tetanus, whooping cough, poliomyelitis, measles, and tuberculosis. One activity that is proposed for the biennium 1982-1983 is to enhance the capacity of the virology laboratories in some countries to respond to the need for the surveillance of the stability and potency of the viral vaccines used by EPI. With respect to yellow fever, the project cooperates in the external control of the quality and potency of the vaccines produced by Brazil and Colombia.

Another objective of this program is to encourage the Member Governments to establish national policies on blood transfusions, based on a system of voluntary, unremunerated donation, and expand the use of blood by-products in treatment whenever possible. It is also considered important to strengthen technical cooperation and the exchange of blood programs between countries.

Among the main activities of this project are technical advisory services, the updating of information, the operation of external plans for quality control, the procurement of reagents and reference substances, and the publication of guidelines and manuals.

TOTAL		48	48	48	TOTAL	172,200	195,600	219,200
P-5 BIOLOGICALS ADVISOR 4.3852	MR	24	24	24	SUBTOTAL	PR 36,000	41,500	45,600
G-5 SECRETARY .0025	PR	24	24	24	PERSONNEL - POSTS		41,500	45,600
					SUBTOTAL	PG 5,000	-	-
					COURSES AND SEMINARS		5,000	-
					SUBTOTAL	MR 131,200	154,100	173,600
					PERSONNEL - POSTS		113,200	134,800
					STAFF DUTY TRAVEL		18,000	19,300

AMRO-7301, REGIONAL REFERENCE LABORATORY FOR PRODUCTION AND CONTROL OF VIRAL VACCINES

The objective of this project is to encourage the establishment of national viral vaccine laboratories in conjunction with the national biologicals control laboratory systems of the countries of the Region. In Mexico one laboratory has been established for the production and another for the control of polio and measles vaccines, and they are already providing satisfactory services as part of this program; in Argentina progress is being made on the establishment of another reference laboratory. Once they are operating at full capacity, these laboratories will serve as reference centers of PAHO/WHO and will carry out training of personnel, verification of vaccines referred by other national laboratories, and production of reference vaccines for use in the control laboratories of the Region.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Progress is being made in the external control of the yellow fever vaccine produced in Colombia and Brazil, in accordance with a scheme supported by the Office of Biologicals of USPHS, the reference laboratory designated by PAHO for this activity.

TOTAL		24	-	-	TOTAL	PR	193,400	-	-
P-5 VIRULOGIST 5005	PR	24	-	-	PERSONNEL - POSTS		113,200	-	-
TOTAL		150	-	-	PERSONNEL - CONSULTANTS		20,500	-	-
CONSULTANT DAYS	PR	150	-	-	STAFF DUTY TRAVEL		8,000	-	-
TOTAL		11	-	-	SUPPLIES AND MATERIAL		40,100	-	-
FELLOWSHIP MONTHS	PR	11	-	-	FELLOWSHIPS		11,600	-	-

AMRO-7500, INCREASE OF THE OPERATIONAL CAPACITY IN HEALTH SYSTEMS

Extension of health services coverage is the basic strategic component for attaining the goal of health for all by the year 2000. In that sense, the Governments established the efficient regional objective, "Restructuring and expansion of the health services systems in order to improve their equity, effectiveness, and efficiency," in order to "ensure the specific contribution of the health sector in the reduction of social and economic inequalities." One of the essential elements for achieving these goals is the increase of the operational capacity of the service systems. Development of this area includes three essential elements: sectoral reorganization, strengthening of the planning, programming, and evaluation of national health systems, and development of administrative processes, including information systems and epidemiological surveillance systems.

The project concentrates on enhancing PAHO's cooperation with the Member Governments designed to increase the operational capacity of the national health systems, through the development of promotional activities and direct cooperation in evaluative research, development of methodologies and dissemination of information.

TOTAL		-	600	720	TOTAL	PR	-	400,000	750,000
CONSULTANT DAYS	PR	-	600	720	TEMPORARY STAFF		-	152,000	290,000
					PERSONNEL - CONSULTANTS		-	168,000	290,200
					STAFF DUTY TRAVEL		-	40,000	84,500
					CONTRACTUAL SERVICES		-	40,000	84,500

AMRO-7800, DEVELOPMENT OF THE INTERSECTORAL ARTICULATION

Effective development of intersectoral articulation is a basic condition for the implementation of primary health care. It requires the improvement of the integration of the health sector in the processes of economic and social development and the incorporation of the sector, jointly with the other social sectors, in large hydroelectric projects, industrial complexes, agroindustry, settlements and colonization, and in the design and development of satellite and intermediate cities. Furthermore, it includes the participation of the health sector in integrated programs of rural development and in multisectoral programs that ensure the production and accessibility of food and the education and participation of the community in order to make possible the local production of food. The active participation of the health sector in the analysis of the negative effects of economic development projects on human ecology is another area which requires an effective intersectoral articulation.

The purpose of this project is to cooperate with the governments in developing approaches and methodologies that will facilitate and enhance intersectoral articulation, as well as to cooperate in programs of research, information dissemination, and manpower training in this area.

TOTAL		-	600	720	TOTAL	PR	-	400,000	750,000
CONSULTANT DAYS	PR	-	600	720	TEMPORARY STAFF		-	152,000	290,000
					PERSONNEL - CONSULTANTS		-	168,000	290,200
					STAFF DUTY TRAVEL		-	40,000	84,500
					CONTRACTUAL SERVICES		-	40,000	84,500

AMR

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

AMRO-8000, TECHNOLOGICAL RESOURCES

The purpose of this project is to coordinate activities for the development of technological resources in the countries of the Region and to promote scientific and educational communications. Its objectives are to promote the development of the scientific and technological communication process in the field of health; to support the development of educational technology activities in the countries that request them; to coordinate technical cooperation in this field in educational technology centers in the countries; and to promote the coordination of the Latin American Center for Educational Technology in Health (CLATES) with educational programs in the Region.

Under this project, PAHO/WHO is providing technical advisory services to the Expanded Program of Textbooks and Instructional Materials which, with the new loan awarded by the IDB, will provide undergraduate students in all the health professions, and preferably students following programs for the training of middle-level technical and auxiliary personnel, with high-quality, low-cost textbooks, manuals and other instructional materials adapted to the health conditions in each country. Technical advisory services will also be provided to the Program of Basic Medical Equipment for students of the health sciences being conducted by the Organization, and activities for the development of appropriate technologies, especially in the educational field, will be coordinated.

TOTAL		96	144	144	TOTAL	PR	330,200	690,200	765,600
P-5 MEDICAL EDUCATOR	PR	24	24	24	PERSONNEL - POSTS		262,700	487,700	547,700
.3686					PERSONNEL - CONSULTANTS		27,000	145,600	157,200
P-5 SANITARY ENGINEER	PR	-	24	24	STAFF DUTY TRAVEL		16,000	38,000	40,000
.1034					EXTERNAL PRINTING		6,000	-	-
P-3 EDITOR	PR	24	24	24	SUPPLIES AND MATERIAL		6,000	2,000	2,000
.3488					COURSES AND SEMINARS		12,500	16,900	18,700
G-6 SECRETARY	PR	24	24	24					
.3021									
G-5 SECRETARY	PR	-	24	24					
.3053									
G-4 CLERK	PR	24	24	24					
.3690									
TOTAL		200	520	390					
CONSULTANT DAYS	PR	200	520	390					

AMRO-8100, TEXTBOOKS AND INSTRUCTIONAL MATERIALS PROGRAM

This joint PAHO/PAHEF program started over ten years ago, providing textbooks at cost to medical students in some 150 schools of medicine. In 1979 it was expanded to include textbooks and diagnostic instruments for all health disciplines and instructional materials for technicians, auxiliary and community health workers.

More than 160 nursing schools are now participating. Schools of dentistry, veterinary medicine, nutrition and engineering are entering the program. Manuals and audiovisuals materials are being developed, beginning with mother and child care, for primary health care workers.

The revolving capital for purchase of textbooks and instructional materials is provided by two loans from IDB to PAHEF, one for medical textbooks and the other for the expanded program.

TOTAL		300	384	384	TOTAL	5,561,962	6,290,600	7,992,900
P-4 ADMINISTRATIVE OFFICER	PH	24	24	24	PERSONNEL - POSTS	447,300	725,400	1,025,600
.4055					PERSONNEL - CONSULTANTS	13,500	16,200	19,600
P-3 ADMINISTRATIVE OFFICER	PH	24	24	24	STAFF DUTY TRAVEL	25,000	31,000	36,200
.5327					CONTRACTUAL SERVICES	19,000	23,000	27,300
P-2 ADMINISTRATIVE OFFICER	PH	24	48	48	EXTERNAL PRINTING	3,700,000	4,730,000	6,098,000
.3404 .5447					SUPPLIES AND MATERIAL	245,000	265,000	286,200
G-8 ADMINISTRATIVE TECHNICIAN	PH	48	48	48				
.3349 .3772								
G-6 ACCOUNTS ASSISTANT	PH	87	96	96				
.3771 .4681 .5153 .5442								
G-6 CLERK	PH	15	24	24				
.5326								
G-5 OFFICE ASSISTANT	PH	66	96	96				
.3168 .4682 .5448 .5490								
G-4 OFFICE ASSISTANT	PH	12	24	24				
.5325								
TOTAL		70	60	50				
CONSULTANT DAYS	PH	70	60	50				

* SEE SPECIAL FUND FOR HEALTH PROMOTION, PART VI

FUND	1980- 1981	1982- 1983	1984- 1985	FUND	1980-1981	1982-1983	1984-1985
						\$	\$

AMRO-8170, FIELD ADMINISTRATION OF THE TEXTBOOK PROGRAM

This project finances costs of local operation of the Textbook and Instructional Materials Program.

TOTAL		48	48	48	TOTAL	19,200	292,370	325,360
P-1 ADMINISTRATIVE OFFICER .4331	PH	24	24	24	SUBTOTAL	PR -	202,500	224,000
G-5 CLERK .4381	PH	24	24	24	LOCAL PERSONNEL COSTS	-	185,000	205,000
					STAFF DUTY TRAVEL	-	17,500	19,800
					SUBTOTAL	PH 19,200	89,870	100,560
					PERSONNEL - POSTS	17,200	86,870	96,560
					STAFF DUTY TRAVEL	2,000	3,000	4,000

AMRO-8400, PURCHASE OF EQUIPMENT FOR VETERINARY MEDICINE EDUCATION

Support to laboratories in schools of veterinary medicine has been provided for research, supplies and equipment. This program will be expanded to include medical school laboratories.

TOTAL	PH	5,000	10,000	10,000
SUPPLIES AND MATERIAL		5,000	10,000	10,000

AMRO-8500, DOCUMENTATION AND HEALTH INFORMATION OFFICE

The Documentation and Health Information Office will provide access to, control, storage, utilization and dissemination of PAHO/WHO and selected UN documents and some specific biomedical material, using available information retrieval systems and current awareness services.

Among other objectives, the following will be accomplished: (a) permit the Member Governments, PAHO Headquarters and field staff access to PAHO/WHO and other organizations' documents through the PAHODOC-LINE information system; (b) coordinate the procurement and processing of all library materials at Headquarters; (c) serve as a clearinghouse for all PAHO publications, WHO material and selected publications of the UN and other organizations related to public health and some Latin American publications on this subject; (d) establish a clearinghouse for all health legislation pertaining to the countries of the Region; (e) provide consulting services on documentation and health information to PAHO offices in Latin America, to organize their Documentation Centers; (f) provide expert advice to the Director on documentation and health information matters; (g) maintain active cooperation between the Documentation and Health Information Office and the PAHO programs; and (h) exchange health information with libraries of WHO, the UN and any other health and biomedical library.

TOTAL		144	148	168	TOTAL	466,800	503,700	556,500
P-4 DOCUMENTS OFFICER .0142	PR	24	24	24	SUBTOTAL	PX 31,600	-	-
P-3 LIBRARIAN 4.0143	WR	24	-	-	FURNITURE & EQUIPMENT	31,600	-	-
P-2 LIBRARIAN .0144	PR	24	24	24	SUBTOTAL	PR 316,300	503,700	556,500
P-1 ADMINISTRATIVE OFFICER .3632	PR	-	24	24	PERSONNEL - POSTS	272,400	415,700	467,500
G-6 LIBRARY ASSISTANT .0145	PR	24	24	24	STAFF DUTY TRAVEL	-	8,000	9,000
G-5 LIBRARY ASSISTANT .0146	PR	24	24	24	LIBRARY BOOKS & SUPPLIES	43,900	80,000	80,000
G-4 LIBRARY ASSISTANT .5432	PR	-	24	24	SUBTOTAL	WR 118,900	-	-
G-4 OFFICE ASSISTANT .0147	PR	24	24	24	PERSONNEL - POSTS	82,400	-	-
					LIBRARY BOOKS & SUPPLIES	36,500	-	-

AMRO-8570, REGIONAL LIBRARY OF MEDICINE AND THE HEALTH SCIENCES

The objectives of this project are as follows: to cooperate in health care activities in the countries of the Region through the provision of biomedical information to the levels concerned to enable them to achieve the goals established in the Ten-Year Health Plan for the Americas; to strengthen the Biomedical Information Network in Latin America and Brazil; to use its teaching program to improve the technical and administrative capacity of professionals working in libraries and health information centers in the Region; to enlarge the BIREME/MEDLINE data bank by including Latin American medical literature in it; to foster a publication program that will help achieve its objectives; and to establish a system for the selective dissemination of information on its activities.

A special concern of this project will be the development of the Pan American Information and Scientific and Technological Documentation Network in accordance with the principles of technical cooperation among developing countries.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
TOTAL		144	120	120	TOTAL		2,531,100	651,800	729,700
P-5 DIRECTOR OF CENTER .3175	PR	24	24	24	SUBTOTAL	PR	512,000	488,300	547,700
P-4 ADMINISTRATIVE OFFICER .4601	PR	24	-	-	PERSONNEL - POSTS		442,600	428,500	485,500
P-4 HEALTH PROGRAMS OFFICER .3927	PR	24	24	24	PERSONNEL - CONSULTANTS		8,100	16,800	20,200
P-4 INFORMATION SCIENCE OFFICER 4.3464	WR	24	24	24	STAFF DUTY TRAVEL		20,200	20,500	21,000
P-2 LIBRARIAN .3465 .3466	PR	48	48	48	HOSPITALITY		1,000	1,000	1,000
TOTAL		60	60	50	SUPPLIES AND MATERIAL		16,100	21,500	20,000
CONSULTANT DAYS	PR	60	60	50	COURSES AND SEMINARS		24,000	-	-
TOTAL		8	-	-	SUBTOTAL	PG	1,890,700	-	-
FELLOWSHIP MONTHS	PG	8	-	-	LOCAL PERSONNEL COSTS		926,600	-	-
					LOCAL TRAVEL COSTS		30,000	-	-
					CONTRACTUAL SERVICES		136,300	-	-
					GENERAL OPERAT. EXPENSES		177,000	-	-
					SUPPLIES AND MATERIAL		21,400	-	-
					LIBRARY BOOKS & SUPPLIES		546,900	-	-
					FELLOWSHIPS		8,500	-	-
					COURSES AND SEMINARS		44,000	-	-
					SUBTOTAL	WR	128,400	163,500	182,000
					PERSONNEL - POSTS		96,600	120,000	136,700
					STAFF DUTY TRAVEL		4,800	8,500	9,000
					COURSES AND SEMINARS		27,000	35,000	36,300

AMRO-8600, PUBLICATIONS PROGRAM

The purpose of this project is to provide support for collaborative activities undertaken with the governments in this Region, as a means of disseminating and promoting the exchange and utilization of technical information and knowledge in the health sciences in the countries of the Americas. There is a monthly technical journal, the Boletín de la Oficina Sanitaria Panamericana (now edited and printed by the Publications and Documentation Service in Mexico), the quarterly Bulletin of the Pan American Health Organization, the quarterly journal Educación Médica y Salud, the bimonthly English and Spanish editions of the Epidemiological Bulletin, and the bimonthly English and Spanish PAHO Reports, in addition to an extensive series of scientific publications and official documents. The Office of Publications is responsible for carrying out the program, and directs distribution and sales activities, including policy and promotional aspects, as a necessary complement to the program. Visual aids and filmstrips are also provided.

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
TOTAL		561	552	528	TOTAL		1,643,300	1,888,900	1,995,300
P-5 EDITOR .4118	PR	24	-	-	SUBTOTAL	PR	1,294,600	1,315,600	1,355,500
P-5 EDITOR 4.4118	WR	-	24	24	PERSONNEL - POSTS		1,056,600	1,046,100	1,058,400
P-4 EDITOR .0127	PR	24	24	24	CONTRACTUAL SERVICES		90,400	98,700	108,800
P-3 EDITOR .3647 .5362	PR	24	48	48	VISUAL AIDS		34,000	38,000	41,900
P-3 EDITOR 4.0133	WR	24	24	24	BULLETIN		52,500	62,500	68,900
P-3 VISUAL MEDIA OFFICER .015C .0153	PR	33	24	-	MEDICAL EDUCATION JOURN.		61,100	70,300	77,500
P-2 DISTRIBUTION OFFICER .2057	PR	24	24	24	SUBTOTAL	WR	348,700	573,300	639,800
P-2 EDITOR .0022	PR	24	24	24	PERSONNEL - POSTS		233,700	446,300	499,800
P-2 PUBLICATIONS OFFICER 4.0135	WR	24	24	24	VISUAL AIDS		23,000	27,000	29,800
P-1 EDITOR .2115	PR	24	24	24	SPECIAL PUBLICATIONS		82,000	90,000	99,200
G-8 VISUAL MEDIA TECHNICIAN .0152 .0155 .3705	PR	72	48	48	DISTRIBUTION COSTS		10,000	10,000	11,000
G-7 DISTRIBUTION TECHNICIAN 4.0141	WR	24	24	24					
G-6 WORD PROCESSING OPERATOR .0136	PR	24	-	-					
G-6 WORD PROCESSING OPERATOR 4.0136	WR	-	24	24					
G-5 DISTRIBUTION ASSISTANT .0140 .3328	PR	48	48	48					
G-5 DISTRIBUTION ASSISTANT 4.2087	WR	24	24	24					
G-5 PUBLICATIONS ASSISTANT .0132	PR	24	24	24					
G-5 SECRETARY .0125	PR	24	24	24					
G-5 WORD PROCESSING OPERATOR .3465	PR	24	24	24					
G-4 PUBLICATIONS ASSISTANT .0019 .0131	PR	48	48	48					
G-4 VISUAL MEDIA ASSISTANT .2116	PR	24	24	24					

AMR

	FUND	1980-	1982-	1984-		FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$	
TOTAL		140	280	160	SUBTOTAL	WR	121,100	238,900	246,900
CONSULTANT DAYS	PR	140	120	40	PERSONNEL - POSTS		96,600	120,000	136,700
CONSULTANT DAYS	WR	-	160	120	PERSONNEL - CONSULTANTS		-	44,800	48,400
					STAFF DUTY TRAVEL		8,500	10,500	10,000
					LOCAL CGSTS		-	29,000	40,000
					SUPPLIES AND MATERIAL		-	16,000	11,800
					COURSES AND SEMINARS		16,000	18,600	-

AMRO-8701, DRUG AND THERAPEUTICS BULLETIN

The Boletfn de Medicamentos y Terapéutica is the Spanish version of the Drug and Therapeutics Bulletin. The publication also includes a Spanish version of the Adverse Drug Reaction Bulletin, both published in England. PAHO/WHO sponsors these publications as part of the program for continuing education.

PAHEF translates the bulletins and prepares "camera-ready" copies, quarterly, for reproduction and distribution by governmental or non-profit organizations, each with its own cover sheet, to physicians, pharmacologists, medical students and other health workers.

TOTAL	PH	20,400	35,850	36,000
CONTRACTUAL SERVICES		10,400	11,850	12,000
GENERAL OPERAT. EXPENSES		10,000	24,000	24,000

AMRO-8703, DEVELOPMENT OF AN APPROPRIATE TECHNOLOGY FOR PRIMARY HEALTH CARE

This project has been changed to AMRO-5106, Promotion of Appropriate Technology in Health Services Development.

TOTAL		96	-	-	TOTAL	972,000	-	-
P-6 NURSE ADMINISTRATOR 4.0080	WR	24	-	-	SUBTOTAL	PR	239,900	-
P-4 HEALTH ADMINISTRATOR .5255	PR	24	-	-	PERSONNEL - POSTS		231,600	-
P-3 OPERATIONS OFFICER .5257	PR	24	-	-	STAFF DUTY TRAVEL		8,300	-
G-5 SECRETARY .0089	PR	24	-	-	SUBTOTAL	WR	732,100	-
TOTAL		440	-	-	PERSONNEL - POSTS		120,800	-
CONSULTANT DAYS	WR	440	-	-	PERSONNEL - CONSULTANTS		59,400	-
					STAFF DUTY TRAVEL		8,200	-
					CONTRACTUAL SERVICES		275,800	-
					EXTERNAL PRINTING		40,500	-
					SUPPLIES AND MATERIAL		12,000	-
					COURSES AND SEMINARS		95,400	-
					GRANTS		120,000	-

AMRO-8770, EDUCATIONAL TECHNOLOGY IN NURSING

This project has been centered at CLATES, Rio, to provide technical assistance and coordination in the production of educational materials and the improvement of curriculum and teaching methods. Sub-centers have been established in Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Peru and Venezuela.

TOTAL		24	-	-	TOTAL	198,600	-	-
P-4 NURSE EDUCATOR .4242	PR	24	-	-	SUBTOTAL	PR	134,600	-
TOTAL		160	-	-	PERSONNEL - POSTS		96,600	-
CONSULTANT DAYS	PR	105	-	-	PERSONNEL - CONSULTANTS		14,300	-
CONSULTANT DAYS	PH	55	-	-	STAFF DUTY TRAVEL		23,700	-
TOTAL		4	-	-	SUBTOTAL	PH	64,000	-
FELLOWSHIP MONTHS	PH	4	-	-	PERSONNEL - CONSULTANTS		10,900	-
					SUPPLIES AND MATERIAL		22,000	-
					LIBRARY BOOKS & SUPPLIES		9,300	-
					FELLOWSHIPS		3,900	-
					COURSES AND SEMINARS		17,900	-

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

AMRO-8800, DEVELOPMENT OF APPROPRIATE TECHNOLOGY

The decision to embrace the goal of health for all by the year 2000, following the strategies of primary health care, means that the governments have an unavoidable and urgent need for appropriate technologies that will enable them to reach this goal with maximum productivity of available resources.

The fundamental purpose of this project is to promote and cooperate in the systematic search for most socially efficient technological alternatives for the extension of health services coverage to the entire population, in the context of primary care strategies, in accordance with the unique characteristics of each country. It gives priority to the promotion and identification of technological innovations at the level of the production of services, to development of evaluative research, to the establishment of mechanisms for coordinating national and international cooperative programs, and to the exchange of information among institutions within a country and among countries.

TOTAL		600	720	TOTAL	PR	400,000	750,000
CONSULTANT DAYS	PR	600	720	TEMPORARY STAFF	-	152,000	290,800
				PERSONNEL - CONSULTANTS	-	168,000	290,200
				STAFF DUTY TRAVEL	-	40,000	84,500
				CONTRACTUAL SERVICES	-	40,000	84,500

AMRO-8900, RESEARCH COORDINATION

The principal objectives of this project are encouragement of and support for biomedical research and the training of research workers, particularly for multinational projects aimed at the solution of pressing public health problems in the Region; advisory services to Member Countries to enable them to adopt and formulate an appropriate research policy; strengthening of communications and biomedical resources through scientific meetings and designation and promotion of collaborating centers for teaching and research; and dissemination of updated information on research workers, institutions and ongoing studies and discoveries in Latin America. This project also includes the activities of the Advisory Committee on Medical Research (ACMR).

The PAHO/WHO Advisory Committee on Medical Research, which consists of 18 specialists and highly qualified professors in the principal branches of the health sciences, keeps the program under continuing review. The Committee meets annually to make an in-depth examination of the research activities of the Organization and recommends which should be stepped up or which should be continued. Subcommittees of the ACMR work throughout the year studying specific programs such as health service research, diarrheal diseases or nutrition.

One of the objectives of this project is to designate institutions that have or can acquire technical knowledge and means enabling them to perform a specific function or a range of functions of national or regional importance and are interested in contributing to the Organization's program of research and training. The resources available in the Region will be used for that purpose and their improvement fostered, and collaborative activities at the national, regional and inter-regional level will be encouraged.

In order to ensure better geographical distribution of the WHO collaborative centers in the Region, special attention will be given to the designation of institutions in Latin America and the Caribbean whose activities better reflect the priorities of the Organization's program. In most cases, the future collaborative institutions must be primarily financed out of national funds or funds other than PAHO funds, and their activities must not depend solely on PAHO support. The amounts allocated under this project will make it possible to fund specific research and training activities or will enable an institution to perform new functions as a WHO collaborating center.

TOTAL		134	168	168	TOTAL	483,300	927,600	1,035,900
P-5 MEDICAL EDUCATOR .0978	PR	-	24	24				
P-5 RESEARCH OFFICER .0028	PR	24	24	24	SUBTOTAL	PR 370,300	804,300	896,200
P-5 RESEARCH OFFICER 4.5382	WA	19	-	-	PERSONNEL - POSTS	276,900	472,000	533,500
P-4 RESEARCH OFFICER .0029	PR	24	-	-	PERSONNEL - CONSULTANTS	13,600	131,600	161,200
P-4 STATISTICIAN .3629	PR	-	24	24	STAFF DUTY TRAVEL	21,800	41,200	45,000
P-2 STATISTICIAN 4.0099	WR	-	24	24	SUPPLIES AND MATERIAL	-	22,000	22,000
G-6 OFFICE ASSISTANT .0035	PR	-	24	24	COURSES AND SEMINARS	58,000	118,000	118,000
G-6 STATISTICAL ASSISTANT 4.5247	WR	-	24	24	GRANTS	-	19,500	16,500
G-5 OFFICE ASSISTANT .0030	PR	24	-	-	SUBTOTAL	WA 113,000	-	-
G-5 SECRETARY .2066	PR	24	24	24	PERSONNEL - POSTS	113,000	-	-
G-5 SECRETARY 4.5383	WA	19	-	-	SUBTOTAL	WR -	123,300	139,700
					PERSONNEL - POSTS	-	123,300	139,700
TOTAL		100	470	400				
CONSULTANT DAYS	PR	100	470	400				

AMR

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

AMRO-8901, PAHO RESEARCH GRANT PROGRAM

This project makes it possible to provide support for research programs and for the training and exchange of research workers. Preference is given to programs that attempt to solve problems of special importance to Latin America and to applicants who are nationals of PAHO member or participating countries. The scientific merits of the proposed research is evaluated by the appropriate technical divisions at PAHO and by at least three outside references chosen from high-level scientific panels. The sums awarded are modest and are intended mainly to supplement much larger financial efforts made by the grantee's own institution or laboratory. Nevertheless, PAHO's contribution is considered critical because in most cases it covers items or activities that are indispensable for carrying out the project but which are not available locally or easily funded from other sources.

The principal objective of the grants for training or exchange of research workers is to increase the capacity and output of these personnel in Latin America. The grants enable them to learn new methods that are not employed in their own countries or to make short visits to colleagues who are working in related fields in other countries and thus to exchange ideas and examine problems connected with their own research work or with the interpretation of results.

TOTAL		24	-	-	TOTAL	PR	360,200	-	-
P-1 ADMINISTRATIVE OFFICER .3632	PR	24	-	-	PERSONNEL - POSTS GRANTS		57,200 303,000	-	-

AMRO-8902, RESEARCH ON NURSING EDUCATION

The present policy of extending the coverage of health services calls for the creation of new models of delivering nursing services and training nurses. The objective of this project is to establish in the various countries of the Region a group of professional nurses qualified to undertake research and to cooperate with them in conducting research that involves the definition of new models for the delivery of health services and the training of nursing personnel in a transformed learning system which will involve research on and on-going evaluation of the impact of health activities and of the needs and requirements of the community.

TOTAL		120	-	-	TOTAL	NR	84,700	-	-
CONSULTANT DAYS	NR	120	-	-	PERSONNEL - CONSULTANTS COURSES AND SEMINARS GRANTS		16,200 28,500 40,000	-	-

AMRO-8903, SPECIFIC AREAS OF RESEARCH

Recognizing the need and importance of identifying the social factors involved in the coverage extension process, this project is primarily designed to assist the Member Countries in promoting and conducting research on the social factors involved in the occurrence and distribution of diseases, as well as those that aid or hinder the extension of health services, the incorporation of social sciences into the training of health personnel, and the organization and conduct of postgraduate studies in social medicine. For the same purpose health service research and operational research have been stimulated in the countries of the Region, and promotional and technical meetings on these matters will be organized at the subregional levels.

The Tropical Diseases Research and Training Program is promoted and coordinated in the Region, as well as, other global programs particularly in relation with the strengthening of national institutions in the developing countries.

Much of the cooperation had been focused on a study of the impact of research on the health field, including the collection and publication of information on research workers, research institutes and ongoing projects in Latin American countries.

TOTAL		-	72	72	TOTAL	PR	-	327,500	379,300
P-5 MEDICAL EDUCATOR .2120	PR	-	24	24	PERSONNEL - POSTS		-	290,100	327,100
P-4 RESEARCH OFFICER .0029	PR	-	24	24	PERSONNEL - CONSULTANTS		-	16,800	24,200
G-5 SECRETARY .3122	PR	-	24	24	STAFF DUTY TRAVEL		-	10,000	16,000
					CONTRACTUAL SERVICES		-	10,600	12,000
TOTAL		-	60	60					
CONSULTANT DAYS	PR	-	60	60					

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

AMRO-8970, EDUCATION AND RESEARCH IN SOCIAL SCIENCES APPLIED TO HEALTH

Recognizing the need and importance of identifying the social factors affecting the process of extension of coverage, the principal objective of this project is to collaborate with the Member Countries in the promotion and development of investigations aimed at determining the social factors involved in the occurrence and distribution of diseases, as well as those that facilitate or impede the extension of health services, the incorporation of the social sciences in the formation of health personnel, and the organization and development of graduate studies in social medicine. This project is now part of AMRO-8903.

TOTAL		48	-	-	TOTAL	PR	181,000	-	-
P-5 MEDICAL EDUCATOR	PR	24	-	-	PERSONNEL - POSTS		149,200	-	-
.2120					PERSONNEL - CONSULTANTS		10,800	-	-
G-5 SECRETARY	PR	24	-	-	STAFF DUTY TRAVEL		10,000	-	-
.3122					CONTRACTUAL SERVICES		11,000	-	-
TOTAL		80	-	-					
CONSULTANT DAYS	PR	80	-	-					

AMRO-8971, SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

Tropical diseases are recognized as an important factor which has a negative impact on the development of most of the countries in the Region. At the present time, the eradication of these diseases is very difficult to accomplish either because the necessary technology is not available or because the high cost of the control measures makes them impracticable. As a result, this program was instituted for the purpose of collaborating with the Member Countries in development of new methods for eradicating these diseases; to train professional personnel specialized in this area; and to coordinate the efforts of researchers working in this field in the Region.

TOTAL	WA	4,000	-	-
COURSES AND SEMINARS		4,000	-	-

AMRO-8980, COLLABORATING CENTERS FOR RESEARCH AND TRAINING

The principal objective of this project is to designate institutions that have or can acquire technical knowledge and means enabling them to perform a specific function or a range of functions of national or regional importance and are interested in contributing to the research and training program of the Organization. For that purpose the resources available in the Region will be used and their improvement fostered, and collaborative activities at the national, regional or inter-regional level will be encouraged.

In order to ensure better geographical distribution of the WHO collaborating centers in the Region, special attention will be given to the designation of institutions in Latin America and the Caribbean whose activities better reflect the priorities of the Organization's program. In most cases the future collaborating institutions must be primarily financed out of national or other non-PAHO funds and their activities will not depend solely on PAHO support. The amounts allocated under this project will make it possible to fund specific research and training activities or will enable the institution to perform new functions as a PAHO collaborating center.

One of the objectives of this project is the financing of postgraduate specialization courses for the training and updating of research workers in the Region in the most modern techniques.

TOTAL		120	-	-	TOTAL	PR	102,400	-	-
CONSULTANT DAYS	PR	120	-	-	PERSONNEL - CONSULTANTS		16,200	-	-
					SUPPLIES AND MATERIAL		22,000	-	-
					COURSES AND SEMINARS		21,400	-	-
					GRANTS		42,800	-	-

TECHNICAL AND ADMINISTRATIVE DIRECTION - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
I. PROGRAM OF SERVICES	662,600	3.5	607,500	2.6	684,800	2.5
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SERVICES TO INDIVIDUALS	422,100	2.2	329,500	1.4	374,500	1.4
0000 PROGRAM PLANNING AND GENERAL ACTIVITIES	422,100	2.2	329,500	1.4	374,500	1.4
ENVIRONMENTAL HEALTH SERVICES	240,500	1.3	278,000	1.2	310,300	1.1
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	240,500	1.3	278,000	1.2	310,300	1.1
II. DEVELOPMENT OF THE INFRASTRUCTURE	922,000	4.9	716,800	3.0	800,800	2.9
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HEALTH SYSTEMS	489,000	2.6	220,900	.9	251,000	.9
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	489,000	2.6	220,900	.9	251,000	.9
DEVELOPMENT OF HUMAN RESOURCES	244,000	1.3	277,400	1.2	309,700	1.1
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	244,000	1.3	277,400	1.2	309,700	1.1
TECHNOLOGICAL RESOURCES	189,000	1.0	218,500	.9	240,100	.9
8600 EDITORIAL SERVICES	189,000	1.0	218,500	.9	240,100	.9
III. ADMINISTRATIVE DIRECTION	17,591,263	91.6	22,394,190	94.4	25,935,620	94.6
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9100 EXECUTIVE AND TECHNICAL DIRECTION	1,865,700	9.7	1,359,500	5.7	1,511,700	5.5
9200 PROGRAM SERVICES	1,661,900	8.7	4,000,800	16.9	4,538,000	16.5
9300 ADMINISTRATIVE SERVICES	9,601,700	50.0	11,488,490	48.4	13,204,320	48.2
9400 GENERAL EXPENSES	4,461,963	23.2	5,545,400	23.4	6,681,600	24.4
GRAND TOTAL	19,175,863	100.0	23,718,490	100.0	27,421,220	100.0
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 TECHNICAL AND ADMINISTRATIVE DIRECTION - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	---FELLOWSHIPS---		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
	\$				\$	\$	\$	\$	\$	\$	
1980-1981											
PAHO--PR	13,749,200	1698	2784	-	10,367,000	220,700	-	-	323,600	-	2,857,900
PG	82,500	23	-	-	82,500	-	-	-	-	-	-
PX	684,863	70	137	40	604,200	18,500	-	-	53,663	-	8,500
WHO--WR	4,590,300	432	648	-	2,852,800	124,300	-	-	211,600	-	1,401,600
WX	49,000	-	-	-	-	-	-	-	-	-	49,000
TOTAL	19,175,863	2223	3569	40	13,906,500	363,500	-	-	588,863	-	4,317,000
PCT. OF TOTAL	100.0				72.5	1.9			3.1		22.5
1982-1983											
PAHO--PR	17,598,800	1752	2784	1130	12,743,800	252,000	-	-	3,000	584,400	4,015,600
PX	1,009,390	120	264	55	975,790	33,600	-	-	-	-	-
WHO--WR	5,110,300	408	696	-	3,260,300	142,400	-	-	262,600	-	1,445,000
TOTAL	23,718,490	2280	3744	1185	16,979,890	428,000	-	-	3,000	847,000	5,460,600
PCT. OF TOTAL	100.0				71.6	1.8			3.6		23.0
1984-1985											
PAHO--PR	20,327,800	1776	2784	995	14,420,300	291,100	-	-	4,000	711,200	4,901,200
PX	1,135,520	120	264	55	1,094,920	40,600	-	-	-	-	-
WHO--WR	5,957,900	432	696	-	3,740,400	155,600	-	-	319,600	-	1,742,300
TOTAL	27,421,220	2328	3744	1050	19,255,620	487,300	-	-	4,000	1,030,800	6,643,500
PCT. OF TOTAL	100.0				70.2	1.8			3.8		24.2

 *SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

	FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
		1981	1983	1985			\$	\$
----- TECHNICAL AND ADMINISTRATIVE DIRECTION - DETAIL -----								
<u>Office of the Director</u>								
The Office of the Director is responsible for the operation of the Pan American Sanitary Bureau and the Regional Office for the Americas of the World Health Organization.								
TOTAL		504	254	264	TOTAL	1,595,300	1,036,600	1,151,500
U-G DIRECTOR .0001	PR	24	24	24	SUBTOTAL	1,394,300	821,400	912,400
U-G ASSISTANT DIRECTOR .0003	PR	24	24	24				
U-G DEPUTY DIRECTOR .0002	PR	24	24	24	PERSONNEL - POSTS	1,325,400	757,600	843,300
D-2 OPERATIONS MANAGER .4071	PR	24	-	-	REPRESENTATION ALLOWANCE	6,800	6,800	6,800
P-5 LEGAL OFFICER .5227	PR	24	-	-	STAFF DUTY TRAVEL	56,100	51,400	56,700
P-4 HEALTH PROGRAM ANALYST .4697 .4698 .4699 .4700	PR	96	-	-	HOSPITALITY	5,600	5,600	5,600
P-2 ADMINISTRATIVE OFFICER .4795	PR	24	24	24	SUBTOTAL	201,000	215,200	239,100
G-8 SECRETARY .0006 .0008 .0923 .4702	PR	96	72	72	PERSONNEL - POSTS	163,900	171,000	191,500
G-7 SECRETARY .0005 .0007	PR	48	48	48	REPRESENTATION ALLOWANCE	5,200	5,200	5,200
G-6 SECRETARY .0230	PR	24	24	24	STAFF DUTY TRAVEL	26,300	33,400	36,800
G-5 SECRETARY .4703 .4951 .5228	PR	72	-	-	HOSPITALITY	9,600	9,600	9,600
G-4 CLERK .4950	PR	24	-	-				
G-4 SECRETARY .5415	PR	-	24	24				

Divisions

The technical staff of the Bureau serves in direct response to resolutions and guidelines for activities adopted by the Governing Bodies through four technical divisions, and an administrative division. Except for the technical direction to be provided by the chief of each division, the technical staff has been assigned to regional projects with goals and objectives authorized by the Governing Bodies. The Program areas have been assigned to the divisions for supervision and coordination.

The functions common to all divisions are (1) responsibility for the planning, programming, evaluation and analysis of the program activities assigned to the division; (2) participation in the preparation, review and evaluation of the overall PAHO program of technical cooperation; (3) participation in the formulation of policy, technical criteria, standards and guidelines for use in the development and implementation of the program; and (4) provision of technical advice and assistance to Country Representatives, Area Chiefs, Caribbean Program Coordinator, and Center Directors on program development and implementation, to include discussions with government officials when requested by the Country Representative.

The divisions have been established to (1) exercise supervision over the programs, functions and staff assigned to the division; (2) maintain liaison with counterparts in other organizations to ensure that PAHO program activities are coordinated and responsive to the latest developments in technology, expertise and socioeconomic impacts on health; and (3) stimulate, organize and coordinate training and research in the program activities under their supervision, and maintain close collaboration in these areas with research institutes and laboratories.

The major program functions of the Divisions are:

Division of Comprehensive Health Services - (1) primary health care; (2) secondary and tertiary care; (3) health systems development, including planning and programming of health services, administration of health systems, national health information systems; and (4) development and promotion of technologies in systems of special programs and specific population groups, including maternal and child health and family planning (including youth), food and nutrition, community health education and community development, women in health and development, health of the elderly, and health services for disabled persons.

Division of Disease Prevention and Control - (1) communicable disease control; (2) malaria, parasitic diseases and vector control; (3) non-communicable diseases; (4) health laboratory services; (5) drug control; and (6) epidemiological surveillance.

Division of Environmental Health Protection - (1) water supply and basic sanitation services; (2) water resources development; (3) solid waste disposal; (4) environmental pollution; (5) occupational health; (6) housing sanitation; (7) food sanitation; (8) pesticides; (9) noise abatement; and (10) human ecology and health.

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			\$	\$

Division of Human Resources and Research - (1) planning and utilization of human resources; (2) training with emphasis on management and allied health personnel; (3) continuing education and educational technology; (4) development of national research policies; (5) coordination and support of collaborating centers; (6) statistical methodology; (7) development network on health and biomedical information; and (8) administration of the fellowships program.

Division of Administration - (1) budget and finance; (2) conference and general services; (3) management and computer services; (4) personnel; and (5) procurement.

TOTAL		528	408	408	TOTAL	1,949,000	1,785,000	1,983,100
D-2	CHIEF OF ADMINISTRATION PR	24	24	24				
	.0156							
D-1	CHIEF, DIV. DIS. PREV. & CONTRL PR	24	24	24	SUBTOTAL	PR 1,384,700	1,362,600	1,512,500
	.0111 .1039							
D-1	CHIEF, DIV. ENV. HLTH. PROTECT. WR	24	24	24	PERSONNEL - POSTS	1,174,500	1,037,700	1,163,600
	4.0047				STAFF DUTY TRAVEL	69,800	74,000	88,000
D-1	CHIEF, DIV. FAMILY HEALTH PR	24	-	-	INTERNAL AUDIT COSTS	100,400	110,400	120,400
	.3337				EXTERNAL AUDIT COSTS	40,000	140,500	140,500
D-1	CHIEF, DIV. COMP. HEALTH SVCS. PR	24	24	24	SUBTOTAL	WR 515,300	422,400	470,600
	.3140							
D-1	CHIEF, DIV. HUMAN RES. & RSCH. WR	24	24	24	PERSONNEL - POSTS	459,800	381,800	430,000
	4.0033				STAFF DUTY TRAVEL	55,500	40,600	40,600
D-1	CHIEF, DIV. SUPPGRTING SVC. WR	24	-	-	SUBTOTAL	WX 49,000	-	-
	4.4755							
P-3	AUDITOR PR	24	24	24	CONTRACTUAL SERVICES	49,000	-	-
	.5261							
P-1	ADMINISTRATIVE OFFICER PR	144	96	96				
	.4955 .4956 .4957 .4958							
	.4959 .4960							
G-7	SECRETARY PR	24	24	24				
	.0157							
G-6	ADMINISTRATIVE ASSISTANT PR	-	24	24				
	.4274							
G-6	SECRETARY PR	96	48	48				
	.0105 .3179 .3877 .5334							
G-6	SECRETARY WR	48	48	48				
	4.0034 4.4396							
G-5	SECRETARY PR	24	24	24				
	.0148							

Program Services

Program services are not distributed into specific program, since they are in support of all the technical programs. These services have, therefore, been grouped under this category to facilitate review and administration. The functions and costs involved are those related to operations management, program surveillance (including project reports), legal services, long-term planning, public information activities, liaison with other international organizations, and administration of the publications program.

Operations Management

TOTAL		-	192	192	TOTAL	PR -	690,800	775,300
D-2	OPERATIONS MANAGER PR	-	24	24	PERSONNEL - POSTS	-	666,800	748,800
	.4071				STAFF DUTY TRAVEL	-	24,000	26,500
P-4	HEALTH PROGRAM ANALYST PR	-	72	72				
	.4697 .4699 .4700							
G-7	SECRETARY PR	-	24	24				
	.4702							
G-5	SECRETARY PR	-	48	48				
	.4703 .5392							
G-4	SECRETARY PR	-	24	24				
	.4951							

Program Surveillance

TOTAL		222	216	216	TOTAL	PR 626,000	679,500	759,200
P-5	COMPUTER SCIENTIST PR	24	24	24	PERSONNEL - POSTS	605,000	679,500	759,200
	.0093				STAFF DUTY TRAVEL	21,000	-	-
P-5	PROGRAM OFFICER PR	24	24	24				
	.0010							
P-2	AGREEMENTS OFFICER PR	24	-	-				
	.4202							
P-2	REPORTS OFFICER PR	24	24	24				
	.3061							
P-2	SYSTEMS ANALYST PR	6	24	24				
	.5044							
P-1	DATA OFFICER PR	24	24	24				
	.5251							

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
P-1 INFORMATION OFFICER .0102	PR	24	24	24					
G-5 OFFICE ASSISTANT .0109	PR	24	24	24					
G-5 SECRETARY .0011 .1071	PR	48	48	48					

Legal Office

TOTAL		-	48	48	TOTAL	PR	-	181,300	202,200
P-5 LEGAL OFFICER .5227	PR	-	24	24	PERSONNEL - POSTS	-	-	176,300	197,200
G-5 SECRETARY .5228	PR	-	24	24	STAFF DUTY TRAVEL	-	-	5,000	5,000

Long-term Planning

TOTAL		-	96	96	TOTAL		10,000	717,700	857,200
P-6 COORD., LONG-TERM PLANNING .5376	PR	-	24	24	SUBTOTAL	PR	-	521,400	635,000
P-5 INFORMATION SYSTEMS OFFICER 4.5495	WR	-	24	24	PERSONNEL - POSTS	-	-	182,000	205,000
G-5 SECRETARY 4.0070	WR	-	24	24	PERSONNEL - CONSULTANTS	-	-	316,400	401,000
G-4 SECRETARY .4950	PR	-	24	24	STAFF DUTY TRAVEL	-	-	20,000	25,000
					COURSES AND SEMINARS	-	-	3,000	4,000
TOTAL		-	1130	995	SUBTOTAL	PG	10,000	-	-
CONSULTANT DAYS	PR	-	1130	995	TEMPORARY STAFF		10,000	-	-
					SUBTOTAL	WR	-	196,300	222,200
					PERSONNEL - POSTS	-	-	176,300	197,200
					STAFF DUTY TRAVEL	-	-	20,000	25,000

Information and Public Affairs

TOTAL		-	48	48	TOTAL	PR	-	190,900	215,000
D-1 PUBLIC AFFAIRS OFFICER .5439	PR	-	24	24	PERSONNEL - POSTS	-	-	190,900	215,000
G-6 SECRETARY .5441	PR	-	24	24					

Detail to IICA

TOTAL		23	-	-	TOTAL	PG	72,500	-	-
U-G VETERINARIAN .5393	PG	23	-	-	PERSONNEL - POSTS		72,500	-	-

Liaison with International Organizations

TOTAL		115	192	192	TOTAL		433,700	753,700	862,800
P-6 LIAISON OFFICER .3468	PR	24	24	24	SUBTOTAL	PX	114,600	136,200	165,000
P-5 LIAISON OFFICER 4.4362	WR	24	24	24	PERSONNEL - POSTS		100,600	110,300	130,100
P-4 LIAISON OFFICER .5364	PR	-	24	24	PERSONNEL - CONSULTANTS		8,000	15,400	22,200
P-4 PROJECT DEVELOPMENT OFFICER .5425	PX	19	24	24	STAFF DUTY TRAVEL		6,000	10,500	12,700
P-2 AGREEMENTS OFFICER .4202	PR	-	24	24					

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
								\$	\$
G-7 OFFICE TECHNICIAN -0218	PR	24	24	24	SUBTOTAL	PR	165,700	436,000	494,900
G-5 SECRETARY -5387	PR	-	24	24	PERSONNEL - POSTS		161,400	430,700	486,200
G-5 SECRETARY 4-4359	WR	24	24	24	STAFF DUTY TRAVEL		4,300	5,300	10,700
					SUBTOTAL	WR	153,400	181,500	202,900
TOTAL		40	55	55	PERSONNEL - POSTS		149,200	176,300	197,200
CONSULTANT DAYS	PX	40	55	55	STAFF DUTY TRAVEL		4,200	5,200	9,700

Health and Biomedical Publications

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
TOTAL		-	48	48	TOTAL	PR	-	182,300	204,200
P-5 CHIEF OF PUBLICATIONS -5337	PR	-	24	24	PERSONNEL - POSTS		-	176,300	197,200
G-5 SECRETARY -5361	PR	-	24	24	STAFF DUTY TRAVEL		-	6,000	7,000

Public Information

	FUND	1980- 1981	1982- 1983	1984- 1985		FUND	1980-1981	1982-1983	1984-1985
TOTAL		72	72	72	TOTAL		336,900	400,000	436,400
P-2 JOURNALIST/EDITOR -0016	PR	24	24	24	SUBTOTAL	PR	258,700	311,000	343,300
G-7 OFFICE TECHNICIAN -5333	PR	-	24	24	PERSONNEL - POSTS		135,200	170,200	188,100
G-5 OFFICE ASSISTANT -3329	PR	24	24	24	PUBLIC INFORMATION		38,300	43,300	47,700
G-4 CLERK -4649	PR	24	-	-	PAN AMERICAN HEALTH		85,200	97,500	107,500
					SUBTOTAL	WR	78,200	89,000	93,100
					PUBLIC INFORMATION		38,200	43,300	42,700
					WORLD HEALTH DAY		40,000	45,700	50,400

Administrative Services

Budget and Finance

This Department is responsible for budgetary policies and procedures; budget development and execution; financial and accounting policies, rules and procedures; controlling, disbursing and reporting on funds of the Organization, and the PAHO Textbook Program.

	FUND	1983	1984	1985		FUND	1983	1984	1985
TOTAL		4,277,900	4,961,210	5,657,660	TOTAL		4,277,900	4,961,210	5,657,660
P-6 CHIEF OF BUDGET AND FINANCE -0158	PR	24	24	24	SUBTOTAL	PX	341,600	493,310	544,260
P-4 COST ACCOUNTANT -5094	PR	12	-	-	PERSONNEL - POSTS		329,700	493,310	544,260
P-4 FINANCE OFFICER -0169	PR	24	24	24	TEMPORARY STAFF		9,400	-	-
P-4 SPECIAL PROJECTS OFFICER -0231	PR	24	24	24	STAFF DUTY TRAVEL		2,500	-	-
P-4 SYSTEMS ACCOUNTANT -4662	PR	24	24	24	SUBTOTAL	PR	3,077,100	3,362,600	3,788,400
G-7 OFFICE TECHNICIAN -0194	PR	24	24	24	PERSONNEL - POSTS		3,057,100	3,338,800	3,762,200
G-6 SECRETARY -0159	PR	24	24	24	STAFF DUTY TRAVEL		20,000	23,800	26,200
G-4 CLERK 4-0188	WR	24	24	24	SUBTOTAL	WR	859,200	1,105,300	1,325,000
G-4 CLERK-TYPIST -2170 -3716 -4643	PR	72	72	72	PERSONNEL - POSTS		859,200	1,105,300	1,325,000
BUDGET									
P-5 BUDGET OFFICER -0160	PR	24	24	24					
P-4 BUDGET OFFICER -0161	PR	24	-	-					
P-3 BUDGET OFFICER -0164 -3090	PR	48	48	48					
P-2 BUDGET OFFICER -5299	PX	24	24	24					
P-2 BUDGET OFFICER 4-0162 4-0163 4-5099	WR	48	48	72					
G-8 BUDGET TECHNICIAN -4935	PR	24	-	-					

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985		
	1981	1983	1985			\$	\$		
PROPERTY SERVICES									
P-3	PROPERTY SERVICES OFFICER .4210	WR	24	-	-				
P-2	BUILDING ENGINEER .4249	PR	24	24	24				
P-1	BUILDING ENGINEER .4250 .4251 .4252	PR	72	72	72				
G-8	PROPERTY SERVICES TECHNIC. .0224	PR	24	24	24				
G-7	PROPERTY SERVICES TECHNIC. .0222	PR	24	24	24				
G-6	PROPERTY SERVICES ASSISTANT .0223	PR	24	24	24				
G-6	SWITCHBOARD OPERATOR .0225	PR	24	24	24				
G-5	PROPERTY SERVICES ASSISTANT .0139	PR	24	24	24				
G-4	DRIVER .4915	PK	24	24	24				
G-4	PROPERTY SERVICES ASSISTANT .1068	PR	24	24	24				
G-4	PROPERTY SERVICES ASSISTANT .4229	WR	24	24	24				
G-4	SWITCHBOARD OPERATOR .0941 .4240	PR	48	24	24				
G-3	PROPERTY SERVICES CLERK .0226 .2079	PR	48	24	24				
COMMUNICATIONS AND MAIL									
P-2	COMMUNICATIONS OFFICER .0232	PR	24	24	24				
G-6	COMMUNICATIONS ASSISTANT .0235 .4253 .5397	PR	48	48	48				
G-5	COMMUNICATIONS ASSISTANT .0234 .3638	PR	48	48	48				
G-5	COMMUNICATIONS ASSISTANT .4228 .4233	WR	48	48	48				
G-3	MESSENGER .0237 .3715	PR	48	48	48				
G-3	MESSENGER .42081	WR	24	24	24				
PRINTING AND DUPLICATING									
G-8	PRINTING TECHNICIAN .1040	PR	24	24	24				
G-5	PRINTING ASSISTANT .0227 .2080 .3611	PR	72	72	72				
G-4	PRINTING ASSISTANT .3637	PR	24	24	24				
WORD PROCESSING SERVICE									
G-8	WORD PROCESSING SUPERVISOR .5137	PR	24	24	24				
G-6	WORD PROCESSING OPERATOR .3484	PR	24	24	24				
G-6	WORD PROCESSING OPERATOR .43485	WR	24	24	24				
G-5	WORD PROCESSING OPERATOR .0167 .0819 .3456 .3460 .3461 .3463	PR	144	96	96				
Management and Computer Services									
This Department has responsibilities in two areas (1) <u>Administrative Analysis</u> : management surveys; directives and procedures; staffing analysis; management advisory services and assistance; and delegations of authority. (2) <u>Computer Services</u> : computer support services for administrative and technical work; and advisory services to Member Governments and PAHO activities.									
TOTAL			192	192	192	TOTAL	573,000	633,000	712,100
P-5	CHIEF, MGMT. & COMPUTER SVC .3344	PR	24	24	24				
G-6	SECRETARY .4856	PR	24	24	24				
ADMINISTRATIVE ANALYSIS						PERSONNEL - POSTS	514,900	579,700	654,300
P-4	ADMINISTRATIVE OFFICER .4802	PR	24	24	24				
P-4	MANAGEMENT OFFICER .4506	PR	24	24	24				
P-2	MANAGEMENT OFFICER .3609	PR	24	24	24				
G-7	MANAGEMENT TECHNICIAN .4937	PR	24	24	24				
G-5	SECRETARY .3181	PR	24	24	24				
G-4	ARCHIVES CLERK .4236	WR	24	24	24				
						STAFF DUTY TRAVEL	27,000	18,000	19,000
						SUBTOTAL	541,900	597,700	673,300
						SUBTOTAL	31,100	35,300	38,800
						PERSONNEL - POSTS	31,100	35,300	38,800

FUND	1980-	1982-	1984-	FUND	1980-1981	1982-1983	1984-1985
	1981	1983	1985			5	5

Personnel

This Department is responsible for personnel recruitment and assignment; post classification and salary systems; performance of appraisal system; staff rules and personnel policies/procedures; personnel records and files; staff training and staff development; and PAHO Health Room.

TOTAL		723	744	744	TOTAL	1,791,400	2,027,170	2,282,850
P-6 CHIEF OF PERSONNEL -0250	PR	24	24	24				
P-4 PERSONNEL OFFICER -4939	PX	3	24	24	SUBTOTAL	PX 166,500	178,370	203,350
P-4 PERSONNEL OFFICER -0252	PR	24	24	24	PERSONNEL - POSTS	156,500	155,270	175,450
P-4 PERSONNEL OFFICER 4.5054	WR	24	24	24	STAFF DUTY TRAVEL	10,000	23,100	27,900
P-3 PERSONNEL OFFICER -0253 -4798	PR	48	24	24	SUBTOTAL	PR 1,034,200	1,151,800	1,296,900
P-3 PERSONNEL OFFICER 4.0251 4.0254	WR	48	48	48	PERSONNEL - POSTS	1,034,200	1,151,800	1,296,900
P-2 PERSONNEL OFFICER 4.0256 4.4524	WR	48	48	48	SUBTOTAL	WR 590,700	697,000	782,600
P-1 PERSONNEL OFFICER -0255 -3065	PR	48	24	24	PERSONNEL - POSTS	552,400	653,800	735,100
G-7 PERSONNEL TECHNICIAN -0255 -4068	PR	48	48	48	STAFF DUTY TRAVEL	38,300	43,200	47,500
G-7 PERSONNEL TECHNICIAN 4.0260 4.2172	WR	48	48	48				
G-7 STAFF RELATIONS TECHNICIAN -4644	PR	24	24	24				
G-6 PERSONNEL ASSISTANT -0207 -0264 -3560 -4164 -4425 -5384	PR	120	144	144				
G-6 PERSONNEL ASSISTANT 4.0257 4.0258	WR	48	48	48				
G-5 PERSONNEL ASSISTANT -2078 -2084 -3095 -4254 -5210	PR	96	120	120				
G-5 SECRETARY -5231	PX	24	24	24				
G-5 SECRETARY -3462 -4796	PR	48	48	48				

Procurement

This Office is responsible for the procurement and shipment of supplies, equipment and services for the operating program of the Organization and for the procurement and shipment of supplies and equipment on behalf of Member Governments.

TOTAL		504	480	480	TOTAL	1,078,400	1,217,710	1,357,810
P-4 CHIEF OF PROCUREMENT -0219	PR	24	24	24				
P-3 PROCUREMENT OFFICER -0239	PR	24	24	24	SUBTOTAL	PX -	201,510	222,910
P-3 PROCUREMENT OFFICER 4.0238	WR	24	24	24	PERSONNEL - POSTS	-	201,510	222,910
P-2 PROCUREMENT OFFICER -4486	PR	24	24	24	SUBTOTAL	PR 778,600	710,900	795,300
P-2 PROCUREMENT OFFICER 4.0241 4.0242	WR	48	48	48	PERSONNEL - POSTS	768,600	700,900	784,300
P-1 PROCUREMENT OFFICER -4919	PX	-	24	24	STAFF DUTY TRAVEL	10,000	10,000	11,000
P-1 PROCUREMENT OFFICER -4916 -4919 -4920	PR	72	48	48	SUBTOTAL	WR 299,800	305,300	339,600
G-8 PROCUREMENT TECHNICIAN 4.0245	WR	24	24	24	PERSONNEL - POSTS	299,800	305,300	339,600
G-7 PROCUREMENT TECHNICIAN -0249	PX	-	24	24				
G-7 PROCUREMENT TECHNICIAN 4.0245	WR	24	-	-				
G-6 PROCUREMENT ASSISTANT -4865	PX	-	24	24				
G-6 PROCUREMENT ASSISTANT -4208 -4865	PR	48	24	24				
G-5 PROCUREMENT ASSISTANT -0248 -2083 -4941	PR	72	72	72				
G-5 PROCUREMENT CLERK -2084	PR	24	-	-				
G-5 SECRETARY -2082	PR	24	24	24				
G-4 PROCUREMENT ASSISTANT -4792 -4866	PR	48	48	48				
G-4 PROCUREMENT CLERK -4942	PX	-	24	24				
G-4 PROCUREMENT CLERK -4942	PR	24	-	-				

	1980-	1982-	1984-		1982-1983	1984-1985
FUND	1981	1983	1985	FUND		

Other Personnel Costs

The Department of Personnel coordinates the training and development of staff members to meet programmed human resources requirements. The management trainee program is an important part of this effort. Funds for staff relations are also included under this heading.

TOTAL	-	120	144	TOTAL	190,200	754,500	1,072,200		
P-1 MANAGEMENT TRAINEE	PR	-	120	144	SUBTOTAL	PR	156,800	754,500	1,072,200
.5343 .5344 .5345 .5394					PERSONNEL - POSTS		-	332,500	448,200
.5395 .5396					TEMPORARY STAFF		15,000	-	-
					STAFF RELATIONS		15,300	22,000	24,000
					STAFF TRAINING		126,500	400,000	600,000
					SUBTOTAL	WR	33,400	-	-
					TEMPORARY STAFF		33,400	-	-

General Operating Expenses - Headquarters

The estimates for the various general operating expenses for the Washington Office are shown by major expense items in the schedules. Costs are apportioned on a pro rata basis between funds budgeted under PAHO and WHO.

TOTAL	4,361,763	5,393,700	6,529,900
SUBTOTAL	PX 62,163	-	-
CONTRACTUAL SERVICES	8,500	-	-
SUPPLIES AND MATERIAL	10,500	-	-
FURNITURE & EQUIPMENT	43,163	-	-
SUBTOTAL	PR 2,770,200	3,780,700	4,566,700
CONTRACTUAL SERVICES	103,200	225,100	274,000
PREMISES RENTAL & MAINT.	845,300	1,003,800	1,221,600
UTILITIES	343,400	368,700	430,700
EQUIP. RENTAL AND MAINT.	290,500	308,000	374,800
COMMUNICATIONS	710,800	435,900	1,140,000
FREIGHT AND INSURANCE	143,700	164,100	199,700
SUPPLIES AND MATERIAL	289,800	488,600	594,600
FURNITURE & EQUIPMENT	33,800	95,800	116,600
IMPROVEMENT OF PREMISES	9,700	190,700	214,700
SUBTOTAL	WR 1,529,400	1,613,000	1,963,200
CONTRACTUAL SERVICES	126,300	101,100	123,000
PREMISES RENTAL & MAINT.	441,100	451,000	549,000
UTILITIES	156,900	165,700	201,700
EQUIP. RENTAL AND MAINT.	100,800	138,400	168,500
COMMUNICATIONS	396,300	420,500	511,700
FREIGHT AND INSURANCE	71,800	73,700	89,700
SUPPLIES AND MATERIAL	137,800	219,500	267,100
FURNITURE & EQUIPMENT	73,800	43,100	52,500
IMPROVEMENT OF PREMISES	24,600	-	-

PART IV GOVERNING BODIES

GOVERNING BODIES - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
IV. GOVERNING BODIES	1,779,000	100.0	1,743,100	100.0	2,017,200	100.0
GRAND TOTAL	1,779,000	100.0	1,743,100	100.0	2,017,200	100.0

GOVERNING BODIES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
	\$				\$	\$	\$	\$	\$	\$	\$
1980-1981											
PAHD--PR	1,063,400	120	168	-	669,800	4,700	-	-	7,200	-	381,700
PX	82,000	-	-	-	-	-	-	-	82,000	-	-
PR	150,000	-	-	-	-	-	-	-	-	-	150,000
WHD--WR	483,600	72	24	-	323,800	-	-	-	32,400	-	127,400
TOTAL	1,779,000	192	192	-	993,600	4,700	-	-	121,600	-	659,100
PCT. OF TOTAL	100.0				55.9	3			6.8		37.0
1982-1983											
PAHD--PR	1,172,800	96	168	-	698,300	-	-	-	-	-	474,500
WHD--WR	570,300	72	24	-	368,900	-	-	-	-	-	201,400
TOTAL	1,743,100	168	192	-	1,067,200	-	-	-	-	-	675,900
PCT. OF TOTAL	100.0				61.2						38.8
1984-1985											
PAHD--PR	1,355,500	96	168	-	786,100	-	-	-	-	-	569,400
WHD--WR	661,700	72	24	-	419,900	-	-	-	-	-	241,800
TOTAL	2,017,200	168	192	-	1,206,000	-	-	-	-	-	811,200
PCT. OF TOTAL	100.0				59.8						40.2

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

	1980-	1982-	1984-		1980-1981	1982-1983	1984-1985
FUND	1981	1983	1985			\$	\$

GOVERNING BODIES - DETAIL

Conference and Translation Section

Included in this section are the estimates for the costs of serving the Governing Bodies meetings.

<u>TOTAL</u>		<u>384</u>	<u>360</u>	<u>360</u>	<u>TOTAL</u>	<u>971,500</u>	<u>1,067,200</u>	<u>1,206,000</u>
<u>CONFERENCE SERVICES</u>					<u>SUBTOTAL</u>	PR <u>655,300</u>	<u>698,300</u>	<u>786,100</u>
P-4	CONFERENCE OFFICER	PR	48	48	PERSONNEL - POSTS	655,300	698,300	786,100
	.0201 .3539				<u>SUBTOTAL</u>	WR <u>316,200</u>	<u>368,900</u>	<u>419,900</u>
P-3	CONFERENCE OFFICER	PR	24	24				
	.0202				PERSONNEL - POSTS	316,200	368,900	419,900
P-2	CONFERENCE OFFICER	PR	24	24				
	.0205							
G-8	ELECTRONICS TECHNICIAN	PR	24	24				
	.2169							
G-6	CONFERENCE ASSISTANT	PR	24	24				
	.0206							
G-6	CONFERENCE ASSISTANT	WR	24	24				
	4.3315							
G-5	SECRETARY	PR	24	24				
	.0203							
<u>TRANSLATION SERVICES</u>								
P-4	TRANSLATOR	WR	48	48				
	4.0209 4.0212							
P-3	TRANSLATOR	WR	24	24				
	4.0014							
P-2	DICTIONARY OFFICER	PR	24	-				
	.5259							
G-6	CLERK	PR	24	24				
	.0216							
G-4	OFFICE ASSISTANT	PR	72	72				
	.0217 .1053 .3334							

Meetings of the Pan American Sanitary Conference, Directing Council, and WHO Regional Committee

Included in this section are the estimates for the costs of the meetings of the Pan American Sanitary Conference, Directing Council, and WHO Regional Committee, as well as for the Executive Committee meetings held at the same time. The estimates are based on the assumption that meetings will be held in the Bureau's conference facility.

<u>TOTAL</u>		<u>662,500</u>	<u>497,000</u>	<u>596,500</u>
<u>SUBTOTAL</u>	PX	<u>82,000</u>	-	-
FURNITURE & EQUIPMENT		82,000	-	-
<u>SUBTOTAL</u>	PB	<u>150,000</u>	-	-
IMPROVEMENT OF PREMISES		150,000	-	-
<u>SUBTOTAL</u>	PR	<u>263,100</u>	<u>295,600</u>	<u>354,700</u>
CONFERENCE SERVICES		125,500	295,600	354,700
GOVERNING BODIES DOCS.		137,600	-	-
<u>SUBTOTAL</u>	WR	<u>167,400</u>	<u>201,400</u>	<u>241,800</u>
TEMPORARY STAFF		7,600	-	-
DELEGATES' TRAVEL		14,700	-	-
CONFERENCE SERVICES		112,700	201,400	241,800
SUPPLIES AND MATERIAL		32,400	-	-

	1980-	1982-	1984-			
FUND	1981	1983	1985	FUND	1980-1981	1982-1983
						\$
						\$

Meetings of the Executive Committee

This section contains the estimated cost of the meetings of the Executive Committee, which are usually held during the first half of the year. The estimates are based on the assumption that meetings will be held in the Bureau's conference facility.

<u>TOTAL</u>	PR	<u>145,000</u>	<u>170,900</u>	<u>214,700</u>
TEMPORARY STAFF		14,500	-	-
STAFF DUTY TRAVEL		4,700	-	-
CONFERENCE SERVICES		118,600	170,900	214,700
SUPPLIES AND MATERIAL		7,200	-	-

PART V INCREASE TO ASSETS

 INCREASE TO ASSETS - PROGRAM BUDGET

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
V. INCREASE TO ASSETS *****	-	-	-	-	1,900,000	100.0
GRAND TOTAL *****	-	-	-	-	1,900,000	100.0

 INCREASE TO ASSETS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
1984-1985	\$				\$	\$	\$	\$	\$	\$	\$
PAHC--PR	1,900,000	-	-	-	-	-	-	-	-	-	1,900,000
TOTAL	1,900,000	-	-	-	-	-	-	-	-	-	1,900,000
PERC. OF TOTAL	100.0										100.0

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT.

 INCREASE TO ASSETS - DETAIL

Increase to Assets

In this category is included the amount for increasing the Working Capital Fund.

TOTAL	PA	-	-	1,900,000
INCREASE TO ASSETS		-	-	1,900,000

PART VI SPECIAL FUND FOR HEALTH PROMOTION

SPECIAL FUND FOR HEALTH PROMOTION - PROGRAM BUDGET^a

	1980-1981		1982-1983		1984-1985	
	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
	\$		\$		\$	
VI. REPAYMENT OF LOAN	500,000	100.0	500,000	100.0	500,000	100.0

SPECIAL FUND FOR HEALTH PROMOTION - SUMMARY OF INVESTMENTS^a

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT		OTHER
		MONTHS PROF.	CONS.	LOCAL DAYS		MONTHS	AMOUNT		GRANTS		
	\$				\$	\$	\$	\$	\$	\$	\$
1980-1981											
PAHO -- PR*	500,000	-	-	-	-	-	-	-	-	-	500,000
PCT. OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0
1982-1983											
PAHO -- PR*	500,000	-	-	-	-	-	-	-	-	-	500,000
PCT. OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0
1984-1985											
PAHO -- PR*	500,000	-	-	-	-	-	-	-	-	-	500,000
PCT. OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0

* PAHO Regular Budget

^a In order to avoid a cumbersome and divided presentation of the program, the project to be financed under this part is included with all the other projects presented under the respective intercountry heading, namely AMRO-8100, where it is identified by a footnote. Since this project is included in the intercountry summaries, the amounts shown in the tables above are "non-add" figures. See the narrative portion of the detail section below for a further explanation of the Special Fund for Health Promotion.

SPECIAL FUND FOR HEALTH PROMOTION - DETAIL

The Special Fund for Health Promotion is based on an agreement with the W. K. Kellogg Foundation under which the Foundation agreed to lend to the Pan American Health Organization the sum of \$5,000,000 to be used toward erecting a headquarters building for the Pan American Health Organization, Regional Office for the Americas of the World Health Organization. This loan is repayable in annual installments, as agreed, beginning in 1962 and to be repaid in full on or before 1 January 1982, without interest. Instead of being made to the Foundation, however, these annual payments are allocated to a Special Fund for Health Promotion to finance expanded program activities. In view of the nature of this allocation, it is understood that the remaining items of the budget will cover and not reduce regular program activities. As noted above, the repayment will be completed in 1982. It is proposed that this fund be continued and used to repay the loan obtained for the textbook program.

PAHO is required to use the Fund to expand activities relating to (1) community water supplies; (2) nutrition; and (3) educational and training activities, including fellowships, although PAHO may from time to time revise these expanded activities by approval of the Directing Council or the Conference, and give notice thereof to the Foundation.

Listed below is the project composing the Special Fund. The project is footnoted in this document.

		1980-1981	1982-1983	1984-1985
		\$	\$	\$
TOTAL FUNDS	PR	500,000	500,000	500,000
Technological Resources				
Textbooks and Other Teaching Materials				
AMRO-8100, Medical Textbooks		500,000*	500,000*	500,000*

* Non-add

ANNEXES

ANNEX 1

PROFESSIONAL STAFF SALARY SCALE
(Effective 1 January 1981)*

Level	S T E P S													
	I US\$	II US\$	III US\$	IV US\$	V US\$	VI US\$	VII US\$	VIII US\$	IX US\$	X US\$	XI US\$	XII US\$	XIII US\$	
P-1	Gross	18 200	18 964	19 740	20 516	21 318	22 120	22 935	23 724	24 513	25 285			
	Net D	15 166	15 693	16 229	16 749	17 278	17 807	18 345	18 866	19 371	19 858			
	Net S	14 304	14 793	15 290	15 770	16 259	16 747	17 243	17 724	18 189	18 636			
P-2	Gross	24 233	25 097	25 967	26 832	27 706	28 589	29 492	30 387	31 285	32 184	33 078		
	Net D	19 195	19 739	20 287	20 832	21 383	21 927	22 478	23 024	23 572	24 120	24 663		
	Net S	18 027	18 527	19 031	19 532	20 038	20 534	21 033	21 528	22 025	22 522	23 014		
P-3	Gross	30 518	31 589	32 648	33 713	34 814	35 939	37 055	38 157	39 202	40 237	41 282	42 315	43 475
	Net D	23 104	23 757	24 403	25 032	25 670	26 323	26 970	27 606	28 191	28 771	29 356	29 934	30 517
	Net S	21 600	22 193	22 778	23 346	23 922	24 510	25 094	25 667	26 190	26 709	27 232	27 750	28 271
P-4	Gross	38 167	39 398	40 630	41 862	43 101	44 367	45 627	46 887	48 211	49 547	50 884	52 173	
	Net D	27 612	28 301	28 991	29 681	30 372	31 043	31 710	32 378	33 080	33 772	34 440	35 085	
	Net S	25 672	26 288	26 906	27 523	28 141	28 741	29 338	29 935	30 563	31 180	31 775	32 349	
P-5	Gross	48 661	50 086	51 495	52 856	54 218	55 605	57 005	58 405	59 818	61 231			
	Net D	33 318	34 041	34 746	35 426	36 107	36 788	37 460	38 132	38 811	39 485			
	Net S	30 776	31 420	32 047	32 653	33 259	33 864	34 459	35 054	35 655	36 252			
P-6/ D-1	Gross	55 919	57 732	59 531	61 342	63 193	64 998	66 755						
	Net D	36 939	37 809	38 673	39 537	40 398	41 237	42 054						
	Net S	33 998	34 768	35 533	36 298	37 058	37 800	38 522						
D-2	Gross	67 009	68 931	70 908	72 927									
	Net D	42 172	43 052	43 942	44 850									
	Net S	38 627	39 407	40 200	41 010									

D - Rate applicable to staff members with a dependent spouse or dependent child
S - Rate applicable to staff members with no dependent spouse or dependent child.

* Subject to confirmation by the Executive Committee at its 86th Meeting.

ANNEX 2

SUMMARY OF PROFESSIONAL AND LOCAL PERSONNEL
ALL PARTS - ALL FUNDS
1980-1981 1982-1983 1984-1985

SOURCE OF FUNDS*	PERSONNEL MONTHS								
	TOTAL			PROFESSIONAL			LOCAL		
	1980-81	1982-83	1984-85	1980-81	1982-83	1984-85	1980-81	1982-83	1984-85
DETAIL BY PARTS									
PART I SERVICES TO INDIVIDUALS	23,632	19,600	18,596	9,634	7,481	6,822	13,738	12,127	11,774
PR	9,479	7,441	7,350	4,571	3,361	3,318	4,908	4,040	4,032
PM	354	280	240	217	136	96	137	144	144
PA	1,910	2,270	2,640	410	470	500	1,500	1,400	2,160
PN	2,466	1,820	1,310	536	360	240	1,730	1,440	1,070
PJ	1,081	1,601	1,536	241	125	96	1,440	1,476	1,440
PG	3,155	2,177	2,136	558	133	120	2,636	2,044	2,016
PX	11	7	-	-	-	-	11	-	-
WR	3,462	3,280	3,336	2,550	2,416	2,424	912	804	912
WD	51	-	-	51	-	-	-	-	-
UNDP	362	154	4	324	154	4	58	-	-
UNFPA	568	578	24	304	306	24	264	272	-
WC	36	-	-	36	-	-	-	-	-
WV	36	-	-	36	-	-	-	-	-
PART II DEVELOPMENT OF THE INFRASTRUCTURE	12,602	11,319	10,692	6,083	5,091	4,716	6,519	6,228	5,976
PR	8,273	7,290	7,248	3,549	3,012	2,576	4,324	4,284	4,232
PM	372	456	456	96	120	120	276	336	336
PA	22	24	-	22	24	24	-	-	-
PN	2,438	2,098	2,904	1,710	1,554	1,560	1,128	1,344	1,344
PJ	369	120	12	213	84	12	96	32	-
UNDP	144	144	-	72	72	-	72	72	-
UNFPA	38	-	-	19	-	-	19	-	-
PART III ADMINISTRATIVE DIRECTION	5,664	5,616	5,664	1,559	2,112	2,160	3,305	3,504	3,504
PR	4,074	4,224	4,248	1,554	1,632	1,656	2,568	2,592	2,592
PM	207	384	384	70	120	120	137	264	264
WR	960	1,008	1,032	360	360	384	600	648	648
PART IV GOVERNING BODIES	364	360	360	152	168	168	192	192	192
PR	288	264	264	120	96	96	168	168	168
WR	96	96	96	72	72	72	24	24	24
TOTAL ALL PARTS	41,882	36,903	35,312	18,068	14,852	13,866	23,814	22,051	21,446
DETAIL BY FUNDS									
PR	22,114	19,225	19,110	9,746	8,151	8,046	12,368	11,124	11,064
PM	354	280	240	217	136	96	137	144	144
PA	1,910	2,270	2,660	410	470	500	1,500	1,400	2,160
PN	2,466	1,820	1,310	536	360	240	1,930	1,440	1,070
PJ	1,081	1,601	1,536	241	125	96	1,440	1,476	1,440
PG	3,155	2,177	2,136	558	133	120	2,636	2,044	2,016
PH	372	456	456	96	120	120	276	336	336
PX	240	419	408	52	144	144	148	271	264
WR	7,356	7,280	7,368	4,652	4,402	4,440	2,664	2,800	2,928
WD	51	-	-	51	-	-	-	-	-
UNDP	751	274	18	597	238	16	154	36	-
UNFPA	712	722	24	376	378	24	336	344	-
WA	38	-	-	19	-	-	19	-	-
WC	36	-	-	36	-	-	-	-	-
WV	36	-	-	36	-	-	-	-	-
TOTAL ALL FUNDS	41,882	36,903	35,312	18,068	14,852	13,866	23,814	22,051	21,446

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

ANNEX 3

PROJECTS PROPOSED TO BE IMPLEMENTED IF FUNDS
BECOME AVAILABLE IN THE 1982-1983 BIENNIUM

	Personnel Costs \$	Fellowships and Seminars \$	Supplies and Other \$	Total \$
<u>Disease Prevention and Control</u>	2,303,300	292,400	751,300	3,347,000
Argentina-0100, Communicable Disease Control	-	28,000	-	28,000
Argentina-0400, Tuberculosis Control	-	14,000	-	14,000
Argentina-1700, Chronic Diseases	-	11,200	-	11,200
Bahamas-0100, Communicable Disease Control	-	60,200	-	60,200
Belize-0200, Eradication of Malaria and <u>Aedes aegypti</u>	-	-	12,000	12,000
Brazil-0200, Malaria Eradication	-	-	164,000	164,000
Brazil-4300, Epidemiology	126,000	-	-	126,000
Chile-0100, Communicable Disease Control	15,400	-	4,000	19,400
Chile-1700, Chronic Diseases	23,800	-	14,000	37,800
Costa Rica-0200, Malaria Eradication	-	-	10,000	10,000
Costa Rica-4300, Epidemiology	129,900	-	-	129,900
Cuba-0100, Epidemiology	21,000	32,200	10,800	64,000
Cuba-0900, Vector Control	11,200	4,200	20,000	35,400
Cuba-1200, Control of Viral Hepatitis	4,200	8,400	22,000	34,600
Cuba-1700, Gerontology	12,600	25,200	15,000	52,800
Cuba-1701, Control of Peripheral Atherosclerosis	12,600	5,600	12,000	30,200
Cuba-1702, Control of Diabetes	5,600	18,200	20,000	43,800
Cuba-1703, Cancer Rehabilitation	8,400	14,000	12,000	34,400
Dominican Republic-0200, Malaria Eradication	16,800	-	20,000	36,800
Dominican Republic-4300, Epidemiology	119,900	-	6,000	125,900
Ecuador-0100, Disease Prevention and Control	25,200	-	-	25,200
El Salvador-4300, Epidemiology	42,000	-	-	42,000
Guatemala-0100, Disease Control	81,200	-	-	81,200
Guatemala-0200, Malaria Eradication	93,900	-	-	93,900
Guyana-0200, Malaria Eradication	129,300	-	-	129,300
Guyana-0700, <u>Aedes aegypti</u> Eradication	-	-	18,000	18,000
Haiti-0200, Malaria Eradication	-	-	22,000	22,000
Haiti-4300, Epidemiological Surveillance	128,100	-	-	128,100
Jamaica-0700, <u>Aedes aegypti</u> Eradication	-	-	9,000	9,000
Jamaica-4300, Epidemiological Surveillance	25,200	-	10,000	35,200
Mexico-0200, Malaria Eradication	-	-	111,200	111,200
Netherlands Antilles-0700, <u>Aedes aegypti</u> Eradication	8,400	-	3,200	11,600
Nicaragua-0200, Malaria Eradication	-	-	30,000	30,000
Panama-0200, Malaria Eradication	8,400	-	8,500	16,900
Panama-0700, <u>Aedes aegypti</u> Eradication	8,400	-	-	8,400
Panama-4300, Epidemiology	130,800	-	25,000	155,800
Paraguay-0200, Malaria Eradication	-	11,400	-	11,400
Suriname-0200, Malaria Eradication	-	-	15,000	15,000
Trinidad and Tobago-4300, Epidemiology	-	16,800	-	16,800
Uruguay-0100, Communicable Disease Control	147,800	-	-	147,800
Venezuela-0100, Communicable Disease Control	200,700	-	-	200,700
AMRO-0170, Expanded Program on Immunization	127,800	11,000	21,400	160,200
AMRO-0400, Control of Tuberculosis, Mycosis and Respiratory Diseases	76,200	-	30,000	106,200
AMRO-0500, Leprosy Control	354,300	-	-	354,300
AMRO-0600, Venereal Disease and Treponematoses	22,400	-	-	22,400
AMRO-0710, <u>Aedes aegypti</u> Eradication (Caribbean)	20,300	-	-	20,300
AMRO-0900, Technical Advisory Services on Vector Biology and Control	35,300	-	-	35,300
AMRO-1203, Control of Diarrheal Diseases	79,800	6,000	17,500	103,300
AMRO-1776, Control of Cardiovascular Diseases	28,000	26,000	44,700	98,700
AMRO-4300, Epidemiological Surveillance	22,400	-	44,000	66,400
<u>Family Health</u>	2,190,400	624,900	367,100	3,182,400
Argentina-1500, Mental Health	-	8,400	-	8,400
Argentina-1600, Dental Health	-	8,400	-	8,400
Bolivia-1300, Extension of Maternal and Child Health and Family Welfare Services	30,800	-	-	30,800
Bolivia-1301, Infant Mortality Study	117,100	18,300	64,600	200,000
Bolivia-1400, Nutrition	50,400	-	-	50,400

	Personnel Costs	Fellowships and Seminars	Supplies and Other	Total
	\$	\$	\$	\$
<u>Family Health (cont.)</u>				
Brazil-1301, Maternal and Child Health	120,400	-	-	120,400
Chile-1302, Rural Program of Maternal and Child Care	204,800	333,800	120,500	659,100
Colombia-1400, Nutrition	16,800	-	-	16,800
Cuba-1301, Urinary Infection during Pregnancy	8,400	11,200	15,000	34,600
Cuba-1500, Integrated Epilepsy Care	8,400	8,400	20,000	36,800
Dominican Republic-1600, Oral Health	-	-	10,000	10,000
Guatemala-1301, Family Health	8,400	80,800	-	89,200
Jamaica-1301, Maternal and Child Health	-	-	5,000	5,000
Jamaica-1500, Mental Health	8,400	-	-	8,400
Jamaica-1600, Oral Health	19,600	-	-	19,600
Nicaragua-1600, Dental Care Services	93,600	32,800	129,000	255,400
Peru-1400, National Project on Food and Nutrition	18,200	-	-	18,200
Venezuela-1401, Creation of a Nutrition Research Unit	175,200	-	-	175,200
AMRO-1300, Family Health and Population Dynamics	130,000	60,000	3,000	193,000
AMRO-1306, Maternal and Child Health Development Group	166,800	-	-	166,800
AMRO-1310, Family Health and Population Dynamics (Caribbean)	8,400	2,800	-	11,200
AMRO-1330, Maternal and Child Health (Area III)	18,500	-	-	18,500
AMRO-1360, Maternal and Child Health (Area VI)	334,400	-	-	334,400
AMRO-1370, Latin American Center for Perinatology and Human Development	179,800	-	-	179,800
AMRO-1400, National Food and Nutrition Policies	97,200	60,000	-	157,200
AMRO-1411, Caribbean Food and Nutrition Institute	127,200	-	-	127,200
AMRO-1430, Institute of Nutrition of Central America and Panama	126,500	-	-	126,500
AMRO-1510, Psychiatric Nursing (Caribbean)	121,100	-	-	121,100
<u>Environmental Health Services</u>	<u>3,764,900</u>	<u>634,500</u>	<u>1,257,200</u>	<u>5,656,600</u>
Brazil-2000, Environmental Sanitation	131,000	-	-	131,000
Brazil-3600, National Drug Quality Institute	145,100	-	-	145,100
Chile-3500, National Food Protection Program	63,000	137,000	-	200,000
Chile-3600, Drug Control	15,000	18,000	43,000	76,000
Cuba-3000, Occupational Health	16,800	28,000	20,000	64,800
Guatemala-3600, Drug Control	12,600	8,400	-	21,000
Haiti-2100, Water Supplies	122,100	-	-	122,100
Nicaragua-2106, Development of Underground Water Systems	171,600	36,400	403,400	611,400
Peru-3500, National Food Protection Program	201,400	79,300	4,000	284,700
Venezuela-2000, Environmental Sanitation	217,200	-	-	217,200
AMRO-2010, Sanitary Engineering (Caribbean)	-	5,600	-	5,600
AMRO-2020, Sanitary Engineering (Area II)	172,600	-	-	172,600
AMRO-2030, Sanitary Engineering (Area III)	318,700	-	-	318,700
AMRO-2070, Pan American Center for Sanitary Engineering and Environmental Science	391,500	-	-	391,500
AMRO-2100, Water Supplies	148,300	-	-	148,300
AMRO-2110, Development of Water Supplies and Environmental Health in the Commonwealth Caribbean	1,100,000	321,800	755,000	2,176,800
AMRO-2173, Institutional Development	144,800	-	-	144,800
AMRO-2300, Pan American Center for Human Ecology and Health	192,000	-	31,800	223,800
AMRO-2940, Sanitary Engineering Planning in the Andean Region (Area IV)	159,700	-	-	159,700
AMRO-3600, Drug Control	41,500	-	-	41,500
<u>Animal Health and Veterinary Public Health</u>	<u>836,000</u>	<u>183,800</u>	<u>528,100</u>	<u>1,547,900</u>
Brazil-3200, Veterinary Public Health	24,400	-	-	24,400
Cuba-3100, Improvement of Veterinary Services	25,200	16,800	25,000	67,000
Ecuador-3100, Animal Health and Veterinary Public Health	33,600	33,600	1,000	68,200
Haiti-3100, Veterinary Public Health	-	9,800	-	9,800
Mexico-3300, Zoonoses Control	16,800	9,800	-	26,600
Peru-3300, Rabies Control	-	-	8,100	8,100
Venezuela-3100, Veterinary Public Health	203,500	-	-	203,500
AMRO-3100, Special Program of Animal Health	41,500	-	-	41,500
AMRO-3101, Production of Veterinary Biologicals	342,400	111,000	494,000	947,400
AMRO-3110, Veterinary Public Health (Caribbean)	-	2,800	-	2,800
AMRO-3120, Veterinary Public Health (Area II)	40,100	-	-	40,100
AMRO-3130, Veterinary Public Health (Area III)	18,500	-	-	18,500
AMRO-3200, Pan American Foot-and-Mouth Disease Center	90,000	-	-	90,000

	Personnel Costs	Fellowships and Seminars	Supplies and Other	Total
	\$	\$	\$	\$
<u>Complementary Services</u>	<u>509,100</u>	<u>64,500</u>	<u>83,700</u>	<u>657,300</u>
Argentina-4200, Laboratory Services	-	-	13,000	13,000
Colombia-4200, Laboratory Services	8,400	-	-	8,400
Cuba-4201, Primary Care Laboratories	5,600	11,200	20,000	36,800
Cuba-4400, Health Promotion	11,200	12,600	30,000	53,800
Cuba-4500, Rehabilitation	5,600	14,000	20,000	39,600
Mexico-4500, Rehabilitation	127,700	-	-	127,700
Nicaragua-4400, Health Education for the Public	25,200	-	-	25,200
Peru-4500, Rehabilitation	8,400	-	-	8,400
Venezuela-4200, Laboratory Services	15,400	9,800	-	25,200
AMRO-4110, Nursing (Caribbean)	147,600	14,100	700	162,400
AMRO-4130, Nursing (Area III)	142,800	-	-	142,800
AMRO-4410, Health Education (Caribbean)	11,200	2,800	-	14,000
<u>Development of Health Services</u>	<u>6,329,100</u>	<u>1,007,100</u>	<u>878,500</u>	<u>8,214,700</u>
Argentina-5000, Health Services	229,300	-	-	229,300
Argentina-5201, Medical Care	329,500	-	-	329,500
Bahamas-5000, Program Planning and General Activities	19,600	-	-	19,600
Barbados-5100, Development of Health Services	139,200	-	-	139,200
Brazil-5000, Program Planning and General Activities	94,800	-	-	94,800
Brazil-5100, Development of Health Services	293,400	-	-	293,400
Chile-5100, Development of Health Services	19,600	-	33,000	52,600
Colombia-5200, Medical Care Administration	110,300	-	-	110,300
Colombia-5300, Health Planning	8,400	-	-	8,400
Costa Rica-5100, Development of Health Services	16,800	6,000	-	22,800
Costa Rica-5401, Medical Records	-	10,000	-	10,000
Cuba-5100, Development of Health Services	-	-	15,100	15,100
Cuba-5200, Health Care	-	-	15,600	15,600
Cuba-5201, Hospital Infections	11,200	4,200	15,000	30,400
Cuba-5202, Care of Critical Heart Patients	5,600	21,000	30,000	56,600
Cuba-5300, Development of Health Systems	7,000	-	13,800	20,800
Cuba-5301, Planning for Primary Health Care	5,600	4,200	8,000	17,800
Cuba-5302, Health Management	22,400	14,000	30,000	66,400
Dominican Republic-5000, Program Planning and General Activities	62,900	-	-	62,900
Dominican Republic-5100, Regionalization of Health Services	30,000	-	-	30,000
Ecuador-5100, Development of Health Services	47,600	-	-	47,600
Ecuador-5202, Fellowships, Hospital de Niños de Guayaquil	5,900	41,100	4,600	51,600
El Salvador-5100, Development of Health Services	114,800	-	-	114,800
Grenada-5100, Development of Health Services	16,800	-	27,000	43,800
Guatemala-5100, Development of Health Services and Extension of Coverage	259,600	-	-	259,600
Haiti-5000, Program Planning and General Activities	14,300	-	-	14,300
Haiti-5100, Development of Health Services	194,700	-	-	194,700
Honduras-5101, Local Health Centers and Rural Health Training	136,500	136,500	90,000	363,000
Honduras-5500, Management of Health Services	130,900	-	-	130,900
Jamaica-5500, Management of Health Services	115,900	-	-	115,900
Mexico-5100, Development of Health Services	312,300	-	-	312,300
Nicaragua-5102, Extension of Coverage of Health Services	22,400	-	-	22,400
Paraguay-5000, Program Planning and General Activities	20,900	-	-	20,900
Peru-5107, National System of Health Services	15,000	-	-	15,000
Peru-5109, Improvement of Primary Health Care	126,000	-	-	126,000
Peru-5108, Institutional Development of the Peruvian Social Security Institute	51,200	55,800	9,000	116,000
Peru-5500, Management of Health Services	44,800	-	138,000	182,800
Saint Lucia-5100, Development of Health Services	25,200	-	-	25,200
St. Vincent and the Grenadines-5100, Development of Health Services	25,200	-	-	25,200
Trinidad and Tobago-5100, Development of Health Services	155,000	-	-	155,000
Trinidad and Tobago-5400, Health Statistics	83,000	-	-	83,000
United States of America-5101, Field Office: United States-Mexico Border	-	70,900	-	70,900
West Indies-5100, Development of Health Services (Eastern Caribbean)	117,600	194,000	5,300	316,900
Area I Office	112,800	-	-	112,800
Area II Office	103,000	-	-	103,000

	Personnel Costs	Fellowships and Seminars	Supplies and Other	Total
	\$	\$	\$	\$
<u>Development of Health Services (cont.)</u>				
Area III Office	18,000	-	-	18,000
Area VI Office	59,700	-	-	59,700
AMRO-5100, Health Services Development	161,400	-	-	161,400
AMRO-5140, Development of Health Services in the Andean Region (Area IV)	99,400	12,600	22,600	134,600
AMRO-5200, Medical Care Systems	135,800	-	-	135,800
AMRO-5203, Development of Hospitals and Other Health Care Facilities (Andean Region)	910,000	381,200	421,500	1,712,700
AMRO-5230, Medical Care Services (Area III)	18,500	-	-	18,500
AMRO-5300, Health Systems Planning and Management	33,600	-	-	33,600
AMRO-5301, Economics of Health Systems and Integrated Development Projects	16,800	-	-	16,800
AMRO-5302, Programming of Physical Resources in the Development of Health Services	33,600	-	-	33,600
AMRO-5310, Health Planning and Organization (Caribbean)	-	5,600	-	5,600
AMRO-5320, Health Planning (Area II)	132,500	-	-	132,500
AMRO-5360, Health Planning (Area VI)	334,400	-	-	334,400
AMRO-5400, Health Statistics	155,100	-	-	155,100
AMRO-5405, Computer Science Services	246,100	-	-	246,100
AMRO-5410, Health Statistics (Caribbean)	-	5,600	-	5,600
AMRO-5460, Health Statistics (Area VI)	94,300	-	-	94,300
AMRO-5474, National Health Information Systems	33,600	38,800	-	72,400
AMRO-5500, Health Systems Administration	33,600	-	-	33,600
AMRO-5501, Administration and Maintenance Engineering of Health Services	25,200	-	-	25,200
AMRO-5510, Management of Health Services (Caribbean)	130,500	5,600	-	136,100
<u>Development of Human Resources</u>	<u>1,592,400</u>	<u>287,800</u>	<u>300,100</u>	<u>2,180,300</u>
Brazil-6000, Development of Human Resources	126,500	-	-	126,500
Costa Rica-6200, Medical Education	-	15,400	-	15,400
Costa Rica-6300, Advanced Nursing Education	-	5,600	-	5,600
Cuba-6000, Development of Human Resources	-	-	19,100	19,100
Cuba-6003, Continuing Education	11,200	11,200	35,000	57,400
Uruguay-6100, Training of Health Personnel	130,600	-	-	130,600
Venezuela-6000, Human Resources Planning	181,000	-	-	181,000
AMRO-6020, Development of Human Resources (Area II)	134,500	-	-	134,500
AMRO-6031, Community Health Training Program for Central America and Panama	334,800	250,000	246,000	830,800
AMRO-6060, Development of Human Resources (Area III)	240,200	-	-	240,200
AMRO-6300, Nursing Education	168,400	-	-	168,400
AMRO-6310, Nursing Education (Caribbean)	-	5,600	-	5,600
AMRO-6910, Education and Training of Paramedical Personnel (Caribbean)	265,200	-	-	265,200
<u>Development of Physical, Financial and Technological Resources and Coordination of Research</u>	<u>1,158,000</u>	<u>306,700</u>	<u>1,185,500</u>	<u>2,650,200</u>
Cuba-7200, Development of the Pharmaceutical Industry and Medical Equipment	5,600	-	3,400	9,000
Cuba-7201, Drugs of Vegetable Origin	11,200	28,000	25,000	64,200
Cuba-7202, Pharmacological Surveillance	11,200	14,000	15,000	40,200
Cuba-8900, Scientific Information in Research	8,400	-	8,000	16,400
Trinidad-7401, Health Care Facilities Maintenance	26,400	-	-	26,400
AMRO-7300, Production and Quality Control of Biologicals	33,600	-	20,000	53,600
AMRO-7301, Regional Reference Laboratory for Production and Control of Viral Vaccines	224,700	-	-	224,700
AMRO-7430, Health Facilities Maintenance (Area III)	135,700	-	-	135,700
AMRO-8570, Regional Library of Medicine and the Health Sciences	120,000	27,600	-	147,600
AMRO-8571, Pan American Documentation and Information Network in Health Education	386,000	237,100	1,074,100	1,697,200
AMRO-8670, Publications and Documentation Service	156,800	-	-	156,800
AMRO-8700, Latin American Center of Educational Technology for Health	38,400	-	40,000	78,400
TOTAL	18,683,200	3,401,700	5,351,500	27,436,400

ANNEX 4

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR (PR)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		31,970,400	22,714,027	5,569,462	3,686,911	-
	SERVICES TO INDIVIDUALS	11,609,100	8,164,990	2,419,430	1,324,680	-
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	422,100	422,100	-	-	-
	COMMUNICABLE DISEASES					
0100	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,066,100	814,800	251,300	-	-
0200	MALARIA	2,322,300	1,993,300	136,400	192,600	-
0400	TUBERCULOSIS	290,000	277,400	12,600	-	-
0500	LEPROSY	128,100	128,100	-	-	-
0600	VENEREAL DISEASES	16,800	16,800	-	-	-
0700	Aedes Aegypti-BORNE DISEASES	388,300	372,600	15,700	-	-
0900	VECTOR BIOLOGY AND CONTROL	135,100	-	-	135,100	-
1200	OTHER COMMUNICABLE DISEASES	15,100	15,100	-	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	2,177,800	1,322,750	554,250	292,800	-
1400	NUTRITION	3,357,600	1,603,340	1,050,080	704,180	-
1500	MENTAL HEALTH	351,300	328,400	22,900	-	-
1600	DENTAL HEALTH	420,500	413,300	7,200	-	-
1700	CHRONIC DISEASES	523,000	454,000	69,000	-	-
	ENVIRONMENTAL HEALTH SERVICES	16,827,000	11,522,267	3,005,282	2,299,451	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,873,305	2,260,099	578,298	34,998	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	1,844,799	1,402,705	277,949	124,145	-
2200	SOLID WASTES	22,993	3,449	11,496	8,048	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	966,634	373,915	388,518	204,203	-
2400	AIR POLLUTION	122,144	16,217	61,057	42,740	-
2500	RADIATION AND ISOTOPIES	284,600	284,600	-	-	-
2600	PESTICIDES	30,363	4,554	15,182	10,627	-
3000	OCCUPATIONAL HEALTH	68,300	49,500	48,800	-	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3100	PROGRAM PLANNING AND GENERAL ACTIVITIES	598,200	543,300	54,900	-	-
3200	FOOT-AND-MOUTH DISEASE	6,540,000	4,095,010	1,073,420	1,371,570	-
3300	ZOONUSES	2,889,600	1,901,018	485,462	503,120	-
3500	QUALITY CONTROL OF FOODSTUFFS	316,100	316,100	-	-	-
3600	QUALITY CONTROL OF DRUGS	249,600	207,800	41,800	-	-
3700	PREVENTION OF ACCIDENTS	20,300	18,900	18,400	-	-
	COMPLEMENTARY SERVICES	3,534,300	3,026,770	444,750	62,780	-
4100	NURSING	1,428,700	1,403,800	24,900	-	-
4200	LABORATORIES	68,600	26,300	42,300	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	1,760,200	1,385,470	311,950	62,780	-
4400	HEALTH EDUCATION	118,600	118,600	-	-	-
4500	REHABILITATION	158,200	92,600	65,600	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		30,842,300	17,466,360	4,599,000	1,093,040	7,683,900
	HEALTH SYSTEMS	20,353,800	13,453,400	1,947,200	-	4,953,200
	PROGRAM PLANNING AND GENERAL ACTIVITIES	7,553,900	4,019,700	18,400	-	3,515,800
5000	GENERAL PUBLIC HEALTH SYSTEMS	4,686,200	3,307,000	1,339,200	-	-
5200	MEDICAL CARE SYSTEMS	1,484,800	1,381,800	97,000	-	-
5300	PLANNING	1,104,700	1,006,200	98,500	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	3,867,400	2,252,900	177,100	-	1,437,400
5500	MANAGEMENT SYSTEMS	1,696,800	1,479,800	217,000	-	-
	DEVELOPMENT OF HUMAN RESOURCES	4,009,200	2,336,600	1,672,600	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,255,900	1,067,900	1,188,000	-	-
6100	PUBLIC HEALTH	67,000	8,100	58,900	-	-
6200	MEDICINE	426,700	334,900	91,800	-	-
6300	NURSING	712,900	564,800	148,100	-	-
6400	ENVIRONMENTAL SCIENCES	328,800	229,100	99,700	-	-
6600	DENTISTRY	37,000	18,100	18,900	-	-
6900	OTHER HEALTH PERSONNEL	180,900	113,700	67,200	-	-
	PHYSICAL RESOURCES	415,200	380,200	35,000	-	-
7300	PRODUCTION OF BIOLOGICALS	229,400	217,800	11,600	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	185,800	162,400	23,400	-	-
	TECHNOLOGICAL RESOURCES	5,011,600	1,296,160	852,100	132,640	2,730,700
	PROGRAM PLANNING AND GENERAL ACTIVITIES	372,400	359,900	12,500	-	-
	TEXTBOOKS AND OTHER TEACHING MATERIALS					
8100	MEDICAL TEXTBOOKS	530,000	30,000	500,000	-	316,300
8300	REGIONAL LIBRARIES	828,400	341,600	121,600	48,800	2,414,400
8600	EDITORIAL SERVICES	2,444,400	-	-	-	-
8700	OTHER TECHNOLOGICAL RESOURCES	866,500	564,660	218,000	83,840	-
8900	RESEARCH COORDINATION	1,052,500	-	92,100	960,400	-
III. ADMINISTRATIVE DIRECTION		12,699,900	-	-	-	12,699,900
	EXECUTIVE AND TECHNICAL DIRECTION					
9100	PROGRAM SERVICES	1,670,300	-	-	-	1,670,300
9200	ADMINISTRATIVE SERVICES	6,980,600	-	-	-	6,980,600
9400	GENERAL EXPENSES	2,815,800	-	-	-	2,815,800
9500	IV. GOVERNING BODIES	1,063,400	-	-	-	1,063,400
	GRAND TOTAL	76,576,000	40,180,387	10,168,462	4,779,951	21,447,200
	PER CENT OF TOTAL	100.0	52.5	13.3	6.2	28.0

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR (PR)

1982-1983

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		32,867,700	22,463,890	6,676,885	3,726,925	-
	SERVICES TO INDIVIDUALS	12,003,900	7,922,130	2,823,860	1,257,910	-
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	329,500	329,500	-	-	-
0100	COMMUNICABLE DISEASES	1,131,000	761,600	369,400	-	-
0200	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,712,100	2,201,400	326,700	-	-
0400	MALARIA	156,500	136,900	19,600	188,400	-
0500	TUBERCULOSIS	73,200	73,200	-	-	-
0700	LEPROSY	349,000	323,400	25,200	-	-
1300	AEDES AEGYPTI-BORNE DISEASES	2,577,700	1,364,440	594,770	298,490	-
1400	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	3,510,900	1,248,790	1,291,090	771,020	-
1500	NUTRITION	42,800	31,400	11,400	-	-
1600	MENTAL HEALTH	605,900	499,200	106,700	-	-
1700	DENTAL HEALTH	631,300	551,900	79,400	-	-
1800	CHRONIC DISEASES	400,000	400,000	-	-	-
	HEALTH OF SPECIAL GROUPS					
	ENVIRONMENTAL HEALTH SERVICES	17,368,900	11,723,310	3,262,225	2,383,365	-
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,256,500	2,564,620	649,600	42,280	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	2,088,000	1,800,285	257,950	145,745	-
2200	SOLID WASTES	28,200	4,230	14,100	9,870	-
2300	ENVIRONMENTAL POLLUTION	994,500	329,950	421,940	239,610	-
2400	PROGRAM PLANNING AND GENERAL ACTIVITIES	147,700	22,125	73,850	51,695	-
2500	AIR POLLUTION	202,000	197,400	4,600	-	-
2600	RADIATION AND ISOTOPES	37,100	5,565	18,550	12,985	-
2700	PESTICIDES	92,600	28,000	64,600	-	-
3100	OCCUPATIONAL HEALTH	789,600	675,700	113,900	-	-
3200	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	6,031,400	3,720,920	1,014,350	1,296,130	-
3300	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,201,800	2,140,585	560,185	581,030	-
3500	FOOT-AND-MOUTH DISEASE	85,400	85,400	9,800	-	-
3600	ZOOUSES	303,900	269,900	34,000	-	-
3700	QUALITY CONTROL OF FOODSTUFFS	30,200	8,400	21,800	-	-
	QUALITY CONTROL OF DRUGS					
	PREVENTION OF ACCIDENTS					
	COMPLEMENTARY SERVICES	3,494,900	2,818,450	590,800	85,650	-
4100	NURSING	787,700	753,300	34,400	-	-
4200	LABORATORIES	14,800	14,800	-	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	1,850,100	1,365,950	398,500	85,650	-
4400	HEALTH EDUCATION	304,800	230,800	74,000	-	-
4500	REHABILITATION	137,000	53,000	83,900	-	-
4600	COMMUNITY PARTICIPATION	400,000	400,000	-	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		39,582,600	20,772,560	7,216,110	1,622,230	9,971,700
	HEALTH SYSTEMS	26,103,500	15,879,900	3,432,800	-	6,790,800
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	9,559,500	4,380,500	25,100	-	5,153,900
5100	GENERAL PUBLIC HEALTH SYSTEMS	7,299,200	4,696,300	2,602,900	-	-
5200	MEDICAL CARE SYSTEMS	1,520,300	1,329,900	190,400	-	-
5300	PLANNING	1,433,500	1,235,200	198,300	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	4,214,600	2,474,300	2,034,000	-	1,636,900
5500	MANAGEMENT SYSTEMS	1,276,400	1,363,000	212,700	-	-
5600	PRIMARY HEALTH CARE SYSTEMS	400,000	400,000	-	-	-
	DEVELOPMENT OF HUMAN RESOURCES	5,347,000	2,406,010	2,517,350	423,640	-
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,594,500	1,523,800	1,678,200	397,500	-
6100	PUBLIC HEALTH	122,600	16,800	105,800	-	-
6200	MEDICINE	302,300	179,300	123,000	-	-
6300	NURSING	388,100	604,110	369,850	26,140	-
6400	ENVIRONMENTAL SCIENCES	156,000	41,600	114,400	-	-
6600	DENTISTRY	47,700	23,600	24,100	-	-
6900	OTHER HEALTH PERSONNEL	138,800	16,800	122,000	-	-
	PHYSICAL RESOURCES	491,800	452,800	39,000	-	-
7300	PRODUCTION OF BIOLOGICALS	41,500	41,500	-	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	50,300	11,300	39,000	-	-
7500	OPERATING CAPACITY	400,000	400,000	-	-	-
7800	DEVELOPMENT OF INTERSECTORAL LINKAGES	400,000	400,000	-	-	-
	TECHNOLOGICAL RESOURCES	6,036,100	1,633,850	1,075,760	145,590	3,180,900
8000	PROGRAM PLANNING AND GENERAL ACTIVITIES	690,200	673,300	16,900	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	722,500	20,000	702,500	-	-
8500	REGIONAL LIBRARIES	992,000	341,810	97,660	48,830	503,700
8600	EDITORIAL SERVICES	2,677,200	-	-	-	2,677,200
8700	OTHER TECHNOLOGICAL RESOURCES	54,200	198,740	258,700	96,760	-
8800	DEVELOPMENT OF APPROPRIATE TECHNOLOGY	400,000	400,000	-	-	-
8900	RESEARCH COORDINATION	1,204,200	-	151,200	1,053,000	-
III. ADMINISTRATIVE DIRECTION		16,696,900	-	3,000	-	16,693,900
9100	EXECUTIVE AND TECHNICAL DIRECTION	1,149,900	-	-	-	1,149,900
9200	PROGRAM SERVICES	3,397,800	-	-	-	3,397,800
9300	ADMINISTRATIVE SERVICES	8,222,400	-	3,000	-	8,222,400
9400	GENERAL EXPENSES	3,926,800	-	-	-	3,926,800
9500	IV. GOVERNING BODIES	1,172,800	-	-	-	1,172,800
	GRAND TOTAL	90,320,000	43,236,450	13,895,995	5,349,155	27,838,400
	PER CENT OF TOTAL	100.0	47.9	15.4	5.9	30.8

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR (PR)

1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		38,490,700	26,530,900	7,735,675	4,224,125	-
	SERVICES TO INDIVIDUALS	14,280,500	9,616,630	3,274,490	1,389,380	-
0000	PROGRAM PLANNING AND GENERAL ACTIVITIES	374,500	374,500	-	-	-
0100	COMMUNICABLE DISEASES	1,445,400	1,009,600	435,800	-	-
0200	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,231,300	2,608,400	419,100	203,800	-
0400	TUBERCULOSIS	184,800	159,600	25,200	-	-
0500	LEPROSY	52,300	52,300	-	-	-
0700	AEDES AEGYPTI-BORNE DISEASES	387,400	365,800	21,600	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	2,618,000	1,616,480	674,390	327,130	-
1400	NUTRITION	3,719,900	1,410,150	1,451,300	858,450	-
1500	MENTAL HEALTH	56,800	41,000	15,800	-	-
1600	DENTAL HEALTH	754,400	614,900	139,500	-	-
1700	CHRONIC DISEASES	705,700	613,900	91,800	-	-
1800	HEALTH OF SPECIAL GROUPS	750,000	750,000	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	19,787,100	13,303,380	3,749,145	2,734,575	-
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,816,300	3,030,310	738,600	47,390	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	2,184,700	1,719,095	297,150	168,455	-
2200	SOLID WASTES	31,200	4,680	15,600	10,920	-
	ENVIRONMENTAL POLLUTION	1,076,300	354,045	461,110	261,145	-
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	165,700	24,955	82,850	57,995	-
2400	AIR POLLUTION	228,100	228,100	-	-	-
2500	RADIATION AND ISOTOPIES	41,200	6,180	20,600	14,420	-
2600	PESTICIDES	118,000	34,200	83,800	-	-
2700	OCCUPATIONAL HEALTH	833,000	694,400	138,600	-	-
2800	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	6,845,500	4,228,710	1,148,840	1,467,950	-
2900	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,978,400	2,591,105	680,995	706,300	-
3000	ZOOSES	121,400	108,800	12,600	-	-
3100	QUALITY CONTROL OF FOODSTUFFS	314,800	270,800	44,000	-	-
3200	QUALITY CONTROL OF DRUGS	32,500	8,100	24,400	-	-
3300	PREVENTION OF ACCIDENTS	4,423,100	3,610,890	712,040	100,170	-
3400	COMPLEMENTARY SERVICES	914,900	872,900	42,000	-	-
3500	LABORATORIES	15,100	15,100	-	-	-
3600	EPIDEMIOLOGICAL SURVEILLANCE	2,229,000	1,615,890	512,940	100,170	-
3700	HEALTH EDUCATION	181,900	144,800	37,100	-	-
3800	REHABILITATION	750,000	750,000	-	-	-
3900	COMMUNITY PARTICIPATION	750,000	750,000	-	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	45,621,000	24,806,080	7,703,890	1,895,330	11,215,700
	HEALTH SYSTEMS	29,740,600	18,374,100	3,509,300	-	7,857,200
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	10,887,700	4,881,400	32,500	-	5,973,800
5100	GENERAL PUBLIC HEALTH SYSTEMS	9,086,300	5,495,200	2,391,100	-	-
5200	MEDICAL CARE SYSTEMS	1,251,700	1,323,500	228,200	-	-
5300	PLANNING	1,649,800	1,448,800	201,000	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	5,012,300	2,908,000	220,900	-	1,883,400
5500	MANAGEMENT SYSTEMS	1,802,800	1,567,200	235,600	-	-
5600	PRIMARY HEALTH CARE SYSTEMS	750,000	750,000	-	-	-
	DEVELOPMENT OF HUMAN RESOURCES	6,165,900	2,786,210	2,850,350	529,340	-
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	4,175,600	1,774,800	1,900,800	500,000	-
6100	PUBLIC HEALTH	1,477,500	2,300	123,300	-	-
6200	MEDICINE	325,900	203,300	122,600	-	-
6300	NURSING	1,111,500	682,210	399,950	29,340	-
6400	ENVIRONMENTAL SCIENCES	231,400	68,500	162,900	-	-
6500	DENTISTRY	59,000	33,200	25,800	-	-
6600	OTHER HEALTH PERSONNEL	115,000	-	115,000	-	-
	PHYSICAL RESOURCES	856,900	811,500	45,400	-	-
7300	PRODUCTION OF BIOLOGICALS	45,600	45,600	-	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	61,300	15,900	45,400	-	-
7500	OPERATING CAPACITY	750,000	750,000	-	-	-
	DEVELOPMENT OF INTERSECTORAL LINKAGES	750,000	750,000	-	-	-
	TECHNOLOGICAL RESOURCES	6,735,200	2,084,270	1,133,940	158,490	3,358,500
8000	PROGRAM PLANNING AND GENERAL ACTIVITIES	765,600	746,900	18,700	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	724,800	-	724,800	-	-
8200	REGIONAL LIBRARIES	1,104,200	383,390	109,540	54,770	556,500
8300	EDITORIAL SERVICES	2,802,000	-	-	-	2,802,000
8400	OTHER TECHNOLOGICAL RESOURCES	588,600	203,980	280,900	103,720	-
8500	DEVELOPMENT OF APPROPRIATE TECHNOLOGY	750,000	750,000	-	-	-
8600	RESEARCH COORDINATION	1,372,400	-	164,900	1,207,500	-
	III. ADMINISTRATIVE DIRECTION	19,312,800	-	4,000	-	19,308,800
9100	EXECUTIVE AND TECHNICAL DIRECTION	1,278,200	-	-	-	1,278,200
9200	PROGRAM SERVICES	3,854,800	-	4,000	-	3,850,800
9300	ADMINISTRATIVE SERVICES	9,467,000	-	-	-	9,467,000
9400	GENERAL EXPENSES	4,712,800	-	-	-	4,712,800
9500	IV. GOVERNING BODIES	1,355,500	-	-	-	1,355,500
9600	V. INCREASE TO ASSETS	1,900,000	-	-	-	1,900,000
	GRAND TOTAL	106,680,000	51,336,980	15,443,565	6,119,455	33,780,000
	PER CENT OF TOTAL	100.0	48.1	14.5	5.7	31.7

PROGRAM BUDGET - DETAIL BY FUND
INCAP MEMBERSHIP AND MISCELLANEOUS FUNDS (PA)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	751,600	142,794	278,100	330,706	-
	SERVICES TO INDIVIDUALS	751,600	142,794	278,100	330,706	-
1400	NUTRITION	751,600	142,794	278,100	330,706	-
	GRAND TOTAL	751,600	142,794	278,100	330,706	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	1,400,000	265,990	518,010	616,000	-
	SERVICES TO INDIVIDUALS	1,400,000	265,990	518,010	616,000	-
1400	NUTRITION	1,400,000	265,990	518,010	616,000	-
	GRAND TOTAL	1,400,000	265,990	518,010	616,000	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	1,600,000	304,004	592,000	703,996	-
	SERVICES TO INDIVIDUALS	1,600,000	304,004	592,000	703,996	-
1400	NUTRITION	1,600,000	304,004	592,000	703,996	-
	GRAND TOTAL	1,600,000	304,004	592,000	703,996	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM BUDGET - DETAIL BY FUND
INCAP GRANTS AND CONTRACTUAL AGREEMENTS (PN)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	1980-1981				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	6,137,553	1,166,158	2,270,875	2,700,520	-
	SERVICES TO INDIVIDUALS	6,137,553	1,166,158	2,270,875	2,700,520	-
1400	NUTRITION	6,137,553	1,166,158	2,270,875	2,700,520	-
	GRAND TOTAL	6,137,553	1,166,158	2,270,875	2,700,520	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	1982-1983				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	5,332,500	1,013,175	1,973,030	2,346,295	-
	SERVICES TO INDIVIDUALS	5,332,500	1,013,175	1,973,030	2,346,295	-
1400	NUTRITION	5,332,500	1,013,175	1,973,030	2,346,295	-
	GRAND TOTAL	5,332,500	1,013,175	1,973,030	2,346,295	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	1984-1985				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	5,000,000	949,990	1,849,990	2,200,020	-
	SERVICES TO INDIVIDUALS	5,000,000	949,990	1,849,990	2,200,020	-
1400	NUTRITION	5,000,000	949,990	1,849,990	2,200,020	-
	GRAND TOTAL	5,000,000	949,990	1,849,990	2,200,020	-
	PER CENT OF TOTAL	100.0	19.0	37.0	44.0	.0

PROGRAM BUDGET - DETAIL BY FUND
CAREC MEMBERSHIP, GRANTS, AND CONTRACTUAL AGREEMENTS (PJ)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	3,167,564	1,742,160	950,257	475,147	-
	COMPLEMENTARY SERVICES	3,167,564	1,742,160	950,257	475,147	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	3,167,564	1,742,160	950,257	475,147	-
	GRAND TOTAL	3,167,564	1,742,160	950,257	475,147	-
	PER CENT OF TOTAL	100.0	55.0	30.0	15.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	2,377,458	1,307,579	713,220	356,659	-
	COMPLEMENTARY SERVICES	2,377,458	1,307,579	713,220	356,659	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	2,377,458	1,307,579	713,220	356,659	-
	GRAND TOTAL	2,377,458	1,307,579	713,220	356,659	-
	PER CENT OF TOTAL	100.0	55.0	30.0	15.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	2,577,694	1,417,724	773,310	386,660	-
	COMPLEMENTARY SERVICES	2,577,694	1,417,724	773,310	386,660	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	2,577,694	1,417,724	773,310	386,660	-
	GRAND TOTAL	2,577,694	1,417,724	773,310	386,660	-
	PER CENT OF TOTAL	100.0	55.0	30.0	15.0	.0

PROGRAM BUDGET - DETAIL BY FUND
BUILDING FUND (PB)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	130,846	-	-	-	130,846
	HEALTH SYSTEMS	130,846	-	-	-	130,846
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	130,846	-	-	-	130,846
9500	IV. GOVERNING BODIES	150,000	-	-	-	150,000
	GRAND TOTAL	280,846	-	-	-	280,846
	PER CENT OF TOTAL	100.0	.0	.0	.0	100.0

PROGRAM BUDGET - DETAIL BY FUND
NATURAL DISASTER RELIEF VOLUNTARY FUND (PD)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	60,086	60,086	-	-	-
	HEALTH SYSTEMS	60,086	60,086	-	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	60,086	60,086	-	-	-
	GRAND TOTAL	60,086	60,086	-	-	-
	PER CENT OF TOTAL	100.0	100.0	.0	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND CONTRACTUAL AGREEMENTS (PG)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		14,755,165	8,399,425	3,577,017	2,376,465	402,250
	SERVICES TO INDIVIDUALS	3,719,899	1,556,179	948,582	857,291	357,847
	COMMUNICABLE DISEASES					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	41,012	1,012	40,000	-	-
0100	MALARIA	250,373	180,000	30,000	40,373	-
0400	TUBERCULOSIS	15,000	15,000	-	-	-
0500	LEPROSY	50,982	42,982	8,000	-	-
1200	OTHER COMMUNICABLE DISEASES	100,053	53,043	44,000	-	3,010
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	479,284	112,504	172,690	190,850	3,240
1400	NUTRITION	1,459,218	741,072	521,702	111,574	84,870
1500	MENTAL HEALTH	95,015	80,201	-	-	14,814
1600	DENTAL HEALTH	84,159	84,159	-	-	-
1700	CHRONIC DISEASES	1,144,803	246,206	132,190	514,494	251,913
	ENVIRONMENTAL HEALTH SERVICES	11,018,454	6,840,476	2,614,393	1,519,174	44,411
	PROGRAM PLANNING AND GENERAL ACTIVITIES	349,192	136,103	125,346	87,743	-
2000	WATER SUPPLY AND EXCRETA DISPOSAL	2,015,563	549,358	1,047,514	389,303	29,388
2100	ENVIRONMENTAL POLLUTION					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	401,014	201,178	127,442	63,715	8,679
2300	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,543,327	2,158,726	384,601	-	-
3100	FOOT-AND-MOUTH DISEASE	550,613	550,613	-	-	-
3200	ZOOUSES	4,967,803	3,053,556	929,490	978,413	6,344
3300	QUALITY CONTROL OF FOODSTUFFS	131,250	131,250	-	-	-
3500	QUALITY CONTROL OF DRUGS	59,692	59,692	-	-	-
3600						
	COMPLEMENTARY SERVICES	16,812	2,770	14,042	-	-
	NURSING	2,770	2,770	-	-	-
4100	LABORATORIES	14,042	-	14,042	-	-
4200						
II. DEVELOPMENT OF THE INFRASTRUCTURE		8,775,045	6,288,229	1,696,535	286,563	503,718
	HEALTH SYSTEMS	3,852,457	2,830,765	645,855	-	375,837
	PROGRAM PLANNING AND GENERAL ACTIVITIES	8,411	8,411	-	-	-
5000	GENERAL PUBLIC HEALTH SYSTEMS	2,835,947	2,150,373	381,876	-	303,698
5100	MEDICAL CARE SYSTEMS	456,663	368,144	16,380	-	72,139
5200	MANAGEMENT SYSTEMS	551,436	303,837	247,599	-	-
5500						
	DEVELOPMENT OF HUMAN RESOURCES	2,610,676	1,815,131	603,440	102,743	89,362
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,893,828	1,549,275	290,275	-	54,278
6000	PUBLIC HEALTH	344,800	216,596	101,756	-	26,448
6100	NURSING	5,230	5,230	-	-	-
6300	ENVIRONMENTAL SCIENCES	293,540	44,030	146,767	102,743	-
6400	OTHER HEALTH PERSONNEL	73,278	-	64,642	-	8,636
6900						
	PHYSICAL RESOURCES	382,693	355,593	27,100	-	-
	PRODUCTION OF BIOLOGICALS	367,100	340,000	27,100	-	-
7300						
	TECHNOLOGICAL RESOURCES	1,929,219	1,286,740	420,140	183,820	38,519
	REGIONAL LIBRARIES	1,890,700	1,286,740	420,140	183,820	-
8500	EDITORIAL SERVICES	38,519	-	-	-	38,519
8600						
III. ADMINISTRATIVE DIRECTION		82,500	-	-	-	82,500
	PROGRAM SERVICES	82,500	-	-	-	82,500
9200						
	GRAND TOTAL	23,612,710	14,687,654	5,273,552	2,663,028	988,476
	PER CENT OF TOTAL	100.0	62.2	22.3	11.3	4.2

PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND CONTRACTUAL AGREEMENTS (PG)

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	1982-1983	1984-1985	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		TOTAL	ADVISORY SERVICES			
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	9,069,979	4,506,290	1,834,443	2,255,089	474,157
	-----	-----	-----	-----	-----	-----
	SERVICES TO INDIVIDUALS	2,701,179	836,130	453,598	937,294	474,157
	-----	-----	-----	-----	-----	-----
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	315,856	63,170	120,026	132,660	-
1400	NUTRITION	379,300	166,894	178,272	34,134	-
1600	DENTAL HEALTH	31,200	31,200	-	-	-
1700	CHRONIC DISEASES	1,974,823	574,866	155,300	770,500	474,157
	ENVIRONMENTAL HEALTH SERVICES	6,368,800	3,670,160	1,380,845	1,317,795	-
	-----	-----	-----	-----	-----	-----
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	293,600	44,040	146,800	102,760	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	379,800	151,920	151,920	75,960	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3300	ZOOZOSES	5,695,400	3,474,200	1,082,125	1,139,075	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	2,924,606	2,341,969	328,513	-	254,124
	-----	-----	-----	-----	-----	-----
	HEALTH SYSTEMS	823,558	553,720	165,943	-	103,895
	-----	-----	-----	-----	-----	-----
5100	GENERAL PUBLIC HEALTH SYSTEMS	823,558	553,720	165,943	-	103,895
	DEVELOPMENT OF HUMAN RESOURCES	1,564,000	1,388,249	162,570	-	13,181
	-----	-----	-----	-----	-----	-----
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,564,000	1,388,249	162,570	-	13,181
	PHYSICAL RESOURCES	400,000	400,000	-	-	-
	-----	-----	-----	-----	-----	-----
7300	PRODUCTION OF BIOLOGICALS	400,000	400,000	-	-	-
	TECHNOLOGICAL RESOURCES	137,048	-	-	-	137,048
	-----	-----	-----	-----	-----	-----
8600	EDITORIAL SERVICES	137,048	-	-	-	137,048
	GRAND TOTAL	11,994,585	6,848,259	2,162,956	2,255,089	728,281
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	PER CENT OF TOTAL	100.0	57.1	18.0	18.8	6.1

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	1984-1985	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		TOTAL				
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	10,124,191	5,014,110	2,128,860	2,603,805	377,416
	-----	-----	-----	-----	-----	-----
	SERVICES TO INDIVIDUALS	2,048,576	328,260	402,800	940,100	377,416
	-----	-----	-----	-----	-----	-----
1400	NUTRITION	478,400	210,500	224,850	43,050	-
1700	CHRONIC DISEASES	1,570,176	117,760	177,950	897,050	377,416
	ENVIRONMENTAL HEALTH SERVICES	8,075,615	4,685,850	1,726,060	1,663,705	-
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2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	323,700	48,530	161,850	113,320	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	435,000	174,000	174,000	87,000	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3300	ZOOZOSES	7,316,915	4,463,320	1,390,210	1,463,385	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	612,375	298,500	49,000	-	264,875
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	HEALTH SYSTEMS	454,770	298,500	49,000	-	107,270
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5100	GENERAL PUBLIC HEALTH SYSTEMS	454,770	298,500	49,000	-	107,270
	TECHNOLOGICAL RESOURCES	157,605	-	-	-	157,605
	-----	-----	-----	-----	-----	-----
8600	EDITORIAL SERVICES	157,605	-	-	-	157,605
	GRAND TOTAL	10,736,566	5,312,610	2,177,860	2,603,805	642,291
	-----	-----	-----	-----	-----	-----
	PER CENT OF TOTAL	100.0	49.4	20.3	24.3	6.0

PROGRAM BUDGET - DETAIL BY FUND
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION (PH)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	326,100	326,100	-	-	-
	SERVICES TO INDIVIDUALS	270,600	270,600	-	-	-
	COMMUNICABLE DISEASES					
0500	LEPROSY	100,000	100,000	-	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	164,600	164,600	-	-	-
1500	MENTAL HEALTH	6,000	6,000	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	55,500	55,500	-	-	-
3100	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH PROGRAM PLANNING AND GENERAL ACTIVITIES	55,500	55,500	-	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	4,959,137	462,617	4,496,500	-	-
	HEALTH SYSTEMS	65,000	65,000	-	-	-
	DEVELOPMENT OF HUMAN RESOURCES	289,137	283,437	5,700	-	-
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	81,000	81,000	-	-	-
6100	PUBLIC HEALTH	109,437	103,737	5,700	-	-
6600	DENTISTRY	98,700	98,700	-	-	-
	TECHNOLOGICAL RESOURCES	4,605,000	114,200	4,490,800	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	4,520,600	51,600	4,469,000	-	-
8700	MEDICAL TEXTBOOKS	84,400	62,600	21,800	-	-
	OTHER TECHNOLOGICAL RESOURCES					
	GRAND TOTAL	5,285,237	788,737	4,496,500	-	-
	PER CENT OF TOTAL	100.0	14.9	85.1	.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	5,999,840	119,370	5,880,470	-	-
	HEALTH SYSTEMS	73,520	73,520	-	-	-
	TECHNOLOGICAL RESOURCES	5,926,320	45,850	5,880,470	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	5,890,470	10,000	5,880,470	-	-
8700	MEDICAL TEXTBOOKS	35,850	35,850	-	-	-
	OTHER TECHNOLOGICAL RESOURCES					
	GRAND TOTAL	5,999,840	119,370	5,880,470	-	-
	PER CENT OF TOTAL	100.0	2.0	98.0	.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	7,723,120	129,660	7,593,460	-	-
	HEALTH SYSTEMS	83,660	83,660	-	-	-
	TECHNOLOGICAL RESOURCES	7,639,460	46,000	7,593,460	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	7,603,460	10,000	7,593,460	-	-
8700	MEDICAL TEXTBOOKS	36,000	36,000	-	-	-
	OTHER TECHNOLOGICAL RESOURCES					
	GRAND TOTAL	7,723,120	129,660	7,593,460	-	-
	PER CENT OF TOTAL	100.0	1.7	98.3	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
SPECIAL FUND FOR HEALTH PROMOTION - INCOME (PK)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	612,162	-	612,162	-	-
	TECHNOLOGICAL RESOURCES	612,162	-	612,162	-	-
8100	TEXTBOOKS AND OTHER TEACHING MATERIALS	612,162	-	612,162	-	-
	MEDICAL TEXTBOOKS	612,162	-	612,162	-	-
	GRAND TOTAL	612,162	-	612,162	-	-
	PER CENT OF TOTAL	100.0	.0	100.0	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
SPECIAL FUND FOR ANIMAL HEALTH RESEARCH (PU)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	124,741	113,313	11,428	-	-
	ENVIRONMENTAL HEALTH SERVICES	124,741	113,313	11,428	-	-
3100	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	124,741	113,313	11,428	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	124,741	113,313	11,428	-	-
	GRAND TOTAL	124,741	113,313	11,428	-	-
	PER CENT OF TOTAL	100.0	90.8	9.2	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
EXPANDED PROGRAM OF IMMUNIZATION (PV)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	5,758	3,423	2,335	-	-
	SERVICES TO INDIVIDUALS	5,758	3,423	2,335	-	-
0100	COMMUNICABLE DISEASES	5,758	3,423	2,335	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	5,758	3,423	2,335	-	-
	GRAND TOTAL	5,758	3,423	2,335	-	-
	PER CENT OF TOTAL	100.0	59.4	40.6	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
COMMUNITY WATER SUPPLY FUND (PW)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	2,748,988	2,113,913	343,818	15,680	275,577
	ENVIRONMENTAL HEALTH SERVICES	2,748,988	2,113,913	343,818	15,680	275,577
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	191,903	68,253	85,000	-	38,650
2100	WATER SUPPLY AND EXCRETA DISPOSAL	2,379,364	1,918,708	241,735	15,680	203,241
2300	ENVIRONMENTAL POLLUTION					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	177,721	126,952	17,083	-	33,686
	GRAND TOTAL	2,748,988	2,113,913	343,818	15,680	275,577
	PER CENT OF TOTAL	100.0	76.9	12.5	.6	10.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	520,273	488,327	11,940	-	20,006
	ENVIRONMENTAL HEALTH SERVICES	520,273	488,327	11,940	-	20,006
2100	WATER SUPPLY AND EXCRETA DISPOSAL	520,273	488,327	11,940	-	20,006
	GRAND TOTAL	520,273	488,327	11,940	-	20,006
	PER CENT OF TOTAL	100.0	93.9	2.3	.0	3.8

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	313,510	313,510	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	313,510	313,510	-	-	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	313,510	313,510	-	-	-
	GRAND TOTAL	313,510	313,510	-	-	-
	PER CENT OF TOTAL	100.0	100.0	.0	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
PROGRAM SUPPORT COSTS (PX)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	363,057	103,985	125,297	133,775	-
	SERVICES TO INDIVIDUALS	270,731	55,317	97,240	118,174	-
1400	NUTRITION	255,491	55,317	97,240	102,934	-
1700	CHRONIC DISEASES	15,240	-	-	15,240	-
	ENVIRONMENTAL HEALTH SERVICES	48,174	24,306	11,607	12,181	-
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	9,174	1,376	4,587	3,211	-
3200	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	39,000	23,010	7,020	8,970	-
	FOOT-AND-MOUTH DISEASE					
	COMPLEMENTARY SERVICES	44,152	24,282	16,450	3,420	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	44,152	24,282	16,450	3,420	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	268,518	6,860	55,058	-	206,600
	HEALTH SYSTEMS	236,918	6,860	55,058	-	175,000
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	3,860	3,860	-	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	58,058	3,000	55,058	-	-
5400	STATISTICS AND INFORMATON SYSTEMS	175,000	-	-	-	175,000
	TECHNOLOGICAL RESOURCES	31,600	-	-	-	31,600
8500	REGIONAL LIBRARIES	31,600	-	-	-	31,600
	III. ADMINISTRATIVE DIRECTION	684,863	-	-	-	684,863
9200	PROGRAM SERVICES	114,600	-	-	-	114,600
9300	ADMINISTRATIVE SERVICES	508,100	-	-	-	508,100
9400	GENERAL EXPENSES	62,163	-	-	-	62,163
9500	IV. GOVERNING BODIES	82,000	-	-	-	82,000
	GRAND TOTAL	1,398,438	110,845	180,355	133,775	973,463
	PER CENT OF TOTAL	100.0	7.9	12.9	9.6	69.6

PROGRAM BUDGET - DETAIL BY FUND
PROGRAM SUPPORT COSTS (PX)

1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	5,400	2,380	2,540	480	-
	SERVICES TO INDIVIDUALS	5,400	2,380	2,540	480	-
1400	NUTRITION	5,400	2,380	2,540	480	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	94,200	-	-	-	94,200
	HEALTH SYSTEMS	94,200	-	-	-	94,200
5400	STATISTICS AND INFORMATION SYSTEMS	94,200	-	-	-	94,200
	III. ADMINISTRATIVE DIRECTION	1,009,390	-	-	-	1,009,390
9200	PROGRAM SERVICES	136,200	-	-	-	136,200
9300	ADMINISTRATIVE SERVICES	873,190	-	-	-	873,190
	GRAND TOTAL	1,108,990	2,380	2,540	480	1,103,590
	PER CENT OF TOTAL	100.0	.2	.2	.0	99.6

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	II. DEVELOPMENT OF THE INFRASTRUCTURE	107,700	-	-	-	107,700
	HEALTH SYSTEMS	107,700	-	-	-	107,700
5400	STATISTICS AND INFORMATION SYSTEMS	107,700	-	-	-	107,700
	III. ADMINISTRATIVE DIRECTION	1,135,520	-	-	-	1,135,520
9200	PROGRAM SERVICES	165,000	-	-	-	165,000
9300	ADMINISTRATIVE SERVICES	970,520	-	-	-	970,520
	GRAND TOTAL	1,243,220	-	-	-	1,243,220
	PER CENT OF TOTAL	100.0	.0	.0	.0	100.0

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR (WR)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		16,660,000	11,956,892	2,932,514	1,770,594	-
	SERVICES TO INDIVIDUALS	7,739,400	5,449,800	1,194,030	1,095,570	-
	COMMUNICABLE DISEASES					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,302,100	994,800	307,300	-	-
0100	MALARIA	1,551,300	1,435,300	116,000	-	-
0200	TUBERCULOSIS	179,200	98,300	80,900	-	-
0400	LEPROSY	58,400	58,400	-	-	-
0500	AEDES AEGYPTI-BORNE DISEASES	356,900	339,700	18,200	-	-
0700	PARASITIC DISEASES	197,000	176,400	20,600	-	-
0800	VECTOR BIOLOGY AND CONTROL	1,233,900	317,000	-	916,900	-
0900	OTHER COMMUNICABLE DISEASES	554,800	485,100	69,700	-	-
1200	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	867,800	654,230	159,810	44,760	-
1300	NUTRITION	827,300	466,070	259,320	133,910	-
1400	MENTAL HEALTH	327,900	270,700	57,200	-	-
1500	DENTAL HEALTH	196,700	108,900	87,800	-	-
1600	CHRONIC DISEASES	86,100	45,900	40,200	-	-
1700						
	ENVIRONMENTAL HEALTH SERVICES	5,780,400	3,907,902	1,365,054	507,844	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,833,323	1,473,277	311,664	49,482	-
2020	WATER SUPPLY AND EXCRETA DISPOSAL	492,995	24,439	151,098	97,858	-
2100	SOLID WASTES	276,425	137,129	81,762	57,234	-
2200	ENVIRONMENTAL POLLUTION					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	719,380	271,411	300,181	147,788	-
2300	AIR POLLUTION	174,216	26,731	89,109	62,376	-
2400	RADIATION AND ISOTOPES	31,100	31,100	-	-	-
2500	PESTICIDES	26,461	22,585	2,280	1,596	-
2600	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,106,900	984,000	122,900	-	-
3100	ZOOSES	324,500	324,130	143,860	92,510	-
3300	QUALITY CONTROL OF FOODSTUFFS	390,800	228,400	162,400	-	-
3500	QUALITY CONTROL OF DRUGS	161,200	161,200	-	-	-
3600						
	COMPLEMENTARY SERVICES	3,140,200	2,599,590	373,430	167,180	-
	NURSING	1,118,900	1,082,900	36,000	-	-
4100	LABORATORIES	459,000	367,400	91,600	-	-
4200	EPIDEMIOLOGICAL SURVEILLANCE	1,252,700	1,036,490	180,530	25,680	-
4300	HEALTH EDUCATION	238,100	96,400	-	141,500	-
4400	REHABILITATION	81,500	16,200	65,300	-	-
4500						
II. DEVELOPMENT OF THE INFRASTRUCTURE		16,347,600	10,447,610	3,683,930	621,960	1,794,100
	HEALTH SYSTEMS	10,046,100	7,585,300	1,774,700	334,600	351,500
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,336,800	2,384,800	-	-	-
5000	GENERAL PUBLIC HEALTH SYSTEMS	4,698,800	2,776,000	1,588,200	334,600	-
5100	MEDICAL CARE SYSTEMS	550,500	440,000	104,500	-	-
5200	PLANNING	333,000	294,600	38,400	-	-
5300	STATISTICS AND INFORMATION SYSTEMS	1,442,200	1,070,100	20,600	-	351,500
5400	MANAGEMENT SYSTEMS	636,800	613,800	23,000	-	-
5500						
	DEVELOPMENT OF HUMAN RESOURCES	3,591,200	2,033,900	1,557,300	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,420,900	766,900	654,000	-	-
6000	PUBLIC HEALTH	481,300	293,700	187,600	-	-
6100	MEDICINE	151,800	66,700	85,600	-	-
6200	NURSING	335,600	255,100	80,500	-	-
6300	ENVIRONMENTAL SCIENCES	148,400	73,700	74,700	-	-
6400	VETERINARY MEDICINE	139,800	60,800	79,000	-	-
6500	DENTISTRY	138,600	125,500	73,100	-	-
6600	BIOSTATISTICS	32,200	23,700	8,500	-	-
6700	OTHER HEALTH PERSONNEL	682,600	368,300	314,300	-	-
6800						
6900						
	PHYSICAL RESOURCES	194,700	174,800	19,900	-	-
	PRODUCTION OF BIOLOGICALS	169,400	161,500	8,300	-	-
7100	MAINTENANCE OF HEALTH CARE FACILITIES	25,300	13,700	11,600	-	-
7400						
	TECHNOLOGICAL RESOURCES	2,430,900	653,610	303,530	31,160	1,442,600
	PROGRAM PLANNING AND GENERAL ACTIVITIES	81,800	25,900	55,900	-	-
8000	REGIONAL LIBRARIES	276,700	76,980	70,680	10,140	118,900
8500	EDITORIAL SERVICES	1,323,700	-	-	-	1,323,700
8600	OTHER TECHNOLOGICAL RESOURCES	748,700	550,730	176,950	21,020	-
8700						
8900	RESEARCH COORDINATION	84,700	-	28,500	56,200	-
9000						
III. ADMINISTRATIVE DIRECTION		4,075,000	-	-	-	4,075,000
	EXECUTIVE AND TECHNICAL DIRECTION	195,400	-	-	-	195,400
9100	PROGRAM SERVICES	231,600	-	-	-	231,600
9200	ADMINISTRATIVE SERVICES	2,113,000	-	-	-	2,113,000
9300	GENERAL EXPENSES	1,535,000	-	-	-	1,535,000
9400						
IV. GOVERNING BODIES		483,600	-	-	-	483,600
9500						
	GRAND TOTAL	37,566,200	22,404,502	6,616,444	2,192,594	6,352,700
	PER CENT OF TOTAL	100.0	59.7	17.6	5.8	16.9

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR (WR)

1982-1983

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		20,360,900	14,760,687	3,271,810	2,328,403	-
	SERVICES TO INDIVIDUALS	9,758,800	6,686,480	1,213,400	1,858,920	-
	COMMUNICABLE DISEASES					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,717,300	1,456,100	261,200	-	-
0100	MALARIA	1,469,900	1,366,100	103,800	-	-
0400	TUBERCULOSIS	342,800	279,300	63,500	-	-
0600	VENEREAL DISEASES	23,700	23,700	-	-	-
0700	AEDES AEGYPTI-BORNE DISEASES	605,000	273,400	29,600	-	-
0800	PARASITIC DISEASES	266,200	213,600	32,600	-	-
0900	VECTOR BIOLOGY AND CONTROL	1,806,600	160,600	-	1,646,000	-
1200	OTHER COMMUNICABLE DISEASES	742,900	667,200	75,700	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	627,800	413,360	159,020	-	-
1400	NUTRITION	1,352,200	920,120	284,580	-	147,500
1500	MENTAL HEALTH	608,000	518,700	89,300	-	-
1600	DENTAL HEALTH	92,500	37,700	54,800	-	-
1700	CHRONIC DISEASES	113,900	54,600	59,300	-	-
	ENVIRONMENTAL HEALTH SERVICES	6,286,200	4,291,197	1,558,890	436,113	-
2000	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,494,736	1,939,836	505,817	49,083	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	587,208	291,195	194,754	101,259	-
2200	SOLID WASTES	161,724	24,260	80,862	56,602	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	808,003	308,216	335,691	164,096	-
2400	AIR POLLUTION	180,195	27,030	90,098	63,067	-
2500	RADIATION AND ISOTOPES	61,500	61,500	-	-	-
2600	PESTICIDES	75,834	70,960	2,868	2,006	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3100	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,063,600	962,400	101,200	-	-
3200	ZOOUSES	107,900	44,700	63,200	-	-
3300	QUALITY CONTROL OF FOODSTUFFS	460,200	273,900	186,300	-	-
3400	QUALITY CONTROL OF DRUGS	145,100	145,100	-	-	-
3700	PREVENTION OF ACCIDENTS	160,200	160,200	-	-	-
	COMPLEMENTARY SERVICES	4,315,900	3,783,010	499,520	33,370	-
4100	NURSING	1,298,800	1,239,500	59,300	-	-
4200	LABORATORIES	733,300	590,100	143,200	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	1,798,000	1,529,510	225,220	33,370	-
4400	HEALTH EDUCATION	437,200	407,200	30,000	-	-
4500	REHABILITATION	58,600	16,800	41,800	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		18,392,900	11,509,540	4,237,050	177,010	2,469,300
	HEALTH SYSTEMS	11,425,400	8,723,500	2,040,400	-	661,500
5000	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,584,000	2,435,200	-	-	148,800
5100	GENERAL PUBLIC HEALTH SYSTEMS	5,229,500	3,342,800	1,886,700	-	-
5200	MEDICAL CARE SYSTEMS	518,500	428,900	89,600	-	-
5300	PLANNING	720,600	689,600	31,000	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	1,705,300	1,152,800	-	-	512,700
5500	MANAGEMENT SYSTEMS	667,000	634,200	33,100	-	-
	DEVELOPMENT OF HUMAN RESOURCES	4,314,900	2,385,700	1,929,200	-	-
6000	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,987,400	1,142,300	845,100	-	-
6100	PUBLIC HEALTH	608,900	388,300	220,600	-	-
6200	MEDICINE	234,000	99,400	134,600	-	-
6300	NURSING	222,300	156,300	66,000	-	-
6400	ENVIRONMENTAL SCIENCES	171,000	76,400	94,600	-	-
6500	VETERINARY MEDICINE	216,000	103,600	112,400	-	-
6600	DENTISTRY	139,100	37,800	101,300	-	-
6700	BIOSTATISTICS	53,100	43,100	10,000	-	-
6900	OTHER HEALTH PERSONNEL	683,100	337,900	345,200	-	-
	PHYSICAL RESOURCES	255,400	225,500	29,900	-	-
7300	PRODUCTION OF BIOLOGICALS	220,400	203,600	16,800	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	35,000	21,900	13,100	-	-
	TECHNOLOGICAL RESOURCES	2,273,900	174,840	237,550	53,710	1,807,800
8500	REGIONAL LIBRARIES	198,700	95,950	89,900	12,850	-
8600	EDITORIAL SERVICES	1,807,800	-	-	-	1,807,800
8700	OTHER TECHNOLOGICAL RESOURCES	267,400	78,890	147,650	40,860	-
8900	RESEARCH COORDINATION	123,300	-	-	123,300	-
III. ADMINISTRATIVE DIRECTION		4,687,900	-	-	-	4,687,900
9100	EXECUTIVE AND TECHNICAL DIRECTION	209,600	-	-	-	209,600
9200	PROGRAM SERVICES	466,800	-	-	-	466,800
9300	ADMINISTRATIVE SERVICES	2,392,900	-	-	-	2,392,900
9400	GENERAL EXPENSES	1,618,600	-	-	-	1,618,600
IV. GOVERNING BODIES		570,300	-	-	-	570,300
	GRAND TOTAL	44,012,000	26,270,227	7,508,860	2,505,413	7,727,500
	PER CENT OF TOTAL	100.0	59.6	17.1	5.7	17.6

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR (WR)

1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		23,479,400	17,233,884	3,634,995	2,610,521	-
	SERVICES TO INDIVIDUALS	11,218,300	7,760,980	1,317,715	2,139,605	-
	COMMUNICABLE DISEASES					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,025,800	1,719,600	306,200	-	-
0100	MALARIA	1,634,300	1,550,100	84,200	-	-
0400	TUBERCULOSIS	397,600	330,100	67,500	-	-
0600	VENEREAL DISEASES	35,200	35,200	-	-	-
0700	ARDES EGYPTI-BORNE DISEASES	730,100	676,200	53,900	-	-
0800	PARASITIC DISEASES	285,400	230,800	54,600	-	-
0900	VECTOR BIOLOGY AND CONTROL	2,062,000	178,400	42,300	1,883,600	-
1200	OTHER COMMUNICABLE DISEASES	789,300	727,000	62,300	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	720,400	485,720	158,200	76,480	-
1400	NUTRITION	1,606,000	1,101,460	325,015	179,525	-
1500	MENTAL HEALTH	679,600	572,100	107,500	-	-
1600	DENTAL HEALTH	115,700	42,600	73,100	-	-
1700	CHRONIC DISEASES	186,900	111,700	75,200	-	-
	ENVIRONMENTAL HEALTH SERVICES	7,192,300	5,026,774	1,728,470	437,056	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,952,102	2,293,735	619,752	48,615	-
2000	WATER SUPPLY AND EXCRETA DISPOSAL	717,328	424,579	197,264	95,385	-
2200	SOLID WASTES	167,890	25,184	83,944	58,762	-
	ENVIRONMENTAL POLLUTION					
	PROGRAM PLANNING AND GENERAL ACTIVITIES	851,318	333,267	367,480	170,571	-
2300	AIR POLLUTION	178,705	26,806	89,352	62,547	-
2400	RADIATION AND ISOTOPES	45,600	45,600	-	-	-
2500	PESTICIDES	29,557	26,703	1,678	1,176	-
2600	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3100	PROGRAM PLANNING AND GENERAL ACTIVITIES	1,259,700	1,151,300	108,400	-	-
3300	ZOOUSES	135,000	56,500	78,500	-	-
3500	QUALITY CONTROL OF FOODSTUFFS	478,400	276,300	202,100	-	-
3600	QUALITY CONTROL OF DRUGS	163,900	163,900	-	-	-
3700	PREVENTION OF ACCIDENTS	202,900	202,900	-	-	-
	COMPLEMENTARY SERVICES	5,068,800	4,446,130	588,810	33,860	-
4100	NURSING	1,494,200	1,421,000	73,200	-	-
4200	LABORATORIES	904,700	751,800	152,900	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	2,098,100	1,782,630	281,610	33,860	-
4400	HEALTH EDUCATION	526,500	466,500	60,000	-	-
4500	REHABILITATION	45,800	24,200	21,600	-	-
II. DEVELOPMENT OF THE INFRASTRUCTURE		22,085,600	13,667,060	5,388,850	201,290	2,828,400
	HEALTH SYSTEMS	14,015,600	10,369,400	2,832,300	-	813,900
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,952,100	2,785,200	-	-	166,900
5100	GENERAL PUBLIC HEALTH SYSTEMS	7,092,700	4,424,500	2,668,200	-	-
5200	MEDICAL CARE SYSTEMS	439,300	334,900	104,400	-	-
5300	PLANNING	732,600	754,000	28,400	-	-
5400	STATISTICS AND INFORMATION SYSTEMS	1,992,500	1,345,500	-	-	647,000
5500	MANAGEMENT SYSTEMS	756,600	725,300	31,300	-	-
	DEVELOPMENT OF HUMAN RESOURCES	5,103,400	2,827,100	2,276,300	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	2,270,900	1,296,100	974,800	-	-
6100	PUBLIC HEALTH	762,000	473,400	288,600	-	-
6200	MEDICINE	335,200	146,000	189,200	-	-
6300	NURSING	256,100	180,500	75,600	-	-
6400	ENVIRONMENTAL SCIENCES	204,100	107,100	97,000	-	-
6500	VETERINARY MEDICINE	249,600	129,000	120,600	-	-
6600	DENTISTRY	160,300	48,400	111,900	-	-
6700	BIostatistics	77,000	62,500	14,500	-	-
6900	OTHER HEALTH PERSONNEL	787,300	383,700	403,600	-	-
	PHYSICAL RESOURCES	309,100	273,500	35,600	-	-
7300	PRODUCTION OF BIOLOGICALS	265,500	243,900	21,600	-	-
7400	MAINTENANCE OF HEALTH CARE FACILITIES	43,600	29,600	14,000	-	-
	TECHNOLOGICAL RESOURCES	2,517,800	197,060	244,650	61,590	2,014,500
8500	REGIONAL LIBRARIES	223,400	107,990	100,840	14,570	-
8600	EDITORIAL SERVICES	2,014,500	-	-	-	2,014,500
8700	OTHER TECHNOLOGICAL RESOURCES	279,900	89,070	143,810	47,020	-
8900	RESEARCH COORDINATION	139,700	-	-	139,700	-
III. ADMINISTRATIVE DIRECTION		5,487,300	-	-	-	5,487,300
	EXECUTIVE AND TECHNICAL DIRECTION	233,500	-	-	-	233,500
9100	PROGRAM SERVICES	518,200	-	-	-	518,200
9300	ADMINISTRATIVE SERVICES	2,766,800	-	-	-	2,766,800
9400	GENERAL EXPENSES	1,968,800	-	-	-	1,968,800
9500	IV. GOVERNING BODIES	661,700	-	-	-	661,700
	GRAND TOTAL	51,714,000	30,900,944	9,023,845	2,811,811	8,977,400
	PER CENT OF TOTAL	100.0	59.8	17.4	5.4	17.4

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I.	PROGRAM OF SERVICES	3,853,000	3,326,300	526,700	-	-
	SERVICES TO INDIVIDUALS	736,100	604,900	131,200	-	-
	COMMUNICABLE DISEASES					
0800	PARASITIC DISEASES	440,000	360,700	79,300	-	-
1500	MENTAL HEALTH	130,300	84,300	46,000	-	-
1600	DENTAL HEALTH	165,800	159,900	5,900	-	-
	ENVIRONMENTAL HEALTH SERVICES	2,041,100	2,567,500	273,600	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	70,000	70,000	-	-	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	702,700	647,400	55,300	-	-
	ENVIRONMENTAL POLLUTION					
2300	PROGRAM PLANNING AND GENERAL ACTIVITIES	105,100	92,600	12,500	-	-
3000	OCCUPATIONAL HEALTH	32,300	21,500	10,800	-	-
	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH					
3100	PROGRAM PLANNING AND GENERAL ACTIVITIES	450,800	435,900	14,900	-	-
3200	FOOT-AND-MOUTH DISEASE	154,700	139,700	15,000	-	-
3300	ZOOSES	599,800	472,600	127,200	-	-
3600	QUALITY CONTROL OF DRUGS	725,700	687,800	37,900	-	-
	COMPLEMENTARY SERVICES	275,800	153,900	121,900	-	-
	LABORATORIES	161,700	130,300	31,400	-	-
4200	REHABILITATION	114,100	23,600	90,500	-	-
4500						
II.	DEVELOPMENT OF THE INFRASTRUCTURE	3,471,500	2,763,400	708,100	-	-
	HEALTH SYSTEMS	1,443,800	994,600	449,200	-	-
	GENERAL PUBLIC HEALTH SYSTEMS	947,800	741,200	206,600	-	-
5100	MEDICAL CARE SYSTEMS	121,100	-	121,100	-	-
5200	STATISTICS AND INFORMATION SYSTEMS	22,600	11,500	11,100	-	-
5400	MANAGEMENT SYSTEMS	352,300	241,900	110,400	-	-
5500						
	DEVELOPMENT OF HUMAN RESOURCES	1,504,100	1,330,800	173,300	-	-
	PROGRAM PLANNING AND GENERAL ACTIVITIES	352,000	278,300	73,700	-	-
6000	VETERINARY MEDICINE	364,700	348,600	16,100	-	-
6500	GENETISTRY	247,600	228,200	19,400	-	-
6600	OTHER HEALTH PERSONNEL	539,800	475,700	64,100	-	-
6900						
	PHYSICAL RESOURCES	523,600	438,000	85,600	-	-
	PRODUCTION OF BIOLOGICALS	410,500	358,200	52,300	-	-
7300	MAINTENANCE OF HEALTH CARE FACILITIES	113,100	79,800	33,300	-	-
7400						
	GRAND TOTAL	7,324,500	6,089,700	1,234,800	-	-
	PER CENT OF TOTAL	100.0	83.1	16.9	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	1982-1983	1984-1985	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		TOTAL	ADVISORY SERVICES			
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	1,447,500	1,157,700	289,800	-	-
	SERVICES TO INDIVIDUALS	247,700	130,700	117,000	-	-
1500	MENTAL HEALTH	247,700	130,700	117,000	-	-
	ENVIRONMENTAL HEALTH SERVICES	1,038,000	906,000	132,000	-	-
2100	WATER SUPPLY AND EXCRETA DISPOSAL	318,800	262,400	56,400	-	-
3100	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	320,300	309,700	10,600	-	-
3200	PROGRAM PLANNING AND GENERAL ACTIVITIES	315,900	250,900	65,000	-	-
3300	FOOT-AND-MOUTH DISEASE	83,000	83,000	-	-	-
	COMPLEMENTARY SERVICES	161,800	121,000	40,800	-	-
4200	LABORATORIES	161,800	121,000	40,800	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	818,900	711,700	107,200	-	-
	HEALTH SYSTEMS	33,600	12,400	21,200	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	12,400	12,400	-	-	-
5200	MEDICAL CARE SYSTEMS	10,000	-	10,000	-	-
5500	MANAGEMENT SYSTEMS	11,200	-	11,200	-	-
	DEVELOPMENT OF HUMAN RESOURCES	785,300	699,300	86,000	-	-
6500	VETERINARY MEDICINE	420,600	358,200	62,400	-	-
6600	DENTISTRY	64,700	61,100	3,600	-	-
6900	OTHER HEALTH PERSONNEL	300,000	280,000	20,000	-	-
	GRAND TOTAL	2,266,400	1,869,400	397,000	-	-
	PER CENT OF TOTAL	100.0	82.5	17.5	.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	1984-1985	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		TOTAL				
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	26,000	26,000	-	-	-
	ENVIRONMENTAL HEALTH SERVICES	26,000	26,000	-	-	-
3200	ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH	26,000	26,000	-	-	-
	FOOT-AND-MOUTH DISEASE	26,000	26,000	-	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	145,800	123,000	22,800	-	-
	DEVELOPMENT OF HUMAN RESOURCES	145,800	123,000	22,800	-	-
6500	VETERINARY MEDICINE	145,800	123,000	22,800	-	-
	GRAND TOTAL	171,800	149,000	22,800	-	-
	PER CENT OF TOTAL	100.0	86.7	13.3	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

1980-1981 1982-1983 1984-1985

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	14,501,339	11,626,483	2,869,311	5,545	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	14,488,734	11,624,093	2,864,641	-	-
1400	NUTRITION	12,605	2,390	4,670	5,545	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	318,959	318,959	-	-	-
	HEALTH SYSTEMS	318,959	318,959	-	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	318,959	318,959	-	-	-
	GRAND TOTAL	14,820,298	11,945,442	2,869,311	5,545	-
	PER CENT OF TOTAL	100.0	80.6	19.4	.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	16,140,443	13,307,501	2,832,942	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	16,140,443	13,307,501	2,832,942	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	416,100	416,100	-	-	-
	HEALTH SYSTEMS	416,100	416,100	-	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	416,100	416,100	-	-	-
	GRAND TOTAL	16,556,543	13,723,601	2,832,942	-	-
	PER CENT OF TOTAL	100.0	82.9	17.1	.0	.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1984-1985	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	6,049,400	5,062,130	987,270	-	-
1300	MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	6,049,400	5,062,130	987,270	-	-
	GRAND TOTAL	6,049,400	5,062,130	987,270	-	-
	PER CENT OF TOTAL	100.0	83.7	16.3	.0	.0

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS FUND FOR DRUG ABUSE CONTROL (WF)

1980-1981 1982-1983

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	1980-1981				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	317,752	221,216	96,536	-	-
	SERVICES TO INDIVIDUALS	317,752	221,216	96,536	-	-
1500	MENTAL HEALTH	317,752	221,216	96,536	-	-
	GRAND TOTAL	317,752	221,216	96,536	-	-
	PER CENT OF TOTAL	100.0	69.6	30.4	0.0	0.0

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1982-1983	1982-1983				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	108,000	54,000	54,000	-	-
	SERVICES TO INDIVIDUALS	108,000	54,000	54,000	-	-
1500	MENTAL HEALTH	108,000	54,000	54,000	-	-
	GRAND TOTAL	108,000	54,000	54,000	-	-
	PER CENT OF TOTAL	100.0	50.0	50.0	0.0	0.0

PROGRAM BUDGET - DETAIL BY FUND
ASSOCIATE EXPERTS OTHER THAN UNDP (WB)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	1980-1981				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	169,958	103,797	11,760	5,880	48,521
	COMPLEMENTARY SERVICES	169,958	103,797	11,760	5,880	48,521
4300	EPIDEMIOLOGICAL SURVEILLANCE	169,958	103,797	11,760	5,880	48,521
	GRAND TOTAL	169,958	103,797	11,760	5,880	48,521
	PER CENT OF TOTAL	100.0	61.1	6.9	3.5	28.5

PROGRAM BUDGET - DETAIL BY FUND
SPECIAL ACCOUNT FOR SERVICING COSTS (WX)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	III. ADMINISTRATIVE DIRECTION	49,000	-	-	-	49,000
9400	GENERAL EXPENSES	49,000	-	-	-	49,000
	GRAND TOTAL	49,000	-	-	-	49,000
	PER CENT OF TOTAL	100.0	.0	.0	.0	100.0

PROGRAM BUDGET - DETAIL BY FUND
TRUST FUND: SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (WA)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	211,662	-	-	211,662	-
	SERVICES TO INDIVIDUALS	211,662	-	-	211,662	-
0200	COMMUNICABLE DISEASES MALARIA	211,662	-	-	211,662	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	117,000	-	4,000	113,000	-
8900	RESEARCH COORDINATION	117,000	-	4,000	113,000	-
	GRAND TOTAL	328,662	-	4,000	324,662	-
	PER CENT OF TOTAL	100.0	.0	1.2	98.8	.0

PROGRAM BUDGET - DETAIL BY FUND
SASAKAWA HEALTH TRUST FUND (WS)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	250,000	144,300	75,000	-	30,700
	SERVICES TO INDIVIDUALS	250,000	144,300	75,000	-	30,700
0100	COMMUNICABLE DISEASES	40,000	35,100	-	-	4,900
0500	PROGRAM PLANNING AND GENERAL ACTIVITIES LEPROSY	210,000	109,200	75,000	-	25,800
	GRAND TOTAL	250,000	144,300	75,000	-	30,700
	PER CENT OF TOTAL	100.0	57.7	30.0	.0	12.3

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: SPECIAL ACCOUNT FOR THE LEPROSY PROGRAM (WC)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		384,339	304,157	60,000	-	20,182
	SERVICES TO INDIVIDUALS	384,339	304,157	60,000	-	20,182
0500	COMMUNICABLE DISEASES LEPROSY	384,339	304,157	60,000	-	20,182
	GRAND TOTAL	384,339	304,157	60,000	-	20,182
	PER CENT OF TOTAL	100.0	79.1	15.6	.0	5.3

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: SPECIAL ACCOUNT FOR MEDICAL RESEARCH (WG)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
I. PROGRAM OF SERVICES		460,613	419,119	-	-	41,494
	SERVICES TO INDIVIDUALS	460,613	419,119	-	-	41,494
0700	COMMUNICABLE DISEASES					
0900	AEDES AEGYPTI-BORNE DISEASES	82,422	72,300	-	-	10,122
	VECTOR BIOLOGY AND CONTROL	378,191	346,819	-	-	31,372
	GRAND TOTAL	460,613	419,119	-	-	41,494
	PER CENT OF TOTAL	100.0	91.0	.0	.0	9.0

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: SPECIAL ACCOUNT FOR THE EXPANDED PROGRAM ON IMMUNIZATION (WH)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	131,640	92,040	30,000	-	9,600
	SERVICES TO INDIVIDUALS	90,060	50,460	30,000	-	9,600
0100	COMMUNICABLE DISEASES PROGRAM PLANNING AND GENERAL ACTIVITIES	90,060	50,460	30,000	-	9,600
	COMPLEMENTARY SERVICES	41,580	41,580	-	-	-
4300	EPIDEMIOLOGICAL SURVEILLANCE	41,580	41,580	-	-	-
	II. DEVELOPMENT OF THE INFRASTRUCTURE	133,005	133,005	-	-	-
	HEALTH SYSTEMS	133,005	133,005	-	-	-
5100	GENERAL PUBLIC HEALTH SYSTEMS	133,005	133,005	-	-	-
	GRAND TOTAL	264,645	225,045	30,000	-	9,600
	PER CENT OF TOTAL	100.0	85.1	11.3	.0	3.6

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: MALARIA SPECIAL ACCOUNT (WN)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	62,700	-	55,000	-	7,700
	SERVICES TO INDIVIDUALS	62,700	-	55,000	-	7,700
0200	COMMUNICABLE DISEASES MALARIA	62,700	-	55,000	-	7,700
	GRAND TOTAL	62,700	-	55,000	-	7,700
	PER CENT OF TOTAL	100.0	.0	87.7	.0	12.3

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (WV)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	1,041,057	860,373	127,249	-	53,435
	SERVICES TO INDIVIDUALS	362,084	261,404	72,500	-	28,180
1200	COMMUNICABLE DISEASES OTHER COMMUNICABLE DISEASES	362,084	261,404	72,500	-	28,180
	COMPLEMENTARY SERVICES	678,973	598,969	54,749	-	25,255
4200	LABORATORIES	442,006	362,002	54,749	-	25,255
4300	EPIDEMIOLOGICAL SURVEILLANCE	236,967	236,967	-	-	-
	GRAND TOTAL	1,041,057	860,373	127,249	-	53,435
	PER CENT OF TOTAL	100.0	82.7	12.2	.0	5.1

PROGRAM BUDGET - DETAIL BY FUND
VOLUNTARY FUND FOR HEALTH PROMOTION: SPECIAL ACCOUNT FOR COMMUNITY WATER SUPPLY (WV)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	I. PROGRAM OF SERVICES	333,500	254,304	38,200	-	40,996
	ENVIRONMENTAL HEALTH SERVICES	333,500	254,304	38,200	-	40,996
2100	WATER SUPPLY AND EXCRETA DISPOSAL	333,500	254,304	38,200	-	40,996
	GRAND TOTAL	333,500	254,304	38,200	-	40,996
	PER CENT OF TOTAL	100.0	76.2	11.5	.0	12.3

PROGRAM BUDGET - DETAIL BY FUND
SPECIAL ACCOUNT FOR SERVICING COSTS (WX)

1980-1981

PROGRAM CLASSIFICATION	PROGRAM BUDGET - DETAIL 1980-1981	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	OTHER PROGRAM SERVICES
		\$	\$	\$	\$	\$
	III. ADMINISTRATIVE DIRECTION	49,000	-	-	-	49,000
9400	GENERAL EXPENSES	49,000	-	-	-	49,000
	GRAND TOTAL	49,000	-	-	-	49,000
	PER CENT OF TOTAL	100.0	.0	.0	.0	100.0

ANNEX 5

 DETAIL BY AREA OF TECHNICAL COOPERATION
 COMPREHENSIVE HEALTH SERVICES

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
I. PROGRAM OF SERVICES	34,417,555	55.1	34,156,699	55.6	25,287,600	44.9
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SERVICES TO INDIVIDUALS	31,156,685	49.8	31,132,049	50.7	21,792,100	38.7
0000 PROGRAM PLANNING AND GENERAL ACTIVITIES	182,100	.3	-	-	-	-
1300 MATERNAL AND CHILD HEALTH AND FAMILY WELFARE	18,173,218	29.0	19,351,799	31.5	9,387,800	16.7
1400 NUTRITION	12,801,367	20.5	11,780,300	19.2	12,404,300	22.0
COMPLEMENTARY SERVICES	3,260,870	5.3	3,024,600	4.9	3,495,500	6.2
4100 NURSING	2,550,370	4.1	2,086,500	3.4	2,409,100	4.3
4400 HEALTH EDUCATION	356,700	.6	742,000	1.2	858,700	1.5
4500 REHABILITATION	353,800	.6	196,100	.3	227,700	.4
II. DEVELOPMENT OF THE INFRASTRUCTURE	28,154,191	44.9	27,298,210	44.4	31,086,600	55.1
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HEALTH SYSTEMS	26,971,398	43.1	27,212,910	44.3	30,979,700	54.9
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	6,131,171	9.8	6,674,100	10.9	7,511,200	13.3
5100 GENERAL PUBLIC HEALTH SYSTEMS	11,718,028	18.7	11,981,910	19.5	14,009,800	24.9
5200 MEDICAL CARE SYSTEMS	2,613,063	4.2	2,048,800	3.3	1,991,000	3.5
5300 PLANNING	1,437,700	2.3	2,154,100	3.5	2,432,200	4.3
5400 STATISTICS AND INFORMATION SYSTEMS	1,834,100	2.9	2,099,100	3.4	2,476,100	4.4
5500 MANAGEMENT SYSTEMS	3,237,336	5.2	2,254,900	3.7	2,559,400	4.5
PHYSICAL RESOURCES	339,793	.5	65,300	.1	104,900	.2
7400 MAINTENANCE OF HEALTH CARE FACILITIES	339,793	.5	65,300	.1	104,900	.2
TECHNOLOGICAL RESOURCES	843,000	1.3	-	-	-	-
8700 OTHER TECHNOLOGICAL RESOURCES	843,000	1.3	-	-	-	-
GRAND TOTAL	62,571,746	100.0	61,454,909	100.0	56,372,200	100.0
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PERCENTAGE OF TOTAL BUDGET	33.9		33.8		29.2	
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DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	21,318,700	34.0	23,526,500	38.3	26,493,200	47.1
PA INCAP MEMBERSHIP AND MISCELLANEOUS FUNDS	751,600	1.2	1,400,000	2.3	1,600,000	2.8
PN INCAP GRANTS AND CONTRACTUAL AGREEMENTS	6,137,553	9.8	5,332,500	8.7	5,000,000	8.9
PG GRANTS AND CONTRACTUAL AGREEMENTS	4,792,737	7.7	816,766	1.3	478,400	.8
PH PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	164,600	.3	-	-	-	-
PX PROGRAM SUPPORT COSTS	309,351	.5	5,400	.*	-	-
PD NATURAL DISASTER RELIEF VOLUNTARY FUND	402	.*	-	-	-	-
WR WHO REGULAR BUDGET	12,472,500	19.9	13,783,600	22.4	16,751,200	29.7
UNDP UNITED NATIONS DEVELOPMENT PROGRAM	1,671,000	2.7	33,600	.1	-	-
UNFPA UNITED NATIONS FUND FOR POPULATION ACTIVITIES	14,820,298	23.7	16,556,543	26.9	6,049,400	10.7
WH SPECIAL ACCOUNT FOR THE EXPANDED PROGRAM ON IMMUNIZATION	133,005	.2	-	-	-	-
TOTAL	62,571,746	100.0	61,454,909	100.0	56,372,200	100.0
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DETAIL BY AREA OF TECHNICAL COOPERATION
DISEASE PREVENTION AND CONTROL

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
I. PROGRAM OF SERVICES	25,937,866	95.7	23,841,461	97.3	26,316,670	98.8
SERVICES TO INDIVIDUALS	16,724,605	61.6	16,165,823	65.9	17,654,676	66.3
0000 PROGRAM PLANNING AND GENERAL ACTIVITIES	240,000	.9	329,500	1.3	374,500	1.4
COMMUNICABLE DISEASES						
0100 PROGRAM PLANNING AND GENERAL ACTIVITIES	2,545,030	9.4	2,848,300	11.6	3,471,200	13.0
0200 MALARIA	4,398,335	16.2	4,186,000	17.1	4,865,600	18.3
0400 TUBERCULOSIS	484,200	1.8	499,300	2.0	582,400	2.2
0500 LEPROSY	931,821	3.4	73,200	.3	52,300	.2
0600 VENEREAL DISEASES	16,800	.1	23,700	.1	35,200	.1
0700 AEDIS AEGYPTI-BURNE DISEASES	827,622	3.1	954,000	3.9	1,087,500	4.1
0800 PARASITIC DISEASES	637,000	2.3	246,200	1.0	285,400	1.1
0900 VECTOR BIOLOGY AND CONTROL	1,747,191	6.4	1,806,600	7.4	2,062,000	7.7
1200 OTHER COMMUNICABLE DISEASES	1,032,037	3.8	742,900	3.0	769,300	2.9
1500 MENTAL HEALTH	1,228,267	4.5	1,004,500	4.1	736,400	2.8
1600 DENTAL HEALTH	867,155	3.2	729,600	3.0	870,100	3.3
1700 CHRONIC DISEASES	1,765,143	6.5	2,720,023	11.1	2,462,776	9.2
ENVIRONMENTAL HEALTH SERVICES	1,532,192	5.7	882,900	3.6	987,800	3.7
ENVIRONMENTAL POLLUTION						
2500 RADIATION AND ISOTOPES	315,700	1.2	243,500	1.0	273,700	1.0
3600 QUALITY CONTROL OF DRUGS	1,196,192	4.4	449,000	1.8	478,700	1.8
3700 PREVENTION OF ACCIDENTS	20,300	.1	190,400	.8	235,400	.9
COMPLEMENTARY SERVICES	7,681,069	28.4	6,742,758	27.8	7,674,194	28.8
4200 LABORATORIES	1,145,348	4.2	909,900	3.7	919,300	3.5
4300 EPIDEMIOLOGICAL SURVEILLANCE	6,535,721	24.2	5,832,858	24.1	6,754,894	25.3
II. DEVELOPMENT OF THE INFRASTRUCTURE	1,176,400	4.3	661,900	2.7	311,100	1.2
PHYSICAL RESOURCES	1,176,400	4.3	661,900	2.7	311,100	1.2
7400 PRODUCTION OF BIOLOGICALS	1,176,400	4.3	661,900	2.7	311,100	1.2
GRAND TOTAL	27,114,266	100.0	24,503,381	100.0	26,627,770	100.0
PERCENTAGE OF TOTAL BUDGET	14.7		13.5		13.7	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	8,509,300	31.4	8,477,800	34.6	10,057,700	37.8
PJ CAREC MEMBERSHIP, GRANTS AND CONTRACTUAL AGREEMENTS	3,167,564	11.7	2,377,458	9.7	2,577,694	9.7
PG GRANTS AND CONTRACTUAL AGREEMENTS	2,222,231	8.2	2,406,023	9.8	1,570,176	5.9
PH PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	106,000	.4	-	-	-	-
PV EXPANDED PROGRAM ON IMMUNIZATION	5,758	.0	-	-	-	-
PX PROGRAM SUPPORT COSTS	59,392	.2	-	-	-	-
WR WHO REGULAR BUDGET	7,980,300	29.4	10,724,600	43.8	12,422,200	46.6
UNDP UNITED NATIONS DEVELOPMENT PROGRAM	2,034,000	7.5	409,500	1.7	-	-
OTHER WHO FUNDS	3,029,721	11.2	108,000	.4	-	-
TOTAL	27,114,266	100.0	24,503,381	100.0	26,627,770	100.0

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 DETAIL BY AREA OF TECHNICAL COOPERATION
 ENVIRONMENTAL HEALTH PROTECTION

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
I. PROGRAM OF SERVICES	17,002,781	98.3	13,010,373	100.0	14,012,210	100.0
ENVIRONMENTAL HEALTH SERVICES	17,002,781	98.3	13,010,373	100.0	14,012,210	100.0
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	5,215,987	30.2	6,044,836	46.4	7,102,102	50.7
2100 WATER SUPPLY AND EXCRETA DISPOSAL	7,768,321	45.0	3,514,281	27.0	3,215,438	22.9
2200 SOLID WASTES	299,118	1.7	189,924	1.5	199,090	1.4
ENVIRONMENTAL POLLUTION						
2300 PROGRAM PLANNING AND GENERAL ACTIVITIES	2,365,851	13.7	2,182,303	16.8	2,362,618	16.9
2400 AIR POLLUTION	300,330	1.7	327,895	2.5	344,405	2.5
2600 PESTICIDES	56,824	.3	112,534	.9	70,757	.5
3000 OCCUPATIONAL HEALTH	100,800	.6	92,600	.7	118,000	.8
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3300 ZOOUSES	53,600	.3	-	-	-	-
3500 QUALITY CONTROL OF FOODSTUFFS	838,150	4.8	545,600	4.2	599,800	4.3
II. DEVELOPMENT OF THE INFRASTRUCTURE	293,540	1.7	-	-	-	-
DEVELOPMENT OF HUMAN RESOURCES	293,540	1.7	-	-	-	-
6400 ENVIRONMENTAL SCIENCES	293,540	1.7	-	-	-	-
GRAND TOTAL	17,296,321	100.0	13,010,373	100.0	14,012,210	100.0
PERCENTAGE OF TOTAL BUDGET	9.4		7.1		7.2	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	6,133,700	35.5	6,730,000	51.7	7,554,800	54.0
PG GRANTS AND CONTRACTUAL AGREEMENTS	3,190,559	18.4	673,400	5.2	758,700	5.4
PW COMMUNITY WATER SUPPLY FUND	2,748,988	15.9	520,273	4.0	313,510	2.2
PX PROGRAM SUPPORT COSTS	9,174	.1	-	-	-	-
WR WHO REGULAR BUDGET	3,916,700	22.6	4,767,900	36.6	5,385,200	38.4
UNDP UNITED NATIONS DEVELOPMENT PROGRAM	963,700	5.6	318,800	2.5	-	-
OTHER WHO FUNDS	333,500	1.9	-	-	-	-
TOTAL	17,296,321	100.0	13,010,373	100.0	14,012,210	100.0

DETAIL BY AREA OF TECHNICAL COOPERATION
HUMAN RESOURCES AND RESEARCH

PROGRAM CLASSIFICATION	1960-1961		1962-1963		1964-1965	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
II. DEVELOPMENT OF THE INFRASTRUCTURE	17,599,873	100.0	15,514,850	100.0	15,193,100	100.0
HEALTH SYSTEMS	220,200	1.3	212,800	1.4	268,200	1.8
5100 GENERAL PUBLIC HEALTH SYSTEMS	220,200	1.3	212,800	1.4	268,200	1.8
DEVELOPMENT OF HUMAN RESOURCES	11,710,773	66.5	11,216,200	72.3	10,415,100	68.5
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	6,003,628	34.0	6,355,900	41.1	5,446,500	35.8
6100 PUBLIC HEALTH	1,002,537	5.7	731,500	4.7	909,500	6.0
6200 MEDICINE	378,500	2.1	536,300	3.5	661,100	4.4
6300 NURSING	1,053,730	6.0	1,202,400	7.7	1,367,600	9.0
6400 ENVIRONMENTAL SCIENCES	477,200	2.7	327,000	2.1	435,500	2.9
6500 VETERINARY MEDICINE	504,500	2.9	636,600	4.1	355,400	2.4
6600 DENTISTRY	581,900	3.3	251,500	1.6	249,300	1.6
6700 BILSTATISTICS	32,200	.2	53,100	.3	77,900	.5
6900 OTHER HEALTH PERSONNEL	1,476,578	8.4	1,121,900	7.2	902,300	5.9
TECHNOLOGICAL RESOURCES	4,414,700	25.1	2,758,350	17.7	2,997,700	19.7
8000 PROGRAM PLANNING AND GENERAL ACTIVITIES	454,200	2.6	650,200	4.2	765,600	5.0
8100 MEDICAL TEXTBOOKS	76,600	.4	20,000	.1	-	-
8500 REGIONAL LIBRARIES	3,027,300	17.2	1,190,700	7.7	1,327,600	8.7
8700 OTHER TECHNOLOGICAL RESOURCES	856,600	4.9	857,450	5.5	904,500	6.0
8900 RESEARCH COORDINATION	1,254,200	7.1	1,327,500	8.6	1,512,100	10.0
GRAND TOTAL	17,599,873	100.0	15,514,850	100.0	15,193,100	100.0
PERCENTAGE OF TOTAL BUDGET	9.6		8.5		7.8	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	7,040,600	40.0	8,131,600	52.4	9,149,700	60.2
PG GRANTS AND CONTRACTUAL AGREEMENTS	4,207,836	23.9	1,564,000	10.1	-	-
PH PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	420,137	2.4	35,850	.2	36,000	.2
PX PROGRAM SUPPORT COSTS	31,600	.2	-	-	-	-
WR WHO REGULAR BUDGET	4,278,600	24.3	4,998,100	32.2	5,861,600	38.6
UNDP UNITED NATIONS FUND FOR POPULATION ACTIVITIES	1,504,100	8.5	785,300	5.1	145,800	1.0
WA SPECIAL ACCOUNT FOR RESEARCH AND TRAINING IN TROPICAL DISEASES	117,000	.7	-	-	-	-
TOTAL	17,599,873	100.0	15,514,850	100.0	15,193,100	100.0

 DETAIL BY AREA OF TECHNICAL COOPERATION
 SPECIAL PROGRAM OF ANIMAL HEALTH

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
I. PROGRAM OF SERVICES =====	21,131,884	100.0	17,688,900	100.0	20,394,515	100.0
ENVIRONMENTAL HEALTH SERVICES -----	21,131,884	100.0	17,688,900	100.0	20,394,515	100.0
ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH						
3100 PROGRAM PLANNING AND GENERAL ACTIVITIES	4,879,463	23.1	2,173,500	12.3	2,032,700	10.3
3200 FOOT-AND-MOUTH DISEASE	7,284,313	34.5	6,347,300	35.9	6,871,500	33.7
3300 ZOOUSES	8,968,108	42.4	9,168,100	51.8	11,490,315	56.0
GRAND TOTAL =====	21,131,884	100.0	17,688,900	100.0	20,394,515	100.0
PERCENTAGE OF TOTAL BUDGET		11.5		9.7		10.5
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	10,027,800	47.4	10,102,800	57.1	11,656,900	57.2
PG GRANTS AND CONTRACTUAL AGREEMENTS	8,061,743	38.1	5,695,400	32.2	7,316,915	35.9
PH PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	55,500	.3	-	-	-	-
PX PROGRAM SUPPORT COSTS	39,000	.2	-	-	-	-
PU SPECIAL PROGRAM FOR ANIMAL HEALTH RESEARCH	124,741	.6	-	-	-	-
WR WHO REGULAR FUND	1,671,400	7.9	1,171,500	6.6	1,394,700	6.8
UNDP UNITED NATIONS DEVELOPMENT PROGRAM	1,151,700	5.5	719,200	4.1	26,000	.1
TOTAL =====	21,131,884	100.0	17,688,900	100.0	20,394,515	100.0

DETAIL BY AREA OF TECHNICAL COOPERATION
OTHER PROGRAMS OF TECHNICAL COOPERATION

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
I. PROGRAM OF SERVICES	238,400	1.3	932,700	3.7	1,649,900	5.3
SERVICES TO INDIVIDUALS	-	-	400,000	1.6	750,000	2.4
1800 HEALTH OF SPECIAL GROUPS	-	-	400,000	1.6	750,000	2.4
ENVIRONMENTAL HEALTH SERVICES	111,000	.6	-	-	-	-
2000 PROGRAM PLANNING AND GENERAL ACTIVITIES	111,000	.6	-	-	-	-
COMPLEMENTARY SERVICES	127,400	.7	532,700	2.1	899,900	2.9
4300 EPIDEMIOLOGICAL SURVEILLANCE	127,400	.7	132,700	.5	149,900	.5
4600 COMMUNITY PARTICIPATION	-	-	400,000	1.6	750,000	2.4
II. DEVELOPMENT OF THE INFRASTRUCTURE	18,812,154	98.7	24,754,186	96.3	29,706,795	94.7
HEALTH SYSTEMS	9,449,373	49.6	11,544,168	44.9	13,154,430	41.9
5000 PROGRAM PLANNING AND GENERAL ACTIVITIES	4,015,646	21.1	5,542,920	21.5	6,412,260	20.4
5100 GENERAL PUBLIC HEALTH SYSTEMS	1,760,627	9.2	1,586,048	6.2	1,355,770	4.3
5400 STATISTICS AND INFORMATION SYSTEMS	3,673,100	19.3	4,015,200	15.6	4,636,400	14.8
5600 PRIMARY HEALTH CARE SYSTEMS	-	-	400,000	1.6	750,000	2.4
DEVELOPMENT OF HUMAN RESOURCES	-	-	795,000	3.1	1,000,000	3.2
6000 PROGRAM PLANNING AND GENERAL ACTIVITIES	-	-	795,000	3.1	1,000,000	3.2
PHYSICAL RESOURCES	-	-	400,000	1.6	750,000	2.4
7500 OPERATING CAPACITY	-	-	400,000	1.6	750,000	2.4
7800 DEVELOPMENT OF INTERSECTORAL LINKAGES	-	-	400,000	1.6	750,000	2.4
TECHNOLOGICAL RESOURCES	9,362,781	49.1	11,615,018	45.1	14,052,365	44.8
8100 TEXTBOOKS AND OTHER TEACHING MATERIALS	-	-	-	-	-	-
8100 MEDICAL TEXTBOOKS	5,586,162	29.3	6,592,970	25.6	8,328,260	26.5
8600 EDITORIAL SERVICES	3,776,619	19.8	4,622,048	17.9	4,974,105	15.9
8800 DEVELOPMENT OF APPROPRIATE TECHNOLOGY	-	-	400,000	1.6	750,000	2.4
GRAND TOTAL	19,050,554	100.0	25,686,886	100.0	31,356,695	100.0
PERCENTAGE OF TOTAL BUDGET	10.3		14.1		16.2	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	9,782,600	51.4	15,481,600	60.2	19,199,400	61.2
PG GRANTS AND CONTRACTUAL AGREEMENTS	1,055,104	5.5	838,996	3.3	612,375	2.0
PH PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	4,539,000	23.8	5,963,990	23.2	7,687,120	24.5
PK SPECIAL FUND FOR HEALTH PROMOTION (INCOME)	612,162	3.2	-	-	-	-
PX PROGRAM SUPPORT COSTS	183,058	1.0	94,200	.4	107,700	.3
PB BUILDING FUND	130,846	.7	-	-	-	-
PD NATURAL DISASTER RELIEF VOLUNTARY FUND	59,684	.3	-	-	-	-
WR WHO REGULAR BUDGET	2,688,100	14.1	3,308,100	12.9	3,750,100	12.0
TOTAL	19,050,554	100.0	25,686,886	100.0	31,356,695	100.0

NOTE: THIS TABLE INCLUDES THE FOLLOWING:

IN PROGRAMS 1800, 4500, 5600, 7800, AND 8800 - PROJECTS TO PROVIDE FUNDING OF STRATEGIES TO ACHIEVE HEALTH FOR ALL BY THE YEAR 2000
 IN PROGRAMS 2000, 4300, AND 5100 (PARTIAL) - FIELD OFFICE: US-MEXICO BORDER
 IN PROGRAM 5000 - AREA OFFICES, CARIBBEAN PROGRAM COORDINATION, PAHEF ADMINISTRATION
 IN PROGRAM 5100 - EMERGENCY ASSISTANCE, TECHNICAL COOPERATION TO DEVELOPING COUNTRIES (IN ADDITION TO THE FIELD OFFICE)
 IN PROGRAM 5400 - HEALTH STATISTICS AND COMPUTER SERVICES
 IN PROGRAM 8100 - TEXTBOOK PROGRAM
 IN PROGRAM 8600 - PUBLICATIONS PROGRAM (WASHINGTON AND MEXICO CITY)

DETAIL BY AREA OF TECHNICAL COOPERATION
ADMINISTRATIVE DIRECTION AND TECHNICAL MANAGEMENT

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
III. ADMINISTRATIVE DIRECTION	17,591,263	100.0	22,394,190	100.0	25,935,620	100.0
9100 EXECUTIVE AND TECHNICAL DIRECTION	1,865,700	10.6	1,359,500	6.1	1,511,700	5.8
9200 PROGRAM SERVICES	1,661,500	9.4	4,000,800	17.9	4,538,000	17.5
9300 ADMINISTRATIVE SERVICES	9,601,700	54.6	11,488,490	51.2	13,204,320	50.9
9400 GENERAL EXPENSES	4,461,963	25.4	5,545,400	24.8	6,681,600	25.8
GRAND TOTAL	17,591,263	100.0	22,394,190	100.0	25,935,620	100.0
PERCENTAGE OF TOTAL BUDGET	9.6		12.3		13.4	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	12,699,900	72.1	16,696,900	74.6	19,312,800	74.4
PG GRANTS AND CONTRACTUAL AGREEMENTS	82,500	.5	-	-	-	-
PX PROGRAM SUPPORT COSTS	684,863	3.9	1,009,390	4.5	1,135,520	4.4
WR WHO REGULAR BUDGET	4,075,000	23.2	4,687,900	20.9	5,487,300	21.2
WX SPECIAL ACCOUNT FOR SERVICING COSTS	49,000	.3	-	-	-	-
TOTAL	17,591,263	100.0	22,394,190	100.0	25,935,620	100.0

DETAIL BY AREA OF TECHNICAL COOPERATION
GOVERNING BODIES

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
IV. GOVERNING BODIES	1,779,000	100.0	1,743,100	100.0	2,017,200	100.0
GRAND TOTAL	1,779,000	100.0	1,743,100	100.0	2,017,200	100.0
PERCENTAGE OF TOTAL BUDGET	1.0		1.0		1.0	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	1,063,400	59.8	1,172,800	67.3	1,355,500	67.2
PX PROGRAM SUPPORT COSTS	82,000	4.6	-	-	-	-
PB BUILDING FUND	150,000	8.4	-	-	-	-
WR WHO REGULAR BUDGET	483,600	27.2	570,300	32.7	661,700	32.8
TOTAL	1,779,000	100.0	1,743,100	100.0	2,017,200	100.0

DETAIL BY AREA OF TECHNICAL COOPERATION
INCREASE TO ASSETS

PROGRAM CLASSIFICATION	1980-1981		1982-1983		1984-1985	
	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT	AMOUNT \$	PERCENT
V. INCREASE TO ASSETS	-	-	-	-	1,900,000	100.0
GRAND TOTAL	-	-	-	-	1,900,000	100.0
PERCENTAGE OF TOTAL BUDGET	-		-		1.0	
DETAIL BY FUND:						
PR PAHO REGULAR BUDGET	-	-	-	-	1,900,000	100.0

ANNEX 6

PROGRAM SERVICES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981												
PAHU--PR	31,970,400	4571	4908	9110	25,244,100	1,645,200	1697	1,798,600	461,300	1,599,100	150,900	1,031,200
PJ	3,167,564	241	1440	75	1,812,643	55,232	125	137,210	286,690	449,085	-	426,704
PW	2,748,908	217	137	3550	1,746,978	92,187	108	119,857	201,561	267,015	-	321,390
PU	124,741	-	-	135	46,266	6,167	10	11,428	-	53,691	-	7,189
PG	14,755,165	558	2630	5460	8,322,636	318,549	379	417,952	1,260,243	1,808,964	175,600	2,451,221
PA	751,600	410	1500	-	572,760	6,800	-	-	-	15,140	-	156,900
PH	320,100	-	-	30	23,800	5,500	-	-	-	107,500	163,100	46,200
PN	6,137,553	536	1930	715	1,934,314	408,744	400	438,132	77,653	1,621,008	-	1,657,302
PX	363,057	-	11	-	192,114	-	-	-	-	21,361	-	149,582
PV	5,758	-	-	-	2,449	-	-	-	2,335	974	-	-
WNU--NR	16,660,000	2550	512	9451	12,473,300	958,000	1185	1,276,700	631,200	1,120,000	80,100	120,700
WB	169,558	51	-	-	105,827	11,410	-	-	-	-	-	52,721
WF	317,752	-	-	455	78,500	-	27	32,000	64,536	93,000	-	49,716
WT	3,853,600	324	58	3615	2,202,400	38,900	279	526,700	-	761,600	-	323,400
WP	14,501,339	304	264	6235	4,178,691	280,840	570	1,916,560	948,081	4,869,935	116,856	2,190,386
WS	62,700	-	-	-	-	-	-	-	55,000	-	-	7,700
WS	250,000	-	-	160	31,000	1,200	53	58,000	17,000	42,100	41,000	59,700
WA	211,662	-	-	35	123,526	-	-	-	-	21,365	-	66,771
WC	384,339	-	-	345	176,463	13,479	36	40,000	20,000	54,215	60,000	20,182
WG	460,613	36	-	200	230,750	24,800	-	-	-	71,069	12,300	121,694
WH	111,640	-	-	120	22,600	-	-	-	36,000	69,440	-	9,600
WW	1,041,057	36	-	255	187,709	3,000	4	4,244	123,005	271,224	38,300	413,575
WW	333,500	-	-	1080	245,604	-	6	6,600	31,600	-	6,100	43,556
TOTAL	98,728,486	9834	13798	41026	59,954,430	3,905,998	4879	6,783,983	4,210,204	13,317,786	824,256	9,727,829
PCT. OF TOTAL	100.0				60.7	4.0		6.9	4.3	13.5	.8	9.8
1982-1983												
PAHU--PR	32,867,700	3361	4080	11485	25,697,000	1,389,400	1678	2,349,200	758,700	1,531,300	41,000	1,101,100
PJ	2,377,458	125	1476	-	1,475,319	62,533	-	50,289	96,831	180,536	-	311,650
PW	2,202,213	136	144	30	455,247	23,000	4	6,800	7,140	10,000	-	20,006
PG	9,369,573	133	2044	365	6,073,426	66,905	54	76,600	101,000	308,930	470,041	1,973,077
PA	1,400,000	470	1800	-	1,100,800	32,000	-	-	-	42,400	-	224,600
PN	5,332,500	380	1440	550	2,076,800	308,800	511	567,600	-	263,100	-	2,116,200
PX	5,400	-	7	-	5,400	-	-	-	-	-	-	-
WNU--NR	20,360,900	2416	864	7415	15,801,900	1,141,000	1000	1,438,500	743,400	825,700	91,000	319,400
WF	108,000	-	-	80	20,000	-	9	14,000	40,000	24,000	-	10,600
WT	1,447,500	154	-	1230	949,100	27,000	103	289,800	-	115,400	-	66,200
WP	16,140,443	306	272	4160	4,466,308	296,880	562	2,570,942	262,000	5,518,084	79,000	2,951,229
TOTAL	89,630,153	7481	12127	25355	58,321,300	3,347,598	3921	7,361,731	2,009,071	8,819,450	677,041	9,093,962
PCT. OF TOTAL	100.0				65.1	3.7		8.2	2.3	9.8	.8	10.1
1984-1985												
PAHU--PR	38,490,700	3318	4032	10895	30,129,500	1,643,100	1652	2,973,600	766,300	1,585,700	47,200	1,345,300
PJ	2,577,644	96	1440	-	1,845,240	71,920	-	-	379,034	-	-	281,800
PW	313,510	96	144	-	293,510	10,000	-	-	10,000	-	-	-
PG	10,124,191	120	2016	235	7,431,065	44,020	49	87,800	117,050	152,900	257,850	2,033,506
PK	-	-	-	-	-	-	-	-	-	-	-	-
PA	1,600,000	500	2160	-	1,258,000	36,400	-	-	-	48,500	-	256,900
PN	5,000,600	240	1670	385	1,721,100	256,000	314	470,600	-	218,100	-	2,334,200
PD	-	-	-	-	-	-	-	-	-	-	-	-
PE	-	-	-	-	-	-	-	-	-	-	-	-
PF	-	-	-	-	-	-	-	-	-	-	-	-
WNU--NR	23,479,400	2424	912	6570	18,527,400	1,222,600	976	1,787,800	717,000	829,300	69,000	326,300
WT	26,000	4	-	-	26,300	-	-	-	-	-	-	1,700
WP	6,049,400	24	-	800	1,333,510	6,000	95	987,270	-	2,046,610	15,000	1,661,010
WE	-	-	-	-	-	-	-	-	-	-	-	-
WX	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	87,660,895	6822	11774	18885	62,563,625	3,290,210	3086	6,307,070	1,600,350	5,270,144	389,050	8,240,416
PCT. OF TOTAL	100.0				71.4	3.8		7.2	1.8	6.0	.4	9.4

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

DEVELOPMENT OF INFRASTRUCTURE - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		MONTHS PRGF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1980-1981												
PAHO--PR	30,842,300	3549	4724	11340	21,384,300	1,036,900	1968	2,068,000	1,061,200	750,400	930,900	3,610,600
PG	8,775,045	342	204	8370	4,184,465	150,972	501	550,102	703,000	1,446,597	166,034	1,573,875
PK	612,162	-	-	-	-	-	-	-	-	-	612,162	-
PH	4,959,137	96	276	400	626,500	40,000	4	3,900	23,600	440,000	72,737	3,752,400
PD	60,086	-	-	-	-	1,301	-	-	-	58,785	-	-
PX	268,518	22	-	-	85,000	-	45	50,000	5,058	35,460	-	93,000
PB	130,846	-	-	-	-	-	-	-	-	-	-	130,846
WHD--WK	16,347,600	1710	1128	9090	9,446,950	569,300	1943	2,062,500	1,205,100	805,800	787,300	1,470,950
WT	3,471,500	273	96	4692	2,040,000	57,500	282	702,100	6,000	504,000	-	161,900
WP	318,959	72	72	-	318,959	-	-	-	-	-	-	-
WA	117,000	19	19	-	113,000	-	-	-	4,000	-	-	-
WH	133,005	-	-	-	-	-	-	-	-	133,005	-	-
TOTAL	66,036,158	6083	6519	33892	38,199,114	1,855,673	4743	5,436,602	3,007,958	4,174,047	2,569,133	10,793,571
PCT. OF TOTAL	100.0				57.9	2.8		8.2	4.6	6.3	3.9	16.3
1982-1983												
PAHO--PR	39,582,600	3012	4284	12300	25,952,000	1,351,300	2572	3,400,800	1,814,100	635,800	1,345,400	5,083,200
PG	2,924,606	225	156	555	1,184,610	112,832	51	44,000	284,513	531,978	151,000	615,673
PH	5,999,840	120	336	60	875,590	45,500	-	-	-	275,000	-	4,803,750
PK	94,200	24	-	-	94,200	-	-	-	-	-	-	-
WHD--WR	18,392,900	1554	1344	8310	11,952,000	573,000	1954	2,749,600	923,100	665,000	123,500	1,406,700
WT	818,900	84	36	660	601,900	26,000	19	107,200	-	50,000	-	33,800
WP	416,100	72	72	-	416,100	-	-	-	-	-	-	-
TOTAL	68,229,146	5091	6228	21585	41,076,400	2,108,632	4576	6,301,600	3,021,713	2,157,778	1,619,900	11,943,123
PCT. OF TOTAL	100.0				60.2	3.1		9.2	4.4	3.2	2.4	17.5
1984-1985												
PAHO--PR	45,621,000	2976	4272	11555	30,403,200	1,659,000	2291	3,863,800	1,632,500	806,400	1,509,500	5,746,600
PG	612,375	24	24	20	250,000	27,000	8	14,000	35,000	15,000	-	271,375
PH	7,723,120	120	336	50	1,193,520	54,100	-	-	-	296,200	-	6,179,300
PK	107,700	24	-	-	107,700	-	-	-	-	-	-	-
WHD--WR	22,085,600	1560	1344	8215	14,308,800	616,200	2147	3,878,600	897,500	617,000	119,700	1,647,800
WT	145,800	12	-	180	110,000	4,000	-	22,800	-	5,000	-	4,000
TOTAL	76,295,595	4716	5976	20020	46,373,220	2,360,300	4446	7,779,200	2,565,000	1,739,600	1,629,200	13,849,075
PCT. OF TOTAL	100.0				60.8	3.1		10.2	3.4	2.3	2.1	18.1

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

ADMINISTRATIVE DIRECTION - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
1980-1981											
PAHO--PR	12,694,900	1506	2568	-	9,351,000	167,400	-	-	323,600	-	2,857,900
PG	82,500	23	-	-	82,500	-	-	-	-	-	-
PX	684,863	70	137	40	604,200	18,500	-	-	53,663	-	8,500
WHO--NR	4,075,000	360	600	-	2,393,000	68,800	-	-	211,600	-	1,401,600
WX	49,000	-	-	-	-	-	-	-	-	-	49,000
TOTAL	17,591,263	1959	3305	40	12,430,700	254,700	-	-	588,863	-	4,317,000
PCT. OF TOTAL	100.0				70.7	1.5			3.3		24.5
1982-1983											
PAHO--PR	16,646,900	1632	2592	1130	11,896,900	197,000	-	-	3,000	584,400	4,015,600
PX	1,009,390	120	264	55	975,790	33,600	-	-	-	-	-
WHO--NR	4,687,900	360	648	-	2,878,500	101,800	-	-	262,600	-	1,445,000
TOTAL	22,344,190	2112	3504	1185	15,751,190	332,400	-	-	3,000	847,000	5,460,600
PCT. OF TOTAL	100.0				70.3	1.5			3.8		24.4
1984-1985											
PAHO--PR	19,312,800	1656	2592	995	13,471,300	225,100	-	-	4,000	711,200	4,901,200
PX	1,135,520	120	264	55	1,094,920	40,600	-	-	-	-	-
WHO--NR	5,487,300	384	648	-	3,310,400	115,000	-	-	319,600	-	1,742,300
TOTAL	25,935,620	2160	3504	1050	17,876,620	380,700	-	-	4,000	1,030,800	6,643,500
PCT. OF TOTAL	100.0				68.9	1.5			4.0		25.6

*SEE LIST OF *SOURCES OF FUNDS* ON THE LAST PAGE OF THIS DOCUMENT

GOVERNING BODIES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
1980-1981											
PAHO--PR	1,063,400	120	168	-	669,800	4,700	-	-	7,200	-	381,700
PX	82,000	-	-	-	-	-	-	-	82,000	-	-
P8	150,000	-	-	-	-	-	-	-	-	-	150,000
WHO--MR	483,600	72	24	-	323,800	-	-	-	32,400	-	127,400
TOTAL	1,779,000	192	192	-	993,600	4,700	-	-	121,600	-	659,100
PCT. OF TOTAL	100.0				55.9	.3			6.8		37.0
1982-1983											
PAHO--PR	1,172,800	96	168	-	698,300	-	-	-	-	-	474,500
WHO--MR	570,300	72	24	-	368,900	-	-	-	-	-	201,400
TOTAL	1,743,100	168	192	-	1,067,200	-	-	-	-	-	675,900
PCT. OF TOTAL	100.0				61.2	-			-		38.8
1984-1985											
PAHO--PR	1,355,500	96	168	-	786,100	-	-	-	-	-	569,400
WHO--MR	661,700	72	24	-	419,900	-	-	-	-	-	241,800
TOTAL	2,017,200	168	192	-	1,206,000	-	-	-	-	-	811,200
PCT. OF TOTAL	100.0				59.8	-			-		40.2

*SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

 INCREASE TO ASSETS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS*	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		MONTHS PROF.	LOCAL	CONS. DAYS		MONTHS	AMOUNT				
1984-1985	\$				\$			\$	\$	\$	\$
PAHO--PR	1,900,000	-	-	-	-	-	-	-	-	-	1,900,000
TOTAL	1,900,000	-	-	-	-	-	-	-	-	-	1,900,000
PCT. OF TOTAL	100.0										100.0

 *SEE LIST OF "SOURCES OF FUNDS" ON THE LAST PAGE OF THIS DOCUMENT

ANNEX 7

 INFORMATIONAL DATA SHOWING ACTUAL PERCENTAGES IN RESPECT TO CONTRIBUTIONS
 FOR 1982-1983 UNDER THE PAHO REGULAR BUDGET PROPOSAL

<u>Country</u>	<u>OAS Scale</u> %	<u>Gross</u> <u>Assessment*</u> US\$	<u>Actual</u> <u>Percentages</u> %
Argentina	7.48	7,001,893	6.947
Barbados	0.08	74,887	0.074
Bolivia	0.18	168,495	0.167
Brazil	9.37	8,771,087	8.703
Chile	0.82	767,587	0.762
Colombia	0.99	926,721	0.919
Costa Rica	0.18	168,495	0.167
Cuba	1.17	1,095,216	1.087
Dominica	0.02	18,722	0.019
Dominican Republic	0.18	168,495	0.167
Ecuador	0.18	168,495	0.167
El Salvador	0.18	168,495	0.167
Grenada	0.03	28,082	0.028
Guatemala	0.18	168,495	0.167
Haiti	0.18	168,495	0.167
Honduras	0.18	168,495	0.167
Jamaica	0.18	168,495	0.167
Mexico	7.03	6,580,656	6.529
Nicaragua	0.18	168,495	0.167
Panama	0.18	168,495	0.167
Paraguay	0.18	168,495	0.167
Peru	0.54	505,484	0.501
Saint Lucia	0.03	28,082	0.028
Suriname	0.14	131,051	0.130
Trinidad and Tobago	0.18	168,495	0.167
United States of America	66.00	61,781,409	61.293
Uruguay	0.36	336,989	0.334
Venezuela	3.60	3,369,895	3.343
SUBTOTAL	100.00	93,608,196	92.868
	=====	=====	=====
	<u>Equivalent</u>		
	<u>Percentages</u>		
<u>Other Member Governments</u>			
Bahamas	0.07	65,525	0.065
Canada	7.04	6,590,015	6.538
Guyana	0.18	168,495	0.167
St. Vincent and the Grenadines	0.03	28,082	0.028
<u>Participating Governments</u>			
France	0.18	168,495	0.167
Kingdom of the Netherlands	0.07	65,525	0.065
United Kingdom	0.11	102,967	0.102
SUBTOTAL	7.68	7,189,104	7.132
TOTAL ASSESSMENTS - All Countries	107.68	100,797,300	100.000
	=====	=====	=====

* The net assessment for each Government is obtained by deducting the credit from the Tax Equalization Fund and adding any adjustments for taxes imposed on the emoluments of PAHO staff.

SOURCES OF FUNDS

PAHO PR - PAHO REGULAR BUDGET
PA - INCAP MEMBERSHIP AND MISCELLANEOUS FUNDS
PN - INCAP GRANTS AND CONTRACTUAL AGREEMENTS
PJ - CAREC MEMBERSHIP, GRANTS, CONTRACTUAL AGREEMENTS

PB - BUILDING FUND
PD - NATURAL DISASTER RELIEF VOLUNTARY FUND
PG - GRANTS AND CONTRACTUAL AGREEMENTS
PH - PAN AMERICAN HEALTH AND EDUCATION FOUNDATION
PK - SPECIAL FUND FOR HEALTH PROMOTION (INCOME)
PU - SPECIAL FUND FOR ANIMAL HEALTH RESEARCH
PV - EXPANDED PROGRAM ON IMMUNIZATION
PW - COMMUNITY WATER SUPPLY FUND
PX - PROGRAM SUPPORT COSTS

WHO WR - WHO REGULAR BUDGET
UNDP - UNITED NATIONS DEVELOPMENT PROGRAM
UNFPA - UNITED NATIONS FUND FOR POPULATION ACTIVITIES
WF - UNITED NATIONS FUND FOR DRUG ABUSE CONTROL
WB - ASSOCIATE EXPERTS OTHER THAN UNDP
WX - SPECIAL ACCOUNT FOR SERVICING COSTS

TRUST FUNDS:

WA - SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES
WS - SASAKAWA HEALTH TRUST FUND

VOLUNTARY FUND FOR HEALTH PROMOTION:

WC - SPECIAL ACCOUNT FOR THE LEPROSY PROGRAM
WG - SPECIAL ACCOUNT FOR MEDICAL RESEARCH
WH - SPECIAL ACCOUNT FOR THE EXPANDED PROGRAM ON IMMUNIZATION
WN - MALARIA SPECIAL ACCOUNT
WV - SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS
WW - SPECIAL ACCOUNT FOR COMMUNITY WATER SUPPLY
