



directing council

PAN AMERICAN
SANITARY
ORGANIZATION
VI MEETING

regional committee

WORLD
HEALTH
ORGANIZATION
IV MEETING



Havana, Cuba
15-24 September 1952

CD6/7 (Eng.)
8 August 1952
ORIGINAL: ENGLISH

Topic 21: STUDY OF THE FUNDAMENTAL PRINCIPLES OF PAN AMERICAN HEALTH

Background

The Executive Committee, at its 10th Meeting, gave due consideration to Doc. OSP/10 CE.W.23 submitted by the Representative of Peru on "Standardization of the structure and of the organizational methods in the national health administration of the Americas" and adopted Resolution XVII in which the Director was instructed to incorporate this topic in the agenda of the XIII Pan American Sanitary Conference "so that an appropriate resolution be adopted by that body".

Having considered Doc. CSP13/PAT/3 prepared by the Director, the XIII Pan American Sanitary Conference adopted a resolution (CSP/R/XIII, Rev. 1) which reads in the operative part as follows:

"1. To instruct the Bureau to utilize its technical staff for the study and formulation of a body of principles aimed at interpreting the concept of Pan American Health.

"2. To instruct the Director to submit the appropriate report to the consideration of the V Meeting of the Directing Council."

In compliance with the aforementioned resolution the Director submitted to the Directing Council Doc. CD5/58, stating the following principles:

"1. Integration of all public health services, including maternal and child health, under a single technical-administrative authority, both at the national level and at the departmental (state or province) and local level.

"2. Centralization as to policy and executive decentralization through public health units.

"3. Executive centralization at the national level, temporarily justified as an activity supplementary to the function of the local units in the campaign to solve large-scale health problems.

"4. Recognition of the family as the fundamental working unit, in the development of all public health programs.

"5. Utilization of specialized, technical public health personnel on a full-time basis, particularly personnel appointed to executive posts.

"6. Organization of public health career services for specialized public health personnel, with adequate remuneration to guarantee their exclusive devotion to public health work.

"7. Adequate training of technical and auxiliary personnel in schools of public health, and through practical training in service.

"8. Integration of curative medicine activities with public health programs at the local level.

"9. Promotion of active and informed participation of the community in public health work.

"10. Periodical evaluation of public health activities as a necessary condition to the organization and development of effective programs."

At its V Meeting the Directing Council adopted Resolution XVIII which reads in its operative part:

"THE DIRECTING COUNCIL

"RESOLVES:

"To approve in principle the standards submitted by the Director in Doc. CD5/58 and instruct the Director to request the Governments to transmit subsequently to the Pan American Sanitary Bureau their suggestions on the fundamental principles of Pan American health, so that they may be incorporated in the text of the document in preparation."

Discussion

In compliance with the above resolution the Director addressed to the Ministers of Health of the Member Countries circular letter CS-CL-83-51 dated December 3, 1951.

It is the privilege of the Director to inform the Directing Council that, as of August 7, 1952, replies have been received from eighteen countries. Five countries considered acceptable the statement of principles as presented to the V Meeting of the Directing Council. Three informed the Bureau that the document was being studied. One of them acknowledged receipt of the letter and nine transmitted their suggestions to the Director.

Considering that the Directing Council may wish to examine the suggestions presented, the Director takes pleasure in attaching to this document copies of the replies of Argentina, Costa Rica, El Salvador, Haiti, Honduras, Nicaragua, Panama, United States of America and Uruguay, so that the Directing Council may express its point of view on the matter.

Proposed Resolution

Having considered this document the Directing Council may wish to adopt a resolution along the following lines:

WHEREAS:

The Director has presented a report on the suggestions received from the Member Countries regarding the preparation of a document on Fundamental Principles of Pan American Health,

THE DIRECTING COUNCIL

RESOLVES:

1. To instruct the Director to prepare a final document, taking into consideration the suggestions presented by the Member Countries as well as the points of view expressed during the discussions on the subject in the Directing Council.

2. To instruct the Director to submit the final document for the consideration of the Directing Council at its VII Meeting.

CD6/7 (Eng.)
ANNEX I
ORIGINAL: SPANISH
Page 1

REPLY OF ARGENTINE

ARGENTINE REPUBLIC

Advisory of International Public Health Policy
Ministry of Public Health

Buenos Aires, 19 August 1952

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
1501-15 New Hampshire Avenue, N.W.
Washington 6, D.C.

Dear Dr. Soper:

In conformity with Resolution XVIII of the V Meeting of the Directing Council, we are sending you a series of suggestions on "Fundamental Principles for Pan American Public Health", which this Ministry wishes to submit as a contribution to the organization and administration of public health services in the Americas.

We hope the suggestions will be submitted to the pertinent agencies for study and consideration. I am,

Very truly yours,

(Signed)
Dr. Gerardo Segura
Director-General
International Public Health Policy

ARGENTINE (Cont.)

The Ministry of Public Health believes that the following principles should serve as a framework for Pan American public health policies:

1. Establishment of public health objectives for the attainment of the physical, mental, and social well-being of the individual, the family, and the community, using all phases of medicine, curative or medical assistance, public health or prophylactic, preventive or social.
2. Establishment of public health organization at the national, state or region, district, and community levels.
3. Unification of directives and policies, co-ordination of efforts in all plans for advisory services and action, and executive decentralization by means of very small public health units of a technical and administrative nature (public health districts).
4. Preparation and implementation of National Sanitary Codes and of Procedure Digests covering prophylaxis, bromatological control, and environmental sanitation.
5. To consider medical assistance as that field of public or private medicine whose objective is to approach the sick person as a fact, that does not represent a menace to the health of others or a social or economic burden on the community.
6. To establish medical assistance on the local, community or state levels, private or public, unifying methods for giving assistance and co-ordinating all services in a national hospital program.
7. To consider public health medicine as that branch of public medicine which aims at neutralizing the noxious factors originating in the biophysical environment (water, soil, air, climate, bacterial and parasitic agents, virus, etc.) that might affect the health of the individual and directly harm the community.
8. To extend public health medicine, to all levels of action, with a centralized authority at the state and/or national level.
9. To consider social medicine as that branch of public medicine which is to take action on indirect causes arising out of the environment created by man ("sociographic" and

ARGENTINE (Cont.)

communal living factors, work, housing, culture, nutrition, sports), which can effect the health of the individual and of the community.

10. To extend social medicine to all levels of action, but with a central or national authority, and in accordance with governmental plans for promoting improved living, working and cultural conditions for the individual, as well as better family housing and the work environment.
11. To consider preventive medicine as a universal method that can be used to keep man from contracting the diseases that are the chief causes of death and disability so as to give him a long and healthy life. In curative medicine this method is illustrated by prophylaxis and by treatment (prevention of sequelae), and in the sphere of public health medicine, by specific prophylaxis (routine vaccinations and immunizations). In the field of social medicine, this is done by systematic and periodic examination of all persons presumed to be in good health (censuses, generic prophylaxis, health education, etc.).
12. To consider that the social medicine programs are closely related to community organization for the purpose of achieving community well-being and happiness. For this reason public health activities in this field should be unified with those of other state or private agencies that promote, directly or indirectly, the physical, mental, and social health of the people (group social service, direct social assistance, insurance, retirement and pension funds for disability, sickness, maternity, old age, unemployment, orphans, widows, death).
13. To consider the primary importance of training technical and auxiliary personnel in official schools of public health, under programs that will be equivalent for all the countries of the Americas, and have regulations as to the minimum training.
14. To organize the public health career on a full-time basis with promotion and retirement benefits.
15. To consider health education of the people as an integrating process of social culture inseparable from elementary school, and the dissemination of public health facts as a means of informing the public in general, in connection with short-term or continuing public health campaigns.

ARGENTINE (Cont.)

16. To consider it necessary for every American State outline public health activities for specific periods in the form of a National Public Health Plan.
17. To consider public health programs as documents setting forth the methods to be used in carrying out public health activities according to plan.
18. To consider over-all campaigns as public health actions designed to attain one entire objective of the general plan and other campaigns as mobilizing operations within the over-all campaigns, planned to fulfill a partial or additional objective.
19. To bear in mind, for the purposes of sanitation, three environmental factors:
 - a. The physical (soil, water, air, climate, etc.)
 - b. The biological (plants, animals, bacteria, fungi, etc.)
 - c. The social (housing, transportation, supplies, nutrition, etc.)
20. Organization of regular and special periodic surveys, evaluations of costs and yields of the plans, programs, over-all and other campaigns of all kinds as well as of aid by institutions.
21. To regulate the public health economy and put technical and administrative work on a sound basis so as to lessen the amount of red tape and interference with action.
22. To standardize the terminology for hospitals and preventive and public health medicine, in all branches and activities.
23. Organization of medical assistance, with or without hospital care, by providing public health facilities (care of patients with infecto-contagious and mental diseases, routine prophylaxis, environmental sanitation, vital statistics, training or auxiliary personnel, public health publicity, and encouragement of scientific research).
24. Recognition of Public Health Centers as the basic instruments of over-all public health action, which affects the individual and the community, by improving the physical, biological and social environment.
25. To consider the Pan American international agreements as the corpus of doctrine, of action and of mutual aid on which the continental public health policies are based.

ARGENTINE (Cont.)

26. To consider that each American State should, independently because each is a sovereign nation, establish its own doctrine and policy, promulgate its own public health legislation and adapt its activities to the magnitude of the problems and to its financial and technical resources of equipment and trained personnel, thus promoting from within its own territory the health of the peoples of the Americas.

OFFICE OF THE UNDERSECRETARY FOR TECHNICAL AFFAIRS, 3 March 1952

(Signed) Dr. Lorenzo A. García
Undersecretary for Technical Affairs

AUTHENTIC COPY

REPLY OF COSTA RICA

MINISTRY OF PUBLIC HEALTH
SAN JOSE, COSTA RICA

No. 1263

San Jose, 23 June 1952

Dr. M.G. Candau, Assistant Director
Pan American Sanitary Bureau
1501-1515 New Hampshire Avenue, N.W.
Washington 6, D.C.

Dear Dr. Candau:

With reference to your letter CS-CL-43-52 addressed to the Minister, I take pleasure in advising you that the conclusions on the "Study of Fundamental Principles of Pan American Health", contained in Document CD5/58 of 27 September 1951, meets with our approval. We suggest only that to point 8, which refers to the integration of curative medicine activities [with public health programs] at the local level, a paragraph be added specifying that such integration will be effected only in those places where adequate care services do not exist. Everyone knows of the danger that care services, which are ever on the increase, will completely absorb the activities of the personnel at the expense of their preventive medicine activities.

We propose that the paragraph should read as follows:

8. Integration of curative medicine activities with public health programs at the local level, wherever adequate care services are needed.

Yours very truly,

(Signed)
O. Vargas Méndez
Director General of Public Health

REPLY OF EL SALVADOR

NATIONAL DEPARTMENT OF HEALTH
SAN SALVADOR, EL SALVADOR
C.A.

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
Washington, D. C.

Dear Dr. Soper:

With reference to Resolution XVIII adopted by the Directing Council of the Pan American Sanitary Organization at its V Meeting, the undersigned Director-General of Public Health of El Salvador wishes to set forth some considerations of a doctrinal nature concerning the orientation of the Pan American public health policy.

Although public health medicine as a science and as an art has established certain fundamental standards of doctrine and of method in achieving its objectives, it is an irrefutable fact that Public Health administrative action in both the national and the international field should, in view of the varied conditions of the population, climate, and culture, adapt in each case its own methods or set not too distant objectives so that their effect will be profitable and that the administrative maxim obligating Public Health "to direct its efforts toward preparing a better life for future generations by rendering the maximum benefit to the present generation", may be fulfilled.

The American continent, which extends from one pole to the other on this earth, offers the widest variety of climatic conditions imaginable. It also presents the most extensive range of social and economic conditions and all possible degrees of cultural and political development.

It will be remembered that during the discussions of the Second World Health Assembly, the representative of a Central European country ridiculed somewhat the existence of a Pan American public health organization, and to justify his point of view, he pointed out the great differences between the people of Anglo-Saxon America and those of Latin America. Even though we recognize that such differences do exist between one and another of the geographic and demographic components of the Americas, -- differences that are no greater than those

EL SALVADOR (Cont.)

existing within almost any American country between the different economic levels of the population or between towns of different geographic areas -- it is also undeniable that between the countries of the Americas there are bonds of kinship and historical, sociological and economic similarities that compensate for those differences, and make of America a social and economic unit, in which it is possible to plan and carry out a program of public health that is congruous and adapted to the traditional spirit of international public health activities.

A common characteristic of all the countries of the Americas is, for example, the desire to conquer new geographical or economic frontiers that imbues their inhabitants, the evolutionary ferment that shows it to be a society without strata but rather in the full process of change, where the individual finds ample opportunity to conceive and realize his aspirations.

This optimistic impulse directed towards the full development of its progress, which is characteristic of the American peoples, is being extended strongly into the field of public health. The long and fruitful tradition in the field of international public health co-operation, of which the Pan American Sanitary Organization is an example, strengthens even more the favourable position occupied by the Americas in the field of public health.

It is to be supposed that when the Directing Council of the Pan American Sanitary Organization adopted Resolution XVIII at its V Meeting, directing the Bureau to state the principles that are to guide Pan American public health policy, it wanted a common denominator to be established for international public health activities on this continent, recognizing the existence of a widely varying development of public health in the Member Countries, but at the same time admitting the existence of well-defined expressions of similarity and of the spirit of co-operation among its peoples.

It is not easy to determine just what this common denominator should be without first making a thorough study of the public health conditions in the various countries and taking into account the possibilities and limitations provided by the rules and resources of the Pan American Sanitary Organization.

The lack of such a study has been the reason why the programs imposed on the Organization by its governing bodies have increased immeasurably, thus causing the funds contributed by the countries for the maintenance of the Organization to be scattered.

Above all it is necessary to establish that international public

EL SALVADOR (Cont.)

health activities could not assume, on its own responsibility, without prejudice to its traditional nature and the responsibility belonging to the Member States, the execution of programs within each country, except under exceptional conditions of war or national disaster, when the governments themselves are not in a physical condition to carry out the work.

Neither could the international public health organization function directly within a country in administrative matters which, by their nature, concern the national organizations.

If the foregoing premises are accepted, international public health policy should be directed towards the selection of priority programs whose nature, by definition, makes them stand out as the common denominator of the basic needs of all the countries of the Americas.

Determining priority programs has been the object of considerable interest on the part of the Pan American Sanitary Conferences and the Meetings of the Directing Council held during the last six years. Frequently enough the priority has been decided for individualistic reasons by the representatives of the American countries and not on an exclusively international basis. The latter would have prevented the obvious error of assigning priority programs to the Pan American Sanitary Bureau on the basis of a majority vote as the result of individual requests of the member countries.

This same difficulty has been encountered by other international public health organizations in discussing the same topic.

Experience in national and international work has confirmed the opinion of the undersigned, expressed repeatedly at meetings of international public health organizations he has attended, that the common need of all national departments charged with protecting public health in the Americas is to recruit, train, and orient the various groups of technical personnel entrusted with carrying out public health programs.

Public health, within the modern universally recognized concept is, in the final analysis, an educational task, so that in essence it requires and is fulfilled with human resources. Public Health, like the apostleship of a religion, is the work of men. Material resources appear and multiply in the hands of those workers who know how and desire to fulfill their mission well.

Contemporary history is filled with shining examples of cases in which it was the statesman who, thanks to his vision, gave Public Health its decisive impulse, thus hastening by many years the initiation

EL SALVADOR (Cont.)

of one stage of progress. Many times the decisive, sudden and impressive effect of a political act of this kind has obscured, to such an extent that it becomes inconsequential, the active and efficient participation of the public health worker in the genesis of the event.

No progress in public health can be achieved without the approval and support of the statesman, but it is also true that his good will can be obtained only when he notices and is convinced that his aspirations for progress can soon meet with success through the ability and enthusiasm of those who are to carry out the work he proposes.

To a greater or lesser degree, the lack of sufficient professional and auxiliary personnel in public health is apparent in all the countries of the Americas.

The objection might be raised that in the English-speaking countries this deficiency is inconsiderable; nevertheless, the professional societies and the public health authorities of such countries constantly refer to it. It should be kept in mind that the territories in which these Governments must work, because of their wide zones of influence, which extends beyond their respective continental borders, places on them, just as on the Hispanic American countries, the need to train their public health personnel for work under varied conditions of economic and social development, which is often incipient.

The relatively limited effort that the international organizations have so far expended in the work of technical training in public health, has unfortunately suffered from a defect in that they have centered their effort on and given too great a preference to the training of professional personnel while little progress has been made towards helping the governments to train the auxiliary personnel upon whom the responsibility of executing the work programs in the field usually falls.

The international organizations and particularly the Pan American Sanitary Organization are in a very favorable position to give great assistance to the governments in the aforementioned field, without neglecting, naturally, the professional training of future leaders. It is conceivable, for example, that teams of instructors in various fields might function simultaneously in the countries of the Americas, constantly providing training courses in the various fields of public health work.

These small "schools" could in a few years succeed in training and orienting the personnel taking the courses, and in addition they would be a center of public health interest in each country and a fitting stimulus for obtaining better employment conditions and such

EL SALVADOR (Cont.)

financial provisions from the respective governments as would be sufficient to create incentives for deciding upon a public health career.

The wealth of experience and knowledge held in common by persons of different countries engaged in the same mission, which would result from this exchange, undoubtedly would constitute a permanent bond of close relationship between the peoples and would invigorate more than anything else the spirit of understanding and of co-operation in the field of international public health.

There is also the common denominator of public health needs in the Americas, particularly in tropical America, a problem that has been stressed by El Salvador at numerous international meetings, that is, basic rural sanitation.

The great majority of the American people live in rural areas or in rural communities predominantly. The vital statistics figures clearly show the considerable damage that the unsanitary conditions of the American rural environment cause to the health and the lives of the inhabitants.

There is no other problem so universally prevalent in the field of public health, outside the scarcity of trained personnel already mentioned, as the problem of environmental sanitation in rural areas.

When this problem is brought up for discussion at international public health conferences, it frequently happens that thought immediately arises in the minds of the delegates that basic sanitation consists primarily of an investment of capital, which is the exclusive burden of the governments and not of the international public health organization. However, more careful reflection on this matter reveals the great importance that an orienting and administrative plan has in the execution of fundamental sanitation work.

It has frequently been said, and this concept has been distorted in the minds of some public health administrators, that the task of sanitation is predominantly an investment in cement and iron. Even though such an assertion could be supported by budget figures, it is also true that administrative and planning activities and technical studies on the development of an over-all program of rural sanitation are the basic and primary foundation.

This is why an international organization can and should play a decisive role in the development of rural public health and this is also one way in which the Member States can be given definite cooperation.

EL SALVADOR (Cont.)

The traditional function of international public health organizations, consisting in the exchange of epidemiological information, has lost much of its importance as far as the Americas are concerned. The Epidemiological Intelligence Service should continue to participate in the program of work of the Pan American Sanitary Organization, but it will no longer need either the large staff or the considerable budget appropriations it has enjoyed in previous years.

On the other hand, the functions of center for the collection of technical information, which has always been assigned to the Pan American Sanitary Bureau, should be maintained, since such functions are inherent in every international organization. The work of gathering, analyzing, and disseminating technical information will require the services of a team of specialists in several fields and of a medium of publicity like the present Bulletin of the Pan American Sanitary Bureau, if its editorial policy is properly adjusted so as to rid it of material that serves no definite purpose.

With the arguments and explanations given above, the undersigned respectfully submits to the Directing Council of the Pan American Sanitary Bureau the following doctrinal bases as points to guide the future Pan American public health policy:

First. - In spite of the varied development, character, and culture of its peoples, the differences in climate and environment within their borders, the Americas constitute a social and economic unit in which it is possible to develop a harmonious and efficient international public health program.

Second. - International public health action in the Americas can be achieved in the historic period in which we are living only by means of a program directed towards satisfying the basic and primary needs of the Member Countries.

Third. - The criterion in selecting programs should be that which determines the common denominator of the basic public health needs in all the Member Countries, the fulfilling of which should be compatible with the nature and character of international public health activities.

Fourth. - Public Health is the work of men and the training and orientation of public health personnel is a basic need in the Americas.

Fifth. - The natural goal of fundamental public health activities is to change and conquer the environment of man, which is the expression and gauge of his civilization.

EL SALVADOR (Cont.)

Sixth. - The Pan American Sanitary Bureau should become a center of scientific information at the service of the Governments; it should develop, for the same purpose, co-ordinating and such other functions as do not detract from the international character of the Organization nor deprive the Member States of administrative responsibilities.

(Signed)
Juan Allwood Paredes
National Director of Public Health

JAP/cgs.

REPLY OF HAITI

REPUBLIC OF HAITI

MINISTRY OF STATE FOR PUBLIC HEALTH

No..P-4:1805

Port-au-Prince, 2 August 1952

Sir:

In reply to your letter of 11 June 1952, your Reference: CS-CL-43-52, I wish to transmit to you, for all purposes, copy of a letter received from the Director General of Public Health of Haiti, dated 29 July 1952, containing the suggestions requested by you regarding the fundamental principles of Pan American Public Health.

It is hoped that the communication of the National Director, which you will no doubt receive belatedly owing to the delay in preparing the document, will be of some use to you in preparing the document you mentioned in your letter.

Very truly yours,

(Signed)

Clément JUMELLE
Secretary of State

Dr. M. G. Candau
ASSISTANT DIRECTOR
PAN AMERICAN SANITARY BUREAU
1501 New Hampshire Ave.,
Washington 6, D.C.

HPV/mbp

HAITI (Cont.)

C O P Y

July 29, 1952

To : The Secretary of State for Public Health
Through : The Under-Secretary of State for Public Health

Dear Mr. Secretary:

In reply to your message of 25 June 1952, regarding the request made by the Pan American Sanitary Bureau for suggestions of the National Department of Public Health on the fundamental principles of Pan American Public Health, I have the honor of submitting the following on behalf of the Organization concerned:

1) That it be recognized as an obligation of each American Nation to work to raise the health level of its people in conformity with the recommendations that may be made by the Pan American Sanitary Bureau and with the methods approved by that body.

2) That in the pursuit of public health objectives, the Member Governments consider as problems or activities of a priority nature on the national level, those that the Pan American Sanitary Bureau and the World Health Organization have considered of primary importance in Pan American public health.

3) That in the campaign against public health problems which go beyond national borders, the American Nations should unite to provide the necessary assistance to solve the problems whenever it is recognized that this task is impossible with the help only of its own national resources.

4) That standards be established for a critical study of planned projects, activities and work undertaken by national organizations, and also to evaluate the results obtained or efforts made to continue, to consolidate or to maintain the results acquired.

5) That the Pan American nations proceed to prepare periodically a report of their public health undertakings which will show accurate indications of the program made in accordance with the standards established or approved by the World Health Organization and the Pan American Sanitary Bureau.

HAITI (Cont.)

6) That for this purpose an Evaluation Schedule and a Public Health Questionnaire be prepared by the sections of the Pan American Sanitary Bureau which can be utilized for determining public health problems and studying and evaluating public health programs on a national basis in the same manner as the Evaluation Schedule prepared by the American Public Health Association permits such evaluations on the local level.

Very truly yours,

(Signed) Dr. A. BELLERIVE
DIRECTOR GENERAL

(a true copy)

REPLY OF HONDURAS

MINISTRY OF INTERIOR
JUSTICE, HEALTH, AND WELFARE

REPUBLIC OF HONDURAS, CENTRAL AMERICA

Note Nº 3435

Tegucigalpa, D.C.
26 December 1951

Dr. Fred L. Soper
Director of the Pan American Sanitary Bureau
Regional Office of the World Health Organization
Washington, D.C.

In reply to your kind note CS-CL-83-51 of the third of this month, I take pleasure in sending you a copy of the following note:

"Note Nº 588. - Tegucigalpa, D.C., 18 December 1951. Mr. Minister: I take pleasure in acknowledging your kind note Nº 3174 of the tenth of this month, enclosing the original correspondence from the Director of the Pan American Sanitary Bureau concerning the text of the new document on Fundamental Principles of Pan American Health, so that I might draft the suggestions he requested. In reply may I state that I have carefully read the document containing the Study of Fundamental Principles of Pan American Health, and it is my opinion that the conclusions set forth therein can be laid down as standards of Pan American Health, applicable to every country, provided that they do not conflict with the standards of positive law of the respective State. I believe that to safeguard the principles inherent in the autonomy and sovereignty of States, it would be desirable to include the following as the final point: 'The application of these standards shall in no wise conflict with the principles of positive law in any State, the latter being the ones to be applied in preference to the former.'" Herewith, I am returning the correspondence, with your note. With the assurances of my regard and esteem, I am, Mr. Minister, Yours very truly, MANUEL CACERES VIJIL, Director General of Public Health. To the Minister of the Interior, Justice, Public Health, and Welfare, National Palace.

Very truly yours,

(Signed)
JULIO LOZANO h.

cc. to the Files
Ace.

REPLY OF NICARAGUA

Ministry of Public Health
Managua, D. N.

25 June 1952

Cable Address: SALUBRIDAD

No.....

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
1501 New Hampshire Avenue N.W.,
Washington 6, D. C.

Ref: CS-CL-83-51

Dear Dr. Soper:

With reference to the conclusions you transmitted to this Ministry in your letter of 21 September 1951 (CD5/58), which will be submitted to the Meeting of the Directing Council of the Pan American Sanitary Organization, I hereby give you the opinion of this Ministry as follows:

1. We are entirely in agreement with points 3, 4, 7, 8, 9 and 10 of the conclusions.

REMARKS:

Point 1: it should read: "Integration of all public health services, including maternal and child health and social welfare, under a single technical-administrative authority and the technical supervision of private institutions of this nature, both at the national level, and at the departmental (state or province) and local level"

Point 2: "Executive decentralization through public health units is also very desirable. However, in reality and in practice, in places where there is no hundred-percent public-health personnel, it is dangerous. We would propose that point 2 be applied where public health units are perfect, in both the quality of personnel and budgetary appropriations."

Point 5: Change "tiempo completo" (full-time) to "tiempo integral".

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ANNEX I

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NICARAGUA (Cont.)

Point 6: Add at the end: "and with proper assurances with respect to the permanency of their positions".

This Ministry also recommends that this document include the following suggestion:

"a. To advocate that the basic principles of hygiene and public health be incorporated in the general education imparted in the country, as an essential part thereof."

Yours very truly,

(Signed)

Dr. Leonardo Somarriba
Minister of Public Health

FU/rgs

REPLY OF PANAMA

Nº 376-M

Panama, 12 July 1952

Ministry of Labor, Social Welfare,
and Public Health

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
Washington, D. C.

Dear Dr. Soper:

In order to comply with Resolution XVIII, adopted by the Directing Council of the Pan American Sanitary Organization at its V Meeting, I take pleasure in attaching the suggestions of the Government of Panama, prepared by the National Department of Public Health of this Ministry on the Fundamental Principles of Pan American Health.

With the assurance that these suggestions will be incorporated in the text of the new document to be submitted to the VI Meeting of the Directing Council at Havana, Cuba, from 15 to 24 September 1952, I am

Very truly yours,

(Signed)

Juan Galindo
Minister of Labor, Social Welfare
and Public Health

SUGGESTIONS OF THE GOVERNMENT OF PANAMA

For the Study of Fundamental Principles of
Pan American Health

1. Recognition by all the American States of their responsibility for keeping the people in good health as a prerequisite of progress and liberty.
2. Recognition of the need of integrating all preventive and curative medicine services in a single governmental agency and particularly of integrating all the so-called public health services under a single technical and administrative authority at all government levels.
3. Recognition of the principle binding on all governments that free protection and assistance should be provided to mothers and children through the over-all action of their respective programs under the single technical and administrative direction of Public Health.
4. Centralization as to policy and executive decentralization by integrating public health activities in definite public health areas, through Public Health Units.
5. Centralization as to policy as well as to execution with regard to the most important public health problems in each country, based on Specialized Public Health Campaigns on a national level, set up as temporary, for the eradication of these public health problems within a limited time.
6. Recognition of the family as the fundamental work unit in carrying out all public health programs on all levels of the public health administration including the Specialized Campaigns.
7. Recognition of the Public Health career as a specialized public career with a right to:
 - 7.1 Due protection through public health promotion systems.
 - 7.2 Adequate remuneration, promotions, retirement and pension, etc. and especially a stability that will guarantee that the technical personnel will devote all

PANAMA (Cont.)

their time to public health activities, particularly in the case of those appointed to administrative posts.

- 7.3 Adequate training both in schools of public health and by practical training in service, particularly of auxiliary personnel, as a stimulus to entering upon a career in public health.
8. Encouragement of active and informed community participation in public health activities.
9. Periodic evaluation of public health activities as prerequisite in the organization and development of effective programs.
10. Pan American cooperation in all mutual problems of public health especially in those relating to the eradication of diseases of continental importance.

REPLY OF UNITED STATES OF AMERICA

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
Washington 25, D.C.

In replying address the
Public Health Service

Refer to:

April 10, 1952

Dear Dr. Soper:

Reference is made to Dr. Antunes' letter of December 5, 1951 asking for suggestions on the fundamental principles of Pan American health.

It is noted that the resolution of the Fifth Session of the Directing Council approved "in principle the standards submitted... in Document CD5/58." The proposed principles, briefly stated in the document, warrant certain comment.

As a first principle is proposed the integration of all public health services under a single authority. This statement should be qualified because many governmental services have public health aspects. For example, food and drug control, housing, labor medical benefits, and military medicine are not considered to be a direct responsibility of the public health administration. If principles are to be set out, the Bureau might wish to recommend which services are primarily of a public health nature and which are secondarily of public health importance.

Furthermore, with the rapid development of national health insurance systems in a number of Latin American countries the question as to coordination of curative and preventive services at the various levels arises. Also, it seems unfortunate to leave out of consideration entirely the non-governmental organizations, such as professional associations, voluntary agencies, research and educational institutions, rural cooperatives, unions, and similar organizations which frequently add considerably to the public health effort.

UNITED STATES OF AMERICA (Cont.)

This immediately brings up the question of coordination between government services as well as the establishment of national health councils. These questions might deserve special comment in a set of principles.

Items 5, 6, and 7 refer to personnel problems. These could be re-organized into a section pointing out the need for adequate numbers, the need for full time employment at a pay scale sufficiently attractive to obtain good personnel, the need for appointment and promotions based on merit and not on non-technical considerations, and the need for a stable professional staff uninfluenced by changes in the government.

It is further suggested under item 8 that integration of curative and preventive services at the local level may not always be the right solution. Would not coordination be more to the point?

The Public Health Service has published a number of articles dealing with these subjects, some of which have been sent to you. We shall send you others if you so indicate.

Sincerely yours,

(Signed)

Leonard A. Scheele
Surgeon General

Dr. Fred L. Soper
Director
Pan American Sanitary Bureau
1501 New Hampshire Ave. N.W.,
Washington, D. C.

REPLY OF URUGUAY

REPUBLIC OF URUGUAY
MINISTRY OF PUBLIC HEALTH
Letter 5131
As. 1097/147.-
J. L. V.

Montevideo, 14 June 1952

Dr. Fred L. Soper, Director,
Pan American Sanitary Bureau.

Dear Dr. Soper:

This Ministry is in receipt of your letter No. CS-CL-83-51 of 3 December 1951, in which you bring to our attention the resolution adopted by the Directing Council of the Pan American Sanitary Organization at its V Meeting held in Washington, from 24 September to 3 October 1951, regarding fundamental principles of Pan American public health.

This Ministry shares the opinion expressed by the Director, namely, that the fundamental principles of Pan American public health referred to in the resolution adopted by the XIII Pan American Sanitary Conference should be of a general nature and broad in scope, since, as is clearly stated in the document attached to the aforementioned letter, public health principles are not fixed, but rather vary according to circumstances.

Pursuant to information supplied by the Health Division of this Ministry, I shall state below the comments we think it advisable to make on the "Conclusions" proposed by the Bureau in Topic 22: STUDY OF FUNDAMENTAL PRINCIPLES OF PAN AMERICAN HEALTH:

1. Inasmuch as there has been established by law in our country a specialized agency that deals with all matters pertaining to child health and welfare, namely, the Children's Council, this point cannot be fully complied with.
2. We consider the advice given in this point to be of great value and we wish to inform you that this work is already being carried out in our country.

URUGUAY (Cont.)

3. In some problems, such as tuberculosis and cancer, this is being done here in the manner recommended,
4. This is a reality in our republic.
5. This practice has been initiated and we believe it to be of indubitable value in hospital care and organization.
6. A bill containing a classification scale for public-health personnel was recently drawn up by a Committee appointed for this purpose and it is now under study.
7. It is unnecessary to establish schools of public health at the present time, since our School of Medicine is imparting this instruction and training technical and auxiliary personnel.
8. With regard to the proposal made under this point, this work has been carried on for some years in each of the 19 departments into which Uruguay is divided.
9. The Government of Uruguay has always encouraged the participation of the community in public health work.
10. The organization of the vital Statistics Department of this Ministry is such as to make possible the evaluation mentioned in this point.

In addition, this Ministry would like to suggest to the Bureau that a point be studied and established having as its objective the reduction or elimination of certain international public health organizations that have at present created a certain confusion in the sphere of Pan American public health, besides giving rise to financial problems in the Latin American countries.

We believe that the World Health Organization and the Pan American Sanitary Bureau are sufficient to direct effectively the world's public health activities and particularly those of the Americas.

Parallel with the above-mentioned organizations are such others as UNICEF, the Technical Assistance Program of the United Nations, the Technical Assistance Program of the Organization of American States, the Inter-American Institute for the Protection of Childhood, etc., which,

URUGUAY (Cont.)

because they perform similar tasks, create difficulties and confusion. For this reason we believe that the creation of such institutions should be curtailed.

We also have with us the Institute of Inter-American Affairs, which operates through bilateral agreements, the establishment of which is not in harmony with what was agreed upon by the III Meeting of Ministers of Foreign Affairs at Rio de Janeiro (1942), when Resolution XXX, "Improvement of Public Health" was adopted:

Paragraph 2: "To recommend that to these ends there be utilized the technical aid and advice of the national health service of each country in cooperation with the Pan American Sanitary Bureau."

While this Ministry does not fail to recognize the benefits derived from all these institutions, it considers that, in view of the opinions expressed above, it would be in order to include the point suggested above in the statement of principles under discussion.

Very truly yours,

(signed)
Dr. Federico García Capurro
Minister of Public Health



directing council

PAN AMERICAN
SANITARY
ORGANIZATION
VI MEETING

regional committee

WORLD
HEALTH
ORGANIZATION
IV MEETING



*Havana, Cuba
15-24 September 1952*

CD6/7 (Eng.)
ANNEX II
8 September 1952
ORIGINAL: SPANISH

Topic 21: STUDY OF THE FUNDAMENTAL PRINCIPLES OF PAN AMERICAN HEALTH

The following letter was received after the drafting of this document was completed:

No. 507

DELEGATION OF MEXICO TO THE
ORGANIZATION OF AMERICAN STATES

Washington, D. C.
20 August 1952

Sir:

At the request of the Ministry of Foreign Affairs, I take pleasure in attaching communication number 59172 of 8 August 1952, in which the Ministry, in reply to circular letter CS-CL-43-52 of 11 June 1952 from the Pan American Sanitary Bureau, transmits the suggestions made by the Ministry of Public Health and Welfare of the Government of Mexico, regarding the fundamental principles of Pan American public health.

Very truly yours,

(Signed)
Luis Quintanilla

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
1501 New Hampshire Avenue, N. W.
Washington, D. C.

59172

Mexico City
8 August 1952

Sir:

With reference to your letter CS-CL-43-52 of 11 June 1952, I take pleasure in setting forth below the suggestions made by the Ministry of Public Health and Welfare of the Government of Mexico, regarding the fundamental principles of Pan American public health.

1. All public health work should be planned, executed, and directed by technical personnel who have special training in public health and work on a full-time basis. All executive posts should be filled by personnel of this category.
2. For the purpose of offering the public health worker security in his career, a system of career service ratings should be established, with provisions for adequate remuneration to enable the worker to devote himself exclusively to public health activities.
3. In order to evaluate the progress made in programs, it is suggested that there be established standards for evaluation that will make possible a comparison of results in the various countries.

Very truly yours,

(Signed)
Alfonso Guerra

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
1501-15 New Hampshire Avenue, N. W.
Washington, D. C., U. S. A.