



directing council

PAN AMERICAN
HEALTH
ORGANIZATION

XV Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XVI Meeting



Mexico, D. F.
August-September 1964

Provisional Agenda Item 14

CD15/7 (Eng.)
9 July 1964
ORIGINAL: SPANISH

SECOND ANNUAL MEETINGS OF THE INTER-AMERICAN ECONOMIC AND SOCIAL COUNCIL
AND RELATED MATTERS

The Director has the honor to submit to the XV Meeting of the Directing Council, XVI Meeting of the Regional Committee of the World Health Organization for the Americas, the following resolution adopted at the 50th Meeting of the Executive Committee:

RESOLUTION IX

THE EXECUTIVE COMMITTEE,

Having noted the Director's report on the Second Annual Meetings of the Inter-American Economic and Social Council (Document CE50/2);

Being aware of the role of health in the economic and social development;

Recognizing the importance of participation by the organization representing the health sector in the various governmental and inter-governmental activities and programs which plan for and assist in the process of social and economic development;

Being convinced of the necessity for attention to the health of the individual and the community as part of the development process as well as of the contribution that health must make to assist in development; and

Having taken particular note of the health related resolutions of the Second Meetings of the IA-ECOSOC,

RESOLVES:

1. To take note of the report presented by the Director (Document CE50/2).

2. To commend the Director on the role and participation of the Pan American Sanitary Bureau in the meetings of the Inter-American Economic and Social Council.

3. To instruct the Director to continue providing such cooperation as he finds appropriate and necessary to assure the fullest participation and contribution of the health sector, at the international level, in the planning for and carrying out of programs of social and economic development.

4. To instruct the Director to continue his efforts to implement the health-related resolutions and recommendations approved by the IA-ECOSOC, especially those concerning the continent-wide program of rural environmental health and well-being and its integration with other community development programs, and the economic significance of foot-and-mouth disease to the Americas.

5. To request the Director to report to the next meeting of the Directing Council on whether it would be possible for international credit institutions, when granting loans for large-scale works such as irrigation, roadbuilding, urbanization and the like, to consider the allocation of the necessary funds for dealing with the health problems to which such works give rise.

6. To transmit this resolution to the Directing Council so that it may lend its support to the recommendations contained therein.

This resolution was unanimously adopted after a thorough examination of Document CE50/2 (Annex I). The Director would also like to point out that a summary of the discussion which was held during the plenary session is to be found in item 9 of the Final Report of the meeting of the Executive Committee (Document CE50/15, Rev.1) (Annex II).

This resolution is submitted to the Directing Council in compliance with the decision of the Executive Committee and so that it may examine it and give due support to the recommendations contained in it. The Director would like to emphasize the importance of the recommendations made by the Executive Committee and their significance for the economic and social development programs being carried out in the Americas.

SECOND ANNUAL MEETINGS OF THE
INTER-AMERICAN ECONOMIC AND SOCIAL COUNCIL

Document CE50/2

presented to the
50th Meeting of the Executive Committee
of the
Pan American Health Organization



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
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50th Meeting
Washington, D.C.
April 1964

Draft Agenda Item 6

CE50/2 (Eng.)
16 March 1964
ORIGINAL: ENGLISH

SECOND ANNUAL MEETINGS OF THE INTER-AMERICAN ECONOMIC AND SOCIAL COUNCIL

The Second Annual Meeting of the Inter-American Economic and Social Council (IA-ECOSOC) at the Expert Level was held in São Paulo, Brazil, from 29 October to 9 November 1963, and was followed by the Meeting at the Ministerial Level from 11 to 16 November.

Of the nineteen national delegations to the meetings, thirteen included representatives of Ministries of Health. The Bureau was represented at different times by the Director and the Deputy Director, with supporting services from three Headquarters staff members and a number of officials attached to projects in Brazil or to the Zone V Office.

The first item on the agenda was an over-all review of the Alliance for Progress in terms of the progress achieved and problems encountered in the fields of planning, reform, and financing. Topics considered under this item included the economic and social situation in Latin America, specific aspects of economic and social development including the category Health and Demography, machinery of the Alliance for Progress, and public information.

Other major agenda items were Latin American foreign trade and its significance for the United Nations Conference on Trade and Development; regional integration; program and budget of certain activities of the Organization of American States, including the 1964 Program of Technical Cooperation; and the date and place of the Third Annual Meetings of the IA-ECOSOC in 1964.

Progress of the Alliance

The IA-ECOSOC noted that member countries had achieved positive gains during the second year of the Alliance for Progress. The number of countries that had submitted their development plans for evaluation by ad hoc committees, and the number of countries that had begun the planning process, increased considerably. While the process of economic integration was proceeding very slowly at the multinational level, it showed some progress at bilateral and sector levels. Progress was also recorded in the

formulation of common policies to protect the region's foreign trade and the prices received for its basic products. There was an evident desire to adopt a common Latin American stand at the United Nations World Conference on Trade and Development.

The need for greater industrial growth, for diversification of exports, and for further efforts toward regional economic integration was emphasized. The Central American Common Market showed continuing momentum, with commerce among the six countries rising from \$7,500,000 in 1950 to \$50,000,000 in 1962.

The general economic outlook remained obscure. About half the countries of Latin America showed growth rates in 1962 which equalled or surpassed the 2.5 per cent per capita which was set as a minimum goal by the Charter of Punta del Este, but the growth rate was lower in the remaining countries, and for the region as a whole 1962 was a year of stagnation. Foreign trade continued to cause serious concern, since Latin America continued to depend heavily on the exports of a limited number of basic products whose demand in the world market was growing at an unsatisfactory rate and whose prices fluctuated widely. The consequent fluctuation of export earnings interfered with the orderly execution of plans and programs for development.

Machinery of the Alliance

The Meetings resulted in the creation of an Inter-American Committee of the Alliance for Progress (CIAP), intended to make the procedures of the Alliance more efficient, to emphasize its multilateral character, and to create an image of a common effort of the Americas to reach the goals of the Charter of Punta del Este. CIAP is composed of a chairman, elected for three years, and seven representatives of member governments of the Organization of American States, appointed for two-year terms. The Committee of Nine of the Alliance for Progress serves as technical arm of the CIAP for evaluating development plans and related functions, and the Inter-American Development Bank fills the same function with respect to the financing of Latin American development.

The membership of CIAP was designated as follows by a special meeting of the CIES at the Ministerial Level (Washington, D.C., 29-30 January 1964) which the Director attended as observer for PAHO.

Chairman: Carlos Sanz de Santamaría (Colombia). Representing Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua: Jorge Sol Castellanos (El Salvador). Representing Mexico, Panama, and the Dominican Republic: Rodrigo Gómez (Mexico). Representing Bolivia, Paraguay, and Uruguay: Gervasio de Posadas Belgrano (Uruguay). Representing Argentina and Peru: Emilio Castañón Pasquel (Peru). Representing Brazil, Ecuador and Haiti: Celso Furtado (Brazil). Representing Colombia, Chile and Venezuela: Luis Escobar Cerda (Chile). Representing the United States of America: Teodoro Moscoso.

It is expected that, as in the past, the technical evaluation of national development plans will be made by the Committee of Nine. In addition, reports on financing will be provided by the IDB. In the future, however, these statements will be presented in turn to the CIAP which will act as final authority for the disbursement of Alliance for Progress funds.

Resolutions of interest to the health of the Americas

The IA-ECOSOC adopted 34 Resolutions at the Expert Level and 30 at the Ministerial Level, a number of which are of interest to the health of the Americas.

Resolution A-21/E63 approved the report of the Task Force on Health at the Ministerial Level which was organized by the Pan American Sanitary Bureau as provided in Resolution A.4 of the Charter of Punta del Este and met in Washington, D.C. in April 1963 (Annex I).

Resolution A-11/E63 recognized the importance of foot-and-mouth disease in South America and the need for vigilance in the areas of Latin America now free of the disease, and recommended regional campaigns for control and a system of surveillance, and the convoking of a meeting of experts to consider the subject, using the services of the Pan American Foot-and-Mouth Disease Center (Annex II).

Resolution A-22/E63 recommended that contributions to the financing of malaria eradication operations provided through the mechanism of the Alliance for Progress be in the form of grants (Annex III).

Resolution C-4/E63 approved the 1964 budget of the Program of Technical Cooperation, including Projects No 77 (Pan American Foot-and-Mouth Disease Center) and No 210 (courses on the planning of water supply systems), both of which are under the technical administration of the Pan American Sanitary Bureau (Annex IV).

Resolution 19-M/63 (Annex V) recommended the establishment of a Continent-wide program of environmental health and well-being along the lines of Document CIES/341 (Document CD14/23 of the XIV Meeting of the Directing Council of the Pan American Health Organization). Subsequent activities of the Bureau in response to this Resolution are given in Document CE50/4.

Finally the recommendations of the report of the health group of Special Committee VI (health, housing, and community development) of the IA-ECOSOC were approved. These recommendations are reproduced in Annex VI.

Annexes.

RESOLUTION A-21/E63 ^{1/}

REPORT OF THE MEETING OF THE TASK FORCE ON HEALTH
AT THE MINISTERIAL LEVEL

The Second Annual Meeting of the Inter-American Economic and Social Council at the Expert Level,

CONSIDERING:

The study made of the Report of the Task Force on Health at the Ministerial Level (Document CIES/397);

That the recommendations presented therein are based on the careful examination of the health goals of the Charter of Punta del Este and of the Ten-Year Health Plan contained in Resolution A.2 of the Charter; and

The contribution required of the health sector for the promotion of economic and social development in accordance with the Charter of Punta del Este,

RESOLVES:

1. To approve the Report of the Task Force on Health at the Ministerial Level which sets forth in detail the way for putting into practice the Ten-Year Health Plan of the Alliance for Progress.
2. To suggest to the governments that the recommendations of this report be given due consideration in the preparation and execution of their national plans for economic and social development.
3. To recommend to the international organizations and agencies concerned with the implementation of programs of the Alliance for Progress that this report be considered and utilized in planning their activities.

^{1/} Pages 51-52 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Expert Level, Document OEA/Ser.H/X.4, CIES/510 of 9 November 1963.

RESOLUTION A-11/E63 ^{1/}

ECONOMIC SIGNIFICANCE OF FOOT-AND-MOUTH
DISEASE TO THE AMERICAS

The Second Annual Meeting of the Inter-American Economic and Social Council at the Expert Level,

HAVING SEEN the report of the Pan American Foot-and-Mouth Disease Center (Doc. CIES/389) and the Report of the Second Meeting of Special Committee II (Agricultural Development and Agrarian Reform); and

CONSIDERING:

That foot-and-mouth disease has an adverse effect on the cattle-raising economy, on nutrition, and, indirectly, on human health and welfare;

That foot-and-mouth disease has a very serious impact on cattle production, resulting in reduced supplies for meeting domestic needs and lowered export potentials;

That it is important that countries that are free of foot-and-mouth disease maintain this favorable situation and that the present incidence of the disease in South America constitutes a constant menace; and

That technical advances have made available better vaccines, which permit more practical and economic control of this disease than in the past,

RESOLVES:

1. To recommend to the Pan American Sanitary Bureau that, though the Pan American Foot-and-Mouth Disease Center, it promote regional campaigns against the disease in those countries in which it currently exists and that it intensify regional programs for preventing the introduction and spread of the disease in countries free therefrom.

2. To recommend that, in order to make regional campaigns more effective, national programs to combat foot-and-mouth disease be established and carried out on an institutional basis, and be organized to engage in research, experiments, vaccination, and sanitary control measures.

3. To recommend that, as a first step, it call a meeting of authorities in the control of animal disease from countries affected by foot-and-mouth disease, (a) to propose a plan to be carried out by the countries concerned, taking care to strengthen national institutions in connection with similar or supplementary activities and (b) to make a thorough study of the organization, cost, and benefits of the regional programs and national programs.

^{1/} Pages 30-32 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Expert Level, Document OEA/Ser.H/X.4, CIES/510 of 9 November 1963.

4. To recommend that the regional and national programs that may be drawn up as a result of these studies be presented to international credit institutions, in case added financial assistance is required, and that the total amount of resources that could be contributed to these programs be determined,

5. To request that a report on progress made in this area be submitted to the Third Meeting of Special Committee II and to the Third Annual Meeting of the Inter-American Economic and Social Council.

RESOLUTION A-22/E63 ^{1/}

FINANCING FOR THE MALARIA ERADICATION PROGRAM

WHEREAS:

The malaria eradication program has become hemisphere-wide in scope;

The continuation of this program demands heavy budget allocations, with national efforts in keeping with the directives of this program of American cooperation; and

The eradication of malaria will be of fundamental importance in improving health conditions for the peoples of Latin America, being an essential prerequisite for raising the levels of economic and social development,

The Second Annual Meeting of the Inter-American Economic and Social Council at the Expert Level

RESOLVES:

To recommend contributions obtained through agencies of the Alliance for Progress for the purpose of pursuing the malaria eradication campaign be in the form of grants.

^{1/} Page 53 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Expert Level, Document OEA/Ser.H/X.4, CIES/51D of 9 November 1963.

RESOLUTION C-4/E63 1/

PROGRAM OF TECHNICAL COOPERATION
OF THE ORGANIZATION OF THE AMERICAN STATES FOR 1964

HAVING SEEN:

The report of Subcommittee III/B on the Proposed Activities and Budget for the Program of Technical Cooperation of the Organization of American States for 1964, and the report of the rapporteur of Committee III (Programs and Budgets) on the Proposed Activities and Budget of the Program of Technical Cooperation of the Organization of American States for 1964 (OEA/Ser.H/X.4/CIES/333 (English), approved and forwarded by the Meeting at the Expert Level,

The Second Annual Meeting of the Inter-American Economic and Social Council at the Ministerial Level

RESOLVES:

1. To approve, in the terms contained in the aforementioned reports, the Proposed Activities and Budget for the Program of Technical Cooperation of the Organization of American States for 1964, for general projects currently in operation, as follows:

	<u>1964</u>
No 39 - Technical Education for the Improvement of Agriculture and Rural Life	\$380.235
No 77 - Pan American Foot-and-Mouth Disease Center	632.105
No 102 - Inter-American Course in Administration of Social Welfare Programs	70.216
No 104 - Inter-American Program for Advanced Training in Applied Social Sciences	21.026
No 105 - Inter-American Program in Business Administration	143.056
No 201 - Training and Studies in Agricultural Credit	129.085
No 205 - Inter-American Program in Urban and Regional Planning	295.927
No 206 - Training and Studies in Agrarian Reform	496.491

1/ Pages 109-111 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Expert Level, Document OEA/Ser.H/X.4, CIES/510 of 9 November 1963.

No 207 - Regional Standardization Program for Assisting Economic Integration	110.198
No 208 - Inter-American Training Program for Community Development	146.525
No 209 - Training Center for Regional Economic Development	260.732
No 210 - Courses on the Planning of Water-supply Systems	58.058
Office of the Executive Director	150.139
Accounting Division - Program of Technical Cooperation	38.862
Total	<u>\$2.932.655</u>

2. To authorize the Executive Director to implement, during 1964, the following new general projects, in the order of priority listed below, as and when available funds permit:

a. Inter-American Program for the Improvement of Science Teaching	\$196.819
b. Inter-American Center for Land and Water Resources Development	141.153
c. Inter-American Training Program in Transportation	71.151
d. Inter-American Training Center in Public Administration	101.890
e. Inter-American Training Program for Women Leaders	105.166
Total:	<u>\$616.179</u>

3. To provide that any unused funds pertaining to the Program on December 31, 1963, shall be transferred to the General Fund, to the extent required to cover any deficit which may result in financing the general projects in operation in 1964. Any balances remaining from 1963 which are not applied to cover the aforementioned deficit shall be transferred to the Working Fund.

4. To set the Working Fund for 1964 at US\$350.000.00.

5. To designate the group of projects listed in this resolution by the official title of "Program of Technical Cooperation of the Organization of American States in 1964."

RESOLUTION 19-M/63 ^{1/}

CONTINENT-WIDE PROGRAM OF RURAL, ENVIRONMENTAL HEALTH AND WELL-BEING

WHEREAS:

The document on the establishment of a continent-wide program of rural environmental health and well-being (OEA/Ser.H/X.4, CIES/341) has been examined;

Rural environmental health is important to the economic and social development of the rural population of the Americas;

One of the objectives set forth in the Charter of Punta del Este was to supply potable water and sewage-disposal services for at least 50 per cent of the rural population during the present decade;

Resolution A-11 of the First Annual Meeting of the Inter-American Economic and Social Council at the Ministerial Level recognized the need to intensify efforts to improve living conditions in rural areas and to obtain international credits for the development of programs for this purpose;

The program received firm support at the Meeting at the Ministerial Level of the Task Force on Health (Washington, April 1963), the Eighth Meeting of Ministers of Health of Central America and Panama (San Jose, July-August 1963) and the XIV Meeting of the Directing Council of the Pan American Health Organization (Washington, September 1963); and

Due account has been taken of the recommendations contained in the Report of Special Committee VII (Health Group) of the Inter-American Economic and Social Council (San Jose, August 1963),

The Second Annual Meeting of the Inter-American Economic and Social Council at the Ministerial Level

RESOLVES:

1. To recognize the importance of the problem of supplying potable water in rural environments, within the context of over-all rural development, and to recommend to the member states that they assign high priority to programs aimed at solving these problems.

2. To recognize the necessity of developing the Continent-wide Program of Rural Environmental Health and Well-being along the lines set out in Document OEA/Ser.H/X.4, CIES/341, based on the participation of the communities, the establishment of national revolving funds, and contributions of external funds, with a view to achieving the objectives set forth in Resolution A-2 appended to the Charter of Punta del Este.

^{1/} Pages 32-33 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Ministerial Level, Document OEA/Ser.H/X.4, CIES/580, Rev. of 6 December 1963

3. To suggest that, after consultation with the interested countries, the Inter-American Development Bank undertake the responsibility for the administration of external financial resources, and, that the Pan American Sanitary Bureau undertake the responsibility for supplying technical advice to the governments at each stage of the program, and to suggest to both these organizations, that, with the cooperation of other interested agencies they study and establish appropriate procedures and relations that will make it possible to begin the program, it being understood that each government shall choose the appropriate time to begin the program, in accordance with the socioeconomic situation of the respective country, bearing in mind, in all cases, the social capacity for absorption of this type of investment of the communities that are to benefit.

4. To suggest to the Pan American Health Organization the appointment, in collaboration with the Inter-American Development Bank, of technical committees, to provide them with advisory services on financing, organization, community motivation, and other aspects of the program.

5. To recommend to the governments of the member states that they establish, and make proper legal and financial provision for, the most adequate and competent organization to administer the program at the national level.

6. To recommend to the governments that they adopt the necessary financial measures that will enable them to select and organize the communities for beginning this program as soon as possible.

RECOMMENDATIONS ON HEALTH 1/

The Inter-American Economic and Social Council

A. Recommends to the governments of the member states:

1. Planning

That those that have not yet done so establish health planning units at the ministerial level, with the participation of other responsible agencies in this field.

That they take such steps as may be required to provide suitable financing for health planning units and, if necessary, request international assistance in order to carry out a training program for officials on various levels.

That national units of economic and social development planning take such steps as may be required to ensure continuing participation by representatives of the health sector, not only in plans for this sector, but also in planning, analyzing, and developing other programs included under the national plan.

That the departments of preventive medicine of medical schools and the public health schools incorporate health planning education within their regular study programs.

That the technical services of the Pan American Health Organization be utilized by the ad-hoc committees for the study of national plans submitted by the countries.

That in like manner, the services of that organization be utilized in the formation of the tripartite groups to assist the governments in preparing their national development plans.

2. Statistics

That special attention be given to the training of statistical personnel, at various levels, to supply the countries with experts in accordance with their human potential.

That "registration areas" be established in each country, covering a representative sample of the population, for the collection and analysis of vital statistics and health data, coordinated insofar as possible with the planning areas.

1/ Pages 67-71 of the Final Report of the Second Annual Meeting of the IA-ECOSOC at the Ministerial Level, Document OEA/Ser.H/X.4, CIES/580, Rev. of 6 December 1963.

3. Personnel Training

That programs of personnel training be developed in accordance with national health plans, based on the criterion of teamwork, and that each country study as a transitional measure the advantages and disadvantages of training health officers at the intermediate level, especially for rural areas.

That the ministries establish work relations with the universities in order to adapt educational programs to the requirements of health plans and to collaborate in such education on both the undergraduate and post-graduate levels.

That the resources of the ministries and other health services be utilized for medical education in its broadest sense.

That the necessary measures be adopted in order to expand training of sanitary engineering personnel to permit the development of environmental sanitation programs in accordance with the objectives of the Charter of Punta del Este.

4. Organization and Administration of Services

That health services work towards functional integration and, until this can be achieved, closer coordination be sought among all of the entities providing preventive and curative medical care, whether public or private, academic or service institutions.

That methods to improve the distribution of medical personnel be studied, with a view to establishing special incentives adapted to the particular situation in each country.

5. Environmental Sanitation

That they encourage the adoption of systems of payment for services provided to the community based on the economic possibilities of the communities and the legal provisions of the countries concerned; likewise, that the active participation of the community in the development of the services be promoted.

That they adopt the necessary measures to develop sanitation and rural welfare programs in their countries, in accordance with the special resolution adopted in this respect.

6. Communicable Diseases

That they step up their efforts to eradicate smallpox and malaria, and that they assist each other in implementing this type of program, particularly in border zones.

7. Nutrition

That utilizing knowledge of nutritional diseases, they implement practical programs at the level of local health services, with special preference for the most vulnerable population groups, such as expectant mothers, nursing mothers, and preschool children.

That they encourage the production, distribution, and utilization of new sources of highly nutritional, low-cost food, on the basis of locally available products, utilizing knowledge already acquired in this respect, seeking to encourage the private sector to take interest in and support this type of undertaking.

That they intensify measures on both the national and international levels to coordinate activities directly relating to the problem of nutrition, particularly in health, agricultural, and educational aspects.

That they undertake programs to combat animal diseases, such as foot-and-mouth disease, which result not only in economic losses, but also in the decrease of protein-food availability.

That they analyze demographic trends carefully in order to plan their policy with regard to nutrition, water supply, and other health services.

8. Medical Care

That they plan medical care on the basis of well-organized systems of services that will make it possible to improve utilization of existing hospital facilities through the expansion of out-patient care and other technical and administrative measures.

That experience in use of mobile units for medical care and community development in rural areas be duly utilized in accordance with the particular conditions prevailing in each country.

That they give due consideration to the usefulness of charging for medical services rendered, based on the ability of the public to pay.

9. Water-supply Systems

That in preparing urban water-supply and drainage projects, preference be given to multipurpose solutions, in order that such projects may contribute more effectively to economic and social development.

10. General Matters

That a single national agency be responsible for coordinating the preparation of national reports and that the ministry of health in each country take charge of preparing the report in the health sector, including

data from other agencies not directly under its control, which should supply the necessary information.

That, in the preparation and execution of their national economic and social development plans, they duly consider the recommendations contained in the Report of the Meeting of the Task Force on Health at the Ministerial Level held in Washington, D.C. (April 1963).

B. Recommends to international organizations:

1. That, at the international level, improved coordination be established in the formulation of development plans, and that the Pan American Health Organization be entrusted with the appropriate responsibility therein, in order to secure the harmonious participation of all the international organizations working in the field of public health.

2. That the Pan American Health Organization appoint a Technical Advisory Committee, to draw up a system of measurement units or evaluation indices which will make it possible to measure progress in health activities, at both the hemispheric and the national level, within the general aims set forth in the Charter of Punta del Este, and in relation thereto.

3. That they help the countries which produce B.C.G. and other biological products to improve quantity and quality and to supply these products as needed without charge.

4. That international credit and assistance agencies grant the aid required by the governments for the proper operation of programs for the eradication of malaria.

5. That, in rendering technical and financial assistance to governmental, autonomous, or private institutions, they take advantage of opportunities afforded to promote and support the integration of health services, in the operative, research, and educational areas, to ensure the best use of available present and future resources.

6. That, despite the priorities assigned to date for granting international loans, special consideration be given to the needs of certain countries with regard to constructions and installations for public medical care.

7. That, in planning their activities, the recommendations contained in the Report of the Meeting of the Task Force on Health at the Ministerial Level held in Washington, D.C. (April 1963) be taken into account and used.

C. Instructs the Secretariat:

To recommend to the Pan American Sanitary Bureau that it review the guidelines for the preparation of national health reports with a view to simplification, confining these reports, wherever possible, to information on measurable objectives of the Charter of Punta del Este.

POINT 9 OF THE FINAL REPORT OF THE
50th MEETING OF THE EXECUTIVE COMMITTEE OF THE
PAN AMERICAN HEALTH ORGANIZATION

9. SECOND ANNUAL MEETINGS OF THE INTER-AMERICAN ECONOMIC AND SOCIAL COUNCIL

Dr. CUTLER (Deputy Director, PASB) introduced the item and stated that the Second Annual Meeting of the Inter-American Economic and Social Council at the Expert Level had been held in São Paulo, Brazil, from 29 October to 19 November and, at the Ministerial Level, from 11 to 16 November 1963. Of the 19 delegations present 13 had included representatives of Ministries of Health. The Bureau had been represented by the Director, the Deputy Director, and other officials. The advance made in the Alliance for Progress, both in the economic and in the social field, including health activities, were discussed. The machinery of the Alliance was examined, and the Inter-American Committee of the Alliance for Progress was established. A total of 34 resolutions were approved at the expert level and 30 at the ministerial level.

Among the resolutions approved at the Expert Level were those approving the report of the Task Force on Health at the Ministerial Level, organized by the Bureau in accordance with the provisions of the Charter of Punta del Este; recognizing the importance of foot-and-mouth disease in South America and the need for vigilance in areas free of the disease; and recommending that contributions to the financing of malaria eradication operations provided through the mechanism of the Alliance for Progress should be in the form of grants.

The resolutions approved at the Ministerial Level included those dealing with the establishment of a continent-wide program of rural sanitation and welfare, approval of the appropriations for the Pan American Foot-and-Mouth Disease Center (\$632,105) and for courses on the planning of water supply systems (\$58,058), the technical administration of which will be incumbent on the Bureau; the recommendations of the report of Committee VI of IA-ECOSOC concerning health which covered planning, statistics, personnel training, organization and administration of services, environmental sanitation, communicable diseases, nutrition, medical care, and water supply systems and general matters.

Dr. JARUFE (Peru) said that he had listened to the statement of Dr. Cutler with much interest. Once again, the need to unite national efforts with international efforts to improve the level of living in the Americas had to be stressed. The agencies engaged in those efforts should adopt an overall view of the problem; for frequently they did not pay proper attention to health activities in national development programs. Sometimes the pattern of health activities was too closely modeled on that of more developed countries. It was urgently necessary to see the health implications of large-scale works, such as those of urbanization, irrigation, road building, etc., connected with development plans.

At the recent World Health Assembly the Peruvian delegation had asked WHO to accord high priority to health projects in areas where large-scale works such as those to which he had already referred were being

carried out. That draft resolution had been approved. He therefore suggested that the Executive Committee might wish to transmit the same request to the Directing Council so that they might consider it at their next meeting.

Dr. HORWITZ (Director, PASB) stated that for his part he wished to emphasize two facts in connection with the meeting of the Inter-American Economic and Social Council. The first was that stated in the document on the item; namely, that of the 19 delegations attending the meeting, 13 included representatives of ministries of health. That situation was similar to the one that had occurred when the Inter-American Economic and Social Council met at Punta del Este and the Alliance for Progress was born. Even at the risk of falling into exaggeration it was necessary, in his opinion, to go on unflinchingly insisting on the incorporation of health programs into general development plans. By doing so, an attempt was being made to further an educational process. Governments did not always see social development as an organic whole, with the result that their activities did not appear homogeneous; the ministries worked on what might be called a vertical plane, more or less in isolation the one from the other; that was clearly shown by an examination of the national budgets. There had to be a new approach, a continuous exchange of views between all the experts and technicians involved in social development.

For that reason the ministries of health should be represented at meetings of international agencies and should take part in the discussions; health had an essential part to play in humanizing development.

The second point related to foot-and-mouth disease. No exact figures were available because no thorough studies had been made, but various sample surveys showed that the losses due to foot-and-mouth disease amounted to about 500 million dollars a year, to which it was necessary to add another 50 million dollars for deaths caused by paralytic rabies. The efforts to expand the activities of the Pan American Foot-and-Mouth Disease Center were thus justified. In that connection great advances have been made in the search for a live virus vaccine, which was necessary because the vaccine in use up to then gave no more than 3 or 4 months' protection; the live virus vaccine which attempts were being made to produce, would confer immunity for a longer period, which would make it more possible to plan continuous activity. The same held true for rabies; both the amount and the quality of the vaccine produced in Latin America was deficient. The Organization was engaged in negotiations which might possibly lead to an expansion in the production of those vaccines.

With respect to the statement of Dr. Jarufe, the agenda for the next meeting of the Directing Council contained an item relating to the resolutions approved by the last World Health Assembly and thus the one Dr. Jarufe had mentioned, would be included; unless he preferred to single it out and to have it appear as a separate item.

In conclusion, it could be said that a custom was in a process of being created and that that custom could only be created by repeated and continued examples. To do so was also a function of the Organization and for that reason he again apologized for any apparent lack of respect toward the Governments which might be involved in his continually emphasizing the same themes.

Dr. WILLIAMS (United States of America) said that he had listened to the preceding statements with great interest. He only had a few comments to make; first, the Inter-American Economic and Social Council by its actions had shown that it tended to acknowledge more clearly the importance of health in the process of economic development. Formerly, unfortunately, less account had been taken of the human factor. All that had changed and health was receiving the attention it undoubtedly deserved; the role of health in the economic development was something already acknowledged. In that connection a great debt was owed to the staff of the Bureau, which had worked hard at the various meetings of international agencies to bring about that change of attitude.

Mr. ROUECHE (Observer, OAS), speaking at the invitation of the Chairman, stated that he only wished to say that the OAS was very much interested in the problem of foot-and-mouth disease, in which it had invested about 5 million dollars. The OAS wanted the activities of the Foot-and-Mouth Disease Center to be expanded and strengthened.

Another program which had not been mentioned was that of community organization and development, including the development of Indian communities; he invited PASB to cooperate in that field where its valuable experience would enable health to play the role it should in that program.

The OAS was extremely pleased with the way in which PASB had developed the Pan American Foot-and-Mouth Disease Center and the impetus it had given to other programs financed by the Technical Cooperation Program of the OAS. Those were the programs about which the OAS had the least concern, since they knew they were in good hands.

The CHAIRMAN said that he wished once again to emphasize the priority that health programs should have in development plans. In Peru the Government had laid it down that the budgets of large-scale public works should include allotments for dealing with the health problems arising from those works. It was necessary at all times to take into account the difference in the health requirements in developing countries and those in developed countries and, in that connection, the importance of having efficient laboratories producing biological products not only for animal health but also for human consumption. All agencies connected with the Alliance for Progress should examine that problem and give it the priority it deserved.

Dr. VIDOVICH (Uruguay) submitted a draft resolution which was read by Dr. Cutler.

Dr. JARUFE (Peru) stated that he wished to add to the draft resolution a fifth paragraph relating to the problem he had mentioned in his statement, namely that proper attention should be given to the health implications of the large-scale works being carried out in the countries in connection with economic and social development.