

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXIII Meeting

regional committee



WORLD
HEALTH
ORGANIZATION

XXVII Meeting

Washington, D.C.
September-October 1975

Provisional Agenda Item 35

CD23/14 (Eng.)
18 August 1975
ORIGINAL: ENGLISH

SIXTH GENERAL PROGRAM OF WORK OF WHO

Contribution of the Region
of the Americas

1978 - 1983

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SIXTH GENERAL PROGRAM OF WORK OF WHO FOR THE PERIOD 1978-1983

INTRODUCTION

Article 28(g) of the Constitution of the World Health Organization requires its Executive Board "to submit to the World Health Assembly for consideration and approval a general programme of work covering a specific period." The World Health Assembly has thus far approved five general programs of work for the periods 1952-1956, 1957-1961, 1962-1966, 1967-1972, and 1973-1977, respectively. These programs are formulated by the Executive Board on the basis of information provided by the Secretariat, and are approved by the World Health Assembly. They are subsequently adapted to regional needs by the Regional Committees.

In the preparation of the Sixth General Program of Work of WHO, it is hoped to have a true interpretation of country and regional proposals. Since health situations and problems vary greatly from one region to another, and between countries in the same Region, the objectives of the Program must be broad and its approaches flexible if these variations are to be taken into account. Each Region is expected to define its priorities and transmit them to the WHO Executive Board Working Group for incorporation into the final document.

In the case of the Region of the Americas, the Ten-Year Health Plan established the policy and strategy for the present decade¹ and will probably continue to be valid for the first two or three years of the 1980's. At least 20 countries have analyzed their national health policies and strategies in the light of the goals of that Plan, and some of them have prepared medium-term programs in accordance with its priorities.

Accordingly, the contribution of the Region of the Americas to the Sixth General Program of Work of WHO, and specifically its priorities, should be based on the regional policy established and on such additional priorities that the Directing Council of PAHO considers should be included.

In preparing this presentation, which appears as Annex A and is entitled "Contribution of the Region of the Americas to the Sixth General Program of Work of WHO, 1978-1983," efforts have been made, wherever possible, to follow the pattern suggested by the WHO Secretariat Working Group with respect to objectives, approaches and output indicators for each program area; and to base the priorities of the Region for the Sixth General Program of Work on the relevant areas of the Ten-Year Health Plan for the Americas.

To facilitate analysis by the Directing Council, the procedures used in preparing the Sixth Program of Work are described, the Fifth and Sixth Programs are compared, and a set of principal and detailed objectives is presented.

¹Resolution XIII, XXI Meeting of the Directing Council of PAHO, 1972

The reference material contained in Annex B consists of an analysis of the "Relationship Between the Proposed Principal and Detailed Objectives of the Sixth General Program of Work" and the goals and strategies of the Ten-Year Health Plan for the Americas. Its aim is to show the consistency between the regional health policy and the proposed Sixth Program of Work. As regards priorities, an attempt it made in Annex C to identify the priorities for the Region on the basis of the Ten-Year Health Plan for the Americas, the analyses the governments have made of their national health policies, and the steps they are taking to channel efforts and resources to critical problems.

I. PROCEDURES

At its Fifty-fifth Session, the WHO Executive Board established a working group composed of nine of its members to prepare a draft of the Sixth General Program of Work to be considered at its Fifty-seventh Session. It also reviewed the Fifth General Program of Work submitted by the Director-General, and decided to take into account the conclusions of this review, as well as its deliberations on it, in formulating the Sixth General Program of Work.¹

Furthermore, the Board decided to take into account in preparing the Sixth General Program of Work the conclusions and recommendations of its "Organizational Study on the Interrelationships Between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States,"² as well as the report of the Joint Inspection Unit on medium-term planning in the United Nations System and the comments of the Administrative Committee on Coordination on the report.³

A Secretariat Working Group composed of the directors of health services of all the Regions and the divisional directors at Headquarters met in July 1974 to draw up the first draft for the preparation of the Sixth General Program of Work, the core of which consisted of a list of program objectives, criteria, and approaches as well as directives to the WR's on consultations with the governments. In the Americas, the regional health policy for the decade was defined in 1972 at the III Special Meeting of Ministers of Health, and formulation of the strategies for implementing it was begun in 1973. The material needed by the Geneva Office at this stage was therefore available and a tentative proposal based on the Ten-Year Health Plan was submitted.

Program proposals resulting from consultations with governments in other regions, those derived from the Ten-Year Health Plan in the case of the Region of the Americas, and the WHO Headquarters program were consolidated and together with the proposed follow-up procedure were presented for review to the Working Group set up by the Executive Board, which met for the first time in February 1975. The Executive Board Working Group again met in early June 1975 to examine the work done in the Regions and at Headquarters, and give further advice on the introduction, length, and presentation of the Sixth General Program of Work. A second meeting of the Secretariat Working Group was convened at Headquarters in June 1975 to review the form of presentation and in particular the principal and detailed objectives in the light

¹ Resolution EB55.R25

² Resolution EB55.R26

³ Resolution EB44.R66

of the recommendations of the Executive Board Working Group. This material is also to be reviewed by the Regional Committees in order to obtain their comments and to adjust or confirm regional priorities. The resulting version will be presented to the Executive Board Working Group for the formulation of a final draft, which is to be submitted to the Executive Board at its Fifty-seventh Session in January 1976.

II. COMPARISON OF THE SIXTH GENERAL PROGRAM OF WORK OF WHO WITH THE FIFTH

The procedures for preparing the Sixth General Program of Work provide for a more active participation by the Member States and by the Governing Bodies of the Organization. Regional policies such as the Ten-Year Health Plan for the Americas therefore constitute a valuable contribution to the definition of objectives and contents of the Sixth General Program of Work.

The Fifth Program grouped its objectives under four main heads, namely: strengthening of health services; development of health manpower; disease prevention and control; and promotion of environmental health. The Sixth Program will include two additional groups: promotion and development of biomedical and health services research; and mechanisms for program development and support.

The Sixth Program will assign increased emphasis to the relationship between health and socioeconomic development, and to the interaction of health, other social services, and other sectors.

The Fifth Program presented a general description of ways of attaining its objectives but did not attempt to distinguish programs and priorities at Regional and Headquarters levels. The Sixth Program will present its objectives in a much more detailed manner and, wherever possible, targets will be much more precisely defined. It will also describe in some detail the approaches to be adopted for attaining these objectives and targets and, in broad terms, the activities to be undertaken in conformity with each of these approaches. Output indicators will also be included wherever possible in order to permit subsequent evaluation of the program. All this material will be presented in the form of regional and central variations on global themes. The Sixth Program will also endeavor to relate the Organization's medium-term programs to long-term trends in world health problems and its eventual response to these problems.

The Sixth General Program of Work will emphasize WHO's concern for the development of programs rather than unrelated projects. In consequence, whereas the Fifth Program contained a limited number of criteria for project selection, the Sixth Program will contain more detailed criteria for the selection of program areas.

Finally, the Sixth General Program of Work will indicate how the program as a whole should be evaluated. For this purpose, use will be made of a new method that is an integral part of program planning and delivery at all organizational levels and is based on sound program information that will be provided, in large measure, by the Organization's information system currently under development. The objectives, as well as a number of the targets and output indicators prepared for the Sixth General Program of Work, will permit the subsequent comparison of planned and actual results.

III. PRINCIPAL AND DETAILED OBJECTIVES IDENTIFIED BY THE WHO SECRETARIAT WORKING GROUP AND CONFIRMED BY THE WHO EXECUTIVE BOARD WORKING GROUP

In the Chapter on "Procedures" it was stated that using the guidelines defined by the Executive Board Working Group, and in the light of the information obtained from the Regions, the Secretariat Working Group identified and classified the attached list of principal and detailed program objectives.

It should be emphasized that, while the Working Group endeavored to individualize rather broad program areas, it recognized that such areas and their importance could vary substantially from one Region to another.

The principal and detailed objectives were classified in the following six groups:

- Development of health services
- Disease prevention and control
- Promotion of environmental health
- Health manpower development
- Promotion and development of biomedical and health services research
- Mechanisms for program development and support

SIXTH GENERAL PROGRAMME OF WORK COVERING A
SPECIFIC PERIOD, 1978 - 1983 INCLUSIVE

List of principal programme objectives
with the related detailed objectives

I. DEVELOPMENT OF HEALTH SERVICES

1. To assist countries to further develop comprehensive health services both at the community and at the national level
 - 1.1. To assist countries to strengthen their capacity for planning and management of health services including institutions and manpower at all levels
 - 1.2. To assist in the development of primary health care to under-served populations, with special attention given to high risk and vulnerable groups
 - 1.3. To assist in the securing of a balance between preventive and curative health services and in the integration of promotive, preventive, curative and rehabilitative elements as appropriate to the needs of each country
 - 1.4. To promote the development of public health laboratory services
 - 1.5. To promote health education and information for the public
 - 1.6. To assist in the prevention of disability and the rehabilitation of the disabled
 - 1.7. To promote and support policies and programmes for the care of the aged.
 - 1.8. To promote adequate logistic support to health programmes at all levels
2. To promote closer co-operation of health services with social welfare and other services and their integration, where appropriate

3. To promote the development of standard health technologies and their adaptation to various local needs
 - 3.1. To promote and support the international development of standardized and easily adaptable health technologies
 - 3.2. To assist countries in developing simple, low-cost and effective technologies in specific areas
4. To promote maternal and child health including family planning
5. To promote better nutrition of all individuals and thereby reduce the incidence of all forms of malnutrition
 - 5.1. To assist in developing multi-sectoral food and nutrition policies and programmes
 - 5.2. To assist in establishing a simple nutritional surveillance system and measures for the control of specific nutritional deficiencies
6. To promote mental health including prevention of alcoholism and drug dependence and abuse
 - 6.1. To assist countries in preventing and/or reducing mental morbidity and its consequences
 - 6.2. To assist countries to develop strategies for intervention based on an increased awareness of the influence of social action on mental health
 - 6.3. To assist countries to develop programmes for the prevention of alcoholism and drug dependence and abuse
7. To promote a more rational production, distribution and utilization of safe, effective and economical prophylactic, diagnostic and therapeutic substances
 - 7.1. To assist in developing and executing national drug policies and programmes based on such policies
 - 7.2. To develop co-ordination at the international level of research for production and distribution of essential drugs
 - 7.3. To establish and improve international requirements and standards for quality, safety and efficacy of prophylactic, diagnostic and therapeutic substances

8. To improve methods and mechanisms of financing health services within a national context

- 8.1. To provide information and to assist countries to devise and introduce improved methods of financing health promoting activities
- 8.2. To promote functional integration of closer collaboration of social security and/or health insurance schemes with health services in both public and private sectors
- 8.3. To assist countries to achieve a more equitable distribution of benefits from health services
- 8.4. To assist countries to base decisions concerning provision of health services on outcome and cost criteria

II. DISEASE PREVENTION AND CONTROL

9. To prevent and control communicable diseases

- 9.1. To assist countries in the reduction of communicable diseases problems by immunization, surveillance, vector control and other suitable measures
- 9.2. To assist countries to complete and consolidate the eradication of smallpox and set up a post-eradication surveillance system
- 9.3. To strengthen assistance to countries in malaria control and its elimination where feasible
- 9.4. To assist the development of research of efficient and economical measures for prevention and control of communicable diseases

10. To prevent and control cancer, cardiovascular diseases, oral diseases and other non-communicable diseases of major public health importance

- 10.1. To assist cancer prevention and control
- 10.2. To assist in prevention and control of ischaemic heart disease, arterial hypertension, cerebrovascular disease, rheumatic heart disease and other important cardiovascular diseases
- 10.3. To assist countries in the development of policies and programmes for oral health

- 10.4. To assist countries in prevention and control of neurological diseases, diabetes mellitus, chronic non-specific respiratory disease, chronic renal disease, chronic liver disease, rheumatoid arthritis and allied conditions

III. PROMOTION OF ENVIRONMENTAL HEALTH

11. To promote and develop environmental health policies and programmes

- 11.1. To assist in the planning and development of environmental health policies and programmes associated with economic and area-wide development policies, plans and projects
- 11.2. To promote manpower planning, development and management in the field of environmental health
- 11.3. To assist health authorities in ensuring that environmental programmes take proper account of health aspects

12. To improve basic community sanitation, particularly community water supply and disposal of wastes

- 12.1. To promote and assist in national planning of services for the provision of community water supplies and for disposal of waste
- 12.2. To promote and assist in the establishment of continuing and systematic surveillance of drinking water quality and wastes' disposal systems in accordance with public health criteria
- 12.3. To promote the transfer of information and methods for community sanitation
- 12.4. To promote the health aspects of housing

13. To promote recognition, evaluation and control of environmental conditions and hazards which may affect human health

- 13.1. To promote the development of programmes for the early detection and control of pollution in the environment
- 13.2. To evaluate the effects of environmental factors on health, to promote and co-ordinate relevant research, and to foster the practical application of findings

- 13.3. To promote the development of programmes to assure food safety and of information for their planning and implementation
- 13.4. To assist in preventing occupational and work-related diseases, and protect and promote workers' health
- 13.5. To promote the development of policies and programmes and related information systems for accident prevention

IV. HEALTH MANPOWER DEVELOPMENT

- 14. To promote the development of the types and numbers of health manpower needed to provide health services that are adequate and appropriate to the needs of the largest possible segment of the population
 - 14.1. To assist in the planning for and training of sufficient manpower with the proper knowledge, skills and attitudes for the execution of national health plans and programmes
 - 14.2. To promote the integration of health manpower planning production and utilization within the context of national health plans and socio-economic development in collaboration with the general educational system
 - 14.3. To promote optimal utilization and to reduce undesirable migration of trained manpower
- 15. To promote the development of relevant basic and continuing educational processes (planning, curriculum, development, methodology and evaluation) for all categories of health personnel
 - 15.1. To promote the development of national staff able to apply a systematic approach to educational processes
 - 15.2. To promote the definition of learning objectives for relevant curricula, appropriate educational methods and valid evaluation systems for all types and levels of educational activities

V. PROMOTION AND DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH

- 16. To promote and assist in the development and co-ordination of biomedical and health services research

- 16.1. To identify research priorities strengthen national research capabilities and promote co-ordination of research
- 16.2. To promote the application of existing and new scientific knowledge and research methods.

VI. MECHANISMS FOR PROGRAMME DEVELOPMENT AND SUPPORT

- 17. To promote within the context of the overall socio-economic development in Member States, systems for continuing planning, programming and management including financing and evaluation of health promoting activities
 - 17.1. To provide assistance in the preparation, execution and evaluation of health plans, programmes and development efforts in accordance with periodically revised or confirmed health policy
 - 17.2. To promote the development and application of efficient managerial, information and evaluation systems for the planning and operation of health programmes
- 18. To support social and economic policies and programmes with health implications, such as rural and urban development, housing, education and economic development activities as appropriate
 - 18.1. To help adjust socio-economic development plans and activities in order to enhance health benefits and reduce health hazards
 - 18.2. To help introduce health components into regular social and economic activities and services and enhance their health effects
- 19. To increase UN and other international, multilateral and bilateral collaboration, in solving priority health problems or other socio-economic problems with significant health implications
 - 19.1. To increase the amount of external assistance available for health programmes, for the health component of development programmes, and for development programmes with identifiable effects on health
 - 19.2. To provide an adequate and appropriate response to emergency situations

IV. PRIORITIES PROPOSED BY THE REGION OF THE AMERICAS FOR INCLUSION
IN THE SIXTH GENERAL PROGRAM OF WORK OF WHO

In view of the regional health policy and the information obtained from the countries, it may be seen that all the proposed objectives for the Sixth General Program of Work constitute areas of interest and action for the countries in the Region of the Americas (Annex B). It is also estimated that the governments will continue giving attention to these areas.

However, the statements made in the Ten-Year Health Plan for the Americas, the analyses the governments have made of their national health policies and the steps they are taking to channel efforts and resources to critical problems, show that there are definitely areas of major concern and emphasis.

At their III Special Meeting, the Ministers of Health recognized that the fact that 40 per cent of the population lack health services is an extremely serious matter and decided to expand the coverage of their health services during the decade and to give priority to the following program areas:

- Control and eradication of communicable diseases
- Maternal and child health and family welfare
- Nutrition
- Environmental health

To achieve the goals of the Ten-Year Health Plan for the Americas, they decided that it was necessary to develop their health infrastructure, including:

- Planning, administration and information systems, including the development of operational capacity
- Development of national health systems
- Development of human and technological resources
- Legal and financial resources

A comparative analysis of the priorities proposed by the Region of the Americas, the Sixth General Program of Work, and the priority areas of the Ten-Year Health Plan for the Americas is made in Annex C.

In view of the foregoing, the following proposed priorities have been prepared from the list of principal and detailed objectives of the Sixth General Program of Work.

PRIORITIES PROPOSED BY THE REGION OF THE AMERICAS FOR
INCLUSION IN THE SIXTH GENERAL PROGRAM OF WORK OF WHO

I. DEVELOPMENT OF HEALTH SERVICES

1. To assist countries to further develop comprehensive health services both at the community and at the national level

1.1. To assist countries to strengthen their capacity for planning and management of health services including institutions and manpower at all levels.

1.2. To assist in the development of primary health care to underserved populations, with special attention given to high risk and vulnerable groups.

2. To promote maternal and child health including family planning

3. To promote better nutrition of all individuals and thereby reduce malnutrition incidence

3.1. To assist in developing multi-sectoral food and nutrition policies and programmes

3.2. To assist in establishing a simple nutritional surveillance system and measures for the control of specific nutritional deficiencies

II. DISEASE PREVENTION AND CONTROL

4. To prevent and control communicable diseases

4.1. To assist countries in the reduction of communicable disease problems by immunization, surveillance, vector control and other suitable measures.

4.2. To strengthen assistance to countries in malaria control and its elimination where feasible.

III. PROMOTION OF ENVIRONMENTAL HEALTH

5. To promote and develop environmental health policies and programmes
 - 5.1. To assist in the planning and development of environmental health policies and programmes associated with economic and area-wide development policies, plans and projects
6. To improve basic community sanitation, particularly water supply and disposal of waste
 - 6.1. To promote and assist in national planning and implementation of services for the provision of community water supplies and for waste disposal
7. To promote recognition, evaluation and control of environmental conditions and hazards which may affect human health
 - 7.1. To promote the development of programmes for early detection and control of pollution in the environment

IV. HEALTH MANPOWER DEVELOPMENT

8. To promote the development of the types and numbers of health manpower needed to provide health services adequate and appropriate to the needs of the largest possible segment of population
 - 8.1. To assist in the planning for and training of sufficient manpower with the proper knowledge, skills and attitudes for the execution of national health plans and programmes
 - 8.2. To promote the integration of health manpower planning, production and utilization within the context of national health plans and socio-economic development in collaboration with the education system

V. MECHANISMS FOR PROGRAMME DEVELOPMENT AND SUPPORT

9. To promote within the context of the overall socio-economic development in Member States, systems for continuing planning, programming and management including financing and evaluation of health promoting activities

- 9.1. To provide assistance in the preparation, execution, evaluation of health plans, programmes and development efforts in accordance with periodically revised and confirmed health policy
- 9.2. To promote the development and application of efficient managerial, information and evaluation systems

10. To support social and economic policies and programmes with health implications, such as rural and urban development, housing, education and economic development activities as appropriate

11. To increase UN and other international, multilateral and bilateral collaboration, in solving priority health problems or other socio-economic problems with significant health implications

12. To improve methods and mechanisms of financing health services within a national context

- 12.1. To provide information and assist Governments to devise and introduce improved methods of financing health activities
- 12.2. To promote functional integration or closer collaboration of social security and/or health insurance schemes with health services in both public and private sectors
- 12.3. To assist countries to base decisions concerning provision of health services and outcome and cost criteria

CONTRIBUTION OF THE REGION OF THE AMERICAS TO
THE SIXTH GENERAL PROGRAM OF WORK OF WHO

1978 - 1983

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INTRODUCTION

The Ten-Year Health Plan for the Americas sets the policy and strategy for our Region in the present decade and will probably continue to be valid for the first two or three years of the 1980's. During 1973 and 1974, 20 countries have analyzed their national health policies and strategies in relation to the goals defined in the Ten-Year Health Plan. During 1975, the information coming from the countries is being processed and the basis for future evaluation of the Plan will be established. The information related to national analysis of health policies and material on evaluation shows that the regional policy is being converted into action at the country level.

Therefore, AMRO's contribution to the Sixth Program of Work of WHO should be formulated within this frame of reference.

Regional Decision. The Ten-Year Health Plan has been the result of a rather elaborate process. In compliance with Resolution XXVII of the XX Meeting of PAHO Directing Council, the governments decided to organize the III Special Meeting of Ministers of Health of the Americas, intended to evaluate the achievements and setbacks of the health goals of the Charter of Punta del Este, established for the period 1962-1971; to examine the current health situation; and to define regional health policies and strategies. The Directing Council also requested the Regional Director to prepare the pertinent reference material for national and regional studies and decisions.

The information for the analysis of the health conditions of countries within the Region and for the preparation of comprehensive proposals of change for the decade was obtained from the Quadrennial Projections and from direct national sources. This material was assembled in a basic reference document. To be consistent with previous documents, the program classification of AMRO's contribution for the Fifth Program of Work of WHO was used; 54 program areas were identified and examined. Attention was given to the current health situation, with emphasis placed on health problems as well as on the organization and coverage of services, outstanding problems for the decade, suggested targets and recommendations on strategy.

Participation of Governments. The Basic Reference Document was sent to all countries of the Hemisphere in July 1972. Special national working groups were formed in almost all countries to review the document in the light of national conditions and trends. As a result of this analysis, special proposals were brought by the Ministers of Health to their III Special Meeting held in Santiago, Chile, in October 1972. Each Minister of Health was accompanied by as many as 10 members of his national staff. This political and technical input facilitated the discussions and gave pertinent support to the decisions which produced, after two weeks of active and intensive work, the Ten-Year Health Plan. It must be stressed that the success achieved in Santiago was mainly the consequence of the work developed in each country prior to the meeting.

Implementation and Evaluation. Specific agreement was reached by the Ministers of Health on the need to define, adjust or confirm national health policies in relation to the regional commitments stated in the goals of the Ten-Year Health Plan. So far, 20 countries have revised and adjusted their national health policies and some of them are at present involved in pertinent programming and implementation. It is hoped that four more countries will be included in this process in 1975. The Region is now entering into a phase when the baseline for the evaluation of the Plan will be established. The importance of this action has been reiterated, and the governments encouraged to more active participation by the XIX Pan American Sanitary Conference in September 1974. Systematized information is now being assembled in the countries, and by the end of the year this baseline will be set up.

Following the terms of reference defined by the Working Group for the elaboration of the Sixth Program of Work of WHO, it may be said in summary that in the above-mentioned process the information for the Basic Reference Document was obtained from the countries through joint PAHO/Country programming. When this system was not in operation, the information was provided by national health authorities. A regional analysis was made on outstanding health problems and regional trends. A decision was reached on the goals of the Ten-Year Health Plan after a careful analysis made at the country level by national staff. Twenty governments have revised, and four more are revising, their health policies vis-a-vis the Ten-Year Health Plan. The basis for the first evaluation will be established in 1975. The terms of reference regarding the health situation, policies, strategies and programs have not changed in essence; therefore, the contribution of AMRO to the Sixth Program of Work will follow the contents and presentation of the Ten-Year Health Plan.

WHO Principal Program Objectives: In preparing AMRO's contribution, efforts were made to follow the scheme recommended by the Working Group for each broad objective: global objectives were identified, as well as targets, approach and indicators. For this purpose the basis used is the material of the Ten-Year Health Plan and also the information coming from countries on the analysis of national health policies. However, the sequence and structure of the Ten-Year Health Plan must be maintained. To facilitate the identification of AMRO's goals, in relation to each specific broad objective defined by the Working Group, a table with the pertinent cross reference has been prepared (Annex B).

Regional Policy for the Period. As stated in PAHO Official Document 118, Final Report of the III Special Meeting of Ministers of Health of the Americas, there are two central objectives for the Region during the decade:

- I. To increase life expectancy at birth
- II. To extend the coverage of health services

Regarding the extension of coverage of health services, the Ministers of Health establish that it should be made within a health system with the following priority areas:

- Control and eradication of communicable diseases
- Maternal and child health and family welfare
- Nutrition
- Environmental health

The need to develop the necessary health infrastructure to carry out programs in the above-mentioned fields, and in general to implement the goals and targets of the Ten-Year Health Plan, was fully recognized, giving attention to the following:

- Planning, administration and information systems, including the development of operational capacity
- Development of national health systems
- Development of human and technological resources
- Legal and financial resources

In the document, special attention was also given to the following issues:

- Health is an intersectoral product that depends on overall development. Economic decisions must not ignore the fact that all economic efforts lead to man and his well-being; that man is not merely a means toward economic goals but is their purpose, their end and their significance. Hence, it is agreed that both are components of development and that far from being mutually exclusive they supplement one another. There can be no satisfactory productivity in a population which is frequently ill or held in a static economy. National and regional health programs should be incorporated into general development plans as early as the pre-investment phase. Therefore, it is necessary to define in each country a policy and strategy so that the health sector may participate directly in all pertinent aspects of regional development projects and prepare the respective feasibility studies for the health sector, so as to support development plans in the most effective manner. To secure such participation the Ministers of Health agreed on the need of strengthening the relationship between the health sector and the national planning agencies for development.

- The last few years have seen the growth of a movement toward participation by communities in the support of health programs. Community organization will be the decisive factor in channeling the potential resources of

groups of human beings in the direction of genuine social service activities, for the betterment of health and environment. Some countries have adopted laws on the subject and supported community organizations or other forms of popular groups in aiding health activities and programs. It is important to catalyze this vast potential source of cooperation for carrying out activities not only in rural areas but also in marginal communities. Rural communities frequently offer the necessary conditions for the promotion of comprehensive development programs, including agricultural and livestock production, housing, schools, health services, local roads and other components that contribute to the improvement of living conditions.

- To achieve the goals defined in the Ten-Year Health Plan it is essential that the actual level of expenditures in the public sector be increased substantially. However, resources probably will not be always available to fulfill the needs and to implement the corresponding programs. Other means must be found to secure the maximum use of the available resources, particularly the elimination of duplication of services, the increase of the productivity of systems, the use of low-cost technology, the improvement of maintenance programs and the establishment of self-help health programs at the community level.

CONTRIBUTION OF THE REGION OF THE AMERICAS

I - CENTRAL OBJECTIVES

- INCREASE LIFE EXPECTANCY AT BIRTH

- by five years, in those countries where the present figure is under 65 years.
- by two years, in those countries where the present figure is between 65 and 69 years.

- EXTENSION OF COVERAGE OF HEALTH SERVICES

II - EXTENSION OF COVERAGE

GLOBAL OBJECTIVE

Extension of coverage, including minimum comprehensive services, to all the population living in accessible communities of less than 2,000 inhabitants, and provision of basic and specialized services to the rest of the population, by means of a regionalized health system, priority being given to the following:

- Communicable Diseases.
- Maternal and Child Health and Family Welfare.
- Nutrition.
- Environmental Sanitation Programs.

OBJECTIVES AND TARGETS

Begin installing machinery during the decade to make it feasible to attain total coverage of the population by the health service systems in all the countries of the Region.

Specifically:

- Extend, in localities of over 100,000 inhabitants, basic services coverage to their entire population and expand the number of specialized activities needed as a result of new problems created by urbanization.
- Extend, in localities of 20,000-100,000 inhabitants, basic services coverage to all inhabitants still not covered.
- Extend, in localities of 2,000-20,000 inhabitants, minimal comprehensive health services coverage to all inhabitants still not covered, complementing it gradually with the provision of basic services.
- Extend, in localities of under 2,000 inhabitants, minimal comprehensive health services coverage to all inhabitants to be operated by suitable trained auxiliary personnel.

This basic care, of different qualitative levels, will of course have to be supplemented by a system of coordination and referral that will give the whole population access to the most highly specialized care.

- Expand the capacity to provide the care being sought through better utilization of available resources and adding new resources, so as to attain a minimum of one hospital discharge per 10 inhabitants per year and two medical consultations per inhabitant per year.

APPROACHES

To achieve these goals, it will be necessary to:

- Define in each country a policy for developing the health service systems, in terms of a national or sectoral policy that will set the bases for redefining the health sector, by delimiting its field of action, and for defining its institutional components and the geographic coverage of the population and of planned programs.
- Increase the productivity of the systems by implementing technical-administrative and legal reforms that will strengthen the organizational and functional structure and the normative and directing authority of the health policy of the Ministries and Secretariats of Health; develop the institutions; improve or establish a flexible administrative regionalization; and supplement the existing installed capacity with the personnel, equipment, and intermediate and general complementary services they are now lacking.
- Conduct research on and test health technologies and production functions in an effort to find those that will be effective and consistent with each country's present socioeconomic and cultural reality and future expectations for development.
- Incorporate planning and its methodological techniques into the administration of the health service system at all its levels, complementing final service programs with complementary programs, those of supportive administrative services, and those of investment in its broadest sense, in those countries that might not have contemplated doing so.
- Increase existing resources where that is consistent with the possibilities for their absorption and full use by the system.
- Explore sources and methods of internal and external financing that will provide support for improving and expanding the health service systems that prove to be necessary for the implementation of the policies formulated. The communities should participate in the direct or indirect financing of the various health services.
- Regulate the sector and its administration to serve as a frame of reference, with such regulation presupposing the organization of a viable national health service system adapted to the needs of each country, and the implementation of the recommendations made in the above points. The participation of the social security medical services is an important element of this system and should be in line with the policy and patterns set by each Government.
- Regionalize the services from a functional standpoint as a means of decentralization, including sufficient delegation of authority so as to facilitate the administrative process, especially with respect to the handling of the budget and personnel (which will also permit coordination of the welfare education function in the health sector with the education sector), and, lastly, coordination with other sectors in regional planning and in planning the main poles of development.

- It is equally important to ensure the active participation of the community - the most productive health resource - throughout the process of organizing the system, using various techniques such as health committees combining the agricultural, education, and housing sectors, according to conditions of each country.
- The implementation of the regional mechanism implies the organization of a network of health services. The network should have, by the close of the decade, approximately 25,000 new minimal health stations and 1,000 additional basic units. Stress is laid on the need for the physician's training to include community practice. What is needed is less information and more training in the preparation of health professionals.
- Apply the concept of progressive care of the patient, based on the allocation of resources to groups of patients according to their need for care (intensive care, intermediate care, minimal care, ambulatory and domiciliary care, which will facilitate the best use of the resources and at the same time permit substantial improvement in the quality of services.
- Intensify the programs designed to improve preventive care activities and environmental conditions, in order to reduce the use of beds for preventable diseases and thus permit the bed resources to be used for cases of morbidity due to irreducible affections.
- Improve the supply of medical care through a system of regionalization enabling distribution of resources according to levels of care. This will make it feasible to apply the principle of providing high quality care on an egalitarian basis to the entire population.
- Plan comprehensively the human, physical, material, and financial resources required for the provision of medical care services.
- Promote the training of administrators for health service systems through postgraduate courses and introduce principles of administration into the undergraduate curriculum so as to ensure up-to-date, scientific administration of the services.
- Increase the hospital resources through a program giving priority to the modernization and expansion of existing establishments and providing for the construction of new buildings only where strictly necessary. The objective will be to enable each country to meet the proposed target of at least one discharge per 10 inhabitants per year and two consultations per inhabitant per year.
- Establish and apply policies for maintenance of buildings, installations, and equipment in all the countries of the Region, so as to enable effective solutions to be found to the problems of maintenance at the national, provincial, and local levels.
- Organize training of specialized maintenance personnel. For this the Hospital Maintenance and Engineering Center in Caracas, Venezuela could be used.

- Creation of regional international mechanisms to ensure the timely production and distribution of supplies (drugs, medical, and surgical equipment, etc.) in adequate quantity and quality, so as to eliminate the present dependence on outside sources for their procurement.

OUTPUT INDICATORS

- Minimum comprehensive services:
 - Population with fewer than 2,000 inhabitants.
 - $$\frac{\text{Total population in localities with fewer than 2,000 inhabitants}}{\text{Total number of elementary units in these localities}} =$$
- Basic Services:
 - Localities of 2,000 to 20,000 inhabitants:
 - $$\frac{\text{Total population in these localities}}{\text{Total number of basic care units in these localities}} =$$
 - Number of beds per 1,000 inhabitants.
 - Localities of 20,000 to 100,000 inhabitants:
 - $$\frac{\text{Total population in these localities}}{\text{Total number of basic care units in these localities}} =$$
 - Number of beds per 1,000 inhabitants.
 - Localities of over 100,000 inhabitants:
 - $$\frac{\text{Total population in these localities}}{\text{Total number of basic care units in these localities}} =$$
 - Number of beds per 1,000 inhabitants.
- Consultations per inhabitant (total country population).
- Discharges per 100 inhabitants.
- Number of countries that have programs in the extension of coverage according to levels for care delivery.
 - Defined.
 - Established.
- Number of countries that have established maintenance programs for buildings, installations and equipment.

III - COMMUNICABLE DISEASES

GLOBAL OBJECTIVE

Maintain smallpox eradicated. Reduce mortality from measles and whooping cough. Reduce morbidity from diphtheria and poliomyelitis. Reduce mortality from tuberculosis. Reduce the rates of mortality from enteric diseases. Reduce the incidence of venereal diseases, especially gonorrhea and syphilis, and eradicate yaws and pinta.

Cut down the incidence of leprosy, typhus, schistosomiasis, oncocerciasis, Chagas' disease, and jungle yellow fever, and keep plague under control. Eradicate malaria in areas where there are good prospects of reaching this goal; maintain eradication where it has already been achieved; apply in the "problem areas" the new techniques derived from research, and give intensive stimulus to research activities. Eradicate Aedes aegypti in the countries and territories still infested, and prevent the penetration of the vector into areas from which it has been eliminated.

OBJECTIVES AND TARGETS

- Maintain morbidity due to smallpox at zero.
- Reduce morbidity and mortality due to diseases preventable by vaccination --measles, whooping cough, tetanus, diphtheria, and poliomyelitis-- to the rates mentioned below, through systematic and integrated vaccination programmes.
- Reduce mortality due to measles, whooping cough, and tetanus to rates of 1.0, 1.0 and 0.5 per 100,000 population, and reduce morbidity due to diphtheria and poliomyelitis to rates of 1.0 and 0.1 per 100,000 population, respectively.
- Reduce mortality due to tuberculosis by between 50 and 65 per cent by combining vaccination of children under 15 years of age with BCG, search, and specialized treatment of patients, using general health services.
- Endeavor to bring venereal diseases under control.
- Eradicate yaws in those countries where this has not yet been achieved.

- Control and if possible eradicate pinta in the Americas.
- Maintain enzootic areas of plague under control in order to prevent extension and possible spread to urban areas.
- Reduce the incidence and prevalence of leprosy, with a view to the consequent decrease in disabilities resulting therefrom.
- Improve the knowledge of viruses prevalent in the Region and in those countries with special problems, such as hemorrhagic fevers (virus of the Tacaribe group), encephalitis, and dengue and intensify research which will make it possible to develop control measures.
- Reduce deaths due to louse-borne typhus in Middle and South America, as well as the number of outbreaks.
- Carry out studies to acquire greater knowledge of the frequency and distribution of Chagas' disease and schistosomiasis and promote their control.
- Reduce present mortality from enteric infections by at least 50 per cent, with particular emphasis on infants and young children.
- Eradicate Aedes aegypti from the countries and territories of the Region still infested, with a view to achieving effective prevention and possibly the elimination of the diseases it transmits. Reduce to a minimum the morbidity and mortality caused by jungle yellow fever.

As regards specifically to Malaria:

- Avoid the introduction of malaria in the areas containing 81.1 million inhabitants where it has been eradicated.
- Achieve eradication in areas containing 74.5 million inhabitants where there are good possibilities for doing so with available resources.
- Interrupt or focalize transmission in areas containing 12.4 million inhabitants where satisfactory progress has not been possible due to financial problems.
- Reduce transmission to the lowest possible level in areas containing 17.3 million inhabitants where progress depends upon the solution of serious operative or technical problems.

APPROACHES

- Vaccinate 80 per cent of the children under five years of age with DPT, anti-poliomyelitis, anti-smallpox and, where applicable,

anti-measles vaccines, without neglecting maintenance vaccination of 80 per cent of those born in the year. In tetanigenous areas, an effort should be made to vaccinate 60 per cent of the pregnant women with tetanus toxoid.

It is recommended to:

- i Utilize combinations of vaccines whenever possible.
 - ii In countries capable of providing adequate surveillance, smallpox vaccination might be restricted to the high-risk population group.
- Vaccinate 80 per cent of those under 15 years of age with BCG; attempt to treat all the detected cases of tuberculosis, mainly by utilizing the techniques and activities of the ambulatory medical care services; examine with bacilloscope 60 to 75 per cent of persons with respiratory symptoms of more than four weeks duration. All these activities will need to be integrated into properly qualified general health services.
 - Develop and improve venereal disease control programmes, including epidemiologic surveillance, special care being given to diagnosis and prompt treatment, particularly by means of regular serological research in clinics, maternal and child health centers, employment bureaus, etc.

It is recommended to:

- i Develop and improve clinical services, including laboratories.
 - ii Develop broad programmes of community health and sex education, with special reference to school levels, in order to enlist the active participation of the community in solving the problem.
 - iii Promote and encourage research into new control methods, especially the intensification of studies designed to produce vaccines against venereal diseases and discover new diagnostic methods.
- Evaluate the current status of yaws in those countries where its presence is known or suspected, and intensify programmes for diagnosis and treatment of the sick and contacts, with a view to eradication.
 - Assess the present prevalence of pinta in those countries where the disease is known to exist or has existed.

It is recommended to:

- i Train personnel to increase their clinical awareness and ability to diagnose, treat, and control pinta.
 - ii Include pinta in all programmes of research on the treponematoses where the disease exists or has existed.
- Develop or improve epidemiologic surveillance services in enzootic areas of plague.

It is recommended to:

- i Adopt measures to protect the human inhabitants of these areas.
 - ii Stimulate ecological investigations and research to find vaccines or other appropriate prophylactic measures.
- Develop and improve programmes for the control and epidemiological surveillance of leprosy, as well as for the specialized training of personnel, both professional and auxiliary, in this field.

It is recommended to:

- i Develop and improve clinical services, including rehabilitation, personnel training, and research development.
 - ii Improve the diagnosis and classification of leprosy, thus facilitating the compilation of more accurate epidemiologic data.
 - iii Establish a regional training and research center with a view to defining a uniform methodology for leprosy control.
 - iv Establish pilot field units to carry out epidemiologic research on the disease.
 - v Treat, as far as possible, up to 100 per cent of the infectious (lepromatous, dimorphous or indeterminate) cases.
 - vi Promote epidemiologic surveillance and treatment of at least 75 per cent of all contacts.
 - vii All these activities will need to be integrated into properly qualified general health services.
- Establish a surveillance system for the rapid detection and identification of outbreaks of human arbovirus diseases in the Americas.

It is recommended to:

- i Carry out periodic serological surveys in those countries where arboviruses are known to be active, using selected human populations in order to determine their immunity status to the known arboviruses of the area.
 - ii Establish a surveillance system for locating and identifying outbreaks caused by viruses of known pathogenic importance for man.
 - iii Conduct periodic investigations of rodents in countries of Middle and South America to detect the presence of known Tacaribe group viral agents known or suspected to be pathogenic in man.
 - iv Establish effective systems for the reporting of morbidity from serum and infectious hepatitis in each country of the Americas during the decade and carry out studies designed to ascertain their incidence and prevalence.
 - v Institute routine screening of blood donors for HAA antigen in all the major cities in Central and South America that have blood bank facilities.
 - vi Establish strategically located centers for the production and distribution of human immune globulin to be used as a preventive measure against infectious hepatitis, and set up the machinery to ensure that all countries requiring this production benefit from it.
 - vii Encourage the expansion of the laboratory network that constitutes the system of epidemiological surveillance of influenza.
- Intensify surveillance of louse-borne typhus and continue experiments with attenuated-strain vaccines with a view to administering such vaccines generally to populations exposed to the risk.

It is recommended to:

- i Make proper studies of vector resistance to insecticides.
- ii Develop national laboratories for diagnosis of rickettsial diseases in the affected countries.
- iii Train national epidemiologists and clinicians in the surveillance of louse-borne typhus in order to detect outbreaks and to evaluate the effectiveness of vaccine field trials.

- iv Promote laboratory and epidemiologic research with a view to obtaining precise knowledge of the incidence of Q fever, murine typhus, and Rocky Mountain spotted fever in the Region.
- Continue studies of diagnostic techniques in order to achieve uniformity of diagnosis; promote research in effective therapeutic drugs and new control methods and their evaluation.

It is recommended to:

- i Incorporate the respective control programmes into the regional economic development programmes.
- ii Intensify activities in environmental health and the construction of hygienic rural dwellings.
- iii Promote active participation of the community in parasitic disease control programmes.
- Intensify surveillance of intestinal parasitosis and enteric infections (including cholera), in combination with activities related to environmental sanitation, food quality control, and medico-sanitary care, to bring about a decrease of such diseases.

It is recommended to:

- i Assure the availability of facilities for laboratory diagnosis and for adequate supplies of drugs and other therapeutic apparatus (hydration equipment).
- ii Conduct studies directed toward discovering new methods for the treatment and control of typhoid fever, with special attention to the problem of resistant strains to antibiotics.
- iii Establish programmes for the control of diarrhea in children especially those under two years of age.
- iv Establish an epidemiologic surveillance system to detect any suspected cases of cholera, to confirm the diagnosis, and to apply the treatment and control measures indicated.
- v Take the necessary steps to assure availability of the antibiotics and rehydration agents necessary for the early treatment of any possible cases of cholera.
- vi Train personnel for the surveillance, laboratory diagnosis, and treatment of cholera.

- Intensify the yellow fever immunization programmes in the most exposed populations, especially those living in jungles in the enzootic areas and persons who enter these areas.
- Initiate eradication of Aedes aegypti activities in 10 countries; endeavor to solve the problems that are hindering the progress of the attack phase in 12 countries; and complete eradication in 10 countries.

It is recommended to facilitate the acceleration of the Aedes aegypti eradication programme, that the Government allocate appropriate resources specifically to that programme.

Actions to Supplement the Foregoing Activities

Supplementary Services:

Develop and perfect the laboratory services in all their aspects (production, diagnosis and research, nursing, and most particularly epidemiologic surveillance).

Infrastructure:

Perfect the infrastructure of the health services with respect to the organization of information services, administration, manpower training, and updating of technical standards, which will make it possible to develop evaluation programmes and activities. Allocate funds to ensure the availability of well-qualified personnel and the flow of material to carry out these programmed activities.

Research:

Promote epidemiologic and operations research with a view to improving the direction and administration of the programmes.

International Collaboration:

Give particular emphasis to stimulating international cooperation, by means of bilateral or multilateral agreements between countries, through international health agencies, for the purpose of strengthening the management side in communicable diseases control programmes and promote the studies needed for the establishment of a bank for vaccine and other biologicals to meet the needs of the countries of the Region.

As regards specifically to Malaria:

- Improve the surveillance system and its capacity to eliminate all possible infection foci created by imported cases.
- Intensify the application of measures presently being applied, under strict supervision. Develop a surveillance plan against malaria following the general outlines established for the areas where the disease has already been eradicated.
- Assign the necessary resources for the application of the available attack and surveillance measures that have proved successful under the existing epidemiologic conditions.
- Apply the most effective available methods, after adapting them to the local social and epidemiologic conditions and to the economic development plans of the countries involved. Intensify research activities aimed at developing more effective or less costly methods that may be applied as alternative or supplementary measures. To this end, the Organization collaborates with the countries and maintains a broad research programme with other organizations aimed at discovering new campaign methods (chemical, biological, immunological, genetic) that may make it possible to eradicate malaria in areas affected by technical problems.
- Increase coordination of antimalaria services with institutions such as the following whose activities may have an influence on the incidence of malaria:
 - i With the general health services, with a view to establishing an adequate surveillance system suited to the epidemiologic characteristics of each area.
 - ii With the urban and rural development services, to reduce or eliminate vector breeding areas.
 - iii With the agricultural and livestock services, to regulate the use of insecticides.
- Ensure the financing of malaria eradication programmes through the permanent and flexible participation of international agencies in the form of financial resources, equipment and material, and the creation of emergency funds.
- Intensify intercountry cooperation to ensure, particularly in border areas, the harmonious development of the different phases of the malaria eradication campaign to be achieved during the decade, including research activities.

OUTPUT INDICATORS

Smallpox:

- Number of cases.
- Primary vaccinations per 1000 inhabitants.

Measles:

- Deaths per 100,000 inhabitants.
- Percentage of children under 5 years that have been vaccinated.

Whooping Cough:

- Deaths per 100,000 inhabitants.
- Percentage of children under 5 years that have received the complete series of doses of vaccine.
- Average number of doses of vaccine received by each child 0-4 years.

Tetanus:

- Deaths per 100,000 inhabitants.
- Percentage of children under 5 that received the complete series of doses of vaccine.
- Percentage of pregnant women living in tetanus areas who are vaccinated against tetanus.

Diphtheria:

- Cases per 100,000 inhabitants (incidence).
- Percentage of children under 5 that received the complete series of doses of vaccine.
- Average number of doses of vaccine received by each child 0-4 years.

Poliomyelitis:

- Cases per 100,000 inhabitants (incidence).
- Percentage of children under 5 years that received the complete series of doses of vaccine.
- Average number of doses of vaccine received by each child 0-4 years.

Tuberculosis:

- Deaths per 100,000 inhabitants.
- New cases per 100,000 inhabitants (incidence).
- Percentage of children under 5 years of age vaccinated with BCG.
- Percentage of new cases initiating treatment.
- Percentage of new cases initiating treatment in out-patient clinics.
- Bacilloscopies for the diagnosis of tuberculosis per 100 first visits of patients of 15 years or more to out-patient clinics.
- Percentage of all the hospital beds of the country assigned for the treatment of tuberculosis.

Enteric Infections:

- Deaths per 100,000 inhabitants.
- Deaths of children under 5 years due to diarrheal diseases, per 100,000 children of this age group.

Venereal Diseases:

- Cases of syphilis per 100,000 inhabitants.
- Cases of gonorrhea per 100,000 inhabitants.
- Contacts investigated per 100 contacts declared.

Yaws:

- Number of cases (incidence).

Pinta:

- Number of cases (incidence).

Leprosy:

- New cases of leprosy diagnosed per 100,000 inhabitants.
- Cases on register per 100,000 inhabitants (prevalence).
- Percentage of infectious cases under treatment.
- Percentage of contacts under surveillance and treatment.

Louse-Borne Typhus:

- Number of cases (incidence).

Schistosomiasis:

- Known cases per 100,000 inhabitants (prevalence).

Onchocerciasis:

- New cases per 100,000 inhabitants (incidence).

Chagas' Disease:

- Known cases per 100,000 inhabitants (prevalence).

Jungle Yellow Fever:

- Number of cases (incidence).
- Existence of vaccination programmes for the exposed population.

Plague:

- Number of cases (incidence).

Malaria:

- Cases per 100,000 inhabitants (incidence).
- In areas where eradication has been achieved:
 - Percentage of this population under maintenance of the eradication programme.
- In areas for which there are good prospects for eradication with available resources:
 - Percentage of this population for which eradication will be attained.
- In areas where no satisfactory progress has been made due to financial problems.
 - Percentage of this population for which transmission is interrupted.
 - Percentage for which transmission is focalized.
- In areas where progress depends on the solution of serious operational technical problems.
 - Cases per 100,000 inhabitants (incidence) in populations of the originally malarious area.

Aedes aegypti:

- Percentage of area in the maintenance phase.
- Percentage of area in the consolidation phase.
- Percentage of area in the attack phase.
- Percentage of area in the preparatory phase.

IV - MATERNAL AND CHILD HEALTH AND FAMILY WELFARE

GLOBAL OBJECTIVE

Develop sectoral and promote intersectoral programs in order to:

- Reduce mortality in children under one year of age.
- Reduce mortality in children from one to four years of age.
- Reduce maternal mortality.
- Offer families the opportunity --provided this is not a variance with national policy-- to obtain adequate information and services on problems related to fertility and sterility.

OBJECTIVES AND TARGETS

Reduce the risks of illness and death to which mothers and children are currently exposed, and extend the coverage of maternal and child health services.

With regard to reduction of risks:

- Develop sectoral programs and promote intersectoral programs in order to:
 - i Reduce mortality in infants under one year of age by 40 per cent, within a range of 30 to 50 per cent.
 - ii Reduce mortality rates among children one to four years of age by 60 per cent, within a range of from 50 to 70 per cent.
 - iii Reduce maternal mortality by 40 per cent, within a range of from 30 to 50 per cent.

With regard to expansion of services, the formulation of goals for coverage, and minimum concentration, it is recommended:

- Attain coverage of 60 per cent for prenatal care, 60 to 90 per cent adequate care at delivery, 60 per cent for postpartum care.

- Attain coverage of 90 per cent of children under one year, 50 to 70 per cent of children one to four years, and 50 per cent of children of five years of age.
- Formulate, within the national policy, plans and means which contemplate integral protection of the family by providing adequate information and services concerning problems related to fertility and sterility.

APPROACHES

To attain these goals the following should be undertaken:

- Develop an intersectoral policy for family and maternal and child welfare. This policy should include measures to guarantee their civil and juridical rights, as well as regulations to ensure economic, social, and working rights. This plan should also promote during childhood and early youth adequate recreational activities and opportunities for education and vocational orientation. The policy should involve the execution of programmed activities in maternal and child health care.
- This medical health programme must be universal in coverage, efficiently operated, and readily accessible geographically, institutionally, and financially.

To this end the following measures should be considered:

- Establish and/or strengthen within national health organizations in all countries of the Region the technical units responsible for activities in the field of maternal and child health and family welfare.
- Develop the programme as a continuous whole. It must include the various activities necessary for the protection of the family and especially the mother and child; family life education, particularly for adolescents; the care of gynecological problems, including venereal diseases; the early diagnosis and timely treatment of cancer of the cervix, uterus, and breast; offering families the opportunity --provided this is not at variance with national policies-- to obtain adequate information and services on problems related to fertility and sterility; the care of both mother and child during pregnancy; care during labor and after-birth; and the care of the newborn and children through the various stages of childhood, but especially during the first year of life.
- Adopt systems for regionalization of services, based essentially on the principle of multidisciplinary teamwork, including empirical midwives, and on delegation of functions, with adequate training and supervision.

- Formulate programmes or subprogrammes for specific health conditions within the maternal and child health programmes when the magnitude of the problems and local and/or regional characteristics warrant them (examples: control of infant diarrheas, respiratory infections, cervical cancer, etc.).
- Promote programmes of extension of maternal and child health and family welfare services when required by circumstances.
- Incorporate periodic and timely data on coverage of programmes of maternal and child health and family welfare in the statistical system.
- Prepare an operational timetable for the coverage goals according to which the programme will be extended progressively, with priority given to areas with greatest likelihood of reduction of risks.
- Stimulate the production, in each country or through a subregional framework, of medications, materials, and supplies for maternal and child health care.
- Create and expand regional and subregional courses for the training of personnel concerned with programme direction and administration of maternal and child health and family welfare services.
- Establish, disseminate, and interchange technical standards in maternal and child health.
- Develop regional systems to accomplish these tasks by means of multidisciplinary teams, including midwives, which may delegate functions to adequately trained and supervised assistants.
- Develop professional and assistant personnel based on a system of continuous training.
- Encourage and conduct basic applied research directed toward improving the operational capacity of these services.
- Establish an efficient system of supervision based on a rational evaluation method.
- Encourage active community participation in each stage of the programme.
- Utilize local resources to the greatest extent possible, for example, through development and operation of "mothercraft centers," nursery homes, day-care centers, and centers for educational and nutritional recuperation, as a means of promoting and augmenting professional care of the mother during childbirth, and of the child.

- Develop and conduct short intensive courses for personnel in maternal and child health, preferably in rural areas and under current conditions of work, with the assistance of international experts working with local instructors who will ensure the continuation of the training activity.

- Improve the registration and analysis of basic demographic data within existing services.

- Organize, provided it is in agreement with the national demographic policy, activities in order to make available to families willing to use them, services related to fertility and sterility.

- i Contribute to the reduction of illicit abortion.

- ii Diminish maternal and perinatal risk associated with high parity, excessive age or youth of the mother, or inadequate intervals between pregnancies.

- iii Reduce anxiety and fear consequent to the inability to plan the family as desired.

- Develop programmes including the following activities:

- i Studies and research of the epidemiology, control, and medical care connected with problems of fertility, sterility, and high risk for mothers and infants.

- ii Provision of fertility and sterility services in the context of maternal and child health, including public information and educational programmes.

- iii Medical demographic programmes in pre and postgraduate professional education and technical training of professional and auxiliary personnel participating in the activities.

To the extent that fertility and sterility activities continue a part of the maternal and child health and family welfare policy of the countries, they will contribute toward producing the social and economic effects mentioned previously.

New attitudes, forms of conduct, and scales of values related to fertility have arisen as a result of the economic and social transformation occurring in the developing countries. The entities responsible for over-all planning of economic and social development must take these changes into account. Moreover, these entities may decide to adopt appropriate demographic policies when the process of economic and social change indicates such a policy is needed or desirable.

OUTPUT INDICATORS

Mortality:

- Infant mortality: deaths of children under one year per 1000 live births.
- Mortality of children 1-4 years: deaths of children of 1-4 years per 1,000 in this age group.
- Maternal mortality: maternal deaths per 1000 live births.

Coverage of services:

- Percentage of pregnant women receiving prenatal care.
- Percentage of deliveries occurring in hospitals.
- Percentage receiving postpartum care.
- Percentage of children under one year receiving care.
- Percentage of children 1-4 years receiving care.

Number of countries that have established inter-sectorial policies of family, maternal and infant protection.

V - NUTRITION

GLOBAL OBJECTIVE

Reduce the prevalence of nutritional diseases and achievement of an optimum nutritional status for the entire population.

OBJECTIVES AND TARGETS

- Reduce the current prevalence of II degree protein-calorie malnutrition by 10 to 50 per cent (30 per cent regional average) and of III degree malnutrition by 75 to 95 per cent (85 per cent regional average) among children under five. In those countries where this is possible, targets could be set separately for infants and children one to four years of age.
- Reduce the current prevalence of nutritional anemias by 30 per cent, and eliminate endemic cretinism.
- Reduce the current prevalence of hypovitaminosis A by 10 to 50 per cent (30 per cent regional average) among vulnerable groups.
- Reduce the current rate of increase in prevalence of diseases associated with overweight, namely, cardiovascular diseases, obesity, and diabetes.

APPROACHES

The following activities are suggested:

- Promote and contribute to the establishment of legislation to organize planning and technical support structures for the formulation of food and nutrition policies, and define principles and methods for the formulation and implementation of such policies.
- Promote and contribute to the formulation of biologically oriented national policies on food and nutrition and execute coordinated intersectoral programmes implementing such policies in at least 75 per cent of the countries.
- Strengthen technical nutrition units in the health structures as follows: at the central level (Ministries of Health), 100 per cent; and at the intermediate level, 60 per cent.

- Train personnel for nutrition services, as follows:

- i Increase nutrition specialists currently working as professionals in the health sector services (medical nutritionists and nutritionist-dietitians) by 50 to 90 per cent (70 per cent regional average).
- ii Appoint the necessary number of fulltime nutrition specialists in 100 per cent of the schools of nutrition and dietetics and in 80 per cent of the schools of medicine, public health, and nursing.

- Establish a complete and reliable system for the diagnosis and epidemiological surveillance of the nutritional status in all the countries.

- Organize and execute programmes for the prevention of nutritional diseases, promoting the active participation of the community with special emphasis on the following aims:

- i Establish guidelines for nutrition activities and incorporate these in the health services at all levels, particularly in maternal and child health programmes, in 100 per cent of the countries.
- ii Coordinate and achieve effective coverage in supplementary feeding programmes for the vulnerable population groups in at least 50 per cent of the countries, and develop mass feeding programmes.
- iii Develop information and nutrition education programmes, including consumer guidance, through mass media (TV, radio, press), and collaborate in their implementation. The participation of the organized community should be sought in this connection.
- iv Promote, advise, and collaborate in the development of nutritional education programmes offered throughout the entire educational system.
- v Establish effective programmes for salt iodization and the use of iodized oil in all the countries of the Region where goiter presents a public health problem.
- vi Promote the enactment of legislation, where needed, to assure effective fortification of selected basic foodstuffs with iron, vitamin A, vitamin B complex, protein, or aminoacids.
- vii Incorporate nutrition activities connected with the prevention of cardiovascular diseases, diabetes, and obesity in the health programmes of all the countries where these conditions constitute serious problems.

- Appoint at least one nutritionist-dietitian in all hospitals with 100 or more beds, in 80 per cent of the countries of the Region.
- Promote the development of programmes for the production of low-cost conventional and nonconventional foods of high nutritional value, especially for weaning children, in accordance with the latest technological advances in food production.
- Promote the development of programmes to simplify methods of food marketing, including cooperative systems, permitting both producer and consumer to enjoy more favorable prices for food products.
- Intensify research in the field of food and nutrition with emphasis on the following specific areas:
 - 1 Research into simple techniques, procedures, and methods for periodically evaluating the nutritional status of the population; on the factors and characteristics that determine growth and development in children; methodological studies of different types of nutrition and food programmes, including cost-benefit analyses of supplementary feeding and nutritional education programmes and of programmes for prevention of endemic goiter, hypovitaminosis A, and nutritional anemias; epidemiologic studies on the relationships between nutritional status and infectious diseases and the prevalence of cardiovascular diseases and diabetes; and lastly, research on the development, production, and marketing of nonconventional foods of high nutritional value and low cost.

OUTPUT INDICATORS

Protein-calorie Malnutrition:

- Percentage of children under 5 years suffering from grade II protein-calorie malnutrition.
- Percentage of children under 5 years suffering from grade III protein-calorie malnutrition.

Nutritional Anemias in Pregnant Women:

- Percentage of pregnant women suffering from nutritional anemias.

Endemic Goiter:

- Prevalence of goiter (per cent).
- Prevalence of cretinism (per 100,000 population).

Hypovitaminosis A:

- Prevalence of hypovitaminosis A (per cent).

Number of countries that have established:

- National food and nutrition policy, biologically oriented.
- Supplementary feeding programmes with coverage of the most vulnerable groups.
- Iodized salt and iodized oil programmes.

VI - OTHER FIELDS

GLOBAL OBJECTIVES

As far as the availability of resources permits and in accordance with national policies, each country should establish priorities and targets corresponding to chronic diseases, cancer, mental health, dental health, and rehabilitation.

Pay special attention to the medico-social effects of the growing dissemination in some countries of the use of alcohol and dependency-inducing drugs, and the increase in mental health problems caused inter alia by urbanization and industrialization.

OBJECTIVES AND TARGETS

1. Chronic Diseases.

- Reduce the incidence of preventable chronic diseases.
- Encourage early diagnosis and timely treatment of chronic ailments.
- Meet the total spontaneous demand for services required by this type of disease, including as far as possible suburban and rural areas.
- Conduct epidemiologic investigations so as to obtain better knowledge of the problem with a view to adequate planning of resources for control programs.
- Reduce case fatality rates from cancer of the cervix and corpus uteri, breast and larynx, and other neoplasms in which early diagnosis and timely treatment make such a reduction possible.
- Conduct epidemiologic research for the purpose of identifying the causal agents of the various types of cancer, and in particular the environmental, nutritional, and genetic factors associated with gastrointestinal cancer.

2. Mental Health.

- Improve the quality of primary prevention and care provided in psychiatric services and the accessibility of those services to the population, integrating these activities into the basic health services, with a view to attaining, as a minimum, a 60 per cent coverage of the population.
- Include mental health promotion and primary prevention in all health activities implemented.
- Reduce the trend toward an increase in alcoholism and drug dependence by making available preventive treatment and rehabilitation services covering the entire population.

3. Dental Health.

- Reduce dental morbidity, especially of caries as a prevalent disease and one that compounds the dental problem, and modify the components of the morbidity index.
- Increase dental care coverage in both urban and rural areas, giving priority to care for children.
- Achieve water fluoridation in cities of 50,000 or more population and develop as far as practicable a system for fluoridation for other areas.
- Intensify and stimulate dental education activities in all health programs and introduce dental education into school curricula for children and adolescents.
- Restructure occupational categories with an increase in the ratio of auxiliaries to professionals and diversification of manpower according to national and local situations.
- Establish various models of dental practice ranging from individual practice to integrated teamwork.
- Promote and stimulate the training of intermediate-level personnel whose inclusion in the dental health team will enable real and significant progress to be achieved against the most prevalent dental disorders during the next decade.

4. Health and Radiation.

Procure the maximum benefits from the use of radiation while controlling its inherent hazards.

5. Medical Rehabilitation.

Include, in all medical care programs, basic rehabilitation services to ensure that the disabled persons being served by them can return to as normal a life as possible.

APPROACHES

- Organize technical units on chronic diseases in the Ministries of Health of all those countries where the magnitude of the problem justifies such action
- these offices to be responsible for setting policies and specific standards and for overseeing compliance therewith, with emphasis on epidemiology.
- Ensure continuous treatment of chronic patients, especially for cardiovascular diseases and diabetes, and wherever possible set up special clinics

for that purpose as part of the general health services. Organize and distribute appropriately among the urban hospital centers, intensive care units for the timely treatment of emergency coronary and bronchopulmonary cases.

- Organize comprehensive educational programs to combat pernicious habits and thus reinforce preventive measures in the control of chronic diseases and cancer. One example, inter alia, is that of measures against the cigarette smoking habit.
- Incorporate the epidemiology of chronic diseases into general epidemiologic surveillance programs.
- Place due emphasis on rehabilitation of the chronically ill, whether wholly or partially recovered, with a view to integrating them in the life of the community.
- Give priority to training of epidemiologists in the field of chronic diseases and cancer.
- Provide cancer treatment centers with the facilities and services necessary for their operation, centralizing resources for treatment by ionizing radiation.
- Intensify and coordinate the teaching of clinical oncology in schools of medicine and dentistry, and conduct periodic refresher courses in that subject for general practitioners.
- Establish 10 cancer epidemiology centers, located in those countries where the seriousness of the problem warrants it, with a view to creating a coordinated information system to provide support for multinational research.
- Promote the definition of a mental health policy with special emphasis on primary, secondary, and tertiary prevention.
- Establish a precise diagnosis of the mental health situation through epidemiologic surveys on mental disorders, alcoholism, and drug dependence, using a methodology that makes findings comparable and stimulating exchange of information among the various countries.
- Promote for each country a ratio of psychiatric beds per 1,000 population consistent with its requirements, giving priority to ambulatory treatment and short-term hospitalization, preferably in general hospitals.
- Create technical services for mental health in those Ministries of Health which do not have them, as an integral part of the general health services.
- Establish each year five new community mental health centers in cities with a population of 100,000 or more, integrating them into the local health services and stimulating the active participation of the community in regard to them

- Organize existing psychiatric services to ensure one psychiatrist per 100 beds and one specialized psychiatric nurse per 500 beds. Every hospital specializing in mental health should initiate continued educational programs in psychiatric nursing. Rehabilitation programs in mental health hospitals should be included.
- Update laws relative to mental, epileptic, retarded, and drug-addicted patients not only with regard to services rendered but also in order to uphold the rights of the patients.
- Provide that a minimum of 5 per cent of the beds in general hospitals be reserved for mental patients.
- Organize national services to combat alcoholism as part of the general health services, at the rate of one per year.
- Train 5,000 psychiatrists within 10 years by means of three-year courses.
- Qualify 5,000 doctors in basic psychiatry to service communities of less than 20,000 inhabitants.
- Establish international centers for the training of health personnel in mental health work, at professional and intermediate levels.
- Establish annual postbasic courses in psychiatric nursing in at least 10 countries.
- Stimulate the teaching of mental health in schools of medicine and other health sciences, at the undergraduate level and also in-service training.
- Provide one occupational therapist for each 50 psychiatric beds and a total of 2,000 such therapists through in-service training.
- Provide, as a minimum, the services of one professional occupational therapist per psychiatric institution, training these personnel by means of psychiatric rehabilitation courses.
- Provide training on mental health problems, particularly in the fields of prevention, and of alcoholism and drug dependence, to other sectors such as education, justice, agriculture, etc., with particular emphasis on the teaching profession, labor organization leaders, youth organizations, and other groups active in the community.
- Modernize treatment especially through the use of techniques of the collective type.
- Promote reallocation of the relevant financial resources so as to give emphasis to programs outside the hospital.
- Recommend to the countries that their Governments approve the Protocol adopted in the Vienna Convention of 1971, which establishes regulations

concerning legal production of and trade in psychotropic substances, and proposes measures to combat illicit traffic.

- Invite Member Governments to cooperate in the development and implementation programs to tackle the problems caused by drug dependency in the Americas and thus collaborate and assist in the epidemiologic studies proposed by PAHO and WHO.
- Intensify educational activities at all levels, especially among young people.
- Define a dental health policy and create and/or strengthen dental units with regulatory, supervisory, and evaluation responsibilities at the national level, in the Ministries of Health of all the countries.
- Give priority to programs for the supply of fluoridated drinking water to at least 40 per cent of the population, and treat table salt with fluoride in countries that have centralized salt distribution systems or other systems whereby the benefits of preventive measures of proven effectiveness could be extended to communities not at present covered.
- Develop institutions and programs for the training of dental health personnel, special emphasis being laid on quality, productivity, and coverage, in accordance with the need for dental care services and conditions in the different countries. The personnel to be trained should be diversified - professional, intermediate and auxiliary - and trained to work as a team together with laboratory technicians and equipment maintenance personnel. The goal is to have a corps of at least 75,000 dentists by 1980 (with an approximate dentist/population ratio of 2 per 10,000), and of 82,000 auxiliaries (with an auxiliary/dentist ratio of 1:1), so as to make it possible by that date to have approximately one dental "unit" per 3,500 persons.
- Develop regional programs for the countries of the Americas, to train instructors for intermediate-level and auxiliary personnel, so that they may return to their countries and organize courses in either the dental or the public health schools according to the decision of each country.
- Promote programs for the design of simplified equipment and instruments and for the study and control of dental materials and of different dental care models, with a view to reducing costs and increasing the efficiency of dental services.
- Promote administrative, applied, and operational studies on personnel, tasks, techniques and equipment, time and motion and cost-benefit that may help to increase the productivity of dental services; and establish a regular system for the international coordination of the design and use of dental health systems.
- Support comprehensive studies on the planning, design, and administration of regional dental health systems, including an analysis of the health situation, increase in resources, institutional development and action, and mechanisms for dental innovation and evaluation.

- Promote epidemiologic and basic research on the prevalence, causes, and prevention of caries - for example, to ascertain their microbial origin and to study the possibility of developing preventive vaccines.
- Promote nation-wide epidemiologic studies of oral diseases in those countries where none have been undertaken, and supplementary studies in others, using the same methodology so as to make comparative studies possible. Request the Pan American Health Organization to determine, through an expert committee, the universal pattern to be followed by national surveys in order to obtain all the required information by the end of the decade at the latest.
- Intensify dental health education activities.
- Strengthen the activities conducted by national centers in specific areas, such as dental materials, epidemiology, pathology, teaching, applied research, etc., and initiate them where conditions are suitable.
- Take measures for the programmed and rational integration of the available professional staff not yet incorporated into the dental care services.
- Define and solve the problems involved in the optimum use of diagnostic radiology. For this purpose diagnostic radiology studies should be carried out in the Region in order to obtain information concerning their utilization, productivity, and efficacy. Training programs for intermediate-level technicians should be initiated in various countries of the Region, and access to centers of excellence abroad should be facilitated for advanced training.
- Provide the basic professional and technical staff necessary to give radiotherapeutic services to those patients requiring them. One qualified radiotherapist for every 400 new cancer patients who require radiation therapy, one medical radiation physicist for every 800 new patients, and one qualified radiotherapy technician for every 400 new patients should be provided. This would be according to the possible means of each country.
- Maintain the quality of existing services in nuclear medicine, for which purpose the importation and distribution of radioisotopes should be centralized and customs procedures should be facilitated.
- Offer annual courses or seminars in countries where nuclear medicine services are advanced, and provide training fellowships for countries which do not yet have activities in this area.
- Provide a basic radiation protection program in each country of the Region, for which purpose it is necessary to:
 - Identify and evaluate the existing sources of radiation and institute any necessary legislative or regulatory measures.
 - Train personnel necessary for evaluation of radiation hazards and enforce control measures.

- Establish a national health radiophysics laboratory in each country to provide personal radiation dosimetry services for occupationally exposed individuals.
- Establish at the country level an institution or agency for the surveillance of every installation which utilizes ionizing radiation.
- Establish in the countries programs to measure radioactivity of the environment, including the parameters which are considered more significant in each country.
- Train the professional and technical personnel needed in various situations where radiation affects health, through the establishment of educational centers in Latin America and the Caribbean for training and research in each of the following disciplines: radiotherapy, nuclear medicine, radiobiology, and radiation protection.
- Strengthen coordination among the national and international agencies concerned with health and radiation through the establishment of high-level joint commissions.
- Establish national rehabilitation committees to assure coordination among the medical, psychological, social, educational, and vocational rehabilitation units.
- Include the provision of rehabilitation services in all public health programs.
- Establish departments of physical medicine and rehabilitation in all regional and university hospitals.
- Establish physical and occupational therapy, audiology, social therapy, and prosthetic and orthotic services in each health region.
- Establish services for special education, psychosocial rehabilitation, and vocational rehabilitation in all rehabilitation centers.
- Grant special attention to the problems of administration, legislation, financial resources, coordination, and obtainment of equipment and other materials.
- Give priority in the allocation of resources in this area to the training of all the professions that make up the rehabilitation team, by means of agreements, fellowships, and residential schemes, with the advice of PAHO or through intergovernmental arrangements.

VII - ENVIRONMENTAL HEALTH

GLOBAL OBJECTIVES

1. Water Supply and Excreta Disposal Services

Provide water services with house connections for the urban population.

Provide water for the rural population.

Install sewerage to serve the urban population.

Install sewerage systems and other sanitary facilities for the disposal of excreta for the rural population.

2. Solid Wastes

Establish adequate systems for the collection, transport, treatment, and disposal of solid wastes in cities with 20,000 population or more.

3. Environmental Pollution

Establish policies and carry out programs for the control of water, air, and soil pollution, noise abatement, etc., in line with basic environmental sanitation and industrial development and urbanization.

4. Regional Development

Ensure the active and systematic participation of the health sector in the formulation and execution of regional, national, and multinational development plans.

5. Occupational Health

Ensure protection of workers exposed to presumed or recognized occupational hazards.

6. Animal Health and Veterinary Public Health

Help to control and eventually eradicate foot-and-mouth disease in South America and prevent the introduction of the disease into the countries free of it.

Help to reduce the incidence of the most common zoonoses, with special emphasis on rabies, brucellosis, bovine tuberculosis, hydatidosis, and equine encephalitis.

7. Food and Nutrition Policy

Attain in each country the formulation and execution of a food and nutrition policy, biologically based, that will make it possible to reach the nutrition goals, ensuring the availability and consumption of food to satisfy the nutritional needs of all population groups.

8. Quality Control of Foodstuffs

Reduce human diseases and the economic losses caused by biological, physical, and chemical pollution of food and by-products, at the same time maintaining their quality.

9. Quality Control of Drugs

Carry out programs in all the countries for the quality control of both nationally produced and imported drugs.

10. Control of the Use of Pesticides

Reduce morbidity and mortality caused by the improper use of pesticides.

11. Prevention of Accidents

Reduce the proportion of traffic and industrial accidents and of those occurring in the home and in places of recreation and tourist resorts, and thereby reduce the number of deaths and disability cases.

OBJECTIVES AND TARGETS

1. Water Supply and Sewerage

Provide water supply through house connections to 80 per cent of the urban population or, as a minimum, reduce that population currently without water services by 50 per cent.

Provide water supply to 50 per cent of the rural population or, as a minimum, reduce that population without service by 30 per cent.

Provide sewerage service to 70 per cent of the urban population or, as a minimum, reduce that population without service by 30 per cent.

Provide sewerage service or other sanitary means of excreta disposal to 50 per cent of the rural population or, as a minimum, reduce that population without service by 30 per cent.

2. Collection and Disposal of Solid Waste

Establish satisfactory and suitable systems for the collection, transportation, processing, and disposal of solid wastes in at least 70 per cent of the cities with more than 20,000 inhabitants.

3. Air, Water, and Soil Pollution

Establish policies and enact the necessary basic legislation for improving, preserving, and controlling the quality of water, air, and soil resources.

Formulate and execute programs for water pollution control in river basins, coastal waters, and other water bodies where industrial development, urbanization, or other considerations indicate the need for such measures.

Formulate and execute air pollution control programs in urban areas with more than 500,000 inhabitants and in other cities where industrialization or other special considerations justify the need for such measures.

Formulate and execute soil pollution control programs in urban and rural areas where levels of development, industrialization, and land usage so warrant.

4. Noise Control

Develop criteria for the practical regulation of noise, and implement control measures.

Recognize noise as a stress on public health in programs of area planning, industrial hygiene, and traffic regulation.

5. Control of Other Stresses

Establish criteria for the practical regulation of stresses such as excessive vibration, accelerated pace of work and life, congestion, and other modern hazards and inconveniences, and include means for their control in public health programs.

6. Regional Development

Establish a policy through which the health authorities will participate on an integral basis in the definition, formulation, execution, and evaluation of each regional development project.

7. Occupational Health

Protect, by 1975, at least 40 per cent of the working population exposed to risks and 70 per cent by 1980 in the countries with occupational health programs already in operation.

Protect, by 1975, at least 25 per cent of the working population exposed to risk and 50 per cent by 1980 in the countries now ready to start occupational health programs.

8. Animal Health and Veterinary Public Health

Reduce the prevalence of all zoonoses, expand the areas presently declared free of them, strengthen surveillance systems, improve methods of detection, establish new laboratories and strengthen existing laboratories, increase the production and supply of vaccines, develop new effective immunizing agents, and increase the personnel of veterinary medical services.

Promote, reinforce, and strengthen animal health and veterinary public health services so as to ensure proper coordination between the programs of the Ministries of Health and Agriculture in the countries.

Provide adequate additional resources for the specific tasks of the Pan American Zoonose Center and Foot-and-Mouth Disease Center, in order to achieve maximum success in their cooperation with the countries of the Region.

Control and eventually suppress canine rabies in the main cities of Latin America, with a view to eradicating human rabies in those areas.

Control and/or eradicate animal brucellosis and eradicate the infection in man.

Control and possibly eradicate bovine tuberculosis throughout the Americas.

Reduce the prevalence of human and animal hydatidosis and establish preventive programs in areas known to be infected in the Hemisphere.

Know the magnitude of the problem and reduce the incidence and prevalence of leptospirosis in man and in animals.

Reduce the incidence and prevalence of equine encephalitis in the infected countries, particularly in the area of influence of the VEE virus (Caribbean basin, Gulf of Mexico, and adjacent countries).

Control and eventual eradication of foot-and-mouth disease in South America and prevent the introduction of the disease into the countries of the disease-free area.

Epidemiologic surveillance of rabies, encephalitis, foot-and-mouth disease, and vesicular diseases has made it possible to judge how extremely important it is that countries be informed of the course and development of diseases that are transmitted from animals to man in the

various countries of the Hemisphere. Such notification and diagnostic procedures should be extended to other zoonoses such as brucellosis, tuberculosis, leptospirosis, etc.

9. Food Quality Control

Reduce human illness and economic losses caused by the microbial, chemical, and physical contamination of food products, by incorporating food quality control and hygienic activities into general health programs and establishing health standards that will ensure health protection and promote trade between the countries.

10. Drug Quality Control

Plan, develop, and execute in all the Latin American and Caribbean countries, long-range programs for drug quality control, with the necessary legal, technical, and financial support.

11. Control of the Use of Pesticides

Endeavor, during the decade, in each of the Latin American and Caribbean countries to reduce intoxications and human deaths caused by the indiscriminate use of pesticides.

12. Prevention of Accidents

Reduce the proportion of traffic accidents and consequently the deaths and disabilities they cause.

APPROACHES

To achieve the proposed goals, it is necessary to:

Water Supply and Sewerage

- Classify potable water supply services according to the grade of compliance with the norms of quality and efficiency of operation with the object of giving the best services to the population.

- i) Develop national or regional programs for supplying water and sewerage services that are compatible with economic development plans and accelerate institutional development in order to strengthen the responsible agencies and assure sound administrative policies.
- ii) Develop human resources required to carry out the plans and achieve education programs.
- iii) Prepare preinvestment studies and compile information needed to obtain domestic and foreign finance; draft loan applications; and develop methods based on adequate rates policies and sound administrative procedures.

- iv) Develop programs with a view to setting standards for water quality control.
- v) Utilize techniques of "mass approach" and concepts of community self-help to provide water in rural areas and use of revolving funds to finance rural water supply programs.
- vi) Establish a common denominator definition of urban and rural populations in order to facilitate comparability of data between countries and on a regional basis.
- vii) Include preventive planning and training of personnel responsible for providing potable water supply and sewerage services in the routine activities of the corresponding agencies, in order to be able to meet emergencies created by catastrophies and national disasters.
- viii) Ensure that programs of rural housing, agrarian reform, etc. emphasize as a primary objective the provision of potable water and excreta disposal.
- ix) Promote and intensify health education programs through the whole educational systems, especially primary and secondary schools, in order to achieve the maximum effective use from water supply services and sanitary means of waste disposal.

Solid Wastes

- Develop a legal and administrative structure to focus national efforts on solid waste disposal in the metropolitan areas and major cities, and develop national or regional plans to ensure that funds are allotted and the proposed goals met.
- i) Accelerate the development of institutional changes when necessary to strengthen the agencies and guarantee sound administrative procedures; conduct preinvestment studies and compile the necessary information for drafting of requests for internal and international financing.
- ii) Train the personnel needed to carry out the plans and attain the goals through regular and intensive educational programs and adapt, develop, or incorporate technology in order to design economic means for collection, treatment, and disposal of solid wastes.
- iii) Organize educational and information programs to win public support in protecting the environment and help local groups to conduct systematic clean-up campaigns or help in garbage collection and removal operations. Also, establish information systems to determine priorities and trends and anticipate demands for services, evaluate program operations, and develop and modify plans for solid waste removal programs in accordance with the goals proposed.

Environmental Pollution

- Develop basic policies and legislation for the control of air, water, and soil pollution and formulate regional and national pollution control plans, coordinated with national development programs, to ensure proper management of funds and attainment of proposed goals.

- i) Improve existing institutions or, where necessary, establish new ones for the administration of air, soil, and water pollution control programs, and develop the human resources necessary to carry out the programs and achieve the goals through regular, intensive educational programs, adapted to, and developing and incorporating in them modern technological methods.
- ii) Establish information systems by which air pollution data may be compiled as well as improve and expand the Pan American Air Pollution Sampling Network and the local and national surveillance systems.
- iii) Investigate the sources of pollutants and study their long-term effects on the environment and on human health, directly and indirectly. Encourage feasibility studies of low-cost waste treatment methods, such as oxidation ponds for the treatment of municipal and industrial wastes.
- iv) Determine the social and economic impact of water pollution and provide the necessary financial and technical assistance for its control.
- v) Prepare recommendations and guidelines for the initiation of water, air, and soil pollution control until such time as national and international standards of quality are formulated and implemented.
- vi) Prepare compilations of selected existing and prototype pollution control legislation and regulations.

- Evaluate the harmful effects of noise on human health and well-being with respect to the hazard posed to both the individual and the community.

- i) Evaluate the sources of noise in important urban areas and in industrial complexes and formulate recommendations and guidelines or revise existing ones and apply them in programs for reducing noise and its effect on human health.
- ii) Initiate action in the control of excessive noise by determining its sources, thereby developing a practical procedure for operations in this field. (Restriction of horns and open mufflers in automobiles, removal or muffling of noisy machines, acoustic insulation of walls and floors, use of silencing devices, etc.)

- Conduct studies on congestion, pace, routine, and other factors of life in an urban environment; prepare reports as to their effects on physical and mental health; and devise preventive and corrective action.

- i) Identify and examine sources and prevalent forms of vibrations affecting workers and the general public and establish standards on limits of tolerance to them.
- ii) Remain up to date on technological developments posing new threats to human life, such as lasers, ultraviolet frequency waves, and ionizing radiation in order to adopt appropriate means of protection.
- iii) The frequent occurrence of natural disasters and other catastrophes in the Region has imposed on Governments, and especially on the health sector, serious responsibilities in coping with them. The task can be broken down into phases:
 - a) Prevention and action, including the improvement of alerting systems, observation, and communications on a worldwide, regional, and national scale, planning and creation or improvement of national and international structures and lines of operation for the solution of urgent problems at the critical stage;
 - b) Reconstruction, covering the study of special procedures by which the United Nations, international financing agencies, and countries can provide appropriate technical and financial aid through a system which can be put into operation in a short space of time;
 - c) Analysis of weak points in the infrastructure, which are very common in the developing countries and tend to collapse in emergencies. In this connection United Nations bodies and financing and technical assistance agencies in the various countries might urge Governments to make diagnoses, establish priorities, and finance specific projects.

Regional Development

- Define a policy and strategy so that the health sector may participate directly in all pertinent aspects of regional development projects and prepare the respective feasibility studies for the health sector so as to support development plans in the most effective manner.

- i) Promote, support, and carry out professional education programs in environmental matters through formal postgraduate courses, short courses, seminars, in-service training, and dissemination of technical information, with special attention to the development and adaptation of new technology.
- ii) Establish close contact with planning officials to provide information on environmental health, which is required in integral planning, and promote and carry out public information programs with a view to obtaining support of the population for inclusion of health program elements in regional development projects.

- iii) Determine the marginal costs of expansion and health services that may be necessary in regional development projects and include such costs in the budgets of the development projects.

Occupational Health

- Define basic occupational health and industrial hygiene policies and legislation for use at all levels of Government, and establish or improve programs for monitoring, evaluating, preventing, and controlling risks to health in the work environment, and for improving work performance utilizing modern techniques such as occupational psychology, work physiology, and ergonomics.

- i) Emphasize the importance of taking action to control occupational hazards where the measures are evident, such as providing ventilation to prevent inhalation of silica, heavy metals, and organic solvents.
- ii) Assure sufficient and adequate assignment of personnel and other resources to enable achievement of the established goals. Create new agencies, and improve existing ones with the capacity needed to carry out occupational health and industrial hygiene programs, in collaboration with other government agencies, as well as develop sufficient trained personnel, at professional, intermediate, and other levels, through appropriate educational programs in order to ensure more active participation of the employer and employee sectors.
- iii) Establish information systems to evaluate occupational risks and develop methods to prevent accidents or diseases among workers and other persons exposed to such risks. Determine the economic and social costs and benefits of occupational health and industrial hygiene services.
- iv) Recommend to the Governments that they adopt measures designed to ensure that the establishment of policy in the field of occupational health will be the responsibility of Ministries of Health, in cooperation with other Government agencies responsible for supervising its execution.
- v) Obtain assistance from financial or social security institutions for studies leading to the determination of these economic and social costs and benefits.

The targets suggested represent desired over-all regional attainments. For some countries with programs in operation the targets may seem too high, especially by 1980; for others it may be possible to provide specialized occupational health services at a higher level than 70 per cent by 1980.

Animal Health and Veterinary Public Health

- Establish or strengthen the relevant units within each Ministry. This will make it possible to establish and consolidate programs for the control of zoonoses and foot-and-mouth disease, to strengthen and coordinate operational epidemiologic research activities and coordinate the reporting of cases of animal diseases, and to conduct integrated control programs and those of hygiene of foods of animal origin. Funds for the development of the veterinary medical service infrastructure and the training of manpower are essential.

- i) The strengthening of the Pan American Zoonose Center and Foot-and-Mouth Disease Center will enable their activities to be intensified. Their expansion should be directed toward the framing of concrete programs establishing true priorities in the field of zoonoses within each country. Once these programs are established, the Centers should give all the technical advisory assistance possible, covering all the various aspects of each disease.
- ii) Establish programs for the regular vaccination of 80 per cent of the dog population and the control of stray animals, in order to reduce the prevalence of the disease by at least 50 per cent in a period of five years and to eradicate it in 10 years and thus eliminate human rabies.
- iii) Continue to promote research on the part of the Pan American Zoonoses Center, aimed at finding antirabies vaccines for human use which would give an absolute guarantee of the elimination of all risks in preventive antirabies treatment.
- iv) Establish and conduct national control and/or eradication programs with appropriate financial support from the country and from international lending agencies. Countries in which the prevalence is 1 per cent or less should have completed eradication of the disease during the decade, and countries in which prevalence is as high as 25 per cent will have reduced it to less than 2 per cent. The disease in man will be prevented by means of activities aimed at the control of sick animals and of their products in order to ensure appropriate handling and processing.
- v) Establish and/or strengthen bovine tuberculosis control and/or eradication programs in areas with the highest prevalence of the disease, with appropriate financial support from the country and from international lending agencies. It is expected that by the end of the decade countries in which the prevalence of the disease is 1 per cent or less will have achieved eradication. Countries in which the prevalence rate is higher (up to 20 per cent) will have succeeded, as a result of national programs, in substantially reducing the disease and will have been able to establish modified, low-prevalence (1 per cent) areas which will pave the way for eradication.

- vi) Conduct pilot programs for the purpose of developing appropriate procedures for controlling this disease, in accordance with local needs of each country; establish national control and preventive programs based on financial support from international lending agencies in those countries that have defined their procedures and policy for the control of this disease; undertake measures for the control and improvement of slaughterhouses and public and private places in which animals are slaughtered for consumption in infected areas; and take steps to protect the inhabitants of these areas.
- vii) Organize epidemiologic studies designed to accurately define the affected areas. Activities must be undertaken to protect occupational groups at high risk to this disease and develop intensive training of personnel for these activities.
- viii) Expand the activities of control programs in all the affected countries so as to ensure the regular vaccination of 80 per cent of the susceptible horse, ass, and mule population; encourage ecological and epidemiologic research on a national scale and on a cooperative basis between the countries of the affected area; and train personnel in laboratory diagnosis and epidemiologic studies.
- ix) Conduct and strengthen national programs to control foot-and-mouth disease in South America, and coordinate their activities so as to ensure a smoothly run campaign at the continental level. Research must be continued with a view to improving the effectiveness of vaccines. In the disease-free area prevention of the disease will have to be strengthened through national programs established within a unified regional framework, capable of ensuring effective surveillance and with sufficient resources at their disposal to be able to eradicate any outbreak of the disease. Part of this policy will consist in the implementation of a surveillance and control program in the Panama and Colombia border area, with a view to its expansion in the parts of those two countries where the new stretch of the Pan American Highway is to be built.
- x) Give a multinational approach to the control of zoonoses and foot-and-mouth disease in order to ensure possible future eradication of those diseases from the Hemisphere and to facilitate freer trade in food and livestock products within the Region and with countries outside it.
- xi) The education of the community represents one of the most decisive factors in the success of any attack on the zoonoses. Public information campaigns aimed at securing the active participation of the community constitute indispensable factors in all human and animal health programs. Such combined measures are particularly valid in the rural areas, where determined action must be taken to control the zoonoses.

- xii) Note is taken of the urgent need to have full information and technological resources capable of ensuring early diagnosis of exotic diseases which may cause enormous economic losses.
- xiii) Epidemiologic surveillance is not limited to the health aspect alone, but is also concerned with economic factors of the highest importance. Livestock losses represent an effective reduction in animal protein production.

Quality Control of Food Stuffs

- Define clearly the responsibilities of the health sector with respect to food quality control and hygiene in the production, preparation, processing, industrialization, labeling, distribution, sale, and export of food. The definition of these responsibilities will enable each Ministry of Health to clearly and accurately define the needs and scope of its programs on all levels.

- i) Establish and/or strengthen services for food registration and quality control in each Ministry of Health. This service should coordinate its food control activities with those of other official agencies at all government levels and should establish or update health standards for food quality control and food hygiene regulations and ensure that they are enforced.
- ii) Train the necessary manpower to undertake in each country, in accordance with its special characteristics, a food quality control and hygiene program. Special attention should be paid to rodent control and its effects on food conservation in both urban and rural areas. The findings of these studies should be translated into practical, preventive, and monitoring measures.
- iii) Establish health policies and regulations of the technology used in the preparation of each product.
- iv) Endeavor to have each country adopt health standards for food quality control compatible with those established by other Governments and to promote research and other activities for validating the standards.
- v) Incorporate in health education programs activities designed to teach the fundamental aspects of food preservation and hygiene as well as food storage and nutritive value and to conduct concurrently educational programs directed at food industry workers that emphasize the need for cleanliness and strict hygienic practices in food factories, warehouses, markets, and shops.
- vi) Provide sufficient financing, in those countries that require it, to enable food control and registration agencies to maintain efficient programs, the funds for that purpose being obtained in part, at least, from fees charged for health licenses for establishments selling and processing foods, for the registration of prepared foods, and for laboratory analyses.

Quality Control of Drugs

- Establish, in each country, a unified drug control agency or an effective coordinating system with the following functions:

- i) Expeditious drug evaluation and registration, and control of labeling and advertising of domestic and imported products.
- ii) Collection of drug samples at appropriate stages of manufacture and distribution, and analysis of such samples.
- iii) Inspection of the production and distribution of drugs and the importation of medicaments or of the basic chemicals for their production.
- iv) Enforcement of the legal requirements pertaining to drug control, including manufacturing practices and quality control.
- v) Periodic evaluation of registered products and their use, to eliminate drugs which have been superseded in therapeutic value.
- vi) Encouragement of research related to the functions of a drug control program, and publication of the results.
- vii) Attempt to staff national drug control agencies with specially qualified experts in the health sciences who are knowledgeable in drug manufacturing procedures and pharmaceutical quality control, and provide for the advanced training of technical personnel, who should furnish full and constant advice to manufacturers of medicaments on production techniques and quality control.
- viii) Develop and establish uniform quality control standards to encourage the use of comparable products in the countries of the Hemisphere. This should lead to a permanent exchange of information on all matters concerning production, distribution, sale, and use of medicaments. In particular, information should be collected and distributed on costs and registered prices of imported products. Drugs or medicaments sold in international commerce should be accompanied by a quantitative list of medicinal ingredients, indications for use, and recommended dosage. Information should also be available on contraindications for use, known adverse reactions, and data on biological and clinical testing.
- ix) Adopt measures so that the national drug control agencies are provide with necessary financing and adequate laboratory facilities, particularly for the quality control of pharmaceuticals and biologicals, and also for pharmacological and toxicological studies.

- x) Urge that funds be made available in a proportion of not less than 1 per cent of drugs consumed in each country so as to enable the national drug control agencies to acquire an adequate staff for performing activities suitably geared to the volume of drugs consumed in the country, where this may be necessary, and consider means whereby the countries could self-finance their drug control activities.
- xi) Set definitive procedures for assuring that special training is provided for drug control law administrators, drug establishment inspectors, and the various kinds of laboratory specialists needed for testing drugs.
- xii) Establish a Pan American Drug Quality Institute to facilitate the dissemination of new technology; carry on research activities; distribute technical and scientific information; provide advanced training for senior drug analysts from the national drug control agencies in modern instrumental test procedures, microbiological procedures for testing antibiotics, and pharmacological testing, including bioassay procedures; and give technical training to senior inspectors and principal administrators. The senior-level personnel trained at the Institute would conduct similar courses at the national level. The Institute could assume the responsibility also for preparing a technical report or making an analytical study of quality control, which could serve as the basis for the decision of national agencies, one way or another.

Control of the Use of Pesticides

- See that all countries formulate a national policy and enact and strictly enforce legislation to control the use and distribution of pesticides.

- i) Create national committees, composed of representatives of the Ministries of Health, Agriculture, Commerce, and other relevant ministries and institutions, to establish standards for the control of pesticides and programs of activities to be developed by the bodies responsible for ensuring the implementation of these standards.
- ii) Participate in international cooperative efforts to assure the safe and scientific application of pesticides. The development and use of pesticides of low toxicity, easily degradable in the environment, should be encouraged.
- iii) Establish clear standards for the working of labels and the types of containers destined for pesticide distribution.
- iv) Establish and strengthen national centers with fully equipped laboratories in strategic positions in each country to support the enforcement of legislation on pesticide analysis.

- v) Establish as soon as possible, until such recommended legislation can be enforced, centers to train technical personnel in modern procedures for analyzing pesticide residues.
- vi) Encourage research on the early diagnosis and appropriate treatment of intoxications from pesticides and recommend the inclusion of such knowledge in the curricula of medical schools or faculties.
- vii) Provide government services and educational institutions with technical assistance through multidisciplinary teams experienced in analytical, operational, agricultural, health, and environmental aspects of pesticide management.

Prevention of Accidents

- Establish in the countries national bodies to coordinate the work of the institutions in the various public and private sectors dealing with the prevention of traffic accidents; promote a multidisciplinary approach to control and research programs, and assume guiding functions in the execution of programs in this field.
 - i) Conduct studies and research, including epidemiologic and sociocultural research, to determine the nature and scope of the consequences of traffic accidents; their distribution by sex, age, occupation, and marital status of the persons involved; their geographic occurrence; and all other related variables so as to be able to identify the most vulnerable population groups, the places of greatest danger, the kinds of vehicles that have the best safety features, the days and hours associated with the highest incidence of accidents, etc.
 - ii) Promote the approval of laws and regulations based on the particular nature of traffic accidents in each country, as determined by investigations made toward that end, taking into account the three elements mentioned.
 - iii) Promote educational efforts at all levels, ranging from courses in the schools to mass media.
 - iv) Take measures to apply in the Region, to the fullest extent possible, the new techniques, in highway construction being developed throughout the world to meet specific needs under various conditions.
 - v) Improve medical and governmental health services for providing immediate medical aid to accident victims, as one of the decisive ways of reducing traffic accident deaths by at least 50 per cent; minimize the disability resulting from such accidents; and develop programs for the medical rehabilitation of traffic accident victims.

- vi) Establish standards for granting driving licenses in accordance with the prevailing conditions in the country, such as psycho-technic tests.
- vii) Consider the development in the countries of the programs for prevention of traffic accidents as an aspect of the total problem of all accidents and prepare and carry out programs in this field.

OUTPUT INDICATORS

- Number of countries that have established a national policy of environmental preservation and improvement.
- Water supply and sewerage:
 - Percentage of urban population supplied with water through house connections.
 - Percentage of urban population without drinking water services.
 - Percentage of rural population supplied with water services.
 - Percentage of rural population without water services.
 - Percentage of urban population with sewerage services.
 - Percentage of urban population without sewerage services.
 - Percentage of rural population with services for disposal of excreta.
 - Percentage of rural population without service for disposal of excreta.
- Collection and disposal of solid waste:
 - Number of cities with 20,000 inhabitants and over with adequate systems of collection and disposal of solid waste
 - $\frac{\text{Number of cities with 20,000 inhabitants and over}}{\text{Number of cities with 20,000 inhabitants and over}} \times 100 =$
- Air, water and soil pollution:
 - Number of countries that have established programs for air pollution control.
 - Number of countries that have established programs for water pollution control.
 - Number of countries that have established programs for soil pollution control.
 - Number of countries that have established programs for noise control.
- Regional Development Projects:
 - Number of countries that their national development plans envisage regional development programs.
 - Number of countries in which the health sector participates in regional development plans or programs.

- Occupational health and industrial hygiene:
 - Number of countries that have established a policy for the protection of workers exposed to occupational risks.
- Number of countries that have established control programs for the use of pesticides.
- Number of countries that have established food control programs.
- Number of countries that have established quality control drug programs.
- Number of countries that have established national traffic accidents control programs.
- Animal health and veterinary public health
 - Canine rabies:
 - Cases per 100,000 dogs (incidence)
 - Percentage of dogs vaccinated (in large cities)
 - Percentage of stray dogs (in large cities).
 - Brucellosis (bovine):
 - Prevalence.
 - Bovine Tuberculosis:
 - Prevalence.
 - Hydatidosis:
 - Prevalence
 - Percentage of slaughter houses under supervision.
 - Leptospirosis:
 - Existence of the problem in animals (number of countries).
 - Equine encephalitis:
 - Incidence
 - Percentage of equines vaccinated
 - Foot-and-mouth disease:
 - Incidence
 - Phase of the program
 - Percentage of disease-free areas
- Number of countries that have established programs of epidemiological surveillance of zoonoses.

VIII - NURSING

GLOBAL OBJECTIVES

Organize nursing in the countries of the Region as a system in which the level of nursing care and the staffing required to meet the health goals of each country are defined.

OBJECTIVES AND TARGETS

- Establish in 60 per cent of the countries in the Region a nursing system clearly defining the role of nursing, the number and type of nursing personnel required for achieving the goals of national health plans, and the programs needed for preparation of personnel. Determine the type of nurses required by each country in accordance with the national reality and develop the educational programs required.

- Provide the population with safe nursing care in 60 per cent of the hospitals with 100 beds or more and 60 per cent of community health services.

- Achieve an active work force in Latin America and the Caribbean by 1980 of 19 nursing personnel per 10,000 inhabitants. Of this group 4.5 per 10,000 should be nurses. This signifies approximately 700,000 nursing personnel, which represents an increase of 134 per cent in the number of these personnel and an increase of 184 per cent in the number of graduate nurses in Latin America.

APPROACHES

To reach this goal it is necessary to:

- Frame a national policy and prepare key nurses in methods of planning and programming, as a step toward the establishment of a nursing system.

- Establish a mechanism for policy formulation, coordinated planning, and decision-making by nurses, physicians, and health authorities.

- Develop a system for providing the necessary information for planning, conducting, and evaluating nursing services and nursing training programs.

- Promote descriptive and experimental research on the various components of nursing service and education systems for the purpose of developing new methods of providing nursing care, organizing and administering services, and training nursing personnel, particularly intermediate level and auxiliary personnel.

- Include nurses especially prepared in administration in the decision-making groups at national, provincial, and municipal levels and in hospitals and other health services.

- Define the functions of all members of the health team.

- The integral implementation of the nursing care role of nursing personnel in the care of patients in hospitals, outpatient services, and health centers.

- Reduction by 50 per cent of infections acquired by hospital patients.

- Reduction by 50 per cent of hospital-induced accidents and disabling conditions caused by poor nursing care.

- Extension of nursing care in the field of maternal and child health in order to extend coverage to a greater proportion of the vulnerable groups.

- Expand the employment for nursing personnel by gradually increasing the number of nursing posts.

- Accelerate the training of nursing personnel so as to produce 124,917 nurses during the decade (one-third would be trained at the university level and two-thirds at the intermediate level) and of 360,000 nursing auxiliaries.

- Develop in those countries which deem it convenient short careers with the possibility of entering, leaving or re-entering at all levels.

- Establish a regional center and/or national courses for training instructors, administrators, and above all specialists, in various clinical areas of nursing, to ensure that the nurse returns to direct patient care.

- Establish centers for the development of research in nursing.

- Adopt the necessary measures for moderating the emigration of nurses through the improvement of working conditions and financial remuneration.

OUTPUT INDICATORS

- Number of countries that have defined and organized a system of nursing that is based on national health plan requirements.

- Number of countries that have established standards of nursing care that ensure safety of patient's health and life, community services, and hospital.

IX - LABORATORIES

GLOBAL OBJECTIVES

Extend coverage and organize as "systems" the laboratories responsible for diagnosis, production of biologicals for human and animal use, and also of blood banks needed to support health programs.

OBJECTIVES AND TARGETS

- Establish programs for the development of a system of health laboratories in 24 countries incorporated into the health programs in accordance with the structure and extent of their respective services, in order to provide at least minimum laboratory service for every health unit and medical care or preventive care establishment having a physician in regular attendance.

- Expand and improve laboratories that manufacture biological products for human and veterinary use designed for diagnosis, prevention, and treatment of infectious diseases, in order to satisfy, in particular, the present and future national and multinational demand of programs for control of measles, whooping cough, tetanus, diphtheria, poliomyelitis, and smallpox.

- Regionalize organization within the countries of blood banks, including the creation of a central reference laboratory for typing blood groups, and for processing the blood and preparation of its derivatives.

- Develop training and retraining centers for laboratory personnel at all levels.

APPROACHES

To carry out the foregoing goals, it is necessary to:

- Consolidate the programs for the development of health laboratory systems and blood banks in those countries that have begun them, and establish and operate similar programs in the other countries in need of them.

- Improve laboratory facilities for diagnosis of acute and chronic diseases and for performing the tests required under hygiene and food and drug control programs. Establish national and regional bromatological laboratories.

- Consolidate and expand facilities for the preparation and control of biological products for human and veterinary use, intended for the diagnosis, prevention, and treatment of infectious diseases.

- Establish an adequate system for complementing and distributing biological products on a regional scale, based on a preliminary study of demand and costs, which would permit the creation of banks of biological products.

- Adopt new standards, techniques, models, and equipment to ensure the effective operation of diagnostic services, control tests, production of biologicals, and the processing of blood and drugs for medical use.

- Standardize techniques and create the mechanisms necessary for controlling the quality of laboratory results.

- Develop regional reference laboratories which can also be used for the training of professional personnel, through postgraduate courses, to serve as laboratory administrators, instructors, and specialists in laboratory techniques. Make full use in the training program of the resources available in national universities.

- Expand the facilities in the countries for the training and specialization of professional and nonprofessional laboratory personnel, providing adequate means for the preparation of directors, section chiefs, and supervisors, as well as instructors and research workers; establish basic courses for auxiliary personnel, especially for heads of local laboratories, and offer special short-term courses for general auxiliaries.

- Develop a regular system of reporting on laboratory activities so as to permit evaluation of the productivity of the programs and the utilization of resources.

- Grant the necessary priority, in formulating and developing national health plans, to the improvement of health laboratory services. In order to achieve this, it will be necessary to establish services for the maintenance and repair of laboratory equipment; stimulate the manufacture of basic equipment in Latin American and Caribbean countries; and grant the financial resources which will make it possible to fulfill the objectives of the laboratory programs.

OUTPUT INDICATORS

- Number of countries that have defined and established standards for equipment, personnel and operations for laboratories, according to levels of health care.

- Percentage of health units with physicians in regular attendance which have laboratory services in the Region.

- Number of countries that have developed facilities for preparation and control of biologicals for human and animal use.

X - HEALTH EDUCATION

GLOBAL OBJECTIVE

Organize health education as part of the process of active and informed participation of communities in all action for the prevention and cure of disease.

OBJECTIVES AND TARGETS

Consolidate, reorganize, and reorient health education units to enable them to channel the educational process and thus contribute to obtaining the conscious participation of the community in the activities and programs of the services, establishing health education services in countries where they do not exist.

APPROACHES

To this end the following activities are suggested:

- Perfect or define, in each country, the health education policy in line with the health policy of the sector and ensure its inclusion in the legislation.

- Perfect the training of specialized health education personnel, orienting the curricula in line with the sociocultural realities of the countries and the development of the health services.

- Develop and perfect the infrastructure of the health education services, giving them the means to develop adequately the educational component of the health programs.

- Continue studies in depth to enable health education to be included in the health planning process.

- Support the educational process that is being conducted with health workers and with the community, through mass communication media, bringing in other sectors such as education and agriculture, ensuring effective coordinated action by the entire health team and also the active participation of the population.

- Stimulate and advise Ministries of Education with a view to strengthening primary and secondary school curricula and encourage greater participation by the teaching profession in health education.

- Develop appropriate machinery for intersectoral coordination, so that health education activities have a multiplier effect in other related fields.

- Develop and strengthen regional teaching centers in Latin America and the Caribbean area with a view to increasing the number of health educators.

- Establish and strengthen the teaching of health education in postgraduate training at schools of public health.

- Establish and progressively strengthen the teaching of health education in the basic training centers for professional health personnel. Develop and strengthen the teaching of health education in inservice training programs.

- Promote studies and research on the behavior of individual communities in regard to health and on new educational techniques and materials in this sphere.

OUTPUT INDICATORS

Number of countries that have defined and established goals for the development of health education services.

XI - EPIDEMIOLOGIC SURVEILLANCE SYSTEMS

GLOBAL OBJECTIVE

Create and maintain epidemiologic surveillance units in accordance with the national organization and regionalization structure of each country; so as to ensure a continuous supply of information on the epidemiologic characteristics of health problems and the factors governing them, and thus enable timely action to be taken.

OBJECTIVES AND TARGETS

Organize in every country of the Region definitively efficient epidemiologic surveillance and communicable disease control systems according to the infra-structure of the general health services.

APPROACHES

For this it will be necessary to:

- Form and maintain epidemiologic surveillance unit within the respective epidemiology departments, at the central and regional levels, in all countries where such units do not now exist.

- Provide any units formed or already in existence with all resources that would enable them to:

- i) Maintain up-to-date knowledge of the epidemiologic situation of diseases and the factors that condition them.
- ii) Learn and anticipate the evolution of the epidemiologic behavior of diseases.
- iii) Learn and anticipate the evolution of the conditioning factors and their influence on the behavior of each disease.
- iv) Become acquainted with the changes in the course and extent of diseases as a result of the control or eradication programs.
- v) Recommended control measures and evaluate the results.
- vi) Supply the basic epidemiologic knowledge for health planning and programming activities.

- vii) Strengthen and perfect the structures of the health services, particularly the reporting services, so as to provide the collaboration that is indispensable for the surveillance units.
- viii) Develop and perfect the supporting services, particularly the laboratory services.
- ix) See to the training of the manpower needed for the proper functioning of surveillance units, at both professional and auxiliary levels. The goal recommended for a minimum level of efficiency in the general epidemiology services is 0.4 epidemiologists per 100,000 population.
- x) Develop the resources of surveillance in order to detect immediately the introduction of cholera and other quarantinable diseases in the Hemisphere and prevent its propagation.
- xi) Encourage the active participation of the community in health activities.
- xii) Promote and stimulate health education designed to bring about the active participation of communities.

OUTPUT INDICATORS

Number of countries that have defined and established regular epidemiological surveillance programs.

XII - DEVELOPMENT OF THE INFRASTRUCTURE

HEALTH ADMINISTRATION, PLANNING AND INFORMATION PROCESSES, AND INTERSECTORAL COORDINATION

GLOBAL OBJECTIVES

To ensure the achievement of the proposals under the Ten-Year Health Plan, it is essential to:

1. Health Systems

Install and develop in each country a health system adapted to its national characteristics and determined in the light of the sectoral policy.

2. Planning

Establish and expand in each country the health planning process as an integral part of socioeconomic development. Organize systems of information, evaluation and control. Improve health statistics.

3. Operational Capacity

Increase operational capacity at the institutional and sectoral level.

4. Intersectoral Coordination

Promotion of the proper communication among the infrastructure of the various sectors in order to achieve, through coordinated programs, the concentration of intersectoral resources to the high-risk population, with the aim of preventing illnesses and deaths.

5. Research

Undertake research with a view to determining the effects of various alternatives within the sectoral policy and defining methods or techniques calculated to increase the productivity and effectiveness of services. Develop systematic studies on costs, and financing, and sectoral expenditures.

6. Legal Aspects

Submit for consideration to the competent bodies of each country the systematization, regulation, and adaptation of the legal provisions in force in line with the processes of administrative improvement.

OBJECTIVES AND TARGETS

Initiate and improve processes for defining and executing health policies and strategies incorporated into economic and social development policies which support and make it possible to:

- Bring about structural changes enabling the sector to become a system consistent with the political, economic, cultural, social, and technological conditions in each country in order to:

- Obtain maximum efficiency in the health level and structure, with the greatest possible increase in productivity in the services; and
- Facilitate the timely and rational adjustment of decisions by establishing information-evaluation-control and decision-making systems.

The difference between the countries and between regions in the same country with respect to the characteristics of decision-making processes, capacity to absorb techniques, and operational capacity make it necessary to define a health policy, develop sectoral and institutional systems, and improve planning processes in progressive stages according to the particular conditions of each area.

- Initiate and/or improve processes in all countries for defining policies, determining strategy, and planning, executing, and evaluating activities by means of a health system that ensures the rational use of available resources.
- Begin in the health sector, and promote in the other social and economic sectors in all countries, changes that will lead to effective intersectoral communication, with the aim of integrating the health plan within the over-all framework of a national development plan.
- Establish, expand, and improve, in each of the countries of the Region, health planning processes by "levels", which will be incorporated into the economic and social development processes, as instruments of the sectoral policy for providing the health system with guidelines and operational mechanisms.
- Have available essential data of good quality and quantity for planning, administering, and evaluating local, national, and international health programs.

- Each country to develop its own research infrastructure and collaborate fully in regional programs so as to be able to choose, use, and control scientific and technologic developments, as well as to use the power of those disciplines to create a healthier population and work force.
- Analyse the sectoral legal problems within the national legal institutional system, and study the situation in each country, systematically summing up the demands that the technical groups in the various fields of the health sector wish to make in the legal system and identifying the components or levels of this system to which the demands should be directed.
- Define the health problems that call for the establishment of specific rules and regulations or the framing of laws.
- Systematize current legislation and issue corresponding regulations to permit its enforcement.
- Recognize and standardize the relationships with the social control agencies responsible for strengthening the action of the health authority and with those bodies charged with applying the law and the related sanctions.

APPROACHES

In order to achieve these goals, it will be necessary to:

- Have all the countries in the Region define, make explicit, and execute an integral health policy and the corresponding strategies and establish a mechanism for ensuring their timely review and adjustment.
- Create in each country conditions for the operation of a health system adapted to its particular characteristics and consistent with the sectoral policy. To create a health system, it will be necessary to:
 - Initiate and strengthen of administrative reform in the sector and in all its institutions.
 - Develop the operational capacity of the institutions.
 - Establish and develop information-evaluation-control and decision-making systems with the depth and detail required by their administration and planning processes in order to guide decisions and base them on relevant, realistic, and timely data prepared in accordance with the needs of the users at the different policy-making, technical, and administrative levels.

- Establish, expand, and improve, in each of the countries of the Region, health planning processes by "levels", which will be incorporated into the economic and social development processes, as instruments of the sectoral policy for providing the health system with guidelines and operational mechanisms. To do this, it will be necessary to:

- Obtain the full and active participation of all levels of administration of the sector at all stages of the planning process and especially the participation of the community as a whole.
- Promote at the highest structural levels in the social sectors the identification of areas suitable for joint planning permitting communication between sectors and hence over-all intersectoral programming. Indicate the following as joint planning areas to be promoted: i) organization and administration; ii) human resources; iii) physical resources; iv) financial resources; v) technological resources and production of supplies and equipment; vi) legislation.
- Establish in those countries that have not yet done so a simplified planning model, using techniques that are sufficiently flexible and easy to apply to ensure complete national, state, and regional coverage and thereby make it possible to:
 - i) Obtain a tentative overview of the situation.
 - ii) Detect bottlenecks that restrict the functioning of the sector so as to orient the subsequent use of more specific techniques to overcome them.
 - iii) Make explicit the Governments' suggested changes in each aspect to the health situation and of the program or budget concerned and its limiting factors.
 - iv) Define priorities for action, the corresponding programs, and their intersectoral relationship.
 - v) Establish evaluation and adjustment procedures and apply them.
 - vi) Apply simultaneously or successively more specific complementary techniques or models that will permit the extension of, or greater detail and precision in programming in accordance with individual potentialities.
 - vii) Incorporate the health planning processes into the economic and/or social development processes, particularly by identifying "key projects" of considerable economic and social impact that will receive wide and rapid acceptance because of their feasibility and the fact that they complement projects undertaken

by other sectors; and prepare for each project identified a study that will determine on a preliminary basis its characteristics as regards objectives, duration, resources, costs, relationship with other sectors, and its contribution to the country's economy.

viii) Use and improve the technique of four-year projections as an instrument for programming external assistance to the sector.

- Formulate health plans as instruments of sectoral policy in order to activate the planning processes and to serve as mechanisms for guiding the establishment and operation of health systems, including programs for services, investment, the development of administration, management control, research, and personnel training. Special attention should be given to short- and medium-term programming. Resources should be concentrated selectively on sections of the population most exposed to avoidable risks of illness and death.

Train the necessary manpower for establishing and operating health systems in each country, in accordance with its characteristics, and for expanding and improving administrative, planning, and information processes.

- Encourage, finance, and conduct research designed to determine the effects of various sectoral policy alternatives, and define methods or techniques that will increase the productivity and effectiveness of the services.

- Support the continuation and expansion of the activities of the Pan American Program for Health Planning, which is regarded as a fundamental resource for training, research, and information Services.

- Establish or strengthen a health statistics unit in the Ministry of Health, which will be responsible for statistical services for all needs of the Ministry. A qualified director with training in health and health statistics and an adequate number of trained staff are indispensable. They must collaborate closely with technical staff of other units of the Ministry, in order that the statistics produced respond to the needs and are properly interpreted.

- Evaluate and improve the existing health statistics system in each country and establish the flow of information from local sources to regional and national units for processing, analysis, and distribution to users; prepare standard forms and manuals to guide and direct activities at all levels - national, regional, and local; supervise effectively the activities of collection and transmission of data at the local and regional levels; and coordinate action with other agencies with related responsibilities in order to avoid duplication and to integrate data from all sources into a single system.

- Direct the principal efforts in most countries toward improving the quality, coverage, and completeness of vital and health statistics.
- Provide adequate facilities for processing data, in balance with their quality and availability and with the resources of the country.
- Improve civil registration systems through collaboration of the Ministry of Health with civil registry and national statistical offices.
- Promote the analysis, dissemination, and prompt use of vital and health statistics at all levels of the health services in order to facilitate planning, administration, and evaluation.
- Develop periodic sample household surveys, when required by conditions of the country, to obtain reliable baseline data on deaths (by age), fetal deaths, pregnancies and births, illnesses, and utilization of medical care services.
- Study and use in selected areas special methodology which may provide the missing statistical data more rapidly than the conventional means. For example, this might include continuing surveillance of households in a sample or a defined geographic area, establishment of registration areas where information meets quality standards to measure and evaluate changes in health status in relation to health and socioeconomic measures, or other research on problems of local, national, or international interest.
- Establish international multidisciplinary teams to work intensively with personnel in selected countries to improve and integrate the various areas of the health statistics system.
- Establish additional regional training centers including three in biostatistics, three in medical records, and two in computer science (all at the professional level), and six in medical records, at the intermediate level.
- Provide the necessary facilities for the training of personnel.
- Promote the inclusion of courses on biostatistics in the curriculum of medical and public health schools.
- Orient personnel from other health disciplines on the value of maintaining records and statistics and on their utilization.
- Collaborate with civil registry and national statistical offices in the training of civil registrars.

The following developments in research in the hemisphere are possible over the next decade:

- Carry out wider and more productive efforts to link research programs in various countries; for example, in communicable diseases (particularly virology and parasitology), nutrition, and human reproduction.
- Encourage training for health researchers. Such training should be based mainly on research lines taking into account the major health problems prevalent in each country.
- Develop the capacity of institutions to provide training for basic and intermediate level health manpower, with a view of increasing the numbers of such personnel.
- Establish a strong structure for advanced training to the doctoral level in the larger countries, which would reduce the need for training outside Latin America and more forcibly direct attention to indigenous programs.
- Develop more effective ways to assess the results of alternative priorities in public health programs, and obtain wider acceptance of administrative research and research in the social sciences.
- Every country should measure its research investment, a task few countries have adequately accomplished. Then it should try to invest between 0.5 and 1.0 per cent of its gross national product in research. A substantial proportion of this total research investment should be in the health field, within the national development goals for science and technology. Ministries of Health must play an important role in health research specifically by:
 - i) Formulating a national research policy in health, giving priority to problems of national importance and interest.
 - ii) Urging that universities, institutes, and other research organizations concentrate both their basic and applied research in areas relevant to important national health problems.
 - iii) Stating the case for health-sector research forcefully in the councils of state.
 - iv) Providing the facilities to stimulate, encourage, and coordinate total national health research efforts in order to make the most effective use possible of necessarily limited resources.
 - v) Requiring that all major public health agencies under their jurisdiction quantitatively measure the results of their activities.

- vi) Providing advanced training and attractive career opportunities for exceptional people interested in research.
- vii) Fostering close contact among all health research centers and public health administrators.
- viii) Encouraging and rewarding the efforts of individuals and groups participating in public health programs, in order to study such problems as morbidity and mortality trends, nutritional status, and the epidemiology of specific diseases.

Carry out research that will provide a full understanding of the legal system and make it possible to assess the effectiveness with which it serves the purposes of the health sector in the different countries.

- Promote the development of complete codes and regulations for the full implementation of existing legislation in the different countries of the Region.
- Promote the systematization of existing legislation through the publication of updated compendia in the different countries.
- Organize interdisciplinary seminars with a view to clarifying attitudes regarding the functions of the legal system and the expectations that the technical personnel of the health sector may entertain in this regard; foster an exchange of views between the health and legal professions on approaches to health problems, and determine jointly which are the critical areas of regional health problems that appear to require at least coordinated and harmonized legislation.
- Improve the teaching of the basic ideas and principles of administrative law and health legislation in the schools of public health and in university courses on preventive medicine.
- Train practicing lawyers and others interested in the subject in comparative health legislation, in order that the Ministries of Health may have complete full-time legal units that will be active in proposing and drafting new laws and regulations and in systematizing and modifying existing ones.

OUTPUT INDICATORS

- Number of countries that have defined their health policies.
- Number of countries that have define their health systems.
- Number of countries that have established their medium-term programs.
- Number of countries that have established sistematic short term programming.
- Number of countries that have established programs of administrative reforms.
- Number of countries that have established information systems.
- Number of countries that have established programs for the systematic analysis of production functions.
- Number of countries that have established research policies.

XIII - HUMAN AND TECHNOLOGICAL RESOURCES

GLOBAL OBJECTIVES

Develop procedures in each country for the planning of health manpower resources as an integral part of health planning.

Develop the capability in each country of training personnel at the three levels (professional, intermediate and auxiliary), efforts being concentrated on the level that each national situation demands.

Develop, at the level of each community and with the active participation of institutions, mechanisms for raising its own level of health.

Promote development of general medical practice to the extent required by the organization of the services and the goals proposed in the present Plan. Promote the necessary changes in order to provide better training on this matter, in accordance with each country's priorities.

Develop and utilize health technologies in keeping with the conditions of each country with a view to increasing the coverage and productivity of the services.

Organize multinational programs of scientific and technological research.

OBJECTIVES AND TARGETS

Achieve a regional average of 8 doctors, 2 dentists and 2.2 dental auxiliaries, 4.5 nurses and 14.5 nursing auxiliaries per 10,000 inhabitants, and improve their geographic and institutional distribution.

Train in the course of the decade a minimum of 18,000 veterinarians and 30,000 animal health auxiliaries.

Train in the course of the decade a minimum of 360,000 nursing auxiliaries and produce 125,000 nurse graduates, especially at the intermediate level.

Train 3,200 professionals in the course of the decade in postgraduate programs and 30,000 professionals and technicians in short courses in sanitary engineering and other environmental sciences.

Train during the decade 300 professional level statisticians; 100 professional medical records officers; 4,000 intermediate-level medical records officers; 250 intermediate-level statisticians, and 40,000 statistical auxiliaries.

Train during the decade 3,000 planners and 3,000 administrators at the professional level, and 1,000 professionals in health information systems.

Set up in at least 11 countries national systems of scientific documentation in the health sciences, interconnected and also with the Regional Library of Medicine.

Provide textbooks of high scientific and instructional quality for students of medicine, nursing, and other disciplines, in a program to cover 75 per cent of students by 1980.

- To produce approximately 10,000 books a year in each subject during the first five years and an average of 15,000 from the date when it is presumed that all the institutions in the system will be participating.
- To sell approximately 7,000 copies during the first five years and 10,000 during the following years once the program has reached the scope envisaged. By this stage, some 75 per cent of the total student body would already be buying books, there being by that time an estimated 12,000 students enrolled annually in each subject.
- To organize local administrative units in each institution, with personnel especially trained for the distribution of the materials, who would be provided with the procedure manuals and office supplies necessary to carry out the program effectively.
- Establish mechanisms to permit the continuing financing of such a high-cost program.

1. Physicians

Improve information on production, availability, and utilization of physicians as a basis for planning human resources development.

Increase the physician/population ratio to 8.0 per 10,000, and improve the geographic distribution of physicians.

Produce in each country the type of physician that local socioeconomic conditions demand.

2. Dentistry

Increase by 20 per cent the present ratio of dentists per 10,000 population whenever that ratio in any country is lower than the present average for the area of 1.9 or lower than the average of the classification group.

Increase the training of auxiliaries so as to achieve by 1980 a dentist/auxiliary ratio of 1:1.

3. Nursing

Graduate in Latin America around 125,000 nurses and 360,000 nursing auxiliaries from educational programs which are coordinated and capable of producing the quality of personnel required by the health programs. For the countries of the English-speaking Caribbean the production should be such as to result in a work force of around 13,400 nursing personnel.

Create the conditions necessary to increase the number of graduates and to improve their preparation.

Establish a center for the development of educational technology and research in the different nursing areas.

Integrate teaching with nursing services.

4. Support Personnel for Diagnosis and Treatment

Define as part of the manpower planning of each country, the duties, prerogatives, and responsibilities of support diagnostic and treatment personnel at the university, technical, and auxiliary level.

Increase the ratio of such personnel to 3 per 10,000 population.

5. Personnel Specialized in Public Health

Train sufficient personnel at all levels in the various health fields to cope with a situation which is characterized by increasing specialization and complexity.

Ensure full utilization of all trained personnel.

6. Personnel Specialized in Environmental Health

Train a sufficient number of professional, technical, administrative, and managerial personnel with sufficient experience, education, and research capacity to provide the necessary environmental health services for the coming generation and for monitoring environ-

mental changes and trends. For this purpose, it will be necessary to train 320 students annually in graduate sanitary engineering programs; organize short courses for 3,000 professional and technical personnel every year; and increase to 2,000 the number of sanitary engineers in public health programs, to 5,000 the number of engineers in water supply, sewerage, and other environmental services, and to 4,000 the number of sanitary engineers in public health services.

7. Veterinary Medical Manpower

Increase trained personnel for veterinary services, both in quality and quantity.

8. Personnel Specialized in Medical and Hospital Care Administration

Formulate in each country a training policy for professional personnel engaged in medical and hospital care administration.

Increase production levels of personnel trained in medical and hospital care administration so that:

- At least 60 per cent of all hospitals with more than 100 beds will have, as a minimum, a medical director and a chief of nursing services specifically trained in medical and hospital care administration.

Increase the utilization of professional personnel trained in medical and hospital care administration so as to ensure that more than 75 per cent of these personnel are assigned to posts at directing levels.

9. Regional Libraries

Establish national documentation systems for the health sciences in the countries of Latin America, to be linked among themselves and with the Regional Library of Medicine and with the National Library of Medicine of the United States of America, in a Pan American scientific documentation and information network.

Train the necessary personnel for the normal operation of these services.

10. Textbooks and Teaching Materials

Develop programs designed to provide textbooks and teaching materials and equipment of high scientific and pedagogical quality, at low cost, to the students in the Region's schools of health sciences.

APPROACHES

Promote health manpower planning as an integral part of the global processes of planning for economic and social development and as an integral function of the planning bodies of the health sector and the universities.

Define the functions and personnel modules, both for health care and for administrative and support duties, that will help to increase the productivity of health teams. Strengthen information systems, and promote studies to adapt human resources to the characteristics of each country.

Create, in accordance with the conditions of each country, new types of health personnel that will make it possible to increase service coverage primarily in rural areas.

Encourage training for health researchers. Such training should be based in the main on research lines taking into account the major health problems facing each country.

Establish conditions for developing a process of intra- and intersectoral planning and coordination.

Stimulate and coordinate research efforts in each country for improving manpower planning methods.

Strengthen health manpower training institutions and programs by increasing technical and financial assistance to universities and other institutions responsible for health manpower training. Improve the teaching-learning processes by means of the use of the most appropriate modern resources for this purpose.

Develop the capacity of institutions to provide training for basic and intermediate level health manpower, with a view to increasing the numbers of such personnel.

Increase the use of health services for the training of personnel by integrating the student at an early stage into the production of services as an educational tool, in accordance with the concept of linking work with training.

Redefine professional roles, within the framework of the health policy, in order to provide the bases for a revision of curricula.

Increase the level of utilization of the installed teaching capacity by means of evening classes whenever necessary to achieve the quantitative targets proposed.

Facilitate the access of workers to higher technical and professional training in health.

Increase the output of health teams.

Plan, simultaneously with its numerical expansion, equitable criteria for distribution of personnel.

Establish, whenever possible, machinery for compulsory rotational assignment of recently qualified staff in those areas where no health care facilities are available, guaranteeing them adequate conditions of work and remuneration.

Organize continuing education for graduate health professionals.

Stimulate, improve, and strengthen information systems on medical resources, together with other health manpower.

Define in each country and within its socioeconomic context, the responsibilities to be assumed by physicians who must be considered an integral part of the health team.

Improve the use of physicians by updating their knowledge; ensuring effective support by paramedical personnel, including nursing and other diagnostic and treatment personnel; and overcoming causes of abandonment of the profession and migration.

Graduate 165,000 new physicians during the decade to offset abandonment of the profession; and improve their geographic distribution through the organization of training programs geared to the practice of medicine in rural and semiurban areas, the increase of salaries, and the improvement of certain working conditions in order to attract physicians to those areas.

Train in the countries that deem it convenient medical assistants to help the existing medical resources.

Design and develop programs to train physicians as required by the health policies.

Integrate health and teaching systems, and provide flexibility in curricula and joint training of health teams.

Increase in the Region the posts for nursing personnel by 134 per cent, and in Latin America increase the nurse positions by 184 per cent, in order to absorb the personnel it is proposed to produce. To obtain the required number, the following alternatives are proposed:

Nurses

- i) Increase the production of the schools of nursing in Latin America to obtain an average of 97 graduates a year.

- ii) Create or strengthen programs at the intermediate level of education in order to graduate 70,205 nurses at this level.

Nursing Auxiliaries

- iii) Increase the production of existing courses and/or increase new courses in order to obtain an average number of graduates per year of 36,000 auxiliaries.
- iv) Establish courses organized in a progression of steps in order to prepare other personnel in health institutions, health promoters, attendants, or other types of auxiliaries.

Establish regional centers for the preparation of professors required for the different educational programs in the different clinical and functional specialties.

- i) Expand the physical and teaching facilities and include in the budgets the teaching positions required by the different educational programs.
- ii) Establish programs making available fellowships or financial loans to students of basic and advanced programs.
- iii) Establish the programs within a career ladder or within a system of credits that would make it easier for nursing personnel to pass from one level to the other.

Define the functions of support personnel, for diagnosis and treatment, undertaking studies, where necessary, and promoting the establishment and recognition of different professions.

Obtain reliable information on the existence and use of the existing resources.

Develop teaching institutions at the university, technical, and auxiliary levels, incorporating schools for medical technicians into health science faculties, or through other coordinating mechanisms, using the possibilities of the medical care network of Ministries of Health for the three levels of personnel.

Develop and strengthen institutions for the training of public health manpower at the advanced-professional, professional, technical, and auxiliary levels.

Develop inservice training for individuals already working in the public health field who have not received training in an insti-

tution, and continuing education programs designed to provide orientation, reconversion (owing to changes in a technical field in response to needs), or further training in a specialized field.

Improve programming mechanisms, overcome the causes of professional attrition

Review and update teaching programs and curricula and improve laboratories and other facilities for the teaching of environmental engineering and for the organization and development of research projects.

Organize new graduate courses and increase the registration in existing environmental engineering graduate courses.

Promote and encourage more communication between the universities of the Pan American educational network and the exchange of information and research findings through publications, correspondence, and teaching staff visits.

Expand training activities in general and organize intensive courses in particular, enlisting the cooperation and participation of national and international agencies.

Incorporate research as a normal component of the teaching process.

Support and expand continuing education programs, as well as information centers in universities.

Enlarge the Pan American educational network of cooperating universities and extend the scope of its activities.

Systematize the exchange of qualified personnel between the university faculties and operating agencies and between desk jobs and field jobs in environmental health services in order to blend theoretical concepts with working realities.

Expand and diversify fellowship programs in environmental engineering.

Establish regional centers for the training of experts in the management and administration of programs and services.

Expand the capacity of schools of veterinary medicine, provide them with increased full-time faculty, improve their laboratories, and update their curricula.

Establish postgraduate and continuing education programs.

Promote, develop, and organize programs for the training of a corps of animal health assistants in each country prepared to undertake a major campaign for controlling zoonoses and foot-and-mouth disease.

Promote a greater degree of coordination of the efforts of Ministries of Agriculture, Health, and Education to solve the veterinary manpower problem in the various countries.

Define and implement a policy for the training of professional personnel working in medical and hospital care administration. Increase the number of regular training programs in hospital administration so as to obtain good quality and quantity of professional staff to meet the needs.

Establish a public service career for staff members in administrative posts and provide incentives and salaries, based on full-time service, that are adequate to attract and hold them.

Establish a register of the units in the Region that generate, use, store, process, and disseminate scientific information on health matters.

- i) Improve the planning, organization, and administration of the libraries, and redefine their role in relation to the general activities of the health services, institutions of higher education, and health research centers.
- ii) Establish medical libraries in the countries to serve as the basis for eventual national health-science documentation and information systems.
- iii) Consolidate and expand the capability of the Regional Library of Medicine in São Paulo to provide information and training services to libraries in the countries.
- iv) Establish a Pan American network for the dissemination of scientific information, developing an interlibrary loan system and applying the most up-to-date procedures available in communications technology and data analysis, storage, and retrieval in the service of the health sciences.
- v) Create centralized services for the purchase and processing of books and journals so as to avoid unnecessary duplication and facilitate importation and customs clearance.
- vi) Carry out general evaluation studies of the programs under way at the Regional Library of Medicine, including a review of costs, yield, demand, needs, and other factors that enter into perfecting the scientific information systems and the quality of operations.

- vii) Train larger numbers of librarians, expand facilities at the national and international level for their advanced instruction and specialization in biomedical documentation services, and provide them with access to master's and doctoral degree programs.
- viii) Expand facilities at the national level for the training of auxiliary library personnel.
- ix) Compile national and international catalogs of scientific and technical publications available in Latin America's biomedical libraries.
- x) Promote better representation of Latin American literature in the Index Medicus.

Establish a permanent liaison in the academic community in order to maintain information on textbooks and teaching materials up to date.

Establish mechanisms to permit the low cost production of selected teaching materials and equipment and the distribution thereof to specially organized local units within each institution.

OUTPUT INDICATORS

- Number of countries that have established systematic programs of human resources development integrated with their health planning processes and national manpower development plans.
- Number of countries that have established systematic up-dated inventory of human resources.
- Number of countries that have designed and utilized personnel modules to maximize the efficiency of services.
- Number of countries that have established manpower training programs

Personnel goals:

- Professionals:
 - Number of Physicians per 10,000 inhabitants.
 - Number of Dentists per 10,000 inhabitants.
 - Number of Nurses per 10,000 inhabitants.
 - Number of Veterinarians.
 - Number of Statisticians.
 - Number of Specialists in Medical Records.

- Number of Planners.
- Number of Administrators.
- Number of Specialists in Information Systems
- Number of Laboratory Professionals.
- Number of Health Educators.
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- Intermediate level:
 - Number of Nurses.
 - Number of Sanitation.
 - Number of Technicians in Medical Records.
 - Number of Statiscians.
 - Number of Technicians in Laboratory.
- Auxiliaries:
 - Number of Nurses Auxiliaries per 10,000 inhabitnats.
 - Number of Veterinarians Auxiliaries.
 - Number of Auxiliaries in Statistics.
 - Number of Auxiliaries in Laboratory.
 - Number of Dental Auxiliaries per 10,000 inhabitants.

XIV - ANALYSIS OF THE FINANCING OF THE PROPOSALS IN THE TEN-YEAR HEALTH PLAN

An estimate of the cost of achieving the goals set forth in this plan has to be stated in the most general of terms, given the lack of sound data available. Accordingly, the estimates suggested here are intended to convey only orders of magnitude.

In 1970 the public health sector in this Region expended approximately 1.6 per cent of the regional gross internal product (GIP). The most optimistic rate of real increase in GIP is estimated at approximately 6.6 per cent per year. The growth rate of GIP in the last decade was 4.9 per cent per year. The estimated rate of population growth in the Region for the decade is estimated at 33 per cent.

By increasing the health investment of the public sector by 7 per cent per year the percentage of GIP stemming from the public health sector would rise only to 1.65 per cent of GIP if it grows at the rate of 6.6 per cent. This increase would provide approximately 94 per cent more funds for the decade and on a per capita basis would provide 45 per cent more funds for increased services and coverages. The goals would be met within these funds.

Since, however, an increase in expenditure in the magnitude of 7 per cent is not considered to be within the financial capabilities of the Region's economies, other means must be found to provide the requisite funds for financing the goals. Chief among these are the following:

- Eliminate duplication of services.
- Increase the productivity of the system as a whole.
- Adopt low-cost technology in preference to high-cost technology.
- Optimize the use of technology.
- Increase the depreciable life of equipment by pervasive maintenance programs.
- Establish self-help programs at the community level to stimulate interest and conserve funds.
- Establish multinational planning processes to ensure against unnecessary duplication of major activities.
- Recommend that PAHO organize meetings of officials responsible for planning and information in the countries of the Americas in order to work out measures for implementing the proposed strategy. The meetings would be convened as considered necessary by PAHO and in accordance with the funds available.

In summary, then, to achieve the goals it is essential that the annual level of expenditure in the public sector be increased commensurate with the annual increase in the gross internal product and that the strategy advocated above be followed.

In view of the inadequacy of the information available on financial matters, and bearing in mind the importance of this factor, the III Special Meeting of Ministers of Health recommends that PAHO organize and collaborate with the countries in a program of research on sectoral investment in health. This research should provide a continuous flow of information for use in decision-making. Aspects to be studied should include the economic, functional, and social purpose of investments; the source of the funds; the forms and system of financing; costs; and functions of production.

National priorities for the attainment of goals of the Ten-Year Health Plan will be fixed in the light of these studies and the economic, social, and political situation of each country.

RELATIONSHIP BETWEEN THE PROPOSED PRINCIPAL AND DETAILED OBJECTIVES
OF THE SIXTH GENERAL PROGRAM OF WORK OF WHO AND THE GOALS AND
STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS

RELATIONSHIP BETWEEN THE PROPOSED PRINCIPAL AND DETAILED OBJECTIVES
OF THE SIXTH GENERAL PROGRAM OF WORK OF WHO AND THE GOALS AND
STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS

The proposed principal and detailed objectives are clearly expressed in the goals and strategies of the Ten-Year Health Plan for the Americas. In this Annex, identification is made for each objective of the corresponding goals and strategies of the America's Plan.

There are two areas that were considered by the Directing Council and the Pan American Sanitary Conference after the III Special Meeting of Ministers of Health of the Americas. One is related to emergency situations¹ and the other to international, multinational, and bilateral assistance to the health sector.²

To facilitate its analysis by the Directing Council and the Member Governments, the pertinent parts of the corresponding resolutions have been tentatively incorporated into the regional scheme.

¹Resolution XLIII, XIX Pan American Sanitary Conference, 1974

²Resolution XXIX, XIX Pan American Sanitary Conference, 1974

RELATIONSHIP BETWEEN THE PROPOSED PRINCIPAL AND DETAILED OBJECTIVES FOR THE VI GENERAL PROGRAMME OF WORK
AND THE GOALS AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS*
<p>1. <u>TO ASSIST COUNTRIES TO FURTHER DEVELOP COMPREHENSIVE HEALTH SERVICES BOTH AT THE COMMUNITY AND AT THE NATIONAL LEVEL</u></p> <p>1.1. To assist countries to strengthen their capacity for planning and management of health services including institutions and manpower at all levels.</p> <p>1.2. To assist in the development of primary health care to under-served populations, with special attention given to high risk and vulnerable groups.</p>	<ul style="list-style-type: none"> - Extension of coverage, including minimum comprehensive services to all the population living in accessible communities of less than 2,000 inhabitants, and provision of basic and specialized services to the rest of the population, by means of a regionalized health system, priority being given to the following: <ul style="list-style-type: none"> - Communicable Diseases. - Maternal and Child Health and Family Welfare. - Nutrition. - Environmental Sanitation Programs. (II-EXTENSION OF COVERAGE) - Define in each country a policy for developing the health service system, in terms of a national or sectoral policy that will set the bases for redefining the health sector, by delimiting its field of action, and for defining its institutional components and the geographic coverage of the population and of planned programs. - Increase the productivity of the systems by implementing technical-administrative and legal reforms that will strengthen the organizational and functional structure and the normative and directing authority of the health policy of the Ministries and Secretariats of Health: develop the institutions; improve or establish a flexible administrative regionalization; and supplement the existing installed capacity with the personnel, equipment, and intermediate and general complementary services they are now lacking. - Incorporate planning and its methodological techniques into the administration of the health service system at all its levels, complementing final service programs with complementary programs, those of supportive administrative services, and those of investment in its broadest sense, in those countries that might not have contemplated doing so. (II-EXTENSION OF COVERAGE) - Extension of coverage, including minimum comprehensive services, to all the population living in accessible communities of less than 2,000 inhabitants, and provision of basic and specialized services to the rest of the population, by means of a regionalized health system, priority being given to the following: <ul style="list-style-type: none"> - Communicable Diseases. - Maternal and Child Health and Family Welfare. - Nutrition. - Environmental Sanitation Programs. (II-EXTENSION OF COVERAGE)

* The chapters mentioned in this column correspond to Annex "A", Document "Contribution of the Region of the Americas to WHO VI General Programme of Work"

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>1.3. To assist in the securing of a balance between preventive and curative health services and in the integration of promotive, preventive, curative and rehabilitative elements as appropriate to the needs of each country.</p> <p>1.4. To promote the development of public health laboratory services.</p> <p>1.5. To promote health education and information for the public.</p> <p>1.6. To assist in the prevention of disability and the rehabilitation of the disabled.</p> <p>1.7. To promote and support policies and programmes for the care of the aged.</p> <p>1.8. To promote adequate logistic support to health programmes at all levels.</p>	<ul style="list-style-type: none"> - Apply the concept of progressive care of the patient, based on the allocation of resources to groups of patients according to their need for care (intensive care, intermediate care, minimal care, ambulatory and domiciliary care), which will facilitate the best use of the resources and at the same time permit substantial improvement in the quality of services. - Intensify the programs designed to improve preventive care activities and environmental conditions, in order to reduce the use of beds for preventable diseases and thus permit the bed resources to be used for cases of morbidity due to irreducible affections. - Improve the supply of medical care through a system of regionalization enabling distribution of resources according to levels of care. This will make it feasible to apply the principle of providing high quality care on an egalitarian basis to the entire population. (II-EXTENSION OF COVERAGE) - Establishing programs for the development of a system of health laboratories in 24 countries incorporated into the health programs in accordance with the structure and extent of their respective services, in order to provide at least minimum laboratory service for every health unit and medical care or preventive care establishment having a physician in regular attendance. (IX-LABORATORIES) - Organize health education as part of the process of active and informed participation of communities in all action for the prevention and cure of disease. (X-HEALTH EDUCATION) - Include, in all medical care programs, basic rehabilitation services to ensure that the disabled persons being served by them can return to as normal a life as possible. (VI-OTHER FIELDS) - Improve the supply of medical care through a system of regionalization enabling distribution of resources according to levels of care. This will make it feasible to apply the principle of providing high quality care on an egalitarian basis to the entire population. (II-EXTENSION OF COVERAGE) - Increase operational capacity at the institutional and sectoral level. (XII-DEVELOPMENT OF THE INFRASTRUCTURE)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>2. <u>TO PROMOTE CLOSER CO-OPERATION OF HEALTH SERVICES WITH SOCIAL WELFARE AND OTHER SERVICES AND THEIR INTEGRATION, WHERE APPROPRIATE</u></p> <p>3. <u>TO PROMOTE THE DEVELOPMENT OF STANDARD HEALTH TECHNOLOGIES AND THEIR ADAPTATION TO VARIOUS LOCAL NEEDS</u></p> <p>3.1. To promote and support the international development of standardized and easily adaptable health technologies.</p> <p>3.2. To assist countries in developing simple, low-cost and effective technologies in specific areas.</p> <p>4. <u>TO PROMOTE MATERNAL AND CHILD HEALTH INCLUDING FAMILY PLANNING</u></p>	<ul style="list-style-type: none"> - Define in each country a policy for developing the health service systems, in terms of a national or sectoral policy that will set the bases for redefining the health sector, by delimiting its field of action, and for defining its institutional components and the geographic coverage of the population and of planned programs. (II-EXTENSION OF COVERAGE) - Develop and utilize health technologies in keeping with the conditions of each country with a view to increasing the coverage and productivity of the services. - Develop programs designed to provide textbooks and teaching materials and equipment of high scientific and pedagogical quality, at low cost, to the students in the Region's schools of health sciences. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES) - Reduce the risks of illness and death to which mothers and children are currently expose, and extend the coverage of maternal and child health services. <p>With regard to reduction of risks:</p> <ul style="list-style-type: none"> - Develop sectoral programs and promote intersectoral programs in order to: <ul style="list-style-type: none"> i) Reduce mortality in infants under one year of age by 40 per cent, within a range of 30 to 50 per cent. ii) Reduce mortality rates among children one to four years of age by 60 per cent, within a range of from 50 to 70 per cent. iii) Reduce maternal mortality by 40 per cent, within a range of from 30 to 50 per cent. <p>With regard to expansion of services, the formulation of goals for coverage, and minimum concentration, it is recommended:</p> <ul style="list-style-type: none"> - Attain coverage of 60 per cent for prenatal care, 60 to 90 per cent adequate care at delivery, 60 per cent for postpartum care. - Attain coverage of 90 per cent of children under one year, 50 to 70 per cent of children one to four years, and 50 per cent of children of five years of age. - Formulate, within the national policy, plans and means which contemplate integral protection of the family by providing adequate information and services concerning problems related to fertility and sterility. (IV-MATERNAL AND CHILD HEALTH AND FAMILY WELFARE)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>5. <u>TO PROMOTE BETTER NUTRITION OF ALL INDIVIDUALS AND THEREBY REDUCE THE INCIDENCE OF ALL FORMS OF MALNUTRITION</u></p> <p>5.1. To assist in developing multi-sectoral food and nutrition policies and programmes.</p> <p>5.2. To assist in establishing a simple nutritional surveillance system and measures for the control of specific nutritional deficiencies.</p>	<ul style="list-style-type: none"> - Reduce the prevalence of nutritional diseases and achievement of an optimum nutritional status for the entire population. - Reduce the current prevalence of II degree protein-calorie malnutrition by 10 to 50 per cent (30 per cent regional average) and of III degree malnutrition by 75 to 95 per cent (85 per cent regional average) among children under five. In those countries where this is possible, targets could be set separately for infants and children one to four years of age. - Reduce the current prevalence of nutritional anemias by 30 per cent and eliminate endemic cretinism. - Reduce the current prevalence of hypovitaminosis A by 10 to 50 per cent (30 per cent regional average) among vulnerable groups. - Reduce the current rate of increase in prevalence of diseases associated with overweight, namely, cardiovascular diseases, obesity, and diabetes. (V-NUTRITION) - Promote and contribute to the establishment of legislation to organize planning and technical support structures for the formulation of food and nutrition policies, and define principles and methods for the formulation and implementation of such policies. - Promote and contribute to the formulation of biologically oriented national policies on food and nutrition and execute coordinated intersectoral programmes implementing such policies in at least 75 per cent of the countries. (V-NUTRITION) - Establish a complete and reliable system for the diagnosis and epidemiological surveillance of the nutritional status in all the countries. (V-NUTRITION)
<p>6. <u>TO PROMOTE MENTAL HEALTH INCLUDING PREVENTION OF ALCOHOLISM AND DRUG DEPENDENCE AND ABUSE</u></p> <p>6.1. To assist countries in preventing and/or reducing mental morbidity and its consequences.</p> <p>6.2. To assist countries to develop strategies for intervention based on an increased awareness of the influence of social action on mental health.</p> <p>6.3. To assist countries to develop programmes for the prevention of alcoholism and drug dependence and abuse.</p>	<ul style="list-style-type: none"> - Improve the quality of primary prevention and care provided in psychiatric services and the accessibility of those services to the population, integrating these activities into the basic health services, with a view to attaining, as a minimum, a 60 per cent coverage of the population. (VI-OTHER FIELDS) - Include mental health promotion and primary prevention in all health activities implemented. (VI-OTHER FIELDS) - Pay special attention to the medico-social effects of the growing dissemination in some countries of the use of alcohol and dependency-inducing drugs, and the increase in mental health problems caused <u>inter alia</u> by urbanization and industrialization. (VI-OTHER FIELDS) - Reduce the trend toward an increase in alcoholism and drug dependence by making available preventive treatment and rehabilitation services covering the entire population. (VI-OTHER FIELDS)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>7. <u>TO PROMOTE A MORE RATIONAL PRODUCTION, DISTRIBUTION AND UTILIZATION OF SAFE, EFFECTIVE AND ECONOMICAL PROPHYLACTIC, DIAGNOSTIC AND THERAPEUTIC SUBSTANCES</u></p> <p>7.1. To assist in developing and executing national drug policies and programmes based on such policies.</p> <p>7.2. To develop co-ordination at the international level of research for production and distribution of essential drugs.</p> <p>7.3. To establish and improve international requirements and standards for quality, safety and efficacy of prophylactic, diagnostic and therapeutic substances.</p> <p>8. <u>TO IMPROVE METHODS AND MECHANISMS OF FINANCING HEALTH SERVICES WITHIN A NATIONAL CONTEXT</u></p> <p>8.1. To provide information and to assist countries to devise and introduce improved methods of financing health promoting activities.</p> <p>8.2. To promote functional integration or closer collaboration of social security and/or health insurance schemes with health services in both public and private sectors.</p>	<p>- Expand and improve laboratories that manufacture biological products for human and veterinary use designed for diagnosis, prevention, and treatment of infectious diseases, in order to satisfy, in particular, the present and future national and multinational demand of programs for control of measles, whooping cough, tetanus, diphtheria, poliomyelitis, and smallpox. (IX-LABORATORIES)</p> <p>- Establish an adequate system for complementing and distributing biological products on a regional scale, based on a preliminary study of demand and costs, which would permit the creation of banks of biological products. (IX-LABORATORIES)</p> <p>- Adopt new standards, techniques, models, and equipment to ensure the effective operation of diagnostic services, control tests, production of biologicals, and the processing of blood and drugs for medical use. (IX-LABORATORIES)</p> <p>- Standardize techniques and create the mechanisms necessary for controlling the quality of laboratory results. (IX-LABORATORIES)</p> <p>- Explore sources and methods of internal and external financing that will provide support for improving and expanding the health service systems that prove to be necessary for the implementation of the policies formulated. The communities should participate in the direct or indirect financing of the various health services. (II-EXTENSION OF COVERAGE)</p> <p>- In view of the inadequacy of the information available on financial matters, and bearing in mind the importance of this factor, the III Special Meeting of Ministers of Health recommends that PAHO organize and collaborate with the countries in a program of research on sectoral investment in health. This research should provide a continuous flow of information for use in decision-making. Aspects to be studied should include the economic, functional, and social purpose of investments; the source of the funds; the forms and system of financing; costs; and functions of production. (XIV-ANALYSIS OF THE FINANCING OF THE PROPOSALS IN THE TEN-YEAR PLAN)</p> <p>- Regulate the sector and its administration to serve as a frame of reference, with such regulation presupposing the organization of a viable national health service system adapted to the needs of each country, and the implementation of the recommendations made in the above points. The participation of the social security medical services is an important element of this system and should be in line with the policy and patterns set by each Government. (II-EXTENSION OF COVERAGE)</p>

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>8.3. To assist countries to achieve a more equitable distribution of benefits from health services.</p> <p>8.4. To assist countries to base decisions concerning provision of health services on outcome and cost criteria.</p>	<ul style="list-style-type: none"> - This basic care, of different qualitative levels, will of course have to be supplemented by a system of coordination and referral that will give the whole population access to the most highly specialized care. (II-EXTENSION OF COVERAGE) - To recommend to PAHO that, in consultation with experts of the countries, general guidelines be drawn up for determining the present financing of health investments and the changes required to carry out the plans and programs envisaged in the Ten-Year Health Plan for the Americas, 1971-1980. (RES.XIII, XXI DIRECTING COUNCIL) - To suggest to the health authorities of the countries that they initiate cost studies of their health services and, when they deem it possible, cost-benefit studies, particularly in areas with the largest investment. (RES.XIII, XXI D.C.) - To recommend to PAHO that it prepare the necessary designs to ensure comparability of the cost studies. (RESOLUTION XIII OF THE XXI DIRECTING COUNCIL)
<p>9. <u>TO PREVENT AND CONTROL COMMUNICABLE DISEASES</u></p> <p>9.1. To assist countries in the reduction of communicable diseases problems by immunization, surveillance, vector control and other suitable measures.</p>	<ul style="list-style-type: none"> - Maintain smallpox eradicated. Reduce mortality from measles and whooping cough. Reduce morbidity from diphtheria and poliomyelitis. Reduce mortality from tuberculosis. Reduce the rates of mortality from enteric diseases. Reduce the incidence of venereal diseases, especially gonorrhea and syphilis, and eradicate yaws and pinta. - Cut down the incidence of leprosy, typhus, schistosomiasis, oncocerciasis, Chagas' disease, and jungle yellow fever, and keep plague under control. Eradicate malaria in areas where there are good prospects of reaching this goal; maintain eradication where it has already been achieved; apply in the "problem areas" the new techniques derived from research, and give intensive stimulus to research activities. Eradicate <u>Aedes aegypti</u> in the countries and territories still infested, and prevent the penetration of the vector into areas from which it has been eliminated. (III-COMMUNICABLE DISEASES) - Reduce mortality due to measles, whooping cough, and tetanus to rates of 1.0, 1.0 and 0.5 per 100,000 population, and reduce morbidity due to diphtheria and poliomyelitis to rates of 1.0 and 0.1 per 100,000 population, respectively. - Reduce mortality due to tuberculosis by between 50 and 65 per cent by combining vaccination of children under 15 years of age with BCG, search, and specialized treatment of patients, using general health services. (III-COMMUNICABLE DISEASES) - Endeavor to bring venereal diseases under control. - Eradicate yaws in those countries where this has not yet been achieved. - Control and if possible eradicate pinta in the Americas.

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>10. <u>TO PREVENT AND CONTROL CANCER, CARDIOVASCULAR DISEASES, ORAL DISEASES AND OTHER NON-COMMUNICABLE DISEASES OF MAJOR PUBLIC HEALTH IMPORTANCE</u></p> <p>10.1. To assist cancer prevention and control.</p> <p>10.2. To assist in prevention and control of ischaemic heart disease, arterial hypertension, cerebrovascular disease, rheumatic heart disease and other important cardiovascular diseases.</p> <p>10.3. To assist countries in the development of policies and programmes for oral health.</p> <p>10.4. To assist countries in prevention and control of neurological diseases, diabetes mellitus, chronic non-specific respiratory disease, chronic renal disease, chronic liver disease, rheumatoid arthritis and allied conditions.</p>	<ul style="list-style-type: none"> - As far as the availability of resources permits and in accordance with national policies, each country should establish priorities and targets corresponding to chronic diseases, cancer, mental health, dental health, and rehabilitation. (VI-OTHER FIELDS) - Reduce case fatality rates from cancer of the cervix and corpus uteri, breast and larynx, and other neoplasms in which early diagnosis and timely treatment make such a reduction possible. - Conduct epidemiologic research for the purpose of identifying the causal agents of the various types of cancer, and in particular the environmental, nutritional, and genetic factors associated with gastrointestinal cancer. (VI-OTHER FIELDS) - Ensure continuous treatment of chronic patients, especially for cardiovascular diseases and diabetes, and wherever possible set up special clinics for that purpose as part of the general health services. Organize and distribute appropriately among the urban hospital centers, intensive care units for the timely treatment of emergency coronary and bronchopulmonary cases. (VI-OTHER FIELDS) - Reduce dental morbidity, especially of caries as a prevalent disease and one that compounds the dental problem, and modify the components of the morbidity index. - Increase dental care coverage in both urban and rural areas, giving priority to care for children. - Achieve water fluoridation in cities of 50,000 or more population and develop as far as practicable a system for fluoridation for other areas. (VI-OTHER FIELDS) - Organize technical units or chronic diseases in the Ministries of Health of all those countries where the magnitude of the problem justifies such action; these offices to be responsible for setting policies and specific standards and for overseeing compliance therewith, with emphasis on epidemiology. (VI-OTHER FIELDS)
<p>11. <u>TO PROMOTE AND DEVELOP ENVIRONMENTAL HEALTH POLICIES AND PROGRAMMES</u></p> <p>11.1. To assist in the planning and development of environmental health policies and programmes associated with economic and area-wide development policies, plans and projects.</p>	<ul style="list-style-type: none"> - To develop policies and programmes in water supply and excreta disposal services, solid wastes and environmental pollution. - Develop national or regional programs for supplying water and sewerage services that are compatible with economic development plans and accelerate institutional development in order to strengthen the responsible agencies and assure sound administrative policies. - Prepare preinvestment studies and compile information needed to obtain domestic and foreign finance; draft loan applications; and develop methods based on adequate rates policies and sound administrative procedures. (VII-ENVIRONMENTAL HEALTH)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>11.2. To promote manpower planning, development and management in the field of environmental health.</p> <p>11.3. To assist health authorities in ensuring that environmental programmes take proper account of health aspects.</p> <p>12. <u>TO IMPROVE BASIC COMMUNITY SANITATION, PARTICULARLY COMMUNITY WATER SUPPLY AND DISPOSAL OF WASTES</u></p> <p>12.1. To promote and assist in national planning of services for the provision of community water supplies and for disposal of waste.</p> <p>12.2. To promote and assist in the establishment of continuing and systematic surveillance of drinking water quality and wastes' disposal systems in accordance with public health criteria.</p> <p>12.3. To promote the transfer of information and methods for community sanitation.</p> <p>12.4. To promote the health aspects of housing.</p>	<p>- Train the personnel needed to carry out the plans and attain the goals through regular and intensive educational programs and adapt, develop, or incorporate technology in order to design economic means for collection, treatment, and disposal of solid wastes. (VII-ENVIRONMENTAL HEALTH)</p> <p>- - -</p> <p>- Provide water supply through house connections to 80 per cent of the urban population or, as a minimum, reduce that population currently without water service by 50 per cent. (VII-ENVIRONMENTAL HEALTH)</p> <p>- Provide water supply to 50 per cent of the rural population or, as a minimum, reduce that population without service by 30 per cent.</p> <p>- Provide sewerage service to 70 per cent of the urban population or, as a minimum, reduce that population without service by 30 per cent.</p> <p>- Provide sewerage service or other sanitary means of excreta disposal to 50 per cent of the rural population or, as a minimum, reduce that population without service by 30 per cent.</p> <p>- Establish satisfactory and suitable systems for the collection, transportation, processing, and disposal of solid wastes in at least 70 per cent of the cities with more than 20,000 inhabitants. (VII-ENVIRONMENTAL HEALTH)</p> <p>- Develop programs with a view to setting standards for water quality control. (VII-ENVIRONMENTAL HEALTH)</p> <p>- Organize educational and information programs to win public support in protecting the environment and help local groups to conduct systematic clean-up campaigns or help in garbage collection and removal operations. Also, establish information systems to determine priorities and trends and anticipate demands for services, evaluate program operations, and develop and modify plans for solid waste removal programs in accordance with the goals proposed. (VII-ENVIRONMENTAL HEALTH)</p> <p>- Ensure that programs of rural housing, agrarian reform, etc. emphasize as a primary objective the provision of potable water and excreta disposal. (VII-ENVIRONMENTAL HEALTH)</p>

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>13. <u>TO PROMOTE RECOGNITION, EVALUATION AND CONTROL OF ENVIRONMENTAL CONDITIONS AND HAZARDS WHICH MAY AFFECT HUMAN HEALTH</u></p> <p>13.1. To promote the development of programmes for the early detection and control of pollution in the environment.</p> <p>13.2. To evaluate the effects of environmental factors on health, to promote and co-ordinate relevant research, and to foster the practical application of findings.</p> <p>13.3. To promote the development of programmes to assure food safety and of information for their planning and implementation.</p> <p>13.4. To assist in preventing occupational and work-related diseases, and protect and promote workers' health.</p> <p>13.5. To promote the development of policies and programmes and related information systems for accident prevention.</p>	<ul style="list-style-type: none"> - Establish policies and enact the necessary basic legislation for improving, preserving, and controlling the quality of water, air, and soil resources. (VII-ENVIRONMENTAL HEALTH) - Formulate and execute programs for water pollution control in river basins, coastal waters, and other water bodies where industrial development, urbanization, or other considerations indicate the need for such measures. (VII-ENVIRONMENTAL HEALTH) - Formulate and execute air pollution control programs in urban areas with more than 500,000 inhabitants and in other cities where industrialization or other special considerations justify the need for such measures. - Formulate and execute soil pollution control programs in urban and rural areas where levels of development, industrialization, and land usage so warrant. - Establish information systems by which air pollution data may be compiled as well as to improve and expand the Pan American Air Pollution Sampling Network and the local and national surveillance systems. - Investigate the sources of pollutants and study their long-term effects on the environment and on human health, directly and indirectly. Encourage feasibility studies of low-cost waste treatment methods, such as oxidation ponds for the treatment of municipal and industrial wastes. - Determine the social and economic impact of water pollution and provide the necessary financial and technical assistance for its control. <p>Prepare recommendations and guidelines for the initiation of water, air, and soil pollution control until such time as national and international standards of quality are formulated and implemented. (VII-ENVIRONMENTAL HEALTH)</p> <ul style="list-style-type: none"> - Define clearly the responsibilities of the health sector with respect to food quality control and hygiene in the production, preparation, processing, industrialization, labeling, distribution, sale, and export of food. The definition of these responsibilities will enable each Ministry of Health to clearly and accurately define the needs and scope of its programs on all levels. (VII-ENVIRONMENTAL HEALTH) - Protect, by 1975, at least 40 per cent of the working population exposed to risks and 70 per cent by 1980 in the countries with occupational health programs already in operation. (VII-ENVIRONMENTAL HEALTH) - Establish in the countries national bodies to coordinate the work of the institutions in the various public and private sectors dealing with the prevention of traffic accidents; promote a multidisciplinary approach to control and research programs, and assume guiding functions in the execution of programs in this field. (VII-ENVIRONMENTAL HEALTH)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>14. <u>TO PROMOTE THE DEVELOPMENT OF THE TYPES AND NUMBERS OF HEALTH MANPOWER NEEDED TO PROVIDE HEALTH SERVICES THAT ARE ADEQUATE AND APPROPRIATE TO THE NEEDS OF THE LARGEST POSSIBLE SEGMENT OF THE POPULATION</u></p> <p>14.1. To assist in the planning for and training of sufficient manpower with the proper knowledge, skills and attitudes for the execution of national health plans and programmes.</p> <p>14.2. To promote the integration of health manpower planning, production and utilization within the context of national health plans and socio-economic development in collaboration with the general educational systems.</p> <p>14.3. To promote optimal utilization and to reduce underdisarable migration of trained manpower.</p>	<ul style="list-style-type: none"> - Achieve a regional average of 8 doctors, 2 dentists, and 2.2 dental auxiliaries, 4.5 nurses and 14.5 nursing auxiliaries per 10,000 inhabitants, and improve their geographic and institutional distribution. - Train in the course of the decade a minimum of 18,000 veterinarians and 30,000 animal health auxiliaries. - Train in the course of the decade a minimum of 360,000 nursing auxiliaries and produce 125,000 nurse graduates, especially at the intermediate level. - Train 3,200 professionals in the course of the decade in postgraduate programs and 30,000 professionals and technicians in short courses in sanitary engineering and other environmental sciences. - Train during the decade 300 professional level statisticians; 100 professional medical records officers; 4,000 intermediate-level medical records officers; 250 intermediate-level statisticians, and 40,000 statistical auxiliaries. - Train during the decade 3,000 planners and 3,000 administrators at the professional level, and 1,000 professionals in health information systems. - Set up in at least 11 countries national systems of scientific documentation in the health sciences, interconnected and also with the Regional Library of Medicine - Provide textbooks of high scientific and institutional quality for students of medicine, nursing, and other disciplines, in a program to cover 75 per cent of students by 1980. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES) - Promote health manpower planning as an integral part of the global processes of planning for economic and social development and as an integral function of the planning bodies of the health sector and the universities. - Define the functions and personnel modules, both for health care and for administrative and support duties, that will help to increase the productivity of health teams. Strengthen information systems, and promote studies to adapt human resources to the characteristics of each country. - Create, in accordance with the conditions of each country, new types of health personnel that will make it possible to increase service coverage primarily in rural areas. - Establish, whenever possible, machinery for compulsory rotational assignment of recently qualified staff in those areas where no health care facilities are available, guaranteeing them adequate conditions of work and remuneration. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>15. <u>TO PROMOTE THE DEVELOPMENT OF RELEVANT BASIC AND CONTINUING EDUCATIONAL PROCESSES (PLANNING, CURRICULUM, DEVELOPMENT, METHODOLOGY AND EVALUATION) FOR ALL CATEGORIES OF HEALTH PERSONNEL</u></p> <p>15.1. To promote the development of national staff able to apply a systematic approach to educational processes.</p> <p>15.2. To promote the definition of learning objectives for relevant curricula, appropriate educational methods and valid evaluation systems for all types and levels of educational activities.</p>	<ul style="list-style-type: none"> - Strengthen health manpower training institutions and programs by increasing technical and financial assistance to universities and other institutions responsible for health manpower training. Improve the teaching-learning processes by means of the use of the most appropriate modern resources for this purpose. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES) - Organize continuing education for graduate health professionals. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES) - Develop the capacity of institutions to provide training for basic and intermediate level health manpower, with a view to increasing the numbers of such personnel. - Increase the level of utilization of the installed teaching capacity by means of evening classes whenever necessary to achieve the quantitative targets proposed. (XIII-HUMAN AND TECHNOLOGICAL RESOURCES)
<p>16. <u>TO PROMOTE AND ASSIST IN THE DEVELOPMENT AND CO-ORDINATION OF BIOMEDICAL AND HEALTH SERVICES RESEARCH</u></p> <p>16.1. To identify research priorities strengthen national research capabilities and promote co-ordination of research.</p> <p>16.2. To promote the application of existing and new scientific knowledge and research methods.</p>	<ul style="list-style-type: none"> - Undertake research with a view to determining the effects of various alternatives within the sectoral policy and defining methods or techniques calculated to increase the productivity and effectiveness of services. Develop systematic studies on costs, and financing, and sectoral expenditures. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Each country to develop its own research infrastructure and collaborate fully in regional programs so as to be able to choose, use, and control scientific and technologic developments, as well as to use the power of those disciplines to create a healthier population and work force. - Carry out wider and more productive efforts to link research programs in various countries; for example, in communicable diseases (particularly virology and parasitology), nutrition, and human reproduction. - Encourage training for health researchers. Such training should be based mainly on research lines taking into account the major health problems prevalent in each country. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Develop the capacity of institutions to provide training for basic and intermediate level health manpower, with a view of increasing the numbers of such personnel. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Develop more effective ways to assess the results of alternative priorities in public health programs, and obtain wider acceptance of administrative research in the social sciences. - Every country should measure its research investment, a task few countries have adequately accomplished. Then it should try to invest between 0.5 and 1.0 per cent of its gross national product in research. A substantial proportion of this total research investment should be in the health field, within the national development goals for science and technology. Ministries of Health must play an important role in health research. (XII-DEVELOPMENT OF THE INFRASTRUC.)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>17. <u>TO PROMOTE WITHIN THE CONTEXT OF THE OVERALL SOCIO-ECONOMIC DEVELOPMENT IN MEMBER STATES, SYSTEMS FOR CONTINUING PLANNING, PROGRAMMING AND MANAGEMENT INCLUDING FINANCING AND EVALUATION OF HEALTH PROMOTING ACTIVITIES</u></p> <p>17.1. To provide assistance in the preparation, execution and evaluation of health plans, programmes and development efforts in accordance with periodically revised or confirmed health policy.</p> <p>17.2. To promote the development and application of efficient managerial, information and evaluation systems for the planning and operation of health programmes.</p>	<ul style="list-style-type: none"> - Establish and expand in each country the health planning process as an integral part of socioeconomic development. Organize systems of information, evaluation and control. Improve health statistics. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Increase operational capacity at the institutional and sectoral level. - Promotion of the proper communication among the infrastructure of the various sectors in order to achieve, through coordinated programs, the concentration of intersectoral resources to the high-risk population, with the aim of preventing illnesses and deaths. - Encourage, finance, and conduct research designed to determine the effects of various sectoral policy alternatives, and define methods or techniques that will increase the productivity and effectiveness of the services. - Initiate and improve processes for defining and executing health policies and strategies incorporated into economic and social development policies which support and make it possible to: (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Bring about structural changes enabling the sector to become a system consistent with the political, economic, cultural, social, and technological conditions in each country in order to: <ul style="list-style-type: none"> - Obtain maximum efficiency in the health level and structure, with the greatest possible increase in productivity in the services; and - Facilitate the timely and rational adjustment of decisions by establishing information-evaluation-control and decision-making systems. - Initiate and/or improve processes in all countries for defining policies, determining strategy, and planning, executing, and evaluating activities by means of a health system that ensures the rational use of available resources. - Begin in the health sector, and promote in the other social and economic sectors in all countries, changes that will lead to effective intersectoral communication, with the aim of integrating the health plan within the over-all framework of a national development plan. - Establish, expand, and improve, in each of the countries of the Region, health planning processes by "levels", which will be incorporated into the economic and social development processes, as instruments of the sectoral policy for providing the health system with guidelines and operational mechanisms. - Create in each country conditions for the operation of a health system adapted to its particular characteristics and consistent with the sectoral policy. To create a <u>health system</u>, it will be necessary to: (XII-DEVELOPMENT OF THE INFRASTR.) - Initiate and strengthen of administrative reform in the sector and in all its institutions. - Develop the operational capacity of the institutions. - Establish and develop information-evaluation-control and decision-making systems with the depth and detail required by their administration and planning processes in order to guide decisions and base them on relevant, realistic, and timely data prepared in accordance with the needs of the users at the different policy-making, technical, and administrative levels.

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>18. <u>TO SUPPORT SOCIAL AND ECONOMIC POLICIES AND PROGRAMMES WITH HEALTH IMPLICATIONS, SUCH AS RURAL AND URBAN DEVELOPMENT, HOUSING, EDUCATION AND ECONOMIC DEVELOPMENT ACTIVITIES AS APPROPRIATE</u></p> <p>18.1. To help adjust socio-economic development plans and activities in order to enhance health benefits and reduce health hazards.</p> <p>18.2. To help introduce health components into regular social and economic activities and services and enhance their health effects.</p> <p>19. <u>TO INCREASE "UN" AND OTHER INTERNATIONAL, MULTILATERAL AND BILATERAL COLLABORATION, IN SOLVING PRIORITY HEALTH PROBLEMS OR OTHER SOCIO-ECONOMIC PROBLEMS WITH SIGNIFICANT HEALTH IMPLICATIONS</u></p> <p>19.1. To increase the amount of external assistance available for health programmes, for the health component of development programmes, and for development programmes with identifiable effects on health</p>	<ul style="list-style-type: none"> - Define a policy and strategy so that the health sector may participate directly in all pertinent aspects of regional development projects and prepare the respective feasibility studies for the health sector so as to support development plans in the most effective manner. (VII-ENVIRONMENTAL HEALTH) <ul style="list-style-type: none"> i) Establish close contact with planning officials to provide information on environmental health, which is required in integral planning, and promote and carry out public information programs with a view to obtaining support of the population for inclusion of health program elements in regional development projects. ii) Determine the marginal costs of expansion and health services that may be necessary in regional development projects and include such costs in the budgets of the development projects. - Incorporate the health planning processes into the economic and/or social development processes, particularly by identifying "key projects" of considerable economic and social impact that will receive wide and rapid acceptance because of their feasibility and the fact that they complement projects undertaken by other sectors; and prepare for each project identified a study that will determine on a preliminary basis its characteristics as regards objectives, duration, resources, costs, relationship with other sectors, and its contribution to the country's economy. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Coordination of International Cooperation in the Health Field in the Americas (RESOLUTION XXIX OF THE XIX PAN AMERICAN SANITARY CONFERENCE) - Noting the need to establish a mechanism and procedure for the direction and coordination of external assistance in health which truly reflect the will of the Governments concerned on the one hand, and the readiness of PAHO/WHO and other international and bilateral agencies of complying efficiently with mandates of Governments, resolves: <ul style="list-style-type: none"> - To instruct the Director of the Bureau, within the framework of the policy laid down by the Organization, to intensify efforts to provide Governments which so request with assistance in perfecting the health planning process as part of their overall planning. With this in view, a system of periodic meetings should be programmed with each country so requesting, at which the Governments would indicate their external technical assistance needs, bearing in mind national health policies, strategies and programs. (RESOLUTION XXIX OF THE XIX PAN AMERICAN SANITARY CONFERENCE)

WHO PRINCIPAL PROGRAMME OBJECTIVES AND RELATED DETAILED OBJECTIVES	OBJECTIVES AND STRATEGIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>19.2. To provide an adequate and appropriate response to emergency situations.</p>	<ul style="list-style-type: none"> - Bearing in mind that PASB is called upon to coordinate, in conjunction with the United Nations Disaster Relief Office and the OAS/Inter-American Emergency Aid Fund, and the national organizations, action taken by agencies and countries for the relief of the victims of disasters, resolves: - To recommend to the countries that they establish, on a permanent basis, national organizations responsible for ensuring the establishment of preventive measures against disasters and coordinating the action of all interested national institutions, public and private. - To urge the Director to strengthen the PAHO unit concerned with emergencies and set up a standing committee to furnish support and advisory services, with responsibility for devising and keeping up to date a plan of action for emergencies which would include machinery to enable each country to make use of international aid from various sources so as to obtain maximum results. (RESOLUTION XLIII OF THE XIX PAN AMERICAN SANITARY CONFERENCE)

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ANNEX C

PRIORITIES PROPOSED BY THE REGION OF THE AMERICAS FOR
INCLUSION IN THE SIXTH GENERAL PROGRAM OF WORK OF WHO

COMPARATIVE ANALYSIS WITH THE PRIORITY GOALS AND STRATEGIES
OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS

PRIORITIES PROPOSED BY THE REGION OF THE AMERICAS FOR
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OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS

SUGGESTED PRIORITIES FOR WHO GENERAL PROGRAMME OF WORK	PRIORITIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS *
<p>1. <u>TO ASSIST COUNTRIES TO FURTHER DEVELOP COMPREHENSIVE HEALTH SERVICES BOTH AT THE COMMUNITY AND AT THE NATIONAL LEVEL.</u></p> <p>1.1. To assist countries to strengthen their capacity for planning and management of health services including institutions and manpower at all levels.</p> <p>1.2. To assist in the development of primary health care to under-served populations, with special attention given to high risk and vulnerable groups.</p>	<ul style="list-style-type: none"> - <u>Extension of coverage</u>, including minimum comprehensive services, to all the population living in accessible communities of less than 2,000 inhabitants, and provision of basic and specialized services to the rest of the population, by means of a regionalized health system, priority being given to the following: <ul style="list-style-type: none"> - Communicable Diseases. - Maternal and Child Health and Family Welfare. - Nutrition. - Environmental Sanitation Programs. (II-EXTENSION OF COVERAGE) - Define in each country a policy for <u>developing the health service systems</u>, in terms of a national or sectoral policy that will set the bases for redefining the health sector, by delimiting its field of action, and for defining its institutional components and the geographic coverage of the population and of planned programs. - <u>Increase the productivity of the systems</u> by implementing technical-administrative and legal reforms that will strengthen the organizational and functional structure and the normative and directing authority of the health policy of the Ministries and Secretariats of Health; develop the institutions; improve or establish a flexible administrative regionalization; and supplement the existing installed capacity with the personnel, equipment, and intermediate and general complementary services they are now lacking. - <u>Incorporate planning and its methodological techniques</u> into the administration of the health service system at all its levels, complementing final service programs with complementary programs, those of supportive administrative services, and those of investment in its broadest sense, in those countries that might not have contemplated doing so. (II-EXTENSION OF COVERAGE) - Extension of coverage, including <u>minimum comprehensive services</u>, to all the population living in accessible communities of less than 2,000 inhabitants, and provision of basic and specialized services to the rest of the population, by means of a regionalized health system. (II-EXTENSION OF COVERAGE)

* Los capítulos mencionados en esta columna corresponden al Anexo "A" del Documento "Contribución de la Región de las Américas al VI Programa General de Trabajo de la OMS".

SUGGESTED PRIORITIES FOR WHO GENERAL PROGRAMME OF WORK	PRIORITIES OF THE TEN-YEAR HEALTH PLAN FOR THE AMERICAS
<p>3. (...cont...)</p> <p>3.1. To assist in developing multi-sectoral food and nutrition policies and programmes.</p> <p>3.2. To assist in establishing a simple nutritional surveillance system and measures for the control of specific nutritional deficiencies.</p>	<ul style="list-style-type: none"> - Reduce the current prevalence of hypovitaminosis "A" by 10 to 50 per cent (30 per cent regional average) among vulnerable groups. - Reduce the current rate of increase in prevalence of diseases associated with overweight, namely, cardiovascular diseases, obesity, and diabetes. (V-NUTRITION) - Promote and contribute to the establishment of legislation to organize planning and technical support structures for the <u>formulation of food and nutrition policies</u>, and define principles and methods for the formulation and implementation of such policies. - Promote and contribute to the formulation of biologically oriented national policies on food and nutrition and execute <u>coordinated intersectoral programmes</u> implementing such policies in at least 75 per cent of the countries. (V-NUTRITION) - Establish a complete and reliable system for the diagnosis and <u>epidemiological surveillance of the nutritional status</u> in all the countries. (V-NUTRITION)
<p>4. <u>TO PREVENT AND CONTROL COMMUNICABLE DISEASES</u></p>	<ul style="list-style-type: none"> - <u>Maintain smallpox eradicated. Reduce mortality from measles and whooping cough. Reduce morbidity from diphtheria and poliomyelitis. Reduce mortality from tuberculosis. Reduce the rates of mortality from enteric diseases. Reduce the incidence of venereal diseases, especially gonorrhea and syphilis, and eradicate yaws and pinta.</u> - Cut down the incidence of leprosy, typhus, schistosomiasis, oncocerciasis, Chagas' disease, and jungle yellow fever, and keep plague under control. <u>Eradicate malaria</u> in areas where there are good prospects of reaching this goal; maintain eradication where it has already been achieved; apply in the "problem areas" the new techniques derived from research, and give intensive stimulus to research activities. Eradicate <u>Aedes aegypti</u> in the countries and territories still infested, and prevent the penetration of the vector into areas from which it has been eliminated. (III-COMMUNICABLE DISEASES)

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<p>4.1. To assist countries in the reduction of communicable disease problems by immunization, surveillance, vector control and other suitable measures.</p>	<ul style="list-style-type: none"> - Reduce mortality due to <u>measles, whooping cough, and tetanus</u> to rates of 1.0, 1.0 and 0.5 per 100,000 population, and reduce morbidity due to <u>diphtheria and poliomyelitis</u> to rates of 1.0 and 0.1 per 100,000 population, respectively. - Reduce mortality due to <u>tuberculosis</u> by between 50 and 65 per cent by combining vaccination of children under 15 years of age with BCG, search, and specialized treatment of patients, using general health services. - Endeavor to bring <u>venereal</u> diseases under control. - Eradicate <u>yaws</u> in those countries where this has not yet been achieved. - Control and if possible eradicate <u>pinta</u> in the Americas. - Maintain enzootic areas of <u>plague</u> under control in order to prevent extension and possible spread to urban areas. - Reduce the incidence and prevalence of <u>leprosy</u>, with a view to the consequent decrease in disabilities resulting therefrom. - Improve the knowledge of viruses prevalent in the Region and in those countries with special problems, such as <u>hemorrhagic fevers</u> (virus of the Tacaribe group), <u>encephalitis</u>, and <u>dengue</u> and intensify research which will make it possible to develop control measures. - Reduce deaths due to louse-borne <u>typhus</u> in Middle and South America, as well as the number of outbreaks. - Carry out studies to acquire greater knowledge of the frequency and distribution of <u>Chagas' disease</u> and schistosomiasis and promote their control. - Reduce present mortality from <u>enteric infections</u> by at least 50 per cent, with particular emphasis on infants and young children. - Eradicate <u>Aedes aegypti</u> from the countries and territories of the Region still infested, with a view to achieving effective prevention and possibly the elimination of the diseases it transmits. Reduce to a minimum the morbidity and mortality caused by jungle yellow fever. (III-COMMUNICABLE DISEASES)

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<p>6. <u>TO IMPROVE BASIC COMMUNITY SANITATION, PARTICULARLY COMMUNITY WATER SUPPLY AND DISPOSAL OF WASTES</u></p> <p>6.1. To promote and assist in national planning of services for the provision of community water supplies and for disposal of waste.</p> <p>7. <u>TO PROMOTE RECOGNITION, EVALUATION AND CONTROL OF ENVIRONMENTAL CONDITIONS AND HAZARDS WHICH MAY AFFECT HUMAN HEALTH</u></p> <p>7.1. To promote the development of programmes for the early detection and control of pollution in the environment.</p>	<ul style="list-style-type: none"> - <u>Provide water supply through house connections to 80 per cent of the urban population</u> or, as a minimum, reduce that population currently without water services by 50 per cent. - <u>Provide water supply to 50 per cent of the rural population</u> or, as a minimum, reduce that population without services by 30 per cent. - <u>Provide sewerage service to 70 per cent of the urban population</u> or, as a minimum, reduce that population without service by 30 per cent. - <u>Provide sewerage service or other sanitary means of excreta disposal to 50 per cent of the rural population</u> or, as a minimum, reduce that population without service by 30 per cent. - Establish satisfactory and suitable systems for the collection, transportation, processing, and <u>disposal of solid wastes</u> in at least 70 per cent of the cities with more than 20,000 inhabitants. (VII-ENVIRONMENTAL HEALTH) - Establish policies and enact the necessary basic <u>legislation for improving, preserving, and controlling the quality of water, air, and soil resources.</u> (VII-ENVIRONMENTAL HEALTH) - Formulate and execute programs for <u>water pollution control</u> in river basins, coastal waters, and other water bodies where industrial development, urbanization, or other considerations indicate the need for such measures. - Formulate and execute <u>air pollution control</u> programs in urban areas with more than 500,000 inhabitants and in other cities where industrialization or other special considerations justify the need for such measure. - Formulate and execute <u>soil pollution control</u> programs in urban and rural areas where levels of development, industrialization, and land usage so warrant. (VII-ENVIRONMENTAL HEALTH)

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<p>9. <u>TO PROMOTE WITHIN THE CONTEXT OF THE OVERALL SOCIO-ECONOMIC DEVELOPMENT IN MEMBER STATES, SYSTEMS FOR CONTINUING PLANNING, PROGRAMMING AND MANAGEMENT INCLUDING FINANCING AND EVALUATION OF HEALTH PROMOTING ACTIVITIES</u></p> <p>9.1. To provide assistance in the preparation, execution and evaluation of health plans, programmes and development efforts in accordance with periodically revised or confirmed health policy.</p>	<ul style="list-style-type: none"> - Establish and expand in each country the <u>health planning process as an integral part of socioeconomic development</u>. Organize systems of information, evaluation and control. Improve health statistics. - <u>Increase operational capacity</u> at the institutional and sectoral level. - Promotion of the proper <u>communication among the infrastructure of the various sectors</u> in order to achieve, through coordinated programs, the concentration of intersectoral resources to the high-risk population, with the aim of preventing illnesses and deaths. - <u>Encourage, finance, and conduct research</u> designed to determine the effects of various sectoral policy alternatives, and define methods or techniques that will increase the productivity and effectiveness of the services. (XII-DEVELOPMENT OF THE INFRASTRUCTURE) - Initiate and improve processes for <u>defining and executing health policies and strategies</u> incorporated into economic and social development policies which support and make it possible to: <ul style="list-style-type: none"> - Bring about <u>structural changes</u> enabling the sector to become a system consistent with the political, economic, cultural, social, and technological conditions in each country in order to: - Obtain <u>maximum efficiency</u> in the health level and structure, with the greatest possible increase in productivity in the services; and - Facilitate the timely and rational adjustment of decisions by establishing <u>information-evaluation-control</u> and decision-making systems. - Initiate and/or improve processes in all countries for defining policies, determining strategy, and planning, <u>executing, and evaluating activities</u> by means of a health system that ensures the rational use of available resources. - Begin in the health sector, and promote in the other social and economic sectors in all countries, changes that will lead to effective <u>intersectoral communication</u>, with the aim of integrating the health plan within the over-all framework of a national development plan. - Establish, expand, and improve, in each of the countries of the Region, <u>health planning processes by "levels", which will be incorporated into the economic and social development</u> processes, as instruments of the sectoral policy for providing the health system with guidelines and operational mechanisms. (XII-DEVELOPMENT OF THE INFRASTRUCTURE)

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<p>9.2: To promote the development and application of efficient managerial, information and evaluation systems for the planning and operation of health programmes.</p> <p>10. <u>TO SUPPORT SOCIAL AND ECONOMIC POLICIES AND PROGRAMMES WITH HEALTH IMPLICATIONS, SUCH AS RURAL AND URBAN DEVELOPMENT, HOUSING, EDUCATION AND ECONOMIC DEVELOPMENT ACTIVITIES AS APPROPRIATE</u></p> <p>11. <u>TO INCREASE "UN" AND OTHER INTERNATIONAL, MULTILATERAL AND BILATERAL COLLABORATION, IN SOLVING PRIORITY HEALTH PROBLEMS OR OTHER SOCIO-ECONOMIC PROBLEMS WITH SIGNIFICANT HEALTH IMPLICATIONS</u></p>	<ul style="list-style-type: none"> - Create in each country conditions for the operation of a health system adapted to its particular characteristics and consistent with the sectoral policy. To create a <u>health system</u>, it will be necessary to: <ul style="list-style-type: none"> - Initiate and strengthen of <u>administrative reform</u> in the sector and in all its institutions. - Develop the <u>operational capacity</u> of the institutions. - Establish and develop <u>information-evaluation-control and decision-making systems</u> with the depth and detail required by their administration and planning processes in order to guide decisions and base them on relevant, realistic, and timely data prepared in accordance with the needs of the users at the different policy-making, technical, and administrative levels. (DEV.OF THE INFRAST.) - Define a policy and strategy so that the health sector may participate directly in all pertinent aspects of <u>regional development projects</u> and prepare the respective feasibility studies for the health sector so as to support development plans in the most effective manner. - Establish close contact with planning officials to provide information on environmental health, which is required in integral planning, and promote and carry out public information programs with a view to obtaining support of the population for inclusion of <u>health program elements in regional development projects</u>. - <u>Determine the marginal costs of expansion of health services that may be necessary in regional development projects</u> and include such costs in the budgets of the development projects. (VII-ENVIRONMENTAL HEALTH) - Coordination of <u>International Cooperation</u> in the Health Field in the Americas (RESOLUTION XXIX OF THE XIX PAN AMERICAN SANITARY CONFERENCE)

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<p>12. <u>TO IMPROVE METHODS AND MECHANISMS OF FINANCING HEALTH SERVICES WITHIN A NATIONAL CONTEXT</u></p> <p>12.1. To provide information and to assist countries to devise and introduce improved methods of financing health promoting activities.</p> <p>12.2. To promote functional integration or closer collaboration of social security and/or health insurance schemes with health services in both public and private sectors.</p> <p>12.3. To assist countries to base decisions concerning provision of health services on outcome and cost criteria.</p>	<p>- Explore sources and methods of internal and external financing that will provide support for improving and expanding the health service systems that prove to be necessary for the implementation of the policies formulated. The communities should participate in the direct or indirect financing of the various health services. (II-EXTENSION OF COVERAGE)</p> <p>- In view of the inadequacy of the information available on financial matters, and bearing in mind the importance of this factor, the III Special Meeting of Ministers of Health recommends that PAHO organize and collaborate with the countries in a <u>program of research on sectoral investment in health</u>. This research should provide a continuous flow of information for use in decision-making. Aspects to be studied should include the economic, functional, and social purpose of investments; the source of the funds; the forms and system of financing; costs; and functions of production. (XIV-ANALYSIS OF THE FINANCING AND THE PROPOSALS IN THE TEN-YEAR PLAN)</p> <p>- Regulate the sector and its administration to serve as a frame of reference, with such regulation presupposing the organization of a viable national health service system adapted to the needs of each country, and the implementation of the recommendations made in the above points. <u>The participation of the social security medical services is an important element of this system and should be in line with the policy and patterns set by each Government.</u> (II-EXTENSION OF COVERAGE)</p> <p>- To recommend to PAHO that, in consultation with experts of the countries, <u>general guidelines be drawn up for determining the present financing of health investments and the changes required to carry out the plans and programs envisaged in the Ten-Year Health Plan for the Americas, 1971-1980.</u> (RES. XIII; XXI PAHO DIRECT. COUN.)</p> <p>- To suggest to the health authorities of the countries that they initiate <u>cost studies of their health services</u> and, when they deem it possible, cost-benefit studies, particularly in areas with the largest investment. (RESOLUTION XIII; XXI PAHO DIRECTING COUNCIL)</p> <p>- To recommend to PAHO that it prepare the necessary design to ensure comparability of the cost studies. (RESOLUT. XIII; XXI PAHO DIRECTING COUNCIL)</p>