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PROPOSALS FOR THE WHO DIRECTOR GENERAL'S DEVELOPMENT PROGRAM, 1978-1979

The Twenty-ninth World Health Assembly, meeting in May 1976, adopted Resolution WHA29.48, which requires that by 1980 no less than 60 per cent of the regular funds of WHO be budgeted for technical cooperation and provision of services in benefit of the Member Countries. In responding to the desires expressed by the World Health Assembly, the Director-General has initiated a progressive reduction, to take place over several years, of the activities carried out at the Headquarters Office in Geneva. The funds released will be transferred to a new account to be known as the "Director-General's and Regional Directors' Development Program."

The Director-General will make funds available to the six Regions within this Program. The Region of the Americas will be allotted $440,000 for 1978 and $625,000 for 1979. These funds are to be spent on projects proposed by the Regional Director and agreed to by the Regional Committee and the Director General.

The Director-General has indicated that the projects to be undertaken should involve genuine technical cooperation activities and that small fragmented projects should be excluded. Priority should be given to projects involving multidisciplinary participation and to a number of research and development institution building activities within the concept of technical cooperation among developing countries (TCDC), in fields such as primary health care, advancement of appropriate technology, health administration and managerial skills. Examples of projects that might be included are research promotion and development, expanded programs on immunization, diarrheal diseases, and extension of coverage.

In accordance with the wishes of the Director-General, the Director presented to the Executive Committee at its 78th Meeting a series of proposed projects, contained in Annex I to this document. The document contained very brief citations to 10 suggested projects. The Committee discussed them and

adopted Resolution XIII (see Annex II). By means of this resolution, the Executive Committee expressed its view that projects 1, 6 and 9 are of the highest priority among the 10 projects suggested. In addition, the Committee expressed the opinion that projects 3 and 5 are "also of high priority."

In order to assist the Directing Council in its discussion, appended hereto, as Annex III, are detailed statements on the three first-priority and the two lesser-priority projects selected by the Executive Committee.

Should any health authority wish to undertake activities along the lines indicated above, the Director will make every effort to respond within the means of the resources available.

Annexes

PROJECTS FOR POSSIBLE FUNDING FROM DIRECTOR GENERAL'S DEVELOPMENT PROGRAM

1. Intercountry research in methods for development of community participation in primary health care programs

Through a five-year study an appropriate technology for rural community participation in health service programs would be developed. Local communities in Latin America vary greatly in background, ethnic composition and even in language. The study will focus on the nature of community concepts of health, the indigenous health system and its reconciliation with modern health service practices.

Estimated funding: 1978 - $150,000, 1979 - $225,000

2. Regional program for control of diarrheal diseases

These widespread diseases cause a heavy excess of deaths in the 0-4-years age group. Basic oral rehydration techniques are life saving in most cases, and simple enough to be taught to mothers by auxiliaries as a normal local health service activity. The program would emphasize development of national self-sufficiency in production of oral rehydration salts, and training of local health service personnel.

Estimated funding: 1978 - $125,000, 1979 - $175,000

3. Expanded program of immunization in the Americas

Deaths from immunizable diseases are no longer tolerable, but immunity levels are low. Technical cooperation would be offered in establishment of surveillance mechanisms, identification of problem areas, training of personnel, national vaccine production and development of simplified methods for use in basic local health units. Funds would be sought elsewhere to establish a revolving fund for the purchase of vaccines.

Estimated funding: 1978 - $200,000, 1979 - $350,000

4. Emergency preparedness

Earthquakes, floods, hurricanes, droughts and other disasters are all too common. Assistance would be offered to Governments to create permanent units with trained personnel to cope with disasters. These units would be prepared in advance with standby plans for the different disaster probabilities. Training is important, as is direct assistance after a disaster has occurred. A research phase would concentrate on the epidemiology of different types of disasters and on methods of coordination to minimize duplication and confusion in relief efforts.

Estimated funding: 1978 - $130,000, 1979 - $175,000

5. Improvement of public health and clinical laboratories

Central or national public health laboratories that are equipped and capable of developing and improving a national laboratory system are extremely rare. The immediate objective is to build up at least three agreed upon national laboratories which could then serve as regional centers for training of personnel from nearby countries. Attention would be given to such activities as production and control of diagnostic reagents, use of test procedures, training of personnel, testing of satellite laboratory performance, and methodological research in test procedures.

Estimated funding: 1978 - $150,000, 1979 - $200,000

6. Development of an appropriate technology for primary health care

Testing of various methods for provision of primary health care. Methods already in use would be studied critically and evaluated. Guides for training, utilization and supervision of auxiliaries would be developed. A major center might be developed for research and training in methods to be developed and used.

Estimated funding: 1978 - $100,000, 1979 - $180,000

7. Identification of an appropriate technology in environmental health through collaborating institutions

Subregional institutions would be identified, and each assisted to study and develop appropriate technologies in environmental health within its own subregion. Technologies which might be developed include simple single dwelling and rural community water supply and excreta disposal systems; rural housing sanitation; and methods of community self help.

Estimated funding: 1978 - $180,000, 1979 - $320,000

8. Traffic accidents

Death rates from traffic accidents in Latin America are estimated at 10 to 15 times those of Canada and the United States of America. Only in two or three countries are there strong efforts at coordination among health, police and highway planning sectors. The objective of this project would be to bring together in workshops, seminars, etc. the various government agencies involved.

Estimated funding: 1978 - $160,000, 1979 - $200,000

9. Training in supervision and consultation in local health service units

There exist in most countries well qualified consultants and supervisors within central ministries of health. Lack of funds, means for easy travel and other factors, however, make it difficult for these professionals to provide necessary help and advice at the local level. A simple program is planned to provide a series of "in-service" or "continuation" training sessions for local health workers, using qualified professionals already available as teachers. Vehicles and training aids would be provided, and training programs would be decentralized, i.e., carried out in the health centers where local health workers are available.

Estimated funding: basic staff per year, $85,000; each country per year, $50,000

10. Special project (for possible funding above allotment ceiling): Training in health facilities maintenance and biomedical engineering

The maintenance of health, hospital and scientific equipment is a serious problem throughout Latin America. The cost of technical equipment is high since much of it must be imported, and there is a serious shortage of trained technicians to repair and maintain it.

The only organized program for training of biomedical engineers in Latin America was created in Venezuela in 1967 with PAHO/WHO collaboration. This center is now providing excellent leadership throughout the Region.

It is proposed to establish a center for training and practical research in biomedical engineering in an appropriate location. This center would give training in maintenance to national leaders, and carry out practical studies on methods within the Latin American context. The design of hospitals and health centers for ease of maintenance under Latin American conditions would also be an appropriate function of the center.

The center could be initiated in 1978 or 1979 with a first year budget of $200,000 to $300,000. Within five years the annual cost would be in the neighborhood of $1,000,000.

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

PAN AMERICAN HEALTH ORGANIZATION

78th Meeting

WORKING PARTY OF THE REGIONAL COMMITTEE

WORLD HEALTH ORGANIZATION

78th Meeting

RESOLUTION XIII

PRIORITIES FOR THE WHO DIRECTOR-GENERAL'S DEVELOPMENT PROGRAM, 1978-1979

THE EXECUTIVE COMMITTEE,

Having examined the proposals of the Director for funding under the Director General's Development Program, 1978-1979 (Document CE78/22);

Recognizing that all the 10 proposals of the Director contained in Document CE78/22 reflect demonstrated priority health needs in the Region of the Americas; and

Taking into account the views expressed by the members of the Executive Committee,

RESOLVES:

1. To recommend that the highest priority be accorded to projects 1, 6 and 9 contained in the Annex to Document CE78/22, for funding with resources from the Director General's Development Program.

2. To express the opinion that projects 3 and 5 are also of high priority, in case additional funds may be available.

3. To request the Director to convey its views to the Directing Council at its XXV Meeting.

(Approved at the tenth plenary session, 17 June 1977)

INTERCOUNTRY RESEARCH IN METHODS FOR THE DEVELOPMENT OF COMMUNITY PARTICIPATION IN THE EXTENSION OF COVERAGE WITH PRIMARY HEALTH CARE PROGRAMS

(See Annex I, Item 1)

1. The Problem

In many rural communities of Latin America and the Caribbean the traditional community system is still the only one available for health care. On the other hand, the health needs of individuals and communities are conditioned by the characteristics of the population: their age and sex composition, geographical distribution, degree of social organization, life-style, forms of communication, occupational structure, income, education and aspiration levels, the environment, etc.

A methodology has to be developed for acquiring a full understanding of the traditional community health system so as to discover the internal dynamics of its elements and to identify those features that can be of use in the provision of primary health care and facilitate the articulation of this system with the institutional health system, with which it has an erratic or partial relationship, or else none at all.

Methodologies must also be developed for determining the distinctive features of communities and acquiring appropriate technologies for promoting the participation of urban and rural communities in activities for the extension of coverage in the countries.

In this area the countries stand in need of immediate assistance from PAHO/WHO.

2. Objectives of the Project

(a) To develop methodologies by which the governments can discover the characteristics of their communities and, at the same time, design, test and improve appropriate technologies for promoting the participation of urban and rural communities in coverage extension activities.

(b) To develop technologies by which to discover the characteristics and elements of the traditional community health system in the Member countries so that it may be more easily articulated with the institutional system.

3. Methods

The project will design and test research methodologies for attaining the aforementioned objectives and develop the research capacity of the interested countries so that the appropriate studies may be conducted.

The methodology will be based essentially on surveys of samples representative of the population. Because of the need to obtain comparable and quantifiable information on the localities in the area to be investigated, in the study of the traditional community health system survey techniques will be selected through family interviews. In relation to appropriate technologies to promote community participation, the sampling technique will also be used to work on population groups that are the preferred target of coverage extension efforts.

The methodology will be broad and encompass four main categories: resource management, supporting administrative systems, the rendering of health services (primary care), and intra- and extrasectoral coordination machinery.

Because of sociocultural, sociopolitical and organizational differences between health systems in the countries, several schemes will have to be devised that are properly flexible. In the first two years the project will focus on one or two subregions.

The project will be developed in stages consisting of the following principal activities:

3.1 Preliminary formulation of the working hypothesis and general criteria for the operational study of the communities, their participatory arrangements and traditional community systems in the Americas.

3.2 Selection of a subregion, country and representative communities in which to launch the study.

3.3 The design, testing and further development of the methodology in representative communities in the selected country, including training of local research workers.

3.4 Formulation of the research methodology on the basis of adjustments made in the national field trial.

3.5 Adjustment of the design and trial of the methodology in selected communities of a second country in the subregion, including the training of research workers in that country.

3.6 Adjustment of the design and trial of the methodology in selected communities of a third country in the subregion, including the training of national research workers.

3.7 Application of the methodology, with necessary adjustments, to representative communities in two countries of another subregion, following the steps enumerated above.

3.8 Writing and publication, for dissemination in the countries of the subregions studied, of an operational manual on community participation describing research methodologies and the procedures for using them, and the application of suitable technology for the promotion of community participation in the extension of coverage.

4. Results

(a) A research methodology for the study of urban and rural communities and the traditional community health system in order to articulate it with the institutional system, and suited to the specific needs of each country.

(b) Technology packages for promoting community participation in rural and urban areas in a manner suited to the socio-political context of the country and the characteristics of those areas.

5. Cooperation

The project requires collaboration between the Member countries and PAHO/WHO. PAHO/WHO will design and help test the research methodologies, train the national research workers, and write and publish the manual. The governments will be responsible for applying the methodologies in their countries.

6. Requirements

PAHO/WHO will finance the project, including the salaries of international staff, supplies and equipment, international travel and limited in-country travel, the cost of training the national research workers and the cost of writing and publishing the final report.

Budget for 1978 and 1979

Items	1978	1979
Social scientist P5	$48,200	$51,100
Short-term consultants	9,000	34,000
Travel	6,000	8,000
National training shops	24,000	48,000
Supplies and equipment	15,000	15,000
Contractual services (data processing)	2,800	4,000
Grants (countries to be studied)	45,000	64,900
Total	150,000	225,000

DEVELOPMENT OF AN APPROPRIATE TECHNOLOGY FOR PRIMARY HEALTH CARE

(See Annex I, Item 6)

Purpose and Objectives

The purpose of this project is to cooperate with the governments of the Region in learning more about and developing suitable technologies for hastening the process of extending the coverage of health services with primary care and community participation.

The objectives of the project are:

(a) Cooperation with the countries in evaluating their needs in technologies for health, administration and training for primary health care programs;

(b) The promotion of tests and research in appropriate technology for the generation of new technical and methodological knowledge in this field;

(c) An inventory of the programs and specialized human resources in this field in the Region, and of other developing countries;

(d) The dissemination and exchange of information generated in this field by the inventory and studies;

(e) The devising of machinery for intrainstitutional coordination and among national and international agencies so as to unify efforts and avoid duplication in the development of appropriate health technology; and

(f) The production of handbooks and manuals for use in the training, supervision and evaluation of health personnel and the devising of standards to guide and facilitate the use, adoption and generation of appropriate technology.

Plan of Action

The project will have a duration of five years and be executed in the following stages:

First stage (6 months). In the performance of task (a), the situation will be diagnosed through direct studies in the countries, a review of the available information, inquiries with institutions, etc. This diagnosis will be carried out by national groups with the cooperation of specialists of the Region.

Second stage (4 years and 6 months). This stage encompasses the remaining tasks and is divided into the following components:

(a) In accordance with the needs detected in the diagnosis, the project will promote the strengthening of the groups of national technicians now doing work in this field, and the formation of new groups to adapt and devise technologies as the countries may require. To this end, these groups will be provided with information and technical cooperation through short-term consultants, fellowships and grants, etc.;

(b) The information obtained will be analyzed and processed for presentation to the countries. To this end, a system will have to be organized for the recovery and dissemination of information by all the means available to the Organization;

(c) To devise the coordination machinery referred to in task (e), the project will promote the formation of a working group consisting of staff of the Organization and the countries to analyze needs and make recommendations on priorities. This group is to meet periodically in accordance with an annual work schedule; and

(d) The results of components (a) and (b) of this second stage will serve as a basis for writing the handbooks, manuals and standards referred to in task (f). This will necessitate the participation of specialists in various fields of health, and the technical-educational support of the regional centers of PAHO/WHO (CEPIS, CLATES, INCAP, etc.) and of the countries.

Needs

1. Short-term consultants

2. Grants

3. Fellowships

4. Supplies

5. Funds for working group meetings

6. Funds for publications and the dissemination of information.

The project will have the direct support of AMROs 5170 and 8000. Moreover, it will be supported by other projects at the central, area and country levels as provided in the programming.

An estimate of the projected needs for 1978 and 1979 follows:

Estimated Needs of the Project, "Development of an Appropriate Technology for Primary Health Care"

1978 - 1979

Need	1978	1979
Short-term consultants	24,000 1/	34,000 2/
Short-term fellowships	4,500 3/	10,000 4/
Seminar costs	18,000	36,000
Grants	21,000	60,000
Supplies and equipment	5,000	6,000
Publication and dissemination of information	15,000	25,000
Contractual services	2,500	9,000
Total	100,000	180,000

1/ 8 months

2/ 10 months

3/ 5 months

4/ 10 months

TRAINING IN SUPERVISION AND CONSULTATION IN LOCAL HEALTH SERVICE UNITS

(See Annex I, Item 9)

Purposes and Objectives

All of the countries have at least some supervisory and advisory personnel, particularly at the central level, but very few at the local level. The personnel at the central level are not trained to carry out that kind of supervisory and advisory work at the local level or, if they are, they lack the necessary facilities for doing so.

The purpose of this project is therefore to train staff in supervision and advisory services, to retrain personnel who already have some training to steer them toward this work on the primary level, and to structure a system that will facilitate the performance of these services in the local health service units.

The objectives of the project are:

(a) To train and/or reorient the supervisory and advisory staff needed for the local health service units under coverage extension programs through a large-scale training system.

(b) To organize a system that will permit and/or facilitate the performance of these supervisory and advisory tasks.

Plan of Action

The project would have an initial duration of two years and could be extended for an additional two years.

It would be carried out in two stages: Stage A: preparation of the large-scale system for the training of supervisory and advisory staff for local health service units, and Stage B: local application in the countries.

Stage A would have a duration of three months and be concerned specifically with development of the large-scale training system in a basic form that could be adjusted as required at the local (country) level.

The methodology employed in this stage is based on analysis of the jobs in view.

This system would be developed by Latin American specialists with the collaboration of CLATES in Rio de Janeiro and by using all the teaching material available in that Center for such training.

Stage B would have a duration of 21 months and could be extended for an additional 24 months. It will be divided into the following substages:

B.1 Orientation of instructors who will be conducting the courses on the local level in the countries. This orientation will follow the methodology of a workshop and make it possible to adjust the basic training system at the local level. Each workshop will last one month and be attended by not more than 20 national instructors.

B.2 Local application in the countries. The first courses will be conducted by the national instructors trained in the foregoing stage with the collaboration of the specialists who devised the training system. Subsequent courses will be conducted entirely by nationals. In the countries, the courses will be conducted mostly outside the classroom situation, the students receiving the instructional forms in their places of work and meeting periodically every month for discussions, consultations and problem-solving with their instructors. The duration of these courses will vary from one country to another. Every year the course will be followed by meetings for evaluation and ongoing education.

B.3 Implementation in the countries of a system to make these supervisory and advisory tasks feasible.

B.4 Systematic evaluation of the courses and of the trainees' performance in them.

Needs

The main requirement for Stage A is short-term consultants to implement the system in conjunction with the staff of DHR and of CLATES in Rio.

The requirements for Stage B are short-term consultants, funds for workshops for the training of national instructors and for meetings of evaluation and ongoing education, and grants for the countries. These grants will be used to:

(a) conduct the courses in the countries, to provide teaching materials, and for the travel of the instructors, periodic meetings for discussions and problem-solving, etc.; and

(b) make the supervisory and advisory services feasible by setting up a system to facilitate their performance.

During the first 24 months, eight countries will join the training system (courses for instructors and courses in the countries) and the local supervisory system.

Budget

Because of how this project has been structured, the amounts assigned for the various items differ somewhat from those given in Annex I. The emphasis is more on operation in the countries, leaving a lesser amount for operations at the central level. For the latter, there will only be STCs instead of basic staff, since the project will have the support of staff, mainly of DHR, but also of DHS and of area and country consultants in these fields.

The rest of the project will be implemented directly in the eight countries involved in the manner stated in the section on "Needs."

Estimated Needs of the Project, "Training in Supervision and Consultation in Local Health Service Units"

1978 - 1979

Resource	1978	1979
Short-term consultants	45,000 1/	34,000 2/
Cost of training workshops for instructors in the countries	84,000 3/	--
Grants for courses in the countries	20,000	60,000
Grants for setting up supervisory systems in the countries	30,000	160,000
Cost of seminars for evaluation and ongoing education in the countries	--	22,000
Supplies and equipment	11,000	--
Total	190,000	276,000

1/ 15 months

2/ 10 months

3/ Travel and per diem for national instructors, a minimum of 20 per workshop, duration 1 month, 2 or 3 per year. CLATES.

EXPANDED PROGRAM ON IMMUNIZATION IN THE AMERICAS

(See Annex I, Item 3)

Each year more than 80,000,000 children are born in the developing world. Less than 10 per cent of them receive immunization against diphtheria, whooping cough, tetanus or poliomyelitis. A somewhat higher percentage receive BCG and fewer than 5 per cent receive potent measles vaccine. It is estimated that approximately 5,000,000 children die every year from these diseases and at least twice as many are permanently disabled.

The Expanded Program on Immunization seeks to reduce morbidity and mortality from these immunizable diseases through a well conceived program of continuous systematic vaccination directed to the target age groups. The goal is to provide immunization against these diseases to virtually every child in the world by 1990. The program also seeks to reduce morbidity and mortality from other selected diseases of public health importance for which safe, effective vaccines exist (or may become available) by establishing permanent immunization services through which susceptible target groups may be effectively immunized.

Implementation of the EPI in the Americas as a priority program will necessarily require increased technical cooperation with concomitant extrabudgetary support as emphasized in the final report of the Executive Committee (CE78/FR) in Resolutions XIII, XIV and XXII.

Following the recommendations of the Ten Year Health Plan for the Americas and Resolutions WHA27.57 of the World Health Assembly and CD20.22 of PAHO's Directing Council, all countries in the Region have established targets for vaccination programs. Major problems of these programs yet to overcome include the low priority given to immunization budgets of many countries; a reliable source (or sources) of vaccines at the lowest possible price; lack of surveillance to identify under-immunized groups or outbreaks of disease promptly enough to implement corrective action; limited emphasis on the operational aspects of immunization activities; and need for an effective cold chain system for maintenance of vaccine potency to the delivery points.

The Immunization Task Force identified three major categories in which these problems are considered, and recommended that PAHO technical cooperation be centered in these areas during implementation of the EPI:

1. Management and supervision of field operations.

2. Vaccine-related problems such as instability, transport and conservation.

3. Lack of evaluation of coverage and lack of baseline data on morbidity and mortality.

Specific objectives of PAHO/WHO technical cooperation can be identified as follows:

- To cooperate with Member countries in the identification of problem areas and redesign of immunization programs;

- To promote training of personnel in the administrative, managerial and operational aspects of these programs;

- To cooperate with Member countries in the design, establishment and implementation of surveillance mechanisms to evaluate the coverage and immunity status of the target populations;

- To collaborate with Member countries in preparing manuals, norms, procedures and strategies for the implementation and maintenance of the programs;

- To establish a revolving fund to assist Member countries in purchasing vaccines and vaccine-related equipment at reasonable cost as a medium-term solution;

- To support and encourage self-sufficiency in the control and production of vaccines which meet WHO standards.

To implement these activities, funds will be needed for technical and general services personnel, short-term consultants, supplies and equipment, fellowships, and support for seminars. In addition, grants may be utilized for items such as the development of a training curriculum for national managers and personnel at the intermediate level; for support of collaborating laboratories in the potency testing of vaccines and serologic studies; and for applied and operational activities in various aspects of the delivery system and suitability of cold chain equipment.

Emphasis on management and supervision will be initially provided through appointment of four additional field development officers at the intermediate level, as intercountry counterparts of the immunization officers at the national level. These assignments would not necessarily require the creation of new posts and might be accomplished by reassignment of existing personnel within country programs.

The expansion of PAHO/WHO technical cooperation with countries in the careful planning, execution and evaluation of national immunization programs will necessarily require additional financial support. It is estimated that in addition to the existing PAHO resources, minimum additional extrabudgetary support will be required at the intercountry level as follows:

	1976	1979	1980
* 4 Field Operation Officers	116,000	122,800	130,400
Consultants	30,000	27,200	22,800
Intercountry Duty Travel	18,000	22,000	26,000
Seminars and Workshops	20,000	20,000	15,000
Fellowships (6/year)	5,400	6,000	7,200
Supplies and Equipment	25,000	25,000	25,000
Grants (Applied and Operational Research)	30,000	25,000	20,000
Total	244,400	248,100	286,400

*Reassignment, to the extent possible, of existing personnel

IMPROVEMENT OF PUBLIC HEALTH AND CLINICAL LABORATORIES

(See Annex I, Item 5)

All phases of public health and medical services, including epidemiological surveillance, require adequate, accurate laboratory services if they are to be performed at an acceptable level.

There has been an increasing awareness among Member Governments of the importance of laboratory services in all aspects of public health and medical care. The Ten-Year Health Plan for the Americas specifically requires PAHO to establish programs for the development of systems of health laboratories in the countries of the Region so that at least minimal laboratory services would be available.

PAHO/WHO efforts to date have been based largely on advisory services to individual countries and upon aid which has involved a minimal financial input for equipment and supplies, fellowships, and short-term consultants. The approach has been to conserve human and material resources by promoting central health laboratory network systems. Progress, however, has been slow, and extra assistance will be required if satisfactory goals are to be reached within desirable time limits.

In the developing countries of the Americas the greatest need at present is for the development of effective central laboratories, which in addition to the regular duties could serve as a center for the training of personnel and for overseeing the operation of network or satellite laboratories.

To achieve this, the central laboratories will have to be built up to a stage where they can perform their required functions, which may be summarized as follows:

1. To produce and, most importantly, to control all diagnostic reagents used in laboratory testing;

2. To select or, where necessary, develop and distribute to laboratories test procedures applicable to the levels of performance being carried out;

3. To establish training courses for all levels of technical personnel;

4. To establish programs for the evaluation of test performance of individual laboratories;

5. To carry out research in methodology of test procedures and, where necessary, to participate in special medical care and epidemiological programs.

Training for the above is available in English in both Canada and the United States of America, but not in Spanish in Latin America. At present no Latin American country has a central public health laboratory that could fulfill all of the above functions. There are, however, a number of laboratories in several countries which, with relatively modest financial and technical support, could readily be built up to where they could do so. Once developed, two or three such central public health laboratories could be assigned the status of regional reference laboratories for the training of other nationals.

In such a program it would be proposed that special emphasis be placed on the production and control of diagnostic reagents and on performance evaluation.

As a start, it is proposed that a three-year project be developed to build up two or three national laboratories to the point where they could serve in a Regional capacity for training of scientists from neighboring countries.

For optimal results it is proposed that the Division of Disease Control of PAHO work closely with the Division of Health Services in this project.

Proposed Budget

Item	1978	1979	1980
	In US dollars		
Consultant Months	(4) 12,000	(20) 68,000	(10) 38,000
Fellowship Months	(36) 31,860	(48) 58,240	(48) 57,600
Equipment and Supplies	45,000	45,000	45,000
Grants	30,000	30,000	30,000
Seminar	31,000	--	--
Total	149,860	201,240	170,600