

directing council

regional committee



PAN AMERICAN
HEALTH
ORGANIZATION

XXXV Meeting



WORLD
HEALTH
ORGANIZATION

XLIII Meeting

Washington, D.C.
September 1991

Provisional Agenda Item 5.1

CD35/13, Corrig. 3 (Eng.)
23 September 1991
ORIGINAL: ENGLISH

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE
BIENNIUM 1992-1993

Corrigendum

Please note that the annexed draft resolutions replace those issued in July under cover of Document CD35/13. Please substitute the annexed pages 7B through 8 of Official Document 239 for those appearing in the annex of Document CD35/13.

THE DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 1992-1993 an amount of \$171,607,650 as follows:

PART I	DIRECTION, COORDINATION AND MANAGEMENT	17,004,600
PART II	HEALTH SYSTEM INFRASTRUCTURE	69,895,400
PART III	HEALTH SCIENCE AND TECHNOLOGY	42,400,300
PART IV	PROGRAM SUPPORT	17,302,700
	Effective Working Budget (PARTS I - IV)	146,603,000
	=====	-----
PART V	PROVISION FOR COST OF EXCHANGE/INFLATION RATE DIFFERENTIAL	5,973,000
	Total Program Budget (Parts I-V)	152,576,000

PART VI	STAFF ASSESSMENT (Transfer to Tax Equalization Fund)	19,031,650
	TOTAL - ALL PARTS	171,607,650
	=====	=====

2. That the appropriation shall be financed from:

(a)	Assessments in respect to: Member and Participating Countries assessed under the scales adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions	155,934,650
(b)	Miscellaneous Income	9,700,000
(c)	Provision for Cost of Exchange/Inflation Rate Differential	5,973,000
	TOTAL	171,607,650
	=====	=====

In establishing the contributions of Member and Participating Countries, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those countries which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 1992 to 31 December 1993, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 1992-1993 shall be limited to the total program budget, i.e., Parts I-IV and Part V, Provision for Cost of Exchange/Inflation Rate Differential. Any balance in Part V will be available to be used for this purpose in subsequent financial periods.

4. That the Director shall be authorized to transfer credits between parts of the effective working budget, provided that such transfer of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between parts of the budget in excess of 10% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. Part V may be transferred entirely into Parts I-IV, if necessary. All transfers of budget credits shall be reported to the Directing Council or the Conference.

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993

PROPOSED RESOLUTION

Whereas, Member Countries appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, except for adjustment to Cuba, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, this adjustment was made taking into account the assessments of the Participating Countries; now therefore,

THE DIRECTING COUNCIL,

RESOLVES:

To establish the assessments of the Member and Participating Countries of the Pan American Health Organization for the financial period 1992-1993 in accordance with the scale of quotas shown below and in the corresponding amounts.

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Antigua and Barbuda	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Argentina	5.02	4.96	3,913,960	3,867,179	477,694	471,985	-	-	3,436,266	3,395,194
Bahamas	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Barbados	0.08	0.08	62,374	62,374	7,613	7,613	-	-	54,761	54,761
Belize	0.03	0.03	23,390	23,390	2,855	2,855	-	-	20,535	20,535
Bolivia	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Brazil	8.76	8.66	6,829,939	6,751,971	833,586	824,070	-	-	5,996,353	5,927,901
Canada	10.24	11.27	7,983,855	8,786,919	974,420	1,072,433	85,000	85,000	7,094,435	7,799,486
Chile	0.55	0.55	428,820	428,820	52,337	52,337	-	-	376,483	376,483
Colombia	0.96	0.95	748,486	740,690	91,352	90,400	-	-	657,134	650,290

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Costa Rica	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987
Cuba	0.83	0.80	647,129	623,739	78,981	76,127	-	-	568,148	547,612
Dominica	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Dominican Republic	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Ecuador	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
El Salvador	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Grenada	0.03	0.03	23,390	23,390	2,855	2,855	-	-	20,535	20,535
Guatemala	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987
Guyana	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Haiti	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Honduras	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Jamaica	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Mexico	6.23	6.16	4,857,364	4,802,787	592,836	586,175	-	-	4,264,528	4,216,612
Nicaragua	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Panama	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987

 ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Paraguay	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Peru	0.42	0.42	327,463	327,463	39,966	39,966	-	-	287,497	287,497
Saint Kitts and Nevis	0.01	0.02	7,797	15,593	952	1,903	-	-	6,845	13,690
Saint Lucia	0.03	0.03	23,390	23,390	2,855	2,855	-	-	20,535	20,535
Saint Vincent & the Grenadines	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Suriname	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Trinidad and Tobago	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
United States of America	60.96	60.24	47,528,882	46,967,518	5,800,850	5,732,336	2,650,000	2,650,000	44,378,032	43,885,182
Uruguay	0.27	0.26	210,512	202,715	25,693	24,741	-	-	184,819	177,974
Venezuela	3.28	3.24	2,557,328	2,526,141	312,119	308,313	14,000	14,000	2,259,209	2,231,828
Subtotal	99.56	99.56	77,624,269	77,624,269	9,473,956	9,473,956	2,749,000	2,749,000	70,899,313	70,899,313
<u>Participating Countries</u>										
France	0.29	0.29	226,105	226,105	27,596	27,596	-	-	198,509	198,509
Kingdom of the Netherlands	0.09	0.09	70,171	70,171	8,564	8,564	-	-	61,607	61,607
United Kingdom	0.06	0.06	46,780	46,780	5,709	5,709	-	-	41,071	41,071
Subtotal	0.44	0.44	343,056	343,056	41,869	41,869	-	-	301,187	301,187
TOTAL	100.00	100.00	77,967,325	77,967,325	9,515,825	9,515,825	2,749,000	2,749,000	71,200,500	71,200,500

(2) This column shows the adjusted scale in respect to assessments of Member and Participating Countries of the Pan American Health Organization.

(5) This column includes estimated amounts to be received by the respective Member Countries in 1992-1993 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for any difference between the estimated and actual for prior years.

PROVISION FOR COST OF EXCHANGE/INFLATION RATE DIFFERENTIAL FUND

PROPOSED RESOLUTION

THE XXXV MEETING OF THE DIRECTING COUNCIL,

Having considered and approved the proposed program budget of the Pan American Health Organization for the biennium 1992-1993 and the report of the Director on the adverse effects of inflationary changes on it;

Aware of the impact on the Organization's regular program budget of movements of the rates of exchange between the U.S. dollar and other regional currencies, many of which have already occurred in 1990-1991 and have adversely affected program implementation;

Conscious of the need to ensure that resources are available to the Organization to finance at least part of the additional costs that come from the exchange/inflation rate differentials; and

Believing that quota collections and revenues for the 1990-1991 biennium can be expected to exceed the Organization's approved effective working budget of US\$130,023,000 and that surplus funds should be placed in a special fund to cover costs arising from exchange and inflation rate differential fluctuations,

RESOLVES:

1. To authorize the Director to establish a special account to meet the cost of exchange/inflation rate differentials and to transfer to this account funds not to exceed \$5,973,000, subject to availabilities from collections and revenues in excess of the 1990-1991 effective working budget of \$130,023,000 in order to meet part of the estimated increase of cost for 1992-1993 due to these differentials arising in the 1990-1991 biennium.
2. To authorize the Director in the future to credit or debit gains and losses from exchange/inflation rate differentials to this special account.
3. To approve the availability of funds in this special account for subsequent financial periods.

TABLE A

PAHO REGULAR AND WHO REGULAR REGIONAL BUDGET HISTORY

BUDGET PERIOD	PAHO REGULAR	% OF TOTAL	% INCREASE	WHO REGULAR	% of TOTAL	% INCREASE	TOTAL PAHO AND WHO REGULAR	% INCREASE
1970-71	30,072,442*	68.2	-	14,053,685	31.8	-	44,126,127	-
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81**	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	15.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89***	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93****	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9

* INCLUDES THE SUPPLEMENTAL BUDGET OF \$982,992 WHICH REPRESENTS THE ASSESSMENT OF CANADA WHEN IT JOINED PAHO IN 1971.

** FIRST BIENNIAL BUDGET PERIOD. THE PAHO REGULAR AMOUNT INCLUDES THE SUPPLEMENTAL BUDGET OF \$1,041,400 FOR 1980.

*** THE WHO REGULAR AMOUNT REFLECTS THE \$2,470,000 REDUCTION IN THIS REGION RELATED TO THE \$25,000,000 GLOBAL REDUCTION.

**** THE PAHO REGULAR AMOUNT FOR 1992-93 IS PROPOSED. THE WHO REGULAR AMOUNT FOR 1992-93 WAS CONSIDERED WITHIN THE OVERALL WHO REGULAR PROPOSAL BY THE MAY 1991 WORLD HEALTH ASSEMBLY.

directing council

regional committee



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XXXV Meeting



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XLIII Meeting

Washington, D.C.
September 1991

Provisional Agenda Item 5.1

CD35/13, Corrig. 2 (Eng.)
18 September 1991
ORIGINAL: ENGLISH

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE
BIENNIUM 1992-1993

Corrigendum

Please note that the annexed draft resolutions replace those issued in July under cover of Document CD35/13. Please substitute the annexed pages 7B through 8 of Official Document 239 for those appearing in the annex of Document CD35/13.

 PROPOSED APPROPRIATION RESOLUTION FOR THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993

THE DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 1992-1993 an amount of \$171,607,650 as follows:

PART I	DIRECTION, COORDINATION AND MANAGEMENT	17,004,600
PART II	HEALTH SYSTEM INFRASTRUCTURE	69,895,400
PART III	HEALTH SCIENCE AND TECHNOLOGY	42,400,300
PART IV	PROGRAM SUPPORT	17,302,700
	Effective Working Budget (PARTS I - IV)	146,603,000
	=====	-----
PART V	PROVISION FOR COST OF EXCHANGE/INFLATION RATE DIFFERENTIAL	5,973,000
	Total Program Budget (Parts I-V)	152,576,000

PART VI	STAFF ASSESSMENT (Transfer to Tax Equalization Fund)	19,031,650
	TOTAL - ALL PARTS	171,607,650
	=====	=====

2. That the appropriation shall be financed from:

(a)	Assessments in respect to: Member and Participating Countries assessed under the scales adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions	155,934,650
(b)	Miscellaneous Income	9,700,000
(c)	Provision for Cost of Exchange/Inflation Rate Differential	5,973,000
	TOTAL	171,607,650
	=====	=====

In establishing the contributions of Member and Participating Countries, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those countries which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 1992 to 31 December 1993, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 1992-1993 shall be limited to the total program budget, i.e., Parts I-IV and Part V, Provision for Cost of Exchange/Inflation Rate Differential. Any balance in Part V will be available to be used for this purpose in subsequent financial periods.

4. That the Director shall be authorized to transfer credits between parts of the effective working budget, provided that such transfer of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between parts of the budget in excess of 10% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. Part V may be transferred entirely into Parts I-IV, if necessary. All transfers of budget credits shall be reported to the Directing Council or the Conference.

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993

PROPOSED RESOLUTION

Whereas, Member Countries appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, except for adjustment to Cuba, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, this adjustment was made taking into account the assessments of the Participating Countries; now therefore,

THE DIRECTING COUNCIL,

RESOLVES:

To establish the assessments of the Member and Participating Countries of the Pan American Health Organization for the financial period 1992-1993 in accordance with the scale of quotas shown below and in the corresponding amounts.

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Antigua and Barbuda	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Argentina	5.02	4.96	3,913,960	3,867,179	477,694	471,985	-	-	3,436,266	3,395,194
Bahamas	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Barbados	0.08	0.08	62,374	62,374	7,613	7,613	-	-	54,761	54,761
Belize	0.03	0.03	23,390	23,390	2,855	2,855	-	-	20,535	20,535
Bolivia	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Brazil	8.76	8.66	6,829,939	6,751,971	833,586	824,070	-	-	5,996,353	5,927,901
Canada	10.24	11.27	7,983,855	8,786,919	974,420	1,072,433	85,000	85,000	7,094,435	7,799,486
Chile	0.55	0.55	428,820	428,820	52,337	52,337	-	-	376,483	376,483
Colombia	0.96	0.95	748,486	740,690	91,352	90,400	-	-	657,134	650,290

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Costa Rica	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987
Cuba	0.83	0.80	647,129	623,739	78,981	76,127	-	-	568,148	547,612
Dominica	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Dominican Republic	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Ecuador	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
El Salvador	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
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Guatemala	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987
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Honduras	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Jamaica	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Mexico	6.23	6.16	4,857,364	4,802,787	592,836	586,175	-	-	4,264,528	4,216,612
Nicaragua	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Panama	0.13	0.13	101,358	101,358	12,371	12,371	-	-	88,987	88,987

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Paraguay	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
Peru	0.42	0.42	327,463	327,463	39,966	39,966	-	-	287,497	287,497
Saint Kitts and Nevis	0.01	0.02	7,797	15,593	952	1,903	-	-	6,845	13,690
Saint Lucia	0.03	0.03	23,390	23,390	2,855	2,855	-	-	20,535	20,535
Saint Vincent & the Grenadines	0.02	0.02	15,593	15,593	1,903	1,903	-	-	13,690	13,690
Suriname	0.07	0.07	54,577	54,577	6,661	6,661	-	-	47,916	47,916
Trinidad and Tobago	0.18	0.18	140,341	140,341	17,128	17,128	-	-	123,213	123,213
United States of America	60.96	60.24	47,528,882	46,967,518	5,800,850	5,732,336	2,650,000	2,650,000	44,378,032	43,885,182
Uruguay	0.27	0.26	210,512	202,715	25,693	24,741	-	-	184,819	177,974
Venezuela	3.28	3.24	2,557,328	2,526,141	312,119	308,313	14,000	14,000	2,259,209	2,231,828
Subtotal	99.56	99.56	77,624,269	77,624,269	9,473,956	9,473,956	2,749,000	2,749,000	70,899,313	70,899,313
<u>Participating Countries</u>										
France	0.29	0.29	226,105	226,105	27,596	27,596	-	-	198,509	198,509
Kingdom of the Netherlands	0.09	0.09	70,171	70,171	8,564	8,564	-	-	61,607	61,607
United Kingdom	0.06	0.06	46,780	46,780	5,709	5,709	-	-	41,071	41,071
Subtotal	0.44	0.44	343,056	343,056	41,869	41,869	-	-	301,187	301,187
TOTAL	100.00	100.00	77,967,325	77,967,325	9,515,825	9,515,825	2,749,000	2,749,000	71,200,500	71,200,500

(2) This column shows the adjusted scale in respect to assessments of Member and Participating Countries of the Pan American Health Organization.
 (5) This column includes estimated amounts to be received by the respective Member Countries in 1992-1993 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for any difference between the estimated and actual for prior years.

PROVISION FOR COST OF EXCHANGE/INFLATION RATE DIFFERENTIAL FUND

PROPOSED RESOLUTION

THE XXXV MEETING OF THE DIRECTING COUNCIL,

Having considered and approved the proposed program budget of the Pan American Health Organization for the biennium 1992-1993 and the report of the Director on the adverse effects of inflationary changes on it;

Aware of the impact on the Organization's regular program budget of movements of the rates of exchange between the U.S. dollar and other regional currencies, many of which have already occurred in 1990-1991 and have adversely affected program implementation;

Conscious of the need to ensure that resources are available to the Organization to finance at least part of the additional costs that come from the exchange/inflation rate differentials; and

Believing that quota collections and revenues for the 1990-1991 biennium can be expected to exceed the Organization's approved effective working budget of US\$130,023,000 and that surplus funds should be placed in a special fund to cover unbudgeted costs arising from exchange and inflation rate differential fluctuations,

RESOLVES:

1. To authorize the Director to establish a special account to meet the cost of exchange/inflation rate differentials and to transfer to this account funds not to exceed \$5,973,000, subject to availabilities from collections and revenues in excess of the 1990-1991 effective working budget of \$130,023,000 in order to meet part of the estimated increase of cost for 1992-1993 due to these differentials arising in the 1990-1991 biennium.
2. To authorize the Director in the future to credit or debit gains and losses from exchange/inflation rate differentials to this special account.
3. To approve the availability of funds in this special account for subsequent financial periods.

TABLE A

PAHO REGULAR AND WHO REGULAR REGIONAL BUDGET HISTORY

BUDGET PERIOD	PAHO REGULAR	% OF TOTAL	% INCREASE	WHO REGULAR	% of TOTAL	% INCREASE	TOTAL PAHO AND WHO REGULAR	% INCREASE
1970-71	30,072,442*	68.2	-	14,053,685	31.8	-	44,126,127	-
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81**	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	15.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89***	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93****	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9

* INCLUDES THE SUPPLEMENTAL BUDGET OF \$982,992 WHICH REPRESENTS THE ASSESSMENT OF CANADA WHEN IT JOINED PAHO IN 1971.

** FIRST BIENNIAL BUDGET PERIOD. THE PAHO REGULAR AMOUNT INCLUDES THE SUPPLEMENTAL BUDGET OF \$1,041,400 FOR 1980.

*** THE WHO REGULAR AMOUNT REFLECTS THE \$2,470,000 REDUCTION IN THIS REGION RELATED TO THE \$25,000,000 GLOBAL REDUCTION.

**** THE PAHO REGULAR AMOUNT FOR 1992-93 IS PROPOSED. THE WHO REGULAR AMOUNT FOR 1992-93 WAS CONSIDERED WITHIN THE OVERALL WHO REGULAR PROPOSAL BY THE MAY 1991 WORLD HEALTH ASSEMBLY.

directing council



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXV Meeting

regional committee



**WORLD
HEALTH
ORGANIZATION**

XLIII Meeting

Washington, D.C.
September 1991

Provisional Agenda Item 5.1

CD35/13, Corrig. (Eng.)
21 August 1991
ENGLISH ONLY

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE
BIENNIUM 1992-1993

Corrigendum

Please substitute attached pages 33 and 34 of Official Document 239
for those which were issued in the Annex to Document CD35/13 in July 1991.

TABLE F-1

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT \$	PERSONNEL			AMOUNT \$	DUTY TRAVEL AMOUNT \$	FELLOWSHIPS		SEMINARS AND COURSES \$	SUPPLIES AND EQUIPMENT \$	GRANTS \$	OTHER \$
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS			MONTHS	AMOUNT \$				
1990-1991												
PAHO - PR	130,023,000	7224	13306	22725	78,858,600	4,757,800	1791	3,402,900	8,895,500	6,019,600	2,803,200	25,285,400
WHO - WR	65,027,000	4218	3168	15055	40,025,600	2,294,500	2012	3,822,800	5,145,700	3,458,400	462,500	9,817,500
TOTAL	195,050,000	11442	16474	37780	118,884,200	7,052,300	3803	7,225,700	14,041,200	9,478,000	3,265,700	35,102,900
% OF TOTAL	100.0				60.9	3.6		3.7	7.2	4.9	1.7	18.0
1992-1993												
PAHO - PR	152,576,000	6654	12432	20497	91,967,500	6,194,000	1530	3,060,000	10,970,800	7,844,100	2,161,800	30,377,800
WHO - WR	71,491,000	3904	3096	12240	45,278,800	2,506,600	1410	2,820,000	5,475,800	3,347,700	61,100	12,001,000
TOTAL	224,067,000	10558	15528	32737	137,246,300	8,700,600	2940	5,880,000	16,446,600	11,191,800	2,222,900	42,378,800
% OF TOTAL	100.0				61.3	3.9		2.6	7.3	5.0	1.0	18.9
1994-1995												
PAHO - PR	171,316,000	6528	12432	20497	102,055,800	7,144,300	1530	3,213,000	12,723,300	9,002,300	2,507,900	34,669,400
WHO - WR	80,509,000	3888	3096	12145	50,657,000	2,899,500	1410	2,961,000	6,352,600	3,871,100	71,000	13,696,800
TOTAL	251,825,000	10416	15528	32642	152,712,800	10,043,800	2940	6,174,000	19,075,900	12,873,400	2,578,900	48,366,200
% OF TOTAL	100.0				60.6	4.0		2.5	7.6	5.1	1.0	19.2

TABLE F-2

ALLOCATION BY OBJECT OF EXPENDITURE / ANALYSIS OF BUDGET ELEMENTS - PAHC AND WHO REGULAR FUNDS

BUDGET ELEMENTS	1990-1991		PER CENT INCREASE (DECREASE)	1992-1993	
	AMOUNT	% OF TOTAL		AMOUNT	% OF TOTAL
PERSONNEL:					
POSTS	104,851,700	53.6	14.9	120,469,700	53.8
CONSULTANTS	9,559,800	4.9	(8.6)	8,739,900	3.9
LCCAL CONDITIONS STAFF	743,300	.4	65.7	1,231,500	.6
RETIREES' HEALTH INSURANCE	700,000	.4	421.4	3,650,000	1.6
TEMPORARY ASSISTANCE	3,029,400	1.6	4.2	3,155,200	1.4
TOTAL, PERSONNEL	118,884,200	60.9	15.4	137,246,300	61.3
DUTY TRAVEL	7,052,300	3.6	23.4	8,700,600	3.9
FELLOWSHIPS	7,225,700	3.7	(18.6)	5,880,000	2.6
COURSES AND SEMINARS	14,041,200	7.2	17.1	16,446,600	7.3
SUPPLIES AND EQUIPMENT	9,478,000	4.9	18.1	11,191,800	5.0
GRANTS	3,265,700	1.7	(31.9)	2,222,900	1.0
OTHER:					
CONFERENCE SERVICES	1,260,600	.6	11.9	1,410,200	.6
CONTRACTUAL SERVICES	12,271,700	6.3	38.6	17,005,800	7.6
EXTERNAL AUDIT COSTS	409,100	.2	11.2	454,900	.2
GENERAL OPERATING EXPENSES	15,213,400	7.9	14.6	17,439,400	7.8
HOSPITALITY	44,900	*	13.8	51,100	*
INTERNAL AUDIT COSTS	132,200	.1	11.2	147,000	.1
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	3,350,000	1.7	(12.1)	2,945,200	1.3
REPAYMENT OF TEXTBOOK LOAN	247,700	.1	(12.7)	216,200	.1
STAFF RELATIONS	55,900	*	13.2	63,300	*
TECHNICAL COOPERATION	2,117,400	1.1	25.0	2,645,700	1.2
TOTAL, OTHER	35,102,900	18.0	20.7	42,378,800	18.9
GRAND TOTAL	195,050,000	100.0	14.9	224,067,000	100.0

* LESS THAN .05 PER CENT

directing council

regional committee



PAN AMERICAN
HEALTH
ORGANIZATION

XXXV Meeting

Washington, D.C.
September 1991

WORLD
HEALTH
ORGANIZATION



XLIII Meeting

Provisional Agenda Item 5.1

CD35/13 (Eng.)
30 July 1991
ORIGINAL: ENGLISH

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE BIENNIUM 1992-1993

The 107th Meeting of the Executive Committee examined the proposed program budget of the Pan American Health Organization for the biennium 1992-1993 contained in Official Document 239 in conjunction with the report of the Subcommittee on Planning and Programming and supplementary information provided by the Director.

The observations and comments by the Executive Committee as well as the explanations provided by the Secretariat are summarized in the Report of the Chairman of the Executive Committee (Document CD35/8). Taking into consideration these comments, the Director has made changes to the proposed program budget. These changes, in the form of revised pages to Official Document 239, are included as the Annex to this paper.

In summary, the Director has revised the Introduction to the proposed program budget in order to clarify the issues raised during the Executive Committee discussion, in particular: a) to identify the increased level of resources allocated to program priorities presented in the Strategic Orientations and Program Priorities for the Quadrennium 1991-1994 adopted by the XXIII Pan American Sanitary Conference, and b) to underscore that the proposed \$152,576,000 program budget for PAHO for 1992-1993 will require a program reduction compared to the 1990-1991 biennium. This program reduction restricts the extent to which further increases could be made in priority programs of the Organization. When combined with the reduced percentage allocation of the WHO program budget to the Region of the Americas, the overall program reduction for the coming biennium will amount to 4.8%. The resulting net reduction of 74 posts is summarized in a new Table B-2, as requested by the Committee.

To respond further to current priority concerns, the Director has also reduced the Regional Director's Development Program by \$780,000, adding \$600,000 specifically to strengthen national capabilities to develop, implement and monitor projects to combat the epidemic of cholera, to foster the mobilization of national and international resources, and to accelerate the regional efforts to promote long-term health development. This \$600,000 is detailed under Maternal and Child Health beginning on page 110 of the document. The regional efforts to control the cholera epidemic are also being reinforced by activities being supported by other regional and country programs. The balance has been allocated to strengthen the technical cooperation activities in the Eastern and Northern Caribbean, the French Antilles and Guiana, and the Netherlands Antilles.

Finally, the program narrative has been changed to reflect other specific points raised by the Committee, including a clarification of the program statement related to the Caribbean Program Coordination.

Resolution VIII of the 107th Meeting of the Executive Committee is presented below. This resolution recommends that the Directing Council consider the proposed program budget of the Pan American Health Organization for the biennium 1992-1993, with an effective working budget of \$152,576,000, as follows:

THE 107th MEETING OF THE EXECUTIVE COMMITTEE,

Having considered the Report of the Subcommittee on Planning and Programming (Document CE107/5);

Having examined the proposed program budget of the Pan American Health Organization for the biennium 1992-1993 contained in Official Document 239 and Addendum;

Noting with satisfaction the efforts of the Director to prepare this proposed program budget in a climate of continuing fiscal difficulty; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To thank the Subcommittee on Planning and Programming for its preliminary review of and report on the proposed program budget.

2. To express appreciation to the Director for the attention given to cost saving and program strengthening in his development of the program budget.

3. To request the Director to continue to refine the program proposals for presentation to the XXXV Meeting of the Directing Council, taking into account the recommendations and suggestions made by the Executive Committee during the review of Official Document 239.

4. To recommend to the XXXV Meeting of the Directing Council that it consider the proposed program budget of the Pan American Health Organization for the biennium 1992-1993, with an effective working budget of \$152,576,000, as refined by the Director, taking into account comments made by the Executive Committee, and that it adopt the required appropriation and assessment resolutions.

Annex

PROGRAM BUDGET, 1992-1995

Revision

Please substitute the following attached pages for those appearing in Official Document 239:

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1-36
37-38
41-42
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417-424
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Attachments



Official Document
of the
Pan American Health Organization
No. 239

PROGRAM BUDGET

PROPOSED FOR THE PAN AMERICAN HEALTH ORGANIZATION, 1992-1993
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1992-1993
PAN AMERICAN HEALTH ORGANIZATION, PROVISIONAL DRAFT, 1994-1995
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, PROVISIONAL DRAFT, 1994-1995

* * *

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

July 1991

ISBN 92 75 17239 0

LETTER OF TRANSMITTAL

THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU, REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION, HAS THE HONOR TO PRESENT THE FOLLOWING FOR CONSIDERATION:

1. THE PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 1992-1993.
2. THE PROGRAM BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR THE FINANCIAL PERIOD 1992-1993.
3. THE PROVISIONAL DRAFT OF THE PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 1994-1995.
4. THE PROVISIONAL DRAFT OF THE PROGRAM BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR THE FINANCIAL PERIOD 1994-1995.



CARLYLE GUERRA DE MACEDO
DIRECTOR

 SOURCES OF FUNDS

PAHO

PR - PAHO REGULAR BUDGET

PA - INCAP MEMBERSHIP AND MISCELLANEOUS FUNDS
 PN - INCAP GRANTS AND CONTRACTUAL AGREEMENTS
 PC - CAREC MEMBERSHIP AND MISCELLANEOUS FUNDS
 PJ - CAREC GRANTS AND CONTRACTUAL AGREEMENTS

PB - BUILDING FUND
 PD - NATURAL DISASTER RELIEF VOLUNTARY FUND
 PG - GRANTS AND CONTRACTUAL AGREEMENTS
 PK - SPECIAL FUND FOR HEALTH PROMOTION
 PL - SPECIAL FUND FOR ASSOCIATED AGENCY: UNDP AGREEMENTS
 PU - SPECIAL FUND FOR ANIMAL HEALTH RESEARCH
 PX - PROGRAM SUPPORT COSTS

HP - PAN AMERICAN HEALTH AND EDUCATION FOUNDATION TRUST FUNDS
 HT - TEXTBOOKS AND INSTRUCTIONAL MATERIALS

WHO

WR - WHO REGULAR BUDGET

INCOME FROM UNITED NATIONS SOURCES:

DP - UNITED NATIONS DEVELOPMENT PROGRAM
 DI - UNDP COST-INCURRED ACCOUNT
 FB - ASSOCIATE PROFESSIONAL OFFICERS
 FD - UNITED NATIONS FUND FOR DRUG ABUSE CONTROL
 FP - UNITED NATIONS POPULATION FUND

TRUST FUNDS:

FA - SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES
 FX - GLOBAL PROGRAM ON AIDS
 ST - SASAKAWA HEALTH FUND

VOLUNTARY FUND FOR HEALTH PROMOTION:

VC - SPECIAL ACCOUNT FOR DIARRHEAL DISEASES INCLUDING CHOLERA
 VD - SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (OTHER)
 VG - SPECIAL ACCOUNT FOR MEDICAL RESEARCH (SPECIFIED)
 VI - SPECIAL ACCOUNT FOR THE EXPANDED PROGRAM ON IMMUNIZATION
 VW - SPECIAL ACCOUNT FOR COMMUNITY WATER SUPPLY

AS - SPECIAL ACCOUNT FOR SERVICING COSTS
 EF - REAL ESTATE FUND

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INTRODUCTION

1. The 1992-1993 program budget proposal of the Pan American Health Organization, Regional Office of the Americas of the World Health Organization, is the initial expression of a revision of the mission and functions that the institution must undertake in the 1990s. It has been drawn up in light of the economic, political, and social context of the Region and the world, which today frames the work of the institution in its efforts to attain better health for the inhabitants of the Americas.

2. The long-term perspective on which this proposal is fundamentally based, is characterized by the search for health for all in the Hemisphere. A medium-term frame of reference is provided by the Strategic Orientations and Program Priorities during the Quadrennium 1991-1994 that were approved by the XXIII Pan American Sanitary Conference in September 1990, and by the criteria for their implementation approved by the 107th Meeting of the Executive Committee in June 1991. The principles governing the activities proposed here emanate from both the Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries, and from the Regional Budget Policy, both of which were approved by the Governing Bodies in the early 1980s.

3. The fundamental logic of the proposal rests on making progress, during the 1992-1993 biennium, towards a greater concentration of resources on very effective areas that have a high impact on scientific and technical cooperation for health. It is based on the explicit mandates to this effect by the Governing Bodies of the Organization which seek to harmonize the priority health cooperation needs of the Member States with the collective mandates that imbue the institution's activities with cohesiveness.

4. The above has only been possible thanks to a process of extensive and frank dialogue with the Member Countries; a detailed analysis of the situation at the level of each country, each subregion, and the various regional spheres of operation; a careful revision of the technical, political, and administrative efficiency of the proposal for action formulated by each organizational unit of the institution; and a detailed examination of the unfavorable economic circumstances that restrict the Organization's expansion and have led it to implement painful adjustments, in spite of the growing number of problems and challenges faced in the struggle for health in the Americas.

GENERAL SITUATION

5. This proposal was drawn up in the context of a continuing deep economic crisis, which is more pronounced in the countries of Latin America and the Caribbean, but is also felt in the more developed countries of North America.

The economic stage of the Region is still set with the problems of economic recession, structural maladjustment, and a build-up of external debt resulting in national economies that are overburdened by debt service payments, reduced rates of investment, increased unemployment, runaway inflation, and persistent or growing fiscal deficits.

6. This has happened at the same time that there have been marked transformations in the world arena. On the one hand, there have been political changes which have yielded an easing of traditional tensions between the East and the West; on the other, there have been economic changes that have further internationalized production and markets, and have increased the interdependence of national economies. The result of all of this is a new world stage in which multipolarity is increasingly pronounced and ever broader spaces are opened for an era of enhanced international cooperation, in spite of the recent military conflict in the Persian Gulf that for a time clouded the dawning of this stage of peace, understanding, and cooperation.

7. The 1990s are beginning, however, with a real drop in per capita income in Latin America and the Caribbean of almost 10% compared to 1980. The external debt, for its part, which stands at \$430 billion, continues to weigh on the national economies, despite the fact that from 1983 to 1990 around \$200 billion were paid to service that debt. In fact, the debt of the countries of Latin America and the Caribbean grew during that same period by more than \$120 billion. During the last eight years, net transfers of capital abroad have averaged more than \$20 billion annually. This has meant the passage of around \$170 billion from Latin America and the Caribbean to the countries of the First World. On the other hand, gross investment rates have fallen. Before the crisis they represented close to 24% of gross domestic product; now they are around 16%.

8. Regarding domestic price increases, last year Latin America experienced the highest inflation rate of all time in the Region: an average of 1500% once statistical weighting is done for the size of the national economies. In the area of foreign trade, on the other hand, in spite of the uncommon efforts made to generate surplus resources in the trade balance, the countries have faced a constant decline in their terms of trade and an overall drop in the prices of their exports.

9. One of the consequences of all of these structural imbalances has been the introduction of adjustment policies with different variations, some at an extremely high social cost for the respective populations. In terms of the health sector, particularly the public subsector of health, this has meant a

reduction, or at least freeze, of resources available to meet growing and increasingly pressing needs.

10. Fortunately, the economic crisis and its social impact have not been paralleled in the political life of the countries. In the past few years, the Member States have managed to consolidate more and more the institutional development of their forms of government, making possible a gradual strengthening of democracy in the Hemisphere.

11. When all things are considered--the elements of the economic crisis, the elements of the global transformations, the extraordinary progress made in the institutional public life of the countries, particularly as expressed in the consolidation of democracy--it is clear that the Region is up against tremendous challenges that carry the consequences of numerous encumbrances on the activity of the health sector.

12. Without a doubt, the main challenge facing the Region in the nineties, the last decade of this century, is the need to create, promote, and put into operation new models of development. This should not only mark the surmounting of the current crisis in production terms, but also imply real changes in addressing unmet social needs. This new type of development that needs to be put into effect in the countries of the Region should have some basic features that are particularly important to the field of health.

13. The first is recognition that in order for such development to be viable, conditions must be created to resume the pace of economic growth. This implies stabilizing or correcting the tremendous macroeconomic imbalances that the countries have been experiencing. That means creating the conditions of trust and economic stability that will make it possible to recover investment levels, and to resolve the problems stemming from the sizeable transfer of resources out of the countries.

14. But economic growth is not synonymous with development. It is a condition for development, as long as that development is positioned to serve the well-being of the populations. From there emerges the second feature necessary for the new models of development of the Region: the ultimate objective of economic growth should be satisfaction of the basic needs of the populations of the countries in the most equitable way possible. This consideration is not taken into account during economic policy-making. Or if it is, it tends to be in the form of social compensation measures which are often fragmentary, and are aimed at mitigating the adverse effects of the economic policies that are implemented as part of the adjustment packages for the national economies.

15. The third feature of the new process that is to be undertaken, is based on the fact that development should establish or strengthen social participation and democratic practices in political life. The latter implies not only holding free elections, but also strengthening the system of social coexistence in which all members of a society exercise the right to participation in the decisions that affect their lives; in other words, the real rights of citizens.

16. No economy in today's world where economic activity and productive processes are increasingly internationalized, can function in isolation. Therefore, the fourth feature of the necessary process of development is that the countries of the Region should find instruments or paths through which they can most effectively gain a foothold in the world economy, from the economic, political, and social point of view. The stepping up of efforts for regional and subregional integration will play a decisive role in this.

17. The fifth feature of the new type of development the countries of the Region should seek implies redefining the role of the State. That entails placing emphasis on its social responsibilities; its dimension as an instrument to promote cohesiveness, equity and social concertation among the members of society; and the quality of guarantor of the basic rights of the population, including the right to health.

18. Finally, the sixth feature that should be present in the new type of development being launched is that it does not suffice to create transitory conditions to periodically reactivate the process of growth. Conditions of sustainability must be created to support the overall process of development, to make it permanent and not the mere result of certain passing economic trends that are favorable. Included in the factors defining sustainability, in addition to the features described above, are: a commitment to institutional development; a redefining of the role of the State and its relations with civilian society under the new types of economy and development sought; a profound change in the cultural bases that establish the essential values that should prevail in coexistence and social life; and the defense, protection, and rational use of natural resources as an effective way to protect the environment.

SECTORAL CHALLENGES AND INSTITUTIONAL RESPONSES

19. The proposed program budget for the 1992-1993 biennium that is presented here stems from an all-encompassing observation. In most cases, health activities and the challenges that must be faced in the sector, are intimately related and conditioned by the forms of development that are adopted, and by the way in which the countries of the Region handle the opportunities and problems arising from them.

20. This is completely within the approach that was handed down by the Pan American Sanitary Conference in September 1990, which was contained in the Strategic Orientations and Program Priorities (SOPPs) of PAHO for the quadrennium. That document defines the challenges to health and the transformation of the sector which the Region will have to face in the upcoming years, and the Pan American Health Organization's response to them.

21. The Criteria for the Implementation of the SOPPs 91-94 approved by the 107 Meeting of the Executive Committee, as well as other mandates still in effect that have been issued by the Governing Bodies of both the Pan American Health Organization and the World Health Organization, were taken into account

when defining the lines of action that should be implemented during the next biennium. Also, the proposed program budget of the WHO for the same period, 1992-1993, which was approved by the 44th World Health Assembly in May of this year, was also taken into consideration.

22. The "Strategic Orientations and Program Priorities of the Pan American Health Organization during the Quadrennium 1991-1994" draw the lines of action on which the Organization should concentrate its efforts during the next quadrennium. They represent a renewed commitment to the strategic orientations and program priorities set forth in 1986 at the XXII Pan American Sanitary Conference and approved for the 1987-1990 quadrennium that has just ended. They have taken into account the emergence of new problems that require the activation of new solutions: the persistence of inequalities, inefficiencies, and ineffectiveness in health care in the Region; the possibility of health contributing to a process of sustained human development; the need to improve the capacity of institutions to respond to health problems; and the importance of promoting, in the political arena and in the eyes of the public, the need to reorganize the sector in order to make progress towards a real transformation of the national health systems.

23. The strategic orientations and program priorities for the 1991-1994 quadrennium constitute a frame of reference designed to encourage the Member Countries in their efforts to transform their national health systems. They should serve as the fundamental guide for the Secretariat's technical cooperation work, as expressed in the biennial program budget proposals drafted during that period, which contain the cooperation activities to be carried out at the country and intercountry levels.

24. The overall context of the Region of the Americas in the beginning of the nineties, described in the above paragraphs, has caused the stagnation of economic growth to be accompanied by a buildup of unmet social needs. Levels of poverty have risen in both absolute and relative terms, causing a decline in standards of living which may endanger social peace and the stability of the increasingly democratic political processes. The matter of development is, therefore, the Region's greatest issue for the 1990s. The fundamental challenges are to make progress in overcoming the difficulties faced in the economic, political, cultural, and social spheres in order to attain levels of real progress; and to give priority attention to the unmet essential human needs.

25. As for the health situation of the Region at the beginning of the nineties, it bears noting that the crisis and the policies of adjustment have had a considerable impact on the health situation and the availability of resources to the sector. This comes on top of the changes in the structure and dynamics of the population, the overlapping of epidemiological profiles in which preventable diseases and deaths predominate on the one hand, and noncommunicable diseases predominate on the other. Also, the health services have been chronically insufficient in providing an adequate solution to the health problems of the population.

26. The regional health agenda for the upcoming years is marked by the seven great challenges to the transformation of the national health systems of the countries of the Americas: the need to attribute more importance to health within social policy and the process of development; the need to improve the capacity to analyze the situation and identify high risk groups; the need to formulate policies and programs that pursue equity in health and fight the growing deficit in service coverage; the need to concentrate resources on effective interventions against health problems and risks; the need to enhance the efficiency of the sector; the need to redefine the sector's forms of leadership and organization; and the need to overcome the imbalances between the work force and the needs of the services.

27. The response demanded by the current time of crisis and changes in the great health community of the countries of the Americas, must be marked by a series of strategic orientations that constitute the main paths to be followed for an effective process to transform the national health systems. It also must have a set of program priorities that, within the broad spectrum of lines of action of the Organization laid out in the Eighth General Program of Work of the WHO for the period 1990-1995, indicate the actions that should be given priority and which require preferential attention, a greater concentration of efforts, and a larger allocation of resources during the new quadrennium.

28. The Pan American Sanitary Conference has approved nine strategic orientations that can favor substantial progress towards the recovery and modernization of the sector in the countries of the Hemisphere. They may also help generate more efficient and effective responses to the health needs of the peoples of the Americas. These strategic orientations are: health in development; reorganizing the health sector; focusing action on high risk groups; health promotion; using social communication; integrating women into health and development; management of knowledge; mobilizing resources; and cooperation among countries.

29. The program priorities that both the countries and the Secretariat will have to take up over the next four years in order to enhance the sector's response capacity to the old and new problems that must be addressed, fall into two main areas. The first regards development of the health services infrastructure, and it includes five sub-priorities: sector and resource allocation analysis; sectoral financing; management of local health systems and local programming; technological development; and development of human resources. The second area of program priorities refers to the development of health programs. Eight priority lines of action are identified within it: health and the environment; food and nutrition; lifestyles and risk factors; control and/or elimination of preventable diseases; maternal and child health; workers' health; drug addiction; and AIDS.

**DEVELOPMENT AND ANALYSIS OF THE PROGRAM BUDGET
FOR 1992-1993**

30. In drafting the program budget of PAHO/WHO for the 1992-1993 biennium, there has been an attempt to make it a catalyst for the processes of transformation of the health sector under way to differing degrees in the Member Countries. Therefore, it is important to envision it as a proposal for institutional action designed to trigger the mobilization of national resources for the modernization of the sector. It should not be viewed as the sole formula for implementation of the strategic orientations and program priorities (SOPPs) of PAHO during the 1991-1994 quadrennium.

31. At the same time, it should be remembered that the 1992-1993 program budget was drawn up with the intention that it be executed with sufficient flexibility to adapt to the changing health requirements that the countries of the Region may have. This is the only way to be able to guarantee a timely and effective response capacity to unforeseen situations, such as the current cholera epidemic.

32. After the approval of the 1991-1994 SOPPs by the Pan American Sanitary Conference in September 1990, all of the organizational units in the field and at Headquarters were instructed to draw up their annual program budgets (APBs) for 1991. They were told to take into consideration the basic criteria set forth in the document and approved by the Governing Bodies, aimed at concentrating efforts on priority areas of action that can have a high impact on the development of health in the countries of the Region. During the internal review of the APB proposals for 1991, which was conducted in December 1990, criteria of analysis and resource allocation were established. These are based on the degree of implementation of the 1991-1994 SOPPs, as reflected in the program budgets drawn up between September and November. This initial formula was used to encourage the Organization's technical cooperation to adjust to the quadrennial mandate bestowed by the Governing Bodies. Later, instructions were issued for preparation of the biennial program budget (BPB) for 1992-1993; all units in the field and at Headquarters were emphatically told that the analysis of the situation and dialogue on priority cooperation needs they would establish with the national health authorities in each one of the Member Countries, as well as the proposals for biennial activities, should take into consideration, as much as possible, the mandates contained in the SOPPs. The 1992-1993 BPB proposal, presented with this document, shows the results of the aforementioned activity.

33. The proposed BPB 1992-1993 contained in this document is the result of the above mentioned actions, has been carefully reviewed and has undergone extensive revisions with respect to the original proposals, taking into consideration the strategic orientations and program priorities for the period 1991-1994 and the criteria approved for their implementation. The XVIth Meeting of the Subcommittee on Planning and Programming favorably reviewed the proposal, in April 1991 and, subsequently, the 107th Meeting of the Executive Committee did the same in June 1991.

34. It is important to note, however, that in drafting the present proposal it has been necessary to take into account serious problems with real increases in operating costs throughout the Region. This situation has had important financial implications for the Organization and has resulted in programming constraints, which have made it all the more difficult to redirect resources toward the highest priority areas.

35. The above mentioned considerations show that the program budget drafted for the period 1992-1993 has been based on a reduction in the program of work as compared to the previous biennium of 4.8% in the combined PAHO/WHO funds. Not only has this created difficulties with regard to the overall objective of maintaining zero real growth, it has led to program reductions, both in terms of operating funds and in general service and professional posts, which has diminished even further the maneuvering space available for redirecting resources in accordance with the priority lines of action set for the Organization.

36. In spite of the adverse circumstances described in the above paragraphs, it is important to mention that in drawing up and revising this proposed program budget for 1992-1993, special emphasis was placed on concentrating the resources allocated to those classified programs that include activities closely linked to the implementation of the strategic orientations and program priorities. In fact, there was a net increase of 7.2% in the allocation of resources for the priority programs with respect to the previous biennium, while the overall program experienced a decrease of 4.8% in its allocation with respect to the previous biennium.

37. Indeed, in some programming areas that encompass classified programs which fall within the framework of the 1991-1994 SOPPs and the criteria established for their implementation, there have been sizeable increases in allocation of funds under the proposed BPB for 1992-1993. Such is the case with: a) the MPN program in the area of Managerial Process for National Health Development, which received a 30% effective increase in allocation of funds; b) the four classified programs within the area of Health Policy Development (Health Policy Analysis and Development; Health Economics and Financing; Health Legislation; and Women, Health, and Development) which received an average effective increase of 12.6% over the previous biennium; c) the classified programs for Control of Environmental Health Hazards and Workers' Health, under the heading of Environmental Health, with an average effective increase of 65.6% in allocations; d) four classified programs in the area of Maternal and Child Health (Growth, Development, and Human Reproduction; Acute Respiratory Infections; Immunization; and Diarrheal Diseases), which had an effective increase of 7.1% over the previous biennium; e) five classified programs under the heading of Communicable Diseases (General Communicable Disease Prevention and Control Activities, Tuberculosis, AIDS, Parasitic Diseases, and Leprosy), with an average effective increase of 9.2% in allocation of funds; and f) four

classified programs under Health Promotion (Health Promotion and Prevention and Control of Noncommunicable Diseases; Tobacco or Health; Prevention and Treatment of Mental and Neurological Disorders, and Prevention and Control of Alcoholism and Drug Abuse), with an effective increase of 34.2% compared to the previous biennium.

38. Moreover, it should be pointed out that the attached proposal has taken into consideration the continental cholera epidemic and the fact that its occurrence is an offshoot of innumerable social and sanitary deficiencies. Priority has therefore been assigned to the implementation of a Regional Emergency Plan for the Prevention and Control of Cholera, as well as to the preparation of a Plan for Medium- and Long-Term Investments in the area of drinking water, basic sanitation, and health services, which will receive a specific allocation of US\$600,000 in regular funds, constituting a basic fund for critical actions and for the mobilization of extrabudgetary funds for this purpose.

39. Having established this characterization of the general conditions placing limitations on the Organization, it is important to make some reference to how costs were determined in drawing up the program budget. The cost increases to be faced in the upcoming biennium are sizeable, and they must be incorporated into this program budget. The magnitude of this phenomenon has reached surprising proportions. Although a greater cost increase was anticipated than that of two years ago, it was not expected to be so high. This is primarily due to the three factors described below.

40. The first factor was increases prescribed by the United Nations System, which essentially affect various aspects of personnel costs: health insurance, wage increases, and benefits increases. This has caused an overall increase in personnel costs of approximately 30% over what was budgeted for the present biennium.

41. The second factor was the increases in consumer price indexes in the economies based on the United States dollar. Cost increases are customarily projected based on inflationary factors observed during the current biennium. Last year, the United States experienced an annual inflation rate of 6.1%, and it has been estimated that in 1991 the rate will be 4.9%. Together it will be close to 11.2% for the current biennium.

42. The third and most surprising factor is the relationship between inflation rates or the increase in domestic prices in the countries of Latin America and the Caribbean, and their relationship to the exchange rates of the national currencies with the United States dollar. Generally in the past, domestic inflation rates in Latin America and the Caribbean were somewhat compensated by the performance of rates of exchange for the national currencies to the United States dollar. The two tended to neutralize each other, causing overall cost increases for the Organization's operations to be more or less identical to domestic inflation in the United States as defined in United States dollars. However, in the last two years, a new, widespread phenomena has emerged. The United States dollar has devalued not only vis-a-vis the so-called hard currencies (the yen, the deutsche mark, the Swiss franc, etc.), but also, to an extraordinary degree, vis-a-vis many Latin American currencies.

43. When statistical weighting is done for the volume of spending that the Organization does in each of these countries, the impact of cost increases stemming from devaluation of the dollar is considerable. In 1990 alone, devaluation of the dollar compared to Latin American currencies caused an 18.7% increase in overall costs to the Organization. With all of these factors in mind, an individual analysis was conducted country-by-country and post-by-post, not through averages or estimates as had been done in the past. This produced an estimate of overall cost increases to the Organization of 19.7%, which is presented in the attached budget proposal. The part of the budget of the World Health Organization (WHO) corresponding to the Regional Office of the Americas came with a fixed increase of only 9.9%. Therefore, starting with the part of our budget funded by WHO we already had an uncovered cost increase of approximately \$6,346,300. In the case of PAHO, in order to maintain zero growth, we would have had to increase the budget by 19.7%, based on the very conservative cost estimate we have done. Instead of being \$152,576,000, the budget would have had to be approximately \$155,637,500. This means we have another \$3,061,500 in costs uncovered inasmuch as we applied the 17.3% increase that we are requesting for the PAHO budget.

44. The above facts indicate an accumulated difference in costs of \$9,407,800, which has been absorbed. But more than being absorbed, this has implied a real reduction in the Organization's program of activities. That is, it has been necessary to cut back activities in the amount of \$9,389,000, which signifies a considerable reduction of programs. In sum, taking into account the deficit not covered by WHO, and real cost increases, in order for the PAHO/WHO combined budget to have overall zero growth, the PAHO portion would have had to increase by 24.6%. We have deemed it inappropriate, in light of the situation of crisis and the restrictions mentioned previously, to ask the Member Countries for an increase of the magnitude that would be required to maintain operations at the same level as the current biennium, even though this would be consistent with the policy of zero growth. For that reason, we have carefully studied all of the policy options for financing the 1992-1993 program budget so as to minimize the impact on the country assessments. Consequently, a 17.3% increase in the PAHO budget has been set, which means that 7.3% of the 24.6% increase that would have been required is absorbed. In other words, almost 30% of the increase necessary to maintain the program budget with zero growth has been absorbed by the Organization through a cut in programs.

45. Two aspects must be pointed out regarding the funding of the program budget. First, it must be emphasized that our share of the WHO budget has diminished. WHO's contribution to the regional programs is now equivalent to less than 32% of the total, while PAHO takes over more than 68% of the total. Our share of the overall WHO budget has dropped to around 9.7% of its total. Secondly, it must be stressed that since part of the cost increase is being financed by using miscellaneous income, we are in a position to propose an increase in the assessments for the Member Countries of only 14.55%, that is approximately 7% per annum. However, this 14.55% is not applied uniformly across-the-board to all of the countries, since the Organization of American States (OAS) took Canada in as a member, and established a new assessment scale.

46. The 1992-1993 PAHO regular proposal is \$152,576,000 which reflects an increase of \$22,553,000 or 17.3% over 1990-1991. The 1992-1993 WHO regular proposal is \$71,491,000 which reflects an increase of \$6,464,000 or 9.9% over 1990-1991. The combined PAHO/WHO regular proposal is \$224,067,000 which reflects an increase of \$29,017,000 or 14.9% over 1990-1991.

47. These various and imbalanced increases are caused by several related factors. The imbalance in the increases between the two regular funds is caused by the timing of the original WHO regular proposal, and the increase restrictions placed upon Regional proposals by the Director-General of WHO.

48. The other cost increases, exacerbated by the imbalance, have caused the largest overall budget increase in this Region since 1984-1985 when it was 15.2%, and the largest program reduction in memory (\$9,389,000 or 4.8%). The other cost increases have been caused by inflation rates, which have not been offset by increases in the exchange rates (real devaluation of the US dollar), and the salary and allowance increases mandated by the United Nations. The base salary increase of approximately 5.0% for professional staff which was effective in mid-1990 was the first since January 1975. Other increases for pensions and health insurance also required additional contributions from employees and the Organization. The Organization's share of health insurance has increased from 60.0% to over 66.0%, and the Organization's share of retirees' health insurance costs in 1992-1993 is estimated to be \$3,650,000, compared to a 1990-1991 budgeted amount of \$700,000. The actual estimated cost for 1990-1991 is expected to be \$3,300,000. The education grant base has increased from \$6,750 to \$8,250 currently--an increase of 22.2%.

49. Local salary averages, which were calculated in early 1989 for 1990-1991 and recalculated for 1992-1993 in early 1991, have increased from 5.0% to 85.0%. Almost without exception, the higher increases are in those countries with inflation rates not offset by increased exchange rates. In addition, the Organization has the largest concentration of staff in these countries.

50. The above general information is given as background to the understanding of the progression from the original proposals received in late 1990 to the current proposal. During the latter half of 1990, the countries and regional program coordinations were requested to make 1992-1993 proposals and 1994-1995 projections related to the combined PAHO/WHO regular-funded programs. These proposals were extensively reviewed by the Director's Advisory Committee during March 1991. The proposals, originally received from the countries and regional program coordinations and prepared within the instructions given of no program growth, would have required PAHO/WHO regular funds of approximately \$244,200,000, representing an increase of 25.2% over 1990-1991. Since the WHO regular portion of this original proposal remains at \$71,491,000 (9.9% increase), PAHO regular funds would have to increase by 32.8% instead of the 17.3% increase now being proposed.

51. Cost increases of 19.7% overall require a program decrease of \$9,389,000 or 4.8% in order to remain within the net increase of 14.9%. The PAHO regular budget would have had to increase by 24.6% in order to compensate for the difference between the 19.7% cost increase and the limited cost increase of 9.9% provided by WHO. The real reduction in the PAHO regular budget is, therefore, 7.3% (24.6% increase required minus 17.3% increase proposed). Of the overall program decrease of \$9,389,000, only \$1,483,400 or 15.8% occurs in country programs, despite the fact that country programs are maintained at 37.2% of the total program.

52. To arrive at the current reduced proposal, the original proposal has been reduced by over \$20,000,000. The proposal contains an overall reduction of 74 posts--34 professional posts and 40 local posts. Due to this reduction, a lapse factor for vacant posts has not been applied since short-term consultants, contractual services, and temporary local staff may be used pending the filling of the vacant posts. Of the overall 74 post reduction, only 5 posts were reduced in country programs. Despite this reduction and a 8.6% reduction in funds for short-term consultants, the personnel costs increase by 15.4%.

53. The Region-wide average cost for short-term consultants and fellowships used in the budget increases by less than 2.6% annually. The overall cost increase factors used for all other elements in the proposal are less than 5.5% annually in Washington and less than 8.0% annually in field locations.

54. Following this Introduction, there are several tables and graphs which present the program budget in the various ways requested by the Governing Bodies, and explanations of these tables and graphs are in the following paragraphs.

55. Table A on page 8 summarizes the PAHO and WHO regular regional budget history since 1970. The PAHO regular portion of the \$224,067,000 proposal is \$152,576,000, which requires an increase of 17.3% over 1990-1991 due to the fact that the WHO regular portion of \$71,491,000 was limited to an increase of 9.9%. After the reductions of over \$20,000,000, the combined PAHO/WHO regular increase is 14.9%. The PAHO regular share of the overall proposal has risen to 68.1% compared to its 1990-1991 share of 66.7%. The WHO regular share has decreased to 31.9% compared to 33.3% in 1990-1991. This Region's portion of the global WHO regular program budget decreases to 9.73% in 1992-1993 from 9.95% in 1990-1991. Had the 1992-1993 portion been maintained at 9.95%, the regional WHO regular proposal could have increased by 12.5%. The PAHO regular increase could have been 16.1%, and/or the overall program decrease of \$9,389,000 could have been reduced accordingly.

56. Table B starting on page 9 is divided between posts on PAHO/WHO regular funds (Table B-1, page 9) and posts on extrabudgetary funds (Table B-3, page 10). Table B-2 starting on page 9A provides details of PAHO/WHO regular funded post reductions and additions. As mentioned previously, there is an overall reduction of 74 posts on PAHO/WHO regular funds between 1990-1991 and 1992-1993. Only 5 posts were reduced in country programs. Of the 1,093 posts in the 1992-1993 proposal, 614 posts or 56.0% are stationed in the field and 479 posts or 44.0% are stationed in Washington. The decline in posts on extrabudgetary funds shown in Table B-3 is caused by the inability to predict commitments in future years. Using the most up-to-date figures for 1990-1991, 144 posts or 57.0% are stationed in the field and 110 posts or 43.0% are stationed in Washington.

57. Starting on page 11, the various charts and Table C provide an analysis of the PAHO/WHO regular program budget by location categories and by program and cost increase or decrease. Since there are no program increases in the 1992-1993 proposal, program decreases of \$9,389,000 or 4.8% relate to the items which were included in the 1990-1991 program but could not be included in the 1992-1993 proposal. Cost increase of \$38,406,000 or 19.7% are related to estimates of inflation and United Nations mandated increases such as salaries and allowances, post adjustments, per diem rates, etc.

58. Table C also shows the percentage of the total PAHO/WHO regular program budget assigned to each of the location categories. In compliance with resolutions of the Governing Bodies, at least 35.0% of the PAHO/WHO regular funds are to be budgeted in country programs. The per cent in 1992-1993 is 37.2% of the total, despite the overall program reductions which were made. As mentioned previously, only 15.8% of the reductions were made in country programs or 2.1% within country programs. Reductions of 58.1% were made in regional and center programs and technical and administrative direction. Technical and administrative direction continues to decline as a per cent of the total budget. In 1984-1985, it was 17.2% of the total, and it is 15.6% of the total in 1992-1993.

59. The largest increase is for Retirees' Health Insurance which is shown separately on line D at the bottom of the table. The \$3,650,000 for 1992-1993 is made up of \$2,250,000 for the Organization's contribution and \$1,400,000 to pay off the past deficit in the fund by the year 2000. The budgeted amount of \$700,000 shown for 1990-1991 is actually estimated to be \$3,300,000, meaning that the budget will have to absorb \$2,600,000.

60. Table D on pages 14 and 15 is a summary of all the various funds committed to the Organization for 1990-1991 at this time, and an estimate of the funds for 1992-1993 and 1994-1995. As in past program budget documents, the

future periods show decreases in extrabudgetary funds since future commitments from external sources cannot be predicted at this time. The amounts shown for 1992-1993 and 1994-1995 on extrabudgetary funds, therefore, should not be considered as formal commitments.

61. The PAHO and WHO regular funds are shown separately at the top of the table with the proposed increases between 1990-1991 and 1992-1993. It should also be noted in 1990-1991 that for the first time the two regular funds amount to only 50.1% of the total funds. Before the end of 1991, this percentage may fall below 50.0% as additional extrabudgetary commitments are received. The budget on extrabudgetary funds was \$69,778,445 in 1982-1983. The 1990-1991 extrabudgetary funds known at this time amount to \$193,921,332 representing an increase of 177.9%.

62. The various charts and tables under Table E between pages 16 and 32 present the proposal, separated by funding source, in the program classification structure with the addition of programs for Women, Health, and Development (WHD) which had been included previously within Health Services Development (DHS), and Research and Development in the Field of Vaccines (RDV), which had been included previously within Essential Drugs and Vaccines (EDV).

63. The most logical presentation of the program is shown under Table E-3 starting on page 24 which combines the PAHO and WHO regular funds since these two funds constitute the core program of the Organization. Part I, Direction, Coordination, and Management, and Part IV, Program Support, increase by 7.2% and account for 20.3% of the total 1992-1993 proposal. Part II, Health System Infrastructure, and Part III, Health Science and Technology, increase by 17.0% and account for 79.7% of the total 1992-1993 proposal.

64. Part IV, Program Support, frequently referred to as "overhead", accounts for 11.1% of the proposal, decreasing from 11.3% in 1990-1991. While this percentage for administrative support is the lowest of any international organization, when combined with the current level of extrabudgetary funds, Program Support amounts to only 7.2% of the total.

65. The several tables under Table F show the budget in the traditional object of expenditure allocations (personnel, duty travel, fellowships, etc.). Despite the reduction of 74 posts and 186 short-term consultant months, the personnel costs increase by 15.4%. The remaining elements increase by 14.0%.

66. Section II (yellow tab) of this document contains a general analysis and description of the classified list of programs. Each program category has a narrative description together with a presentation of the funds devoted to the program.

67. Section III (green tab) of the document contains subsections related to the main locations of the programs (Country Programs, Multicountry Programs, etc.). These subsections by location categories are an elaboration of the overall summary shown previously under Table C on page 13.

68. Section IV (pink tab) provides a description of the organizational structure and the funds related to it.

69. The last part of the document includes an annex which presents the entire program budget by fund category in the structure of the WHO classified list of programs.

70. This document and the related proposal were presented for the consideration of the 107th meeting of the Executive Committee in June 1991. The Executive Committee approved Resolution VIII on this subject.

71. The PAHO regular proposal of \$152,576,000, representing an increase of \$22,553,000 or 17.3%, is proposed to be funded by an 83.0% increase in Miscellaneous Income (from \$5,300,000 in 1990-1991 to \$9,700,000 in 1992-1993) and an assessment increase of \$18,153,000 or 14.6%.

72. Finally, it is the responsibility of the September 1991 Directing Council to approve a PAHO regular program budget for 1992-1993, for which the approval of the attached draft appropriation and assessment resolutions is necessary.

 PROPOSED APPROPRIATION RESOLUTION FOR THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993

THE DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 1992-1993 an amount of \$171,607,650 as follows:

PART I	DIRECTION, COORDINATION AND MANAGEMENT	17,697,600
PART II	HEALTH SYSTEM INFRASTRUCTURE	72,744,400
PART III	HEALTH SCIENCE AND TECHNOLOGY	44,126,300
PART IV	PROGRAM SUPPORT	18,007,700
	Effective Working Budget (PARTS I - IV)	----- 152,576,000 =====
PART V	STAFF ASSESSMENT (Transfer to Tax Equalization Fund)	19,031,650
	<u>TOTAL - ALL PARTS</u>	----- 171,607,650 =====

2. That the appropriation shall be financed from:

(a)	Assessments in respect to: Member and Participating Countries assessed under the scales adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions	161,907,650
(b)	Miscellaneous Income	9,700,000
	<u>TOTAL</u>	----- 171,607,650 =====

In establishing the contributions of Member and Participating Countries, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those countries which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 1992 to 31 December 1993, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 1992-1993 shall be limited to the effective working budget, i.e., Parts I - IV.

4. That the Director shall be authorized to transfer credits between parts of the effective working budget, provided that such transfer of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between parts of the budget in excess of 10% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council or the Conference.

PROPOSED RESOLUTION

Whereas, Member Countries appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, except for adjustment to Cuba, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, this adjustment was made taking into account the assessments of the Participating Countries; now therefore,

THE DIRECTING COUNCIL,

RESOLVES:

To establish the assessments of the Member and Participating Countries of the Pan American Health Organization for the financial period 1992-1993 in accordance with the scale of quotas shown below and in the corresponding amounts.

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Antigua and Barbuda	0.02	0.02	16,191	16,191	1,903	1,903	-	-	14,288	14,288
Argentina	5.02	4.96	4,063,882	4,015,310	477,694	471,985	-	-	3,586,188	3,543,325
Bahamas	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Barbados	0.08	0.08	64,763	64,763	7,613	7,613	-	-	57,150	57,150
Belize	0.03	0.03	24,286	24,286	2,855	2,855	-	-	21,431	21,431
Bolivia	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Brazil	8.76	8.66	7,091,555	7,010,601	833,586	824,070	-	-	6,257,969	6,186,531
Canada	10.24	11.27	8,289,672	9,123,496	974,420	1,072,433	85,000	85,000	7,400,252	8,136,063
Chile	0.55	0.55	445,246	445,246	52,337	52,337	-	-	392,909	392,909
Colombia	0.96	0.95	777,157	769,061	91,352	90,400	-	-	685,805	678,661

 ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Costa Rica	0.13	0.13	105,240	105,240	12,371	12,371	-	-	92,869	92,869
Cuba	0.83	0.80	671,917	647,631	78,981	76,127	-	-	592,936	571,504
Dominica	0.02	0.02	16,191	16,191	1,903	1,903	-	-	14,288	14,288
Dominican Republic	0.18	0.18	145,717	145,717	17,128	17,128	-	-	128,589	128,589
Ecuador	0.18	0.18	145,717	145,717	17,128	17,128	-	-	128,589	128,589
El Salvador	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Grenada	0.03	0.03	24,286	24,286	2,855	2,855	-	-	21,431	21,431
Guatemala	0.13	0.13	105,240	105,240	12,371	12,371	-	-	92,869	92,869
Guyana	0.02	0.02	16,191	16,191	1,903	1,903	-	-	14,288	14,288
Haiti	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Honduras	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Jamaica	0.18	0.18	145,717	145,717	17,128	17,128	-	-	128,589	128,589
Mexico	6.23	6.16	5,043,423	4,986,756	592,836	586,175	-	-	4,450,587	4,400,581
Nicaragua	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Panama	0.13	0.13	105,240	105,240	12,371	12,371	-	-	92,869	92,869

ASSESSMENTS OF THE MEMBER AND PARTICIPATING COUNTRIES OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1992-1993 (CONT.)

(1) Country	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustment for Taxes Imposed By Member Countries on Emoluments of PASB Staff		(6) Net Assessment	
	1992	1993	1992	1993	1992	1993	1992	1993	1992	1993
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Paraguay	0.18	0.18	145,717	145,717	17,128	17,128	-	-	128,589	128,589
Peru	0.42	0.42	340,006	340,006	39,966	39,966	-	-	300,040	300,040
Saint Kitts and Nevis	0.01	0.02	8,095	16,191	952	1,903	-	-	7,143	14,288
Saint Lucia	0.03	0.03	24,286	24,286	2,855	2,855	-	-	21,431	21,431
Saint Vincent & the Grenadines	0.02	0.02	16,191	16,191	1,903	1,903	-	-	14,288	14,288
Suriname	0.07	0.07	56,668	56,668	6,661	6,661	-	-	50,007	50,007
Trinidad and Tobago	0.18	0.18	145,717	145,717	17,128	17,128	-	-	128,589	128,589
United States of America	60.96	60.24	49,349,450	48,766,581	5,800,850	5,732,336	2,650,000	2,650,000	46,198,600	45,684,245
Uruguay	0.27	0.26	218,575	210,480	25,693	24,741	-	-	192,882	185,739
Venezuela	3.28	3.24	2,655,285	2,622,904	312,119	308,313	14,000	14,000	2,357,166	2,328,591
Subtotal	99.56	99.56	80,597,629	80,597,629	9,473,956	9,473,956	2,749,000	2,749,000	73,872,673	73,872,673
<u>Participating Countries</u>										
France	0.29	0.29	234,766	234,766	27,596	27,596	-	-	207,170	207,170
Kingdom of the Netherlands	0.09	0.09	72,858	72,858	8,564	8,564	-	-	64,294	64,294
United Kingdom	0.06	0.06	48,572	48,572	5,709	5,709	-	-	42,863	42,863
Subtotal	0.44	0.44	356,196	356,196	41,869	41,869	-	-	314,327	314,327
TOTAL	100.00	100.00	80,953,825	80,953,825	9,515,825	9,515,825	2,749,000	2,749,000	74,187,000	74,187,000

(2) This column shows the adjusted scale in respect to assessments of Member and Participating Countries of the Pan American Health Organization.

(5) This column includes estimated amounts to be received by the respective Member Countries in 1992-1993 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for any difference between the estimated and actual for prior years.

TABLE A

PAHO REGULAR AND WHO REGULAR REGIONAL BUDGET HISTORY

BUDGET PERIOD	PAHO REGULAR	% OF TOTAL	% INCREASE	WHO REGULAR	% of TOTAL	% INCREASE	TOTAL PAHO AND WHO REGULAR	% INCREASE
1970-71	30,072,442*	68.2	-	14,053,685	31.8	-	44,126,127	-
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81**	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	15.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89***	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93****	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9

* INCLUDES THE SUPPLEMENTAL BUDGET OF \$982,992 WHICH REPRESENTS THE ASSESSMENT OF CANADA WHEN IT JOINED PAHO IN 1971.

** FIRST BIENNIAL BUDGET PERIOD. THE PAHO REGULAR AMOUNT INCLUDES THE SUPPLEMENTAL BUDGET OF \$1,041,400 FOR 1980.

*** THE WHO REGULAR AMOUNT REFLECTS THE \$2,470,000 REDUCTION IN THIS REGION RELATED TO THE \$25,000,000 GLOBAL REDUCTION.

**** THE PAHO REGULAR AMOUNT FOR 1992-93 IS PROPOSED. THE WHO REGULAR AMOUNT FOR 1992-93 WAS CONSIDERED WITHIN THE OVERALL WHO REGULAR PROPOSAL BY THE MAY 1991 WORLD HEALTH ASSEMBLY.

TABLE B-1

POST ANALYSIS - PAHO AND WHO REGULAR FUNDS									
LOCATION	1990 - 1991			1992 - 1993			1994 - 1995		
	PROFESSIONAL	LOCAL	TOTAL	PROFESSIONAL	LOCAL	TOTAL	PROFESSIONAL	LOCAL	TOTAL
A.1 COUNTRY PROGRAMS	140	164	304	136	163	299	132	163	295
A.2 CARIBBEAN PROGRAM COORDINATION	3	8	11	3	9	12	3	9	12
A.3 MULTICOUNTRY PROGRAMS	43	11	54	32	10	42	32	10	42
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SUBTOTAL, DIRECT COOPERATION WITH COUNTRIES	186	183	369	171	182	353	167	182	349
A.4 REGIONAL PROGRAMS	150	136	286	139	130	269	135	130	265
A.5 CENTERS	68	225	293	60	201	261	58	201	259
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A. COOPERATION WITH COUNTRIES	404	544	948	370	513	883	360	513	873
B. TECHNICAL AND ADMINISTRATIVE DIRECTION	73	139	212	73	130	203	71	130	201
C. GOVERNING BODIES	3	4	7	3	4	7	3	4	7
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GRAND TOTAL	480	687	1,167	446	647	1,093	434	647	1,081
	===	===	=====	===	===	=====	===	===	=====

TABLE B-2

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM

EXTERNAL COORDINATION FOR HEALTH AND SOCIAL DEVELOPMENT (COR)

Post added:

P-5	External Relations Officer	0.5843	External Relations Coordination
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INFORMATICS MANAGEMENT (ISS)

Posts deleted:

P-2	Analyst/Programmer	0.3066	Information Coordination
G-8	Program Technician	0.5638	Information Coordination
G-6	Computer Operator	0.4168	Information Coordination
G-5	Data Encoder	4.3869	Information Coordination

MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT (MPN)

Posts deleted:

G-1	General Services Assistant	0.0293	Guatemala
G-3	Driver/Messenger	0.3184	Guatemala
G-3	Driver/Messenger	0.3446	Mexico
G-5	Accounting Assistant	0.0300	Peru

Posts added:

G-4	Office Assistant	0.5930	Argentina
G-4	Secretary	0.5931	Argentina
P-5	PAHO/WHO Representative	0.5927	Canada
G-4	Office Assistant	0.5898	Honduras
G-4	Secretary	4.5914	Panama
G-4	Secretary	0.5924	Caribbean Program Coordination

TABLE B-2 (CONT.)

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

ADMINISTRATIVE ANALYSIS (AAN)

Posts deleted:

P-4	Management Officer	0.5788	Administrative Analysis
P-4	Management/Organization Analyst	4.0242	Administrative Analysis

Post added:

P-4	Systems Analyst	0.5921	Administrative Analysis
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HEALTH SITUATION AND TREND ASSESSMENT (HST)

Posts deleted:

P-2	Statistician	0.0098	Health Situation And Trend Assessment
P-2	Statistical Data Manager	0.0103	Health Situation And Trend Assessment
G-7	Statistical Assistant	4.3268	Health Situation And Trend Assessment

HEALTH POLICY ANALYSIS AND DEVELOPMENT (HDP)

Post deleted:

P-5	Global Planning Advisor	4.5245	Health Policies Development
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HEALTH LEGISLATION (HLE)

Post added:

P-4	Health Legislation Advisor	0.5911	Health Policies Development
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 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

HEALTH SERVICES DEVELOPMENT (DHS)

Posts deleted:

P-4	Nurse Advisor	4.3415	Brazil
P-3	Health Services Advisor	4.4912	Haiti
P-3	Administrative Methods Officer	0.4692	Paraguay
P-4	Medical Officer	0.4852	Uruguay
P-4	Administrative Methods Officer	4.5571	Uruguay
G-4	Office Assistant	0.3216	Health Services Development
P-4	Nurse Advisor	0.0895	Health Services Development
P-4	Physical Resource Advisor	4.5520	Health Services Development

Post added:

P-4	Health Services Advisor	4.5928	Chile
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COORDINATION AND SUPPORT OF HUMAN RESOURCES DEVELOPMENT (HMC)

Posts deleted:

P-1	Administrative Officer	0.4960	Health Manpower Development
G-6	Office Assistant	0.0071	Health Manpower Development
G-4	General Services Assistant	4.5402	Health Manpower Development

HUMAN RESOURCES ADMINISTRATION (HMA)

Post deleted:

P-5	Health Manpower Officer	4.0059	Health Manpower Development
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OFFICIAL AND TECHNICAL PUBLICATIONS (HBP)

Posts deleted:

G-8	Editorial Assistant	0.0155	Scientific & Technical Health Information
P-3	Editor	4.5105	Scientific & Technical Health Information
P-2	Editor	4.5195	Scientific & Technical Health Information

TABLE B-2 (CONT.)

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

LANGUAGE SERVICES (HBL)

Posts deleted:

P-2	Computational Linguist	0.5744	Conference and General Services
P-3	Translator	4.5108	Conference and General Services
P-4	Translator	4.0209	Conference and General Services
P-4	Translator	4.5103	Conference and General Services

RESEARCH PROMOTION AND DEVELOPMENT (RPD)

Post deleted:

P-4	Research Officer	0.0029	Research Coordination & Technology Development
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HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT (HDT)

Post deleted:

P-4	Health Administrator	4.5255	Health Policies Development
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NUTRITION (NUT)

Post deleted:

P-4	Nutrition Advisor	4.3083	Food and Nutrition
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TABLE B-2 (CONT.)

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

COMMUNITY WATER SUPPLY AND SANITATION (CWS)

Posts deleted:

P-5	Sanitary Engineer	0.4382	Environmental Health
P-4	Sanitary Engineer	0.0490	Guatemala
P-4	Sanitary Engineer	4.3433	CEPIS
G-7	Technical Assistant	0.3775	CEPIS
G-6	Technical Assistant	0.5406	CEPIS

CONTROL OF ENVIRONMENTAL HEALTH HAZARDS (CEH)

Post deleted:

P-4	Systems Analyst	0.4625	ECO
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GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION (MCH)

Post deleted:

P-4	Maternal & Child Health & Family Planning Advisor	0.5791	Maternal and Child Health
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Post added:

P-4	Medical Officer	0.5925	Mexico
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COMMUNICABLE DISEASES (OCD)

Post deleted:

P-4	Epidemiologist	4.4969	Guyana
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TABLE B-2 (CONT.)

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

TROPICAL DISEASE RESEARCH (TDR)

Posts deleted:

P-5	Research Officer	0.0978	Communicable Diseases
P-5	Research Officer	4.5382	Communicable Diseases

VECTOR-BORNE DISEASES (VBC)

Posts deleted:

P-4	Communicable Diseases Advisor	4.0114	Communicable Diseases
P-4	Epidemiologist	4.4730	Communicable Diseases

HEALTH PROMOTION AND PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (NCD)

Posts added:

P-4	Health Promotion Advisor	0.5910	Health Promotion
P-4	Epidemiologist	0.5926	Uruguay

FOOD SAFETY (FOS)

Post deleted:

P-4	Food Safety Advisor	4.3218	Veterinary Public Health
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 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

FOOT-AND-MOUTH DISEASE (FMD)

Posts deleted:

P-4	Epidemiologist	0.3152	Veterinary Public Health
P-4	Veterinary Public Health Advisor	0.0625	PANAFTOSA
P-4	Biochemist	0.3062	PANAFTOSA
P-4	Administrative Methods Officer	0.3230	PANAFTOSA
G-7	Statistical Technician	0.3592	PANAFTOSA
G-5	Laboratory Assistant	0.0681	PANAFTOSA
G-5	Office Assistant	0.3233	PANAFTOSA
G-5	Laboratory Assistant	0.3589	PANAFTOSA
G-5	Secretary	0.3594	PANAFTOSA
G-5	Statistical Assistant	0.4298	PANAFTOSA
G-4	Laboratory Assistant	0.0667	PANAFTOSA
G-4	Secretary	0.0674	PANAFTOSA
G-4	Laboratory Assistant	0.0697	PANAFTOSA
G-4	Office Assistant	0.0699	PANAFTOSA
G-4	Laboratory Assistant	0.0754	PANAFTOSA
G-3	Printing Clerk	0.0679	PANAFTOSA
G-3	Office Clerk	0.0725	PANAFTOSA
G-3	General Assistant	0.0733	PANAFTOSA
G-3	Library Clerk	0.0999	PANAFTOSA
G-3	Office Clerk	0.4447	PANAFTOSA
G-2	Laboratory Helper	0.0713	PANAFTOSA
G-2	General Assistant	0.0715	PANAFTOSA
G-2	Laboratory Helper	0.0727	PANAFTOSA
G-2	Driver	0.2132	PANAFTOSA
G-1	General Helper	0.0740	PANAFTOSA

ZONOSSES (ZNS)

Posts deleted:

P-4	Veterinary Public Health Advisor	0.0770	CEPANZO
P-4	Immunologist	0.3736	CEPANZO
P-4	Laboratory Animal Specialist	0.3739	CEPANZO
P-3	Translator	0.3746	CEPANZO
P-4	Veterinarian	4.3897	Brazil
P-4	Veterinarian	4.4045	Caribbean

TABLE B-2 (CONT.)

 DETAILS OF PAHO/WHO REGULAR POST REDUCTIONS/ADDITIONS BY PROGRAM (Cont.)

BUDGET AND FINANCE (BFI)

Posts deleted:

P-2	Finance Officer	0.0171	Finance
G-8	Accounting Technician	4.0178	Finance
G-8	Finance Technician	0.2075	Finance
G-8	Accounting Technician	0.3642	Finance
G-6	Finance Assistant	0.5301	Finance

Post added:

G-6	Accounting Assistant	0.3807	Finance
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GENERAL SERVICES AND HEADQUARTERS OPERATING EXPENSES (PGS)

Post deleted:

G-6	Word Processing Operator	0.3484	Conference and General Services
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PERSONNEL (PER)

Post deleted:

P-3	Personnel Officer	4.0254	Personnel
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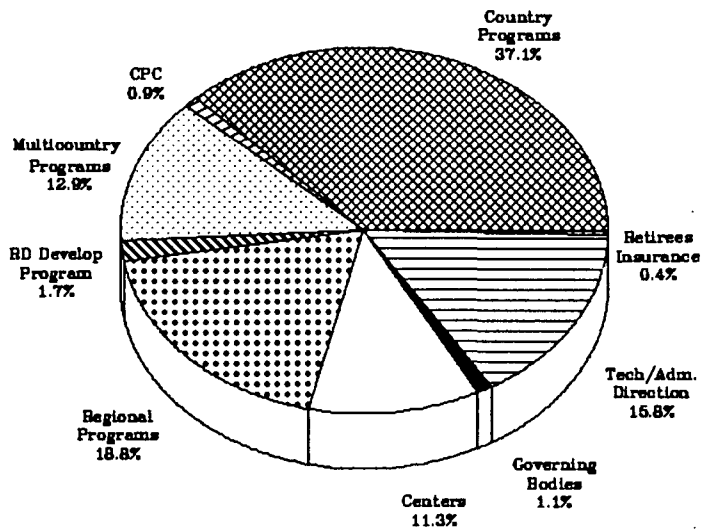
PROCUREMENT (SUP)

Post deleted:

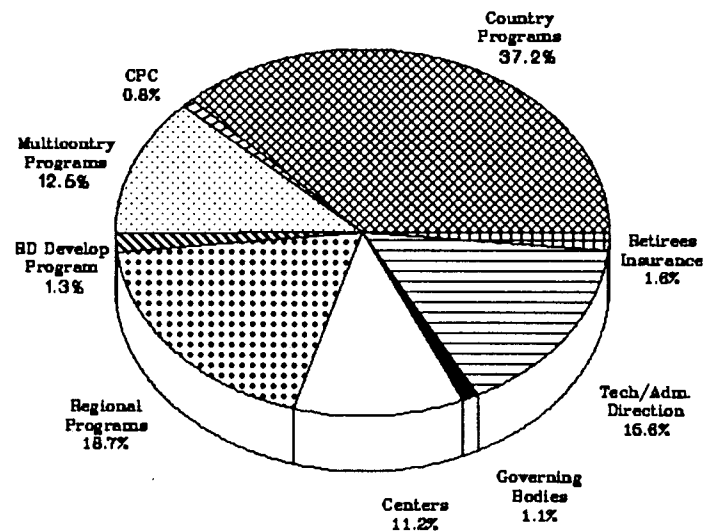
P-3	Procurement Officer	0.0239	Procurement
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GRAPH I

Approved 1990-1991 Vs Proposed 1992-1993
PR/WR Program Budget
by Location



Approved 1990-1991



Proposed 1992-1993

GRAPH II

Comparison: 1990-1991 and 1992-1993
PR/WR Program Budget
by Location

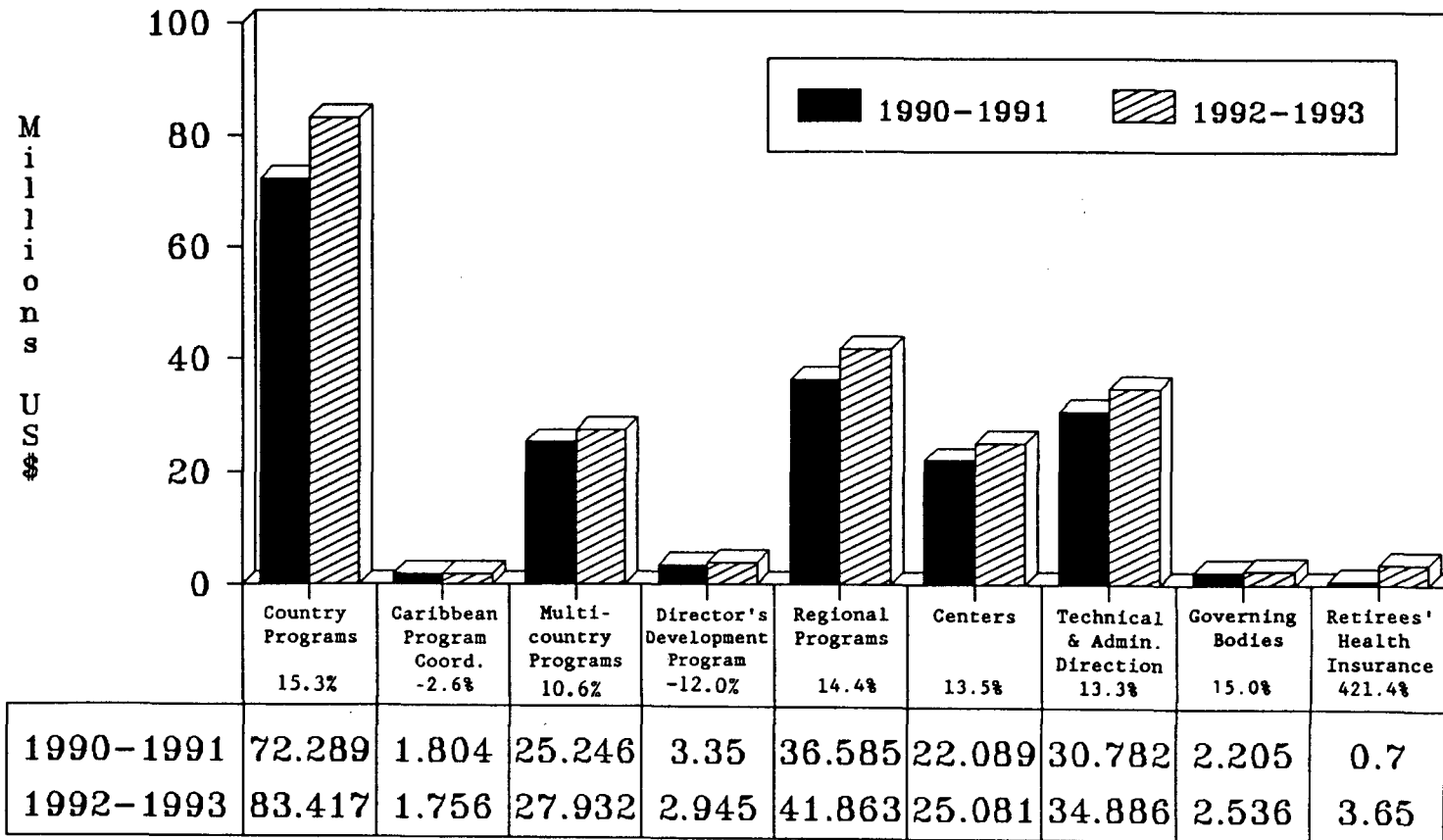


TABLE C

1992-1993 PAHO/WHO REGULAR BUDGET ANALYSIS OF PROGRAM AND COST INCREASES/(DECREASES) BY LOCATION

LOCATION	1990-1991 APPROPRIATION		1992-1993 PROGRAM AT 1990-1991 AVERAGES	PROGRAM INCREASE/(DECREASE)	COST INCREASE/(DECREASE)	TOTAL INCREASE/(DECREASE)	1992-1993 PROPOSAL	
	AMOUNT	% OF TOTAL					AMOUNT	% OF TOTAL
A.1 COUNTRY PROGRAMS	72,289,400	37.1	70,806,000	(1,483,400) (2.1)	12,611,100 17.4	11,127,700 15.3	83,417,100	37.2
A.2 CARIBBEAN PROGRAM COORDINATION	1,803,500	.9	1,649,800	(153,700) (8.5)	105,900 5.9	(47,800) (2.6)	1,755,700	.8
A.3 MULTICOUNTRY PROGRAMS	25,246,100	12.9	23,654,400	(1,591,700) (6.3)	4,277,600 16.9	2,685,900 10.6	27,932,000	12.5
A.4 REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM IN SUPPORT OF COUNTRY ACTIVITIES	3,350,000	1.7	2,648,600	(701,400) (20.9)	296,600 8.9	(404,800) (12.0)	2,945,200	1.3
SUBTOTAL, DIRECT COOPERATION WITH COUNTRIES	102,689,000	52.6	98,758,800	(3,930,200) (3.8)	17,291,200 16.8	13,361,000 13.0	116,050,000	51.8
A.5 REGIONAL PROGRAMS	36,584,800	18.8	34,468,600	(2,116,200) (5.8)	7,394,900 20.2	5,278,700 14.4	41,863,500	18.7
A.6 CENTERS	22,089,100	11.3	19,967,200	(2,121,900) (9.6)	5,113,500 23.1	2,991,600 13.5	25,080,700	11.2
A. COOPERATION WITH COUNTRIES	161,362,900	82.7	153,194,600	(8,168,300) (5.1)	29,799,600 18.5	21,631,300 13.4	182,994,200	81.7
B. TECHNICAL AND ADMINISTRATIVE DIRECTION	30,781,800	15.8	29,561,100	(1,220,700) (4.0)	5,325,200 17.3	4,104,500 13.3	34,886,300	15.6
C. GOVERNING BODIES	2,205,300	1.1	2,205,300	- 0.0	331,200 15.0	331,200 15.0	2,536,500	1.1
D. RETIREES' HEALTH INSURANCE	700,000	.4	700,000	- 0.0	2,950,000 421.4	2,950,000 421.4	3,650,000	1.6
TOTAL	195,050,000	100.0	185,661,000	(9,389,000) (4.8)	38,406,000 19.7	29,017,000 14.9	224,067,000	100.0

TABLE D

	ALL FUNDS							
	1990-1991 BIENNIUM APPROVED		INCREASE (DECREASE) 1992-1993 OVER 1990-1991	1992-1993 BIENNIUM PROPOSED		INCREASE (DECREASE) 1994-1995 OVER 1992-1993	1994-1995 BIENNIUM PROVISIONAL	
	AMOUNT \$	% OF TOTAL		AMOUNT \$	% OF TOTAL		AMOUNT \$	% OF TOTAL
REGULAR BUDGET	195,050,000	50.1	14.9	224,067,000	61.8	12.4	251,825,000	77.8
PR PAHO REGULAR BUDGET	130,023,000	33.4	17.3	152,576,000	42.1	12.3	171,316,000	52.9
WR WHO REGULAR BUDGET	65,027,000	16.7	9.9	71,491,000	19.7	12.6	80,509,000	24.9
EXTRABUDGETARY FUNDS:								
PAN AMERICAN HEALTH ORGANIZATION	141,026,293	36.3	(29.7)	99,203,794	27.4	(44.9)	54,626,036	16.9
PA INCAP MEMBERSHIP AND MISCELLANEOUS FUNDS	1,100,000	.3	9.1	1,200,000	.3	-	1,200,000	.4
PN INCAP GRANTS AND CONTRACTUAL AGREEMENTS	12,500,000	3.2	4.0	13,000,000	3.6	-	13,000,000	4.0
PC CAREC MEMBERSHIP AND MISCELLANEOUS FUNDS	1,599,180	.4	19.9	1,917,300	.5	6.7	2,045,000	.6
PJ CAREC GRANTS AND CONTRACTUAL AGREEMENTS	2,665,276	.7	(56.8)	1,150,324	.3	(100.0)	-	
PB BUILDING FUND	2,157,716	.6	20.5	2,600,000	.7	(45.4)	1,420,000	.4
PD NATURAL DISASTER RELIEF VOLUNTARY FUND	1,483,109	.4	(42.2)	857,000	.2	4.7	897,000	.3
PG GRANTS AND CONTRACTUAL AGREEMENTS	107,710,742	27.7	(36.4)	68,470,284	18.9	(59.4)	27,817,120	8.6
PK SPECIAL FUND FOR HEALTH PROMOTION	216,216	.1	-	216,216	.1	-	216,216	.1
PL SPECIAL FUND FOR ASSOCIATED AGENCY: UNDP AGREEMENTS	2,513,231	.6	(.9)	2,491,370	.7	(100.0)	-	-
PU SPECIAL FUND FOR ANIMAL HEALTH RESEARCH	16,332	.*	(8.2)	15,000	.*	-	15,000	.*
PX PROGRAM SUPPORT COSTS	8,007,891	2.1	(25.1)	5,997,100	1.7	9.5	6,567,300	2.0
HP PAN AMERICAN HEALTH AND EDUCATION FOUNDATION TRUST FUNDS	146,400	.*	16.9	171,100	.1	12.0	191,600	.1
HT TEXTBOOKS AND INSTRUCTIONAL MATERIALS	910,200	.2	22.8	1,118,100	.3	12.4	1,256,800	.4

TABLE D (CONT.)

ALL FUNDS (CONT.)									
1990-1991 BIENNIUM APPROVED		INCREASE (DECREASE) 1992-1993 OVER 1990-1991		1992-1993 BIENNIUM PROPOSED		INCREASE (DECREASE) 1994-1995 OVER 1992-1993		1994-1995 BIENNIUM PROVISIONAL	
AMOUNT \$	% OF TOTAL			AMOUNT \$	% OF TOTAL			AMOUNT \$	% OF TOTAL

WORLD HEALTH ORGANIZATION	52,895,039	13.6	(25.7)	39,296,845	10.8	(56.3)		17,156,902	5.3

INCOME FROM UNITED NATIONS SOURCES:									
DP UNITED NATIONS DEVELOPMENT PROGRAM	2,039,977	.5	(65.7)	699,737	.2	(85.7)		100,000	.*
DI UNDP COST-INCURRED ACCOUNT	10,288	.*	(100.0)	-	-	-		-	-
FB ASSOCIATE PROFESSIONAL OFFICERS	757,795	.2	(90.9)	68,846	.*	(100.0)		-	-
FD UNITED NATIONS FUND FOR DRUG ABUSE CONTROL	278,384	.1	(100.0)	-	-	-		-	-
FP UNITED NATIONS POPULATION FUND	15,760,849	4.0	(17.0)	13,080,224	3.6	(29.0)		9,288,982	2.9

TRUST FUNDS:									
FA SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES	264,800	.1	(100.0)	-	-	-		-	-
FX GLOBAL PROGRAM ON AIDS	22,290,064	5.7	(20.3)	17,765,284	4.9	(99.1)		165,000	.*
ST SASAKAWA HEALTH FUND	43,556	.*	(100.0)	-	-	-		-	-

VOLUNTARY FUND FOR HEALTH PROMOTION:									
VC SPECIAL ACCOUNT FOR DIARRHEAL DISEASES INCLUDING CHOLERA	1,769,599	.5	19.0	2,104,960	.6	5.7		2,223,970	.7
VD SPECIAL ACCOUNT FOR MISCELLANEOUS DESIGNATED CONTRIBUTIONS (OTHER)	5,196,879	1.3	(69.9)	1,562,044	.4	(44.0)		874,000	.3
VG SPECIAL ACCOUNT FOR MEDICAL RESEARCH (SPECIFIED)	19,744	.*	(100.0)	-	-	-		-	-
VI SPECIAL ACCOUNT FOR THE EXPANDED PROGRAM ON IMMUNIZATION	630,587	.2	(31.0)	435,050	.1	18.2		514,150	.2
VW SPECIAL ACCOUNT FOR COMMUNITY WATER SUPPLY	21,321	.*	(100.0)	-	-	-		-	-
AS SPECIAL ACCOUNT FOR SERVICING COSTS	3,591,886	.9	(0.3)	3,580,700	1.0	11.5		3,990,800	1.2
EF REAL ESTATE FUND	219,310	.1	(100.0)	-	-	-		-	-

TOTAL BUDGET =====	388,971,332	100.0	(6.8)	362,567,639	100.0	(10.7)		323,607,938	100.0
=====									

* LESS THAN .05 PER CENT

TABLE E-1

PROGRAM BUDGET - PAHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
I. DIRECTION, COORDINATION AND MANAGEMENT	17,332,700	13.4	17,697,600	11.6	19,549,900	11.3	
GOVERNING BODIES	1,881,200	1.4	2,176,100	1.4	2,432,100	1.4	
GOVERNING BODIES	GOB	1,881,200	1.4	2,176,100	1.4	2,432,100	1.4
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	15,451,500	12.0	15,521,500	10.2	17,117,800	9.9	
EXECUTIVE MANAGEMENT	EXM	2,448,400	1.9	2,902,600	1.9	3,234,900	1.9
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	DGP	3,194,000	2.5	2,789,200	1.8	3,101,600	1.8
GENERAL PROGRAM DEVELOPMENT	GPD	4,235,800	3.3	3,446,800	2.3	3,680,400	2.1
EXTERNAL COORD. FOR HEALTH AND SOCIAL DEVELOPMENT	COR	850,100	.7	1,242,400	.8	1,404,100	.8
INFORMATICS MANAGEMENT	ISS	4,723,200	3.6	5,140,500	3.4	5,696,800	3.3
II. HEALTH SYSTEM INFRASTRUCTURE	58,797,200	45.3	72,744,400	47.9	82,110,800	48.4	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	16,461,400	12.6	24,726,200	16.3	27,990,700	16.7	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	15,609,100	11.9	23,772,700	15.7	26,913,200	16.1
ADMINISTRATIVE ANALYSIS	AAN	852,300	.7	953,500	.6	1,077,500	.6
TECHNICAL COOPERATION AMONG COUNTRIES	2,279,500	1.8	2,645,700	1.7	3,069,700	1.8	
TECHNICAL COOPERATION AMONG COUNTRIES	TCC	2,279,500	1.8	2,645,700	1.7	3,069,700	1.8
HEALTH SITUATION AND TREND ASSESSMENT	4,281,900	3.3	4,381,700	2.9	4,962,800	2.9	
HEALTH SITUATION AND TREND ASSESSMENT	HST	4,281,900	3.3	4,381,700	2.9	4,962,800	2.9
HEALTH POLICY DEVELOPMENT	3,600,200	2.8	5,744,000	3.8	6,517,400	3.8	
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP	2,712,500	2.1	3,651,300	2.4	4,147,700	2.4
HEALTH ECONOMICS AND FINANCING	HDE	775,200	.6	992,600	.7	1,129,100	.7
HEALTH LEGISLATION	HLE	112,500	.1	484,200	.3	521,000	.3
WOMEN, HEALTH AND DEVELOPMENT	WHD	0	-	635,900	.4	719,600	.4
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	14,882,000	11.5	15,245,300	10.0	17,195,900	10.1	
HEALTH SERVICES DEVELOPMENT	DHS	12,037,400	9.3	12,733,700	8.3	14,349,400	8.4
ESSENTIAL DRUGS AND VACCINES	EDV	691,000	.5	445,500	.3	503,700	.3
ORAL HEALTH	ORH	493,200	.4	430,700	.3	490,600	.3
DISASTER PREPAREDNESS	DPP	470,500	.4	630,300	.4	716,100	.4
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR	558,300	.4	560,700	.4	634,800	.4
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED	103,500	.1	0	-	0	-
REHABILITATION	RHB	528,100	.4	444,400	.3	501,300	.3

TABLE E-1 (CONT.)

PROGRAM BUDGET - PAHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HUMAN RESOURCES DEVELOPMENT	7,304,300	5.7	8,997,200	5.9	10,034,900	5.9
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	3,464,700	2.7	4,062,200	2.7	4,585,000	2.7
HUMAN RESOURCES ADMINISTRATION	631,000	.5	530,900	.3	457,200	.3
HUMAN RESOURCES EDUCATION	3,208,600	2.5	4,404,100	2.9	4,992,700	2.9
HEALTH INFORMATION SUPPORT	6,455,100	4.9	7,088,000	4.7	7,872,600	4.6
OFFICIAL AND TECHNICAL PUBLICATIONS	2,113,000	1.6	2,582,200	1.7	2,896,200	1.7
PUBLIC INFORMATION	1,447,000	1.1	1,638,400	1.1	1,742,400	1.0
LANGUAGE SERVICES	928,700	.7	642,300	.4	719,300	.4
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	1,966,400	1.5	2,225,100	1.5	2,514,700	1.5
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	3,532,800	2.7	3,916,300	2.6	4,466,800	2.6
RESEARCH PROMOTION AND DEVELOPMENT	3,036,600	2.3	3,039,900	2.0	3,473,800	2.0
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	496,200	.4	488,800	.3	554,400	.3
RESEARCH AND DEVELOPMENT IN THE FIELD OF VACCINES	0	-	387,600	.3	438,600	.3
III. HEALTH SCIENCE AND TECHNOLOGY	37,820,600	29.0	44,126,300	28.7	49,494,200	28.6
FOOD AND NUTRITION	4,779,800	3.7	5,462,200	3.6	5,914,300	3.4
FOOD NUTRITION	1,557,200	1.2	1,069,600	.7	1,047,500	.6
	3,222,600	2.5	4,392,600	2.9	4,866,800	2.8
ENVIRONMENTAL HEALTH	9,134,100	6.9	9,979,400	6.5	11,252,000	6.5
COMMUNITY WATER SUPPLY AND SANITATION	6,694,800	5.1	5,985,800	3.9	6,743,500	3.9
SOLID WASTES AND HOUSING HYGIENE	314,800	.2	277,400	.2	312,700	.2
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	1,685,000	1.3	3,189,300	2.1	3,598,700	2.1
WORKERS' HEALTH	439,500	.3	526,900	.3	597,100	.3
MATERNAL AND CHILD HEALTH	4,265,000	3.3	5,775,700	3.7	6,324,400	3.6
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	3,809,200	2.9	4,695,900	3.1	5,112,300	3.0
ADOLESCENT HEALTH	101,400	.1	63,700	.*	70,800	.*
ACUTE RESPIRATORY INFECTIONS	147,300	.1	184,600	.1	210,400	.1
IMMUNIZATION	141,800	.1	156,800	.1	180,000	.1
DIARRHEAL DISEASES	65,300	.1	674,700	.4	750,900	.4
COMMUNICABLE DISEASES	4,254,000	3.2	4,787,800	3.1	5,455,400	3.2
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	2,491,500	1.9	2,811,700	1.8	3,215,600	1.9
TROPICAL DISEASE RESEARCH	23,600	.*	119,100	.1	133,000	.1
TUBERCULOSIS	422,100	.3	196,200	.1	221,500	.1
ACQUIRED IMMUNODEFICIENCY SYNDROME	359,400	.3	359,000	.2	406,100	.2
VECTOR-BORNE DISEASES	0	-	331,100	.2	384,300	.2
MALARIA	957,400	.7	880,400	.6	992,400	.6
PARASITIC DISEASES	0	-	90,300	.1	102,500	.1

TABLE E-1 (CONT.)

PROGRAM BUDGET - PAHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HEALTH PROMOTION	2,618,700	2.0	3,944,300	2.5	4,468,700	2.5
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	2,379,100	1.8	3,662,000	2.4	4,146,800	2.4
TOBACCO OR HEALTH	68,000	.1	57,700	.*	65,800	.*
CANCER	0	-	57,000	.*	65,100	.*
ACCIDENT PREVENTION	60,200	.*	50,300	.*	56,900	.*
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	111,400	.1	117,300	.1	134,100	.1
VETERINARY PUBLIC HEALTH	12,769,000	9.9	14,176,900	9.3	16,079,400	9.4
FOOD SAFETY	498,600	.4	552,000	.4	620,800	.4
FOOT-AND-MOUTH DISEASE	7,764,900	6.0	8,586,100	5.6	9,720,300	5.7
ZOOSES	4,505,500	3.5	5,038,800	3.3	5,738,300	3.3
IV. PROGRAM SUPPORT	16,072,500	12.3	18,007,700	11.8	20,161,100	11.7
ADMINISTRATION	16,072,500	12.3	18,007,700	11.8	20,161,100	11.7
BUDGET AND FINANCE	5,371,700	4.1	5,976,500	3.9	6,721,200	3.9
GENERAL SERVICES & HEADQUARTERS OPERATING EXPENSES	7,655,300	5.9	8,636,700	5.7	9,627,900	5.6
PERSONNEL	1,974,000	1.5	2,260,000	1.5	2,537,400	1.5
PROCUREMENT	1,071,500	.8	1,134,500	.7	1,274,600	.7
GRAND TOTAL	130,023,000	100.0	152,576,000	100.0	171,316,000	100.0

* LESS THAN .05 PER CENT

TABLE E-2

PROGRAM BUDGET - WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
I. DIRECTION, COORDINATION AND MANAGEMENT	3,108,900	4.7	2,903,100	4.1	3,231,400	4.0	
GOVERNING BODIES	324,100	.5	360,400	.5	400,600	.5	
GOVERNING BODIES	GOB	324,100	.5	360,400	.5	400,600	.5
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	2,784,800	4.2	2,542,700	3.6	2,830,800	3.5	
EXECUTIVE MANAGEMENT	EXM	315,600	.5	339,000	.5	373,800	.5
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	DGP	156,000	.2	156,000	.2	173,500	.2
GENERAL PROGRAM DEVELOPMENT	GPD	1,453,500	2.2	1,326,600	1.9	1,471,000	1.8
INFORMATICS MANAGEMENT	ISS	859,700	1.3	721,100	1.0	812,500	1.0
II. HEALTH SYSTEM INFRASTRUCTURE	33,005,800	50.7	35,808,900	50.2	40,273,000	50.1	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	4,651,400	7.2	5,532,800	7.7	6,279,200	7.8	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	4,398,700	6.8	5,286,400	7.4	6,004,600	7.5
ADMINISTRATIVE ANALYSIS	AAN	252,700	.4	246,400	.3	274,600	.3
HEALTH SITUATION AND TREND ASSESSMENT	4,851,600	7.5	6,200,200	8.7	6,991,000	8.7	
HEALTH SITUATION AND TREND ASSESSMENT	HST	4,851,600	7.5	6,200,200	8.7	6,991,000	8.7
HEALTH POLICY DEVELOPMENT	1,354,100	2.1	574,100	.8	647,800	.8	
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP	1,080,100	1.7	475,900	.7	538,000	.7
HEALTH ECONOMICS AND FINANCING	HDE	274,000	.4	98,200	.1	109,800	.1
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	13,955,200	21.3	15,296,000	21.5	17,128,300	21.3	
HEALTH SERVICES DEVELOPMENT	DHS	11,906,300	18.2	13,232,100	18.6	14,796,600	18.4
ESSENTIAL DRUGS AND VACCINES	EDV	910,400	1.4	858,700	1.2	967,900	1.2
ORAL HEALTH	ORH	209,600	.3	280,000	.4	317,000	.4
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR	314,300	.5	312,500	.4	351,200	.4
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED	614,600	.9	612,700	.9	695,600	.9
HUMAN RESOURCES DEVELOPMENT	4,118,400	6.3	4,311,200	6.1	4,845,800	6.1	
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	HMC	1,481,100	2.3	1,483,700	2.1	1,671,200	2.1
HUMAN RESOURCES ADMINISTRATION	HMA	422,100	.6	618,200	.9	697,700	.9
HUMAN RESOURCES EDUCATION	HME	2,215,200	3.4	2,209,300	3.1	2,476,900	3.1

TABLE E-2 (CONT.)

PROGRAM BUDGET - WHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HEALTH INFORMATION SUPPORT	3,359,200	5.2	3,353,500	4.7	3,766,700	4.7
OFFICIAL AND TECHNICAL PUBLICATIONS	HBP 2,138,100	3.3	2,109,800	3.0	2,366,500	2.9
PUBLIC INFORMATION	HBF 100,300	.2	124,900	.2	138,200	.2
LANGUAGE SERVICES	HBL 926,300	1.4	963,700	1.3	1,089,600	1.4
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD 194,500	.3	155,100	.2	172,400	.2
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	715,900	1.1	541,100	.7	614,200	.7
RESEARCH PROMOTION AND DEVELOPMENT	RPD 434,900	.7	443,000	.6	504,600	.6
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	HDT 281,000	.4	98,100	.1	109,600	.1
III. HEALTH SCIENCE AND TECHNOLOGY	22,994,800	35.5	25,881,400	36.0	29,292,800	36.3
FOOD AND NUTRITION	1,757,300	2.7	1,903,400	2.7	2,172,500	2.7
FOOD	FOD 182,500	.3	196,200	.3	221,500	.3
NUTRITION	NUT 1,574,800	2.4	1,707,200	2.4	1,951,000	2.4
ENVIRONMENTAL HEALTH	5,588,300	8.6	6,839,700	9.5	7,730,600	9.6
COMMUNITY WATER SUPPLY AND SANITATION	CWS 4,390,100	6.8	4,662,600	6.5	5,252,400	6.5
SOLID WASTES AND HOUSING HYGIENE	RUD 202,300	.3	259,800	.4	293,800	.4
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH 899,300	1.4	1,882,700	2.6	2,144,700	2.7
WORKERS' HEALTH	OCH 96,600	.1	34,600	.*	39,700	.*
MATERNAL AND CHILD HEALTH	3,521,400	5.4	4,265,300	5.9	4,818,200	5.9
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH 1,669,300	2.6	2,090,600	2.9	2,361,200	2.9
ACUTE RESPIRATORY INFECTIONS	ARI 153,100	.2	224,800	.3	253,000	.3
IMMUNIZATION	EPI 1,312,500	2.0	1,516,600	2.1	1,714,500	2.1
DIARRHEAL DISEASES	CDD 386,500	.6	433,300	.6	489,500	.6
COMMUNICABLE DISEASES	7,376,600	11.5	7,563,000	10.5	8,575,500	10.6
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	OCD 2,310,000	3.6	3,011,000	4.2	3,430,200	4.3
TROPICAL DISEASE RESEARCH	TDR 247,800	.4	0	-	0	-
TUBERCULOSIS	TUB 181,700	.3	232,400	.3	261,800	.3
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV 51,100	.1	15,700	.*	17,300	.*
VECTOR-BORNE DISEASES	VBC 3,229,900	5.0	2,668,200	3.7	3,016,400	3.7
MALARIA	MAL 1,055,200	1.6	952,100	1.3	1,080,000	1.3
PARASITIC DISEASES	PDP 0	-	286,400	.4	322,000	.4
LEPROSY	LEP 257,300	.4	349,300	.5	394,000	.5
SEXUALLY TRANSMITTED DISEASES	VDT 43,600	.1	47,900	.1	52,900	.1

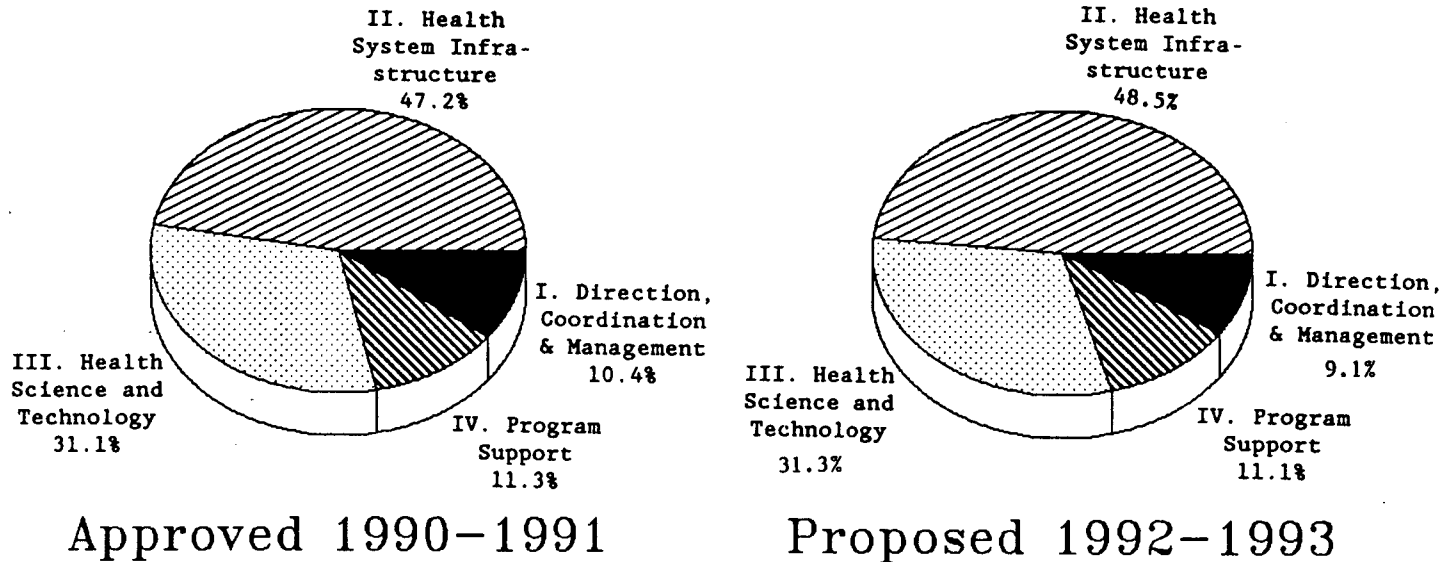
TABLE E-2 (CONT.)

PROGRAM BUDGET - WHO REGULAR FUNDS (CONT.)							
PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
HEALTH PROMOTION	1,800,300	2.8	2,504,800	3.5	2,825,700	3.6	
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	NCD	710,300	1.1	1,212,700	1.7	1,368,800	1.7
PREV/TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	MND	384,000	.6	464,900	.7	524,100	.7
HEALTH OF THE ELDERLY	HEE	402,100	.6	464,000	.6	523,400	.7
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA	247,800	.4	299,500	.4	336,700	.4
OCULAR HEALTH	PBD	56,100	.1	63,700	.1	72,700	.1
VETERINARY PUBLIC HEALTH		2,950,900	4.5	2,805,200	3.9	3,170,300	3.9
FOOD SAFETY	FOS	926,600	1.4	924,200	1.3	1,041,800	1.3
ZOOSES	ZNS	2,024,300	3.1	1,881,000	2.6	2,128,500	2.6
IV. PROGRAM SUPPORT		5,917,500	9.1	6,897,600	9.7	7,711,800	9.6
ADMINISTRATION		5,917,500	9.1	6,897,600	9.7	7,711,800	9.6
BUDGET AND FINANCE	BFI	1,364,800	2.1	1,672,900	2.3	1,881,600	2.3
GENERAL SERVICES & HEADQUARTERS OPERATING EXPENSES	PGS	3,405,700	5.2	3,772,200	5.3	4,198,200	5.2
PERSONNEL	PER	822,800	1.3	1,053,400	1.5	1,184,700	1.5
PROCUREMENT	SUP	324,200	.5	399,100	.6	447,300	.6
GRAND TOTAL		65,027,000	100.0	71,491,000	100.0	80,509,000	100.0

* LESS THAN .05 PER CENT

GRAPH III

Approved 1990-1991 Vs Proposed 1992-1993
PR/WR Program Budget
by Appropriation Section



GRAPH IV

Comparison: 1990-1991 and 1992-1993
PR/WR Program Budget
by Appropriation Section

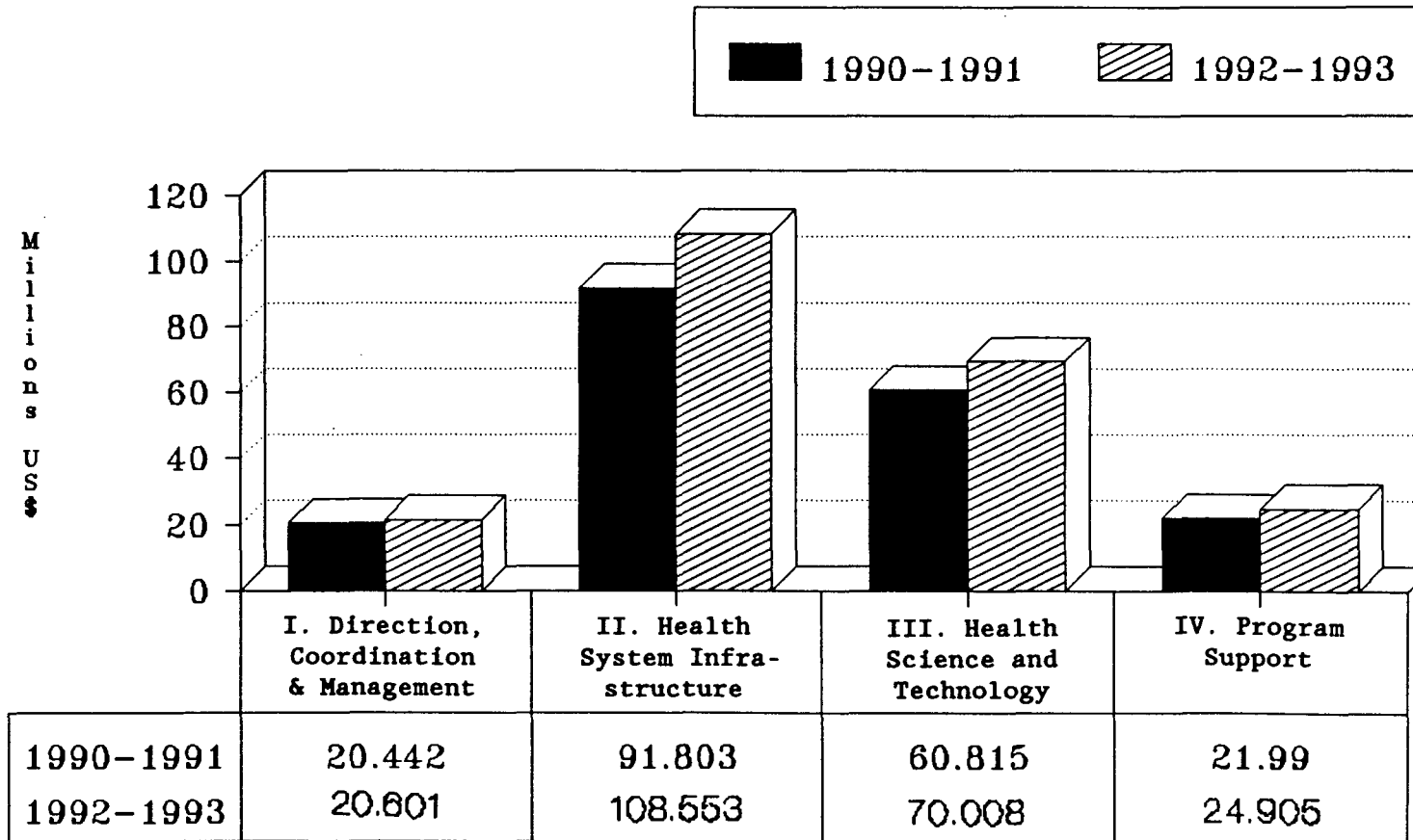


TABLE E-3

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS							
PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
I. DIRECTION, COORDINATION AND MANAGEMENT	20,441,600	10.4	20,600,700	9.1	22,781,300	9.0	
GOVERNING BODIES	2,205,300	1.1	2,536,500	1.1	2,832,700	1.1	
GOVERNING BODIES	GOB	2,205,300	1.1	2,536,500	1.1	2,832,700	1.1
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	18,236,300	9.3	18,064,200	8.0	19,948,600	7.9	
EXECUTIVE MANAGEMENT	EXM	2,764,000	1.4	3,241,600	1.4	3,608,700	1.4
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	DGP	3,350,000	1.7	2,945,200	1.3	3,275,100	1.3
GENERAL PROGRAM DEVELOPMENT	GPD	5,689,300	2.9	4,773,400	2.1	5,151,400	2.0
EXTERNAL COORD. FOR HEALTH AND SOCIAL DEVELOPMENT	COR	850,100	.4	1,242,400	.6	1,404,100	.6
INFORMATICS MANAGEMENT	ISS	5,582,900	2.9	5,861,600	2.6	6,509,300	2.6
II. HEALTH SYSTEM INFRASTRUCTURE	91,803,000	47.2	108,553,300	48.5	122,383,800	48.4	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	21,112,800	10.9	30,259,000	13.3	34,269,900	13.2	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	20,007,800	10.3	29,059,100	12.8	32,917,800	12.7
ADMINISTRATIVE ANALYSIS	AAN	1,105,000	.6	1,199,900	.5	1,352,100	.5
TECHNICAL COOPERATION AMONG COUNTRIES	2,279,500	1.2	2,645,700	1.2	3,069,700	1.2	
TECHNICAL COOPERATION AMONG COUNTRIES	TCC	2,279,500	1.2	2,645,700	1.2	3,069,700	1.2
HEALTH SITUATION AND TREND ASSESSMENT	9,133,500	4.7	10,581,900	4.7	11,953,800	4.7	
HEALTH SITUATION AND TREND ASSESSMENT	HST	9,133,500	4.7	10,581,900	4.7	11,953,800	4.7
HEALTH POLICY DEVELOPMENT	4,954,300	2.5	6,318,100	2.8	7,165,200	2.9	
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP	3,792,600	1.9	4,127,200	1.8	4,685,700	1.9
HEALTH ECONOMICS AND FINANCING	HDE	1,049,200	.5	1,090,800	.5	1,238,900	.5
HEALTH LEGISLATION	HLE	112,500	.1	464,200	.2	521,000	.2
WOMEN, HEALTH AND DEVELOPMENT	WHD	0	-	635,900	.3	719,600	.3
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	28,837,200	14.8	30,541,300	13.7	34,324,200	13.7	
HEALTH SERVICES DEVELOPMENT	DHS	23,943,700	12.3	25,965,800	11.6	29,146,000	11.6
ESSENTIAL DRUGS AND VACCINES	EDV	1,601,400	.8	1,304,200	.6	1,471,600	.6
ORAL HEALTH	ORH	702,800	.4	710,700	.3	807,600	.3
DISASTER PREPAREDNESS	DPP	470,500	.2	630,300	.3	716,100	.3
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR	872,600	.4	873,200	.4	986,000	.4
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED	718,100	.4	612,700	.3	695,600	.3
REHABILITATION	RHB	528,100	.3	444,400	.2	501,300	.2

TABLE E-3 (CONT.)

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)							
PROGRAM CLASSIFICATION		1990-1991		1992-1993		1994-1995	
		AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HUMAN RESOURCES DEVELOPMENT		11,422,700	5.8	13,308,400	6.0	14,880,700	6.0
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	HMC	4,945,800	2.5	5,545,900	2.5	6,256,200	2.5
HUMAN RESOURCES ADMINISTRATION	HMA	1,053,100	.5	1,149,100	.5	1,154,900	.5
HUMAN RESOURCES EDUCATION	HME	5,423,800	2.8	6,613,400	3.0	7,469,600	3.0
HEALTH INFORMATION SUPPORT		9,814,300	5.1	10,441,500	4.7	11,639,300	4.6
OFFICIAL AND TECHNICAL PUBLICATIONS	HBP	4,251,100	2.2	4,692,000	2.1	5,262,700	2.1
PUBLIC INFORMATION	HBF	1,547,300	.8	1,763,300	.8	1,880,600	.7
LANGUAGE SERVICES	HBL	1,855,000	1.0	1,606,000	.7	1,808,900	.7
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD	2,160,900	1.1	2,380,200	1.1	2,687,100	1.1
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT		4,248,700	2.2	4,457,400	2.1	5,081,000	2.1
RESEARCH PROMOTION AND DEVELOPMENT	RPD	3,471,500	1.8	3,482,900	1.6	3,978,400	1.6
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	HDT	777,200	.4	586,900	.3	664,000	.3
RESEARCH AND DEVELOPMENT IN THE FIELD OF VACCINES	RDV	0	-	387,600	.2	438,600	.2
III. HEALTH SCIENCE AND TECHNOLOGY		60,815,400	31.1	70,007,700	31.3	78,787,000	31.5
FOOD AND NUTRITION		6,537,100	3.4	7,365,600	3.3	8,086,800	3.2
FOOD NUTRITION	FOD	1,739,700	.9	1,265,800	.6	1,269,000	.5
	NUT	4,797,400	2.5	6,099,800	2.7	6,817,800	2.7
ENVIRONMENTAL HEALTH		14,722,400	7.6	16,819,100	7.6	18,982,600	7.6
COMMUNITY WATER SUPPLY AND SANITATION	CWS	11,084,900	5.7	10,648,400	4.8	11,995,900	4.8
SOLID WASTES AND HOUSING HYGIENE	RUD	517,100	.3	537,200	.2	606,500	.2
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH	2,584,300	1.3	5,072,000	2.3	5,743,400	2.3
WORKERS' HEALTH	OCH	536,100	.3	561,500	.3	636,800	.3
MATERNAL AND CHILD HEALTH		7,786,400	4.0	10,041,000	4.4	11,142,600	4.5
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH	5,478,500	2.8	6,786,500	3.0	7,473,500	3.0
ADOLESCENT HEALTH	ADH	101,400	.1	63,700	.*	70,800	.*
ACUTE RESPIRATORY INFECTIONS	ARI	300,400	.2	409,400	.2	463,400	.2
IMMUNIZATION	EPI	1,454,300	.7	1,673,400	.7	1,894,500	.8
DIARRHEAL DISEASES	CDD	451,800	.2	1,108,000	.5	1,240,400	.5
COMMUNICABLE DISEASES		11,630,600	5.9	12,350,800	5.6	14,030,900	5.7
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	OCD	4,801,500	2.5	5,822,700	2.6	6,645,800	2.6
TROPICAL DISEASE RESEARCH	TDR	271,400	.1	119,100	.1	133,000	.1
TUBERCULOSIS	TUB	603,800	.3	428,600	.2	483,300	.2
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV	410,500	.2	374,700	.2	423,400	.2
VECTOR-BORNE DISEASES	VBC	3,229,900	1.7	2,999,300	1.3	3,400,700	1.4
MALARIA	MAL	2,012,600	1.0	1,832,500	.8	2,072,400	.8
PARASITIC DISEASES	PDP	0	-	376,700	.2	424,500	.2
LEPROSY	LEP	257,300	.1	349,300	.2	394,900	.2
SEXUALLY TRANSMITTED DISEASES	VDT	43,600	.*	47,900	.*	52,900	.*

TABLE E-3 (CONT.)

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HEALTH PROMOTION	4,419,000	2.2	6,449,100	2.8	7,294,400	2.8
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	NCD 3,089,400	1.6	4,874,700	2.2	5,515,600	2.2
TOBACCO OR HEALTH	TOH 68,000	.*	57,700	.*	65,800	.*
PREV/TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	MND 384,000	.2	464,900	.2	524,100	.2
CANCER	CAN 0	-	57,000	.*	65,100	.*
ACCIDENT PREVENTION	APR 60,200	.*	50,300	.*	56,900	.*
HEALTH OF THE ELDERLY	HEE 402,100	.2	464,000	.2	523,400	.2
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA 359,200	.2	416,800	.2	470,800	.2
OCULAR HEALTH	PBD 56,100	.*	63,700	.*	72,700	.*
VETERINARY PUBLIC HEALTH	15,719,900	8.0	16,982,100	7.6	19,249,700	7.7
FOOD SAFETY	FOS 1,425,200	.7	1,476,200	.7	1,662,600	.7
FOOT-AND-MOUTH DISEASE	FMD 7,764,900	4.0	8,586,100	3.8	9,720,300	3.9
ZOOSES	ZNS 6,529,800	3.3	6,919,800	3.1	7,866,800	3.1
IV. PROGRAM SUPPORT	21,990,000	11.3	24,905,300	11.1	27,872,900	11.1
ADMINISTRATION	21,990,000	11.3	24,905,300	11.1	27,872,900	11.1
BUDGET AND FINANCE	BFI 6,736,500	3.5	7,649,400	3.4	8,602,800	3.4
GENERAL SERVICES & HEADQUARTERS OPERATING EXPENSES	PGS 11,061,000	5.7	12,408,900	5.5	13,826,100	5.5
PERSONNEL	PER 2,796,800	1.4	3,313,400	1.5	3,722,100	1.5
PROCUREMENT	SUP 1,395,700	.7	1,533,600	.7	1,721,900	.7
GRAND TOTAL	195,050,000	100.0	224,067,000	100.0	251,825,000	100.0

* LESS THAN .05 PER CENT

TABLE E-4

PROGRAM BUDGET - EXTRABUDGETARY FUNDS						
PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	941,179	.4	788,700	.5	843,600	1.2
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	941,179	.4	788,700	.5	843,600	1.2
EXECUTIVE MANAGEMENT	EXM 52,226	.*	0	-	0	-
GENERAL PROGRAM DEVELOPMENT	GPD 247,825	.1	64,100	.*	71,300	.1
EXTERNAL COORD. FOR HEALTH AND SOCIAL DEVELOPMENT	COR 431,063	.2	464,600	.3	484,300	.7
INFORMATICS MANAGEMENT	ISS 210,065	.1	260,000	.2	288,000	.4
II. HEALTH SYSTEM INFRASTRUCTURE	56,583,689	29.1	33,947,054	24.5	9,299,916	12.8
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	1,803,688	.9	1,221,263	.9	947,900	1.3
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN 1,541,729	.8	935,063	.7	625,900	.9
ADMINISTRATIVE ANALYSIS	AAN 261,959	.1	286,200	.2	322,000	.4
TECHNICAL COOPERATION AMONG COUNTRIES	3,090,549	1.6	1,302,950	.9	0	-
TECHNICAL COOPERATION AMONG COUNTRIES	TCC 3,090,549	1.6	1,302,950	.9	0	-
HEALTH SITUATION AND TREND ASSESSMENT	4,678,451	2.4	3,067,624	2.2	2,045,000	2.8
HEALTH SITUATION AND TREND ASSESSMENT	HST 4,678,451	2.4	3,067,624	2.2	2,045,000	2.8
HEALTH POLICY DEVELOPMENT	386	.*	1,100,000	.8	0	-
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP 386	.*	0	-	0	-
WOMEN, HEALTH AND DEVELOPMENT	WHD 0	-	1,100,000	.8	0	-
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	39,665,003	20.5	20,609,698	14.9	1,090,000	1.5
HEALTH SERVICES DEVELOPMENT	DHS 24,543,096	12.7	12,237,420	8.8	138,000	.2
ESSENTIAL DRUGS AND VACCINES	EDV 5,300,294	2.7	2,061,044	1.5	0	-
ORAL HEALTH	ORH 542,937	.3	71,000	.1	0	-
DISASTER PREPAREDNESS	DPP 7,564,070	3.9	4,310,234	3.1	952,000	1.3
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR 10,052	.*	0	-	0	-
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED 153,950	.1	0	-	0	-
REHABILITATION	RHB 1,550,604	.8	1,930,000	1.4	0	-
HUMAN RESOURCES DEVELOPMENT	4,089,584	2.1	3,317,956	2.4	1,664,616	2.3
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	HMC 1,515,777	.8	1,505,416	1.1	1,664,616	2.3
HUMAN RESOURCES EDUCATION	HME 2,573,807	1.3	1,812,540	1.3	0	-

TABLE E-4 (CONT.)

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)						
PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HEALTH INFORMATION SUPPORT	3,204,418	1.6	3,267,563	2.4	3,484,400	4.8
OFFICIAL AND TECHNICAL PUBLICATIONS	HBP 428,168	.2	429,000	.3	466,000	.6
PUBLIC INFORMATION	HBF 673,575	.3	655,500	.5	718,400	1.0
LANGUAGE SERVICES	HBL 16,037	.1	0	-	0	-
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD 2,086,638	1.1	2,183,063	1.6	2,300,000	3.2
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	51,610	.*	60,000	.*	68,000	.1
RESEARCH PROMOTION AND DEVELOPMENT	RPD 30,610	.*	0	-	0	-
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	HDT 21,000	.*	60,000	.*	68,000	.1
III. HEALTH SCIENCE AND TECHNOLOGY	130,503,457	67.5	97,298,485	70.3	55,957,022	78.1
FOOD AND NUTRITION	16,611,907	8.5	14,948,200	10.8	15,017,400	21.2
FOOD NUTRITION	FOD 56,400	.*	56,500	.*	62,800	.1
	NUT 16,555,507	8.5	14,891,700	10.8	14,954,600	21.1
ENVIRONMENTAL HEALTH	8,796,656	4.5	5,181,632	3.7	1,392,200	1.9
COMMUNITY WATER SUPPLY AND SANITATION	CWS 6,180,335	3.2	1,443,321	1.0	822,600	1.1
SOLID WASTES AND HOUSING HYGIENE	RUD 33,537	.*	0	-	0	-
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH 2,498,279	1.3	3,721,343	2.7	569,600	.8
WORKERS' HEALTH	OCH 84,505	.*	16,968	.*	0	-
MATERNAL AND CHILD HEALTH	47,804,016	24.7	33,521,255	24.2	25,985,522	36.2
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH 23,228,767	12.0	18,522,659	13.4	11,791,600	16.4
ADOLESCENT HEALTH	ADH 1,480,761	.2	145,945	.1	64,582	.1
ACUTE RESPIRATORY INFECTIONS	ARI 1,281,992	.7	1,219,700	.9	1,095,000	1.5
IMMUNIZATION	EPI 19,549,262	10.1	11,527,265	8.3	10,810,370	15.1
DIARRHEAL DISEASES	CDD 3,263,234	1.7	2,105,686	1.5	2,223,970	3.1
COMMUNICABLE DISEASES	39,361,257	20.6	30,510,812	22.1	409,300	.5
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	OCD 2,152,330	1.1	0	-	0	-
TROPICAL DISEASE RESEARCH	TDR 264,800	.1	0	-	0	-
TUBERCULOSIS	TUB 100,238	.1	33,456	.*	0	-
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV 30,095,451	15.9	23,262,536	16.8	234,300	.3
VECTOR-BORNE DISEASES	VBC 5,419,744	.2	940,000	.7	0	-
MALARIA	MAL 5,882,430	3.0	6,204,564	4.5	100,000	.1
PARASITIC DISEASES	PDP 262,908	.1	75,000	.1	75,000	.1
LEPROSY	LEP 64,312	.*	0	-	0	-
SEXUALLY TRANSMITTED DISEASES	VDT 119,044	.1	4,256	.*	0	-

TABLE E-4 (CONT.)

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
HEALTH PROMOTION	2,212,122	1.1	222,140	.2	0	-	
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	NCD	65,375	.*	0	-	0	-
TOBACCO OR HEALTH	TOH	222,054	.1	0	-	0	-
PREV/TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	MND	74,409	.*	0	-	0	-
CANCER	CAN	617,461	.3	0	-	0	-
HEALTH OF THE ELDERLY	HEE	421,966	.2	0	-	0	-
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA	500,151	.3	0	-	0	-
OCULAR HEALTH	PBD	310,706	.2	222,140	.2	0	-
VETERINARY PUBLIC HEALTH		15,717,499	8.1	12,905,446	9.3	13,152,600	18.3
FOOD SAFETY	FOS	3,114	.*	0	-	0	-
FOOT-AND-MOUTH DISEASE	FMD	10,298,855	5.3	8,165,651	5.9	7,975,000	11.1
ZOOZOSES	ZNS	5,415,530	2.8	4,739,795	3.4	5,177,600	7.2
IV. PROGRAM SUPPORT		5,893,007	3.0	6,466,400	4.7	5,682,400	7.9
ADMINISTRATION		5,893,007	3.0	6,466,400	4.7	5,682,400	7.9
BUDGET AND FINANCE	BFI	1,623,058	.8	1,830,500	1.3	2,006,800	2.8
GENERAL SERVICES & HEADQUARTERS OPERATING EXPENSES	PGS	3,532,261	1.8	3,543,900	2.6	2,468,300	3.4
PERSONNEL	PER	231,588	.1	259,000	.2	294,600	.4
PROCUREMENT	SUP	506,100	.3	833,000	.6	912,700	1.3
GRAND TOTAL		193,921,332	100.0	138,500,639	100.0	71,782,938	100.0

* LESS THAN .05 PER CENT

TABLE E-5 (CONT.)

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS WITH PER CENT INCREASES/(DECREASES) (CONT.)					
PROGRAM CLASSIFICATION	1990-1991		INCREASE/(DECREASE) 1992-1993 OVER 1990-1991	1992-1993	
	AMOUNT	% OF TOTAL		AMOUNT	% OF TOTAL
HUMAN RESOURCES DEVELOPMENT	11,422,700	5.8	16.5	13,308,400	6.0
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	HMC 4,945,800	2.5	12.1	5,545,900	2.5
HUMAN RESOURCES ADMINISTRATION	HMA 1,053,100	.5	9.1	1,149,100	.5
HUMAN RESOURCES EDUCATION	HME 5,423,800	2.8	21.9	6,613,400	3.0
HEALTH INFORMATION SUPPORT	9,814,300	5.1	6.4	10,441,500	4.7
OFFICIAL AND TECHNICAL PUBLICATIONS	HBP 4,251,100	2.2	10.4	4,692,000	2.1
PUBLIC INFORMATION	HBF 1,547,300	.8	14.0	1,763,300	.8
LANGUAGE SERVICES	HBL 1,855,000	1.0	(13.4)	1,606,000	.7
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD 2,160,900	1.1	10.1	2,380,200	1.1
RESEARCH PROMOTION AND DEVELOPMENT	4,248,700	2.2	4.9	4,457,400	2.1
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	RPD 3,471,500	1.8	0.3	3,482,900	1.6
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	HDT 777,200	.4	(24.5)	586,900	.3
RESEARCH AND DEVELOPMENT IN THE FIELD OF VACCINES	RDV 0	-	~	387,600	.2
III. HEALTH SCIENCE AND TECHNOLOGY	60,815,400	31.1	15.1	70,007,700	31.3
FOOD AND NUTRITION	6,537,100	3.4	12.7	7,365,600	3.3
FOOD	FOD 1,739,700	.9	(27.2)	1,265,800	.6
NUTRITION	NUT 4,797,400	2.5	27.1	6,099,800	2.7
ENVIRONMENTAL HEALTH	14,722,400	7.6	14.2	16,819,100	7.6
COMMUNITY WATER SUPPLY AND SANITATION	CWS 11,084,900	5.7	(3.9)	10,648,400	4.8
SOLID WASTES AND HOUSING HYGIENE	RUD 517,100	.3	3.9	537,200	.2
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH 2,584,300	1.3	96.3	5,072,000	2.3
WORKERS' HEALTH	OCH 536,100	.3	4.7	561,500	.3
MATERNAL AND CHILD HEALTH	7,786,400	4.0	29.0	10,041,000	4.4
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH 5,478,500	2.8	23.9	6,786,500	3.0
ADOLESCENT HEALTH	ADH 101,400	.1	(37.2)	63,700	.*
ACUTE RESPIRATORY INFECTIONS	ARI 300,400	.2	36.3	409,400	.2
IMMUNIZATION	EPI 1,454,300	.7	15.1	1,673,400	.7
DIARRHEAL DISEASES	CDD 451,800	.2	145.2	1,108,000	.5

TABLE E-5 (CONT.)

PROGRAM BUDGET - PAHC AND WHO REGULAR FUNDS WITH PER CENT INCREASES/(DECREASES) (CONT.)						
PROGRAM CLASSIFICATION		1990-1991		INCREASE/(DECREASE)	1992-1993	
		AMOUNT	% OF TOTAL	OVER 1990-1991	AMOUNT	% OF TOTAL
COMMUNICABLE DISEASES		11,630,600	5.9	6.2	12,350,800	5.6
COMMUNICABLE DISEASE PREVENTION AND CONTROL	OCD	4,801,500	2.5	21.3	5,822,700	2.6
TROPICAL DISEASE RESEARCH	TDR	271,400	.1	(56.1)	119,100	.1
TUBERCULOSIS	TUB	603,800	.3	(29.0)	428,600	.2
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV	410,500	.2	(8.7)	374,700	.2
VECTOR-BORNE DISEASES	VBC	3,229,900	1.7	(7.1)	2,999,300	1.3
MALARIA	MAL	2,012,600	1.0	(8.9)	1,832,500	.8
PARASITIC DISEASES	PDP	0	-	~	376,700	.2
LEPROSY	LEP	257,300	.1	35.8	349,300	.2
SEXUALLY TRANSMITTED DISEASES	VDT	43,600	.*	9.9	47,900	.*
HEALTH PROMOTION		4,419,000	2.2	45.9	6,449,100	2.8
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC. DIS.	NCD	3,089,400	1.6	57.8	4,874,700	2.2
TOBACCO OR HEALTH	TOH	68,000	.*	(15.1)	57,700	.*
MENTAL AND NEUROLOGICAL DISORDERS	MND	384,000	.2	21.1	464,900	.2
CANCER	CAN	0	-	~	57,000	.*
ACCIDENT PREVENTION	APR	60,200	.*	(16.4)	50,300	.*
HEALTH OF THE ELDERLY	HEE	402,100	.2	15.4	464,000	.2
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA	359,200	.2	16.0	416,800	.2
OCULAR HEALTH	PBD	56,100	.*	13.5	63,700	.*
VETERINARY PUBLIC HEALTH		15,719,900	8.0	8.0	16,982,100	7.6
FOOD SAFETY	FOS	1,425,200	.7	3.6	1,476,200	.7
FOOT-AND-MOUTH DISEASE	FMD	7,764,900	4.0	10.6	8,586,100	3.8
ZOONOSES	ZNS	6,529,800	3.3	6.0	6,919,800	3.1
IV. PROGRAM SUPPORT		21,990,000	11.3	13.3	24,905,300	11.1
ADMINISTRATION		21,990,000	11.3	13.3	24,905,300	11.1
BUDGET AND FINANCE	BF1	6,736,500	3.5	13.6	7,649,400	3.4
GENERAL SERVICES & HEADQUARTERS OPERATING EXPENSES	PGS	11,061,000	5.7	12.2	12,408,900	5.5
PERSONNEL	PER	2,796,800	1.4	18.5	3,313,400	1.5
PROCUREMENT	SUP	1,395,700	.7	9.9	1,533,600	.7
GRAND TOTAL		195,050,000	100.0	14.9	224,067,000	100.0

TABLE F-1

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS												
SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	LOCAL MONTHS	PERSONNEL CONS. DAYS	AMOUNT	DUTY TRAVEL AMOUNT	---FELLOWSHIPS--- MONTHS	AMOUNT	SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
	\$				\$	\$		\$	\$	\$	\$	\$
1990-1991												
PAHO - PR	130,023,000	7224	13306	22725	78,858,600	4,757,800	1791	3,402,900	8,895,500	6,019,600	2,803,200	25,285,400
WHO - WR	65,027,000	4218	3168	15055	40,025,600	2,294,500	2012	3,822,800	5,145,700	3,458,400	462,500	9,817,500
TOTAL	195,050,000	11442	16474	37780	118,884,200	7,052,300	3803	7,225,700	14,041,200	9,478,000	3,265,700	35,102,900
% OF TOTAL	100.0				60.9	3.6		3.7	7.2	4.9	1.7	18.0
1992-1993												
PAHO - PR	152,576,000	6654	12432	20497	91,967,500	6,194,000	1530	3,060,000	10,970,800	7,844,100	2,161,800	30,377,800
WHO - WR	71,491,000	3904	3096	12240	45,278,800	2,506,600	1410	2,820,000	5,475,800	3,347,700	61,100	12,001,000
TOTAL	224,067,000	10558	15528	32737	137,246,300	8,700,600	2940	5,880,000	16,446,600	11,191,800	2,222,900	42,378,800
% OF TOTAL	100.0				61.3	3.9		2.6	7.3	5.0	1.0	18.9
1994-1995												
PAHO - PR	171,316,000	6528	12432	20497	102,055,800	7,144,300	1530	3,213,000	12,723,300	9,002,300	2,507,900	34,669,400
WHO - WR	80,509,000	3888	3096	12145	50,657,000	2,899,500	1410	2,961,000	6,352,600	3,871,100	71,000	13,696,800
TOTAL	251,825,000	10416	15528	32642	152,712,800	10,043,800	2940	6,174,000	19,075,900	12,873,400	2,578,900	48,366,200
% OF TOTAL	100.0				60.6	4.0		2.5	7.6	5.1	1.0	19.2

TABLE F-2

PROGRAM BUDGET BY ORGANIZATIONAL STRUCTURE - PAHO AND WHO REGULAR (CONT.)

	1990-1991		1992-1993		1994-1995	
	AMOUNT	PCT.	AMOUNT	PCT.	AMOUNT	PCT.
HEALTH SERVICES INFRASTRUCTURE	29,015,000	14.8	33,257,600	15.0	37,191,700	14.7
HSI DIRECTION	532,100	0.3	594,100	0.3	464,200	0.2
HSP HEALTH POLICIES DEVELOPMENT	3,567,400	1.8	4,235,200	1.9	4,800,600	1.9
HST HEALTH SITUATION AND TREND ASSESSMENT	5,148,200	2.6	6,347,600	2.9	7,154,700	2.8
HSD HEALTH SERVICES DEVELOPMENT	7,021,000	3.6	7,802,800	3.5	8,832,100	3.4
HSM HEALTH MANPOWER DEVELOPMENT	6,641,800	3.4	7,602,100	3.4	8,446,200	3.4
HBI SCIENTIFIC AND TECHNOLOGICAL HEALTH INFORMATION	6,104,500	3.1	6,675,800	3.0	7,493,900	3.0
HEALTH PROGRAMS DEVELOPMENT	39,031,500	20.0	44,418,900	19.8	49,902,400	19.8
HPD DIRECTION	320,800	0.2	516,700	0.2	575,400	0.2
HPE ENVIRONMENTAL HEALTH	6,631,400	3.4	7,812,700	3.5	8,834,300	3.5
HPV VETERINARY PUBLIC HEALTH	13,488,200	6.9	14,764,100	6.5	16,744,200	6.7
HPN FOOD AND NUTRITION	5,928,200	3.0	6,660,200	3.0	7,285,900	2.9
HPT COMMUNICABLE DISEASES	5,347,500	2.7	5,821,600	2.6	6,583,200	2.6
HPM MATERNAL AND CHILD HEALTH	4,782,200	2.5	5,540,000	2.5	6,151,800	2.4
HPA HEALTH PROMOTION	2,533,200	1.3	3,303,600	1.5	3,727,600	1.5
COUNTRIES	72,289,400	37.1	83,417,100	37.2	94,402,300	37.6
CARIBBEAN PROGRAM COORDINATION	1,803,500	0.9	1,755,700	0.8	2,002,100	0.8
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	3,350,000	1.7	2,945,200	1.3	3,275,100	1.3
CONTRIBUTION TO RETIREES' HEALTH INSURANCE	700,000	0.4	3,650,000	1.6	3,900,000	1.5
TOTAL	195,050,000	100.0	224,067,000	100.0	251,825,000	100.0

TABLE F-3

ALLOCATION BY OBJECT OF EXPENDITURE - EXTRABUDGETARY FUNDS												
SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	LOCAL MONTHS	PERSONNEL CONS. DAYS	AMOUNT	DUTY TRAVEL AMOUNT	---FELLOWSHIPS---		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
							MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1990-1991												
PA	1,100,000	0	0	0	1,100,000	0	0	0	0	0	0	0
PN	12,500,000	0	0	0	12,500,000	0	0	0	0	0	0	0
PC	1,599,180	36	0	0	914,462	65,718	0	0	21,303	493,208	0	104,489
PJ	2,665,276	36	0	0	1,096,912	329,886	0	0	20,000	484,689	0	733,789
PB	2,157,716	0	0	0	0	0	0	0	0	0	0	2,157,716
PD	1,483,109	0	0	0	7,635	30,073	0	0	8,000	1,144,380	10,000	283,021
PG	107,710,742	613	2074	0	21,772,766	2,014,991	0	833,259	14,788,198	28,030,658	2,905,346	37,365,524
PK	216,216	0	0	0	0	0	0	0	0	0	216,216	0
PL	2,513,231	0	0	0	312,300	20,000	0	10,000	325,533	1,421,260	0	424,138
PU	16,332	0	0	0	12,917	2,000	0	0	0	1,415	0	0
PX	8,007,891	136	837	0	4,139,396	355,521	0	18,640	278,448	460,751	71,592	2,683,543
HP	146,400	0	48	0	146,400	0	0	0	0	0	0	0
HT	910,200	72	168	0	910,200	0	0	0	0	0	0	0
DI	10,288	0	0	0	10,288	0	0	0	0	0	0	0
DP	2,039,977	0	0	12	656,976	45,554	0	52,132	560,744	460,403	0	264,168
FB	757,795	167	0	0	621,324	57,984	0	0	0	0	0	78,487
FD	278,384	0	0	0	65,760	15,939	0	19,500	13,000	64,659	0	99,526
FP	15,760,849	126	24	11	2,642,821	742,548	0	614,537	3,993,168	3,079,485	287,620	3,500,670
FA	254,800	0	0	0	259,800	5,000	0	0	0	0	0	0
FX	22,290,064	206	155	0	4,427,008	661,321	0	54,491	3,103,918	5,598,230	1,318,078	7,127,018
ST	43,556	0	0	0	15,001	3,488	0	5,027	3,199	3,783	0	13,058
VC	1,769,599	89	21	0	782,591	139,625	0	0	371,568	158,214	4,500	313,101
VD	5,196,879	18	0	0	675,348	139,814	0	26,388	1,286,204	1,487,909	46,226	1,534,990
VG	19,744	0	0	0	0	0	0	0	0	12,350	0	7,394
VI	630,587	47	0	0	448,007	20,000	0	0	4,000	18,036	0	140,544
VW	21,321	0	0	0	8,899	1,602	0	0	8,367	0	0	2,453
AS	3,591,886	24	441	0	1,681,830	210,012	0	0	358,893	52,882	30,000	1,258,269
EF	219,310	0	0	0	0	0	0	0	0	0	0	219,310
TOTAL	193,921,332	1570	3768	23	55,208,641	4,861,076	0	1,633,974	25,144,543	43,872,312	4,889,578	58,311,208
% OF TOTAL	100.0				28.5	2.5		.8	13.0	22.6	2.5	30.1

TABLE F-3 (CONT.)

ALLOCATION BY OBJECT OF EXPENDITURE - EXTRABUDGETARY FUNDS (CONT.)

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS		AMOUNT	MONTHS					AMOUNT
	\$				\$	\$	\$	\$	\$	\$	\$	
1992-1993												
PA	1,200,000	0	0	0	1,200,000	0	0	0	0	0	0	
PN	13,000,000	0	0	0	13,000,000	0	0	0	0	0	0	
PC	1,917,300	72	0	0	1,197,900	69,000	0	0	0	0	0	
PJ	1,150,324	0	0	0	358,826	322,700	0	22,400	517,700	0	110,300	
PB	2,600,000	0	0	0	0	0	0	0	54,248	0	414,550	
PD	857,000	0	0	0	7,000	20,000	0	0	0	0	2,600,000	
PG	68,470,284	452	1959	0	19,450,860	859,971	220,643	12,831,704	16,653,966	708,620	17,120,000	
PK	2,216,216	0	0	0	0	0	0	0	0	216,216	0	
PL	2,491,370	0	0	0	287,000	20,000	15,000	322,184	1,442,210	0	404,976	
PU	15,000	0	0	0	10,000	3,000	0	0	2,000	0	0	
PX	5,997,100	204	936	0	4,727,100	140,000	0	0	185,000	0	945,000	
HP	171,100	0	48	0	171,100	0	0	0	0	0	0	
HT	1,118,100	72	168	0	1,118,100	0	0	0	0	0	0	
DP	699,737	0	0	0	167,937	0	0	0	0	0	0	
FB	68,846	17	0	0	60,950	0	0	302,010	198,690	0	31,100	
FP	13,080,224	84	24	0	1,918,882	588,280	268,428	4,067,136	2,763,573	195,000	7,896	
FX	17,765,284	276	168	0	4,140,661	395,000	44,247	2,419,640	4,233,298	568,478	3,278,923	
VC	2,104,960	96	24	0	897,000	122,035	0	0	0	0	5,963,960	
VD	1,562,044	0	0	0	370,796	50,000	0	663,761	107,065	0	315,099	
VI	435,050	48	0	0	340,000	45,000	0	536,543	300,000	0	304,705	
AS	3,580,700	24	480	0	1,792,600	211,300	0	399,100	55,500	5,600	50,050	
TOTAL	138,500,639	1345	3807	0	51,216,712	2,846,286	0	548,318	21,564,478	27,223,250	1,693,914	33,407,681
% OF TOTAL	100.0				36.9	2.1		.4	15.6	19.7	1.2	24.1
1994-1995												
PA	1,200,000	0	0	0	1,200,000	0	0	0	0	0	0	
PN	13,000,000	0	0	0	13,000,000	0	0	0	0	0	0	
PC	2,045,000	72	0	0	1,287,600	72,500	0	0	0	0	0	
PB	1,420,000	0	0	0	0	0	0	25,500	543,600	0	115,800	
PD	897,000	0	0	0	7,000	20,000	0	0	0	0	1,420,000	
PG	27,817,120	144	1776	0	9,563,300	426,600	0	1,052,119	6,890,000	380,000	120,000	
PK	216,216	0	0	0	0	0	0	0	0	216,216	0	
PU	15,000	0	0	0	10,000	3,000	0	0	2,000	0	0	
PX	6,567,300	216	936	0	5,197,300	140,000	0	0	205,000	0	1,025,000	
HP	191,600	0	48	0	191,600	0	0	0	0	0	0	
HT	1,256,800	72	168	0	1,256,800	0	0	0	0	0	0	
DP	100,000	0	0	0	72,000	0	0	0	0	0	0	
FP	9,288,982	72	24	0	1,376,100	516,420	14,000	2,891,997	2,174,865	159,000	6,000	
FX	165,000	0	0	0	0	0	0	0	165,000	0	2,156,600	
VC	2,223,970	96	24	0	1,039,000	103,000	0	682,478	70,000	0	329,492	
VD	874,000	0	0	0	220,796	50,000	0	312,655	100,000	0	190,549	
VI	514,150	48	0	0	400,000	55,000	0	0	0	0	59,150	
AS	3,990,800	24	480	0	1,997,200	234,900	0	443,800	61,700	6,200	1,247,000	
TOTAL	71,782,938	744	3456	0	36,818,696	1,621,420	0	14,000	5,408,545	10,984,165	761,416	16,174,696
% OF TOTAL	100.0				51.3	2.3		.0	7.5	15.3	1.1	22.5

PAHO CLASSIFIED LIST OF PROGRAMS WITH DESCRIPTION

1. DIRECTION, COORDINATION AND MANAGEMENT

1. Governing Bodies

Includes the following program:

GOB Governing Bodies

Activities related to the preparation and convening of meetings of the Organization's Governing Bodies (Pan American Sanitary Conference, Directing Council and Executive Committee); to such subcommittees as may be set up by the Governing Bodies; and to external audit.

2. General Program Development and Management

Activities of coordination and management at Headquarters, comprising the following programs:

EXM Executive Management

Activities of the Offices of the Director/Deputy Director (D/DD); of the Chief of Administration (AM); and of two units under D/DD: Legal Affairs (DLA) and Internal Audit (IA).

DGP Regional Director's Development Program

Budgetary provisions for innovative technical cooperation programs which cannot be specifically determined at the time of the program budget approval.

GPD General Program Development

Activities of Analysis and Strategic Planning Coordination Unit (DAP); of two units for the supervision of Program Areas: Health Systems Infrastructure (HSI) and Health Programs Development (HPD); and the Program of Staff Development and Training (APL/SDT).

COR External Coordination for Health and Social Development

Activities of a unit under D/DD: External Coordination (DEC), including collaboration with regional United Nations and inter-American systems, with other organizations and with multilateral and bilateral programs.

ISS Informatics Management

Activities of information support services for PAHO's management.

11. HEALTH SYSTEM INFRASTRUCTURE

3. Managerial Process for National Health Development

Technical and administrative management of technical cooperation at country level, performed by the PAHO/WHO Representatives and their basic administrative staff, and comprehensive programmatic interventions aimed at the strengthening of national health development in the Member Countries, comprising the following subprograms:

MPM Managerial Support for National Health Development

Promotion, initiation and establishment of permanent functional mechanisms for the application of the process of broad national health program development and training of national personnel. Includes activities of the Office of Assistant Director (AD), Country Representative Offices, Caribbean Program Coordination, and the Field Office on the US-Mexico Border.

AAM Administrative Analysis

Preparation of studies, directives, and procedures on the administrative management of technical cooperation programs at country level.

4. Technical Cooperation among Countries

Includes the following subprograms:

TCC Technical Cooperation among Countries

Promotion and support of activities of technical cooperation among countries, which would serve as a catalyst in supporting the governments' efforts in identifying, planning and implementing mechanisms of intercountry cooperation at bilateral, subregional, regional and global levels.

5. Health Situation and Trend Assessment

Includes the following subprogram:

HST Health Situation and Trend Assessment

Improving the capability for generating and utilizing knowledge related to: a) assessment of the health status of the population, its determinants and trends, in order to contribute to the definition of health priorities, policies and intervention strategies and b) evaluation of the impact of those policies, strategies, and interventions, so that they may be adjusted or redesigned as necessary. The above includes enhancement of the availability, quality and timeliness of suitable data and the promotion of their appropriate utilization.

9. Health Information Support (Cont.)

HLB Language Services

Activities related to simultaneous interpretation during executive, technical, and administrative meetings; and to translation of books, documents and other publications of the Organization.

HBD Scientific and Technical Information
Dissemination

Development and promotion of health bibliographic and documentation services, including libraries and regional document centers.

10. Research Promotion and Technology
Development

Includes the following programs:

RPD Research Promotion and Development

An essential part of PAHO's main strategy of management of knowledge, comprising overall coordination of biomedical and health systems research, highlighting the functions of the regional Advisory Committee on Medical Research, its subcommittees and working groups; strengthening of national health research capabilities; promoting biomedical, socioepidemiological and health systems research methodology; managing health research, including ethical aspects; providing research information support; and promoting national and international health research development mechanisms.

HDT Health Technology Policies and
Development

Activities aimed at development of a conceptual framework and analytical, administrative and evaluating tools applied to technological development in health.

RDV Research and Development in the
Field of Vaccines

Activities aimed at stimulating and supporting research on new vaccines, the organization of vaccines trials with the Member Countries, and the evaluation of the results of introducing new vaccines.

III. HEALTH SCIENCE AND TECHNOLOGY

11. Food and Nutrition

Includes the following programs:

FOD Food

Activities of analysis and surveillance of the food situation and its impact on health; cooperation in food assistance programs; education; availability and consumption of foods.

MUT Nutrition

Activities related to prevention and control of malnutrition and development of nutrition and dietetic services in the community.

12. Environmental Health

Includes the following programs:

- CWS** Community Water Supply and Sanitation Activities aimed at the implementation of national programs geared to objectives of the International Drinking Water Supply and Sanitation Decade; promotion of policies, legislation and strategies to ensure that planning, assessment and implementation of development projects give full consideration to their impact on the ecology; development of methodologies for assessment of health and ecological impacts; and support mechanisms.
- RUD** Solid Wastes and Housing Hygiene Support of development of activities regarding solid wastes (collection, transportation and disposal); promotion of these activities in relation to rural and urban development; and sanitary control of housing.
- CEH** Control of Environmental Health Hazards Activities concerned with the formulation and implementation of national policies and programs for health protection of people against environmental hazards and assessment of possible adverse health effects from radiation hazards and chemicals in air, water, soil and food.
- OCH** Workers' Health Promotion of workers' health, early detection and prevention of workers' health problems, and the preparation of technical guidelines.

13. Maternal and Child Health

Includes the following programs:

- MCH** Growth, Development and Human Reproduction Program planning and general activities in support of integral protection of the processes of human reproduction; growth and development of the child, including promotion of multisectoral policies; and development of appropriate services for women and children, including family planning activities.
- ADH** Adolescent Health Activities geared to promote development of programs aimed at improving the physical and mental health of adolescents.
- ARI** Acute Respiratory Infections Prevention and control of acute respiratory infections.
- EPI** Immunization Activities related to the Expanded Program on Immunization.
- CDD** Diarrheal Diseases Activities related to diarrheal disease prevention and control, including actions against Cholera.

2. GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT (CONT.)

69. Provision of management and guidance in a wide range of areas dealing with user interface with the various platforms used; continued maintenance of the Technical Library for all hardware platforms and software used.

70. Expansion of the HELP DESK to include user assistance on all the equipment types used within the Organization, including PCs, LAN workstations, and terminals connected to various mainframe computers.

71. Continued administration and maintenance of the LAN system installed at PAHO Headquarters and continuous upgrading of the capabilities of the LAN.

72. Continued maintenance of Wang word processing capability as the number of users diminishes. The Wang users should be completely moved to the LAN environment prior to the move of PAHO headquarters, which would make it unnecessary to move the Wang.

73. Continued provision of a range of microcomputers on which other units can convert documents and evaluate software or use for overflow work.

74. Microcomputer hardware and software will continue to be evaluated for inclusion in the Approved Lists of the Organization and installed software will be updated with new releases as required.

75. Continued management of activities related to the Organization's mainframe computer resources.

76. Maintenance or administration of capacity sufficient for processing the work of the Organization. This will include a mainframe computer capacity, either within PAHO or as an outsourced resource, with sufficient operational capability to provide for PAHO needs.

77. Continue provision of system programming and database administration as necessary to meet the needs of both the currently installed systems and the anticipated needs of PAHO units.

78. Continued development, documentation, and improvement of the combined BPB, APB, and PTC, along with exploration of linkage to the Operating Budget and FMS systems, all under the PAHO LAN operating environment.

79. Other applications, such as the simplified on-line search, PAHEF subscription and mailing lists, machine translation, and the HPN field system will be converted to a LAN environment under the guidance of the CSA.

80. Administrative applications such as Personnel, Payroll, PAHO Reference Tables, and Fellowships will be maintained until such time as they can be reasonable replaced or downsized.

2. GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT (CONT.)

PROGRAM BUDGET DISTRIBUTION BY LOCATION

LOCATION	PAHO AND WHO REGULAR BUDGET			EXTRABUDGETARY FUNDS		
	1990-1991	1992-1993	1994-1995	1990-1991	1992-1993	1994-1995
DIRECT COOPERATION WITH COUNTRIES	4,796,700	4,446,800	5,016,300	379,693	245,000	245,000
REGIONAL PROGRAMS	5,582,900	5,861,600	6,509,300	210,065	260,000	288,000
TECHNICAL AND ADMINISTRATIVE DIRECTION	7,856,700	7,755,800	8,423,000	351,421	283,700	310,600
TOTAL	18,236,300	18,064,200	19,948,600	941,179	788,700	843,600

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	PERSONNEL		DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
			LOCAL MONTHS	CONS. DAYS		MONTHS	AMOUNT				
	\$				\$	\$	\$	\$	\$	\$	\$
1990-1991											
PAHO - PR	15,451,500	864	960	1475	8,996,000	585,500	0	793,100	1,479,900	0	3,597,000
WHO - WR	2,784,800	168	96	0	1,613,700	121,700	0	470,200	295,900	0	283,300
TOTAL	18,236,300	1032	1056	1475	10,609,700	707,200	0	1,263,300	1,775,800	0	3,880,300
% OF TOTAL	100.0				58.2	3.9	.0	6.9	9.7	.0	21.3
1992-1993											
PAHO - PR	15,521,500	793	720	1440	9,188,100	535,200	0	991,500	1,768,200	0	3,038,500
WHO - WR	2,542,700	147	96	0	1,756,500	131,300	0	341,600	97,300	0	216,000
TOTAL	18,064,200	940	816	1440	10,944,600	666,500	0	1,333,100	1,865,500	0	3,254,500
% OF TOTAL	100.0				60.6	3.7	.0	7.4	10.3	.0	18.0
1994-1995											
PAHO - PR	17,117,800	768	720	1440	10,024,100	600,900	0	1,146,000	1,965,700	0	3,381,100
WHO - WR	2,830,800	144	96	0	1,938,500	146,400	0	396,300	108,200	0	241,400
TOTAL	19,948,600	912	816	1440	11,962,600	747,300	0	1,542,300	2,073,900	0	3,622,500
% OF TOTAL	100.0				60.0	3.7	.0	7.7	10.4	.0	18.2

7. ORGANIZATION OF HEALTH SERVICES BASED ON PRIMARY HEALTH CARE (CONT.)

PROGRAM BUDGET DISTRIBUTION BY LOCATION						
LOCATION	PAHO AND WHO REGULAR BUDGET			EXTRABUDGETARY FUNDS		
	1990-1991	1992-1993	1994-1995	1990-1991	1992-1993	1994-1995
DIRECT COOPERATION WITH COUNTRIES	24,882,100	25,980,600	29,195,200	38,777,840	19,682,268	952,000
REGIONAL PROGRAMS	3,955,100	4,560,700	5,129,000	887,163	927,430	138,000
TOTAL	28,837,200	30,541,300	34,324,200	39,665,003	20,609,698	1,090,000

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS												
SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	PERSONNEL		AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
			LOCAL MONTHS	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1990-1991												
PAHO - PR	14,882,000	638	384	6050	6,622,600	590,700	581	1,103,900	2,374,000	1,152,700	662,700	2,375,400
WHO - WR	13,955,200	936	384	4790	8,306,600	533,900	924	1,755,600	1,362,300	874,700	66,700	1,055,400
TOTAL	28,837,200	1574	768	10840	14,929,200	1,124,600	1505	2,859,500	3,736,300	2,027,400	729,400	3,430,800
% OF TOTAL	100.0				51.8	3.9		9.9	13.0	7.0	2.5	11.9
1992-1993												
PAHO - PR	15,245,300	535	288	5175	6,709,400	813,400	530	1,060,000	2,819,700	1,252,600	91,400	2,498,800
WHO - WR	15,296,000	877	408	3990	9,511,900	538,800	653	1,306,000	1,344,100	825,900	0	1,769,300
TOTAL	30,541,300	1412	696	9165	16,221,300	1,352,200	1183	2,366,000	4,163,800	2,078,500	91,400	4,268,100
% OF TOTAL	100.0				53.2	4.4		7.7	13.6	6.8	.3	14.0
1994-1995												
PAHO - PR	17,195,900	528	288	5175	7,417,900	943,900	530	1,113,000	3,271,300	1,453,200	106,100	2,890,500
WHO - WR	17,128,300	864	408	3990	10,561,300	624,800	653	1,371,300	1,559,600	958,300	0	2,053,000
TOTAL	34,324,200	1392	696	9165	17,979,200	1,568,700	1183	2,484,300	4,830,900	2,411,500	106,100	4,943,500
% OF TOTAL	100.0				52.4	4.6		7.2	14.1	7.0	.3	14.4

8. HUMAN RESOURCES DEVELOPMENT

ANALYSIS OF THE HEALTH SITUATION

1. Any effort to analyze the situation of the development of human resources in health in the Region of the Americas encounters two elements that strongly influence the results of that analysis:

1.1 On the one hand, the effects and implications of the current crisis which, although part of an economic determinant, really has other factors that mold it, specifically of a social and political nature. The manifestations of that crisis extend from the decisions of the highest governmental level through the academic and service sectors to the individual lives of the health workers and the users of the services.

1.2 On the other hand, the influence of schemes, approaches, and forms of work for the development of human resources that originated in response to other times and to different needs and demands. Political proposals for planning, education, and utilization of health personnel attempted to respond (with successes and failures) to a conception of health different from the current one, within which there was always a lack of precision in the definition of the role of the human resource (professional, technical, and auxiliary) in the face of the strategies formulated by the governments in unstable, sociopolitical and economic contexts--changing and imprecise in most cases.

2. In the context of the crisis it should be noted that the work force of the sector is affected, with respect to policies for employment and wage adjustments, by the inability of the services to absorb the available professionals on one hand and, on the other, the migration of personnel related to offers of higher remuneration (from the public sector to the private sector and from underdeveloped to developed countries). Similarly, in the training sector the increases in gross expenditures on higher education have been reversed. The impact of the restrictions is translated into a serious crisis, characterized by the existence of poorly paid professors who are lacking in motivation to teach and devote less time to academic activity and by a marked reduction in the research work. To this is added the decay of the installations, with classrooms, laboratories, libraries, and equipment deteriorated and outdated, a picture that is completed with the utilization of inadequate hospital services with frequent questioning of the actual quality of the health care being provided. Of course, the unfavorable economic conditions do no more than exacerbate and reveal problems that had their beginnings in the past and present a warning, calling for more efficient, priority attention to the problem.

3. In addition, to replace the traditional approaches that are being used in this field, it becomes necessary to analyze the area of human resources in the context of the multiplicity of institutions and agencies involved, often with divergent interests and lines of action. The health services and the corresponding ministerial umbrella, the various union groupings, the university and its different levels of action, the professional schools, and the science and technology sector, among others, shape spaces of decision-making and action

where various structures, modes of action, and strategies are interwoven and confront each other and through which every agent attempts to guarantee better ways of developing its own interests. The existing fragmentation in this field makes it a space where the capacity for decision-making and action is divided among the actors, resulting in a relatively ungovernable area and permanent conflict.

4. The complexity of the factors indicated leads to the disparity of situations found in the different countries, in which there are claims of overproduction and an excess of professionals concomitant with a trend toward a reduction in the rate of growth of essential categories, such as physicians, in which bad geographical distribution and an inappropriate balance of the composition of the health team in relation to the inability of the services to absorb new trained personnel are observed; in which growing numbers of unemployed physicians and a large number of communities without physicians are found; and in which, despite the deficiency of nurses, not more than one of every three newly graduated nurses is taken advantage of in the health service.

5. To this is added the apparent insensitivity of the training institutions which thus do not reorient their programs to relate to the real needs of the population and to the very policies adopted by the services in the context of the goal of health for all and the strategy of primary health care. What is called transition in health, evident in most of the countries of the Region, appears to have been considered neither at the teaching level nor by the investigators, with the result that conceptual, methodological, and operational gaps, especially in the field of public health, are perpetuated.

6. In particular, the failure of the curriculum changes developed from a pedagogical perspective call attention to the limitations of the educational process and its distance from the practice of health. There are distortions observed between medical practice and medical education when the latter does not take into account the dominant aspect of the former and there is a continuance of the influence of models of traditional practice already definitively replaced by others into which the majority of professional futures will have to be incorporated. It is also observed that part of the difficulty in the preparation of the human resources stems from conceptual gaps around the actual process of work in health and their implications for the production of learning in the services, from basing the possible integration of that learning with the care and achieving, in this way, the gradual and progressive transformation of the practice in health, an objective which in last analysis should be pursued with continuing education.

7. The entire scenario described is completed with the consideration that the public health community--those responsible for the conduct of the sector--do not perceive the work force as a priority in the operation of the services and do not recognize the need for greater technical and scientific knowledge in those charged with their management, who in many situations are deprived of the specific training and knowledge that they should have.

12. ENVIRONMENTAL HEALTH (CONT.)

PROGRAM BUDGET DISTRIBUTION BY LOCATION

LOCATION	PAHO AND WHO REGULAR BUDGET			EXTRABUDGETARY FUNDS		
	1990-1991	1992-1993	1994-1995	1990-1991	1992-1993	1994-1995
DIRECT COOPERATION WITH COUNTRIES	8,809,500	9,696,300	10,937,500	6,671,231	3,701,505	40,400
REGIONAL PROGRAMS	2,274,500	2,501,800	2,814,200	149,985	170,000	185,000
CENTERS	3,638,400	4,433,800	5,019,400	1,975,470	1,310,127	1,166,800
TOTAL	14,722,400	16,631,900	18,771,100	8,796,656	5,181,632	1,392,200

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS		MONTHS	AMOUNT					
	\$				\$		\$	\$	\$	\$	\$	
1990-1991												
PAHO - PR	9,134,100	624	504	4065	6,081,300	400,700	354	672,600	983,900	410,300	47,600	537,700
WHO - WR	5,588,300	528	264	1330	4,222,400	219,700	111	210,900	248,600	195,300	5,700	485,700
TOTAL	14,722,400	1152	768	5395	10,303,700	620,400	465	883,500	1,232,500	605,600	53,300	1,023,400
% OF TOTAL	100.0				69.9	4.2		6.0	8.4	4.1	.4	7.0
1992-1993												
PAHO - PR	9,922,500	552	456	2875	6,599,600	488,700	278	556,000	1,032,600	551,900	13,300	680,400
WHO - WR	6,709,400	456	264	1190	4,864,000	267,900	68	136,000	435,000	306,900	0	699,600
TOTAL	16,631,900	1008	720	4065	11,463,600	756,600	346	692,000	1,467,600	858,800	13,300	1,380,000
% OF TOTAL	100.0				68.9	4.5		4.2	8.8	5.2	.1	8.3
1994-1995												
PAHO - PR	11,188,600	552	456	2875	7,394,100	567,000	278	583,800	1,198,400	640,400	15,500	789,400
WHO - WR	7,582,500	456	264	1190	5,456,000	311,200	68	142,800	504,600	356,200	0	811,700
TOTAL	18,771,100	1008	720	4065	12,850,100	878,200	346	726,600	1,703,000	996,600	15,500	1,601,100
% OF TOTAL	100.0				68.4	4.7		3.9	9.1	5.3	.1	8.5

ANALYSIS OF THE HEALTH SITUATION

1. The epidemiological analysis of the state of health of the population of the Americas finds that the most vulnerable groups are women--especially those of reproductive age, children, and adolescents who are considered to be at greatest risk of becoming ill and dying.

2. Latin America and the Caribbean have, in 1990, a population estimated at 449 million inhabitants. The population growth rate in Latin America is 2.8% per year and in the Caribbean it is 2%, which determines that the times for doubling the populations are 25 and 35 years, respectively. There is an accelerated process of urbanization, which reaches 72%.

3. Women of reproductive age--from 15 to 49 years old, children, and adolescents constitute 70.6% of the population, more than 316.4 million inhabitants who form the target population of this program.

4. Maternal and child health problems are accentuated by rapid urban growth, particularly of the marginal sectors. It is estimated that 93 million Latin Americans in these areas are in poverty. Of the rural population of approximately 200 million, 70% live in conditions of poverty and 40% are destitute. At least 130 million people in Latin America and the Caribbean do not have access to health services and of them, 90 million are children and women of reproductive age.

5. Infant mortality is different in the three subregions of the Americas. For around 1990, Latin America has a rate of 55 per 1,000 live births; North America, 10 per 1,000 live births; and the English Caribbean, 21. Only three countries in Latin America have levels lower than the English Caribbean: Cuba, Costa Rica, and Chile. On the other hand, there are 10 Latin American countries with rates equal to or higher than 60 per 1,000; they register 55% of the births of the subregion. The decline in infant mortality observed occurred mainly in the postneonatal component. As a result, the neonatal component became greater; this has implications for the strategies to reduce mortality in the coming years.

6. In 21 countries, the leading cause of infant mortality lay in the conditions originating in the perinatal period; diarrheal diseases, although they appeared among the five leading causes of death in 22 countries, are third in 14 of them. Only in two countries did whooping cough appear as a cause of death, occupying the fourth and fifth positions.

7. As a cause of death of children from one to four years of age, diarrheal diseases occupied first place in 11 countries. Influenza and pneumonia were among the five leading causes of death in 19 countries, nutritional deficiencies

in 13 countries, and accidents in 16. Measles appeared in the age group from one to four years in six countries and whooping cough in two countries.

8. Mortality due specifically to diarrhea in children under one year of age and from one to four years was 26 and 118 times greater, respectively, in Nicaragua and Guatemala than in the Bahamas and Cuba. Mortality due to pneumonia in the same age groups was 25 and 43 times greater in Peru than in the western Caribbean.

9. In addition to reducing mortality, implementation of the oral rehydration therapy (ORT) reduced hospitalization due to diarrhea, serious cases of dehydration, and the hospital case-fatality rate in children under five.

10. The rate of access to oral rehydration salts reached 65% of the total population under five years of age in the Region with a rate of use of 41% in this same population. There is data that make it possible to relate part of the decline observed in infant mortality to the appearance and utilization of oral hydration salts and their use in the programs for prevention. However, it has not been possible to reduce morbidity from diarrhea substantially, a fact that is explained by the hygienic and environmental conditions under which the people live.

11. The interagency coordinating committee to support the development of the activities for the control of diarrheal diseases (ICC/CDD) is functioning with EPI and also USAID and UNICEF. The ICC formulated a plan of action for the years 1990-1995 which includes objectives, goals, and strategies. The aim is to expand the acute respiratory infections program in the biennium.

12. For the first time in nearly a century, epidemic cholera was reported in the Americas when Peru detected its first cases on 23 January 1991. As of mid-June 1991, six additional countries have been affected: Ecuador, Colombia, United States, Brazil, Chile and Mexico. There have been a total of 250,680 cases and 2,584 deaths; 89% of cases and 84% of deaths occurred in Peru.

13. Disease incidence has declined in most departments of Peru and the initially affected provinces of Ecuador. The extension of cholera into additional States of Colombia may represent a greater threat of spread into the Caribbean and further north. The country to be affected most recently is Mexico, which has reported 27 cases in two locations.

14. Other countries can be expected to experience epidemics in future months and years, and cholera may become endemic in some areas of the Region. Therefore, it is essential that all countries be prepared for the possible introduction of cholera with the development of national plans for cholera control.

15. Acute respiratory infections (ARI), pneumonia in particular, cause approximately 250,000 deaths annually among children under five. Those infections are the cause of 25% to 30% of all deaths in this age group in the

13. MATERNAL AND CHILD HEALTH (CONT.)

developing countries, in comparison with 10% to 15% in the industrialized countries; mortality due to pneumonia is particularly high in children under one year of age. ARI are responsible, in addition, for 30% to 50% of the visits of children to medical care centers and 30% to 40% of the hospitalizations.

16. A considerable proportion of episodes of ARI are viral infections of limited duration, such as common colds and coughs. However, approximately one in every 50 episodes of ARI results in pneumonia and, without treatment, 10% to 20% of those cases will die. Most of the cases of children hospitalized with pneumonia acquired in the community are caused by two bacteria, Streptococcus pneumoniae and Haemophilus influenzae. It has been demonstrated that the timely recognition of the signs of pneumonia--by the families as well as by the health workers, antibiotic treatment, support measures, and shipment of the serious cases to a higher level of care can result in a considerable reduction of the mortality due to ARI. At present 20 countries carry out activities for control of ARI following the standards proposed by PAHO/WHO.

17. Morbidity and mortality due to the diseases preventable by vaccination follow a downward trend but continue to be a problem despite the availability of highly effective, easily administered vaccines.

18. The achievements in the Program for Eradication of Wild Poliovirus can be observed in the number of confirmed cases of the disease in 1989 and 1990, 24 and 10, respectively.

19. Measles and neonatal tetanus continue to be a serious problem in numerous countries but the areas of greatest risk of neonatal tetanus have been identified and now control measures can be developed. The behavior of measles in the Region is better understood and measures for its control can be developed with greater efficiency and effectiveness.

20. Between 1988 and 1990 coverage by vaccination of children under one year of age reached levels never before achieved, approximately 60% for all vaccines, but there still are a great number of unvaccinated children. The problem of the high degree of abandonment between the first and subsequent doses in multiple vaccines and the lost opportunities for vaccination in the health establishments continue to be basic concerns of the program. All the countries have improved their systems of surveillance for the detection of the wild virus of poliomyelitis and the system can now be expanded to include other diseases preventable by vaccination.

21. For adolescents from 15 to 19 years of age among the five leading causes of death, accidents appear in first place in 17 countries, suicides between second and fifth place in 13 countries, and homicides between second and fourth place in 14 countries. It should be pointed out that in two countries the complications of pregnancy, delivery, and the puerperium appeared among the 10 leading causes of death in women of this age group.

22. Analysis of maternal mortality makes it possible to place the countries of the Region at four different levels: the first group, with the lowest rates,

includes the United States of America and Canada; the second, with moderate rates between 21 and 49 per 100,000 live births, includes the Bahamas, Chile, Costa Rica, Cuba, Panama, and Uruguay; the third, with high rates, from 60 to 140, includes 10 countries; and the fourth, with very high rates, from 160 to 480 per 100,000 live births, comprises another 10 countries in Central America, the Andean area, and the Latin Caribbean.

23. For women of reproductive age (15 to 49 years) in 22 countries on which information is available, the complications of pregnancy, delivery, and the puerperium were among the ten leading causes of death, appearing in 11 countries as one of the first five. Accidents occupied a place within this group of causes of death in 21 countries, suicide in 15, and homicide in 16.

24. The coverage of prenatal care is inadequate in Latin America and the Caribbean as a whole, for in only 60% of the 13 million estimated births did the mother receive some type of prenatal care; there were large variations by country.

25. The coverage of deliveries with institutional care or by professional personnel is 72%. In the Region 3.8 million births (28%) still do not have this type of care.

26. Contraception, according to the best available figures, is estimated to be used by 60% of sexually active women from 15 to 49 years in the countries where information is to be had and which represent 70% of the population of Latin America and the Caribbean.

27. This level and the structure of infant, maternal, and adolescent mortality reflect the stages of demographic and epidemiological transition that coexist among countries and in their interiors with substantial variations.

28. In addition, the quality of the services can be related to the availability of the resources necessary for prevention and for access to a level of care with adequate capacity to resolve the problem.

29. The overall level of the conditions of effectiveness of the maternal and child health services was recorded at 67%, which indicates that the majority is still found in conditions considered to be less than satisfactory (80%). Principal deficiencies persist in the managerial aspects of administration and programming and community participation. One effect of the crises and the adjustments made that has been observed is a relative deterioration of the human resources in the services.

GLOBAL STRATEGY OF COOPERATION

30. The programming for maternal and child and adolescent health for the 1992-1993 biennium is set in a well defined framework: the PAHO/WHO global strategy of health for all by the year 2,000 and primary health care in the eighth WHO work program for 1990 to 1995, the strategic orientations and programming priorities of PAHO for 1991 to 1994, the recent mandates of the Governing Bodies, and their corresponding regional goals.

13. MATERNAL AND CHILD HEALTH (CONT.)

31. In treating highly vulnerable population groups the program contributes substantively to the national development effort inasmuch as it protects and increases the investment in human capital that would be necessary in the future to reach sustained development. At the same time, it favors the integration of women into health and development. In addition, it facilitates and permits decentralization and solidification of the strengthening of local health systems and the incorporation not only of social security but also of other sectoral institutions and other sectors as well as official and nongovernmental institutions, thus strengthening the health sector in its capacity to negotiate, coordinate, and manage action.

32. The regional maternal and child health program is oriented toward well-defined lines of action and strategies as a response to the challenges in maternal and child health and to the transformation of the health sector. It establishes a connection with the programming priorities and strategic orientations of the Organization for the quadrennium, among which the following are noted:

33. Concentration on high-risk groups and priority interventions:

33.1 All the actions of the program flow together in three large lines: a) health of women, with emphasis on sexual and reproductive health and prevention of maternal mortality; b) child health with emphasis on surveillance, conservation and/or restoration in the case of the processes of growth and development including breast-feeding, nutrition, and the categorical interventions required by the epidemiological profile of childhood in the countries of the region; c) adolescent health with emphasis on the promotion of comprehensive health and prevention, with multisectoral participation, including that of adolescents. Lines of work will be initiated in maternal and child AIDS, abused children, and school health.

33.2 The program gives priority to action in those countries in which the problems are more serious and affect a greater number of people, either at the national level or in the interior of the countries, and will place special emphasis on cooperation with those Member States that express their political will with the allocation, reassignment, or increase of their national resources, that favor international, interinstitutional, official, and nongovernmental coordination, and that, upon preparing their programs of technical cooperation with PAHO, assign resources to PAHO in their countries.

34. Lifestyles, promotion of health, and social communication:

34.1 The actions of the program will evolve with specific emphasis on prevention and the promotion of health of women, children, and adolescents. Intensive use will be made of social communication which, together with school education and health education, makes it possible to achieve a change of behavior and lifestyle and more positive attitudes toward health. Special care will be given to the work oriented toward integrating health care and reducing lost opportunities to provide appropriate additional services, when they are

pertinent, to individuals who come for care of specific health problems, all in order to achieve a better quality of overall care; the intent is to add activities such as the detection of cervical and uterine cancer, sexually transmitted diseases and maternal and child AIDS, diabetes, hypertension, and nutritional deficiencies.

34.2 The program responds as a comprehensive technical whole. The division of the work that arises at the central level for reasons of specialization should not necessarily be applied at the local level where the consultants will have to prepare to act in a comprehensive fashion and develop complementary actions among the programs of the Organization that are especially focused on achieving the strengthening and development of local health systems, including among them social security and other agencies and institutions that work in health.

35. Mobilization of resources:

35.1 There will be a constant search for opportunities to strengthen the activities of the program in collaboration with other areas of the Organization. Activities will be continued and increased that are aimed at strengthening interagency coordination with the United Nations system, bilateral cooperation agencies, development banks, governmental and nongovernmental agencies, universities, scientific societies, and especially the civilian society. This aggressive strategy of search for and mobilization of regular and extrabudgetary resources is of supreme importance for the program and the countries, since if these are not increased, the viability of the different components will continue to be under continuous threat and it will not be possible to implement many of the actions programmed.

36. Management of knowledge, research, dissemination, and information:

36.1 The promotion of the generation of scientific and technical knowledge and its dissemination will continue to be a priority through the strategies of research and dissemination of the information. In this respect, use will be made of the potential of the national groups and the universities so that they better utilize research subsidies, the Program on Human Reproduction, and regional, extrabudgetary, and country project funds. The possible range of research includes biomedical, epidemiological, operational, and behavioral areas, but the common denominator for the program will be research as a vitalizing element of the programs and for the development of the services. The collection of technologies, publications, and research produced by CLAP will be widely disseminated through normal activities of cooperation and scientific events. There will be continued development of the data bases at the regional level in the countries to allow better understanding of the state of health and its determinants, monitoring, and the evaluation of proposed interventions.

36.2 Technical discussions with the Ministries of Health and social security should result in updating and progress in the policies of promotion and protection of maternal and child health at the country level. The subject should be addressed by the Governing Bodies and in subregional meetings and initiatives and emphasized to donors and should be expressed in operating plans, programs, and standards developed by the maternal and child health and adolescent services so that, in addition to coverage, there is quality and warmth in the care provided to the population. The technical normative aspects will be promoted so that they have national application.

37. Adaptation of educational profiles, manpower development, and educational technology:

37.1 Manpower development at all the levels in the country and in the health infrastructures will continue to be important and actions will be carried out that are aimed at intensifying the participation of the universities, federations, and scientific societies, not only in national and international courses but in the training of the human resource and in the preparation of teaching material, which should be evaluated with respect to its quantity, penetration, quality, and adaptation to the needs of the countries. It involves keeping regional and subregional events to the indispensable minimum in order to favor country events and those that strengthen local health systems.

37.2 The maternal and child health programs centering on reproduction, growth, and development offer a biological basis for the integration of the services at the different levels of care for the population served and for the health conditions, as well as for the interventions that result. Substantive aspects of responsibility are shared with other programmatic priorities of the Organization such as: nutrition, lifestyles and risk factors, control of avoidable diseases, workers' health, dependence, and maternal and child and adolescent AIDS.

38. Action against Cholera:

38.1 The cholera activities included in the 1992-1993 BPB are based on a three-year regional plan for the emergency phase of cholera prevention and control. The plan emphasizes development of national plans and includes dissemination of information, research, mobilization of resources and preparation of projects for long-term infrastructure development. Most regular budget and extrabudgetary resources will go to support national programs. Long-term projects will aim for rebuilding and strengthening of existing health, water and sanitation systems, extension of potable water and sanitation to the unserved and the provision of essential health services to the 40% of the Region's population lacking them.

SPECIFIC PROGRAMS

GROWTH, DEVELOPMENT, AND HUMAN REPRODUCTION (MCH)

BIENNIAL TARGETS

39. To contribute with all the countries to the development of the national capacities to increase the coverage and quality of the services for fertility regulation, control of pregnancy, care at delivery and of the newborn, surveillance of the growth and development of children, and care of adolescents, with a risk approach and emphasis on the neglected groups and integration of the activities into the health systems.

40. All the countries of the Region will have designed and implemented national plans and local family planning programs that are integrated into maternal and child care and that facilitate decentralization. The prevalence of use is expected to be at least 60% and there will be an increase in the use of more modern methods with fewer secondary effects.

41. All the countries of the Region will have designed and implemented national plans and local programs for prevention and reduction of maternal mortality among the target groups established in the regional plan. At least three strategies are contemplated: establishment of committees on maternal mortality, strengthening hospital referral, improvement of perinatal consultation, and training of traditional midwives as appropriate.

42. All the countries of the Region will, in order to facilitate action, have designed and implemented systems of epidemiological surveillance of maternal deaths, of monitoring and evaluation of the state of health of the population and analysis of its determinants, and of periodic evaluation of the conditions for the efficiency of services; models to estimate costs will be designed. The foregoing should improve the optimization of the utilization of the resources and of the process of decision-making.

43. Of the countries of the Region 60% will have prepared and be applying plans and standards of surveillance of the growth and development of children.

44. Of the services 50% will be utilizing growth and development criteria and charts according to PAHO/WHO recommendations.

45. At least 30% of the countries of the Region will be utilizing validated instruments for evaluation of the psychosocial development of children.

46. Of the countries of the Region 80% will have done at least one evaluation of the efficiency of their maternal and child services.

13. MATERNAL AND CHILD HEALTH (CONT.)

LINES OF ACTION

47. National plans, policies, and programs should be developed in local health systems in order to guarantee the possibility of providing information, education, and integrated family planning services to the entire population, to the individuals that demand them, and to those for whom they are medically indicated; all this should be provided with adequate consideration of quality and with an appropriate mixture of modern contraceptive methods. In addition, better use should be made of demographic information in health planning and in the programming of the local health systems.
48. Prenatal control will be implemented through the updating of standards in accordance with the criteria recommended by CLAP, so that prenatal consultations are timely and thorough in order to guarantee a good level of quality and to detect perinatal risks and so that they include tetanus vaccination.
49. To promote adequate institutional care at delivery and clean delivery through improving the care at delivery and during the puerperium, either by trained lay midwives or by professional medical or nursing personnel, trained in obstetrics. There should be improvement of intermediate sites of care for risk-free delivery and of the referral hospitals.
50. Control during the puerperium will be effected through observation during the 24 hours after delivery and examination 42 days afterwards in order to prevent the complications of the puerperium. Preventive actions for the period between pregnancies and family life should be carried out.
51. Development of information systems and committees of maternal mortality that allow epidemiological surveillance of maternal deaths and monitoring of the maternal and child health situation and its determinants and the efficiency of the services.
52. Preparation and provision to services and communities of tables and criteria for evaluation of growth in children and the appropriate interventions.
53. Application of validity criteria for evaluation of the development and use of schemes appropriate to the sociocultural reality in each every country.
54. Systematic evaluation of conditions of efficiency and implementation of their results.

ADOLESCENT HEALTH (ADH)

BIENNIAL TARGETS

55. At the end of the biennium all the countries of the Region will have established policies and plans and initiated the process of development of programs for comprehensive health care for adolescents and young people with an

eminently preventive and promotional approach and with effective social participation of the group and of the sectors involved in the health, well-being, and development of adolescents.

56. The countries will have the critical mass of multidisciplinary human resources from many professions necessary for the development of service and educational programs, nourished by effective and continuous mechanisms for dissemination of up-to-date information.

57. There should be regional and national networks of active groups that are developing service, educational, and research activities with a community approach and that serve to support the national initiatives for comprehensive health care of adolescents and young people.

LINES OF ACTION

58. Preparation of a plan for the development of the human resources--for implementation of health, educational, and training programs on adolescence and youth.
59. Strengthening of the health services to adapt them to the need for promotion and care of the health of adolescents and young people. This strengthening will include sensitization and mobilization of political will in order to incorporate adolescents and young people in the agenda of priority groups.
60. Strengthening of local, national, and regional networks of groups and institutions involved in caring for and promoting the general health of adolescents and young people.

ACUTE RESPIRATORY INFECTIONS (ARI)

BIENNIAL TARGETS

61. Establishment of a program for control of ARI at the national level in at least six countries of the Region that have infant mortality higher than 40 per 1,000.
62. In these countries 50% of the population will have regular access to drugs and 40% of the cases of pneumonia will be treated correctly.
63. All the health workers that serve children will have received training in the management of cases of ARI.

LINES OF ACTION

64. To consolidate the updated PAHO/WHO guidelines for the diagnosis and treatment of ARI in all the countries of the Region.

13. MATERNAL AND CHILD HEALTH (CONT.)

65. To continue cooperation with the regional UNICEF office and to encourage the central UNICEF organization and USAID to incorporate ARI in their programs for cooperation, including the creation of committees on interagency cooperation.

66. To promote epidemiological and clinical research and research on the health services, in the field of the acute infections.

67. To advise on the preparation of national operating plans for the control of ARI, including all the components, such as training, monitoring, supervision, and provision of supplies and drugs, in the context of comprehensive care for children.

68. To evaluate the progress in the country programs, using as indicators the number of health services with ARI activities programmed and standardized, the quality of the service, and the trend in mortality by cause in children under five years of age.

69. To promote, at the level of the local health services, the measurement and evaluation of the impact of the control measures.

70. To establish training units for the treatment of acute respiratory infections in hospitals and to train the technical team, medical and nursing students, and auxiliary personnel. To the extent possible these units will be established jointly with the CDD program.

71. To support the realization, at the national and departmental (state or provincial) levels, of courses on organization of the ARI program and on supervisory skills in ARI.

72. To promote training activities with the professors in the departments of pediatrics of the schools of medicine and schools of nursing, to be developed jointly with CDD.

73. To establish training units for the treatment of acute respiratory infections in the referral hospitals, in order to train the technical team, medical and nursing students, and auxiliary personnel. Insofar as possible these units will be implemented jointly with the CDD program.

IMMUNIZATION (EPI)

BIENNIAL TARGETS

74. All the countries of the Region will provide immunization services for all the diseases included in the Expanded Program on Immunization (EPI) to all children under one year of age.

75. All the countries will have covered no fewer than 80% of the children under one year of age with polio, measles, and DPT vaccination and all women of child-bearing age in the areas with a high risk of neonatal tetanus in all the municipalities or equivalent geopolitical units with vaccination with tetanus toxoid.

76. All the countries will have systems of epidemiological surveillance that are capable of investigating all cases of flaccid paralysis and initiating control activities within the 48 hours after the report of possible cases, determining the actual magnitude of neonatal tetanus, and anticipating the outbreaks of measles so that control activities can be initiated.

77. All the countries of the Region will have initiated the process of certification of the interruption of the transmission of the wild virus of poliomyelitis.

78. All the countries of the English Caribbean will have initiated actions for eradication of measles by 1995.

79. All the countries of Latin America will have initiated actions to eliminate neonatal tetanus in the areas of risk and to control measles.

LINES OF ACTION

80. The principal line of action in this area will be the strengthening of vaccination through the regular health services, particularly those that are directed toward mothers and children. Special importance will be placed on the elimination of lost opportunities to vaccinate in these services. This approach will be implemented with the national vaccination days, or similar types of campaigns, that will be developed at least twice per year in those countries in which the health infrastructure does not reach the target population. In the presence of outbreaks of diseases for which there is immunization, sweeping operations will be developed in order to immunize all those in the areas at risk who are susceptible. The identification of the areas of low coverage will be carried out routinely, particularly coverage at the municipal or district level, so that when they are identified vaccination will begin immediately.

81. Epidemiological surveillance will be expanded and based on notification by all the health units of the absence of cases of diseases preventable by vaccination. Initially emphasis will be placed on the system currently in

13. MATERNAL AND CHILD HEALTH (CONT.)

operation for epidemiological surveillance of poliomyelitis in order to include measles and neonatal tetanus. The criteria for a "case" will be defined specifically for every disease and guidelines will be prepared for reporting, investigating outbreaks, implementing control measures, and evaluating their impact. This line of action will be supported by a laboratory network for specific diagnoses.

DIARRHEAL DISEASES (CDD)

BIENNIAL TARGETS

82. Toward the end of the biennium, all the countries of the Region will have in operation national programs for prevention and control of morbidity and mortality due to diarrhea. These programs should include the following elements: access to a supplier of ORS and effective management of oral rehydration in the health services and in the community oral rehydration units.

83. At the end of the biennium instruments and support will have been provided for the training of the responsible personnel at the central, regional, supervisory, and service levels so that standards are met.

84. Guidelines for training in CDD will have been provided to 70% of the institutions training physicians, nurses, and auxiliary health personnel.

85. Training in interventions for CDD will have been initiated for the personnel of 20% of the NGOs that work in health.

86. Efforts to provide training in the effective management of diarrhea will be supported for 20% of the dispensers of drugs.

Action against Cholera:

87. By the end of 1992, the current epidemic resulting from the reintroduction of cholera in the Americas will have been controlled and cholera will have been eliminated in some countries affected in 1991. In order to accomplish this goal, the following targets will be achieved:

88. All Member Countries will have national coordination commissions and national plans for cholera prevention and control.

89. All Member Countries will have systems for cholera surveillance and reporting, with ability to confirm isolates of Vibrio cholerae in a national laboratory.

90. Educational programs for teaching food safety and hygienic practices for street vendors and in households will be in effect in all Member Countries.

91. Standards for management of cholera cases will be incorporated into national plans and defused to all medical services and to all appropriate health care providers.

92. Plans for disinfection and quality control of all municipal water systems in Latin America and the Caribbean will have been developed and will be fully operational in 80% of systems.

93. Practical and simple methods of water disinfection and quality control in areas without municipal systems will have been developed in all Member Countries and will be operational in 80%.

94. Plans for disinfection of hospital waste will have been developed in all Member Countries and will be operational in 80%.

95. Phase II field trials of oral cholera vaccines will have been completed in at least two countries and phase III trials will have been initiated in two countries.

96. Proposals for long-term infrastructure development for water and sanitation systems and for health services, based on eliminating cholera from the Region and reducing other diarrhoeal diseases, will have been developed in all Member Countries.

LINES OF ACTION

97. Establishment of effective management of diarrhea in children in the homes and in the community oral rehydration units through education, social communication, and provision of ORS.

98. Establishment of effective management of diarrhea in the health establishments.

99. Guarantee of self-reliance in the production, quality control, and distribution of ORS.

100. Social mobilization through communication, education, and training.

101. Development of information systems that permit the monitoring and evaluation of the program and its activities.

102. Promotion of measures to prevent diarrhea: exclusive breast-feeding during the first four to six months of life and continued breast-feeding during the two first years of life; better weaning practices; use of clean water; hand-washing; use of latrines; proper disposal of the feces of young children; and immunization against measles.

13. MATERNAL AND CHILD HEALTH (CONT.)

Action Against Cholera:

103. Strengthen national capabilities to develop, implement and monitor projects related to the prevention and control of cholera.

104. Provide direct technical cooperation in epidemiology, diarrhoeal disease control, laboratory methods, emergency preparedness and logistics, environmental sanitation, food safety, information management and research, allocating most resources to national programs.

105. Coordinate cooperation of international technical and funding agencies at national, subregional and regional levels.

106. Mobilize resources for cholera prevention and control from international donor agencies and funding institutions.

107. Disseminate information on the cholera situation, cholera preparedness, vaccines and other technical aspects to all Member Countries.

108. Utilize community and nongovernmental organizations and mass media for dissemination of information, education and program implementation in local areas.

109. Promote inclusion of cholera in national and international meetings.

110. Develop a complete reference bibliography and an inventory of human resources within the Region.

111. Promote appropriate research on cholera vaccines, simplified and quicker diagnostic methods and intervention strategies.

112. Foster participation of research institutions, universities, NGOs and others in cholera control.

113. Develop plans for long-term projects to strengthen and extend the infrastructure of health, water and sanitation systems.

13. MATERNAL AND CHILD HEALTH (CONT.)

PROGRAM BUDGET DISTRIBUTION BY LOCATION						
LOCATION	PAHO AND WHO REGULAR BUDGET			EXTRABUDGETARY FUNDS		
	1990-1991	1992-1993	1994-1995	1990-1991	1992-1993	1994-1995
DIRECT COOPERATION WITH COUNTRIES	4,507,000	6,099,100	6,808,100	43,721,411	29,880,185	23,658,542
REGIONAL PROGRAMS	2,016,900	2,415,900	2,593,300	1,845,850	2,106,240	2,326,980
CENTERS	1,262,500	1,526,000	1,741,200	2,236,755	1,534,830	0
TOTAL	7,786,400	10,041,000	11,142,600	47,804,016	33,521,255	25,985,522

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS												
SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER	
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS		MONTHS	AMOUNT					
	\$				\$		\$	\$	\$	\$	\$	
1990-1991												
PAHO - PR	4,265,000	192	96	915	1,850,100	238,800	128	243,200	638,400	398,100	13,800	882,600
WHO - WR	3,521,400	336	72	620	2,577,400	163,900	75	142,500	304,600	163,100	0	169,900
TOTAL	7,786,400	528	168	1535	4,427,500	402,700	203	385,700	943,000	561,200	13,800	1,052,500
% OF TOTAL	100.0				56.8	5.2		5.0	12.1	7.2	.2	13.5
1992-1993												
PAHO - PR	5,775,700	168	96	1287	2,189,100	360,400	98	196,000	965,700	684,800	6,600	1,373,100
WHO - WR	4,265,300	336	72	880	3,291,500	182,000	44	88,000	379,000	165,500	0	159,300
TOTAL	10,041,000	504	168	2167	5,480,600	542,400	142	284,000	1,344,700	850,300	6,600	1,532,400
% OF TOTAL	100.0				54.5	5.4		2.8	13.4	8.5	.1	15.3
1994-1995												
PAHO - PR	6,324,400	144	96	1287	2,199,000	415,100	98	205,800	1,120,700	789,300	7,700	1,586,800
WHO - WR	4,818,200	336	72	880	3,698,400	211,200	44	92,400	439,800	191,700	0	184,700
TOTAL	11,142,600	480	168	2167	5,897,400	626,300	142	298,200	1,560,500	981,000	7,700	1,771,500
% OF TOTAL	100.0				52.9	5.6		2.7	14.0	8.8	.1	15.9

COUNTRY PROGRAMS

1. The country programs continue to be the central focus of the proposed program and budget for 1991-1992 and this philosophy represents a further strengthening of the key principle underlying the managerial strategy of PAHO/WHO which emphasizes the country as the basic unit of production. All the resources of the Organization, whether or not they are applied primarily at the country level serve to strengthen the technical cooperation at that level.

2. The process for formulating the country program is rooted in discussions and agreement with national authorities. These discussions take account of the national economic and social situation, the prevailing priorities in the health sector, the priority needs for technical cooperation, and ultimately the identification of those needs for which technical cooperation is required from PAHO/WHO.

3. The development of the country programs also takes account, where pertinent, of the recommendations of the Joint Evaluations of the PAHO/WHO technical cooperation at the country level. This process involves an examination by the national authorities and PAHO/WHO of the effectiveness of technical cooperation given and determination of the adjustments needed in terms of strategy or resource allocation.

4. The country programs reflect not only the peculiarly local situation, but also the collective Regional mandates and recommendations agreed upon by the Governing Bodies of the Organization. The programs have also been cast in such a manner that the technical cooperation from PAHO/WHO faithfully reflects the Strategic Orientations and Program Priorities for the Quadrennium 1991-1994 which were adopted by the XXIII Pan American Sanitary Conference in September 1990. These Strategic Orientations and Program Priorities give emphases and

directions appropriate to new realities and provide continuity with similar directions accepted by the previous Sanitary Conference in which particular stress was laid on technical cooperation to strengthen and transform the health system infrastructure, particularly through the development and/or improvements of the local health systems. This focus on local health systems will permeate all the country programs. Particular attention will be given to that strategic orientation which deals with Health Development, in particular to the national expressions of the activities which PAHO/WHO will carry out to promote the acceptance of health as an indicator of and an instrument of human development.

5. In addition to indicating the key results areas to which the PAHO/WHO technical cooperation can best be applied, the country programs, also reflect the strategic approaches to be used in delivering such cooperation. Among the most important of these is the mobilization of resources to address the identified problems. In this context the technical cooperation among countries will assume greater importance and the country programs will also indicate the participation in the various subregional health initiatives. Considerable attention has been given to identifying results to be expected, thus enhancing the capacity of the Organization to monitor and evaluate the technical cooperation.

6. The process of preparing the country programs involves discussion with national authorities, as mentioned above, formulation of a program and budget within the framework of a series of projects, examination of these by the appropriate technical units and final review by the Director and his Advisory Committee. The results of this iterative and participatory process are found in the following section.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
II. HEALTH SYSTEM INFRASTRUCTURE	50,742,900	70.4	58,459,800	70.2	66,230,600	70.1
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	16,739,900	23.2	20,852,300	25.0	23,857,700	25.2
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN 16,739,900	23.2	20,852,300	25.0	23,857,700	25.2
TECHNICAL COOPERATION AMONG COUNTRIES	1,853,800	2.6	2,371,800	2.8	2,751,900	2.9
TECHNICAL COOPERATION AMONG COUNTRIES	TCC 1,853,800	2.6	2,371,800	2.8	2,751,900	2.9
HEALTH SITUATION AND TREND ASSESSMENT	4,313,400	6.0	5,119,600	6.1	5,786,300	6.1
HEALTH SITUATION AND TREND ASSESSMENT	HST 4,313,400	6.0	5,119,600	6.1	5,786,300	6.1
HEALTH POLICY DEVELOPMENT	1,345,700	1.9	1,445,600	1.8	1,643,300	1.8
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP 1,071,700	1.5	1,301,000	1.6	1,479,700	1.6
HEALTH ECONOMICS AND FINANCING	HDE 274,000	.4	98,200	.1	109,800	.1
WOMEN, HEALTH AND DEVELOPMENT	WHO 0	-	46,400	.1	53,800	.1
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	20,850,300	28.9	22,171,100	26.7	24,848,100	26.4
HEALTH SERVICES DEVELOPMENT	DHS 19,318,200	26.8	21,099,200	25.3	23,634,700	25.0
ESSENTIAL DRUGS AND VACCINES	EDV 803,100	1.1	633,900	.8	714,900	.8
ORAL HEALTH	ORH 71,300	.1	143,300	.2	164,400	.2
DISASTER PREPAREDNESS	DPP 22,900	.*	62,900	.1	72,100	.1
CLINICAL LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR 145,900	.2	0	-	0	-
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED 269,200	.4	126,000	.2	143,500	.2
REHABILITATION	RHB 219,700	.3	105,800	.1	118,500	.1
HUMAN RESOURCES DEVELOPMENT	4,746,500	6.6	5,683,100	6.8	6,407,600	6.7
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	HMC 734,000	1.0	950,100	1.1	1,076,500	1.1
HUMAN RESOURCES EDUCATION	HME 4,012,500	5.6	4,733,000	5.7	5,331,100	5.6
HEALTH INFORMATION SUPPORT	307,500	.4	396,400	.5	455,900	.5
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD 307,500	.4	396,400	.5	455,900	.5
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	585,800	.8	419,900	.5	479,800	.5
RESEARCH PROMOTION AND DEVELOPMENT	RPD 441,200	.6	321,800	.4	370,200	.4
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	HDT 144,600	.2	98,100	.1	109,600	.1

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
III. HEALTH SCIENCE AND TECHNOLOGY	21,546,500	29.6	24,957,300	29.8	28,171,700	29.9
FOOD AND NUTRITION	608,900	.8	705,400	.8	800,900	.8
NUTRITION	NUT 608,900	.8	705,400	.8	800,900	.8
ENVIRONMENTAL HEALTH	8,091,000	11.2	9,006,400	10.8	10,148,300	10.8
COMMUNITY WATER SUPPLY AND SANITATION	CWS 7,452,200	10.3	7,421,600	8.9	8,359,600	8.9
SOLID WASTES AND HOUSING HYGIENE	RUD 73,800	.1	0	-	0	-
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH 478,900	.7	1,521,400	1.8	1,715,600	1.8
WORKERS' HEALTH	OCH 86,100	.1	63,400	.1	73,100	.1
MATERNAL AND CHILD HEALTH	3,004,200	4.1	3,901,000	4.7	4,323,600	4.6
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH 2,742,000	3.8	3,744,200	4.5	4,143,600	4.4
ADOLESCENT HEALTH	ADH 68,700	.1	0	-	0	-
IMMUNIZATION	EPI 170,500	.2	156,800	.2	180,000	.2
DIARRHEAL DISEASES	CDD 23,000	.*	0	-	0	-
COMMUNICABLE DISEASES	5,724,900	7.9	5,981,000	7.1	6,826,600	7.3
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	OCD 4,351,600	6.0	5,207,200	6.2	5,947,100	6.3
TUBERCULOSIS	TUB 269,000	.4	0	-	0	-
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV 14,600	.*	15,700	.*	17,300	.*
VECTOR-BORNE DISEASES	VBC 457,700	.6	458,400	.5	520,700	.6
MALARIA	MAL 632,000	.9	299,700	.4	341,500	.4
HEALTH PROMOTION	1,885,800	2.5	3,145,500	3.8	3,566,800	3.8
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	NCD 1,818,600	2.5	3,088,500	3.7	3,501,700	3.7
TOBACCO OR HEALTH	TOH 17,200	.*	0	-	0	-
CANCER	CAN 0	-	57,000	.1	65,100	.1
ACCIDENT PREVENTION	APR 15,600	.*	0	-	0	-
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA 34,400	.*	0	-	0	-
VETERINARY PUBLIC HEALTH	2,231,700	3.1	2,218,000	2.6	2,505,500	2.6
FOOD SAFETY	FOS 704,500	1.0	957,000	1.1	1,077,400	1.1
ZOOSES	ZNS 1,527,200	2.1	1,261,000	1.5	1,428,100	1.5
GRAND TOTAL	72,289,400	100.0	83,417,100	100.0	94,402,300	100.0

* LESS THAN .05 PER CENT

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	26,083,529	34.7	10,029,127	25.4	625,900	6.7	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	1,412,462	1.9	935,063	2.4	625,900	6.7	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	1,412,462	1.9	935,063	2.4	625,900	6.7
HEALTH SITUATION AND TREND ASSESSMENT	188,989	.2	0	-	0	-	
HEALTH SITUATION AND TREND ASSESSMENT	HST	188,989	.2	0	-	0	-
HEALTH POLICY DEVELOPMENT	386	.*	0	-	0	-	
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP	386	.*	0	-	0	-
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	23,682,215	31.6	9,094,064	23.0	0	-	
HEALTH SERVICES DEVELOPMENT	DHS	17,626,866	23.7	5,952,020	15.0	0	-
ESSENTIAL DRUGS AND VACCINES	EDV	2,829,791	3.7	1,141,044	2.9	0	-
ORAL HEALTH	ORH	536,239	.7	71,000	.2	0	-
DISASTER PREPAREDNESS	DPP	1,000,128	1.3	0	-	0	-
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR	3,892	.*	0	-	0	-
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED	134,695	.2	0	-	0	-
REHABILITATION	RHB	1,550,604	2.0	1,930,000	4.9	0	-
HUMAN RESOURCES DEVELOPMENT	761,267	1.0	0	-	0	-	
HUMAN RESOURCES EDUCATION	HME	761,267	1.0	0	-	0	-
HEALTH INFORMATION SUPPORT	7,600	.*	0	-	0	-	
SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION	HBD	7,600	.*	0	-	0	-
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	30,610	.*	0	-	0	-	
RESEARCH PROMOTION AND DEVELOPMENT	RPD	30,610	.*	0	-	0	-

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
III. HEALTH SCIENCE AND TECHNOLOGY	49,703,598	65.3	29,585,358	74.6	8,776,782	93.3
FOOD AND NUTRITION	1,742,880	2.3	0	-	0	-
NUTRITION	1,742,880	2.3	0	-	0	-
ENVIRONMENTAL HEALTH	4,643,006	6.1	1,101,505	2.7	40,400	.4
COMMUNITY WATER SUPPLY AND SANITATION						
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS						
WORKERS' HEALTH						
CWS	4,027,504	5.3	84,537	.2	40,400	.4
CEH	530,997	.7	1,000,000	2.5	0	-
OCH	84,505	.1	16,968	.*	0	-
MATERNAL AND CHILD HEALTH	18,754,436	24.8	13,915,820	35.1	8,396,382	89.2
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	16,276,856	21.5	13,483,029	33.9	8,331,800	88.5
ADOLESCENT HEALTH						
ACUTE RESPIRATORY INFECTIONS						
IMMUNIZATION						
DIARRHEAL DISEASES						
MCH	16,276,856	21.5	13,483,029	33.9	8,331,800	88.5
ADH	435,561	.6	145,945	.4	64,582	.7
ARI	417,579	.6	147,000	.4	0	-
EPI	1,150,805	1.5	139,120	.4	0	-
CDD	473,635	.6	726	.*	0	-
COMMUNICABLE DISEASES	22,811,923	29.9	14,568,033	36.8	340,000	3.7
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL						
TUBERCULOSIS						
ACQUIRED IMMUNODEFICIENCY SYNDROME						
VECTOR-BORNE DISEASES						
MALARIA						
PARASITIC DISEASES						
SEXUALLY TRANSMITTED DISEASES						
OCD	2,152,330	2.8	0	-	0	-
TUB	5,352	.*	0	-	0	-
HIV	15,635,625	20.6	11,698,777	29.5	165,000	1.8
VBC	400,000	.5	940,000	2.4	0	-
MAL	4,266,664	5.6	1,850,000	4.7	100,000	1.1
PDP	262,908	.3	75,000	.2	75,000	.8
VDT	89,044	.1	4,256	.*	0	-
HEALTH PROMOTION	1,033,983	1.3	0	-	0	-
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.						
CANCER						
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE						
OCULAR HEALTH						
NCD	25,560	.*	0	-	0	-
CAN	537,500	.7	0	-	0	-
ADA	377,616	.5	0	-	0	-
PBD	93,307	.1	0	-	0	-
VETERINARY PUBLIC HEALTH	717,370	.9	0	-	0	-
FOOT-AND-MOUTH DISEASE	552,070	.7	0	-	0	-
ZOOSES	165,300	.2	0	-	0	-
FMD	552,070	.7	0	-	0	-
ZNS	165,300	.2	0	-	0	-
GRAND TOTAL	75,787,127	100.0	39,614,485	100.0	9,402,682	100.0

* LESS THAN .05 PER CENT

 ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	PERSONNEL		AMOUNT	DUTY TRAVEL AMOUNT	---FELLOWSHIPS---		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
			LOCAL MONTHS	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1990-1991												
PAHO - PR	41,723,700	1616	2880	12835	18,949,400	989,600	1709	3,247,100	5,348,400	3,221,000	916,700	9,051,500
WHO - WR	30,565,700	1722	1056	11530	15,905,600	871,500	2012	3,822,800	3,742,300	2,363,300	291,300	3,568,900
TOTAL	72,289,400	3338	3936	24365	34,855,000	1,861,100	3721	7,069,900	9,090,700	5,584,300	1,208,000	12,620,400
% OF TOTAL	100.0				48.1	2.6		9.8	12.6	7.7	1.7	17.5
1992-1993												
PAHO - PR	49,291,100	1603	2832	9697	22,337,800	1,370,600	1418	2,836,000	6,365,800	3,893,000	107,200	12,380,700
WHO - WR	34,126,000	1597	1080	9390	17,403,400	1,184,300	1410	2,820,000	4,302,900	2,659,000	15,400	5,741,000
TOTAL	83,417,100	3200	3912	19087	39,741,200	2,554,900	2828	5,656,000	10,668,700	6,552,000	122,600	18,121,700
% OF TOTAL	100.0				47.6	3.1		6.8	12.8	7.9	.1	21.7
1994-1995												
PAHO - PR	55,892,300	1584	2832	9697	24,932,900	1,591,400	1418	2,977,800	7,385,200	4,518,000	124,400	14,362,600
WHO - WR	38,510,000	1584	1080	9295	19,424,000	1,374,100	1410	2,961,000	4,992,600	3,085,000	17,900	6,655,400
TOTAL	94,402,300	3168	3912	18992	44,356,900	2,965,500	2828	5,938,800	12,377,800	7,603,000	142,300	21,018,000
% OF TOTAL	100.0				46.9	3.1		6.3	13.1	8.1	.2	22.3

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
II. HEALTH SYSTEM INFRASTRUCTURE	179,300	86.6	212,900	84.3	234,300	83.7
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	179,300	86.6	212,900	84.3	234,300	83.7
HEALTH SERVICES DEVELOPMENT HEALTH EDUCATION AND COMMUNITY PARTICIPATION	172,500 6,800	83.3 3.3	212,900 0	84.3 -	234,300 0	83.7 -
III. HEALTH SCIENCE AND TECHNOLOGY	27,700	13.4	39,700	15.7	45,900	16.3
ENVIRONMENTAL HEALTH	27,700	13.4	32,100	12.7	37,400	13.3
COMMUNITY WATER SUPPLY AND SANITATION	27,700	13.4	32,100	12.7	37,400	13.3
MATERNAL AND CHILD HEALTH	0	-	7,600	3.0	8,500	3.0
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	0	-	7,600	3.0	8,500	3.0
GRAND TOTAL	207,000	100.0	252,600	100.0	280,200	100.0

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	1,542	.3	0	-	0	100.0	
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	1,542	.3	0	-	0	100.0	
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	HED	1,542	.3	0	-	0	100.0
III. HEALTH SCIENCE AND TECHNOLOGY	588,748	99.7	428,638	100.0	0	-	
ENVIRONMENTAL HEALTH	157,063	26.6	49,737	11.6	0	-	
COMMUNITY WATER SUPPLY AND SANITATION	CWS	157,063	26.6	49,737	11.6	0	-
MATERNAL AND CHILD HEALTH	39,780	6.7	0	-	0	-	
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH	10,624	1.8	0	-	0	-
ADOLESCENT HEALTH	ADH	29,156	4.9	0	-	0	-
COMMUNICABLE DISEASES	391,905	66.4	378,901	88.4	0	-	
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV	391,905	66.4	378,901	88.4	0	-
GRAND TOTAL	590,290	100.0	428,638	100.0	0	100.0	

 ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT \$	PROF. MONTHS	LOCAL MONTHS	PERSONNEL	AMOUNT \$	DUTY TRAVEL AMOUNT \$	---FELLOWSHIPS---		SEMINARS AND COURSES \$	SUPPLIES AND EQUIPMENT \$	GRANTS \$	OTHER \$
				CONS. DAYS			MONTHS	AMOUNT \$				
1990-1991												
PAHO - PR	6,800	0	0	0	0	0	0	0	0	3,400	0	3,400
WHO - WR	200,200	0	0	30	13,300	0	41	77,900	29,800	31,600	0	47,600
TOTAL	207,000	0	0	30	13,300	0	41	77,900	29,800	35,000	0	51,000
% OF TOTAL	100.0				6.4	.0		37.7	14.4	16.9	.0	24.6
1992-1993												
PAHO - PR	37,600	0	0	12	3,200	0	0	0	4,400	0	0	30,000
WHO - WR	215,000	0	0	60	18,100	11,600	44	88,000	37,600	34,800	0	24,900
TOTAL	252,600	0	0	72	21,300	11,600	44	88,000	42,000	34,800	0	54,900
% OF TOTAL	100.0				8.4	4.6		34.9	16.6	13.8	.0	21.7
1994-1995												
PAHO - PR	41,900	0	0	12	3,400	0	0	0	5,100	0	0	33,400
WHO - WR	238,300	0	0	60	19,400	13,500	44	92,400	43,600	40,400	0	29,000
TOTAL	280,200	0	0	72	22,800	13,500	44	92,400	48,700	40,400	0	62,400
% OF TOTAL	100.0				8.1	4.8		33.0	17.4	14.4	.0	22.3

ECUADOR

ANALYSIS OF THE HEALTH SITUATION

1. The predominant features of the health situation in Ecuador are the reflection of the economic and social crisis of recent years which is characterized by accentuated external dependence, concentration of wealth in small groups, marginalization of the majority, unjust distribution of the land, monopolization of economic activity, social marginality, disorganization of public services, inadequate economic growth, considerable increases in open unemployment and underemployment, expansion of the fiscal deficit, and serious deterioration of the quality of life of the population, especially low-income groups that live in the rural areas and the urban fringe of the large cities.

2. The health-disease situation offers large contrasts, depending on the social sector and geographical region. The health-disease phenomenon has an indisputable socioeconomic context; the general average demonstrates the enormous differences that exist between the social strata at higher economic levels and those of the marginal urban districts or the rural areas.

3. The statistics of the Ministry of Health indicate that in 1989 the coverage of children under five did not surpass 20%; it was 65% for those under one year and 9% for children from one to four years old. Maternal care coverage is less than 50% for the prenatal and less than 15% in the postnatal period. This limited coverage, combined with the low concentrations, describes in a dramatic way the state of health care in the health services.

4. The vital indicators reflect this situation. Thus, we find that the overall death rate is 5.5%; infant mortality, 40%; neonatal mortality, 22.4%, postneonatal mortality, 30.4%; and maternal mortality, 1.5%. Infectious diseases remain the leading cause of death in the entire population and are aggravated by the great problem of undernutrition. In recent years, there has been an increase in overall mortality due to cardiac ischemias, cancer of the stomach and cervix, traffic accidents, and homicides, shaping a profile of mortality that reflects the mixture of backwardness and modernity that characterizes morbidity in Ecuador.

5. The greatest contributions to the indicator hospital discharges come from the infectious diseases of the digestive system. Also noted in recent years is the rise in the incidences of tuberculosis and vector-borne diseases, especially malaria, leishmaniasis, and classical dengue.

6. The provision of basic sanitation services is inadequate; this deficit is significantly greater in the rural area, both for drinking water and for sewerage (in urban areas coverage of potable water is 81% and of sewerage, 64%, while in the rural areas the coverages only reach 36% and 13%, respectively).

7. Approximately 55,000 Ecuadorians die annually from various causes, which affect especially mothers and children; most of these deaths are occasioned by deficiencies in the drinking water services, by the poor management of solid wastes, by the diseases preventable by vaccination, and by acute respiratory infections, undernutrition, and diarrhea, pathological and deficiency processes that constitute the priority health problems of Ecuador.

National health strategies, policies, and plans

8. The health strategies and plans for the transformation of the national systems, as part of the development of the sector, are centered on the progressive implementation of a new model of individual and collective health care that envisages the extension of coverage through comprehensive care to the families at greatest biological, social, and economic risk, with special emphasis on the promotion and protection of the health of children and pregnant mothers.

9. In order to achieve this, the model anticipates the expansion and improvement of the network of services with new units, based on epidemiology and risk, in a context of reorganization of the health areas and establishment of microareas, with the objective of intensifying actions in the residences themselves and within the community.

10. This programmatic line is not a rigid scheme of activities or tasks to be developed; it is a dynamic process that, although it follows general principles, has to be adapted to the reality of every community, to its needs, to its intellectual level, to its traditions, and to its problems. Thus, it requires the active responsible participation of the family and the community which should be converted from passive receptors of medical care into active agents for their own health and well-being. It also requires the mobilization of national and international resources and complete intra- and intersectoral coordination.

11. This model of health care, called Comprehensive Family and Community Health, received the official support of the National Government in 1990, through an Executive Decree that designated the program as an outstanding aspect of the National Health Plan of Ecuador for the 1991-1992 biennium.

12. The implementation and development of this new model requires reorientation and utilization of the strategies of regionalization, social participation, in-service training, communication, and popular education, and also involves the development of local health systems and a change of the profile of the activities of physicians and all the other health workers at the operational as well as the technical and administrative levels.

13. In order to reach these health objectives, the Social Front of Ecuador, composed of the Ministries of Health, Education, Social Welfare, and Labor, has requested credit from the World Bank, in order to develop a project aimed at improving the living conditions of the populations groups with the greatest need. The Ministry of Health, as a member of the Social Front, has deemed it desirable to include as the central activity the development and consolidation of the Model of Comprehensive Family and Community Health Care, including actions in related fields, such as: food and nutrition, provision of drugs and supplies, basic rural and periurban-marginal sanitation, human resources, construction, remodeling, provision and maintenance of the basic service institutions, and strengthening of local health systems.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS			
PROGRAM CLASSIFICATION			
	1990-1991	1992-1993	1994-1995
	AMOUNT % OF TOTAL	AMOUNT % OF TOTAL	AMOUNT % OF TOTAL
II. HEALTH SYSTEM INFRASTRUCTURE	69,100 100.0	153,800 100.0	170,000 100.0
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	69,100 100.0	153,800 100.0	170,000 100.0
HEALTH SERVICES DEVELOPMENT	69,100 100.0	153,800 100.0	170,000 100.0
DHS	69,100 100.0	153,800 100.0	170,000 100.0
GRAND TOTAL	69,100 100.0	153,800 100.0	170,000 100.0

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS												

SOURCE OF FUNDS	TOTAL AMOUNT	PROF. MONTHS	LOCAL MONTHS	PERSONNEL CONS. DAYS	AMOUNT	DUTY TRAVEL AMOUNT	---FELLOWSHIPS--- MONTHS	AMOUNT	SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
	\$				\$	\$		\$	\$	\$	\$	\$

1990-1991												
WHO - WR	69,100	0	0	30	20,400	6,900	15	28,500	4,600	3,400	0	5,300
TOTAL	69,100	0	0	30	20,400	6,900	15	28,500	4,600	3,400	0	5,300
% OF TOTAL	100.0				29.5	10.0		41.2	6.7	4.9	.0	7.7

1992-1993												
PAHO - PR	80,000	0	0	0	0	0	0	0	0	0	0	80,000
WHO - WR	73,800	0	0	30	20,500	8,000	18	36,000	5,400	3,900	0	0
TOTAL	153,800	0	0	30	20,500	8,000	18	36,000	5,400	3,900	0	80,000
% OF TOTAL	100.0				13.3	5.2		23.4	3.5	2.5	.0	52.1

1994-1995												
PAHO - PR	89,000	0	0	0	0	0	0	0	0	0	0	89,000
WHO - WR	81,000	0	0	30	23,000	9,300	18	37,800	6,300	4,600	0	0
TOTAL	170,000	0	0	30	23,000	9,300	18	37,800	6,300	4,600	0	89,000
% OF TOTAL	100.0				13.5	5.5		22.2	3.7	2.7	.0	52.4

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	643,000	56.2	874,500	63.2	998,400	63.6	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	328,800	28.7	391,300	28.4	450,500	28.7	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	328,800	28.7	391,300	28.4	450,500	28.7
TECHNICAL COOPERATION AMONG COUNTRIES	43,500	3.8	50,500	3.6	58,600	3.7	
TECHNICAL COOPERATION AMONG COUNTRIES	TCC	43,500	3.8	50,500	3.6	58,600	3.7
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	216,200	18.9	329,700	23.8	373,300	23.8	
HEALTH SERVICES DEVELOPMENT	DHS	216,200	18.9	329,700	23.8	373,300	23.8
HUMAN RESOURCES DEVELOPMENT	54,500	4.8	103,000	7.4	116,000	7.4	
HUMAN RESOURCES EDUCATION	HME	54,500	4.8	103,000	7.4	116,000	7.4
III. HEALTH SCIENCE AND TECHNOLOGY	500,900	43.8	510,000	36.8	571,000	36.4	
FOOD AND NUTRITION	51,200	4.5	57,400	4.1	64,400	4.1	
NUTRITION	NUT	51,200	4.5	57,400	4.1	64,400	4.1
ENVIRONMENTAL HEALTH	208,600	18.2	305,800	22.1	341,600	21.8	
COMMUNITY WATER SUPPLY AND SANITATION	CWS	208,600	18.2	305,800	22.1	341,600	21.8
MATERNAL AND CHILD HEALTH	46,500	4.1	51,100	3.7	56,200	3.6	
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH	46,500	4.1	51,100	3.7	56,200	3.6
COMMUNICABLE DISEASES	194,600	17.0	95,700	6.9	108,800	6.9	
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	OCD	194,600	17.0	95,700	6.9	108,800	6.9
GRAND TOTAL	1,143,900	100.0	1,384,500	100.0	1,569,400	100.0	

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	121,691	20.5	0	-	0	100.0	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	70,000	11.8	0	-	0	100.0	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	70,000	11.8	0	-	0	100.0
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	49,200	8.3	0	-	0	-	
HEALTH SERVICES DEVELOPMENT	DHS	49,200	8.3	0	-	0	-
HUMAN RESOURCES DEVELOPMENT	2,491	.4	0	-	0	-	
HUMAN RESOURCES EDUCATION	HME	2,491	.4	0	-	0	-
III. HEALTH SCIENCE AND TECHNOLOGY	472,558	79.5	464,054	100.0	0	-	
MATERNAL AND CHILD HEALTH	1,501	.3	0	-	0	-	
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH	1,501	.3	0	-	0	-
COMMUNICABLE DISEASES	464,054	78.0	464,054	100.0	0	-	
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV	464,054	78.0	464,054	100.0	0	-
HEALTH PROMOTION	7,003	1.2	0	-	0	-	
OCULAR HEALTH	PBD	7,003	1.2	0	-	0	-
GRAND TOTAL	594,249	100.0	464,054	100.0	0	100.0	

13.6 Improvement of the environment through support of the formulation of policies and standards for environmental management and control of drinking water and vectors.

13.7 Prevention of food-borne diseases and preparation of educational programs for: food handlers, hotels, restaurants, and homes, utilizing SIPAL; hazard analysis and critical points; study of the harm produced by food-borne diseases; and strengthening of the concept of health and tourism.

GLOBAL STRATEGY OF COOPERATION

14. Both in the Netherlands Antilles and in Aruba, technical cooperation is directed toward optimizing the expenditure on health through the strengthening of local health systems, preparation of their local health profiles for the purpose of emphasizing the risk approach, and utilization of the strategy of primary health care for the solution of local problems.

15. The technical cooperation proposed will be concentrated in three areas: Health Services Development (DHS), Environmental Health (CEH), and Food Safety (FOS) through the strategies of mobilization of resources; formulation of standards, policies and plans; training; local research and technical cooperation between the islands. The specific areas of cooperation are:

16. Health Services Development, with the following components:

16.1 Maternal and Child Health, assigning priority to the control of early pregnancy, mainly among the underprivileged and those who do not exercise pregnancy control. This means that support should be given to optimizing the use of the resources of this program, and making use of a broadbased mass communications program.

16.2 Oral Health. The situation of the population in this area is deficient with regard to oral hygiene and periodic dental control. The water fluoridation program is being carried out, but in concentrations too low to be effective. Emphasis should be placed on dental control programs in the schools and on strengthening government programs to benefit the marginalized population.

16.3 Health Systems Infrastructure. Community participation should be promoted in implementing the strategy of primary health care, basically at the level of educational programs.

16.4 Immunization. The immunization index is approximately 75%. These figures should be increased, since measles should also be eliminated by 1995. Support should be given to studies of lost opportunities and to promoting the establishment of coverage information systems for the purposes of coverage evaluation.

16.5 Epidemiology. The Netherlands Antilles has initiated the establishment of a Department of Epidemiology, designed to evaluate the use of morbidity information for the execution of programs, using the risk strategy.

16.6 Mental Health. Restructuring of psychiatric care should be promoted by increasing community participation to reintegrate and rehabilitate psychiatric patients, as well as those being treated as part of the program for drug and alcohol addiction.

17. Environmental Health, with two components:

17.1 Environmental management, providing technical cooperation relating to: oil spills, environmental and maritime pollution, and monitoring of drinking water.

17.2 Vector Control.

18. Food Safety, improving the registration of all imported food, promoting the use of epidemiological information and studies of critical points of control, in order to eliminate the risk of food-borne diseases, through educational programs to strengthen the concept of health and tourism, which are so important for the islands.

19. The Organization will collaborate in developing the following specific programs:

DHS: Health Services Development
CEH: Control of Environmental Health Hazards
FOS: Food Safety

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	73,100	59.0	142,000	74.8	159,300	74.4	
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	73,100	59.0	142,000	74.8	159,300	74.4	
HEALTH SERVICES DEVELOPMENT	DHS	73,100	59.0	142,000	74.8	159,300	74.4
III. HEALTH SCIENCE AND TECHNOLOGY	50,800	41.0	47,900	25.2	54,600	25.6	
ENVIRONMENTAL HEALTH	31,500	25.4	27,000	14.2	30,700	14.4	
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH	31,500	25.4	27,000	14.2	30,700	14.4
VETERINARY PUBLIC HEALTH	19,300	15.6	20,900	11.0	23,900	11.2	
FOOD SAFETY ZOOSES	FOS ZNS	19,300 ⁰	15.6	20,900 ⁰	11.0	23,900 ⁰	11.2
GRAND TOTAL	123,900	100.0	189,900	100.0	213,900	100.0	

 ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER		
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS		AMOUNT	MONTHS					AMOUNT	
	\$				\$		\$	\$	\$	\$	\$		
1990-1991													
PAHO - PR	50,800	0	0	30	7,600		5,700	10	19,000	12,800	5,700	0	0
WHO - WR	73,100	0	0	60	15,200		2,300	20	38,000	11,900	5,700	0	0
TOTAL	123,900	0	0	90	22,800		8,000	30	57,000	24,700	11,400	0	0
% OF TOTAL	100.0				18.4		6.5		46.0	19.9	9.2	.0	.0
1992-1993													
PAHO - PR	97,900	0	0	30	8,000		0	1	2,000	18,100	6,900	0	62,900
WHO - WR	92,000	0	0	45	12,000		1,200	8	16,000	29,000	12,800	0	21,000
TOTAL	189,900	0	0	75	20,000		1,200	9	18,000	47,100	19,700	0	83,900
% OF TOTAL	100.0				10.5		.6		9.5	24.8	10.4	.0	44.2
1994-1995													
PAHO - PR	110,200	0	0	30	8,500		0	1	2,100	21,000	8,100	0	70,500
WHO - WR	103,700	0	0	45	12,700		1,300	8	16,800	33,700	14,800	0	24,400
TOTAL	213,900	0	0	75	21,200		1,300	9	18,900	54,700	22,900	0	94,900
% OF TOTAL	100.0				9.9		.6		8.8	25.6	10.7	.0	44.4

NICARAGUA

ANALYSIS OF THE HEALTH SITUATION

1. During the last decade, the changing political, economic, and social environment has introduced factors, which, by having a positive or negative impact on the living conditions of the population, have in turn generated substantial change in the health status of the population, which is reflected in the epidemiological profile.

2. One of the most important factors has been the ability to put an end to a prolonged state of war. Although its consequences will continue to wreak havoc for many years to come, peace makes it possible to channel the national effort toward reconstructing the country and eliminating from health registers all causes of disability and death caused by war.

3. As a result of both the damage done by the war and the ensuing social imbalances reflected by migrations, resettlements, repatriations, demobilizations, etc., the population is now particularly vulnerable in the face of new risk factors, which evoke predictions of negative changes in the already deteriorated health profile.

4. The main health problems, according to the priorities set by the Ministry, are the following:

4.1 Maternal and child morbidity and mortality.

4.2 Morbidity of higher-risk groups (demobilized, repatriated, resettled, etc.), care for the disabled and for rural and urban workers.

4.3 Morbidity and mortality from communicable diseases, which affect the entire population and generate great demand for the health services.

4.4 Morbidity and mortality from those noncommunicable diseases that have the greatest impact on the population and the services.

4.5 Potentially epidemic diseases.

5. Despite the fact that estimates by INEC-CELADE and the National System of Vital Statistics indicate a downward trend, mortality of children under the age of 1 continues to be high and ranks first among the priorities of the Ministry.

6. The estimated rate of 64.1 per 1,000 live births is unevenly distributed throughout the country, affecting mainly rural and urban fringe populations. The determining causes are the following: acute diarrheal diseases; neonatal diseases; acute respiratory infections; birth defects; and malnutrition.

7. The maternal death rate of 9.7 per 10,000 live births is a priority problem. Its principal causes, associated with reproductive risk (pregnancies at extreme ages, short intervals between them, a high pregnancy rate) and with limited coverage as well as poor quality of care during pregnancy and the

puerperium, are: abortion, delivery-related hemorrhages and infections, and hypertension.

8. The social dynamics associated with the national peace process have created new risk groups and areas, for which the country had neither the necessary infrastructure nor the resources for their care. This has forced national authorities to establish exceptional measures that allow the services to meet this additional demand in a comprehensive manner.

9. The same is true in the area of care for the disabled, whose treatment is particularly difficult because of the limited knowledge available regarding the affected population and the type of disabilities.

10. Because they are a national priority and owing to the importance they have in terms of the development of the country, comprehensive care for workers and the reduction of occupational risk factors have become one of the main problems to be resolved by the Ministry.

11. As a result of the above-mentioned risk factors, communicable diseases continue to have an impact on many population groups, evidenced particularly by the following: epidemic outbreaks of diseases preventable by immunization, particularly measles, tetanus, and whooping cough; persistence of high indexes of malaria; persistence of the incidence of food- and water-borne diseases, such as amebiasis, infectious hepatitis, typhoid fever, and bacillary dysentery; increase in morbidity and mortality from tuberculosis; and persistently high incidence of sexually transmitted diseases.

12. The behavior of some noncommunicable diseases has been influenced both by the social tensions springing from the imbalances and the crisis that the country is experiencing, and by the inadequate lifestyles of the population (sedentary lifestyle, smoking, alcoholism). The following are considered to be health problems: increase in mental illnesses; increase in mortality from malignant neoplasms; and dental caries.

13. The hygienic-sanitary deterioration, internal and external migrations devoid of any sanitary control, and the increase in the susceptible population heighten the risk of diseases that exhibit epidemic behavior. The country is at special risk for AIDS and dengue.

14. The Ministry of Health has responded in a relatively efficient manner in facing the problems relating to infant mortality and some communicable diseases, by defining clear policies, establishing priorities, and developing a system of epidemiological surveillance that makes it possible to monitor the pathologies that are part of the system. This, however, is not the case when it comes to dealing with noncommunicable diseases and the most important chronic pathologies.

15. The organization of the first level of care has revealed a need for some programs to redefine their approach and work strategy, and to articulate themselves fully with the municipal services network.

Turks and Caicos

30. The Chief Medical Officer is Director of the Health Department, and also serves as Hospital Medical Director. There are three other Medical Officers in Grand Turks, one in Providenciales and one in South Caicos.

31. According to the national health plan, the major areas of emphasis are: improvement of the health information system, availability and training of human resources, improved maintenance of facilities and equipment, improvement of health clinics, provision of more health facilities in Providenciales, and continued upgrading of Gran Turks Hospital.

GLOBAL STRATEGY OF COOPERATION

32. PAHO/WHO is to provide technical cooperation in the following priority areas identified by the Governments:

32.1 Health Manpower Development in all territories.

32.2 Assistance with HIV/AIDS and Drug Abuse Prevention and Control programs. In the case of HIV/AIDS, the assistance for the implementation of the AIDS short term and medium term plans is greater for Caymen and Turks and Caicos Islands than Bermuda.

32.3 Strengthening of epidemiological surveillance, especially in Bermuda.

32.4 Strengthening of Environmental Health, particularly in TCI.

33. Resources will be mobilized for the provision of advisory services and equipment. Information dissemination will be the major thrust to creating awareness on HIV/AIDS and drug abuse problems among target groups. There will be an emphasis on human resources development, through training and workshops for upgrading health care delivery services and research. The capacity for epidemiological surveillance will be strengthened through the development of policies, plans and norms and the upgrading of skills of investigation and monitoring of disease trends. Technical cooperation between these territories and other CARICOM states will be promoted and the activities available through the CCH will be optimized.

34. PAHO will collaborate in the development of the following specific program:

DHS: Health Services Development

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS					
PROGRAM CLASSIFICATION					
	1990-1991	1992-1993	1994-1995		
	AMOUNT	AMOUNT	AMOUNT	% OF TOTAL	% OF TOTAL
I. HEALTH SYSTEM INFRASTRUCTURE	117,300	145,800	162,000	100.0	100.0
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	117,300	145,800	162,000	100.0	100.0
HEALTH SERVICES DEVELOPMENT	117,300	145,800	162,000	100.0	100.0
DHS	117,300	145,800	162,000	100.0	100.0
GRAND TOTAL	117,300	145,800	162,000	100.0	100.0

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	13,422	5.2	0	-	0	100.0	
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	13,422	5.2	0	-	0	100.0	
HEALTH SERVICES DEVELOPMENT	DHS	13,422	5.2	0	-	0	100.0
III. HEALTH SCIENCE AND TECHNOLOGY	244,459	94.8	235,819	100.0	0	-	
MATERNAL AND CHILD HEALTH	5,135	2.0	0	-	0	-	
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	MCH	5,135	2.0	0	-	0	-
COMMUNICABLE DISEASES	239,324	92.8	235,819	100.0	0	-	
ACQUIRED IMMUNODEFICIENCY SYNDROME	HIV	239,324	92.8	235,819	100.0	0	-
GRAND TOTAL	257,881	100.0	235,819	100.0	0	100.0	

 ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS AND COURSES	SUPPLIES AND EQUIPMENT	GRANTS	OTHER
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS			MONTHS	AMOUNT				
	\$				\$	\$		\$	\$	\$	\$	\$
1990-1991												
PAHO - PR	117,300	0	0	150	38,000	21,800	14	26,600	25,200	5,700	0	0
TOTAL	117,300	0	0	150	38,000	21,800	14	26,600	25,200	5,700	0	0
% OF TOTAL	100.0				32.3	18.6		22.7	21.5	4.9	.0	.0
1992-1993												
PAHO - PR	145,800	0	0	110	29,400	25,500	15	30,000	29,000	11,900	0	20,000
TOTAL	145,800	0	0	110	29,400	25,500	15	30,000	29,000	11,900	0	20,000
% OF TOTAL	100.0				20.2	17.5		20.5	19.9	8.2	.0	13.7
1994-1995												
PAHO - PR	162,000	0	0	110	31,100	29,600	15	31,500	33,700	13,900	0	22,200
TOTAL	162,000	0	0	110	31,100	29,600	15	31,500	33,700	13,900	0	22,200
% OF TOTAL	100.0				19.2	18.3		19.4	20.8	8.6	.0	13.7

CARIBBEAN PROGRAM COORDINATION

GLOBAL STRATEGY OF COOPERATION

1. The strategy will emphasize the further development of the office of Caribbean Program Coordination to enable it to carry out its functions of coordination of the use of PAHO resources assigned to the Caribbean and to provide direct support to the Technical Cooperation activities carried out in Barbados, the Eastern Caribbean, the French Antilles and French Guiana. Continued efforts will be undertaken to promote efficiency and increase productivity. It will be necessary to increase the support staff and provision will be made for two additional secretaries in the office to accommodate the anticipated increased workload due to the increase of programmatic activity and the development and execution of extrabudgetary funds.

2. Linkages with the CARICOM Secretariat and subregional institutions such as the University of the West Indies will be strengthened so as to facilitate the smooth functioning of the joint Secretariat of the Caribbean Cooperation in Health Initiative, now entering the implementation phase while still fostering technical cooperation between the countries of the Caribbean.

3. The Joint Evaluation Reviews will be used to continue to orient the country programs within the framework of CCH based on the Strategic Orientations and Program Priorities for 1991-1994.

4. The management of knowledge will be emphasized. Appropriate research will be actively promoted; the documentation center will be further developed to become a main repository of information on health and health conditions of the Caribbean. Dissemination of information will be stressed and linkages established with the mass media.

5. PAHO will promote the consideration of health and development issues in the development process of the Caribbean.

6. Close attention will be paid to Women, Health and Development issues as part of the coordination function.

7. PAHO will collaborate in the development of the following specific programs:

MPN: Managerial Support for National Health Development
TCC: Technical Cooperation among Countries
HDP: Health Policy Analysis and Development

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
II. HEALTH SYSTEM INFRASTRUCTURE	1,803,500	100.0	1,755,700	100.0	2,002,100	100.0	
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	1,611,400	89.3	1,707,900	97.3	1,946,600	97.2	
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	MPN	1,611,400	89.3	1,707,900	97.3	1,946,600	97.2
TECHNICAL COOPERATION AMONG COUNTRIES	150,900	8.4	0	-	0	-	
TECHNICAL COOPERATION AMONG COUNTRIES	TCC	150,900	8.4	0	-	0	-
HEALTH POLICY DEVELOPMENT	41,200	2.3	47,800	2.7	55,500	2.8	
HEALTH POLICY ANALYSIS AND DEVELOPMENT	HDP	41,200	2.3	47,800	2.7	55,500	2.8
GRAND TOTAL	1,803,500	100.0	1,755,700	100.0	2,002,100	100.0	

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	1,446,700	5.7	1,501,600	5.4	1,741,200	5.5
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	1,446,700	5.7	1,501,600	5.4	1,741,200	5.5
GENERAL PROGRAM DEVELOPMENT	1,235,000	4.9	1,306,000	4.7	1,515,100	4.8
EXTERNAL COORD. FOR HEALTH AND SOCIAL DEVELOPMENT	211,700	.8	195,600	.7	226,100	.7
II. HEALTH SYSTEM INFRASTRUCTURE	14,326,000	56.7	15,165,200	54.2	17,312,100	54.3
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	1,126,400	4.5	1,247,000	4.4	1,426,600	4.5
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	956,500	3.8	1,019,500	3.6	1,167,200	3.7
ADMINISTRATIVE ANALYSIS	169,900	.7	227,500	.8	259,400	.8
TECHNICAL COOPERATION AMONG COUNTRIES	274,800	1.1	273,900	1.0	317,800	1.0
TECHNICAL COOPERATION AMONG COUNTRIES	274,800	1.1	273,900	1.0	317,800	1.0
HEALTH SITUATION AND TREND ASSESSMENT	1,339,100	5.3	1,353,600	4.8	1,535,300	4.8
HEALTH SITUATION AND TREND ASSESSMENT	1,339,100	5.3	1,353,600	4.8	1,535,300	4.8
HEALTH POLICY DEVELOPMENT	1,979,100	7.8	2,233,400	8.0	2,551,100	8.0
HEALTH POLICY ANALYSIS AND DEVELOPMENT	1,492,300	5.9	1,349,500	4.8	1,542,000	4.8
HEALTH ECONOMICS AND FINANCING	374,300	1.5	496,900	1.8	570,900	1.8
HEALTH LEGISLATION	112,500	.4	193,300	.7	215,800	.7
WOMEN, HEALTH AND DEVELOPMENT	0	-	193,700	.7	222,400	.7
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	4,031,800	16.0	3,809,500	13.7	4,347,100	13.7
HEALTH SERVICES DEVELOPMENT	2,530,000	10.0	2,416,800	8.7	2,758,300	8.7
ESSENTIAL DRUGS AND VACCINES	292,000	1.2	197,600	.7	223,900	.7
ORAL HEALTH	383,700	1.5	296,500	1.1	338,000	1.1
DISASTER PREPAREDNESS	173,300	.7	233,100	.8	268,400	.8
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	296,400	1.2	335,900	1.2	381,800	1.2
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	230,600	.9	215,800	.8	246,900	.8
REHABILITATION	125,900	.5	113,800	.4	129,800	.4
HUMAN RESOURCES DEVELOPMENT	3,289,700	13.0	3,677,700	13.1	4,182,400	13.1
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	2,131,700	8.4	2,240,300	8.0	2,530,200	7.9
HUMAN RESOURCES ADMINISTRATION	394,200	1.6	534,500	1.9	613,300	1.9
HUMAN RESOURCES EDUCATION	763,800	3.0	902,900	3.2	1,038,900	3.3

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
RESEARCH PROMOTION AND TECHNOLOGY DEVELOPMENT	2,285,100	9.0	2,570,100	9.2	2,951,800	9.2
RESEARCH PROMOTION AND DEVELOPMENT	2,053,400	8.1	2,143,300	7.7	2,464,800	7.7
HEALTH TECHNOLOGY POLICIES AND DEVELOPMENT	231,700	.9	264,000	.9	301,400	.9
RESEARCH AND DEVELOPMENT IN THE FIELD OF VACCINES	0	-	162,800	.6	185,600	.6
RPD						
HDT						
RDV						
III. HEALTH SCIENCE AND TECHNOLOGY	9,473,400	37.6	11,265,200	40.4	12,779,800	40.2
FOOD AND NUTRITION	703,600	2.8	703,700	2.5	800,100	2.5
FOOD	105,300	.4	121,000	.4	139,100	.4
NUTRITION	598,300	2.4	582,700	2.1	661,000	2.1
FOD						
NUT						
ENVIRONMENTAL HEALTH	718,500	2.8	877,100	3.1	1,000,700	3.1
COMMUNITY WATER SUPPLY AND SANITATION	368,000	1.5	314,700	1.1	359,200	1.1
SOLID WASTES AND HOUSING HYGIENE	87,900	.3	81,200	.3	91,200	.3
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	60,400	.2	282,600	1.0	323,300	1.0
WORKERS' HEALTH	202,200	.8	198,600	.7	227,000	.7
CWS						
RUD						
CEH						
OCH						
MATERNAL AND CHILD HEALTH	1,502,800	5.9	2,198,100	7.9	2,484,500	7.8
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	506,400	2.0	431,400	1.5	494,100	1.6
ADOLESCENT HEALTH	32,700	.1	63,700	.2	70,800	.2
ACUTE RESPIRATORY INFECTIONS	147,300	.6	184,600	.7	210,400	.7
IMMUNIZATION	710,900	2.8	797,600	2.9	903,700	2.8
DIARRHEAL DISEASES	105,500	.4	720,800	2.6	805,500	2.5
MCH						
ADH						
ARI						
EPI						
CDD						
COMMUNICABLE DISEASES	3,962,800	15.8	4,358,200	15.7	4,942,800	15.7
GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL	202,100	.8	316,000	1.1	362,000	1.1
TROPICAL DISEASE RESEARCH	23,600	.1	44,400	.2	49,300	.2
TUBERCULOSIS	116,400	.5	157,700	.6	178,100	.6
ACQUIRED IMMUNODEFICIENCY SYNDROME	320,400	1.3	271,300	1.0	307,900	1.0
VECTOR-BORNE DISEASES	2,772,200	10.9	2,540,900	9.1	2,880,000	9.1
MALARIA	292,500	1.2	615,100	2.2	698,900	2.2
PARASITIC DISEASES	0	-	90,300	.3	102,500	.3
LEPROSY	192,000	.8	274,600	1.0	311,200	1.0
SEXUALLY TRANSMITTED DISEASES	43,600	.2	47,900	.2	52,900	.2
OCD						
TDR						
TUB						
HIV						
VBC						
MAL						
PDP						
LEP						
VDT						
HEALTH PROMOTION	943,200	3.7	1,167,400	4.1	1,323,100	4.1
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	434,400	1.7	561,500	2.0	634,000	2.0
TOBACCO OR HEALTH	50,800	.2	57,700	.2	65,800	.2
PREV/TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	126,000	.5	152,400	.5	172,900	.5
ACCIDENT PREVENTION	44,600	.2	50,300	.2	56,900	.2
HEALTH OF THE ELDERLY	154,300	.6	164,500	.6	186,700	.6
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	77,000	.3	117,300	.4	134,100	.4
OCULAR HEALTH	56,100	.2	63,700	.2	72,700	.2
NCD						
TOH						
MND						
APR						
HEE						
ADA						
PBD						

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	379,693	.6	245,000	.5	245,000	1.4
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	379,693	.6	245,000	.5	245,000	1.4
GENERAL PROGRAM DEVELOPMENT	103,098	.2	0	-	0	-
EXTERNAL COORD. FOR HEALTH AND SOCIAL DEVELOPMENT	276,595	.4	245,000	.5	245,000	1.4
II. HEALTH SYSTEM INFRASTRUCTURE	20,757,937	32.3	15,175,690	31.9	1,443,516	8.2
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	299,426	.5	0	-	0	-
MANAGERIAL SUPPORT FOR NATIONAL HEALTH DEVELOPMENT	129,267	.2	0	-	0	-
ADMINISTRATIVE ANALYSIS	170,159	.3	0	-	0	-
TECHNICAL COOPERATION AMONG COUNTRIES	2,901,969	4.5	1,215,530	2.6	0	-
TECHNICAL COOPERATION AMONG COUNTRIES	2,901,969	4.5	1,215,530	2.6	0	-
HEALTH POLICY DEVELOPMENT	0	-	1,100,000	2.3	0	-
WOMEN, HEALTH AND DEVELOPMENT	0	-	1,100,000	2.3	0	-
HEALTH SERVICES BASED ON PRIMARY HEALTH CARE	15,095,625	23.5	10,588,204	22.2	952,000	5.4
HEALTH SERVICES DEVELOPMENT	6,814,997	10.6	6,161,400	12.9	0	-
ESSENTIAL DRUGS AND VACCINES	2,470,503	3.9	920,000	1.9	0	-
ORAL HEALTH	6,698	*	0	-	0	-
DISASTER PREPAREDNESS	5,778,012	9.0	3,506,804	7.4	952,000	5.4
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	6,160	*	0	-	0	-
HEALTH EDUCATION AND COMMUNITY PARTICIPATION	19,255	*	0	-	0	-
HUMAN RESOURCES DEVELOPMENT	2,460,917	3.8	2,271,956	4.8	491,516	2.8
COORDINATION & SUPPORT OF HUMAN RESOURCES DEVELOP.	648,377	1.0	459,416	1.0	491,516	2.8
HUMAN RESOURCES EDUCATION	1,812,540	2.8	1,812,540	3.8	0	-

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
III. HEALTH SCIENCE AND TECHNOLOGY	42,956,978	67.1	32,158,390	67.6	15,887,160	90.4
FOOD AND NUTRITION	248,226	.4	0	-	0	-
NUTRITION	248,226	.4	0	-	0	-
ENVIRONMENTAL HEALTH	2,028,225	3.1	2,600,000	5.5	0	-
COMMUNITY WATER SUPPLY AND SANITATION	987,033	1.5	600,000	1.3	0	-
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	1,041,192	1.6	2,000,000	4.2	0	-
MATERNAL AND CHILD HEALTH	24,966,975	39.3	15,964,365	33.4	15,262,160	86.8
GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION	3,793,358	5.9	2,511,400	5.3	2,354,700	13.4
ADOLESCENT HEALTH	45,200	.1	0	-	0	-
ACUTE RESPIRATORY INFECTIONS	789,913	1.2	991,600	2.1	1,004,800	5.7
IMMUNIZATION	17,950,833	28.4	10,833,265	22.6	10,219,960	58.1
DIARRHEAL DISEASES	2,387,671	3.7	1,628,100	3.4	1,682,700	9.6
COMMUNICABLE DISEASES	11,039,819	17.1	11,879,070	25.0	0	-
TROPICAL DISEASE RESEARCH	5,000	.*	0	-	0	-
TUBERCULOSIS	94,886	.1	33,456	.1	0	-
ACQUIRED IMMUNODEFICIENCY SYNDROME	9,210,111	14.4	7,491,050	15.7	0	-
VECTOR-BORNE DISEASES	19,744	.*	0	-	0	-
MALARIA	1,615,766	2.5	4,354,564	9.2	0	-
LEPROSY	64,312	.1	0	-	0	-
SEXUALLY TRANSMITTED DISEASES	30,000	.*	0	-	0	-
HEALTH PROMOTION	953,704	1.4	0	-	0	-
HEALTH PROMOTION, PREV/CONTROL OF NONCOMMUNIC.DIS.	39,815	.1	0	-	0	-
TOBACCO OR HEALTH	222,054	.3	0	-	0	-
PREV/TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	74,409	.1	0	-	0	-
CANCER	79,961	.1	0	-	0	-
HEALTH OF THE ELDERLY	335,391	.5	0	-	0	-
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	122,535	.2	0	-	0	-
OCULAR HEALTH	79,539	.1	0	-	0	-
VETERINARY PUBLIC HEALTH	3,720,029	5.8	1,714,955	3.7	625,000	3.6
FOOD SAFETY	3,114	.*	0	-	0	-
FOOT-AND-MOUTH DISEASE	2,445,185	3.8	975,651	2.1	0	-
ZOOSES	1,271,730	2.0	739,304	1.6	625,000	3.6
GRAND TOTAL	64,094,608	100.0	47,579,080	100.0	17,575,676	100.0

* LESS THAN .05 PER CENT

 ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

SOURCE OF FUNDS	TOTAL AMOUNT \$	-----PERSONNEL-----			AMOUNT \$	DUTY TRAVEL AMOUNT \$	---FELLOWSHIPS---		SEMINARS AND COURSES \$	SUPPLIES AND EQUIPMENT \$	GRANTS \$	OTHER \$
		PROF. MONTHS	LOCAL MONTHS	CONS. DAYS			MONTHS	AMOUNT \$				
1990-1991												
PAHO - PR	15,413,100	288	144	7695	4,496,900	2,065,900	0	0	3,197,100	579,900	1,845,300	3,228,000
WHO - WR	9,833,000	744	120	3320	6,117,800	1,120,000	0	0	1,379,700	480,000	171,200	564,300
TOTAL	25,246,100	1032	264	11015	10,614,700	3,185,900	0	0	4,576,800	1,059,900	2,016,500	3,792,300
% OF TOTAL	100.0				42.1	12.6		.0	18.1	4.2	8.0	15.0
1992-1993												
PAHO - PR	19,401,900	216	144	8770	4,961,000	3,074,300	0	0	4,171,800	1,148,400	2,006,800	4,039,600
WHO - WR	8,530,100	552	96	2535	5,519,400	983,600	0	0	1,101,600	300,000	45,700	579,800
TOTAL	27,932,000	768	240	11305	10,480,400	4,057,900	0	0	5,273,400	1,448,400	2,052,500	4,619,400
% OF TOTAL	100.0				37.6	14.5		.0	18.9	5.2	7.3	16.5
1994-1995												
PAHO - PR	22,159,900	216	144	8770	5,456,500	3,563,200	0	0	4,840,100	1,327,000	2,328,000	4,645,100
WHO - WR	9,673,200	552	96	2535	6,180,500	1,141,000	0	0	1,278,100	348,100	53,100	672,400
TOTAL	31,833,100	768	240	11305	11,637,000	4,704,200	0	0	6,118,200	1,675,100	2,381,100	5,317,500
% OF TOTAL	100.0				36.5	14.8		.0	19.2	5.3	7.5	16.7

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	3,350,000	100.0	2,945,200	100.0	3,275,100	100.0
GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	3,350,000	100.0	2,945,200	100.0	3,275,100	100.0
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	DGP 3,350,000	100.0	2,945,200	100.0	3,275,100	100.0
GRAND TOTAL	3,350,000	100.0	2,945,200	100.0	3,275,100	100.0

PROGRAM BUDGET BY ORGANIZATIONAL STRUCTURE - PAHO AND WHO REGULAR (CONT.)

	1990-1991		1992-1993		1994-1995	
	AMOUNT	PCT.	AMOUNT	PCT.	AMOUNT	PCT.
HEALTH SERVICES INFRASTRUCTURE	29,015,000	14.8	33,257,600	15.0	37,191,700	14.7
HSI DIRECTION	532,100	0.3	594,100	0.3	464,200	0.2
HSP HEALTH POLICIES DEVELOPMENT	3,567,400	1.8	4,235,200	1.9	4,800,600	1.9
HST HEALTH SITUATION AND TREND ASSESSMENT	5,148,200	2.6	6,347,600	2.9	7,154,700	2.8
HSD HEALTH SERVICES DEVELOPMENT	7,021,000	3.6	7,802,800	3.5	8,832,100	3.4
HSM HEALTH MANPOWER DEVELOPMENT	6,641,800	3.4	7,602,100	3.4	8,446,200	3.4
HBI SCIENTIFIC AND TECHNOLOGICAL HEALTH INFORMATION	6,104,500	3.1	6,675,800	3.0	7,493,900	3.0
HEALTH PROGRAMS DEVELOPMENT	39,031,500	20.0	44,418,900	19.8	49,902,400	19.8
HPD DIRECTION	320,800	0.2	516,700	0.2	575,400	0.2
HPE ENVIRONMENTAL HEALTH ✓	6,631,400	3.4	7,812,700	3.5	8,834,300	3.5
HPV VETERINARY PUBLIC HEALTH ✓	13,488,200	6.9	14,764,100	6.5	16,744,200	6.7
HPN FOOD AND NUTRITION ✓	5,928,200	3.0	6,660,200	3.0	7,285,900	2.9
HPT COMMUNICABLE DISEASES ✓	5,347,500	2.7	5,821,600	2.6	6,583,200	2.6
HPM MATERNAL AND CHILD HEALTH ✓	4,782,200	2.5	5,540,000	2.5	6,151,800	2.4
HPA HEALTH PROMOTION ✓	2,533,200	1.3	3,303,600	1.5	3,727,600	1.5
COUNTRIES	72,289,400	37.1	83,417,100	37.2	94,402,300	37.6
CARIBBEAN PROGRAM COORDINATION	1,803,500	0.9	1,755,700	0.8	2,002,100	0.8
REGIONAL DIRECTOR'S DEVELOPMENT PROGRAM	3,350,000	1.7	2,945,200	1.3	3,275,100	1.3
CONTRIBUTION TO RETIREES' HEALTH INSURANCE	700,000	0.4	3,650,000	1.6	3,900,000	1.5
TOTAL	155,050,000	100.0	224,067,000	100.0	251,825,000	100.0

PROGRAM BUDGET BY ORGANIZATIONAL STRUCTURE - EXTRABUDGETARY FUNDS

		1990-1991		1992-1993		1994-1995	
		AMOUNT	PCT.	AMOUNT	PCT.	AMOUNT	PCT.
DIRECTOR/DEPUTY DIRECTOR		4,478,043	2.3	2,687,800	1.9	1,630,000	2.3
DAP	ANALYSIS AND STRATEGIC PLANNING COORDINATION	1,034,233	0.5	864,100	0.6	71,300	0.1
DEC	EXTERNAL RELATIONS COORDINATION	2,528,517	1.4	848,200	0.6	484,300	0.7
DIC	INFORMATION COORDINATION	210,065	0.1	260,000	0.2	288,000	0.4
DPI	INFORMATION AND PUBLIC AFFAIRS	673,575	0.3	655,500	0.5	718,400	1.0
DLA	LEGAL AFFAIRS	10,653	*	-	-	-	-
DRC	RESEARCH COORDINATION AND TECHNOLOGICAL DEVELOPMENT	21,000	*	60,000	*	68,000	0.1
ASSISTANT DIRECTOR		8,235,155	4.2	5,529,584	4.0	952,000	1.3
AD	OFFICE OF THE ASSISTANT DIRECTOR	186,260	0.1	119,350	0.1	-	-
PED	EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION	6,563,942	3.3	4,310,234	3.1	952,000	1.3
PWD	WOMEN IN HEALTH AND DEVELOPMENT	398,783	0.2	1,100,000	0.8	-	-
FEP	FIELD OFFICE: US/MEXICO BORDER	1,086,170	0.6	-	-	-	-
ADMINISTRATION		6,480,281	3.3	6,752,600	4.9	6,004,400	8.4
AM	OFFICE OF ADMINISTRATION	309,278	0.2	-	-	-	-
AAA	ADMINISTRATIVE ANALYSIS	261,959	0.1	286,200	0.2	322,000	0.4
ABU	BUDGET	301,842	0.2	375,500	0.3	408,000	0.6
ACG	CONFERENCE AND GENERAL SERVICES	3,548,298	1.7	3,543,900	2.5	2,468,300	3.5
AFI	FINANCE	1,321,216	0.7	1,455,000	1.1	1,598,800	2.2
APL	PERSONNEL	231,588	0.1	259,000	0.2	294,600	0.4
APO	PROCUREMENT	506,100	0.3	833,000	0.6	912,700	1.3
HEALTH SERVICES INFRASTRUCTURE		33,857,874	17.5	27,766,802	20.0	6,682,916	9.3
HSI	DIRECTION	23,000	*	-	-	-	-
HST	HEALTH SITUATION AND TREND ASSESSMENT	18,979,288	9.8	14,631,383	10.5	2,114,300	2.9
HSD	HEALTH SERVICES DEVELOPMENT	9,020,063	4.7	7,205,400	5.2	138,000	0.2
HSM	HEALTH MANPOWER DEVELOPMENT	3,328,317	1.7	3,317,956	2.4	1,664,616	2.3
HBI	SCIENTIFIC AND TECHNOLOGICAL HEALTH INFORMATION	2,507,206	1.3	2,612,063	1.9	2,766,000	3.9

PROGRAM BUDGET - PAHO REGULAR FUNDS
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	17,332,700	13.4	17,697,600	11.5	19,549,900	11.3
GOVERNING BODIES	1,881,200	1.4	2,176,100	1.4	2,432,100	1.4
REGIONAL COMMITTEES	RCO 1,881,200	1.4	2,176,100	1.4	2,432,100	1.4
WHO'S GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	15,451,500	12.0	15,521,500	10.1	17,117,800	9.9
EXECUTIVE MANAGEMENT	EXM 2,448,400	1.9	2,902,600	1.9	3,234,900	1.9
DIR.-GENERAL'S/REG. DIRECTORS' DEVELOPMENT PROGRAM	DGP 3,194,000	2.5	2,789,200	1.8	3,101,600	1.8
GENERAL PROGRAM DEVELOPMENT	GPD 3,227,100	2.5	2,201,900	1.4	2,296,300	1.3
EXTERNAL COORDINATION FOR HEALTH & SOCIAL DEVELOP.	COR 850,100	.7	1,242,400	.8	1,404,100	.8
HEALTH-FOR-ALL STRATEGY COORDINATION	HSC 1,008,700	.8	1,244,900	.8	1,384,100	.8
INFORMATICS MANAGEMENT	ISS 4,723,200	3.6	5,140,500	3.4	5,696,800	3.3
II. HEALTH SYSTEM INFRASTRUCTURE	48,481,900	37.5	61,350,100	40.5	69,218,200	40.7
HEALTH SYSTEM DEVELOPMENT	27,119,200	21.1	37,350,500	24.7	42,375,400	25.0
HEALTH SITUATION AND TREND ASSESSMENT	HST 4,281,900	3.3	4,381,700	2.9	4,962,800	2.9
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	MPN 22,724,800	17.7	32,504,600	21.5	36,891,600	21.8
HEALTH LEGISLATION	HLE 112,500	.1	464,200	.3	521,000	.3
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	12,507,900	9.6	13,364,000	8.8	15,065,500	8.8
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	PHC 12,507,900	9.6	13,364,000	8.8	15,065,500	8.8
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	7,304,300	5.6	8,997,200	5.9	10,034,900	5.9
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	HRH 7,304,300	5.6	8,997,200	5.9	10,034,900	5.9
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	1,550,500	1.2	1,638,400	1.1	1,742,400	1.0
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	IEH 1,550,500	1.2	1,638,400	1.1	1,742,400	1.0

PROGRAM BUDGET - PAHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
III. HEALTH SCIENCE AND TECHNOLOGY	23,869,900	18.2	26,923,200	17.6	29,989,400	17.5	
RESEARCH PROMOTION AND DEVELOPMENT	3,036,600	2.3	3,427,500	2.2	3,912,400	2.3	
RESEARCH PROMOTION AND DEVELOPMENT	RPD	3,036,600	2.3	3,427,500	2.2	3,912,400	2.3
GENERAL HEALTH PROTECTION AND PROMOTION	5,401,200	4.2	6,000,900	3.9	6,527,600	3.8	
NUTRITION	NUT	4,779,800	3.7	5,462,200	3.6	5,914,300	3.5
ORAL HEALTH	ORH	493,200	.4	430,700	.3	490,600	.3
ACCIDENT PREVENTION	APR	60,200	.*	50,300	.*	56,900	.*
TOBACCO OR HEALTH	TOH	68,000	.1	57,700	.*	65,800	.*
HEALTH OF SPECIFIC POPULATION GROUPS	4,350,100	3.3	5,922,400	3.8	6,499,800	3.7	
MATERNAL AND CHILD HEALTH	MCH	3,809,200	2.9	5,331,800	3.5	5,831,900	3.4
ADOLESCENT HEALTH	ADH	101,400	.1	63,700	.*	70,800	.*
WORKERS' HEALTH	OCH	439,500	.3	526,900	.3	597,100	.3
PROTECTION AND PROMOTION OF MENTAL HEALTH	111,400	.1	117,300	.1	134,100	.1	
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	ADA	111,400	.1	117,300	.1	134,100	.1
PROMOTION OF ENVIRONMENTAL HEALTH	9,193,200	7.0	10,004,500	6.6	11,275,700	6.6	
COMMUNITY WATER SUPPLY AND SANITATION	CWS	6,694,800	5.1	5,985,800	3.9	6,743,500	3.9
ENVIRONMENTAL HEALTH IN RURAL & URBAN DEVELOPMENT	RUD	314,800	.2	277,400	.2	312,700	.2
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	CEH	1,685,000	1.3	3,189,300	2.1	3,598,700	2.1
FOOD SAFETY	FOS	498,600	.4	552,000	.4	620,800	.4
DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE TECHNOLOGY	1,777,400	1.3	1,450,600	1.0	1,639,800	1.0	
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	CLR	558,300	.4	560,700	.4	634,800	.4
ESSENTIAL DRUGS AND VACCINES	EDV	691,000	.5	445,500	.3	503,700	.3
REHABILITATION	RHB	528,100	.4	444,400	.3	501,300	.3

PROGRAM BUDGET - PAHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
IV. DISEASE PREVENTION AND CONTROL	19,257,900	14.7	23,147,800	15.0	26,267,200	15.2
DISEASE PREVENTION AND CONTROL	19,257,900	14.7	23,147,800	15.0	26,267,200	15.2
IMMUNIZATION						
DISEASE VECTOR CONTROL	EPI 141,800	.1	156,800	.1	180,000	.1
MALARIA	VBC 0	-	331,100	.2	384,300	.2
PARASITIC DISEASES	MAL 957,400	.7	880,400	.6	992,400	.6
TROPICAL DISEASE RESEARCH	PDP 0	-	90,300	.1	102,500	.1
DIARRHEAL DISEASES	TDR 23,600	.*	119,100	.1	133,000	.1
ACUTE RESPIRATORY INFECTIONS	CDD 65,300	.1	674,700	.4	750,900	.4
TUBERCULOSIS	ARI 147,300	.1	184,600	.1	210,400	.1
ZOOZOSES	TUB 422,100	.3	196,200	.1	221,500	.1
AIDS	VPH 12,270,400	9.4	13,624,900	8.9	15,458,600	9.0
OTHER COMMUNICABLE DISEASE PREVENTION AND CONTROL	GPA 359,400	.3	359,000	.2	406,100	.2
CANCER	OCN 2,491,500	1.9	2,811,700	1.8	3,215,600	1.9
OTHER NONCOMMUNIC. DISEASE PREVENTION AND CONTROL	CAN 0	-	57,000	.*	65,100	.*
	NCD 2,379,100	1.8	3,662,000	2.4	4,146,800	2.4
V. PROGRAM SUPPORT	21,080,600	16.2	23,457,300	15.4	26,291,300	15.3
HEALTH INFORMATION SUPPORT	5,008,100	3.9	5,449,600	3.6	6,130,200	3.6
HEALTH INFORMATION SUPPORT	HBI 5,008,100	3.9	5,449,600	3.6	6,130,200	3.6
SUPPORT SERVICES	16,072,500	12.3	18,007,700	11.8	20,161,100	11.7
PERSONNEL	PER 1,974,000	1.5	2,260,000	1.5	2,537,400	1.5
GENERAL ADMINISTRATION AND SERVICES	GAD 7,655,300	5.9	8,636,700	5.7	9,627,900	5.6
BUDGET AND FINANCE	BFI 5,371,700	4.1	5,976,500	3.9	6,721,200	3.9
EQUIPMENT AND SUPPLIES FOR MEMBER STATES	SUP 1,071,500	.8	1,134,500	.7	1,274,600	.7
GRAND TOTAL	130,023,000	100.0	152,576,000	100.0	171,316,000	100.0

PROGRAM BUDGET - WHO REGULAR FUNDS
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	3,108,900	4.7	2,903,100	4.1	3,231,400	4.0
GOVERNING BODIES	324,100	.5	360,400	.5	400,600	.5
REGIONAL COMMITTEES	RCO 324,100	.5	360,400	.5	400,600	.5
WHO'S GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	2,784,800	4.2	2,542,700	3.6	2,830,800	3.5
EXECUTIVE MANAGEMENT	EXM 315,600	.5	339,000	.5	373,800	.5
DIR.-GENERAL'S/REG. DIRECTORS' DEVELOPMENT PROGRAM	DGP 156,000	.2	156,000	.2	173,500	.2
GENERAL PROGRAM DEVELOPMENT	GPD 659,100	1.0	574,600	.8	661,700	.8
HEALTH-FOR-ALL STRATEGY COORDINATION	HSC 794,400	1.2	752,000	1.1	809,300	1.0
INFORMATICS MANAGEMENT	ISS 859,700	1.3	721,100	1.0	812,500	1.0
II. HEALTH SYSTEM INFRASTRUCTURE	27,877,700	42.8	30,686,100	43.0	34,503,800	43.0
HEALTH SYSTEM DEVELOPMENT	11,138,100	17.2	12,405,200	17.4	14,027,600	17.4
HEALTH SITUATION AND TREND ASSESSMENT	HST 4,851,600	7.5	6,200,200	8.7	6,991,000	8.7
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	MPN 6,286,500	9.7	6,205,000	8.7	7,036,600	8.7
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	11,906,300	18.2	13,232,100	18.6	14,796,600	18.6
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	PHC 11,906,300	18.2	13,232,100	18.6	14,796,600	18.6
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	4,118,400	6.3	4,311,200	6.0	4,845,800	6.0
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	HRH 4,118,400	6.3	4,311,200	6.0	4,845,800	6.0
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	714,900	1.1	737,600	1.0	833,800	1.0
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	IEH 714,900	1.1	737,600	1.0	833,800	1.0
III. HEALTH SCIENCE AND TECHNOLOGY	12,844,600	19.8	14,880,500	20.8	16,831,000	20.9
RESEARCH PROMOTION AND DEVELOPMENT	434,900	.7	443,000	.6	504,600	.6
RESEARCH PROMOTION AND DEVELOPMENT	RPD 434,900	.7	443,000	.6	504,600	.6

PROGRAM BUDGET - WHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
GENERAL HEALTH PROTECTION AND PROMOTION	1,966,900	3.0	2,183,400	3.1	2,489,500	3.1
NUTRITION	1,757,300	2.7	1,903,400	2.7	2,172,500	2.7
ORAL HEALTH	209,600	.3	280,000	.4	317,000	.4
HEALTH OF SPECIFIC POPULATION GROUPS	2,168,000	3.3	2,719,500	3.7	3,072,400	3.8
MATERNAL AND CHILD HEALTH	1,669,300	2.6	2,220,900	3.1	2,509,300	3.1
WORKERS' HEALTH	96,600	.1	34,600	.*	39,700	.*
HEALTH OF THE ELDERLY	402,100	.6	464,000	.6	523,400	.7
PROTECTION AND PROMOTION OF MENTAL HEALTH	631,800	1.0	764,400	1.1	860,800	1.1
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE	247,800	.4	299,500	.4	336,700	.4
PREV./TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	384,000	.6	464,900	.7	524,100	.7
PROMOTION OF ENVIRONMENTAL HEALTH	6,418,300	9.9	7,599,000	10.7	8,584,600	10.7
COMMUNITY WATER SUPPLY AND SANITATION	4,390,100	6.8	4,475,400	6.3	5,040,900	6.3
ENVIRONMENTAL HEALTH IN RURAL & URBAN DEVELOPMENT	202,300	.3	259,800	.4	293,800	.4
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	899,300	1.4	1,939,600	2.7	2,208,100	2.7
FOOD SAFETY	926,600	1.4	924,200	1.3	1,041,800	1.3
DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE TECHNOLOGY	1,224,700	1.9	1,171,200	1.6	1,319,100	1.6
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	314,300	.5	312,500	.4	351,200	.4
ESSENTIAL DRUGS AND VACCINES	910,400	1.4	858,700	1.2	967,900	1.2
IV. DISEASE PREVENTION AND CONTROL	12,019,400	18.6	12,895,100	17.9	14,602,500	18.0
DISEASE PREVENTION AND CONTROL	12,019,400	18.6	12,895,100	17.9	14,602,500	18.0
IMMUNIZATION	1,312,500	2.0	1,516,600	2.1	1,714,500	2.1
DISEASE VECTOR CONTROL	3,229,900	5.0	2,668,200	3.7	3,016,400	3.7
MALARIA	1,055,200	1.6	952,100	1.3	1,080,000	1.3
PARASITIC DISEASES	0	-	286,400	.4	322,000	.4
TROPICAL DISEASE RESEARCH	247,800	.4	0	-	0	-
DIARRHEAL DISEASES	386,500	.6	433,300	.6	489,500	.6
ACUTE RESPIRATORY INFECTIONS	153,100	.2	224,800	.3	253,000	.3
TUBERCULOSIS	181,700	.3	232,400	.3	261,800	.3
LEPROSY	257,300	.4	349,300	.5	394,900	.5
ZOOZOSES	2,024,300	3.1	1,881,000	2.6	2,128,500	2.6
SEXUALLY TRANSMITTED DISEASES	43,600	.1	47,900	.1	52,900	.1
AIDS	51,100	.1	15,700	.*	17,300	.*
OTHER COMMUNICABLE DISEASE PREVENTION AND CONTROL	2,310,000	3.6	3,011,000	4.2	3,430,200	4.3
BLINDNESS AND DEAFNESS	56,100	.1	63,700	.1	72,700	.1
OTHER NONCOMMUNIC. DISEASE PREVENTION AND CONTROL	710,300	1.1	1,212,700	1.7	1,368,800	1.7

PROGRAM BUDGET - WHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
V. PROGRAM SUPPORT	9,176,400	14.1	10,126,200	14.2	11,340,300	14.1	
HEALTH INFORMATION SUPPORT	3,258,900	5.0	3,228,600	4.5	3,628,500	4.5	
HEALTH INFORMATION SUPPORT	HBI	3,258,900	5.0	3,228,600	4.5	3,628,500	4.5
SUPPORT SERVICES	5,917,500	9.1	6,897,600	9.7	7,711,800	9.6	
PERSONNEL	PER	822,800	1.3	1,053,400	1.5	1,184,700	1.5
GENERAL ADMINISTRATION AND SERVICES	GAD	3,405,700	5.2	3,772,200	5.3	4,198,200	5.2
BUDGET AND FINANCE	BFI	1,364,800	2.1	1,672,900	2.3	1,881,600	2.3
EQUIPMENT AND SUPPLIES FOR MEMBER STATES	SUP	324,200	.5	399,100	.6	447,300	.6
GRAND TOTAL	65,027,000	100.0	71,491,000	100.0	80,509,000	100.0	

* LESS THAN .05 PER CENT

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	20,441,600	10.4	20,600,700	9.1	22,781,300	9.1
GOVERNING BODIES	2,205,300	1.1	2,536,500	1.1	2,832,700	1.1
REGIONAL COMMITTEES	RCO 2,205,300	1.1	2,536,500	1.1	2,832,700	1.1
WHO'S GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	18,236,300	9.3	18,064,200	8.0	19,948,600	8.0
EXECUTIVE MANAGEMENT	EXM 2,764,000	1.4	3,241,600	1.4	3,608,700	1.4
DIR.-GENERAL'S/REG. DIRECTORS' DEVELOPMENT PROGRAM	DGP 3,350,000	1.7	2,945,200	1.3	3,275,100	1.3
GENERAL PROGRAM DEVELOPMENT	GPD 3,886,200	2.0	2,776,500	1.2	2,958,000	1.2
EXTERNAL COORDINATION FOR HEALTH & SOCIAL DEVELOP.	COR 850,100	.4	1,242,400	.6	1,404,100	.6
HEALTH-FOR-ALL STRATEGY COORDINATION	HSC 1,803,100	.9	1,996,900	.9	2,193,400	.9
INFORMATICS MANAGEMENT	ISS 5,582,900	2.9	5,861,600	2.6	6,509,300	2.6
II. HEALTH SYSTEM INFRASTRUCTURE	76,359,600	39.3	92,036,200	41.1	103,722,000	40.8
HEALTH SYSTEM DEVELOPMENT	38,257,300	19.7	49,755,700	22.2	56,403,000	22.0
HEALTH SITUATION AND TREND ASSESSMENT	HST 9,133,500	4.7	10,581,900	4.7	11,953,800	4.7
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	MPM 29,011,300	14.9	38,709,600	17.3	43,928,200	17.1
HEALTH LEGISLATION	HLE 112,500	.1	464,200	.2	521,000	.2
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	24,414,200	12.5	26,596,100	11.9	29,862,100	11.9
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	PHC 24,414,200	12.5	26,596,100	11.9	29,862,100	11.9
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	11,422,700	5.9	13,308,400	5.9	14,880,700	5.9
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	HRH 11,422,700	5.9	13,308,400	5.9	14,880,700	5.9
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	2,265,400	1.2	2,376,000	1.1	2,576,200	1.0
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	IEH 2,265,400	1.2	2,376,000	1.1	2,576,200	1.0

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
III. HEALTH SCIENCE AND TECHNOLOGY	36,714,500	18.9	41,803,700	18.7	46,820,400	18.7
RESEARCH PROMOTION AND DEVELOPMENT	3,471,500	1.8	3,870,500	1.7	4,417,000	1.8
RESEARCH PROMOTION AND DEVELOPMENT RPD	3,471,500	1.8	3,870,500	1.7	4,417,000	1.8
GENERAL HEALTH PROTECTION AND PROMOTION	7,368,100	3.8	8,184,300	3.6	9,017,100	3.5
NUTRITION NUT	6,537,100	3.4	7,365,600	3.3	8,086,800	3.2
ORAL HEALTH ORH	702,800	.4	710,700	.3	807,600	.3
ACCIDENT PREVENTION APR	60,200	.*	50,300	.*	56,900	.*
TOBACCO OR HEALTH TOM	68,000	.*	57,700	.*	65,800	.*
HEALTH OF SPECIFIC POPULATION GROUPS	6,518,100	3.4	8,511,600	3.8	9,424,100	3.8
MATERNAL AND CHILD HEALTH MCH	5,478,500	2.8	7,422,400	3.3	8,193,100	3.3
ADOLESCENT HEALTH ADH	101,400	.1	63,700	.*	70,800	.*
WORKERS' HEALTH OCH	536,100	.3	561,500	.3	636,800	.3
HEALTH OF THE ELDERLY HEE	402,100	.2	464,000	.2	523,400	.2
PROTECTION AND PROMOTION OF MENTAL HEALTH	743,200	.4	881,700	.4	994,900	.4
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE ADA	359,200	.2	416,800	.2	470,800	.2
PREV./TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS MND	384,000	.2	464,900	.2	524,100	.2
PROMOTION OF ENVIRONMENTAL HEALTH	15,611,500	8.0	17,733,800	8.0	20,008,400	8.0
COMMUNITY WATER SUPPLY AND SANITATION CWS	11,084,900	5.7	10,648,400	4.8	11,995,900	4.8
ENVIRONMENTAL HEALTH IN RURAL & URBAN DEVELOPMENT RUD	517,100	.3	537,200	.2	606,500	.2
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS CEH	2,584,300	1.3	5,072,000	2.3	5,743,400	2.3
FOOD SAFETY FOS	1,425,200	.7	1,476,200	.7	1,662,600	.7
DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE TECHNOLOGY	3,002,100	1.5	2,621,800	1.2	2,958,900	1.2
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY CLR	872,600	.4	873,200	.4	986,000	.4
ESSENTIAL DRUGS AND VACCINES EDV	1,601,400	.8	1,304,200	.6	1,471,600	.6
REHABILITATION RHB	528,100	.3	444,400	.2	501,300	.2

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
IV. DISEASE PREVENTION AND CONTROL	31,277,300	15.9	36,042,900	16.1	40,869,700	16.4
DISEASE PREVENTION AND CONTROL	31,277,300	15.9	36,042,900	16.1	40,869,700	16.4
IMMUNIZATION	EPI 1,454,300	.7	1,673,400	.7	1,894,500	.8
DISEASE VECTOR CONTROL	VBC 3,229,900	1.7	2,999,300	1.3	3,400,700	1.4
MALARIA	MAL 2,012,600	1.0	1,832,500	.8	2,072,400	.8
PARASITIC DISEASES	PDP 0	-	376,700	.2	424,500	.2
TROPICAL DISEASE RESEARCH	TDR 271,400	.1	119,100	.1	133,000	.1
DIARRHEAL DISEASES	CDD 451,800	.2	1,108,000	.5	1,240,400	.5
ACUTE RESPIRATORY INFECTIONS	ARI 300,400	.2	409,400	.2	463,400	.2
TUBERCULOSIS	TUB 603,800	.3	428,600	.2	483,300	.2
LEPROSY	LEP 257,300	.1	349,300	.2	394,900	.2
ZOOSES	VPH 14,294,700	7.3	15,505,900	6.9	17,587,100	7.0
SEXUALLY TRANSMITTED DISEASES	VDT 43,600	.*	47,900	.*	52,900	.*
AIDS	GPA 410,500	.2	374,700	.2	423,400	.2
OTHER COMMUNICABLE DISEASE PREVENTION AND CONTROL	OCD 4,801,500	2.5	5,822,700	2.6	6,645,800	2.6
BLINDNESS AND DEAFNESS	PBD 56,100	.*	63,700	.*	72,700	.*
CANCER	CAN 0	-	57,000	.*	65,100	.*
OTHER NONCOMMUNIC. DISEASE PREVENTION AND CONTROL	NCD 3,089,400	1.6	4,874,700	2.2	5,515,600	2.2
V. PROGRAM SUPPORT	30,257,000	15.5	33,583,500	15.0	37,631,600	15.0
HEALTH INFORMATION SUPPORT	8,267,000	4.2	8,678,200	3.9	9,758,700	3.9
HEALTH INFORMATION SUPPORT	HBI 8,267,000	4.2	8,678,200	3.9	9,758,700	3.9
SUPPORT SERVICES	21,990,000	11.3	24,905,300	11.1	27,872,900	11.1
PERSONNEL	PER 2,796,800	1.4	3,313,400	1.5	3,722,100	1.5
GENERAL ADMINISTRATION AND SERVICES	GAD 11,061,000	5.7	12,408,900	5.5	13,826,100	5.5
BUDGET AND FINANCE	BFI 6,736,500	3.5	7,649,400	3.4	8,602,800	3.4
EQUIPMENT AND SUPPLIES FOR MEMBER STATES	SUP 1,395,700	.7	1,533,600	.7	1,721,900	.7
GRAND TOTAL	195,050,000	100.0	224,067,000	100.0	251,825,000	100.0

* LESS THAN .05 PER CENT

PROGRAM BUDGET - EXTRABUDGETARY FUNDS
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
I. DIRECTION, COORDINATION AND MANAGEMENT	941,179	.5	788,700	.5	843,600	1.2
----- WHO'S GENERAL PROGRAM DEVELOPMENT AND MANAGEMENT	----- 941,179	----- .5	----- 788,700	----- .5	----- 843,600	----- 1.2
EXECUTIVE MANAGEMENT	52,226	.*	0	-	0	-
GENERAL PROGRAM DEVELOPMENT	141,125	.1	0	-	0	-
EXTERNAL COORDINATION FOR HEALTH & SOCIAL DEVELOP.	431,063	.2	464,600	.3	484,300	.7
HEALTH-FOR-ALL STRATEGY COORDINATION	106,700	.1	64,100	.*	71,300	.1
INFORMATICS MANAGEMENT	210,065	.1	260,000	.2	288,000	.4
II. HEALTH SYSTEM INFRASTRUCTURE	46,618,349	24.2	26,172,947	18.9	6,533,916	9.0
----- HEALTH SYSTEM DEVELOPMENT	----- 9,594,074	----- 4.9	----- 5,651,837	----- 4.1	----- 3,060,900	----- 4.2
HEALTH SITUATION AND TREND ASSESSMENT	4,678,451	2.4	3,067,624	2.2	2,045,000	2.8
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT	4,915,623	2.5	2,584,213	1.9	1,015,900	1.4
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	32,107,166	16.8	16,547,654	11.9	1,090,000	1.5
----- HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE	----- 32,107,166	----- 16.8	----- 16,547,654	----- 11.9	----- 1,090,000	----- 1.5
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	4,089,584	2.1	3,317,956	2.4	1,664,616	2.3
----- DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH	----- 4,089,584	----- 2.1	----- 3,317,956	----- 2.4	----- 1,664,616	----- 2.3
PUBLIC INFORMATION AND EDUCATION FOR HEALTH	827,525	.4	655,500	.5	718,400	1.0
----- PUBLIC INFORMATION AND EDUCATION FOR HEALTH	----- 827,525	----- .4	----- 655,500	----- .5	----- 718,400	----- 1.0
III. HEALTH SCIENCE AND TECHNOLOGY	57,774,282	29.7	43,960,480	31.8	28,265,782	39.5
----- RESEARCH PROMOTION AND DEVELOPMENT	----- 30,610	----- .*	----- 0	----- -	----- 0	----- -
RESEARCH PROMOTION AND DEVELOPMENT	30,610	.*	0	-	0	-
----- GENERAL HEALTH PROTECTION AND PROMOTION	----- 17,376,898	----- 9.0	----- 15,019,200	----- 10.9	----- 15,017,400	----- 21.1
NUTRITION	16,611,907	8.6	14,948,200	10.8	15,017,400	21.1
ORAL HEALTH	542,937	.3	71,000	.1	0	-
TOBACCO OR HEALTH	222,054	.1	0	-	0	-

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995	
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL
HEALTH OF SPECIFIC POPULATION GROUPS	24,215,999	12.4	19,785,572	14.3	11,856,182	16.5
MATERNAL AND CHILD HEALTH	23,228,767	12.0	19,622,659	14.2	11,791,600	16.4
ADOLESCENT HEALTH	480,761	.2	145,945	.1	64,582	.1
WORKERS' HEALTH	84,505	.*	16,968	.*	0	-
HEALTH OF THE ELDERLY	421,966	.2	0	-	0	-
PROTECTION AND PROMOTION OF MENTAL HEALTH	574,560	.3	0	-	0	-
PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE PREV./TREAT. OF MENTAL AND NEUROLOGICAL DISORDERS	500,151	.3	0	-	0	-
	74,409	.*	0	-	0	-
PROMOTION OF ENVIRONMENTAL HEALTH	8,715,265	4.5	5,164,664	3.7	1,392,200	1.9
COMMUNITY WATER SUPPLY AND SANITATION	6,180,335	3.2	1,443,321	1.0	822,600	1.1
ENVIRONMENTAL HEALTH IN RURAL & URBAN DEVELOPMENT	33,537	.*	0	-	0	-
CONTROL OF ENVIRONMENTAL HEALTH HAZARDS	2,498,279	1.3	3,721,343	2.7	569,600	.8
FOOD SAFETY	3,114	.*	0	-	0	-
DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE TECHNOLOGY	6,860,950	3.5	3,991,044	2.9	0	-
CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY	10,052	.*	0	-	0	-
ESSENTIAL DRUGS AND VACCINES	5,300,294	2.7	2,061,044	1.5	0	-
REHABILITATION	1,550,604	.8	1,930,000	1.4	0	-
IV. DISEASE PREVENTION AND CONTROL	80,163,672	41.3	58,500,049	42.2	27,691,240	38.5
DISEASE PREVENTION AND CONTROL	80,163,672	41.3	58,500,049	42.2	27,691,240	38.5
IMMUNIZATION	19,549,262	10.1	11,527,265	8.3	10,810,370	15.1
DISEASE VECTOR CONTROL	419,744	.2	940,000	.7	0	-
MALARIA	5,882,430	3.0	6,204,564	4.5	100,000	.1
PARASITIC DISEASES	262,908	.1	75,000	.1	75,000	.1
TROPICAL DISEASE RESEARCH	264,800	.1	0	-	0	-
DIARRHEAL DISEASES	3,263,234	1.7	2,105,686	1.5	2,223,970	3.1
ACUTE RESPIRATORY INFECTIONS	1,281,992	.7	1,219,700	.9	1,095,000	1.5
TUBERCULOSIS	100,238	.1	33,456	.*	0	-
LEPROSY	64,312	.*	0	-	0	-
ZOOZOSES	15,714,385	8.1	12,905,446	9.3	13,152,600	18.3
SEXUALLY TRANSMITTED DISEASES	119,044	.1	4,256	.*	0	-
AIDS	30,095,451	15.5	23,262,536	16.7	234,300	.3
OTHER COMMUNICABLE DISEASE PREVENTION AND CONTROL	2,152,330	1.1	0	-	0	-
BLINDNESS AND DEAFNESS	310,706	.2	222,140	.2	0	-
CANCER	617,461	.3	0	-	0	-
OTHER NONCOMMUNIC. DISEASE PREVENTION AND CONTROL	65,375	.*	0	-	0	-

PROGRAM BUDGET - EXTRABUDGETARY FUNDS (CONT.)
(WHO CLASSIFIED LIST OF PROGRAMS)

PROGRAM CLASSIFICATION	1990-1991		1992-1993		1994-1995		
	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	AMOUNT	% OF TOTAL	
V. PROGRAM SUPPORT	8,423,850	4.3	9,078,463	6.6	8,448,400	11.8	
HEALTH INFORMATION SUPPORT	2,530,843	1.3	2,612,063	1.9	2,766,000	3.9	
HEALTH INFORMATION SUPPORT	HBI	2,530,843	1.3	2,612,063	1.9	2,766,000	3.9
SUPPORT SERVICES	5,893,007	3.0	6,466,400	4.7	5,682,400	7.9	
PERSONNEL	PER	231,588	.1	259,000	.2	294,600	.4
GENERAL ADMINISTRATION AND SERVICES	GAD	3,532,261	1.8	3,543,900	2.6	2,468,300	3.4
BUDGET AND FINANCE	BFI	1,623,058	.8	1,830,500	1.3	2,006,800	2.8
EQUIPMENT AND SUPPLIES FOR MEMBER STATES	SUP	506,100	.3	833,000	.6	912,700	1.3
GRAND TOTAL		193,921,332	100.0	138,500,639	100.0	71,782,938	100.0

* LESS THAN .05 PER CENT