*directing council* | *regional committee*

PAN AMERICAN HEALTH ORGANIZATION

XXXVII Meeting

WORLD HEALTH ORGANIZATION

XLV Meeting

Washington, D.C.
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Provisional Agenda Item 5.1

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# PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE BIENNIUM 1994-1995

The 111th Meeting of the Executive Committee examined the proposed program budget of the Pan American Health Organization for the biennium 1994-1995 contained in *Official Document 254* 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 CD37/5). 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 254*, are included as an Annex.

Resolution II of the 111th 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 1994-1995, with an effective working budget of $164,466,000 as follows:

THE 111th MEETING OF THE EXECUTIVE COMMITTEE,

Having considered the Report of the Subcommittee on Planning and Programming (Document CE111/5);

Having examined the proposed program budget of the Pan American Health Organization for the biennium 1994-1995 contained in *Official Document 254*;

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

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 XXXVII Meeting of the Directing Council, taking into account the recommendations and suggestions made by the Executive Committee during the review of *Official Document 254*.

4. To recommend to the XXXVII Meeting of the Directing Council that it:

   a) approve the proposed program budget of the Pan American Health Organization for the biennium 1994-1995, with an effective working budget of $164,466,000, taking into account comments made by the Executive Committee;

   b) adopt the required appropriation and assessment resolutions.

Annex

# PROGRAM BUDGET, 1994-1997

## Revision

Please substitute and/or include the following attached pages for those appearing in *Official Document 254*:

| | | |
|---|---|---|
| Title page | - | substitute |
| Pages iii - iv | - | substitute |
| 1 - 8 | - | substitute |
| 8-A - 8-D | - | add |
| 87 - 92 | - | substitute |
| 467 - 468 | - | substitute |
| 468-A - 468-AA | - | add |

Attachments


Official Document
of the
Pan American Health Organization
No. 254

# PROGRAM BUDGET

PAN AMERICAN HEALTH ORGANIZATION, PROPOSAL, 1994-1995
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1994-1995
PAN AMERICAN HEALTH ORGANIZATION, PROJECTION, 1996-1997
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, PROJECTION, 1996-1997

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

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## GLOBAL CONTEXT

### I. Political

1. The 1994-1995 biennial program budget is the first to be designed entirely in the post cold war era. The bi-polar strategic competition which for 45 years had dominated the international arena and established the fundamental laws of nation-state relations ended finally with the break-up of the Soviet Union and the re-establishment of national identities more familiar in 19th century world maps.

2. The movements toward greater political freedom and more open economies were halting, although apparently irreversible. However, few have achieved stability. The struggle for national identity in the former Soviet Union and in Eastern Europe produced a level of violence in some cases which challenged the response capacity of the international community. In the former Yugoslavia, open civil war yielded additional evidence of the virulence of ethnic rivalries along with massive human suffering and physical destruction.

3. Past security, political and economic arrangements among Western European nations required revision and adjustment. The final shapes and configurations of those relations also remain somewhat ambiguous. At the same time, while the unification of Germany and the strides toward greater European monetary and political integration held great promise, they also added somewhat to the level of political uncertainty. Nevertheless, it appeared clear that trends toward integration were continuing, along with rising demands for international resources no longer committed to the costs of the East-West confrontation. Those resources once were presumed to be a peace dividend available for meeting third world development needs.

### II. Economic

4. Instead, the political changes took place amid the decline of the economic strength of the former Soviet Union and the transformation of that nation from a provider of international aid to a major recipient. The former Eastern European countries also faced a change from state-directed economies with heavy subsidization of capital and consumer industries to market-oriented economies. The consequent adjustments yielded rising unemployment and reductions, hopefully temporary, in output and social well-being. Those conditions placed additional demands on the international system for assistance.

5. The global economic system, although recovering from the debt crisis which had dominated much of the economic debate of the 1980s and the recession of the early 1990s which affected many of the largest industrial nations, clearly has not yet embarked on a path of self-sustaining growth.

6. Virtually every industrial country has sought to maintain controls on public sector spending in order to reduce fiscal deficits and the pressures on foreign assistance, particularly bilateral aid, have intensified.

7. Finally, the economic strategies of both the developed and the developing world have been forced to cope with the threat of environmental degradation. The consequence of the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro, Brazil was to confirm the requirement for all nations to create institutions, undertake research, and adjust economic plans to avoid environmental risks. All of these actions, while essential to healthier societies, also competed with the health sector for attention and resources.

### III. United Nations Reform

8. There are three basic forces driving the current reform movement in the United Nations. The first is the end to the East-West conflict and the distortions it produced in the decisionmaking, priority-setting, and resource allocations of the UN system. As many have noted, the UN's potential to fulfill its original mandate in promoting international security, advancing democratic values and protecting individual rights has leaped forward simply by the removal of cold war constraints. Nevertheless, as events in Bosnia, Somalia and Angola demonstrate, there is no automatic expansion of the UN capacity to realize that potential. However, the global hope and expectation is that the resources will become available, new methods will evolve and, over time, new international instruments will be created to enable the UN to successfully accomplish its peace-building, peace-making and peace-keeping roles.

9. The second force is linked to the first, because within the peace-building role, is the resolution of underlying causes of conflict. Among those causes is the global disparity in social, economic and political development, most evident in the 1.7 billion people who live in poverty today, 1.5 billion of them in the developing world. Finding ways to contribute to the goals of human development, as defined in health for all, in the world summit of children, and in UNCED constitute a challenge that the Secretary General has called an essential part of his Agenda for Peace.

10. A third force for change are, as previously noted, the limits on the resource availability to finance international assistance, including the work of international organizations. The UN reform, designed to improve the system's efficiency, has altered the structure of the UNDP and other institutions, which in the past have collaborated with PAHO in promoting health objectives.

IV. World Health Organization

11. These three factors have combined to raise the competitive stakes for supporting the health sector and the World Health Organization, in particular. In addition, the break-up of the Soviet Union has not yet been followed by sufficient economic recovery of the new member states to enable them to replace the previous WHO quota contributions of the USSR. The consequence during the current biennium has been a 10% reduction in the previously approved WHO budget allocation to the Region of the Americas (AMRO).

12. This unexpected reduction has deepened a trend previously noted for an ever smaller share of WHO resources to be allocated to the countries of the Region of the Americas. This shift also has taken place at a time of extended economic difficulties in the Americas.

## REGIONAL CONTEXT

V. Political

13. Within the Western Hemisphere, the dominant political fact remains the restoration of the democratic ethos throughout the region. Only a few countries have withstood the general political movement incorporating constitutional reform, acceptance of free and open electoral processes, and recognition of the obligation to protect human rights. The OAS has adopted resolutions implementing the Declaration of Santiago to reflect the hemispheric commitment to democratic institutions as the distinguishing characteristic of the Inter-American system. This democratic movement also has seen the reemergence of the legislative branch of government as an active partner in defining national legal and administrative structures. Decentralization of public services increasingly constitutes a common regional objective and municipal and departmental bodies have been strengthened, altering historical patterns of centralization in the hemisphere. All of these developments affect the context and content of national health policies.

VI. Economic

14. The decade of the 1980s constituted a watershed in the economic development process in Latin America and the Caribbean. The debt crisis, the economic adjustment process, trade liberalization and privatization altered the region's economic profile. Fiscal deficits began to be reduced. Inflation was lowered significantly in most of the nations of the region and trade barriers were removed. Nevertheless, overall per capita income declined 9% during the decade, leaving incomes at average levels similar to those in 1977. For the region, the declining levels of family income meant nearly 60 million more people living in poverty by the end of the decade.

15. Recovery clearly began in 1991 and, in 1992, the region's end-year economic picture contrasted favorably with that of the previous decade, according to the UN Economic Commission for Latin America and the Caribbean (ECLAC). First, gross domestic product increased by some 2.4% for the region, the second year in a row of growth. If Brazil is excluded, the average regional growth was 4.3%, despite declines also experienced by Haiti, Peru and Barbados. Regional per capita GDP actually rose by .5%--also the second year in a row. Second, most countries were able to control the level of inflation--with Brazil again an exception. Consumer prices rose by 410% in the region as a whole. Excluding Brazil, inflation rose by an average of 22%. Third, despite a net balance of trade deficit of nearly $6 billion, $57 billion in new capital flowed into Latin America and the Caribbean, producing the most favorable net transfer of resources into the region in a decade, $24 billion. Equally positive is the reduction in the percentage of exports required to service the external debt--19%, again the lowest in a decade.

16. The terms of trade for Latin America and the Caribbean have continued to worsen over time, as the relative values of the region's exports against imports is 22% lower today than in 1984. Nevertheless, exports rose for the third year in a row in 1992 to $126 billion. Imports increased far more steeply--some 18% to a level of $132 billion. The future trade perspective is positive. The movement toward the North American Free Trade Zone, advances toward subregional free trade zones in Central America, the Southern Cone (Mercosur) and the signing of a series of bilateral free trade agreements demonstrated the vigor of the hemispheric commitment to trade as a driving force for economic growth.

17. These indicators of economic recovery in many countries also were paralled by a general acceptance of a more market-oriented economic approach and the liberalization of national economies, regardless of the political party in power. The negative side to the coin, however, was evidence of still rising numbers of

people dropping below the poverty line. The consequences of the adjustment process and of the initial failure to produce effective social safety nets have damaged basic living conditions. More than 200 million persons now live in poverty, according to ECLAC, some 46% of the population, up from a third of the population in 1980.

## VII. Health conditions

18. Health conditions in the Americas must be examined in light of the current demographic contours. Since 1950, the population has climbed to more than 718 million, 277 million in the industrial nations of North America which increased by 40% and 441 million in Latin America and the Caribbean where the population climbed 167%. By the year 2025, the industrial nations will have reached 341 million, a 23% increase and the countries of Latin America and the Caribbean, 702 million, a 59% increase. Although there has been a continuing decrease in the rates of population growth for all countries, the differences among the countries remain marked, with a few still facing rates of growth as high as any in the world.

19. Within the Latin American and Caribbean population, the proportion below the age of 20 remains a majority and, although the trend lines are moving toward a larger elderly population cohort more similar to that of the US and Canada, little change will appear in the near term. Even by the year 2000, the median age will remain 22. Nevertheless, there will be growing numbers of older Americans. In 1950, there were 5 million over the age of 65 in Latin America and the Caribbean; today, there are 21 million. Similarly, the population remains heavily urban, with the entire region, north and south, close to 75% urban. In fact, 90% of the total population growth between 1950 and 1990 in Latin America and the Caribbean took place in urban communities.

20. All of these factors impact on the character of the health problems facing the region and the nature of the demands for health services. It is evident that the rate of investment in the basic infrastructure of water, sanitation, housing, education and health facilities did not keep pace with the burgeoning population. Particularly in the larger cities, where the population growth was concentrated, the lack of adequate facilities and the failure to expand the labor market yielded a deterioration in living conditions, contamination of water and air, growing violence and massive poverty.

21. The infant mortality rate (IMR) has declined throughout the region during the previous three decades, from an average of 125 deaths per 1000 live births to an IMR of 53. The IMR range spans countries as low as 9 IMR to those with as high as 98 IMR. In general, North America remains near an IMR of 9, the English Caribbean at 21, and Latin America at 55. Ten Latin American countries still have IMRs greater than 60. The average rate of reduction slowed considerably during the decade of the 1980s, partly because of the increased difficulty to achieve reductions at lower levels and partly due to the impact of the economic crisis. The latter factor, along with the consequences of civil conflicts, produced reports of actual increases in infant mortality in two countries.

22. Overall mortality rates also have continued to decline and life expectancy at birth has risen to 67. Again the range varies from 55 to 75 years. The reductions in mortality can be attributed generally to reductions in deaths from diarrheal diseases and acute respiratory infections in children under five; perinatal causes and reductions in deaths due to childhood diseases preventable by immunization, tuberculosis and malaria. In each of these instances, the direct intervention of the health sector has been a major factor, as access has been increased at the local community level to oral rehydration therapy, appropriate ARI control measures, immunization and access to appropriate medical treatment.

23. The current profile of mortality and morbidity shows both the prevalence of the traditional diseases of developing countries and the transition to the diseases of modernity. Diarrheal diseases and acute respiratory infections still account for between 30 and 40% of all child deaths. While communicable diseases such as malaria and dengue fever are less prominent as causes of mortality than in the past, the region is seeing an increase in the incidence of both diseases. At the same time, those traditional diseases increasingly are being challenged by a rise in the prevalence of cardiovascular diseases and cancer, by violence and by AIDS.

24. In virtually every country, the disparities between different regions and vulnerable population groups remain a matter of great concern. For example, for every 100 persons living in urban areas with access to health, water or sanitation, the numbers are nearly cut in half for those living in rural communities. Access to health services remains unavailable to some 130 million Americans, among them are 90 million women of child-bearing age and children. It is important to recognize that among the five principal causes of death among women of child-bearing age are complications relating to pregnancy, birth or the post-partum period. Today there are also 130 million people who do not have access to safe drinking water. Some 220 million do not have adequate sanitation facilities and barely 10% of the total volume of wastewater is treated before it is dumped into the rivers and seas of the region. Until those statistics are reduced, hundreds of thousands of the region's citizens will die needlessly.

VIII. Development strategy

25. For a decade, PAHO and WHO have argued strongly that the social and human consequences of the adjustment process were not receiving sufficient attention. The arguments initially set forth in the World Health Assembly technical discussions of 1986 on intersectoral action for health, and in PAHO studies on the impact of the economic crisis and adjustment on health and on health and development, now appear to have acquired advocates in other sectors. The first of the arguments related to the right of human beings, as spelled out in the International and American Covenants on Human Rights, to have access to basic conditions of health, and within societies, not to be discriminated against in receiving those services. The second related to the indivisible nature of many health threats, in which small groups of individuals could not survive unaffected by unhealthy conditions afflicting the majority of their neighbors. A third argument was based on the demonstrated proof that preventive interventions within a primary health care strategy were available, feasible, and effective.

26. A final argument was based on a conviction that the economic growth models being established required capable labor forces, an expanding national consumer market, and rising, as opposed to declining, levels of public satisfaction with the political and economic order. Economic development and the modernization of the regional economies clearly demanded time for the benefits to be realized. Unless some more direct response to social needs and to the gaps in health, education and housing were found, it was doubtful that many democratic societies could retain their social cohesion to provide that time.

27. The echoes to that argument now are being heard in many corridors of power. They have become part of the stance presented by the IDB and the World Bank to justify increasing the portion of their lending dedicated to the social sectors and to health, in particular. They have become a significant part of the dialogue with member countries in looking at their new economic planning and budgeting over the remainder of the decade. When defined as investment in human capital, they also have become a key element in the platforms of leaders of developed nations as to their long-term strategies for keeping their own societies competitive in the coming decades. Nevertheless, those views are still not fully evident in national, regional and global economic development resource allocations.

## DEVELOPMENT AND ANALYSIS OF THE PROGRAM BUDGET FOR 1994-1995

IX. Transition

28. Within that global and regional context, therefore, one sees a transition in the dominant political and economic theses affecting Latin American and Caribbean development. The 1994-1995 program budget occurs within a time of transition and also constitutes in many ways a transition towards the new millennium.

29. Within the Organization, the 1994-1995 budget spans the conclusion of the Strategic Orientations and Program Priorities 1991-1994 (SOPP), the adoption of the SOPP 1995-1998 and the first year of implementation of that policy document. Therefore, the program budget has been constructed in part based on the evaluation of the first two years of the current SOPP and a conscious attempt to look forward to the lines of health development already appearing on the horizon and likely to become more solid and permanent as we move toward the end of the century. The budget development process also reflected the first conclusions to the examination of the trends being produced in the preparation of Health Conditions of the Americas 1991-1994.

30. Another aspect to the proposed program budget's transitional nature is the clear direction already marked out in the proposed Ninth General Program of Work of WHO. The four major lines of action are; integrating health and human development in public policies, ensuring equitable access to health services, promoting and protecting health, and preventing and controlling specific health problems. For PAHO, these lines of action offer additional support to the priorities of the Organization since each of these orientations can be found previously in PAHO's 1991-1994 SOPP. In addition, in the Region of the Americas, the health impact of inadequate levels of water and sanitation and the concerns for reducing levels of pollution have given the area of environment and health a level of priority equal to those other areas of strategic concern.

31. Finally the budget is a transition toward the final chapter in the quarter-century drive for Health for All by the year 2000. The quadrennial evaluations of progress toward those goals have demonstrated important advances; although many nations in the region still are distant from one or more of the regional HFA goals.

X. Structure and priorities of the budget

32. The Biennial Program Budget is the Organization's instrument for translating the SOPP, General Program of Work and other global and regional policy decisions into its two-year program of technical cooperation and its allocation of resources to carry out that program. Its preparation required the joint review of the existing PAHO/WHO program of technical cooperation, regional policy goals and strategies and national needs.

33. Country programs were analyzed in light of those policies, the country's socioeconomic and health situation, national health development goals and its strategies and plans. Examining the available national and external resources, the gaps in country needs are defined and national programs of technical cooperation designed. Country program allocations continue to represent both the largest single component of the budget and the lodestone of the Organization's technical cooperation. Technical cooperation among countries also is one of the important strategies within the Organization and a specific program was created to promote that strategy. Specific Country programs constitute 38.3% of the program budget of the Organization, increased from 37.2% in 1992-1993, reflecting both the mandate of the governing bodies and the managerial strategy of the Organization. The Organization's total technical cooperation in the countries reaches 82.7% of the proposed budget.

34. The managerial and general direction of the Organization encompasses both the Governing Bodies and the General Program Development and Management. Its objective is to assure that all of the resources of the Organization are focussed on fundamental strategic goals in the most efficient and effective manner. Given the quantitative limits on financial resources and the increasing scarcity of the needed human resources, the managerial strategy is even more crucial in assuring the right people in the right places to respond to the fundamental health challenges facing the nations of the Americas. It is here that the overall planning and programming system of the Region of the Americas is coordinated. The basic executive functions also are carried out through the executive management and other programs within this area. In addition, the external coordination activities of the Organization, not only crucial with reference to mobilization of financial resources but maintenance of relations with other international agencies, both public and non-governmental, are financed through this program. The Director's Development program, which provides the only specific flexibility to respond to emergencies, innovative and unexpected situations during the biennium, also is conducted in this program area. The proposed budget reduces an already low percentage of budget funds dedicated to these activities to 7.8%.

35. All regional programs are developed from an awareness of the status of health development in Member Countries and a primary vision of how regional technical cooperation can improve those conditions. The allocations among regional programs also respond to the strategies and priorities defined in the Organization's guiding policy documents.

36. The health system infrastructure part of the budget encompasses the program budget chapters of health policy development, managerial process for national health development, health situation and trend assessment, health services based on primary health care, human resources development, health information support and research promotion and technology development. It encompasses the entire relationship of health to other sectors as well as the structure, financing and efficient delivery of services within the health sector. As health is seen more and more as an essential contribution to economic growth and a critical factor in the human development equation, the program budget attempts to engage the Organization in assisting countries to meet these strategic goals. Those goals encompass the role that health can play in strengthening and responding to the democratic transition which has helped change the political features of the hemisphere. Similarly within this broad program area, the Organization recognizes the importance of promoting a new recognition of the status of women in health and in society, of the discrimination experienced by women within the health care system and in both de jure and de facto terms in the economy at large. The program seeks to open new opportunities for women and, through this process, also to press for improvements in the health conditions of women.

37. The concern for promoting the extension of health services through decentralization and strengthening of local health systems continues to dominate the Organization's effort to ensure equitable access to quality health services. Past analyses have shown inequities in access to services and inequalities in health conditions affecting vulnerable population groups. That challenge remains a major organizing concept in the proposed program budget. The overall program of health system infrastructure will receive a 49.3% share of the budget.

38. The social debt from the 1980s had its reflection in the appearance of cholera and in the evident and growing inadequacies in the health, water and sanitation infrastructure around the region. The Organization responded with a broad and comprehensive 12-year plan to remedy those conditions which drew the approval of the 2nd Iberoamerican Presidential Summit in Madrid in 1992 and set in motion a key element of the new strategy for the coming biennium and the decade itself. On its own, the plan spelled out one important way to respond to the health, environment and development paradigm which had been defined at the Rio UNCED conference. The proposed budget reflects that priority.

39. The proposed program budget also reflects an effort to expand the environmental protection technical cooperation offered to the countries as many find those issues rising on their national political, economic and health agendas. Both in pursuing access to additional sources of clean water supply and assisting countries in assuring the quality of drinking water, the Organization will be expanding its environmental health technical cooperation program. Similarly, the Organization will assist member countries in formulating, monitoring and enforcing regulations to prevent contamination of water and air from pollutants, and the spread of toxic chemical waste. The budget chapter share for all environmental protection activities has increased from 7.6% to 8.0%.

40. Also within the part of the budget related to health science and technology, maternal and child health programs have been given higher bureaucratic visibility within the administrative structure of PAHO and increased attention in terms of financial resources as well. Not only within the general policy mandates of the Organization but within the political demands of the chief executives of the member countries at the World Summit on Children, the goals of the maternal and child health program were assigned highest priority. The capability of the immunization, ARI, and ORT interventions to improve health conditions is no longer questioned. Nor is the efficacy of prenatal care and effective integration of family planning education and methods. The critical issue is how to assure access to those services across all social strata within the member countries. The 1994-1995 budget is designed to help advance that process, assigning 5.0% to that program.

41. Also within this part is the program area of communicable diseases to which the Organization has continued to assign a high priority. The recent success in eradicating the transmission of poliomyelitis not only constitutes a proud accomplishment; but it also serves as a model to replicate with respect to other disease control, eradication and elimination targets for the future. The budget reflects these concerns along with the previous decisions of the governing bodies to pursue the elimination of measles, leprosy, chagas and neo-natal tetanus. Similar eradication targets exist with respect to onchocerciasis and non-venereal treponematosis. AIDS and other sexually transmitted diseases also constitute areas of dramatic concern within the mortality and morbidity patterns prevalent in the region. The rising rates of infection from malaria and dengue fever also require increased attention. Disease prevention and control programs now constitute 6.0% of the budget.

42. In this area, food and nutrition and veterinary public health programs are located. There is an obvious linkage between the two, as the first pursues more adequate knowledge and use of nutritional foods, reducing and ideally eliminating diseases linked to iodine, vitamin A and other nutritional deficiencies and the second is linked to protection of foods, eradication of foot-and-mouth disease and prevention and control of zoonoses, all of which have a direct impact on individual nutrition and well-being.

43. In the program area of Health Promotion, efforts with respect to alcohol, drug abuse and tobacco use will continue to receive high priority. However, the trend will be to emphasize integrated strategies such as social communication, promoting healthy communities and healthy life styles and creating public policies which assess technologies with the aim of reducing risk factors and of improving health care. In addition, the growth of violence as a public health problem in the region has generated a judgment that more resources will need to be dedicated to assisting countries in responding to this threat. Health promotion already has been given a far sharper presence within the structure of the Organization and in resources, it will reach 2.9% of the budget in the 1994-1995 biennium.

## XI. Analysis of the Budget

44. The provisional draft of the 1994-1995 PAHO/WHO program budget was previously projected in Official Document No. 239 of May 1991. The projected increase at that time was estimated to be 12.4% over the 1992-1993 budget which had suffered program reductions in excess of $9.3 million due to United Nations mandated increases, overall cost increases caused by inflation, and by WHO funds for this Region being restricted to an increase of 9.9%, at the time the cost increase between 1990-1991 and 1992-1993 was 19.7%. Despite the program reduction of $9.3 million, reflecting a decrease of 4.8%, the 1992-1993 increase was 14.9%, even after the elimination of 74 posts. Since this Region's portion of the WHO regular budget had been limited to an increase of 9.9%, the PAHO portion of the regular program budget required an unusual increase of 17.3%. During the current 1992-1993 operating period, the financial situation of WHO has worsened due to the lack of quota contributions, and the Director General of WHO imposed a 10.0% internal reduction. This reduction, amounting to $7,149,100 for this Region, more than offset the already restricted increase of 9.9%.

45. The WHO portion of the 1994-1995 proposal, amounting to $80,070,000 and reflecting an increase of 12.0%, was recommended to the Director General of WHO by the September 1992 Directing Council, acting as the WHO Regional Committee for the Americas. In an effort to hold the global WHO budget increase to approximately 12.0%, the May 1993 World Health Assembly approved a global budget of $822,101,000 which represents an overall increase of 11.86% and requires an overall quota increase of 14.07%. The budget for the Region of the Americas was reduced to $79,794,000, an increase of 11.61%.

46. The formulation of the combined PAHO/WHO regular program budget proposal started over a year after the formulation of the regional WHO budget. The combined tentative proposal was discussed with the Subcommittee on Planning and Programming this past April. The $250,958,000 tentative proposal was composed of $80,070,000 on WHO regular funds and $170,888,000 on PAHO regular funds. The increase on both funds was 12.0% over 1992-1993, comprised of 12.2% cost increases related to inflation and mandatory United Nations increases and program reductions of $452,800 or 0.2%. The tentative proposal would have meant an annual increase of approximately 6.0%.

47. While the tentative PAHO/WHO proposal was viewed as reasonable, the Subcommittee, as well as the Director, expressed concern with the resulting PAHO quota increase of 17.74%. The reason for this substantial quota increase is due to the composition of the base 1992-1993 funding. The PAHO budget for 1992-1993 is $152,576,000. This budget is funded by $136,903,000 from Member Country contributions, $9,700,000 in projected Miscellaneous Income, and $5,973,000 for the Exchange/Inflation Rate Differential, the latter unavailable in 1994-1995 since the funds have been utilized. Member Country contributions currently fund 89.7% of the PAHO budget. Since the Exchange/Inflation Rate Differential will not be available in 1994-1995 and Miscellaneous Income is projected at the same level of $9,700,000, Member Country contributions toward the PAHO regular budget proposal of $170,888,000 would amount to $161,188,000 or 94.3% of the total.

48. The proposal for 1994-1995 contained in this document amounts to $244,260,000, composed of WHO regular funds of $79,794,000 and PAHO regular funds of $164,466,000. This revised 1994-1995 proposal is $6,698,000 less than the tentative proposal presented to the Subcommittee. The details of the proposal are explained in the various tables in the document as described below. The overall increase over 1992-1993 is $20,193,000 or 9.0%, approximately 4.4% annually. This is an extremely conservative proposal which requires program reductions, as was the case in the 1992-1993 proposal, although not as drastic. The program reductions amount to $2,674,300 or 1.2%. Cost increases are being held to 10.2%.

49. As mentioned above, the PAHO regular portion of the proposal is $164,466,000, an increase of only 7.8% over 1992-1993. This reflects an annual increase of approximately 3.8%. The Director is proposing that the $164,466,000 PAHO regular budget be funded by Member Country contributions of $152,766,000; projected Miscellaneous Income of $9,700,000, and expectations that 1992-1993 income will exceed the budget requirements by $2,000,000. By funding the 1994-1995 budget in this manner, overall Member Country contributions will only increase by 11.59%, rather than the 17.74% increase previously discussed with the Subcommittee.

50. There are several tables and graphs which present the program budget in the various ways requested by the Governing Bodies. Explanations of these tables and graphs are included in the following paragraphs.

51. Table A on page 9 summarizes the PAHO and WHO regular regional budget history since 1970. The PAHO regular portion of the 1994-1995 proposal is 67.3%, while the WHO regular portion is 32.7%.

52. Table B on page 10 is divided between posts on PAHO/WHO regular funds and posts on extrabudgetary funds. On the PAHO/WHO regular funds, there is an overall reduction of 13 posts even though four posts were added in Country Programs. Over the four year period, 1992-1995, 87 posts will have been eliminated. The decline in posts on extrabudgetary funds is caused by the inability to predict commitments in future years.

53. Graphs I and II on pages 11-12 illustrate the information provided in Table C on page 13. Table C provides an analysis of the PAHO/WHO regular program budget by location categories and by program and cost increases or decreases. Program increases relate to those new items in the location category which were not included in the 1992-1993 program. A program decrease pertains to those items which were included in the 1992-1993 program but were eliminated in the 1994-1995 proposal. Cost increases include estimates of inflation and United Nations mandated increases such as salaries, post adjustments, per diem rates, etc.

54. The cost increase factors change by location. All posts in the regular proposal are costed based upon the latest actual post costs by grade and location of the post. For general elements such as supplies and equipment and general operating expenses, the cost increase factor used is 8.2% for Washington or approximately 4.0% annually. The latest US Government figures show inflation at 4.3%. An overall cost increase of 13.4% is being used for field locations. This amounts to approximately 6.5% annually. According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), inflation in Latin America and the Caribbean, excluding Brazil, averaged 22.0% in 1992. If this average inflation continues, the proposal will have to absorb the difference. The remaining two cost factors used relate to short-term consultant months and fellowship months. The STC average has been increased from $8,000 to $8,300 or 3.75%. The fellowship average of $2,000 has been held to the 1992-1993 level.

55. Table C shows the overall increase of 9.0%, composed of the cost increase of 10.2% and program decreases of 1.2%. Of this $2,674,300 program decrease, 74.9% comes from Technical and Administrative Direction, which was reduced from 15.6% of the program in 1992-1993 to 14.6% in 1994-1995. The smallest program

INTRODUCTION (Cont.)

decrease by far was made in country programs - only $98,500 or 0.1%. Country programs increased from 37.2% of the total in 1992-1993 to 38.3% in 1994-1995. In compliance with resolutions of the Governing Bodies, at least 35.0% of the PAHO/WHO regular funds are to be budgeted in direct country programs. The large program increase in multicountry programs relates primarily to the establishment of the Executive Secretariat of the Regional Plan for Investment in the Environment and Health and the new program related to Promotion of Bioethics. This latter program, which was initially presented to the Subcommittee at the level of $1,160,000, has been reduced to $760,000.

56. Table D on pages 14 and 15 is a summary of the various funds committed to the Organization for 1992-1993 at this time. The 1992-1993 amount for extrabudgetary funds, $179,188,000, is the most accurate presentation of these funds since future commitments from external sources cannot be predicted for 1994-1995 and beyond at this time. For this reason, extrabudgetary funds beyond 1992-1993 appear to drastically decrease. Three funds in particular have decreased rather sharply even in the current 1992-1993 period compared to 1990-1991; the United Nations Population Fund is almost $9,000,000 lower, the Global Program on AIDS is almost $6,000,000 lower, and the United Nations Development Program is about $1,000,000 lower.

57. The various graphs and tables under Table E between pages 16 and 33 present the proposal, separated by funding source, in the program classification structure with the addition of the Promotion of Bioethics (HBE) program. The most logical presentation of the program is shown under Table E-3 starting on page 22 which combines the PAHO and WHO regular funds. These two funds constitute the core program of the Organization and should be considered together when analyzing the program budget.

58. Graphs III and IV on pages 32 and 33 illustrate the four main parts of the program. Part I, Direction, Coordination, and Management is 7.8% of the 1994-1995 proposal, down from 9.1% in 1992-1993. Part II, Health System Infrastructure accounts for 49.3% and Part III, Health Science and Technology is 31.9%. These latter two parts comprise 81.2% of the proposal and receive 99.2% of the overall budget increase proposed. While these two parts increase 11.2%, the other two parts, Part I and Part IV, Program Support, increase by a mere 0.3%.

59. Part IV, Program Support, referred to as indirect costs or overhead, accounts for 11.0% of the proposal, decreasing from 11.1% in 1992-1993. This percentage for administrative support is the lowest of any international organization. When combined with the current level of extrabudgetary funds, Program Support falls to below 8.0% of the total.

60. The various tables under Table F starting on page 34 show the budget in the traditional object of expenditure allocations (personnel, duty travel, fellowships, etc.). Table F-2 on page 35 shows the increases and decreases within the expenditure allocations. Post costs increase by 9.1% even though 13 posts were eliminated.

61. 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.

62. 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.

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

64. 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.

65. Finally, it is the responsibility of the June 1993 Executive Committee to make recommendations to the September 1993 Directing Council. The Directing Council approves the 1994-1995 PAHO regular program budget.

THE DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 1994-1995 an amount of $185,722,908 as follows:

| | | |
|---|---|---|
| Part I | DIRECTION, COORDINATION AND MANAGEMENT | 16,481,600 |
| Part II | HEALTH SYSTEM INFRASTRUCTURE | 78,274,700 |
| Part III | HEALTH SCIENCE AND TECHNOLOGY | 49,362,500 |
| Part IV | PROGRAM SUPPORT | 20,347,200 |
| | Effective Working Budget (Parts I-IV) | 164,466,000 |
| Part V | STAFF ASSESSMENT (Transfer to Tax Equalization Fund) | 21,256,908 |
| | TOTAL - ALL PARTS | 185,722,908 |

2. That the appropriation shall be financed from:

| | | |
|---|---|---|
| (a) | Assessments in respect to: Member Governments, Participating Governments and Associate Members assessed under the scale 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 | 174,022,908 |
| (b) | Miscellaneous Income | 9,700,000 |
| (c) | Provision for the 1992-1993 surplus not to exceed | 2,000,000 |
| | TOTAL | 185,722,908 |

In establishing the contributions of Member Governments, Participating Governments and Associate Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those 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 1994 to 31 December 1995, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 1994-1995 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, exclusive of the provision made for transfers from the Director's Development Program in Part I. Except for the provision made for the Director's Development Program in Part I, 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. The Director is authorized to apply amounts not exceeding the provision for the Director's Development Program to those parts of the effective working budget under which the program obligation will be incurred. All transfers of budget credits shall be reported to the Directing Council or the Pan American Sanitary Conference.

ASSESSMENTS OF THE MEMBER GOVERNMENTS, PARTICIPATING GOVERNMENTS AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1994-1995

PROPOSED RESOLUTION

Whereas, Member Governments appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, adjusted to PAHO Membership, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, adjustments were made taking into account the assessments of Cuba, the Participating Governments and Associate Members; now, therefore,

THE DIRECTING COUNCIL,

RESOLVES:

To establish the assessments of the Member Governments, Participating Governments and Associate Members of the Pan American Health Organization for the financial period 1994-1995 in accordance with the scale of quotas shown below and in the corresponding amounts.

| (1) | (2) | | (3) | | (4) | | (5) | | (6) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Scale Adjusted to PAHO Membership | | Gross Assessment | | Credit from Tax Equalization Fund | | Adjustment for Taxes Imposed By Member Governments Emoluments of PASB Staff | | Net Assessment | |
| Membership | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| | % | % | US$ | US$ | US$ | US$ | US$ | US$ | US$ | US$ |
| Member Governments: | | | | | | | | | | |
| Antigua and Barbuda | 0.019993 | 0.019993 | 17,396 | 17,396 | 2,125 | 2,125 | | | 15,271 | 15,271 |
| Argentina | 4.897907 | 4.897907 | 4,261,740 | 4,261,740 | 520,572 | 520,572 | | | 3,741,168 | 3,741,168 |
| Bahamas | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Barbados | 0.079965 | 0.079965 | 69,579 | 69,579 | 8,499 | 8,499 | | | 61,080 | 61,080 |
| Belize | 0.029987 | 0.029987 | 26,092 | 26,092 | 3,187 | 3,187 | | | 22,905 | 22,905 |
| Bolivia | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Brazil | 8.546348 | 8.546348 | 7,436,302 | 7,436,302 | 908,345 | 908,345 | | | 6,527,957 | 6,527,957 |
| Canada | 12.354723 | 12.354723 | 10,750,024 | 10,750,024 | 1,313,116 | 1,313,116 | 30,000 | 30,000 | 9,466,908 | 9,466,908 |
| Chile | 0.539769 | 0.539769 | 469,661 | 469,661 | 57,369 | 57,369 | | | 412,292 | 412,292 |
| Colombia | 0.939599 | 0.939599 | 817,559 | 817,559 | 99,865 | 99,865 | | | 717,694 | 717,694 |

ASSESSMENTS OF THE MEMBER GOVERNMENTS, PARTICIPATING GOVERNMENTS AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1994-1995 (CONT.)

| (1) | (2) | | (3) | | (4) | | (5) | | (6) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Scale Adjusted to PAHO Membership | | Gross Assessment | | Credit from Tax Equalization Fund | | Adjustment for Taxes Imposed By Member Governments Emoluments of PASB Staff | | Net Assessment | |
| Membership | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| | % | % | US$ | US$ | US$ | US$ | US$ | US$ | US$ | US$ |
| Member Governments: | | | | | | | | | | |
| Costa Rica | 0.129945 | 0.129945 | 113,067 | 113,067 | 13,811 | 13,811 | | | 99,256 | 99,256 |
| Cuba | 0.730372 | 0.730372 | 635,507 | 635,507 | 77,627 | 77,627 | | | 557,880 | 557,880 |
| Dominica | 0.019993 | 0.019993 | 17,396 | 17,396 | 2,125 | 2,125 | | | 15,271 | 15,271 |
| Dominican Republic | 0.179924 | 0.179924 | 156,554 | 156,554 | 19,123 | 19,123 | | | 137,431 | 137,431 |
| Ecuador | 0.179924 | 0.179924 | 156,554 | 156,554 | 19,123 | 19,123 | | | 137,431 | 137,431 |
| El Salvador | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Grenada | 0.029987 | 0.029987 | 26,092 | 26,092 | 3,187 | 3,187 | | | 22,905 | 22,905 |
| Guatemala | 0.129945 | 0.129945 | 113,067 | 113,067 | 13,811 | 13,811 | | | 99,256 | 99,256 |
| Guyana | 0.019993 | 0.019993 | 17,396 | 17,396 | 2,125 | 2,125 | | | 15,271 | 15,271 |
| Haiti | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Honduras | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Jamaica | 0.179924 | 0.179924 | 156,554 | 156,554 | 19,123 | 19,123 | | | 137,431 | 137,431 |
| Mexico | 6.077403 | 6.077403 | 5,288,037 | 5,288,037 | 645,934 | 645,934 | | | 4,642,103 | 4,642,103 |
| Nicaragua | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Panama | 0.129945 | 0.129945 | 113,067 | 113,067 | 13,811 | 13,811 | | | 99,256 | 99,256 |
| Paraguay | 0.179924 | 0.179924 | 156,554 | 156,554 | 19,123 | 19,123 | | | 137,431 | 137,431 |
| Peru | 0.409825 | 0.409825 | 356,595 | 356,595 | 43,558 | 43,558 | | | 313,037 | 313,037 |
| Saint Kitts and Nevis | 0.019993 | 0.019993 | 17,396 | 17,396 | 2,125 | 2,125 | | | 15,271 | 15,271 |
| Saint Lucia | 0.029987 | 0.029987 | 26,092 | 26,092 | 3,187 | 3,187 | | | 22,905 | 22,905 |
| Saint Vincent & Grenadines | 0.019993 | 0.019993 | 17,396 | 17,396 | 2,125 | 2,125 | | | 15,271 | 15,271 |

ASSESSMENTS OF THE MEMBER GOVERNMENTS, PARTICIPATING GOVERNMENTS AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1994-1995 (CONT.)

| (1) | (2) | | (3) | | (4) | | (5) | | (6) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Scale Adjusted to PAHO Membership | | Gross Assessment | | Credit from Tax Equalization Fund | | Adjustment for Taxes Imposed By Member Governments Emoluments of PASB Staff | | Net Assessment | |
| Membership | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| | % | % | US$ | US$ | US$ | US$ | US$ | US$ | US$ | US$ |
| Member Governments: | | | | | | | | | | |
| Suriname | 0.069971 | 0.069971 | 60,883 | 60,883 | 7,437 | 7,437 | | | 53,446 | 53,446 |
| Trinidad and Tobago | 0.179924 | 0.179924 | 156,554 | 156,554 | 19,123 | 19,123 | | | 137,431 | 137,431 |
| United States of America | 59.444615 | 59.444615 | 51,723,626 | 51,723,626 | 6,318,045 | 6,318,045 | 3,900,000 | 3,900,000 | 49,305,581 | 49,305,581 |
| Uruguay | 0.259889 | 0.259889 | 226,133 | 226,133 | 27,622 | 27,622 | | | 198,511 | 198,511 |
| Venezuela | 3.198634 | 3.198634 | 2,783,178 | 2,783,178 | 339,965 | 339,965 | 5,000 | 5,000 | 2,448,213 | 2,448,213 |
| Subtotal | 99.448227 | 99.448227 | 86,531,349 | 86,531,349 | 10,569,810 | 10,569,810 | 3,935,000 | 3,935,000 | 79,896,539 | 79,896,539 |
| Participating Governments | | | | | | | | | | |
| France | 0.289876 | 0.289876 | 252,225 | 252,225 | 30,809 | 30,809 | | | 221,416 | 221,416 |
| Kingdom of the Netherlands | 0.089961 | 0.089961 | 78,276 | 78,276 | 9,561 | 9,561 | | | 68,715 | 68,715 |
| United Kingdom | 0.059974 | 0.059974 | 52,184 | 52,184 | 6,374 | 6,374 | | | 45,810 | 45,810 |
| Subtotal | 0.439811 | 0.439811 | 382,685 | 382,685 | 46,744 | 46,744 | 0 | 0 | 335,941 | 335,941 |
| Associate Members | | | | | | | | | | |
| Puerto Rico | 0.111962 | 0.111962 | 97,420 | 97,420 | 11,900 | 11,900 | | | 85,520 | 85,520 |
| Subtotal | 0.111962 | 0.111962 | 97,420 | 97,420 | 11,900 | 11,900 | 0 | 0 | 85,520 | 85,520 |
| TOTAL | 100.000000 | 100.000000 | 87,011,454 | 87,011,454 | 10,628,454 | 10,628,454 | 3,935,000 | 3,935,000 | 80,318,000 | 80,318,000 |

(5) This column includes estimated amounts to be received by the respective Member Governments in 1994-1995 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for the difference between the estimated and the actual for prior years.

## HEALTH SITUATION ANALYSIS

1. From the mid-nineteenth century on, biomedical knowledge has grown exponentially, and that knowledge has been utilized in technology and health practice, allowing for significant gains in the general public health. Much of the improvement in people's health status in the Region has come since World War II, as the result of interventions based on science and the transfer of knowledge. Scientific and technical advances in health and medicine in the past three decades only serve as harbingers of what is to come in the twenty-first century. By the year 2000 science and technology as they relate to health and health services will be venturing into uncharted territory.

2. In line with the countries' primary health care commitment to improve people's health and welfare and the quality of their lives, health and biomedical communicators will play a major role in transmitting the significance of these advances to health workers at large--thereby contributing to improving people's health conditions and to transforming countries' health systems. It follows that the generation, production, and dissemination of knowledge related to scientific and technological advances in health are crucial to all levels of workers and throughout the health care sector.

3. Health practitioners in countries of the Region --across the geographic, political, and socioeconomic spectrum-- need information that is validated, useful, and relevant to their local needs, be it in the form of books, periodicals, or documents, in printed or electronic media. The public sector grasps the strategic importance of information in manpower training, in part as a means to reduce dependency on the developed world. At the same time, to solve health problems directly related to people's habits and lifestyle, it will be necessary to reach beyond academic centers and officialdom to health service consumers and the community at large. That outreach will require development of the tools and products of social communication. Certainly the success of priority health campaigns will depend on their ability to enlist the consumers of health services and the community, which in turn will require the application of social communication approaches and techniques.

4. Poor access to scientific literature is one of the biggest problems health researchers face. The decade past witnessed an increasing difficulty on the part of institutions, students, and researchers in gaining access to biomedical literature produced abroad, due to the rising costs of books and journals in relation to dwindling local resources. By contrast, the developed world has been experiencing a powerful information explosion, printed as well as electronic. Consequently, the gap in technical and scientific knowledge has widened from day to day. Health libraries throughout the Americas have suffered declines in funding, a situation that has forced them to reduce their already modest collections and services. Access problems related to reduced funding are complicated in many countries by the major obstacles of inefficient distribution and circulation of health literature, many of which relate to national customs and postal systems, the lack of networks of bookstores and sales agents, and the poor penetration of books into areas outside the big metropolises of the Region. Delays and bottlenecks in the delivery of material is another problem. One result of these conditions is the inadequate and slowed flow of critical information, which can lead to the duplication of research. To the extent that information access is improved in these countries, the productivity and quality of research can be expected to follow suit.

5. The countries' independent research bases are directly linked to the publication of original scholarship, as publishing is merely a latter stage of a continuum. Despite the apparent easing of the economic crisis in much of the Region, health researchers in the Americas continue to face funding problems, since governments must use the resources they have to meet their citizens' basic needs, leaving little available to expend on long-term research. One measure of the magnitude of quality information being produced in the Region is the list of journals indexed in the Index Medicus of the United States National Library of Medicine, inclusion in which is generally considered to be an indication of a journal's quality standards. The 1992 edition of the Index showed that, of over 3,000 titles worldwide, 47 pertained to journals produced in Latin America and the Caribbean (Argentina 7, Brazil 15, Chile 5, Costa Rica 1, Cuba 1, Jamaica 1, Mexico 11, Panama 1, Peru 1, Uruguay 1, and Venezuela 3).

6. In the Americas, the financial resources devoted to publishing are extraordinarily small—one reason why publishing in most countries, with a few notable exceptions, is such a fragile enterprise. Some countries have virtually no publishing industry, and must depend on external sources for expensive imported publications. Others are coursing through a transitional period characterized by the modernization of printing plants, explosion of electronic media, the emergence of technologies, an increase in literacy and an enhanced appreciation of the power of information to change behavior and influence the development of the health sector. Growing entrepreneurship and increasing availability of capital, so critically scarce during the economic crisis of the 1980s, can be expected to trigger a boom in health and biomedical publishing in the countries. In such a scenario, it will be important to promote the production of indigenous medical literature, as it can be more greatly relevant to local health situations, is generally presented in a more appropriate style and language, and can be made available at affordable prices.

7. In the next few years, the demand for health information will mushroom. Changes underway in the countries of the Americas will directly affect the generation, utilization, and dissemination of health information in the Region. Among those changes are growth in the gross domestic product in most countries, a tendency toward free trade agreements, including agreements on intellectual property rights, and other arrangements aimed at solving monetary problems and

removing government restrictions that impede the free flow of books and journals among countries, the gradual falling of illiteracy rates, and demographic bulges projected for many of the countries. In the years to come, these factors will make the demand and need for health information even greater.

8. In addition, with respect to mass media, there is a rising consciousness on the part of mass media owners and managers that they have a social responsibility to help provide access to health information. This 'consciousness' is helped in its development by audience surveys which constantly rank health among the top three or four areas of prime interest. Also, journalists and schools of journalism are increasingly interested in health matters and, more and more, recognize the need to train people in reporting on health issues. Some schools have or are developing special curricula in this area and a network of journalists interested in health matters is slowly developing throughout the region. However, even though health sector officials in most countries are now slowly accepting the fact that greater investment in information activities is not only necessary but cost effective, budgets in ministries are far from catching up with this reality. Consequently, Ministries of Health are increasingly turning to PAHO for communications expertise, for coordination and support for information programs and campaigns and for financial resources to mount them.

9. In response, DPI has seen its country - level and sub-regional activities rise constantly and substantially over the last few years. An integral part of this situation is the growing demand for training, equipment, and technical collaboration from the communications offices of the Ministries themselves, and in some cases from the PWRs who are realizing the importance of expertise in information and establishing press offices to work with the national authorities. Nevertheless, there is still a long way to go, since in modern societies health communications activities compete on the open market with commercial messages of all sorts, including health-damaging products such as tobacco and liquor, and to compete effectively health sector information efforts require a degree of expertise and financing not yet common in most countries. This situation is changing, albeit too slowly, and one of the principal regional targets for technical cooperation that need to be addressed in the next biennium is to ensure that the countries have available professional level expertise and adequate financing to carry out professional communications campaigns for short-term goals, such as immunization efforts, and for long-term goals of improving health status.

## GLOBAL STRATEGY FOR TECHNICAL COOPERATION

10. The Organization considers the management of knowledge to be a strategic orientation the purpose of which is to generate, publish, and disseminate reliable, useful, and appropriate scientific and technical information for health workers throughout the Region of the Americas. The Latin American and Caribbean Center on Health Sciences Information (BIREME) coordinates PAHO's Health Information Network and is responsible for disseminating scientific and technical information in the Region as a basic means of collaborating with the governments to strengthen the utilization and coordination of scientific and technical information resources in the health field. In addition, the Publications Program of PAHO coordinates, in cooperation with other technical programs, the publication of a broad range of information with the goal of enabling the Organization and the Member Countries to address social and health issues of fundamental interest to the Region. By so doing, the Program contributes to better understanding and execution of other strategic orientations and program priorities of PAHO.

11. The Organization has the capacity, unequaled by any other institution, to bring together national and international forces for the purpose of compiling, analyzing, and producing extensive scientific and technical information related to health. For example, no other agency would be in a position to produce the serial publication Health Conditions in the Americas, or a monthly journal such as the Boletín de la Oficina Sanitaria Panamericana and its English counterpart, Bulletin of the Panamerican Health Organization, which gather such a diversity of experiences in health research from all over the Hemisphere. Reaching more than 25,000 health workers in the Region, the Boletín, the Bulletin and PAHO's other important journal, Educación Médica y Salud, are valuable instruments for the dissemination of biomedical information. These publications make it possible to interrelate various topics, something that doesn't often happen in more specialized journals.

12. In that context, the selection of information to be published—through the use of peer review and editorial boards—is critical to assuring that scarce resources will be used to do the most good, i.e., provide validated and useful information hemisphere-wide. Selection entails not just the approval of manuscripts from the point of view of validity but the determination as to whether or not they are appropriate to meet the needs and do not duplicate existing publications.

13. An international organization such as PAHO has a particularly critical role to play given the difficulties of publishing in Latin America—problems related to distribution, prices, availability of paper or its prohibitive expense, stiff competition from imported books, lack of adequate marketing and distribution facilities, constraints of copyright, inability to produce on a large scale that would make books more widely affordable, and the shortage of trained personnel. In light of these difficulties, the Organization will enter into copublishing arrangements, based on cooperation with other institutions under varying contractual guises, as an optimal means of pooling resources to serve health readerships, to satisfy the demand for more and a wider array of books, and to reduce costs. In addition, since effective distribution determines the relative success of the Organization's publishing activity, PAHO will strive to improve its

means and mechanisms of information dissemination, so that its products get to those who need them opportunely. Efforts will target the establishment of national focal points and the elaboration of a distribution and sales policy.

14. Finally, the importance of promoting the use and availability of health and biomedical information among PAHO technical staff, as a necessary tool of their continuing education, is crucial to assuring their ongoing professional competence and the excellence of their service to the countries. The effectiveness of the Organization's technical cooperation, decision-making, and problem-solving hinges on constant support from the professional literature—in both printed and electronic form. If collective use is made of health literature, it can have a tangible impact on health policies, strategies, and programs. As the linchpin in the Organization's internal bibliographic information system, the Headquarters Library will have as it main functions to improve the situation in regard to health information support and to promote the literature awareness of the Organization's staff through proactive programs of selective dissemination of information, streamlined reference services, and staff training targeting user education and user guidance about access to a wide array of literature sources—techniques of bibliographic searching and utilization of information, including computer databases.

15. Given the power of knowledge to contribute significantly to improving health status and to developing health services, the Organization is committed to the production and dissemination of knowledge--the critical resource not just in the health sector but in society as a whole.

16. In view of the potential that knowledge possesses to significantly improve health status and the development of health services, the Organization is committed to the production and dissemination of knowledge as a fundamental resource not only in the health sector, but in all of society. As a result, the Organization, through BIREME, supports the development and strengthening of national scientific and technical health information systems and the integration of these systems into the Regional Health Information Network of PAHO/BIREME, emphasizing their use for effective decision-making by health services personnel, researchers, and academics.

17. The fundamental goals of this strategic orientation, cite "to guarantee the existence of an increasingly informed public that will play a decisive role in the battle for health, and to reach the audiences of health workers and social and political leaders to promote their support for the improvement or transformation of national health systems." And, of most relevance to DPI's strategy of global cooperation, the program priorities document states, "For this reason, more use must be made of the mass media and technological innovations to disseminate useful health information to the general public and specialized groups."

18. Thus, the fundamental elements of DPI's global strategy include making greater use of the mass media both from the Washington headquarters, and increasingly, through the PWR's and the Centers in the countries. To be successful, the strategy must ensure that every PWR and Center has an active press officer who, in collaboration with national authorities and under the technical guidance of DPI, works to disseminate crucial health information through the mass media and other resources in the countries. In addition, the strategy must make use of technological innovations such as videoteleconferencing, satellite transmission, electronic bulletin boards, electronic networks, and others to disseminate information efficiently and quickly.

19. DPI's strategy also plays an important role in health promotion, one of the nine strategic orientations in the SOPP outlined as essential to foment substantial progress in the recovery and modernization of the health sector in the countries of the Hemisphere and which also must help generate more efficient, effective, and equitable responses to the health needs of the peoples of the Americas. With health promotion now viewed as more than dissemination of information and health education, to encompass education, information, social communication, legislation, policy making, organization, population involvement, and reorientation of health services, the role of DPI is crucial in attaining the objectives of changing environmental conditions, collective lifestyles, and behavioral patterns which are harmful to health; of implementing health programs aimed at fighting health risks, and of "developing a feeling of shared responsibility for health services," i.e. promoting community participation and decentralization. DPI's active involvement in this aspect of health promotion is an important factor if the policy and strategic orientation are to be effective, and part of the global strategy of coordination must include close working collaboration between DPI and other units in the Organization, in this field, to avoid duplication of efforts and ineffective, limited actions which might be initiated by units with little experience.

20. DPI will also work directly with PWRs, schools of journalism and journalists to develop adequate curricula as well as strengthen and expand the growing network of journalists reporting on health matters and issues by providing ready access to PAHO's information resources and support materials including publications, information sheets, press releases, photographs, graphic material and video footage.

21. Finally, in cooperation with other units in the Organization, DPI will develop video materials and source video programs and footage throughout the region in order to strengthen continuing education efforts for health personnel and to help provide needed information of use to the general public.

SPECIFIC PROGRAMS

Official and technical publications (HBP)

BIENNIAL TARGETS

22. The Publications Program, in partnership with other technical programs and divisions, will bolster the Organization's pursuit of strategic orientations and program priorities by selecting, editing, translating, producing, and disseminating information that is critical to health workers in the Region. The focus will be on what information there is; what areas of information are needed or in demand; what information should be developed, how, and in what form; how to get that information to target audiences/readerships; and how to strengthen national publishing activities.

23. The Distribution and Sales Unit has as its purpose to assure that the right publications get to the right people in time for them to be of use. Toward that end, the promotion of PAHO publications seeks out organizational opportunities consistent with PAHO/WHO's management-of-knowledge mission; identifies the specific target readership for new and existing publications, and ensures that a publication reaches those readerships, either through free distribution or through effective promotion.

LINES OF ACTION

24. Issuance of Official Documents: Annual and Quadrennial Reports of the Director (English and Spanish); Final Reports of Governing Body Meetings.

25. Issuance of periodicals: Boletín de la Oficina Sanitaria Panamericana (24 issues), Bulletin of the Pan American Health Organization (8 issues), Educación Médica y Salud (8 issues).

26. Issuance of Scientific & Technical Publications (40-50 titles); Communicating for Health Publications (10 titles).

27. Participation in meetings of the Governing Bodies (six editors/12 man weeks per year); and technical cooperation in biomedical writing through seminars in 6-8 countries.

28. Full implementation of the new, PC-LAN based, mailing list system and promotion of its use by Headquarters-based technical programs, PWRs and PAHO Centers. Inventory control and order processing components will be developed in 1993.

29. Implementation of a new policy on the distribution and sales of PAHO publications.

30. Expansion of the distribution lists for PAHO's two principal journals: "Boletín de la OPS" and "Bulletin of PAHO", and identification of new target readerships to expand the distribution of Scientific Publications, Technical Papers, and Official Documents.

31. Reprinting of publications as needed.

Public information (HBF)

BIENNIAL TARGETS

32. Establish an active network of journalists in each country throughout Latin America and the Caribbean.

33. Improve PAHO's regional information program to respond to the needs of the countries and the technical units, in collaboration with the PAHO/WHO Representatives and Centers.

34. Provide 60 minutes per week of educational and information material on video for use in continuing education for health personnel.

35. Provide 30 minutes of general public information material on health related matters and issues.

LINES OF ACTION

36. Work through the PWRs and pertinent Ministries to identify and work with interested journalists.

37. Provide direct access to pertinent PAHO publications and reports.

38. Issue bi-weekly backgrounders and information sheets on health issues and matters.

39. Provide access to an electronic BBS service.

40. Provide direct, professional support to social communications projects in the countries, to help create better health conditions.

41. Identify existing materials in Latin America and the Caribbean.

42. Identify Universities with adequate video facilities to work with in co-productions.

43. Identify interested producers and work together with Universities on co-production.

44. Work with the Asociación de Television Educative Iberoamericana to help disseminate programs throughout Latin America.

45. Identify and work with a similar partner to the Association in the English speaking Caribbean.

46. Identify other potential outlets for dissemination.

47. Help establish a network of television stations with which to work on content and distribution.

48. In cooperation with PWRs, Ministries and technical units, establish priority areas of interest.

49. Identify interested producers and funding partners.

50. Develop a weekly program initially in Spanish and eventually in English.

51. Work with the Asociación de Television Educativa Iberoamericana to help disseminate programs.

52. Identify and work with a similar partner in the English speaking Caribbean.

Language services (HBL)

BIENNIAL TARGETS

53. PAHO will continue cooperating in the exchange of validated scientific-technical health information among institutions in their languages. This will include both printed information in various forms, and oral exchange in different types of meetings dealing with policy and program matters, as well as scientific-technical subjects.

LINES OF ACTION

54. Activities in Language Services include translation and interpretation in the four official languages of the Organization as well as the operation and development of ENGSPAN and SPANAM in their PC versions.

Scientific and technical information dissemination (HBD)

BIENNIAL TARGETS

55. To promote use of the strategic approach in the development of national health information systems in the countries of the Region, and to establish information policies.

56. To develop, execute, coordinate, and maintain in the countries of the Region, as well as at PAHO, a single Regional network of scientific and technical health information, and to establish a dynamic flow of information in the communications system coordinated by BIREME.

57. To achieve in all countries of the Region full recognition of the amount of coordination required to develop national scientific and technical health information systems.

58. To promote, at the national and Regional level, use of the LILACS methodology, the BITNET academic computer networks, and CD-ROM technology for the development of new data bases.

59. To promote the revision of policies on scientific and technical health information to take into account the current situation of health services, research, and education, as well as the influence of computer and telecommunications technology on the development of information systems, and on the training needs of the personnel involved in this process.

60. To promote participation by educational and scientific development institutions (national scientific and technological research councils; e.g., CONICIT) in providing guidance and support for any changes considered necessary in the area of scientific and technical health information.

61. To support the development of health leadership by distributing relevant scientific and technical information through educational institutions, health services, and research establishments.

62. To promote reference services and help for selective dissemination of the information necessary to maintain and improve the technical competence of PAHO personnel through maximum utilization of internal resources, as well as those coming from other information services.

LINES OF ACTION

63. Technical support for all units in the Health Information System with an emphasis on training for personnel at the documentation centers of the PAHO/WHO Country Representative Offices, the Pan American Centers, the technical programs, and the Headquarters Library.

64. Production and distribution of LILACS, MEDLINE, and WHOLIS on CD-ROM among institutions in the Regional system.

65. Development of full-text and multimedia technology for use by the institutions in the Regional system.

66. Provision of a data base containing PAHO's technical memory that is as complete as possible, with full participation by all components of PAHO/WHO's internal network for bibliographic information.

67. Continued coordination of the processing of bibliographic information with the programs at PAHO Headquarters to ensure that a common methodology is adopted and compatible bibliographic data bases are established, that advisory services are available as the programs look for the best possible solutions to their information-related problems, and that training is provided.

## ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| **1992-1993** | | | | | | | | | | | | |
| PAHO - PR | 21,761,800 | 51 | 71 | 620 | 16,515,400 | 895,100 | 112 | 224,000 | 329,100 | 823,400 | 0 | 2,974,800 |
| WHO - WR | 3,318,900 | 9 | 6 | 285 | 2,336,300 | 136,300 | 0 | 0 | 55,300 | 121,000 | 0 | 670,000 |
| TOTAL | 25,080,700 | 60 | 77 | 905 | 18,851,700 | 1,031,400 | 112 | 224,000 | 384,400 | 944,400 | 0 | 3,644,800 |
| % OF TOTAL | 100.0 | | | | 75.2 | 4.1 | | .9 | 1.5 | 3.8 | .0 | 14.5 |
| **1994-1995** | | | | | | | | | | | | |
| PAHO - PR | 23,045,600 | 51 | 66 | 1169 | 17,764,000 | 1,013,400 | 110 | 220,000 | 855,000 | 892,000 | 0 | 2,301,200 |
| WHO - WR | 3,872,400 | 9 | 6 | 321 | 2,728,600 | 149,500 | 0 | 0 | 5,700 | 125,900 | 0 | 862,700 |
| TOTAL | 26,918,000 | 60 | 72 | 1490 | 20,492,600 | 1,162,900 | 110 | 220,000 | 860,700 | 1,017,900 | 0 | 3,163,900 |
| % OF TOTAL | 100.0 | | | | 76.1 | 4.3 | | .8 | 3.2 | 3.8 | .0 | 11.8 |
| **1996-1997** | | | | | | | | | | | | |
| PAHO - PR | 25,616,900 | 51 | 66 | 1169 | 19,657,000 | 1,149,100 | 110 | 220,000 | 969,700 | 1,011,500 | 0 | 2,609,600 |
| WHO - WR | 4,292,300 | 9 | 6 | 321 | 2,995,200 | 169,500 | 0 | 0 | 6,500 | 142,800 | 0 | 978,300 |
| TOTAL | 29,909,200 | 60 | 72 | 1490 | 22,652,200 | 1,318,600 | 110 | 220,000 | 976,200 | 1,154,300 | 0 | 3,587,900 |
| % OF TOTAL | 100.0 | | | | 75.7 | 4.4 | | .7 | 3.3 | 3.9 | .0 | 12.0 |

## LATIN AMERICAN AND CARIBBEAN CENTER ON HEALTH SCIENCES INFORMATION (BIREME)

1. The Latin American and Caribbean Center on Health Sciences Information (BIREME) is located in Sao Paulo, Brazil. BIREME carries out its activities under the direction of the Division of Health and Development (HDP) and within the Strategic Orientations and Program Priorities of the Pan American Health Organization.

2. The objectives of BIREME are: i) to coordinate and support the development of the components in a global health information network under PAHO which includes the specialized Pan American Centers, the documentation centers of the PAHO/WHO Country Representative Offices, the technical programs, and the PAHO Headquarters Library as participants; ii) To support the development and strengthening of national scientific and technical health information systems, and the integration of these systems into the Regional Health Information Network of PAHO/BIREME, emphasizing their use for effective decision-making by health services personnel, researchers, and academics; iii) To promote the revision of policies on scientific and technical information in health sciences to take into account the current situation of health services, research, and education, as well as the influence of computer and telecommunications technology on the development of information systems, and on the training needs of the personnel involved in this process; iv) To promote training opportunities for users and technicians who work with national scientific and technical health information systems so that it will be possible to meet the growing demand for information among health professionals which is the result of the changing situation and new trends with which they must deal; v) To promote participation by educational and scientific development institutions (national scientific and technological research councils; e.g., CONICIT) in providing guidance and support for any changes considered necessary in the area of scientific and technical health information; and vi) To support the development of health leadership by distributing relevant scientific and technical information through educational institutions, health services, and research establishments.

3. The areas of responsibility of BIREME include scientific and technical information, development of information systems, medical information science, and development of multimedia technology.

## PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| II. HEALTH SYSTEM INFRASTRUCTURE | | 1,029,100 | 100.0 | 1,430,200 | 100.0 | 1,575,000 | 100.0 |
| HEALTH INFORMATION SUPPORT | | 1,029,100 | 100.0 | 1,430,200 | 100.0 | 1,575,000 | 100.0 |
| SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION | HBD | 1,029,100 | 100.0 | 1,430,200 | 100.0 | 1,575,000 | 100.0 |
| GRAND TOTAL | | 1,029,100 | 100.0 | 1,430,200 | 100.0 | 1,575,000 | 100.0 |

## PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| II. HEALTH SYSTEM INFRASTRUCTURE | | 1,298,900 | 100.0 | 900,000 | 100.0 | 900,000 | 100.0 |
| HEALTH INFORMATION SUPPORT | | 1,298,900 | 100.0 | 900,000 | 100.0 | 900,000 | 100.0 |
| SCIENTIFIC AND TECHNICAL INFORMATION DISSEMINATION | HBD | 1,298,900 | 100.0 | 900,000 | 100.0 | 900,000 | 100.0 |
| GRAND TOTAL | | 1,298,900 | 100.0 | 900,000 | 100.0 | 900,000 | 100.0 |

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| 1992-1993 | | | | | | | | | | | | |
| PAHO - PR | 1,029,100 | 5 | 0 | 0 | 844,400 | 54,100 | 0 | 0 | 64,500 | 0 | 0 | 66,100 |
| TOTAL | 1,029,100 | 5 | 0 | 0 | 844,400 | 54,100 | 0 | 0 | 64,500 | 0 | 0 | 66,100 |
| % OF TOTAL | 100.0 | | | | 82.0 | 5.3 | | .0 | 6.3 | .0 | .0 | 6.4 |
| 1994-1995 | | | | | | | | | | | | |
| PAHO - PR | 1,430,200 | 5 | 0 | 0 | 953,400 | 67,900 | 0 | 0 | 334,100 | 0 | 0 | 74,800 |
| TOTAL | 1,430,200 | 5 | 0 | 0 | 953,400 | 67,900 | 0 | 0 | 334,100 | 0 | 0 | 74,800 |
| % OF TOTAL | 100.0 | | | | 66.7 | 4.7 | | .0 | 23.4 | .0 | .0 | 5.2 |
| 1996-1997 | | | | | | | | | | | | |
| PAHO - PR | 1,575,000 | 5 | 0 | 0 | 1,034,300 | 77,000 | 0 | 0 | 378,900 | 0 | 0 | 84,800 |
| TOTAL | 1,575,000 | 5 | 0 | 0 | 1,034,300 | 77,000 | 0 | 0 | 378,900 | 0 | 0 | 84,800 |
| % OF TOTAL | 100.0 | | | | 65.6 | 4.9 | | .0 | 24.1 | .0 | .0 | 5.4 |

1. The Caribbean Epidemiological Center (CAREC) is located in Port-of-Spain, Trinidad. CAREC carries out its activities under the direction of the Division of Communicable Disease Prevention and Control (HPC) and within the Strategic Orientations and Program Priorities of the Pan American Health Organization.

2. The major areas of work at CAREC for the biennium 1994-1995 are as follows: In Administration Division, complete the strategic planning process; update personnel norms, policies and plans; put cost recovery activities into operation; implement efficient program monitoring; renew the physical plant as resources permit; and revise the multilateral and bilateral agreements.

3. In Epidemiology Division, upgrade surveillance activities at CAREC and in CAREC Member Countries; insure emergency response capacity for disasters and disease outbreaks; pursue specific control of nosocomial infections, diarrheal disease and EPI diseases consistent with regional mandates; implement epidemiology training initiatives in Member Countries; develop health economics capacity related to diseases of importance in the Caribbean; promote health situation analysis capacity at the Center and in the countries; and continue existing chronic and infectious disease studies.

4. In Laboratory Division, maintain and expand proficiency testing in support of national laboratories; establish biosafety expertise to promote safe laboratory practices; install the Public Health Laboratory Information System and the Laboratory Isolate Tracking System in CAREC and participating countries; fully implement the Immunology Section; and develop specialized work in microbiology of enteric diseases, leptospirosis, mycobacteria and vector control.

5. In Leprosy Control Coordination, develop efficient coordination of financial and technical support; implement leprosy eradication as a CCH and PAHO goal; and continue emphasis of national programs on sound management and multidrug therapy.

6. In the Special Programme on Sexually Transmitted Diseases, promote full implementation of Guidelines for Clinical Management in Member Countries; actively support use of Guidelines for Counselling; enhance surveillance of HIV infection, AIDS and other sexually transmitted diseases; strengthen national laboratory capacity for testing and confirmation of HIV and diagnosis of opportunistic infections; increase involvement of NGOs; support school-based educational initiatives; and promote interventions targeted to high-risk groups.

7. During the biennium 1995-1996, on-line planning and budgeting information systems will be fully operational to facilitate optimal use by program managers. Surveillance will include periodic reviews and evaluation in Member Countries. Health situation analysis and chronic disease epidemiology will be well-established activities at the Center. Epidemiology training will be restored as a major function. Computer-based and linked laboratory information systems will be extended to all Member Countries. CAREC's laboratories will play primarily a referral and support function, emphasizing proficiency testing, biosafety, training, research and development. There will be improved clinical and laboratory capacity in HIV/AIDS and sexually transmitted diseases. The Center will work more closely with NGOs. Social and behavioral science expertise at CAREC will have been secured and expanded to disease problems other than HIV/AIDS and STDs.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| II. HEALTH SYSTEM INFRASTRUCTURE | | 1,219,200 | 100.0 | 0 | - | 0 | - |
| HEALTH SITUATION AND TREND ASSESSMENT | | 1,219,200 | 100.0 | 0 | - | 0 | - |
| HEALTH SITUATION AND TREND ASSESSMENT | HST | 1,219,200 | 100.0 | 0 | - | 0 | - |
| III. HEALTH SCIENCE AND TECHNOLOGY | | 0 | - | 1,294,800 | 100.0 | 1,407,800 | 100.0 |
| COMMUNICABLE DISEASES | | 0 | - | 1,294,800 | 100.0 | 1,407,800 | 100.0 |
| GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL | OCD | 0 | - | 1,294,800 | 100.0 | 1,407,800 | 100.0 |
| GRAND TOTAL | | 1,219,200 | 100.0 | 1,294,800 | 100.0 | 1,407,800 | 100.0 |

## PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| II. HEALTH SYSTEM INFRASTRUCTURE | | 5,645,100 | 58.9 | 0 | - | 0 | - |
| HEALTH SITUATION AND TREND ASSESSMENT | | 5,645,100 | 58.9 | 0 | - | 0 | - |
| HEALTH SITUATION AND TREND ASSESSMENT | HST | 5,645,100 | 58.9 | 0 | - | 0 | - |
| III. HEALTH SCIENCE AND TECHNOLOGY | | 3,945,800 | 41.1 | 4,922,700 | 100.0 | 3,714,000 | 100.0 |
| MATERNAL AND CHILD HEALTH | | 3,900 | .* | 0 | - | 0 | - |
| IMMUNIZATION | EPI | 3,900 | .* | 0 | - | 0 | - |
| COMMUNICABLE DISEASES | | 3,929,200 | 41.0 | 4,922,700 | 100.0 | 3,714,000 | 100.0 |
| GENERAL COMMUNICABLE DISEASE PREVENTION & CONTROL | DCD | 400,000 | 4.2 | 4,372,800 | 88.8 | 3,714,000 | 100.0 |
| ACQUIRED IMMUNODEFICIENCY SYNDROME | HIV | 3,474,300 | 36.2 | 549,900 | 11.2 | 0 | - |
| LEPROSY | LEP | 54,900 | .6 | 0 | - | 0 | - |
| HEALTH PROMOTION | | 12,700 | .1 | 0 | - | 0 | - |
| CANCER | CAN | 12,700 | .1 | 0 | - | 0 | - |
| GRAND TOTAL | | 9,590,900 | 100.0 | 4,922,700 | 100.0 | 3,714,000 | 100.0 |

* LESS THAN .05 PER CENT

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| 1992-1993 | | | | | | | | | | | | |
| PAHO - PR | 1,219,200 | 5 | 0 | 0 | 997,300 | 114,400 | 0 | 0 | 0 | 48,200 | 0 | 59,300 |
| TOTAL | 1,219,200 | 5 | 0 | 0 | 997,300 | 114,400 | 0 | 0 | 0 | 48,200 | 0 | 59,300 |
| % OF TOTAL | 100.0 | | | | 81.7 | 9.4 | | .0 | .0 | 4.0 | .0 | 4.9 |
| 1994-1995 | | | | | | | | | | | | |
| PAHO - PR | 1,294,800 | 5 | 0 | 0 | 1,043,300 | 129,700 | 0 | 0 | 0 | 54,700 | 0 | 67,100 |
| TOTAL | 1,294,800 | 5 | 0 | 0 | 1,043,300 | 129,700 | 0 | 0 | 0 | 54,700 | 0 | 67,100 |
| % OF TOTAL | 100.0 | | | | 80.6 | 10.0 | | .0 | .0 | 4.2 | .0 | 5.2 |
| 1996-1997 | | | | | | | | | | | | |
| PAHO - PR | 1,407,800 | 5 | 0 | 0 | 1,122,600 | 147,100 | 0 | 0 | 0 | 62,000 | 0 | 76,100 |
| TOTAL | 1,407,800 | 5 | 0 | 0 | 1,122,600 | 147,100 | 0 | 0 | 0 | 62,000 | 0 | 76,100 |
| % OF TOTAL | 100.0 | | | | 79.8 | 10.4 | | .0 | .0 | 4.4 | .0 | 5.4 |

1. The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) is located in Lima, Perú. The activities that CEPIS will carry out, under the direction of the Division of Health and Environment (HPE) of PAHO/WHO, are related to those areas of specialization that have a direct or indirect impact on health. Priority will be given to implementation of the Organization's Regional Plan for Investment in the Environment and Health, which will contribute to: i) Reform of systems, institutions, and services for environmental protection and control; ii) Decentralization and community participation processes, with identification and promotion of private sector support for the delivery of sanitation services; iii) Strengthening of operating efficiency in systems, institutions, and services; iv) Promotion of the use of appropriate technologies to expand and rehabilitate sanitation services; and v) Improvement of information systems.

2. The principal areas of work of the Center are described in the following paragraphs:

3. Control of environmental health hazards: Institutional capacity will be strengthened with a view to decreasing environmental hazards caused by pollution through the dissemination of methodologies developed by the Center for rapid classification and assessment of environmental situations related to: i) management and control of hazardous waste; ii) reduction of polluting industrial waste; and iii) control of biological and organic contamination of surface and ground water. Efforts will also be made to promote the establishment of a Regional laboratory network for training and investigation of methodologies, as well as for implementation of effective analytical programs. There will also be collaboration in the improvement of capabilities to perform chemical and microbiological analysis.

4. Public water supply and sanitation services: Efforts will be made to enhance drinking water production capacity in the countries of the Region, and to develop broader goals for improving potable water quality by: i) optimizing production centers through the use of appropriate technological solutions for water treatment; ii) increasing wastewater treatment coverage; iii) launching the Pan American network for correct environmental waste management; iv) improving the infrastructure of the national networks in REPIDISCA; and v) using computer programs to produce training modules.

5. Solid waste and sanitary housing: Efforts will be made to improve the efficiency of services for the collection, transport, treatment, and final disposal of urban solid waste, as well as sanitary conditions and protection against occupational risks, through: i) formulation and execution of management plans for urban sanitation and public cleaning; ii) development of new nonconventional technologies that can be used with community participation; and iii) provision of instruments for efficient management of hospital waste.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 2,737,400 | 100.0 | 3,563,800 | 100.0 | 3,964,000 | 100.0 |
| ENVIRONMENTAL HEALTH | | 2,737,400 | 100.0 | 3,563,800 | 100.0 | 3,964,000 | 100.0 |
| COMMUNITY WATER SUPPLY AND SANITATION | CWS | 1,655,100 | 60.5 | 2,360,100 | 66.3 | 2,654,000 | 66.9 |
| SOLID WASTES AND HOUSING HYGIENE | RUD | 259,800 | 9.5 | 243,500 | 6.8 | 263,700 | 6.7 |
| CONTROL OF ENVIRONMENTAL HEALTH HAZARDS | CEH | 822,500 | 30.0 | 960,200 | 26.9 | 1,046,300 | 26.4 |
| GRAND TOTAL | | 2,737,400 | 100.0 | 3,563,800 | 100.0 | 3,964,000 | 100.0 |

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 1,014,800 | 100.0 | 490,000 | 100.0 | 428,000 | 100.0 |
| ENVIRONMENTAL HEALTH | | 1,014,800 | 100.0 | 490,000 | 100.0 | 428,000 | 100.0 |
| COMMUNITY WATER SUPPLY AND SANITATION | CWS | 718,600 | 70.9 | 490,000 | 100.0 | 428,000 | 100.0 |
| SOLID WASTES AND HOUSING HYGIENE | RUD | 400 | .* | 0 | - | 0 | - |
| CONTROL OF ENVIRONMENTAL HEALTH HAZARDS | CEH | 295,800 | 29.1 | 0 | - | 0 | - |
| GRAND TOTAL | | 1,014,800 | 100.0 | 490,000 | 100.0 | 428,000 | 100.0 |

* LESS THAN .05 PER CENT

## ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| **1992-1993** | | | | | | | | | | | | |
| PAHO - PR | 1,492,600 | 5 | 10 | 0 | 1,491,300 | 0 | 0 | 0 | 0 | 0 | 0 | 1,300 |
| WHO - WR | 1,244,800 | 3 | 6 | 0 | 899,400 | 33,400 | 0 | 0 | 50,300 | 15,900 | 0 | 245,800 |
| TOTAL | 2,737,400 | 8 | 16 | 0 | 2,390,700 | 33,400 | 0 | 0 | 50,300 | 15,900 | 0 | 247,100 |
| % OF TOTAL | 100.0 | | | | 87.4 | 1.2 | | .0 | 1.8 | .6 | .0 | 9.0 |
| **1994-1995** | | | | | | | | | | | | |
| PAHO - PR | 2,026,100 | 6 | 9 | 0 | 2,024,800 | 0 | 0 | 0 | 0 | 0 | 0 | 1,300 |
| WHO - WR | 1,537,700 | 3 | 6 | 0 | 1,108,500 | 38,500 | 0 | 0 | 0 | 6,800 | 0 | 383,900 |
| TOTAL | 3,563,800 | 9 | 15 | 0 | 3,133,300 | 38,500 | 0 | 0 | 0 | 6,800 | 0 | 385,200 |
| % OF TOTAL | 100.0 | | | | 87.9 | 1.1 | | .0 | .0 | .2 | .0 | 10.8 |
| **1996-1997** | | | | | | | | | | | | |
| PAHO - PR | 2,238,800 | 6 | 9 | 0 | 2,237,300 | 0 | 0 | 0 | 0 | 0 | 0 | 1,500 |
| WHO - WR | 1,725,200 | 3 | 6 | 0 | 1,238,600 | 43,600 | 0 | 0 | 0 | 7,700 | 0 | 435,300 |
| TOTAL | 3,964,000 | 9 | 15 | 0 | 3,475,900 | 43,600 | 0 | 0 | 0 | 7,700 | 0 | 436,800 |
| % OF TOTAL | 100.0 | | | | 87.7 | 1.1 | | .0 | .0 | .2 | .0 | 11.0 |

## CARIBBEAN FOOD AND NUTRITION INSTITUTE (CFNI)

1. The Caribbean Food and Nutrition Institute (CFNI), as part of the PAHO's program technical cooperation in Food and Nutrition, collaborates with the Caribbean governments to improve the nutritional status of their populations.

2. The program strategy employed by CFNI remains consistent with its mission statement and general objective: "To collaborate with member governments in their efforts to achieve a level of nutritional well-being and adequate food security through the identification, adaptation, development, implementation and evaluation of appropriate programs which will permit the promotion, establishment and maintenance of an optimal nutritional status for the whole population consonant with the Primary Health Care Strategy."

3. In most of the Caribbean countries, the nutrition problems of highest significance have to do with chronic non-communicable nutrition-related diseases such as obesity, diabetes, hypertension, coronary heart disease and some cancers. Although the CARICOM strategy emphasizes these concerns, undernutrition evidence shows that problems persist especially in Guyana and Jamaica. Iron deficiency anemia in most countries, particularly among the physiologically vulnerable groups such as pregnant and lactating women and young children are also present.

4. The strategy of CFNI, therefore, addresses the total nutritional continuum from undernutrition in young children, micro-nutrient (iron) deficiencies, particularly in the more vulnerable groups (pregnant and nursing women and children) to persons who are currently in nutrition equilibrium but who are at risk because of the dynamism of the nutrition environment and adults exposed to the risk of non-communicable diseases and nutrition-related cancers.

5. To meet PAHO's priorities, two program areas were established: Nutrition Promotion and Protection and Food Availability and Consumption. The focus of activities to be carried out during the next five years are presented in the following paragraphs.

6. Nutrition promotion and protection: In keeping with its surveillance objectives, the Institute will continue to mobilize the assistance of Nutrition Coordinators in gathering and improving data at the level of primary care. Emphasis will remain on the implementation of school interventions such as "Project Lifestyle" ongoing in Jamaica. The First Caribbean Conference on Health Promotion (June 1-4, 1993) issued the "Caribbean Charter for Health Promotion", that will facilitate the coordination of efforts of the different sectors, institutions, and groups, to develop specific action-oriented programs on health promotion and life-style changes.

7. Food availability and consumption: CFNI will continue to support Member Countries in collecting data to ascertain food access, as well as revising food and nutrition surveillance indicators. The food access analysis and household food consumption data is part of CFNI's work to help policy-makers assure food accessibility to various population groups.

8. Among the most important goals of CFNI for the period under review are: that all CARICOM countries will have developed a national food and nutrition policy as part of their national health policy and that they will have significantly reduced health risks from food contamination and implemented measures to protect consumers.

## PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 1,917,300 | 100.0 | 1,892,500 | 100.0 | 2,068,900 | 100.0 |
| FOOD AND NUTRITION | | 1,917,300 | 100.0 | 1,892,500 | 100.0 | 2,068,900 | 100.0 |
| FOOD | FOD | 396,700 | 20.7 | 258,400 | 13.7 | 283,500 | 13.7 |
| NUTRITION | NUT | 1,520,600 | 79.3 | 1,634,100 | 86.3 | 1,785,400 | 86.3 |
| GRAND TOTAL | | 1,917,300 | 100.0 | 1,892,500 | 100.0 | 2,068,900 | 100.0 |

## PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 983,800 | 100.0 | 539,000 | 100.0 | 595,000 | 100.0 |
| FOOD AND NUTRITION | | 983,800 | 100.0 | 539,000 | 100.0 | 595,000 | 100.0 |
| NUTRITION | NUT | 983,800 | 100.0 | 539,000 | 100.0 | 595,000 | 100.0 |
| GRAND TOTAL | | 983,800 | 100.0 | 539,000 | 100.0 | 595,000 | 100.0 |

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| 1992-1993 | | | | | | | | | | | | |
| PAHO - PR | 1,144,100 | 6 | 3 | 0 | 1,073,600 | 69,600 | 0 | 0 | 0 | 0 | 0 | 900 |
| WHO - WR | 773,200 | 3 | 0 | 110 | 517,300 | 27,800 | 0 | 0 | 0 | 0 | 0 | 228,100 |
| TOTAL | 1,917,300 | 9 | 3 | 110 | 1,590,900 | 97,400 | 0 | 0 | 0 | 0 | 0 | 229,000 |
| % OF TOTAL | 100.0 | | | | 83.0 | 5.1 | | .0 | .0 | .0 | .0 | 11.9 |
| 1994-1995 | | | | | | | | | | | | |
| PAHO - PR | 967,900 | 4 | 3 | 0 | 891,200 | 31,800 | 0 | 0 | 0 | 0 | 0 | 44,900 |
| WHO - WR | 924,600 | 3 | 0 | 146 | 598,200 | 29,000 | 0 | 0 | 0 | 0 | 0 | 297,400 |
| TOTAL | 1,892,500 | 7 | 3 | 146 | 1,489,400 | 60,800 | 0 | 0 | 0 | 0 | 0 | 342,300 |
| % OF TOTAL | 100.0 | | | | 78.7 | 3.2 | | .0 | .0 | .0 | .0 | 18.1 |
| 1996-1997 | | | | | | | | | | | | |
| PAHO - PR | 1,056,900 | 4 | 3 | 0 | 970,100 | 36,000 | 0 | 0 | 0 | 0 | 0 | 50,800 |
| WHO - WR | 1,012,000 | 3 | 0 | 146 | 641,800 | 32,900 | 0 | 0 | 0 | 0 | 0 | 337,300 |
| TOTAL | 2,068,900 | 7 | 3 | 146 | 1,611,900 | 68,900 | 0 | 0 | 0 | 0 | 0 | 388,100 |
| % OF TOTAL | 100.0 | | | | 77.9 | 3.3 | | .0 | .0 | .0 | .0 | 18.8 |

1. The Latin American Center for Perinatology and Human Development (CLAP), a specialized institution of the Pan American Health Organization and its Maternal and Child Health and Population Program, is financed through a tripartite agreement between the Government of Uruguay, the University of Uruguay, and the Pan American Health Organization, and constitutes the Organization's response to the need to improve perinatal health.

2. The objetives of the Center are: i) To help the Region of the Americas improve maternal and child health, cooperating with the countries particularly in the identification and solution of their principal maternal and perinatal health problems; ii) To cooperate in the design, execution, and evaluation of programs to provide care during the prenatal period, delivery, and the puerperium; newborn care; and monitoring of child growth and development; iii) To promote and support local multidisciplinary and collaborative multicenter research and the development of appropriate technologies for use at the different levels of maternal and perinatal health care, as well as to disseminate findings and strengthen the development of local health systems; iv) To mobilize cooperation resources and support national capacities in the area of personnel training in order to create a critical mass of perinatologists who will form a Regional network; and v)T o encourage decision-making in local health systems by implementing information systems on perinatal, pediatric, and adolescent health.

3. Lines of action for the Center include technical cooperation with the countries; human resources development; research and development of appropriate technology; information promotion and dissemination; and resource mobilization. These will be based on: a) improvement of national perinatal health information systems as a basis for epidemiological planning of health programs at the intermediate and especially the local level; and b) the use of scientific bases to transform local health services through projects that facilitate more effective and extensive use of previously evaluated technologies in an effort to cut down on iatrogenic illness resulting from unnecessary and indiscriminate use of procedures and techniques of questionable effectiveness. Some of the Center's priority programs in this area include epidemiology of cesarean section; evaluation of models for prenatal and delivery care; models for early discharge of the puerpera and newborn; evaluation of technologies for detecting fetal risk; epidemiology of low birthweight; drug use and habits during pregnancy; and development of instruments to evaluate postnatal growth and development.

4. CLAP will implement an intensive teaching program to train nearly 2000 professionals at different levels of specialization during the 1994-1995 biennium through their graduate courses, as well as through short courses such as the workshop on perinatal technologies; the course on methodology of epidemiological, operational, and clinical research, with examples from perinatal and maternal and child health; and the introductory course on maternal and child and perinatal public health.

5. With regard to the promotion and dissemination of information on perinatal health, CLAP will provide the countries of the Region with bibliographic information on perinatology, gynecology and obstetrics, and neonatology; reproduce and distribute printed materials; and prepare articles and produce audiovisual teaching materials to disseminate knowledge of perinatal and maternal and child health. In particular, the Center will strengthen the periodic publication and distribution in several languages of its newsletter on perinatal health (circulation: 15,000) which contains material aimed at all members of the health team.

6. All of the Center's publications will be delivered to an extensive network of libraries and documentation centers in the countries of the Region. High priority will be given to the production and publication of standard guidelines for analyzing the effectiveness and safety of the technologies available for collaborating in revisions and changes in the health services that are associated with technological development in the Region.

7. There will be continued mobilization and coordination of resources with INCAP, CFNI, the CDC, and other centers of the Organization, as well as ongoing efforts to obtain resources from the CDC, the Kellogg Foundation, the Canadian International Development Agency, and other funding sources.

8. CLAP will also provide special support through these activities for the national nuclei that comprise the Regional perinatal network in 22 countries of the Region.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 1,526,000 | 100.0 | 1,714,100 | 100.0 | 1,899,000 | 100.0 |
| MATERNAL AND CHILD HEALTH | | 1,526,000 | 100.0 | 1,714,100 | 100.0 | 1,899,000 | 100.0 |
| GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION | MCH | 1,526,000 | 100.0 | 1,714,100 | 100.0 | 1,899,000 | 100.0 |
| GRAND TOTAL | | 1,526,000 | 100.0 | 1,714,100 | 100.0 | 1,899,000 | 100.0 |

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 2,637,200 | 100.0 | 0 | | 0 | |
| MATERNAL AND CHILD HEALTH | | 2,637,200 | 100.0 | 0 | | 0 | |
| GROWTH, DEVELOPMENT AND HUMAN REPRODUCTION | MCH | 2,637,200 | 100.0 | 0 | | 0 | |
| GRAND TOTAL | | 2,637,200 | 100.0 | 0 | | 0 | |

## ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| **1992-1993** | | | | | | | | | | | | |
| PAHO - PR | 1,304,600 | 2 | 1 | 85 | 505,700 | 58,200 | 0 | 0 | 29,300 | 70,200 | 0 | 641,200 |
| WHO - WR | 221,400 | 1 | 0 | 0 | 199,400 | 22,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 1,526,000 | 3 | 1 | 85 | 705,100 | 80,200 | 0 | 0 | 29,300 | 70,200 | 0 | 641,200 |
| % OF TOTAL | 100.0 | | | | 46.2 | 5.3 | | .0 | 1.9 | 4.6 | .0 | 42.0 |
| **1994-1995** | | | | | | | | | | | | |
| PAHO - PR | 1,472,300 | 2 | 1 | 112 | 798,700 | 57,500 | 0 | 0 | 34,000 | 95,500 | 0 | 486,600 |
| WHO - WR | 241,800 | 1 | 0 | 0 | 220,000 | 21,800 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 1,714,100 | 3 | 1 | 112 | 1,018,700 | 79,300 | 0 | 0 | 34,000 | 95,500 | 0 | 486,600 |
| % OF TOTAL | 100.0 | | | | 59.4 | 4.6 | | .0 | 2.0 | 5.6 | .0 | 28.4 |
| **1996-1997** | | | | | | | | | | | | |
| PAHO - PR | 1,637,900 | 2 | 1 | 112 | 874,100 | 65,200 | 0 | 0 | 38,600 | 108,300 | 0 | 551,700 |
| WHO - WR | 261,100 | 1 | 0 | 0 | 236,400 | 24,700 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 1,899,000 | 3 | 1 | 112 | 1,110,500 | 89,900 | 0 | 0 | 38,600 | 108,300 | 0 | 551,700 |
| % OF TOTAL | 100.0 | | | | 58.5 | 4.7 | | .0 | 2.0 | 5.7 | .0 | 29.1 |

## PAN AMERICAN CENTER FOR HUMAN ECOLOGY AND HEALTH (ECO)

1. Within the framework of technical cooperation of the Division of Health and Environment (HPE) of PAHO, the Pan American Center for Human Ecology and Health (ECO) has been responsible for cooperation with the member countries in order to improve the health status of human populations through prevention or reduction of the adverse health effects of environmental changes and contamination that accompany economic development and industrialization. The Center's original mandate was revised in 1983 by the Directing Council of PAHO, which entrusted ECO with the following functions: i) To collaborate with the member countries of the Organization with regard to the epidemiological and toxicological aspects of the health effects of the principal chemical contaminants of industrial and agricultural origin; and ii) To set up a network of collaborating centers in the Region to promote training, the exchange of information, and programs of applied research in the area of human ecology and health.

2. In 1986 the Governing Bodies of PAHO approved the creation of the Regional Program on Chemical Safety, in which ECO is actively involved.

3. Mexico was selected as the host country for ECO, and in 1980 the national authorities made available to PAHO the physical plant that the Center currently occupies in Meptepec, in the State of Mexico. ECO is located 64 km from Mexico City on federal highway 15, which connects Mexico City to the city of Toluca.

4. The Pan American Center for Human Ecology and Health has applied the following global strategies for technical cooperation: i) To promote the formation of a Regional Network of Collaborating Centers linking institutions of technical excellence in areas related to the assessment of health risks; ii) To mobilize external resources to support the development and implementation of Regional, subregional, national, and international initiatives in priority areas related to environmental health; iii) To expand coordination within the Division of Health and Environment of PAHO, as well as with other divisions and programs of the Organization, in order to further the programs and projects related to assessment of the health risks resulting from exposure to environmental pollutants; iv) To strengthen the technical and administrative operating capacity of ECO, with a view to developing methodologies in areas related to risk assessment, epidemiology, environmental toxicology, and quality control of laboratory analysis, through coordinated efforts with the collaborating centers; v) To strengthen ties between the national and international institutions devoted to risk assessment; and vi) To strengthen mechanisms for incorporating the discussion of local problems and solutions to problems of environment and health through local health systems.

5. The biennial goals of the Center are: i) To consolidate the work of the Center through the formation of a Regional Network of Collaborating Centers in areas related to the assessment of risks associated with the priority environmental health problems; ii) To adapt and transfer methodologies for risk assessment that are appropriate to the technical conditions prevailing in the countries of the Region and to provide technical support for studies of priority problems, especially on atmospheric contaminants, heavy metals, pesticides, and hazardous waste; iii) To support graduate-level programs in risk assessment, environmental epidemiology, and toxicology, in addition to publishing educational and teaching materials for human resources development at the local level; iv) To publish technical materials (criteria, manuals, guidelines) to support normative and regulation processes; v) To promote access to and interpretation and use of information on toxicology and assessment of health risks; vi) To promote programs of quality control and biosafety in toxicological laboratories at local and regional levels; and vii) To promote the development of a regional program for chemical emergency prevention and preparedness.

## PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 1,696,400 | 100.0 | 1,895,100 | 100.0 | 2,078,200 | 100.0 |
| ENVIRONMENTAL HEALTH | | 1,696,400 | 100.0 | 1,895,100 | 100.0 | 2,078,200 | 100.0 |
| CONTROL OF ENVIRONMENTAL HEALTH HAZARDS | CEH | 1,696,400 | 100.0 | 1,895,100 | 100.0 | 2,078,200 | 100.0 |
| GRAND TOTAL | | 1,696,400 | 100.0 | 1,895,100 | 100.0 | 2,078,200 | 100.0 |

## PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 1,127,300 | 100.0 | 816,200 | 100.0 | 802,700 | 100.0 |
| ENVIRONMENTAL HEALTH | | 1,127,300 | 100.0 | 816,200 | 100.0 | 802,700 | 100.0 |
| CONTROL OF ENVIRONMENTAL HEALTH HAZARDS | CEH | 1,127,300 | 100.0 | 816,200 | 100.0 | 802,700 | 100.0 |
| GRAND TOTAL | | 1,127,300 | 100.0 | 816,200 | 100.0 | 802,700 | 100.0 |

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| **1992-1993** | | | | | | | | | | | | |
| PAHO - PR | 900,400 | 3 | 0 | 0 | 693,600 | 53,100 | 0 | 0 | 0 | 0 | 0 | 153,700 |
| WHO - WR | 796,000 | 2 | 0 | 175 | 436,700 | 53,100 | 0 | 0 | 5,000 | 105,100 | 0 | 196,100 |
| TOTAL | 1,696,400 | 5 | 0 | 175 | 1,130,300 | 106,200 | 0 | 0 | 5,000 | 105,100 | 0 | 349,800 |
| % OF TOTAL | 100.0 | | | | 66.6 | 6.3 | | .0 | .3 | 6.2 | .0 | 20.6 |
| **1994-1995** | | | | | | | | | | | | |
| PAHO - PR | 1,039,400 | 3 | 0 | 0 | 764,400 | 60,200 | 0 | 0 | 0 | 0 | 0 | 214,800 |
| WHO - WR | 855,700 | 2 | 0 | 175 | 489,300 | 60,200 | 0 | 0 | 5,700 | 119,100 | 0 | 181,400 |
| TOTAL | 1,895,100 | 5 | 0 | 175 | 1,253,700 | 120,400 | 0 | 0 | 5,700 | 119,100 | 0 | 396,200 |
| % OF TOTAL | 100.0 | | | | 66.1 | 6.4 | | .0 | .3 | 6.3 | .0 | 20.9 |
| **1996-1997** | | | | | | | | | | | | |
| PAHO - PR | 1,138,700 | 3 | 0 | 0 | 826,800 | 68,300 | 0 | 0 | 0 | 0 | 0 | 243,600 |
| WHO - WR | 939,500 | 2 | 0 | 175 | 523,900 | 68,300 | 0 | 0 | 6,500 | 135,100 | 0 | 205,700 |
| TOTAL | 2,078,200 | 5 | 0 | 175 | 1,350,700 | 136,600 | 0 | 0 | 6,500 | 135,100 | 0 | 449,300 |
| % OF TOTAL | 100.0 | | | | 65.0 | 6.6 | | .0 | .3 | 6.5 | .0 | 21.6 |

1. The Institute of Nutrition of Central America and Panama (INCAP), is located in Guatemala City, Guatemala, under the Division of Health Promotion and Protection.

2. It focuses its efforts on the priority programs of the Central American countries, taking into account the strategic orientations and program priorities of the Pan American Health Organization (PAHO) and especially its role as a fundamental component of the Regional program for technical cooperation in food and nutrition.

3. Information available in the Central American region confirms that there have been sizeable improvements in the nutritional status of several population groups. Infant and preschool child mortality rates have declined markedly in all the countries and protein-energy malnutrition has improved in four of them. However, in addition to the population of families who experience chronic problems with obtaining enough food to meet the nutritional needs of their members, there is now also the group that has been affected by the current socioeconomic crisis in Central America.

4. Most of the nutritional problems in this region are the result of chronic deficiencies in protein-energy and micronutrient intake and, to a lesser degree, of excesses associated with obesity and unhealthy lifestyles. However, because of the precarious living conditions at present--as noted above--there is a clinical pictures of acute malnutrition due to lack of food in some population groups.

5. INCAP has prepared a strategic plan for institutional development 1991-2000 which lists the guidelines for developing its technical cooperation activities and policies on human resources education, research, communication, and information, as well as for obtaining the financial resources the Institute needs in order to guarantee sustained operation.

6. In accordance with this plan, the principal activities that INCAP will implement during the next years will be along the following lines: i) Provision of food, nutrition, and health care for disadvantaged groups, promoting food safety and nutrition at the community and family level; ii) Prevention of specific nutritional deficiencies, especially of micronutrients identified as being in short supply in the Central American region, including iodine, iron, vitamin A, and, to a lesser extent, fluoride and zinc; iii) Prevention and treatment of infectious diseases that affect nutritional status; iv) Food protection and consumer education; v) Promotion of adequate diets and healthy lifestyles in an effort to reduce nutritional problems resulting from deficiencies and excesses, as well as promotion of physical activity in sedentary groups; vi) Surveillance of the food and nutrition situation and provision of support for the incorporation of nutritional objectives in all social development programs; vii) At the same time, INCAP will continue to strengthen national capacities in each of the countries so that they are prepared to conduct epidemiological and operational research.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 3,231,000 | 100.0 | 3,461,700 | 100.0 | 3,884,500 | 100.0 |
| FOOD AND NUTRITION | | 3,231,000 | 100.0 | 3,461,700 | 100.0 | 3,884,500 | 100.0 |
| FOOD | FOD | 551,900 | 17.1 | 644,700 | 18.6 | 731,100 | 18.8 |
| NUTRITION | NUT | 2,679,100 | 82.9 | 2,817,000 | 81.4 | 3,153,400 | 81.2 |
| GRAND TOTAL | | 3,231,000 | 100.0 | 3,461,700 | 100.0 | 3,884,500 | 100.0 |

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 14,267,000 | 100.0 | 14,270,000 | 100.0 | 14,200,000 | 100.0 |
| FOOD AND NUTRITION | | 14,267,000 | 100.0 | 14,270,000 | 100.0 | 14,200,000 | 100.0 |
| NUTRITION | NUT | 14,267,000 | 100.0 | 14,270,000 | 100.0 | 14,200,000 | 100.0 |
| GRAND TOTAL | | 14,267,000 | 100.0 | 14,270,000 | 100.0 | 14,200,000 | 100.0 |

## ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| **1992-1993** | | | | | | | | | | | | |
| PAHO - PR | 2,947,500 | 2 | 0 | 120 | 2,305,900 | 148,500 | 15 | 30,000 | 80,000 | 125,600 | 0 | 257,500 |
| WHO - WR | 283,500 | 0 | 0 | 0 | 283,500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 3,231,000 | 2 | 0 | 120 | 2,589,400 | 148,500 | 15 | 30,000 | 80,000 | 125,600 | 0 | 257,500 |
| % OF TOTAL | 100.0 | | | | 80.1 | 4.6 | | .9 | 2.5 | 3.9 | .0 | 8.0 |
| **1994-1995** | | | | | | | | | | | | |
| PAHO - PR | 3,149,100 | 2 | 0 | 247 | 2,377,000 | 174,400 | 19 | 38,000 | 96,100 | 110,800 | 0 | 352,800 |
| WHO - WR | 312,600 | 0 | 0 | 0 | 312,600 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 3,461,700 | 2 | 0 | 247 | 2,689,600 | 174,400 | 19 | 38,000 | 96,100 | 110,800 | 0 | 352,800 |
| % OF TOTAL | 100.0 | | | | 77.7 | 5.0 | | 1.1 | 2.8 | 3.2 | .0 | 10.2 |
| **1996-1997** | | | | | | | | | | | | |
| PAHO - PR | 3,530,000 | 2 | 0 | 247 | 2,659,600 | 197,700 | 19 | 38,000 | 109,000 | 125,600 | 0 | 400,100 |
| WHO - WR | 354,500 | 0 | 0 | 0 | 354,500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 3,884,500 | 2 | 0 | 247 | 3,014,100 | 197,700 | 19 | 38,000 | 109,000 | 125,600 | 0 | 400,100 |
| % OF TOTAL | 100.0 | | | | 77.6 | 5.1 | | 1.0 | 2.8 | 3.2 | .0 | 10.3 |

## PAN AMERICAN INSTITUTE FOR FOOD PROTECTION AND ZOONOSES (INPPAZ)

1. The Pan American Institute for Food Protection and Zoonoses (INPPAZ) was created in 1991 and has its headquarters in Buenos Aires, Argentina. From an organizational stanndpoint, the Institute comes under the Division of Communicable Disease Prevention and Control (HPC) and is an integral part of the Veterinary Public Health Program (HCV).

2. The Institute's mission is to provide technical cooperation to the member countries of the Organization, and to support the integration initiatives of those countries, through reference and research services for the solution of problems related to the sanitary protection of food, zoonoses, and strengthening of health laboratories.

3. INPPAZ carries out functions of international reference, applied research, training, direct technical advisory services, and dissemination of information.

4. The Institute's global strategy of technical cooperation for the bienniums 1994-1995 and 1996-1997 is framed within the agreement establishing INPPAZ and the Strategic Orientations and Program Priorities of the Organization in the field of veterinary public health, namely: the Regional Program for Technical Cooperation in Food Protection, the Regional Program for the Elimination of Rabies, and the Regional Program for the Eradication of Bovine Tuberculosis.

5. Within this context, INPPAZ will focus its technical cooperation on the following activities: Analysis of residues; quality control of biological and reagents; harmonization of standards and procedures; diagnosis of diseases; production of reference standards; production of laboratory animals; support for the development of national and subregional laboratory networks; development of basic manuals on production of biologicals; applied research; support for studies on the social and economic impact of zoonoses and losses caused by failures in food protection; improvement of knowledge of the health/disease process of food-borne diseases (FBDs) and zoonoses in different ecosystems; studies of FBDs and their impact on tourism; organization and support for courses, seminars, and workshops at INPPAZ headquarters and in the countries; in-service training at INPPAZ; training program for resident professionals; formulation and evaluation of programs; strengthening of national information systems and epidemiological surveillance; strengthening of programs for the prevention of exotic diseases; strengthening of national veterinary public health services; support for subregional integration initiatives in the health field and the agriculture and livestock trade; dissemination of technical and scientific information.

## PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 3,609,400 | 100.0 | 3,825,100 | 100.0 | 4,188,400 | 100.0 |
| VETERINARY PUBLIC HEALTH | | 3,609,400 | 100.0 | 3,825,100 | 100.0 | 4,188,400 | 100.0 |
| FOOD SAFETY | FOS | 714,700 | 19.8 | 1,430,100 | 37.4 | 1,567,400 | 37.4 |
| ZOONOSES | ZNS | 2,894,700 | 80.2 | 2,395,000 | 62.6 | 2,621,000 | 62.6 |
| GRAND TOTAL | | 3,609,400 | 100.0 | 3,825,100 | 100.0 | 4,188,400 | 100.0 |

## PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 3,364,700 | 100.0 | 4,034,700 | 100.0 | 4,500,000 | 100.0 |
| VETERINARY PUBLIC HEALTH | | 3,364,700 | 100.0 | 4,034,700 | 100.0 | 4,500,000 | 100.0 |
| FOOD SAFETY | FOS | 2,049,000 | 60.9 | 2,421,000 | 60.0 | 2,700,000 | 60.0 |
| ZOONOSES | ZNS | 1,315,700 | 39.1 | 1,613,700 | 40.0 | 1,800,000 | 40.0 |
| GRAND TOTAL | | 3,364,700 | 100.0 | 4,034,700 | 100.0 | 4,500,000 | 100.0 |

ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| 1992-1993 | | | | | | | | | | | | |
| PAHO - PR | 3,609,400 | 9 | 0 | 0 | 1,804,600 | 88,200 | 37 | 74,000 | 32,300 | 400,200 | 0 | 1,210,100 |
| TOTAL | 3,609,400 | 9 | 0 | 0 | 1,804,600 | 88,200 | 37 | 74,000 | 32,300 | 400,200 | 0 | 1,210,100 |
| % OF TOTAL | 100.0 | | | | 50.0 | 2.4 | | 2.1 | .9 | 11.1 | .0 | 33.5 |
| 1994-1995 | | | | | | | | | | | | |
| PAHO - PR | 3,825,100 | 9 | 0 | 443 | 2,355,900 | 188,600 | 36 | 72,000 | 268,700 | 455,000 | 0 | 484,900 |
| TOTAL | 3,825,100 | 9 | 0 | 443 | 2,355,900 | 188,600 | 36 | 72,000 | 268,700 | 455,000 | 0 | 484,900 |
| % OF TOTAL | 100.0 | | | | 61.6 | 4.9 | | 1.9 | 7.0 | 11.9 | .0 | 12.7 |
| 1996-1997 | | | | | | | | | | | | |
| PAHO - PR | 4,188,400 | 9 | 0 | 443 | 2,531,800 | 213,900 | 36 | 72,000 | 304,700 | 516,000 | 0 | 550,000 |
| TOTAL | 4,188,400 | 9 | 0 | 443 | 2,531,800 | 213,900 | 36 | 72,000 | 304,700 | 516,000 | 0 | 550,000 |
| % OF TOTAL | 100.0 | | | | 60.5 | 5.1 | | 1.7 | 7.3 | 12.3 | .0 | 13.1 |

1. The Pan American Foot-and-Mouth Disease Center (PANAFTOSA), located in Rio de Janeiro, Brazil, initiated its activities in 1951. The Center is under the responsibility of the Division of Communicable Diseases Prevention and Control (HPC) and is an integral part of the Veterinary Public Health Program of the Pan American Health Organization (PAHO).

2. The Center's fundamental mission is to provide technical cooperation to the national programs of the member countries of the Organization for the prevention, control, and eradication of foot-and-mouth disease and other vesicular diseases; to serve as a Regional reference laboratory; to promote and maintain a Hemispheric system of information and epidemiological surveillance; to promote collaboration between countries, and to train human resources.

3. The V Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA V), held in 1987, entrusted PAHO and the South American Commission for the Control of Foot-and-mouth Disease (COSALFA) with the task of preparing the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA), and established the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA). The Committee includes a representative of each of the Governments and a representative of the producers in each subregion: Southern Cone, Andean, Amazon and Brazil, Central America, the Caribbean, and North America. The eradication of foot-and-mouth disease is one of the Strategic Orientations and Program Priorities of PAHO.

4. In the coming years, PANAFTOSA's technical cooperation will be oriented toward strengthening the efforts at the national and subregional level to achieve the objectives of the Hemispheric Program for the Eradication of Foot-and-mouth Disease and the Strategic Orientations and Program Priorities of the Pan American Health Organization during the Quadrennium 1991-1994, one of the targets of which is: "To reduce animal morbidity from foot-and-mouth disease during the quadrennium, in keeping with the efforts aimed at eliminating it from the Hemisphere by the year 2000."

5. The major thrusts of the Hemispheric programming approved by the member countries during the most recent meetings of COSALFA, COHEFA, and RIMSA are: epidemiological regionalization of foot-and-mouth disease on the basis of systems of production and the flow of trade in order to target control measures, the achievement of disease-free areas, decentralization, the creation of local veterinary health systems structured on the basis of local committees for the eradication of foot-and-mouth disease, community participation, and the differentiation of producers.

6. The overall target for the bienniums 1994-1995 and 1996-1997 is to cooperate with the countries affected by foot-and-mouth disease in South America to assist them in intensifying and adapting their programs in order to achieve an advanced stage of control and free some areas of the disease, within the framework of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA).

7. In the disease-free countries of North and Central America, the Caribbean, Guyana, French Guiana, Suriname, Chile, and Uruguay the goal is to cooperate so as to strengthen the programs for prevention, with emphasis on the quarantine systems at the borders, ports, and airports of these countries and their systems of epidemiological surveillance.

8. The activities for each subregion will vary depending on the current status of their programs.

PROGRAM BUDGET - PAHO AND WHO REGULAR FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 8,114,900 | 100.0 | 7,840,700 | 100.0 | 8,843,400 | 100.0 |
| VETERINARY PUBLIC HEALTH | | 8,114,900 | 100.0 | 7,840,700 | 100.0 | 8,843,400 | 100.0 |
| FOOT-AND-MOUTH DISEASE | FMD | 8,114,900 | 100.0 | 7,840,700 | 100.0 | 8,843,400 | 100.0 |
| GRAND TOTAL | | 8,114,900 | 100.0 | 7,840,700 | 100.0 | 8,843,400 | 100.0 |

PROGRAM BUDGET - EXTRABUDGETARY FUNDS

| PROGRAM CLASSIFICATION | | 1992-1993 AMOUNT | 1992-1993 % OF TOTAL | 1994-1995 AMOUNT | 1994-1995 % OF TOTAL | 1996-1997 AMOUNT | 1996-1997 % OF TOTAL |
|---|---|---|---|---|---|---|---|
| III. HEALTH SCIENCE AND TECHNOLOGY | | 5,238,500 | 100.0 | 4,520,000 | 100.0 | 4,520,000 | 100.0 |
| VETERINARY PUBLIC HEALTH | | 5,238,500 | 100.0 | 4,520,000 | 100.0 | 4,520,000 | 100.0 |
| FOOT-AND-MOUTH DISEASE | FMD | 5,238,500 | 100.0 | 4,520,000 | 100.0 | 4,520,000 | 100.0 |
| GRAND TOTAL | | 5,238,500 | 100.0 | 4,520,000 | 100.0 | 4,520,000 | 100.0 |

## ALLOCATION BY OBJECT OF EXPENDITURE - PAHO AND WHO REGULAR FUNDS

| SOURCE OF FUNDS | TOTAL AMOUNT | PERSONNEL | | | | DUTY TRAVEL | FELLOWSHIPS | | SEMINARS AND COURSES | SUPPLIES AND EQUIPMENT | GRANTS | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PROF. POSTS | LOCAL POSTS | CONS. DAYS | AMOUNT | AMOUNT | MONTHS | AMOUNT | | | | |
| | $ | | | | $ | $ | | $ | $ | $ | $ | $ |
| 1992-1993 | | | | | | | | | | | | |
| PAHO - PR | 8,114,900 | 14 | 57 | 415 | 6,799,000 | 309,000 | 60 | 120,000 | 123,000 | 179,200 | 0 | 584,700 |
| TOTAL | 8,114,900 | 14 | 57 | 415 | 6,799,000 | 309,000 | 60 | 120,000 | 123,000 | 179,200 | 0 | 584,700 |
| % OF TOTAL | 100.0 | | | | 83.8 | 3.8 | | 1.5 | 1.5 | 2.2 | .0 | 7.2 |
| 1994-1995 | | | | | | | | | | | | |
| PAHO - PR | 7,840,700 | 15 | 53 | 367 | 6,555,300 | 303,300 | 55 | 110,000 | 122,100 | 176,000 | 0 | 574,000 |
| TOTAL | 7,840,700 | 15 | 53 | 367 | 6,555,300 | 303,300 | 55 | 110,000 | 122,100 | 176,000 | 0 | 574,000 |
| % OF TOTAL | 100.0 | | | | 83.6 | 3.9 | | 1.4 | 1.6 | 2.2 | .0 | 7.3 |
| 1996-1997 | | | | | | | | | | | | |
| PAHO - PR | 8,843,400 | 15 | 53 | 367 | 7,400,400 | 343,900 | 55 | 110,000 | 138,500 | 199,600 | 0 | 651,000 |
| TOTAL | 8,843,400 | 15 | 53 | 367 | 7,400,400 | 343,900 | 55 | 110,000 | 138,500 | 199,600 | 0 | 651,000 |
| % OF TOTAL | 100.0 | | | | 83.6 | 3.9 | | 1.2 | 1.6 | 2.3 | .0 | 7.4 |