EXECUTIVE COMMITTEE
OF THE
PAN AMERICAN HEALTH ORGANIZATION

54th MEETING
PRÉCIS MINUTES
Washington, D. C.
18-22 April 1966

53rd MEETING—REPORT
Washington, D. C.
8 October 1965

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
1966
EXECUTIVE COMMITTEE
OF THE
PAN AMERICAN HEALTH ORGANIZATION

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INTRODUCTION

Under the Chairmanship of Dr. Manoel José Ferreira (Brazil) and the Vice-Chairmanship of Dr. Alberto E. Calvo (Panama), the 54th Meeting of the Executive Committee of the Pan American Health Organization was held from 18-22 April 1966 in Washington, D.C., in the headquarters building of the Organization, in accordance with the convocation of the Director of the Pan American Sanitary Bureau.

The meeting was attended by the Representatives of the seven Governments Members of the Executive Committee—Brazil, Ecuador, Guatemala, Jamaica, Mexico, Panama, and Venezuela—and by Observers of Chile, France, the Kingdom of the Netherlands, Peru, and the United States of America, and Observers for the Organization of American States.

The Committee held eight plenary sessions and one closing session, the précis minutes of which are contained in this volume. The agenda and the list of participants are included as annexes.

Also appearing in this volume are the minutes of the single plenary session and the Final Report of the 53rd Meeting of the Executive Committee.

Official Document 71 contains the Final Report of the 54th Meeting, with the text of all the resolutions adopted.
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54th MEETING OF THE EXECUTIVE COMMITTEE
PRÉCIS MINUTES
ITEM 1: OPENING BY THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

The CHAIRMAN called the session to order and welcomed the members of the Committee, observers, and other participants. The Committee could count on the full support of the Director and the staff of the Organization. He was sure that, as always, the Executive Committee would meet all the responsibilities assigned to it. He paid tribute to the Chairman of the previous Committee, Dr. Charles L. Williams, Jr., Representative of the United States of America.

ITEM 2: ADOPTION OF THE AGENDA

The CHAIRMAN requested Dr. Sutter to introduce the item.

Dr. SUTTER (Assistant Director, PASB) first read Rules 3 and 5 of the Rules of Procedure of the Executive Committee, and then presented the provisional agenda contained in Document CE54/1, Rev. 2. 1/

Decision: The provisional agenda contained in Document CE54/1, Rev. 2, was unanimously adopted.

The CHAIRMAN suggested that, for the morning sessions, the hours of work should be from 9:30 to 12:30, and for the afternoon sessions, from 2:30 to 5:30.

It was so agreed.

ITEM 3: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1967

The CHAIRMAN requested the Director to introduce the proposed program and budget of the Pan American Health Organization for 1967 (Official Document 61 and Document CE54/10).

Dr. HORWITZ (Director, PASB) stated that, with the permission of the Chairman and of the Committee, he would introduce the proposed program and Dr. Portner would take up the detail of the budget. The Executive

1/ See p. 148.

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Committee was to examine the proposed program and budget of PAHO for 1967, pursuant to Resolution VII 2/ of the XVI Meeting of the Directing Council, held at Headquarters in September 1965. In the preamble to that resolution the Council had noted that the provisional draft contained soundly conceived and much needed health projects and, in the operative part, had requested the Director, "in submitting the Proposed Program and Budget of the Pan American Health Organization for 1967 to the 54th Meeting of the Executive Committee pursuant to Article III of the Financial Regulations of PAHO, to give due consideration to the resolution and recommendations adopted by the XVI Meeting of the Directing Council, in accordance with established priorities." The Council had also requested the Executive Committee, at its 54th Meeting, "in considering the Proposed Program and Budget presented by the Director of the Bureau, pursuant to Chapter IV of the Constitution of the Pan American Health Organization, to conduct a careful and thorough examination and review of the provisional draft, and to submit a report with recommendations to the XVII Pan American Sanitary Conference." Finally, it had requested the Director "to consult with Governments in the preparation of the Proposed Program and Budget for 1967."

As for the proposed program and budget of the World Health Organization for the Region of the Americas for 1967, the part funded by the regular budget of that Organization and the part financed with funds from the United Nations Development Program had already been incorporated into the proposal that the Director-General of WHO would submit to the Nineteenth World Health Assembly in May, and had been reviewed by the WHO Executive Board in January 1966.

Thus, as he had mentioned, the Executive Committee was to examine the program and budget financed with PAHO funds for 1967. Although from the budgetary point of view a distinction was made between activities financed by PAHO and those financed by WHO, from the operational point of view the program was a single one. In his opinion, to divide the Organization's activities according to the source of funds was to divide functions that were indivisible. The purpose of the review of the budget cycle was to obtain the views of the Governments on all the Organization's activities, regardless of the source of the funds in the year in question, so that those views could be presented, in a consolidated form, to the Executive Committee. In practice, the problem was that it was necessary to consult the Governments beforehand, so that they had to take decisions about the budget two years ahead of time. That was not easy to do, at least not for those countries that did not have a national health plan. Methods of simplifying the procedure were being studied and the result of that study would be presented to the Executive Committee in due course. Possibly, it might be advisable to change timetables currently in use, if consultations with the Governments showed that they were not in a position to decide, so far in advance, what assistance they would need from international agencies.
In implementing the above-mentioned resolution of the Council, a careful study had been made of the Council's discussions on the proposed program and budget of PAHO for 1967. They showed that the main concern of the representatives of the Governments was to relate what was proposed for 1967 to current problems and progress made in the health field in the Americas. For that reason, and because it was the fifth anniversary of the signature of the Charter of Punta del Este and of the formulation of the goals of the Alliance for Progress, it had been decided to review what had been achieved with reference to those goals and to summarize the findings in a document entitled Facts on Progress—Health Goals in the Charter of Punta del Este. It should be borne in mind that the health goals of the Charter, like those of the Ten-Year Public Health Program of the Alliance for Progress, contained in Resolution A.2, had been examined in detail by the Task Force on Health at the Ministerial Level held in April 1963. The conclusions and recommendations of that Meeting had been approved by the Directing Council in the same year, had been incorporated into the general policy of the Organization, and had therefore become part of the general activities of PAHO. At the Fourth Annual Meetings of the Inter-American Economic and Social Council (IA-ECOSOC) at the Expert and the Ministerial Levels (Buenos Aires, 15 March-1 April 1966), the document Facts on Progress had been submitted as a report of the Organization. In his opinion, it showed, in a simple but scientific manner, what was occurring in the health field in the Hemisphere and clearly charted the course to be followed for the immediate and the distant future.

The Chairman and the members of the Executive Committee might wish to examine the general program of work in the light of the three documents that had been mentioned: Facts on Progress; Official Document 61; and Document CE54/10.

The publication Facts on Progress began by calling attention to the population problem as the fundamental backdrop against which any economic and social activity had to be examined. On page 2 there was a table showing the estimated population at 10-year intervals up to the year 2000 in Northern and Latin America if the current conditions of growth did not change, i.e., if the current rate continued until the end of the century. On page 3 there was a chart showing the changes which had occurred in the urban-rural distribution of population in Costa Rica, Mexico, and Venezuela. It was a known fact that the last 10 years had witnessed the rapid urbanization in the Hemisphere, and that in some of the larger cities the population had been increasing at the rate of 5 per cent a year. The enormous movement of population from the rural to the urban areas could be explained, in part, by the fact that no systematic programs had been carved out to improve the living conditions of the rural population and induce them to stay in their places of origin, in their own cultural milieu.

3/ Miscellaneous Publication PAHO 81.
5/ Mimeographed document.
In accordance with the Organization’s policy on the matter of population, which was based on Resolution WHA18.49 6/ of the Eighteenth World Health Assembly and on Resolution IX 7/ of the XVI Meeting of the PAHO Directing Council, steps had been taken since approval of those resolutions to provide the Government of Peru with advisory services in organizing its Center for Population Studies, and in holding its first seminar on the population problem and its implications. In addition, funds from the World Health Organization were being used to organize, in collaboration with the Ministry of Public Health and Social Welfare and the Center for Population Studies, a three-year study in Peru of what might be called the epidemiology of human reproduction in three selected communities.

In addition, technical approval had been given to a health education project to be carried out by the Government of Jamaica and financed by the United Nations Children’s Fund (UNICEF), whereby the population would be given information about problems connected with human reproduction. The Organization had also made preparations for a multi-disciplinary course on health and population dynamics to be given at the School of Public Health in Santiago, Chile. The purpose of the course, which would last for about four months, would be to train professional health workers who, on returning to their country, would organize, at whatever level the Governments might decide, centers for population studies similar to that which the Government of Peru had already organized. It was also hoped to hold a similar course at the University of São Paulo, Brazil, and another devoted to research on that complicated subject. The Organization had also received requests from the Governments of Peru and Venezuela for assistance in organizing studies on population problems at the university level.

Naturally, the Bureau would like to include funds in the budget for all the universities in the Hemisphere, since the Governments might wish to take part in a population policy if they had available pertinent information derived from a continuing analysis of the relationships between the development, size, and structure of the population. Although all agreed that any decision about the size of a family should be a decision for the family itself, the consequences of such decisions could clearly affect the future of the country and thus Governments should participate not only in orienting general policy, but also in facilitating the implementation of whatever decisions the family might adopt. Consequently, as far as population was concerned, the Pan American Sanitary Bureau, Regional Office of WHO for the Americas, was putting into practice the directives embodied in the resolutions of the Governing Bodies, while at all times taking into account the suggestions made by the Governments. For that reason the proposed program and budget for 1967 included allocations for the first two multi-disciplinary training programs at the university level and, in addition, for an Office of Health and Population Dynamics at Headquarters.

As for the goal of the Charter concerning life expectancy, as set forth on page 5 of Facts on Progress, the purpose was "to establish as a broad goal for health programs during the present decade an increase of five years in the life expectancy of every person." The table on page 4 of that document, containing data on life expectancy at birth in countries of Latin America, 1950 and 1960, showed that the average increase had been equal to, or greater than, that established in the Charter. In Mexico, for example, the average increase had been as much as one year per person and, according to the information available in the second table on page 4, life expectancy at birth in other countries in Latin America around 1950 varied from 32 to 61 years. However, those figures had doubtless increased since then.

Dr. Horwitz stated that he wished to relate that study of life expectancy to the Organization's activities in the field of statistics. It was reported on page 46 of the document, in the chapter on "Statistics," that in 1965 20 courses for auxiliary statistical personnel had been held and approximately 500 persons had received training; six courses were organized for statistical technicians, and the total number, added to those trained in programs in the schools of public health, amounted to approximately 900 persons who had been trained with the Organization's assistance. Training activities were increasing in 1966 and several countries had already decided to organize the training for auxiliary statistical personnel and for statisticians at different levels because they were convinced that that basic information had been neglected and, as a result, statisticians at the university level had not had sufficiently reliable data to support the analyses they were making. Because of that, as was indicated on pages 12 and 13 of the proposed program and budget (Official Document 61), it was intended to invest in statistics approximately $500,000 from all funds in 1967. The Technical Discussions at the XVI Meeting of the Directing Council had been devoted to an examination of "Methods of Improving Vital and Health Statistics" and the Council had recommended to the Governments that they implement the recommendations made. The Organization was therefore ready to collaborate in that field, to which it attributed the same importance as that which, at another time, it had given to the problem in those countries that did not have national data available for constructing life tables. The organization of demonstration or registration areas might be a good starting point for obtaining a general picture of the country.

The next goal of the Charter of Punta del Este, as stated on page 5 of Facts on Progress, was "to reduce the present mortality rate in children under five years of age by one-half." The table and chart on page 8 compared the deaths of children 1-4 years of age in 1950-1952 and 1960-1962 showed that there had been appreciable reductions in various countries of the Hemisphere. A similar picture emerged from the chart which indicated the principal causes of infant mortality. As was stated in the document (p. 8) "the comparison of death rates among children under five years of age from broad groups of causes showed considerable progress between 1956 and 1963 in reducing mortality. Death
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rates from infectious diseases are 41 per cent lower in the more recent years, from diseases of the digestive system (mainly gastroenteritis) 35 per cent, and from ill-defined causes 35 per cent." Pages 15 and 16 dealt with infectious diseases, such as measles and whooping cough. Page 14 cited the trends in the field of enteric diseases in four countries, both in children under one year of age and in children in the age group 1-4 years, as could be seen in the accompanying charts. In other countries the situation had remained unchanged. Progress had also been made with respect to whooping cough, as could be seen from the tables on pages 16 and 17. However, the number of persons immunized against whooping cough was still too small to bring about any substantial change in the incidence of that disease.

In 1967 it was proposed to invest, from all funds, $261,187 in maternal and child health. That sum should be increased by the amount that would be invested in the teaching of pediatrics and obstetrics in schools of public health, medicine, nursing, and others. The funds were allocated for what might be called direct advisory services to the program, i.e., the application of medical methods to reduce maternal and child mortality, although it was a commonplace that infant mortality was directly dependent on sanitation and nutrition.

In the chapter of Facts on Progress on environmental conditions affecting health, beginning on page 18, it was pointed out that the health goal of the Charter was "to supply potable water and sewage disposal for at least 70 per cent of the urban population and 50 per cent of the rural population during the present decade, as a minimum." The charts in that chapter were eloquent; the first showed the percentage of Latin American inhabitants with piped water in their homes in 1960 and in 1964, and it could be seen how close the goal was to being reached. The second chart, giving the percentage of urban inhabitants with piped water in their homes in Latin American countries in 1964, showed that nine countries were close to reaching the goal, six had already passed it, and several others were very close to providing 70 per cent of the urban population with water. It was a good pointer for the Governments, for international organizations, and for international credit agencies, to concentrate their efforts on those countries which were farthest from the general goal. The chart on page 20 showed that the number of persons to be supplied with water in the period 1961-1970 was 44,000,000. For the period 1961-1964 the target had been 13,300,000 but in actual fact a further 10,000,000 persons had been supplied with water in that period. The funds available by year and by credit agency were shown in the chart on page 21; the total of national and international loans between 1961 and 1965 was $829,600,000, of which $469,100,000 represented national funds. The largest amount of international funds had been provided by the Inter-American Development Bank, which was becoming the bank for financing the economic and social development of Latin America, and to which the Organization wished to express its heartfelt thanks.
On the other hand, the situation in rural areas was far from satisfactory. The chart on page 21 showed that the sum total invested in rural water supplies was six or seven times less than that invested in urban water supplies, and that there was an enormous disparity between the estimated funds required and those actually invested.

In the opinion of Dr. Horwitz, the Committee, when examining the proposed program and budget, should look into the question of rural areas in Latin America. He was convinced, as a result of the highly successful experience in various Latin American countries—for example, Mexico, Colombia, Peru, and Venezuela—that the proposal submitted by the secretariat to the XIV Meeting of the Directing Council in 1963, namely, to deal with the social aspect of the rural problem by establishing a Special Rural Welfare Fund that would act as a catalytic agent, had greater possibility of being successful in 1966, because the doubts expressed in 1963 about the attitude of the rural population had been largely dissipated. There had been doubts not only about their desire to contribute their labor power, but also about their ability to contribute funds and to administer the services which they themselves had installed. It should not be forgotten that large segments of the rural population of Latin America, namely, those who depended directly on the soil for their living, were unemployed for about six months every year. Since those doubts had been dissipated, conditions were more favorable to a properly coordinated attack on the problem of the rural areas of the Hemisphere. Those areas were, for the most part, the true home of the backwardness which was to be seen in some material aspects—but not the cultural aspects—of the life in Latin America.

With respect to sewage disposal, the results were much less satisfactory than those obtained in the field of water supply, as could be seen from the chart on page 22. It showed that as of that date there was not a single country in Latin America in which at least 70 per cent of the urban population were served by sewerage systems and that in many the percentage was far less. The idea had been to concentrate on water supply during the first five years of the decade and to deal with the sewerage problem subsequently.

The sum of $1,948,366 had been allocated to the general program for environmental sanitation in 1967. It represented 10.1 per cent of the total budget, and of that sum $1,050,294 were earmarked for water supply. He pointed out that in the general budget of the Pan American Health Organization, which the Executive Committee was going to examine later on, the amount allocated to the training of sanitary engineers in Official Document 61 had been increased by $95,000.

As for nutrition, which was also directly related to mortality in children under five years of age and reduced work capacity in adults, the speaker recalled that the goal of the Charter of Punta del Este was

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"to make substantial improvements in the feeding and nutrition of the most vulnerable sectors of the community by increasing the consumption of animal or vegetable protein." That matter had been the subject of many comments during the XVI Meeting of the Directing Council, 9/ which had instructed the Bureau to take those discussions into account in preparing the budget proposal. Although it was evident, as stated on page 23 of Facts on Progress, that the total per-capita production of food in Latin America had not increased but had, in fact, decreased in relation to population growth, the picture was not so unfavorable, if, as Dr. Charles L. Williams had pointed out during the Council meeting, consumption and utilization of foodstuffs were taken into account, because it would then be seen that the contributions of foodstuffs by governmental and private organizations of a philanthropic nature had, to a certain extent, offset the immediate deficit in production in the Hemisphere. Of course, it was very desirable that the countries should be self-sufficient in their food production, or at least should be able (and that was one of the advantages of the common market) to satisfy their needs by the exchange of goods. In the meantime, however, the contribution of foodstuffs was making up for the deficiency in production so that the consumption situation was better than that of production, which covered a whole series of products of great economic but very little nutritional value accounting for a large part of Latin America's exports. The chart on page 24 gave a clear picture of the changes which had occurred in the per-capita availability of total and animal protein in 11 Latin American countries. There had been a decrease in Argentina (Uruguay was not among the 11 countries, although the situation was the same there) but generally speaking, there had been a gradual increase in the other countries. Mention should be made of the better use being made of vegetable proteins, which had started with the work at INCAP and the production of Incaparina. Other experts of the Americas had been experimenting with the production of equally satisfactory mixtures to compensate for the lack of animal proteins. A group of experts had studied methods of evaluating the expanded nutrition programs in which the Governments, their ministries of health, agriculture and education, and FAO, UNICEF, and WHO had collaborated. Some of them would be evaluated during the current year, and a conference would be held under the auspices of the Governments of various countries, FAO, PAHO, and UNICEF to strengthen and expand those programs. Currently, the Organization was collaborating in 19 expanded nutrition programs in the Hemisphere. Provision was made in the proposed program and budget for 1967 for an allotment of $1,909,634, almost $200,000 more than in the previous year, and representing 9.9% per cent of the total budget. A large portion of those funds was intended for continuing research on the consumption and utilization of foodstuffs, including those factors which interfered with metabolism during the process of nutrition.

Of equal importance, as a factor conditioning mortality, were communicable diseases. They were dealt with in Facts on Progress in

the chapter on communicable diseases and eradication programs, beginning on page 9. In that connection the goal of the Charter of Punta del Este was "to eradicate malaria and smallpox from the Hemisphere and intensify the control of other common infectious diseases such as enteric ailments and tuberculosis." A special document had been prepared on the eradication of smallpox in the Americas. The Pan American Health Organization had made a special additional contribution of $150,000 to the smallpox eradication program being carried out in northeastern Brazil and had asked the World Health Organization's Special Account for Smallpox Eradication for $701,865 in 1967 for six countries in which smallpox had occurred. Finally, the special document which would be submitted to the Executive Committee included an estimate of the international and national funds needed for a systematic immunization program for the next five years. Those aspects were worthy of special mention, since smallpox was one of the matters to which the Directing Council had devoted particular attention and which the Organization had taken into account in the proposed program and budget.

As for yellow fever, it was a matter of regret, as pointed out in Facts on Progress, that El Salvador had become reinfested by Aedes aegypti in 1965, which had led to the initiation of extensive activities in the capital city. The recent epidemic of jungle yellow fever in Argentina and in Brazil had called for an emergency immunization program during which 1,500,000 persons in the two countries had been vaccinated.

Mention should also be made of the resumption of the program in the United States of America the preceding year and its extension to the States of Florida and Texas, to Puerto Rico, and to the Virgin Islands, and of the new organophosphorous insecticide which it was planned to test in Jamaica and Venezuela. Laboratory tests had shown it to be capable of destroying A. aegypti mosquitoes resistant to the chlorinated insecticides currently in use. If those field trials were satisfactory, the Governments would have a new and effective weapon for dealing with the continental problem. The Organization would then study the way to obtain funds for holding a continental conference on the eradication of A. aegypti toward the end of the year or the beginning of the next, with a view to reviewing the situation. In that event, the budget items for that activity could be modified accordingly.

With respect to malaria it was stated on page 11 of Facts on Progress that "the Governments of the Americas gave their support to the eradication of malaria in 1954, initiating in 1956 a systematic program in areas where the disease was prevalent. At that time approximately 88 million persons lived in areas where they were exposed to the risk of malaria, but by the end of 1965, inhabitants in these areas had increased to 104 million. As a result of the program, 54 million of these inhabitants live in areas now free of the danger of malaria, with improvement of living conditions and increase in the natural resources of the area."
The 50 million still in malarious areas expect similar benefits. The gains since 1961 have been impressive since the number in areas in a consolidation or maintenance phases has increased by 30 million. That statement was illustrated in the chart on page 11, which showed the percentage of population living in areas in the maintenance, consolidation, attack, and preparatory phases. In view of the fact that the main program in the preparatory phase was that of Brazil, the Organization was confident that the corresponding column would diminish rapidly. When explaining why the statistics relating to mortality from malaria had been improving, as shown in the table on page 12, Dr. Horwitz pointed out that in some countries the reduction in the annual average number of deaths and the corresponding death rate had simply been impressive. Although in the period 1950-1952 the total number of deaths had been 43,368, in 1964 there were only 2,285 deaths. Data were then furnished on the distribution in the various countries, which represented the first results of the continental program. Those results had influenced the life expectancy in several countries, and had doubtless affected economic development. Unfortunately, it had not been possible to scientifically measure that impact, which naturally influenced population growth. However, the task ahead was clearly spelled out in that chapter and that was why it was proposed, in 1967, to allocate $2,895,555, or 15 per cent of the total budget, to malaria eradication. In recent years most of the funds for that purpose had come from the very generous contribution of the Government of the United States of America. In the light of the discussions at the XVI Meeting of the Directing Council, it was proposed in 1966 to incorporate the amount of $200,000 from the regular budget of the Pan American Health Organization in order to gradually absorb the above-mentioned voluntary contribution.

The table on page 12 showed the source of funds of the general program of the Governments and of international organizations. It was interesting to note that between 1956 and 1965 the countries of the Hemisphere had invested a total of $247,031,400, which had been brought up to $337,295,500 through contributions from PAHO, UNICEF, and U.S. bilateral assistance. Those very meaningful contributions of the Governments had undoubtedly been stimulated by the decisions taken at the Pan American Sanitary Conference in Santiago, Chile (1954) and the Eighth World Health Assembly in Mexico City (1955).

In the field of tuberculosis, enormous progress had been made since 1948, as indicated in the figure on page 13 and the chart on page 14. In recent years there had been a tendency for the death rate from tuberculosis to level off, although the Charter of Punta del Este had emphasized the need for strengthening that program. In any event, a comparison of deaths from tuberculosis in 1961 and 1964 showed that, with certain exceptions, the situation was generally favorable. The mortality rate was 25 per 100,000 in Middle America and 32 per 100,000 in South America, whereas in the United States of America and Canada the figures were 4.2 and 3.5 per 100,000. Those figures were not high,
since they had been 10 times greater in the previous 10 years. It should not be forgotten that as mortality and morbidity from an infectious disease decreased, the cost of controlling it increased proportionally, since the detection, identification, and treatment of patients and the prevention of the disease cost more. In the opinion of Dr. Horwitz, tuberculosis no longer affected the great urban centers and, if it existed there, it was much more difficult to detect and therefore entailed much greater expenditures. For that reason it had been stated that the problem would disappear with development, in the broad sense, which would also be the case with other control or eradication programs. Unless a concerted action of all the resources of the country—not only the health resources—were undertaken, it would become more expensive and more complicated to eliminate those diseases or at least to reduce them to a point where they ceased to be major public health problems.

The amount earmarked for tuberculosis in 1967 was relatively small—$159,899—since the Governments had their own resources and not all of them needed advisory services in that field. Nevertheless, it was still necessary to train more epidemiologists in tuberculosis, precisely because of the complications which the problem presented.

Health problems could not be solved unless there was a good economic infrastructure, the components of which included means of communication, means of transport, power, and information media. Efficient services supported by appropriate human and material resources were also needed. In addition, planning was essential in order to determine which problems were most widespread and of the greatest social importance, to allocate funds according to priorities, to establish measurable targets for each priority, and to periodically evaluate the activities carried out and the results achieved. That process was dynamic and continuing, and was a means, not an end; that was the essence of planning. Also important was research, which, fortunately, had already acquired the right of domicile in Latin America; the Governments accepted it as an indispensable function without which it would be difficult to continue investing rationally in the future.

With respect to health resources, and especially health personnel, the goal of the Charter of Punta del Este quoted on page 26 of Facts on Progress was as follows:

"To give particular importance to the education and training of professional and auxiliary personnel to engage in activities related to the prevention and cure of diseases. To this end it will be necessary:

(1) To determine the number of experts required in the various categories for each activity or profession;

(2) To provide in-service training to present staff members, and progressively train a minimum number of additional personnel; and,

(3) To expand and create the necessary educational centers.”

No soundly based scientific method was available for determining the number of various types of experts needed, but thanks to the interest of the Government of Colombia, the Association of Schools of Medicine, and the Milbank Memorial Fund, as well as the Organization's participation, a study had been carried out in Colombia for the past two years on manpower for health, based on a stratified sample of 1 per cent of the more than 40,000 communities in the country. That study, which should be completed by the end of the year, would make a definite contribution toward devising a method of determining health techniques in the light of existing problems and resources and would have a great impact on the teaching of medicine, since it would show medical schools how to re-distribute the curriculum according to what was more frequent and not, perhaps, what was more attractive. It would also have an enormous influence on health planning, as it would provide data that would permit the establishment of priorities regardless of the procedure applied. With respect to the in-service training of health workers and the progressive training of a minimum number of additional personnel, as stated in the Charter, that was a very important part of the Organization's program. In that connection, mention should be made of the study on the training of auxiliaries, 12/ which would be dealt with later in the agenda, and which had stemmed from a suggestion of the Representative of Mexico at the 50th Meeting of the Executive Committee in 1964. 13/ It was one of the principal projects to which the Organization wished to devote its efforts, without reducing in any way the assistance given to the 10 schools of public health in Latin America (page 27), and to a series of training courses for health officers which were part of general and specific projects of the Organization.

As for the expansion or establishment of the necessary educational institutions, the chart on page 29 was very significant, since it showed how the number of schools of medicine had been increasing since 1910. The same thing was happening and would increasingly happen in the United States of America, thanks to a very recent legislation approved by Congress, but there was no doubt that the need for physicians was being gradually offset by the quality of the programs and the increase in population. According to projections up to 1980 made by the PASB Health Statistics Branch (and incorporated in the text of the document), the current physician-population ratio could be maintained up to 1980 with the same number of medical schools, but Latin American experts were not satisfied with that ratio. According to the chart on page 28, there were 5.8 physicians per 10,000 population in 1963, and that ratio could be

12/ Document CE54/2 and annex (mimeographed).
maintained up to 1980 if the current rate of population growth and production of physicians remained unchanged. However, there was good reason to believe that that ratio would be proportionately insufficient as the acute public health problems in the countries were solved. The same chart showed that there had been an appreciable increase in recent years in Colombia, Guatemala, and Venezuela. The latter had almost eight physicians per 10,000 in 1963; the same held true of dentists; but proportionately the figure was much smaller than was needed in the Hemisphere. The most serious problem, as pointed out in Facts on Progress, was that of nurses. It was interesting to compare the table on page 30 concerning nurses with the chart on page 28 which dealt with physicians. There was no doubt that the situation in Latin America was very inadequate since there were nearly twice as many physicians as graduate nurses, there being only three nurses per 10,000 population in Middle America, 2.5 in South America, whereas there was an average of 5.8 physicians per 10,000 population. If nursing auxiliaries were included, the figure would undoubtedly be more favorable, but it was not to be forgotten that a large segment of the 135,000 nursing auxiliaries were untrained and that their value was relative since they required a great deal of supervision.

In the case of sanitary engineers, it was estimated that there were about 2,000, far fewer than the number needed, especially in recent years when the prospects for solving sanitation problems had improved because of the contribution of external capital and the marked interest of the Governments. A method was needed to determine the number of engineers needed for environmental sanitation, not only for water supply and sewage disposal, but also for housing, occupational health, etc., as well as for improving the biological environment. The Organization had engaged a short-term consultant to devise such a method which would be tried out in some country, as had been done with other manpower resources for health. Meanwhile, as the Executive Committee knew, funds obtained from the United Nations Development Program were being used to develop centers for the training of sanitary engineers, to incorporate sanitary engineering into the general training of engineers, and to carry out environmental research in Venezuela and in Rio de Janeiro. Argentina, Costa Rica, and the University of the West Indies had expressed interest in similar courses. Furthermore, the program of continuing education for engineers and their training in universities had been successfully initiated in the past two years; in 1965, 37 short courses were organized and attended by 800 persons. The number of those short courses was growing yearly, which was due to the increase in the amount of money allotted for that purpose in the Organization's regular budget. From the very beginning, that program had enjoyed the very valuable support of the Program of Technical Cooperation of the Organization of American States. It was proposed to allocate $1,891,706 for education and training in the general budget. Mention should be made also of the increasing amount of money being invested in the training of veterinarians who, although primarily devoted to preventive activities, had neglected that aspect in their education. The budget item for education and training amounted to 9.8 per cent of all funds, and was naturally reflected in the regular budget of the Pan
American Health Organization. It was desirable that the Executive Committee give special attention to the program for the supply of textbooks to medical students, which was a special item on the agenda. The time had come to carefully examine how to improve the quality of the teaching of medicine and of other disciplines. It was regrettable that teaching conditions had not improved much in recent years, that students did not have the necessary facilities to take full advantage of the training and, therefore, to learn. The Organization felt that with a relatively simple system, with a very small contribution compared with the benefits that would be derived therefrom, the problem might be solved and that was what was being proposed to the Executive Committee. If the system proposed was approved, and the necessary funds obtained, the amount allotted to it would have to be modified when the Conference took a decision on the matter.

The session was suspended at 10:50 a.m. and resumed at 11:15 a.m.

Dr. HORWITZ (Director, PASB), continuing his statement, pointed out that there was a close relationship between education activities and the program described on pages 51 and 52 of Facts on Progress. In the period 1954-1957, a total of 1,236 fellowships was awarded; in the following four-year period, 2,098; and in the subsequent four-year period (1962-1965), 2,569. The distribution of fellowships was also a matter of interest, because it illustrated the improvement in the resources in the countries themselves and how the health problems of the Hemisphere were changing. In the fellowship requests submitted by the Governments interest was being shown in new fields which 10 years ago were not even taken into account; for example, in environmental sanitation requests were received for new specialties; fellowships were being requested in public administration as applied to health as well as in new medical specialties and other fields such as psychiatric nursing, hospital architecture, and cost accounting, so that the fellowships policy had to be continually adapted to new circumstances. That development was, undoubtedly, due to the fact that the Governments were becoming convinced that their own universities did not have the necessary resources in those fields or if they did they preferred to have some of their officers trained abroad. Naturally, such a program called for expenditures proportional to its continuing growth, and those expenditures appeared in Official Document 61. They amounted to slightly more than $2,000,000 (training of professional personnel) for 1965 and for 1967 they amounted to $2,640,639, from all funds.

In Facts on Progress, health facilities were dealt with beginning on page 33. In that connection the most important resource was the hospital bed. From information supplied by the Governments, a comparison was made between 1960 and 1964; whereas in 1960 there were 2.1 beds per 1,000 population in general hospitals in Latin America, there were 2.3 per 1,000 population in 1964. In that chapter a chart showed the distribution of beds per 1,000 population in six countries, divided between
the large cities and the rest of the country, which disclosed the very marked disparity between what might be called the urban and the rural area. In addition, it showed the estimated need for beds in 1971. In 1964 the number of beds available totaled 760,000, but an estimated 1,300,000 were needed by 1971 if the bed ratio per 1,000 population was to rise from 3.2 to 4.5, accepting the current criterion as applicable to the problem in 1971. The cost of construction of hospital beds varied in the various countries from $6,000 to $10,000, so that about 150 to 250 million dollars would be needed each year to maintain the current bed ratio per population, and between 480 and 800 million dollars to increase the bed ratio per 1,000 population from 3.2 to 4.5. Clearly, those were enormous sums of money. Foreign capital would be necessary since they were beyond domestic resources.

As had been reported to the XVI Meeting of the Directing Council, the examination of the reports 14/ of the Study Group on the Coordination of Medical Care in Latin America and the Advisory Committee on Planning of Hospitals and Other Health Services, which met in 1965—the second of which had been attended by representatives of the Inter-American Development Bank (IDB)—a joint commission had been established comprising economists from the Bank and the Organization's medical care experts and economic adviser, and they were working out a credit policy in that field. The IDB had expressed its interest in principle in two of the areas proposed by the Organization, namely, university hospitals, which should be considered from the point of view of general medical education, and health services for community development programs. In connection with the latter, a very happy precedent had been established when the IDB approved a loan of $20,000,000 for the Government of Peru, which would contribute a like sum, for organizing communities in six departments in the Andean region in those aspects related to social progress and the incorporation of the inhabitants into the national economy. That was an important precedent, since it meant that health establishments were incorporated into the general program for rural development and welfare. At the request of the Government of Peru, the Organization had participated in the early negotiations to put that program into operation, since it was extremely important not only for Peru but also for other countries in the Hemisphere. It was to be hoped that during the remaining part of the year an understanding would be reached and the Bank would take a decision regarding its credit policy in that field, the magnitude of which could be seen from the figures he had mentioned earlier. In accordance with Resolution XXXVII 15/ of the XVI Meeting of the Directing Council, that activity would make it necessary to establish the pertinent section in the Pan American Sanitary Bureau and the item had therefore been included in the agenda of the meeting.

As for other health units, and taking into account the diversity of nomenclature in the various countries, the short table on page 35 included health centers, out-patient and other clinics, and mobile units, most of

14/ Published in Administration of Medical Care Services. Scientific Publication PAHO 129.
which were in Central America. A second table on the same page showed the increase in local health services in three countries, namely, Honduras, Paraguay, and Venezuela. Generally speaking, according to the estimates of services for 1980, it would be very difficult to handle more persons with the services currently in existence. The task was therefore two-fold: on the one hand, to increase the performance of existing services, by means of better organization and administration, and on the other, to construct the necessary services but in accordance with the general trends of development and not exclusively of health activities.

The goal of the Charter of Punta del Este for the activities of national and local health services was stated on page 36 of Facts on Progress as follows: "To improve the organization and administration of national and local health services by combining the functions of prevention and cure; to obtain a better return from medical care services; to create the necessary services, gradually; and to ensure financial accessibility to therapeutic agents and means for the prevention of diseases." To achieve that goal, the Directing Council and the Executive Committee had approved the establishment of a health planning unit, and on page 37 of Facts on Progress there was an account of what had been done in the field of health planning, the objectives of which, as indicated on that page, were as follows:

"To prepare national plans for the next 10 years. To create planning and evaluation units in the Ministries of Health, with appropriate representation at the national agencies for the over-all planning of economic development and social progress, to ensure due coordination."

Mention was also made in the publication of the training courses for health planners, beginning in 1962, at the Center for Development Studies (CENDES) of the Central University of Venezuela (Caracas), at the Latin American Institute for Economic and Social Planning (Chile), and at the School of Hygiene and Public Health of the Johns Hopkins University (United States of America). As the Committee knew, thanks to the joint action of CENDES, the School of Public Health of the Ministry of Health and Social Welfare of Venezuela, and the Organization, a method had been devised and was being gradually introduced into the teaching of health planning and the formulation of health plans. Six countries already had a national health plan, but not all of them were applying it completely; others had already completed the diagnostic phase, and, as shown on page 38, planning units in different stages of development were operating in the ministries of health in 15 countries. Since health planning needed to be institutionalized, a request had been made to the United Nations Development Program for funds to establish a Pan American Center for Health Planning.
The Governments of Brazil, Chile, and Peru had expressed their interest in contributing to that activity. The Center would provide training, give advisory services to Governments, and carry out operational research to improve the general planning process. It was to be hoped that the project would be submitted in definitive form in the next few months and that it would obtain the approval of the above-mentioned international agency. In that event, it would have to be included in the proposed program and budget under discussion. The sum requested was $3,000,000 for the next five years.

As for medical care, the goal set in the Charter of Punta del Este was: "To take measures for giving increasingly better medical care to a larger number of patients, by improving the organization and administration of hospitals and other centers for the care and protection of health."

In his opinion, some of the data were significant. There was a comparison on page 41 of the hospital admissions or discharges per 1,000 population in 1958 and 1963 in two countries (Colombia and Chile). The figures were eloquent testimony both of the improved performance of beds and also of the reduction in the average length of stay of patients in Costa Rica, which had fallen from 13.5 in 1955 to 7.7 in 1964. That was an important element in what might be called medical economics; that phenomenon appeared to be occurring progressively in all the countries, although much remained to be done to integrate preventive and curative services, to make better use of resources, and to integrate them wherever it was considered essential. As for the utilization of resources, he recalled that the Directing Council had decided that the Technical Discussions during the XVII Pan American Sanitary Conference would deal with the relationship between the medical services provided by the ministries of health and social security institutions. For that purpose, a basic document showing the current situation in the Hemisphere was being prepared from information received from the Governments and it was hoped that the Discussions would make it possible to establish the basis for better coordination and to attain the goal of the Charter.

Health administration, both general and specific services, represented 36 per cent of the total budget, which was about the same amount allotted for the eradication and control of communicable diseases and environmental health. Of that sum, $170,396 had been assigned to administrative methods. The Governments were becoming more and more interested in improving the structures and administrative practices of their ministries of health, since they were convinced that that aspect was a source of waste and inefficiency; they had turned to the Organization, which in the last five years had been conducting seminars on the most important questions of public administration, awarding fellowships, and providing direct advisory services. The latter had started in the malaria eradication program and were gradually being extended to other areas of the ministries and of the national health services. Because of limited funds it was not possible to meet all the requests of Governments, but the program would be
gradually extended in the future. Some Governments were already talking about the need to mechanize the administrative process so as to increase its efficiency and simplify operation.

Research had already been incorporated into the activities of the Organization, in order to accomplish the goal of the Charter of making the best possible use of knowledge obtained through scientific information for the prevention and treatment of diseases. The Committee was aware that there was a budget item for the Office of Research Coordination. It carried on its work in close relationship with that of the Research Planning and Coordination Office of the World Health Organization, and in some areas had already made an important contribution. A review of five years' work of the research program of the Pan American Health Organization would be submitted to the Conference and would show that an important contribution had been made in that field. It was enough to mention the Inter-American Investigation of Mortality, which had already produced more knowledge regarding the dynamics of disease in the Hemisphere, corrected impressions and ideas about the distribution of diseases, and disclosed new areas of research for obtaining a deeper knowledge of the situation in Latin America. Mention might also be made of the research work of the Pan American Zoonoses Center, which had just received $1,500,000 from the former United Nations Special Fund. It was to be used over a period of five years for the expansion of its activities, and would thus supplement the contribution of the Government of Argentina. That Center was being transferred to Buenos Aires, although it would continue to have the 150-hectare ranch which the Government of Argentina had provided for it, as well as laboratories in Azul. Also worthy of mention was the Pan American Foot-and-Mouth Disease Center, which had succeeded in producing a live virus vaccine. It had already been tried out on a national scale in several countries, including Venezuela, with very good results. In that connection, the Inter-American Economic and Social Council (IA-ECOSOC) had decided to study the economic stability of the Center and its future financing. The Inter-American Development Bank and the World Bank had decided to include in their loan policy funds for foot-and-mouth disease immunization programs in countries where the disease was still prevalent. The Organization was interested in increasing the production of meat, milk, and animal proteins in general which were being lost on an enormous scale and causing tremendous financial losses in Latin America.

The general recommendation of the Charter of Punta del Este appeared on page 48 of Facts on Progress:

"To recommend that the Governments carry out the following measures to take immediate effect: to complete projects that are now being executed, particularly those related to the control or eradication of communicable diseases, sanitation, nutrition, medical care, maternal and child health, health education, and other projects for the protection of health, giving due priority to the emergency programs of certain countries."
What was being done to implement that general recommendation was very well summarized on page 50 in the circular figure which showed the distribution of the funds of the Pan American Health Organization according to its program budget. In 1965 the distribution had been as follows: malaria, 17 per cent, other communicable diseases, 9 per cent, environmental health, 10 per cent, which together amounted to 36 per cent; general health services, 18 per cent, specialized health services, 17 per cent, which together represented 35 per cent; education and training, 11 per cent; and the remaining 18 per cent, which comprised all those general activities servicing the whole Organization such as publications, library, fellowships, public information, research, administration, and activities of the Governing Bodies.

The budget was a balanced one, which should be examined in its entirety, rather than in its small details. It was in tune with international policy and with specific health policy, as could be seen from the review of the situation in the Hemisphere, which he had wished to present and had based on the document he had summarized.

Finally, as indicated on page 53 of Facts on Progress, the Organization had maintained extremely close working relations with other public and private bilateral and multilateral organizations, both of the Inter-American System and of the United Nations family, to all of which the Organization wished to express its thanks for the understanding shown and for the very cordial and cooperative atmosphere in which the Bureau had been able to carry on its activities. In the light of the over-all picture he had given, Dr. Horwitz stated that it would be necessary to examine what was going to be financed with funds of the Pan American Health Organization in 1967. Dr. Portner would present the details of that budget.

Dr. PORTNER (Chief of Administration, PASB) continued the presentation of the program and budget and called attention to the gross level of PAHO regular funds in Official Document 61. In that document the level of the provisional draft was $8,855,680. However, the Director was presenting for consideration a budget level $260,000 higher. That higher level resulted from the increased costs of the new salary scales estimated at that sum for 1966. While the cost to the Organization would be somewhat higher in 1967 if every post were to be filled for the entire year, it was believed that normal delays in filling posts would allow the Bureau to provide the program planned without a further increase in the budget level. The new total for the PAHO regular budget came to $9,115,680 and represented a 12.8 per cent increase over the 1966 level.

Dr. Portner then reviewed the history of the program and budget before the Committee. It had its beginnings in 1964 when the Director outlined the broad plans for developing the program for discussion by the Bureau staff with the Governments. The resulting plans and estimates were considered by the Directing Council in 1965 and the Council adopted a resolution that noted that the provisional draft contained soundly conceived and much needed public health projects. Following the Council's
instructions and the usual pattern in the preparation of the Organization's program and budget, the Director and his representatives had again consulted with the Governments and the proposals presented reflected their latest known desires and requirements taking into account the priorities established by the Governing Bodies.

Of the projects under consideration, 18 per cent reflected no change from the original planning, 42 per cent reflected only minor changes due to recosting of posts or other minor alterations, 10 per cent of the projects were newly planned, and the remaining projects were about evenly distributed between the group of projects transferred to or from other funding, the group containing substitutions of posts or fellowships for short-term consultants, or vice versa, and the group which had been merged with others or revised in the scope of project elements to be provided to meet the latest known wishes of the Governments.

In terms of posts there was a net increase of seven over Official Document 61, including those transferred from the Special Malaria Fund to the PAHO regular budget. The increase in posts was to be detailed later in the presentation. However, Dr. Portner pointed out that the non-project increase was related primarily to program development: two posts were in the Office of Health and Population Dynamics, three were related to the publications of the Organization including the new Journal of Medical Education, whereas two general services and one clerical post had been accommodated by decreasing the amount for temporary personnel, which had been originally budgeted for contingencies for the operation of the new building. Each of those would be detailed at the appropriate place as the line items of the budget were reviewed.

Dr. Portner then said that the amount budgeted for fellowships had been reduced from $1,000,300 to $881,036, but pointed out that the training program had increased by more than that amount: $95,000 for short, intensive courses at various universities for water supply personnel; $50,000 for training in health and population dynamics; $60,000 for medical education projects; $50,000 for training in hospital nursing services; and $18,000 for training in the public health aspects of housing and urbanization.

Many of the revisions were made necessary in order to comply with Resolution XVII 16/ of the XVI Meeting of the Council, which called for the strengthening of the regular budget with respect to financing the malaria eradication program in the Americas. Consequently, an amount of $200,000 was being proposed for the malaria eradication projects in 1967 above the amount already included in Official Document 61 for that program under the PAHO regular budget. He explained further that the eradication program was planned as a whole without particular attention to the source of funds for any one project and that, in order to avoid

administrative complications, the $200,000 had been absorbed into the budget by assigning it to all of three and a part of a fourth project.

Dr. Portner then reviewed the budget part by part and item by item, explaining the changes which occurred in the planning for the various activities of the Organization.

In Part I (Organizational Meetings) the only changes were in the costs of personnel.

In Part II (Headquarters) the principal changes were the establishment of the Office of Health and Population Dynamics, the recognition of the Medical Education Branch as an entity separate from the Office of Research Coordination, the decrease of one public information officer, a revision in the staffing of the Visual Aids Unit, and the transfer from the item "temporary personnel" to the Finance and Property Services Sections of funds for three posts.

Dr. Portner then reviewed in detail Part III (Field and Other Programs), calling attention to the changes with emphasis on those of particular significance to the Organization's program.

Part IV showed the Organization's contribution to the Special Fund for Health Promotion, in accordance with the agreement with the W. K. Kellogg Foundation. Projects provided under that Fund had been included in Part III, together with all other projects in order to facilitate study of the whole program. At the end of Part III there appeared a balancing entry indicating that budgetary provision had been made in Part IV.

Dr. Portner reported no change in Part V (Increase to Assets).

The change for all parts showed an increase of $260,000 over that in Official Document 61. That, he repeated, represented the amount considered necessary to cover the change in salary scales approved by the United Nations and already adopted by the World Health Organization.

THE IMPACT OF INDUSTRIALIZATION ON HEALTH

The CHAIRMAN invited Mr. Bloomfield, Regional Adviser in Occupational Health, to make a brief statement on that subject.

Mr. BLOOMFIELD (Regional Adviser in Occupational Health, PASB) thanked the Chairman for the opportunity to address the Committee on the importance of public health in industrial development. He stated that not enough attention had been paid to that matter and that industrialization was impossible without improving health and sanitary conditions. At a recent meeting of the Economic Commission for Latin America, economic growth had been discussed with reference to construction, public services,
and manufacturing. Since the First Latin American Seminar on Occupational Health, 17/ sponsored by the Organization and held in São Paulo, Brazil, in 1964, it was obvious that silicosis, for example, had not decreased as rapidly as might have been expected, the rates still being high for many of the countries. Other mining afflictions included silico-tuberculosis, lead and arsenic poisoning, dermatitis, perforation of the nasal septum, and lung cancer. Also a subject of concern was increased agricultural production, with related problems such as poisoning by pesticides and chemicals being used on an ever-increasing scale. In that connection, Mr. Bloomfield mentioned that, although chemists might develop many new products for use in agriculture, there was still a shortage of researchers and trained staff to study and test those new products.

In addition to occupational health, the Organization was vitally interested in such matters as physical conditions--noise, radiation, effects of heat or cold, humidity, illumination--and air and water pollution. The industrial odors and other effects involved in the manufacture of fish meal in certain countries was also having an adverse effect on the population in the nearby areas and on the tourist trade.

As part of the solution to those problems, Mr. Bloomfield suggested that loans approved by the international credit agencies take into account the improvement of sanitary and health conditions. Programs were already being carried out in seven or eight countries. As for the Organization's program, it was hoped to establish a center for environmental engineering to consolidate present fragmented activities in water and air pollution, housing, and others. Through the center it would also be possible to assist the Governments further in those and other problems caused by the tremendous increase in urbanization registered in Latin America in recent years.

The session rose at 12:40 p.m.

17/ Published in Spanish as Scientific Publication PAHO 124.
SECOND PLENARY SESSION
Monday, 18 April 1966, at 2:30 p.m.
Chairman: DR. MANOEL JOSÉ FERREIRA (Brazil)

ITEM 3: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1967 (continuation)

The CHAIRMAN called the session to order and congratulated the Director on the documents presented on the program and budget.

Dr. MARQUEZ ESCOBEDO (Mexico) agreed with the Chairman and expressed his satisfaction with the excellent outline given by the Director of the Bureau on the progress achieved in public health pursuant to the Charter of Punta del Este. He was also pleased with the interest shown by PASB in providing university training for experts in population dynamics.

It was important to establish a new criterion for evaluating public health programs in view of the risk represented by the disproportionate increase of population, particularly in Latin America.

In Mexico, the problem entailed highly significant educational and religious aspects which, lacking an effective policy, it would have been difficult or impossible to approach in terms of reducing the birth rate, especially in communities with scant economic resources. The exodus of the rural population to the urban environment was partly due to activities undertaken by the respective Governments in behalf of the weak economic classes. The interest of the Governments in supplying the underprivileged in the cities with housing, recreation, education, and other facilities, was the determining factor in the migration of the rural population to the urban centers. It was therefore essential for the Governments to modify that policy and to establish recreation, education, housing, and other services in the rural environment itself so that the "campesino" would not have to seek in the city facilities which would then be equally available to him in the countryside.

The speaker noted the interest evinced by the Bureau in the training of statisticians. In many countries of the Hemisphere it had not yet been possible to formulate life expectancy tables for lack of statistical data. That circumstance fully justified the encouragement given by the Organization to the training of specialized statisticians. Very special characteristics were involved in the efforts to reduce infant mortality. In the case of measles, the preventive measure of a duly accredited vaccine was almost nonexistent in Latin America, although in Mexico attempts had been made to initiate vaccination against the disease. Such was not
the case with respect to whooping cough vaccine; only a greater intensification of activities was required for an effective reduction in the morbidity and mortality rates for that disease.

As for environmental sanitation, it would be difficult to comply with the provisions in the Charter of Punta del Este with respect to the rural sector. Since the rural population of Latin America was scattered over vast areas, it was almost impossible to set up water supply and sanitation services in a great many localities, each of which contained only a small number of inhabitants. Of the more than 200,000 localities recorded in Mexico during the geographic survey prior to the antimalaria campaign, 83 per cent had less than 100 inhabitants, and in many instances they were distributed over sizeable geographic areas. In order to implement environmental sanitation, it was essential to regroup the communities and to form population centers composed of rural dwellers.

The speaker cited Dr. Horwitz' observation that nutritional problems were increasing, reflecting the growth of national economic infrastructures. Consequently, employment centers had to be established in locations where the people could obtain better means of livelihood and a less deficient diet than at present.

With reference to communicable diseases, although smallpox had not appeared in Mexico for a long time and Aedes aegypti had also been eradicated, malaria, in contrast, had posed a real financial problem because of the very low salaries paid to the technical personnel and especially the medical staff. A trade union type of movement had forced the Government to revise the salary scale and the Ministry of Health and Welfare had received an allocation of more than 300,000,000 pesos for the exclusive purpose of supplementing salaries. Consequently, the funds allocated to the malaria campaign during 1966 showed a deficit and an effort was currently being made, with the assistance of the Pan American Sanitary Bureau, to secure the resources needed to implement the six-year malaria eradication program.

Nevertheless, the activities carried out between 1956 and 1965 had been quite successful in reducing the morbidity and mortality rates.

With regard to health resources, Dr. Horwitz had rightly pointed out the need for properly trained personnel to undertake scientific research and especially to plan the corresponding activities in the health sector.

In Mexico it was considered absolutely essential to understand the problems and to establish specific programs designed to resolve them according to existing resources. Considering that public health activities unquestionably required the use of adequate techniques, the Bureau's interest in promoting the selection and preparation of suitable textbooks for the different schools was justified.
Although a fairly large number of hospital beds were available in the urban sector, that was not true in rural areas. Consequently, the rural population, scattered over extensive areas, did not have easy access to the hospital institutions or medical care centers they required. Venezuela's current experiment with simplified medicine might provide a solution to that type of problem.

Relations between the medical care services of the Ministry of Health and Welfare of Mexico and the social security institutions had made substantial progress. By order of the President of the Republic, a special committee had been formed to coordinate health, welfare, and social security activities. That was a highly promising step that would eliminate duplication of efforts and squandering of the scant funds available for Mexican socio-medical care.

Dr. YEPEZ (Ecuador) referred to the eradication of communicable diseases and particularly to malaria eradication and the economic problems mentioned by Dr. Márquez Escobedo. He stated that there was a wide difference between technical levels in the various countries and that the solution to the problem might be a continental, rather than a national, campaign, which would perhaps make it possible to ensure the same level of efficiency, the same technical standards, and the same prospects for success throughout the Americas.

Dr. AGUILAR HERRERA (Guatemala) concurred with the statements praising the document presented by the Director of the Bureau, which, by means of data and graphs, illustrated the outstanding progress achieved in relation to the objectives of the Charter of Punta del Este. When those were established, they had been considered Utopian by many officials and experts, and although they had not been completely attained, they were certainly nearer the final goal. Dr. Aguilar Herrera then referred briefly to the changes in the budget presented by Dr. Portner, whose explanations, in his opinion, fully justified those revisions.

Dr. ORELLANA (Venezuela) considered that to be the most important topic to be examined by the Committee. The Director, during his presentation of the Organization's program, and Dr. Portner, in presenting the budget, had stated very accurate and obviously indisputable facts, some relating to the budget preparation mechanism itself and others to the difficulties confronting the Bureau's officers with respect to the most equitable distribution of funds. The same problems were encountered by any country or organization that was consistently obliged to adjust insufficient resources to ever-increasing needs. For that reason, the balance achieved in formulating that program was admirable, for if it did not attain the practically impossible goal of satisfying everyone, at least it showed a great spirit of universality in the understanding of health problems throughout the Hemisphere.

The speaker then referred to the new projects of the Organization for 1967, stating that the PAHO had, for the first time, given its attention, in administrative or budgetary terms, to the problem of demographic
growth in the Hemisphere by establishing an office to deal with that matter in a centralized manner. He considered the title of Office of Health and Population Dynamics to be a fitting choice, although, in his opinion, it still indicated a certain degree of timidity vis-à-vis the true approach to the problem.

He reported that the III Venezuelan Congress of Public Health had discussed that important demographic topic and had formulated certain conclusions and recommendations, which clearly emphasized that each country should determine its own policy in that connection. Here, on the international level, it should also be clearly stated that it was not incumbent upon the organizations to promote the national policies of each country but to encourage, throughout the world, the basic research leading to better understanding of the problems. Each country had to decide for itself the course of action best suited to its interests, but any country might err in its policy unless it had previously succeeded in educating the majority of the population extensively in that matter. In his opinion, no compulsory program of birth control could be truly successful. In contrast, sufficient experience was available to show that no voluntary program of that same type had failed. Consequently, the Bureau's activities in that area would have very important results.

He then referred to Document CE54/10 1/ on the budget of the Organization. The notes to the document indicated that under a number of items, part of the funds had been eliminated since they would be financed by other sources. He asked for an explanation of Project 4800 (Medical Care Services), on page 58 of the document.

The amount of $141,000 originally provided for that project had been reduced, following revision, to barely $41,000, it being stated that the remaining $100,000 would be financed with funds derived from other sources. In his opinion, failure to indicate specifically the other source of funds gave the impression that the priority assigned to that project was secondary as compared to the others.

The speaker expressed his satisfaction with the news that a hemispheric conference had been planned to study the Aedes aegypti eradication program. There had been a long-standing need for such a conference, since the problem of A. aegypti eradication had become a chronic disease of public health programs in the Americas. Although that campaign had been initiated almost 20 years ago, in 1947, the situation was still so discouraging that at times it stifled whatever enthusiasm the Governments might have for assigning additional funds and efforts to the undertaking. Although considerable progress had been made and each country was more or less familiar with its own problem, the time had come to conduct a hemisphere-wide study to ascertain what should actually be known and done in order to eliminate that problem.

1/ Mimeographed document.
without turning it into a control program with all the unfortunate conse-
quences that entailed. Never-ending control programs eventually under-
nined the morale of Governments and officials alike.

The speaker offered his fullest support for the proposed hemi-
spheric conference and noted Dr. Horwitz' mention of the need for basic
studies on manpower in relation to health planning and programming. He
believed that the Director had been so right with reference to that
obvious need in all the Latin American countries. Everyone knew the
effort required to ascertain any particular fact in a given country: the
total number of nursing auxiliaries, the total number of physician-hours,
etc., in a specific health program, i.e., a certain type of basic data
essential for sound planning.

The speaker had consistently assigned very great importance to the
program currently under way in Bogotá, with assistance from the Organiza-
tion, the Colombian Association of Medical Schools, and the Milbank
Memorial Fund. He had even thought of duplicating or initiating it in
his own country, but that had not been possible. The great disadvantage
of that type of project was its high cost and complexity. But there was
no doubt that without such fundamental studies no reasonable planning of
activities could actually be achieved. Although the Colombian program
could not be applied in other countries, it was necessary to ascertain
how the basic statistical services of the countries could be improved so
as to be able to furnish the requisite facts in every case. Statistical
programs on services in Latin America were extremely poor. Some countries
had excellent services of morbidity and mortality statistics, i.e., vital
statistics. But statistics on services were inadequate. For that reason,
the planning organizations should gradually increase their demands so
that they could, in turn, progress and offer adequate information. A
fundamental organic question was involved, the establishment of service
statistics.

The speaker admitted that he was somewhat concerned by certain
figures in the budget, but not because he was opposed to the proposed
program and budget of the Organization. As an expert, he could never be
opposed. But as a representative of his country, he was troubled each
time he noted the continuing rise in expenditures, for fear that the
respective Governments could not support that steady upward trend.

Dr. Orellana pointed out that, in the specific instance of salary
increases for professional and other personnel, it meant a burden of
$260,000 on the budget of the Organization. That expenditure, which had
developed two or three months earlier, was not included in Official
The Organization was, of course, in no way to blame. It was due to
increases approved by the United Nations for its staff and that of its
specialized agencies, including the World Health Organization.
The immediate question was how long the trend would last. This year an increase of 12.8 per cent over the budget of the previous year would be recorded. The same was true of the WHO budget. In his opinion, the major consideration was the fact that a substantial part of more than $1,000,000, one-fourth to be exact, represented salary increases, while another part of the budget increase was related to transfers from the Special Malaria Fund to the regular budget of the Organization.

Actually, there was no alternative, since otherwise the Fund would be insufficient to maintain the programs. Consequently, he asked whether the entire Special Malaria Fund would be channeled into the regular budget and whether the salary increases, particularly the most recent, would reach a point whereby such high budgets would be rejected by certain countries, a circumstance which should be avoided.

Dr. QUIROS (Observer, Peru) also congratulated the Director on his interesting report summarizing activities in the past few years, which clearly demonstrated that the Latin American countries were well on the road to progress. He agreed with Dr. Orellana that, judging from the presentation of the budget, it was rather difficult to understand exactly how it was functioning. He noted that he had proposed that item for discussion at the 52nd Meeting of the Executive Committee and at the XVI Meeting of the Directing Council, and in its Resolution XXXII on procedures for the presentation of reports to the Directing Council, it had resolved in the second operative paragraph: "To recommend to the Director that he continue the evaluation begun in the last two years so as to provide the Governing Bodies with an ever clearer account of the progress made in the development of the programs in which the Organization is collaborating with the Governments." The speaker added that the increase actually amounted to $260,000 but an analysis of the figures showed that the increase was distributed as follows: Governing Bodies, $19,911; programs at Headquarters, $121,352; editorial purposes, $43,431; programs of the Zone Offices, $56,770, and for field programs, only $18,536. Therefore, although the increase did unquestionably total $260,000, the document presented by Dr. Portner should have indicated, under each project and its description, the precise form in which that salary increase operated. It was actually very difficult to understand why that additional amount of $260,000 in salaries was so unequally distributed among the various groups of projects. Dr. Quirós asked for an explanation on that point. Finally, he was pleased to note that part of the malaria eradication program had now been included in the regular budget, which eliminated the risk that the program might at any time run short of funds.

Dr. PORTNER (Chief of Administration, PASB) stated that on page 58 of Document CE54/10 provision was made for a reduction of $100,713 in the costing of Project AMRO-4800 (Medical Care Services). The project was to
be financed with funds from other sources, one half by the United Nations Development Program and one half by the Inter-American Development Bank (IDB). Owing to the multifunding of the Organization's programs (there were approximately 10 sources of funds) adjustment between funds was frequently necessary. The reduction mentioned did not reflect a lack of interest in medical care services, but merely the fact that $100,000 were to be obtained from other sources of funds.

On the other hand, the increase of $260,000, which was not provided for in the program and budget estimates, was due to the new professional and ungraded salary scales.

Dr. Quiros had referred to the indefinite nature of the recosting statement. The recosting reflected salary increases and changes in personnel, duty travel, and fellowships. The details on recosting were not given in C554/10, which was not all-encompassing and therefore not a definitive budget. The Director had, however, attempted to give the weight and balance of the entire program. The work done by the Bureau had shown to other international organizations the extent to which a meaningful budget could be worked out.

As to the increase by parts of the budget, Headquarters was essentially an established station, where the vacancy rate was low. In field-program hiring there was a built-in figure of at least three months' costs in the various projects that were not included in total costs. The adjustment in Part III (Field and Other Programs) amounted to $18,536, but it should be noted that the increase in the 1967 program over 1966 was $805,000, and had occurred particularly in Part III.

Dr. HORWITZ (Director, PASB), in reply to Dr. Quiros, stated that the latter's analysis was not quite exact. It was true that under the item of $260,000 the increases were distributed as he pointed out and referred basically to professionals, but the real increase between 1966 and 1967 had to be viewed in terms of the difference between $8,080,000 as compared to $9,115,680, in the event that the Conference should approve that budget. In other words, there was a difference of $1,035,000, of which $260,000 was distributed as had been indicated by Dr. Quiros, but the remainder was distributed proportionately with special emphasis on field programs of both WHO and PAHO.

The CHAIRMAN, speaking as Representative of Brazil, expressed his concern over the budget increases which led consequently to a greater contribution on the part of the countries to international organizations. He recalled that whenever he had attended international meetings on behalf of his country's Government, the only recommendation he had been given had been not to vote in favor of an increase in the national quotas. The same approach was also apparent in the position of national health administrators, who constantly requested larger budgets because they never had sufficient funds to cope with the programs. The result was a vicious circle. However, presentation of the facts and of the
programs provided a solid enough basis to assure the respective Governments that the Organization was operating effectively and that its role in the public health sphere was no pleasant illusion but a function that could be specifically defined in terms of the results achieved.

Dr. ORELLANA (Venezuela) expressed the opinion that the Organization's financial and budgetary problems should be studied in greater depth and, on that basis, referred to Dr. Portner's presentation of the item. Actually, it was a question of seeking other sources of funds to supplement the item of $100,000 withdrawn from a project. Everyone realized that such adjustments were possible within a budget whose funds were derived from various sources. But experience showed that it was difficult to secure funds from the Inter-American Development Bank and the United Nations Development Program. It was a task measured in terms of years and requiring extensive preparatory work involving plans, projects, discussions, and negotiations. He repeated his concern that an undertaking as important as the medical care program might be reduced to the minimum or frozen at its present level of financing because funds provided by the IDB and the United Nations Special Fund were not made available in time.

He then cited page 61 of Document CE54/10, which mentioned an increase of $43,431 for editorial services. The Organization's publications program should improve progressively and that could be done through the addition of two editors and other administrative personnel. One of the editors would be assigned to publications in general and the other to a medical education journal whose publication was eagerly awaited by all. The Bureau, which produced a great many publications and distributed them widely throughout the Hemisphere, should take steps to ensure that its activities would be profitable. PAHO publications were sold but on a very limited scale, while the sale of WHO publications was carried out on a broader scale.

He inquired as to the volume of proceeds from the sale of PAHO publications and stated that one of the greatest facilities enjoyed by the Organization for publicizing its activities in medical schools throughout the Hemisphere and among professional public health circles was precisely through its publications. Therefore, the countries should acquire those publications and endeavor to promote their distribution to every national sector and, when feasible, their sale.

Dr. DIAZ-COLLER (Chief, Professional Education Branch, PASB) explained that the Boletín of the Pan American Sanitary Bureau, for example, had a circulation of 11,000 copies, but only 100 paid subscriptions. That was due to exchange problems. Many countries had no facilities for the exchange of currencies and for obtaining dollars and since the Organization desired to make the Boletín and all its other publications accessible to those who most needed them, they were dispatched as a symbol of what the Organization was attempting to disseminate. The sale of printed matter in the World Health
Organization yielded a specific amount that was added to the sum allocated in the budget for the production of such material for the following year. The Pan American Health Organization was attempting to establish a sales system, to which end it had recently established the post of Distribution Officer. However, the intention was to increase circulation, more so than sales, i.e., to have the publications reach those who needed them. Production had increased and the three new posts would ensure attainment of the stated objectives, even though it should be necessary to depart somewhat from the doctrine of the Organization with respect to obtaining some return, albeit symbolic, on its publications.

The session was suspended at 3:45 p.m. and resumed at 4:05 p.m.

Dr. ORELLANA (Venezuela) again brought up the subject of the publications of the Organization. He understood Dr. Díaz-Coller’s view that such publications should reach as many individuals as possible, either free of charge or at a minimum cost, a policy which differed from that of WHO, where most such publications were sold and produced a certain revenue. While the aims of Dr. Díaz-Coller were most commendable, under that arrangement the Bureau would be unable to satisfy the need for disseminating its publications more widely. The various publications, such as the scientific series, the Boletín, and others, should be made available to the majority of those concerned with health problems in the Hemisphere, particularly in medical schools, health ministries, and similar institutions. However, that would be very difficult to achieve through free distribution. Furthermore, it would be impossible for all those individuals to purchase all the publications. The speaker believed that greater diffusion of and increasingly easier access to such publications, particularly with respect to medical students, student nurses and other groups, should be sought by every means available. The Governments, in turn, might perhaps be able to achieve broader dissemination of those publications. Dr. Orellana’s own attempts in that connection had been very successful and he approved the budget item designed to increase editorial resources and to employ a Distribution Officer. Although he did not fully agree with Dr. Díaz-Coller regarding free distribution across the board, he felt that the countries should publicize the publications more fully and endeavor, insofar as possible, to distribute them to as many persons as possible, even on the basis of small, symbolic payments.

The CHAIRMAN remarked that the Director would take into consideration Dr. Orellana’s observations regarding the dissemination of publications. Since no further general observations were proffered, he proposed that the document under study be examined point by point.

Dr. ORELLANA (Venezuela) drew the attention of the Committee to page 6, Chapter 7, Medical Education Branch, which provided for an increase of $17,336 to expand the resources of that Branch, and asked for a fuller explanation on those plans because of the importance of those programs within the Organization.
Dr. HORWITZ (Director, PASB) pointed out that the expansion of medical education activities by the Bureau had, in effect, led to organizational changes, utilizing the current staff as a basis for the establishment of a Medical Education Branch. However, its functions were expanding, as demonstrated by the fact that, in 1965, as special activities relating to that field, 25 short-term consultants had been assigned to advise departments of various medical schools in the Hemisphere and 103 fellowships had been granted to professors of Latin American medical schools. Furthermore, the medical journal referred to by Dr. Orellana was already scheduled. Note should also be taken of the fact that the medical teaching activities had culminated in the publication in Spanish of the first book on medical pedagogy, based on the experiences of Dr. E. M. Bridge, consultant to the Organization, who had been approached by various universities in the Hemisphere with requests for direct advisory services or indirect services through seminars or workshops, as they were currently called, which had attracted the interest of various teachers.

In addition, that Branch had assumed responsibility for the study of manpower in Colombia, a joint undertaking involving statistics, medical education, and research, which would undoubtedly expand in the future. The Milbank Memorial Fund had recently approved a grant of $40,000 for the addition of a sociologist to the PASB staff.

In order to explore means of improving coordination between the biological and social sciences to serve health needs, the services of Dr. César J. García, a physician and sociologist and a graduate of the Latin American School of Social Sciences (Chile), had been contracted. Dr. García had just joined the staff of the Organization for the purpose of conducting that study. Moreover, a survey was currently being planned to evaluate the results of the seminars on the teaching of preventive medicine held in Tehuacán, Mexico, and in Viña del Mar, Chile, 10 years earlier. That matter was of such importance that it was useful to observe subsequent developments, by means of a dynamic rather than a static survey; it was not merely a matter of verifying whether or not a department of preventive medicine existed, but of sending a mission to collaborate with those colleagues and to study with them the means of broadening the instruction presently being given in accordance with the conclusions of the seminars. Moreover, a project aimed at substantially improving the caliber of medical education was in prospect which, in the opinion of the speaker, would, if approved, make the Organization a true focal point for medical education in Latin America. That project was related to the possibility of a loan from the IDB for university hospitals and medical schools and to the resolution adopted by the Eighteenth World Health Assembly, calling for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training.

3/ Scientific Publication PAHO 122.
Dr. Horwitz added that the XVI Meeting of the Directing Council, in 1965, had recognized the Pan American Federation of Associations of Medical Schools as a nongovernmental organ enjoying a direct relationship with the Organization; that relationship had, of course, been reflected in an expansion of joint activities. The Secretariat, the Executive Office of the Federation, was located in the PASB Zone Office in Rio de Janeiro.

For all of those reasons, it had been decided to raise that function to the level of a branch, which had been achieved with virtually no increase in funds. If those projects, particularly the textbook program, were finally approved by the Conference, following the detailed analysis urged by the speaker at the present meeting of the Executive Committee, new personnel would, of course, be required in view of their scope.

Dr. AGUILAR HERRERA (Guatemala) asked for a clarification with respect to Chapter VIII, "Professional Education Branch," of the increase noted, inquiring whether the transfer of a clerical assistant position to the Medical Education Branch affected that amount and whether the position of editor mentioned, replaced by two posts of filmstrip writers, was also comparable to the budget level, i.e., whether the salary assigned to the editor position was equivalent to the two salaries for the writers.

Dr. PORTNER (Chief of Administration, PASB) stated that the increase was the net effect of the several actions. The transfer of the clerical post to the Medical Education Branch resulted in a deduction from the Official Document 61 estimate of $223,106, but two posts had been added and one taken away so that the net result was a plus. In addition, the salaries of the two filmstrip writers together constituted a slight increase over the cost of the P.1 photo editor.

Dr. MARQUEZ ESCOBEDO (Mexico) referred to Chapter VII, "Medical Education Branch," to observe that public health services could not develop unless future professionals were exposed to the new philosophical trend, which advocated abandoning the individual practice of medicine and transforming that field into a social function, as it should necessarily be viewed. Consequently, it was absolutely correct for the Medical Education Branch to train professionals through its fellowships, who, in support of that trend, would project within the medical schools, staffed by full-time personnel, the proper practice of medicine in the future. Even those efforts would not complete the task at hand, since the Medical Education Branch should almost certainly expand in order to revolutionize, actually revolutionize, the teaching of medicine and the academic instruction that future physicians should receive before entering the classrooms of the professional school. In Mexico, at least, the situation was truly tragic, for primary instruction, as well as secondary, college, and other levels of education, failed to provide the academic training and philosophical preparation that the young students should

\(^6/\) Resolution XXXVIII. Official Document PAHO 66, 89.
have before enrolling in medical school. An essential requisite was a
preprofessional school, a premedical school where it would be possible to
evaluate the caliber of the future physician as a student in order to
approve his admission to a school of medicine, for, of all the profes-
sions, the medical profession was unquestionably making the greatest and
most rapid progress toward socialization of its practice.

Dr. ORELLANA (Venezuela) considered that the Committee could not
examine the changes made with respect to each country, whether positive
or negative, representing budget increases or decreases, because although
each member represented a country, the entire Directing Council of the
Organization was not present at that time. However, it was possible to
examine the intercountry or regional programs. He called the attention
of the Committee to an intercountry project in Zone I (3101) listed on
page 14 of Document CE54/10. That project was allotted almost $70,000
to train a group of consultants on administrative methods for the
Caribbean area. He asked the secretariat to provide fuller information
on the features of that project, since it entailed a substantial appro-
priation and, on the other hand, he also considered it to be highly
important.

Dr. PORTNER (Chief of Administration, PASB) said that consulta-
tive services in public administration derived from a resolution 2/ of
the X Meeting of the Directing Council in 1957. The English-speaking
and Dutch-speaking Governments had requested the Bureau's assistance in
improving the administrative structure and services. The project pro-
vided essentially for assistance in reforming structures, developing new
procedures, training personnel, and making administrative services more
effective and economical. It had been closely related to the planning
work under way and was a unique experience in administration planning in
the Caribbean. Work had been going on in Trinidad and Tobago, St.Lucia,
and Antigua, but assistance and counseling had also been given to other
Governments. Based primarily on the planning work in Trinidad and
Tobago, an attempt had been made to completely overhaul the Ministry of
Health of that country. An administration division had been created for
the first time, and special work had been done in the fields of supply,
finance, and personnel, in close relation to the technical programs
being carried out in the country. At the same time advisory services
had been provided in education and more than 20 administrators from
Trinidad and Tobago and a number of other Caribbean countries were
receiving training in public administration as related to health es-
tablishments.

The guidelines for the endeavor had been derived in good measure
from views expressed by Governments in two seminars, held in 1962 and in
1965. By developing a cadre of trained administrators, reforming adminis-
trative procedures and practices, restructuring the administrative establish-
ment, and undertaking through the work with those engaged in planning

to bring about an impact on the technical programs, there had been what might be referred to as an elemental operational research activity. In Trinidad and Tobago, in particular, the movement had the support of the Prime Minister and there was desire at the Ministerial level to move forward. Similar interest had been shown by other Caribbean countries, and the number of requests for assistance was so great that the staff could not satisfy them.

Dr. ORELLANA (Venezuela) initiated the study of Zone I projects and called attention to Project AMRO-3107, under which a reduction of $51,960 was justified by the statement that a post of sanitary educator had been eliminated. The speaker assumed that that was an error, since the post should not require such a large allotment. Official Document 61 showed that the amount of $51,000 included not only the post of sanitary educator but also fellowships and travel.

The speaker noted that in Document CE54/10 the reduction of $51,960 was attributed to the elimination of a post of sanitary educator. However, in Official Document 61, the same Project (AMRO-3107) was assigned PAHO funds amounting to exactly $51,960, i.e., the sum eliminated in the first place, and the amount was divided into three items: one, the post of sanitary educator; another, duty travel, and a third, fellowships, amounting to $14,000. The speaker asked whether the elimination under Document CE54/10 covered only the sanitary educator post or the entire allotment, i.e., the educator and the fellowships as well.

Dr. PORTNER (Chief of Administration, PASB) indicated that the totality was involved. The subtotal of $51,960 was from PAHO regular, as Dr. Orellana had rightly said. One post from AMRO-3101 was funded from WHO regular, but the administrative methods officer post was from PAHO regular, as was that of the health educator, and the administrative methods officer post was to go to AMRO-3101, but that fact had not been brought out in the remarks on AMRO-3107.

Dr. QUIROS (Observer, Peru) asked for a clarification regarding the Aedes aegypti eradication project in the Caribbean area. If a reduction of $18,278 was made, despite the acknowledged importance of that project, he wondered what funds and what other sources would be used to finance the reduction listed. He also queried the elimination of a medical officer post.

Dr. PORTNER (Chief of Administration, PASB) said that that post was to be financed with funds from the United Nations Development Program.

Dr. BICA (Chief, Communicable Diseases Branch, PASB) explained that originally two medical officers had been proposed for that project, one to remain in Jamaica and the other, who would serve as assistant to the chief of the Caribbean project, to work in other areas. However, since for the time being the activities were concentrated more in the
three Guianas and in Trinidad and Tobago, only one post would be filled for the moment. At a later date, when possible, once the effectiveness of the new insecticides had been proved, the need for adding the second post to cover the other areas of the Caribbean, such as Jamaica and the other islands, would be studied. Since activity was currently concentrated on the Guianas and Trinidad and Tobago, it was not necessary to fill the position.

Dr. QUIROS (Observer, Peru) referred again to the *A. aegypti* eradication project. He noted a reduction of $25,653 on page 17 attributed to postponement of the project and asked that the reasons be explained.

The CHAIRMAN stated that the item in question corresponded to the Dominican Republic and was not an intercountry activity.

Dr. BICA (Chief, Communicable Diseases Branch, PASB) explained the reasons for postponement of that project. First, he cited the difficult economic situation of the country, since a fairly extensive program was entailed; second, there was the difficulty of securing an effective insecticide to combat highly resistant *A. aegypti* insects. The project was expected to be launched soon in the areas by means of an insecticide that was giving good results in Venezuela and Barbados. Utilization of another new insecticide that was being tried out in Venezuela and other Caribbean areas was also expected in the near future. If the successful results obtained in the laboratory were confirmed in the field, it would then be possible to renew the project in all areas where it had been suspended owing to the problem of *A. aegypti* resistance to chlorinated insecticides.

Dr. ORELLANA (Venezuela) inquired regarding Project 4200 (Nutrition), also of the Dominican Republic (page 18, Document CE54/10), that was shown as having been eliminated. Although the reasons for that step were given, in view of the assignment to programs of funds that were often unobtainable, and since that was a very important project, the speaker asked what had happened in the matter.

Dr. PORTNER (Chief of Administration, PASB) said that that project was to be financed from the WHO regular budget as the other source of funds.

The CHAIRMAN remarked that, in general, the national projects were negotiated and discussed by the Governments with the Zone Chiefs; consequently, at the time they were presented they had already been accepted by the country and the Organization. There might be exceptions, but usually any arrangement made between the countries and the Zone was included in the project.

Dr. CALVO (Panama) questioned a reduction in two items dealing with projects of extreme importance for the countries in Zone III with
reference to planning and administrative methods. He referred to Project 3103 (page 29), in which a reduction of $3,345 was described as reflecting a cost revision and the need for a short-term consultant. The other item was 3603 (Administrative Methods and Practices in Public Health), under which a reduction of $9,551 and a deferment of the services of a short-term consultant were recorded.

Dr. PORTNER (Chief of Administration, PASB) stated that with reference to AMRO-3103 there was a reduction of $6,800 for short-term consultants, but that that reduction had been offset by an increase of $3,400, making a net reduction of $3,400; the recosting of the post accounted for $1,455 and there was a duty travel increase of $2,000. In AMRO-3603 there was a reduction of $17,000 in short-term consultant assistance, but an increase of $8,400 in fellowships. The net reduction with other minor changes amounted to $9,551.

Dr. CALVO (Panama) asked the Director of the Bureau whether a lower priority had been assigned to advisory services for the Central American countries and whether serious difficulties had been encountered in finding consultants on administrative methods. He urged that those efforts be continued since lack of advisory services handicapped the procurement of loans from international credit agencies.

Dr. HORWITZ (Director, PASB) observed that during the first plenary session he had stated exactly the contrary. Actually the Bureau could not meet the demand for advisory services in what was generally termed administrative practices or public administration. Therefore, in his opinion, interest was increasing and would continue to increase further but the fact was that available consultants were in short supply and some of the few available were employed by institutions which provided them with an income that was in some instances much higher than the Bureau's customary salary scale. Accordingly, that situation was reflected in the item mentioned. In reply to the question posed by the Representative of Panama, he stated that there was no lack of interest; on the contrary, interest was growing, but it was difficult to obtain good consultants and, at the same time, difficult to finance their services in the countries.

Dr. AGUILAR HERRERA (Guatemala) asked for an explanation regarding Project 3303 (page 30) which showed a cancellation of laboratory services in Zone III, and pointed out a reduction reflecting the transfer of a laboratory adviser post to the Nicaragua-3303 project. He expressed surprise that a project serving all the countries in a zone should be transferred to a national project. He asked whether that meant that countries that did not have a specific laboratory project and would be deprived of such advisory services were considered not to need them.

Dr. BICA (Chief, Communicable Diseases Branch, PASB) observed that, in accordance with the project, a consultant would be required for all the Central American countries, but since demand was very heavy a single consultant could not efficiently handle them all, particularly since at least
two of the countries required permanent assistance. Those countries were Guatemala, with a permanent consultant paid by the World Health Organization, and Nicaragua. The solution arrived at was to transform that post into a permanent position for Nicaragua. On the other hand, the budget further provided short-term advisory service for Costa Rica, while the other countries would also be covered by the regional project, which could furnish short-term advisory services for those countries requiring it.

Dr. ORELLANA (Venezuela) asked for a clarification regarding three intercountry projects. The first was 4703 (Food and Drug Control) which was completely eliminated and refinanced with funds from another source. He asked what provisions had been made in regard to that project. The second was 4803, where a reduction of $16,162 was recorded; that apparently had to do with the proposed new post which had been eliminated, reducing the project to its previous level of financing. Finally, 6403 had also been completely eliminated on the basis of the transfer of funds and country projects.

Dr. PORTNER (Chief of Administration, PASB) said that AMRO-4703 (Food and Drug Control) was being funded through the WHO regular budget. That was a further indication of the need for an over-all view of the entire budget. In AMRO-4803 (Medical Care Services) the second medical officer post and one fellowship were postponed after a review of total activity with the countries of the Zone. As regards Project AMRO-6403 (Sanitary Engineering Education), it was for fellowships, which had been redistributed among country projects.

Dr. HORWITZ (Director, PASB) added certain data regarding Project 4803. A zone medical consultant was available—the Representative in Costa Rica had broad experience in medical care—and, furthermore, a consultant who had originally been financed jointly with the Organization of American States to study medical care in relation to social security was still in the Zone. He considered that sufficient advisory services were currently being furnished in that very important area stressed by Dr. Orellana.

The CHAIRMAN suggested that when the observations referred to "another source" that other source should be stated in parentheses in order to eliminate questions.

Dr. QUIROS (Observer, Peru) expressed special interest in the medical education program which listed a reduction of $17,000 to be financed from another source of funds (page 38, AMRO-6204).

Dr. PORTNER (Chief of Administration, PASB) said that the other source of funds was WHO regular.

Dr. ORELLANA (Venezuela) pointed out that in Colombia Project 3101 was affected by the transfer of $14,000 to Project 6201. The former was concerned with general health service fellowships and the latter dealt
with medical education; the item of $14,000 was transferred from one to
the other for fellowships. However, he believed it was impossible to use
those fellowships for anything but medical education. In other words, he
suggested the advisability of providing a certain latitude in the title
of the project in order to be able to use the fellowship in one field or
another, depending on the convenience of the Government. The secretariat
might perhaps indicate whether there were special advantages in assigning
a specific number of fellowships to each project or in maintaining open-
end allocations, which the speaker considered to be highly desirable, for
such items as general consulting services or general fellowships, rather
than making them very specific and assigning them to a given project.

Dr. PORTNER (Chief of Administration, PASB) said that the art of
budget-making was to provide flexibility, but that if a particular
feature was related specifically to medical education, then the adjust-
ment had been made for that purpose.

Dr. YEPEZ (Ecuador) asked, with reference to the intercountry
projects of Zone V, whether 0202, listed as "Training Center for Malaria
Eradication, $25,000 increase," was a new allocation and meant that a
malaria eradication training center was to be established.

Dr. da SILVA (Chief, Malaria Eradication Branch, PASB) explained
that the Bureau had been collaborating with a training center located in
São Paulo, Brazil, up to the previous year, but that it had been con-
sidered advisable to transfer that center to a location where it would
be easier to supply trained personnel to teach the classes, in addition
to two or three full-time permanent consultants who would be assigned to
the center. The plan consisted of transferring the center to the city
of Rio de Janeiro, with training activities in the neighboring states of
Espírito Santo and Rio de Janeiro.

The CHAIRMAN expressed the opinion that the examination of inter-
zeone projects was a very broad matter and that it would be preferable to
postpone the study of the respective proposals to the third plenary
session.

The session rose at 5:30 p.m.
ITEM 3: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 1967 (conclusion)

The CHAIRMAN called the session to order and announced that the Committee would continue with its detailed examination of the budget, beginning with interzone projects (page 51, Document CE54/10).

Dr. AGUILAR HERRERA (Guatemala) asked for an explanation of the source of funds to which certain services of Project AMRO-0500 (Leprosy Control) and AMRO-0600 (Yaws Eradication and Venereal Disease Control) were being transferred.

Dr. PORTNER (Chief of Administration, PASB) replied that the project would be financed with WHO funds, either from the Special Account for the Leprosy Program or the Special Account for the Yaws Program.

Dr. HORWITZ (Director, PASB), referring to Projects AMRO-0700 (Pan American Zoonoses Center), AMRO-0901 (Schistosomiasis), and AMRO-0902 (Chagas' Disease), emphasized that the United Nations Development Program had already approved $1,500,000 for the first mentioned project and that the plan of operations was being prepared and would possibly be approved at the meeting of the Board to be held in the following June. In that event, the sum indicated would have to be increased in the corresponding amount. As for the other two projects, the Organization had been fortunate enough to recruit Dr. Louis J. Olivier, an expert on parasitic diseases, who, until recently, had been on the staff of the Institute of Infectious Diseases and Allergies, National Institutes of Health (U.S.A.), and had great experience in the field of schistosomiasis. He was also a former staff member of WHO and his work would strengthen regional activities in the field of parasitology.

Dr. ORELLANA (Venezuela), referring to financial assistance from the United Nations Special Fund and the Inter-American Development Bank (IDB), asked whether it was the policy of those organizations to allot funds for regional projects or whether they preferred to assign them to country projects. If, as he understood, they preferred the latter course, it would be difficult to obtain funds from those sources for regional projects.
Dr. HORWITZ (Director, PASB) confirmed what Dr. Orellana had said and explained that the usual policy of those two institutions was to assign funds to countries and, in the case of IDB, to national institutions, for example, to municipalities or corporations administering water supply services, sewerage services, and others. On the other hand, it had agreed to contribute, as it was already doing in the case of the Pan American Zoonoses Center, to a proposal of the Government of Argentina to establish an institution whose functions would be continental in scope.

As for the Pan American Center for Health Planning, the Organization had obtained the written agreement of the Ministers of Public Health of Chile and of Peru and of the Superintendent of Northeastern Brazil for its establishment. However, because the United Nations Special Fund had asked that any negotiations be carried out through its technical assistance representatives, the Organization was exploring arrangements for financing when a group of countries became interested in a single project. No concrete administrative experience was as yet available in that regard; along the same lines—although it was something completely original—discussions were being held with IDB concerning the program for the supply of textbooks to medical students despite the fact that hitherto the procedure had been for each Government to establish relations with those two institutions.

The CHAIRMAN added that it was indeed heartening for those working in the field of public health to know that since the Meeting at Punta del Este international financing agencies were allotting funds for health programs.

Dr. AGUILLAR HERRERA (Guatemala) asked, in connection with the proposed reduction of $15,859 in the costing of Project AMRO-3100 (Planning) (page 53, Document CE54/10), which was said to be due to a decrease of $10,000 in common services expected to be provided under another source of funds, why the item for common services had been included since no provision had been made for it in previous years, and whether the balance, namely $5,859, represented a decrease in the funds for fellowships.

Dr. FORTNER (Chief of Administration, PASB) stated that there was before the United Nations Development Program a proposal for a Pan American institute for planning in the health field, which would cover some of the items mentioned under AMRO-3100, including common services. He called attention to page 210 of Official Document 61 and the breakdown of various items with reference to personnel services, fellowships, supplies and equipment, now included in the proposal and undergoing review. The United Nations was very much interested in the progress to date and in the Organization's planning program, and there were indications that a favorable decision would be forthcoming, in which case the items would be included under the United Nations Development Program.
Dr. HORWITZ (Director, PASB) stated that he also shared the concern of Dr. Aguilar Herrera. He pointed out that it should be borne in mind that there were fellowship programs in all the countries for training in health that were meeting the needs, for example, for planning experts. Although initially the program financed only one fellowship per country, subsequently two or three were financed per year. As Dr. Portner had said, he was confident that when the establishment of the Pan American center was approved—and the Director-General of WHO had already given his very powerful support to the negotiations under way—there would be a considerable increase in the number of fellowships.

The CHAIRMAN stated that a Ministry of Planning had been created in Brazil. In view of the importance currently attached to planning there was a risk that, as time went on, other organizations not in the health field would become responsible for health plans.

Dr. ORELLANA (Venezuela) asked why Project AMRO-4109 (Nursing Midwifery) (page 55, Document CE54/10) had not made the progress foreseen and what was the present status of nursing midwifery in Latin America in general.

Dr. YANKAUER (Regional Adviser in Maternal and Child Health, PASB) stated that the program was conceived four years ago with the hope that there would be two active nurse-midwives promoting the use of midwifery as a specialty of nursing and the integration into the public health programs of those midwives trained in the separate disciplines in certain countries. He stated that there had been a lag in the program, due in part to conflicts between the different professional groups. However, there had been a definite improvement in the situation in the past months and he trusted that it would be possible to go forward since nurse-midwives and other personnel who could give medical care were an integral part of the nursing service of any country. He therefore hoped that it would be possible to create an international training center for midwives where they could receive the training they could not obtain in their regular schooling.

Dr. AGUILAR HERRERA (Guatemala) asked, in reference to Project AMRO-4407 (Dental Epidemiology) (page 56 of Document CE54/10), whether the project itself was being delayed and also, with respect to Project AMRO-4708 (Training Center for Food Inspectors) (page 57), why it had been postponed. He was concerned by the fate of that project which he considered very important, especially since he assumed that the situation in the other countries was the same as in Guatemala, where inspectors were needed in order to exercise closer control over foodstuffs.

Dr. DROBNY (Chief, Health Promotion Branch, PASB) explained that the increase of $12,200 in Project AMRO-4407, was merely a transfer to the following year of the funds which the Kellogg Foundation had agreed to contribute in 1966.
Dr. ACHA (Regional Adviser in Veterinary Medicine, PASB) explained that the project for the training center for food inspectors had been postponed until 1968. The basic reason for that postponement was that a country had not approved the setting up of a training center for food inspectors. Negotiations would hopefully be completed in the course of the current year.

Dr. MARQUEZ ESCOBEDO (Mexico) stated that, regardless of the decision a country in the Hemisphere might adopt concerning activities for the training of food inspectors, there were many countries in Latin America suffering from the consequence of a lack of orientation in the approach and method of work of health inspectors engaged in the control of foodstuffs and beverages. He therefore recommended that the Organization take the necessary steps to ensure that that training program was not further delayed.

Dr. ORELLANA (Venezuela) stated that, in actual fact, the postponement of the project was not due merely to the decision of a country, but also to the fact that the negotiations had not been completed, apart from other preparatory aspects including the funds for establishing it. He shared the opinion of the Representative of Mexico that it was essential to promote that type of program in view of the weakness of that profession in the Hemisphere, and that efforts designed to raise the level of that valuable auxiliary health profession in the countries of Latin America had been few and far between. In Venezuela, after much effort and work, attempts were being made to improve the service. If funds were available before 1968, there would surely be some country that would act as host for that training center. He asked whether the project covered the training of inspectors in an international center or the training of instructors to establish various educational centers at the country level. In his opinion, the latter procedure would clearly have greater effect than international centers, since those normally had a very limited capacity such as could be seen, for example, in the planning courses at the Latin American Institute for Economic and Social Planning in Chile, which had not been able to meet all the needs of the Latin American countries.

Dr. ACHA (Regional Adviser in Veterinary Medicine, PASB) stated that the basic idea of the project was to give graduate health inspectors specialized training in food inspection and hygiene at almost the university level, since the problem was that those inspectors did not have advanced training appropriate to their work. There had been a considerable development of the food industry which had technical personnel, but such was not the case with the ministries of health. The original idea had been to create a large-scale training center, but the project was still for the training of health inspectors already serving in health services.

Dr. HORWITZ (Director, PASB), supplementing the information given by Dr. Acha, stated that neither the ministries of health nor the
Organization—which was the organization of those ministries—had kept up with the progress in food and drug technology, which was closely related to the matter under discussion. Hence thought had been given to a university level training center, directly related with food technology. To do so was not to downgrade the control of eating establishments, which was another enormous problem, especially in Latin American countries. It had always been thought that the problem should be solved through the schools of public health or training centers that existed in almost all the countries. The Latin American Institute for Economic and Social Planning was attempting to train in methodology, in the course of five years, 300 professionals and 2,500 in the countries. However, he shared the point of view of Dr. Orellana that those institutions could not meet all the needs of the Hemisphere; the proposal was to use those institutions either to supplement national activities or to stimulate each country to become self-sufficient in that respect. On the other hand, if the Committee wished the secretariat to plan the project for 1967, ways of doing so would be examined.

The CHAIRMAN drew attention to Project AMRO-3210 (Hospital Nursing Services) (page 54 of Document CE54/10) in which provision was made for an increase of $30,148, which should be considered as an addition to the sums assigned to medical care.

Dr. ORELLANA (Venezuela) said that he was aware of that fact but as the training of auxiliary personnel was one of the items on the agenda, it would be preferable to examine that project when that item was considered by the Committee. He agreed that the increase should be regarded as an addition to the medical care project, and expressed his satisfaction with it. However, he was concerned about the outcome of the medical care project, since the funds from the two sources available were fundamentally allotted to country projects and not for purely institutional ones.

It was a matter of regret that in Project AMRO-4600 (Industrial Hygiene) (page 57) the post of a permanent officer, an engineer, had been abolished and converted into short-term consultant services. Although such changes were common in the budgeting of the Organization, he would like to have some explanation about the replacement of that engineer post.

Dr. PORTNER (Chief of Administration, PASB) stated that when the review was made it had been found that a short-term consultant could meet the needs of the project. Moreover, the clerk-stenographer post that was being eliminated had been included in Official Document 61 on the basis of the workload situation at that time. However, that workload had decreased and there was therefore no need to include it in 1967.

Dr. HORWITZ (Director, PASB) stated that Dr. Orellana had raised a question which was general rather than specific. He therefore invited the attention of the Committee to Table 7 (page 14 of Official Document 61),
which showed the distribution of personnel, fellowships, and participants by project and by year, for all funds, especially the column for short-term consultants where the increases in 1965, 1966, and 1967 could be seen. That increase reflected the improvement in the quality of the resources of Latin American countries in the field of health. In the same way, the existence of 112 medical schools, about 100 dental schools, a considerable number of schools of veterinary medicine and schools of engineering, at least 70 or 80 nursing schools, and 12 schools of public health, not to mention the education and training courses which the ministries of health and universities organized, showed that, in the past 20 years, the countries of Latin America had been able to satisfy training needs for the first phases of university and auxiliary training, to which should be added the changes in morbidity and mortality rates. That progress was also brought out in the publication *Facts on Progress: Health Goals in the Charter of Punta del Este.* Consequently, the Organization found itself obliged to go into specialized fields, some of which had no specialists. It frequently happened that advisory services were requested for activities in a perfectly defined field in which no professionals were available with the general experience which the ministries and national technicians required. The result was that there was a tendency to rely more and more on short-term consultants to solve specific problems; for example, 95 experts were provided by the Environmental Sanitation Branch, each for one month on the average, to deal with various aspects of that activity. That explained why it was necessary for the permanent staff member who was a generalist to become a specialized consultant. Those explanations indicated the trend of the Organization and of the ministries and Governments.

As for Project AMRO-4810 (Chronic Diseases) (page 58), Dr. G. W. Griffith was completing his work on the Inter-American Investigation of Mortality, a study of enormous importance, as had been pointed out on several occasions, which had highlighted the differences in the causes of death in the various countries.

The Investigation had clearly showed the frequency of chronic and degenerative diseases in the great urban centers; the time had therefore come for the Organization to have experts who would devote themselves to advising the Governments on that type of diseases, especially cancer, cardiovascular diseases, diabetes, in addition to the advisory services being given in the field of mental health. In his opinion, the correlation between the Inter-American Investigation of Mortality and the expansion of advisory services was entirely logical. Negotiations were in progress to supplement the Investigation with a similar study covering children under 15 years of age, which would complete the picture resulting from the systematic study of mortality in the Hemisphere. The funds for those activities would not come from the regular budget and when obtained from other sources of financing, it would be necessary to modify the budget items accordingly, but that would be reported in due course.

1/ Miscellaneous Publication PAHO 81.
Dr. ORELLANA (Venezuela) declared that, as the examination of the agenda item was complete, he would like to emphasize that he considered it necessary for the Committee's comments on specific projects to be taken into account, for example those made with reference to the training of health inspectors and to medical care, which had been carefully examined. There was no doubt that the secretariat had taken good note of the observations made and they would do their best to satisfy the wish of the Committee to see that the projects went forward, notwithstanding the financial difficulties which might arise. He then presented the following draft resolution:

THE EXECUTIVE COMMITTEE,

Having studied in detail the provisional draft of the Proposed Program and Budget of the Pan American Health Organization for 1967 (Official Document 61) and the modifications thereto appearing in Document CE54/10 prepared by the Director;

Considering that the XVI Meeting of the Directing Council, in Resolution VII noted that the provisional draft of the Proposed Program and Budget for 1967 (Official Document 61) comprised soundly conceived and much-needed health projects, and that it called for strengthening the regular budget with respect to financing the malaria eradication program in the Americas;

Considering that the program modifications appearing in Document CE54/10 were made after consultation with each Government and reflect the latest known desires and requirements of Governments, with due regard to priorities of needs; and

Bearing in mind Article 14-C of the Constitution of the PAHO and Financial Regulations 3.5 and 3.6,

RESOLVES:

1. To submit to the XVII Pan American Sanitary Conference the Proposed Program and Budget of the Pan American Health Organization for 1967 (Official Document 61) and the modifications thereto appearing in Document CE54/10 prepared by the Director.

2. To recommend to the XVII Pan American Sanitary Conference that it establish the level of the Pan American Health Organization budget for 1967 at $9,115,680.
Dr. MARQUEZ ESCOBEDO (Mexico) said that, in his opinion, it was essential to add a third operative paragraph to the effect that the observations made in the course of the Committee's discussion would be taken into account, which might be worded as follows:

3. To recommend that, in implementing the 1967 program of the Organization, the Director take into account the views expressed by the members of the Executive Committee during a discussion of this agenda item, especially with reference to medical care and the training of food inspectors.

The CHAIRMAN stated that the Committee had made a very lengthy examination of the item, which was the result of the way in which the documents had been presented. In that connection, it would be advisable in the future, for the documents to include more detailed information so that the Committee members need not have to ask for so many explanations.

Dr. HORWITZ (Director, PASB), referring to the Chairman's comments, stated that, in his opinion, the document was a very useful and practical one, and the intention was to give the reasons and the details where there were variances from the respective Official Document. However, another document would be prepared explaining, in terms of averages, how the new calculations were made. In view of the budget technique employed it would not be difficult to prepare a document to serve as a basis for interpreting the analysis of the budget as a whole. He repeated his earlier comments about the difficulty inherent in examining the budget of the Organization separately from the total funds that were used. It was proposed to revise the entire budgetary cycle so as to find out whether that document, which was normally issued in July, could be issued in April. If that were not possible, the Executive Committee would have to be consulted regarding the possibility of holding the meeting in July and not in April, since they would then have all the necessary information about funds, regardless of their origin, and also about the projects. In addition, budget information would be given in a single document. He pointed out that that possibility would be examined in consultations with the Governments once the corresponding study was complete, since the date of the World Health Assembly, of the Directing Council or the Conference, of the WHO Executive Board, and the duty travel of the representatives of the Governments had to be taken into account. He emphasized that the Organization would continue to do everything it could to facilitate the work of the Committee and to provide them with as much information as possible.
The draft resolution, with the addition proposed by the Representative of Mexico, was unanimously approved. 2/

The session was suspended at 10:40 a.m.
and resumed at 11:10 a.m.

ITEM 11: INTERNATIONAL TRANSPORTATION OF HUMAN REMAINS

Establishment of a Working Party

The CHAIRMAN said that it would be advisable to establish a working party to study the report on the international transportation of human remains. He suggested that the group be composed of the Representatives of Jamaica, Mexico, and Venezuela, and that it examine the standards proposed and the comments of the Governments and that it present a report for the consideration of the Committee.

It was so agreed.

ITEM 4: REPORT ON THE COLLECTION OF QUOTA CONTRIBUTIONS

Dr. PORTNER (Chief of Administration, PASB) presented Document CE54/I5 3/ on the item and stated that following the recommendations of the Governing Bodies, the Organization had made every effort to keep the collection of quotas as current as possible. The XVI Meeting of the Directing Council had urged the Director "to keep the Governments amply informed of the status of quota payments and of the implications of non-payment on the prosecution of the program of the Organization."

At the beginning of 1966 five Governments were more than two years in arrears, but the status of payments was far better than at the same date last year. As a basis of comparison, he cited the quota contributions in April 1965 as being $70,421, whereas they amounted to $99,257.42 in 1966. As for arrearages, the figures were $175,876 in 1965 and $750,200.33 in 1966; the total for last year was $246,947, or 2.5 per cent, and for 1966 it was $849,457.75, or a total of 7.66 per cent of the amount due. Though it was still too early in the year to make a definite projection, there was every indication of a better financial standing than in 1965.

Dr. Portner then called attention to the balance due on 1 January 1966, the funds collected during the current year, and the total balance due on 13 April 1966.

3/ Mimeographed document.
The CHAIRMAN stated that the present status of the collection of quota contributions showed the interest of the Governments in the work of the Organization. However, it would be advisable for the Director to remind the Governments of Article 6-B 4/ of the Constitution of the Organization concerning the suspension of the voting privileges of Governments not meeting their financial obligations and of the harm caused to the Organization's program by the delay in the payment of quotas.

Dr. YEPEZ (Ecuador) pointed out that, even though the financial situation was better than what it was the same time in the previous year, there were six countries that were three or more years in arrears in the payment of their quotas and seven countries which owed part of two quotas. He therefore agreed that the Governments should be reminded of the constitutional provisions mentioned by the Chairman.

Dr. QUIROS (Observer, Peru) intimated that there was a certain discrepancy between the document being examined and the Report of the External Auditor, in which it was stated that "it should be noted that the arrears must first be paid before collections of contributions for the current year are credited to the income budget, and it is obvious that unless the collection situation improves the only way for the Organization to operate on a sound financial basis is to reduce the program activities." 5/

Dr. PORTNER (Chief of Administration, PASB) stated that although the question was related more to the Financial Report of the Director and Report of the External Auditor, which was on the agenda for later discussion, he felt attention should be given not only to the figures for the current year but also to the quota payments in prior years and studied together. While it was clear that the current year payments amounted to 78.38 per cent of assessed quotas, reference should also be made to the income from quota arrears, so that on a budget appropriation of $7,190,000 the total income was 100.91 per cent of the appropriation figure.

The CHAIRMAN pointed out that possibly the procedure in the countries for the approval of budgets by the legislative bodies explained why some Governments were in arrears in the payment of their quotas. In Brazil, for example, it was not possible to use funds before the month of March of each year for those very reasons.

Dr. AGUILAR HERRERA (Guatemala) stated that the problem of the collection of quotas should be examined from the point of view of the total collection. Bearing in mind the proportion between the quotas owed for previous years, and those collected in the current year, the situation was rather promising. In his opinion, the measures taken by the Bureau in the past to obtain the payment of the quotas in arrears had given satisfactory results, and should therefore be continued.

Dr. WEDDERBURN (Jamaica) then submitted the following draft reso-

THE EXECUTIVE COMMITTEE,

Having examined the report on the collection of quota

contributions (Document CE54/15);

Having noted the information and comments on quotas

contained in the Financial Report of the Director and the

Report of the External Auditor (Official Document 68);

Considering that quota payments have improved but that

the problem remains serious with respect to Governments in

arrears more than two years; and

Considering the importance of prompt and full payment

do quota contributions to assure financial support for the

entire approved program,

RESOLVES:

1. To take note of the report on the collection of

quota contributions (Document CE54/15).

2. To commend the Director on his efforts to obtain

settlement of the outstanding arrearages.

3. To express its concern, nevertheless, especially

over the arrearages of more than two years' standing.

4. To recommend that the Director instruct the PAHO

Zone Chiefs and PAHO Representatives in the respective

countries to maintain continuous efforts to have the pay-
ment of quotas effected on a current basis and to have

arrearages paid as soon as possible.

5. To request the Director to continue his efforts

to keep the Governments amply informed of the status of

quota payments and of the implications of non-payment on

the prosecution of the program of the Organization.

6. To urge that Governments which have outstanding

quotas pay them as soon as possible, and that those Govern-
ments in arrears two or more years fulfill their respective

financial plans for the payment of outstanding quotas within

a definite period.
Decision: The draft resolution was unanimously approved. 6/

ITEM 5: FINANCIAL REPORT OF THE DIRECTOR AND REPORT OF THE EXTERNAL AUDITOR FOR 1965

Dr. PORTNER (Chief of Administration, PASB) presented Official Document 68 and stated that the document was a dual presentation containing the Financial Report of the Director and the Report of the External Auditor for 1965. The document reflected not only the financial detail but also an indication of the management and stewardship of the funds entrusted to the Organization by the Governments.

He called attention first to a statement by the Director in which he pointed out that the Organization was in a sound financial condition. The Working Capital Fund stood at the highest percentage level since the beginning of 1958 and reserves had been established to meet termination costs. The picture with respect to quota contributions had improved considerably, so that the income in 1965 exceeded the authorized budget level. The External Auditor had expressed himself in similar terms and had stated that the management of the different funds of the Organization was good.

Dr. Portner then reviewed the Report in detail, mentioning first Tables A, B, and C on the Comparison of Budget with Available Funds and Obligations, the Appropriation, Income, and Obligations with respect to the PAHO regular budget, and the status of the Working Capital Fund. Essentially, there had been important moves forward, the most important being that expenditures had been maintained within income. He mentioned the references made in the document to other funds, such as the Special Malaria and the Community Water Supply Fund grants, and other contributions. He enumerated the exhibits and the schedules covering the appropriations, obligations and balances, the statement of income and expenditures for the 1965 budget, assets and liabilities, the status of the voluntary contributions, exhibits on INCAP and the OAS Program of Technical Cooperation, and the informational annex containing a summary and distribution of expenditure.

With reference to the Report of the External Auditor, Dr. Portner first referred to the budgetary expenditures for 1965 as compared with those of the preceding two years. There was a decrease in Headquarters (Part II) from 36 to 33 per cent in 1964, to 30 in 1965, and an increase in Field and Other Programs (Part III) from 53 to 59 per cent. In connection with the collection of contributions for the past five years, he made a comparison between 1961 and 1965, the amounts assessed, the current year quota collections, and the percentage of assessed contributions, which amounted to 78.38 in 1965. On the matter of surplus, the External Auditor had commended the Director for his financial integrity.

in holding a surplus amount applicable to 1963 but received in 1964 outside the expenditure plan for 1964, thus assuring that as "surplus" it would go to build up the Working Capital Fund. He also called attention to the fact that the Fund had increased to about 35 per cent of the 1966 budget level. The favorable situation was due mainly to the provision in the annual budgets of an amount for increasing the Working Capital Fund. Since the budget level did not remain static, it was recommended that the budgetary provision be continued, and adjusted as necessary, to assure that the Fund was maintained at an adequate level.

Dr. Portner concluded by referring in some detail to the Emergency Procurement Revolving Fund, the Building Fund, the Special Malaria Fund, the Community Water Supply Fund, supply services, trust funds, and funds to finance the activities of the Institute of Nutrition of Central America and Panama. The External Auditor had concluded that during 1965 the financial situation had improved considerably but that the outstanding arrears, particularly those for more than two years, if unpaid, would continue to inhibit the financial ability of the Organization to carry out its full program.

Dr. MARQUEZ ESCOBEDO (Mexico) stated that he had foreseen that the Organization's financial situation in 1966 would be as satisfactory as the Financial Report of the Director showed it to be. Consequently, he would only commend the Director for his financial administration during the current year.

Dr. QUIROS (Observer, Peru) drew attention to the comment of the External Auditor on page 67 of his Report: "The collection of the current year quotas from the Members of the Organization is still too low." He emphasized how necessary it was for the countries to pay their quotas.

The Director was authorized to make transfers between parts of the budget provided that any such transfer did not exceed 10 per cent of the part from which funds were being transferred; in that connection, he would like an explanation of the transfer of funds from Part III of the budget (Field and Other Programs) to Part I (Organizational Meetings) in the amount of $24,167. He would like to know, in addition, what was the furniture and equipment sold by the Bureau for the amount of $18,149.

Dr. PORTNER (Chief of Administration, PASB) replied that the equipment sold had consisted basically of desks, chairs, tables, and similar items, many of which had been purchased many years before and were already used at the time of purchase. The furniture was therefore between 10-20 years old and it was felt that the new building merited new furnishings. The sum indicated also included interpretation equipment and other items.

With reference to the first point raised by Dr. Quiros, Dr. Portner stated that transfers occurred not only in international agencies but also in private, public, and other organizations. He stressed the fact
that a budget could not remain static because it was necessary to deal constantly with changes in situations, personnel, and needs. There was authorization for transfers and when that was under 1 per cent, it was an indication of close adherence to the levels originally discussed and approved.

Dr. HORWITZ (Director, PASB) stated that he would not like the representatives to have any doubts about the interest of the Bureau in receiving the total amount of quotas in arrears. The report on the collection of quota contributions showed that the total quotas in arrears amounted to $2,317,947.31. If they became available, they would be used for projects requested by the Governments, the total cost of which would be $2,500,000, which had not been included in the program and budget of the Organization for 1967.

The financial situation of the Organization, as pointed out by the External Auditor, was satisfactory if it was borne in mind that in 1965 the total income represented 100 per cent of the authorized budget, and that in the previous year it had been 110 per cent. It was to be hoped that in 1966 the financial situation would be as good as, if not better than, it was in 1965.

Dr. YEPEZ (Ecuador) then submitted the following draft resolution:

THE EXECUTIVE COMMITTEE,

Having examined the Financial Report of the Director and the Report of the External Auditor for the fiscal year 1965 (Official Document 68);

Considering that there has been considerable improvement in the financial situation of the Organization with regard to higher quota collections, increase in the level of the Working Capital Fund, and the creation of reserves for termination costs;

Noting, however, that the problem of quota collections remains serious with respect to Governments in arrears two or more years; and

Observing that the expenditures for programs recommended in the authorized budget are necessary in order to attain the established objectives of improving the health of the peoples of the Americas and of promoting economic and social development,
RESOLVES:


2. To again draw the attention of Governments to the need for quotas to be paid as soon as possible, within the course of each financial year, and especially to the need for plans for the payment of arrears within stipulated periods to be prepared and strictly adhered to.

3. To commend the policy followed by the Director over the years in maintaining budgetary expenditures within income, in building up the Working Capital Fund, and in creating reserves for termination costs.

The CHAIRMAN stated that, before the vote was taken on the draft resolution, he wished to inform the Committee that the sum of $6,750.00, which Brazil had been owing to the Bureau since 1962, as shown on page 71 of the Financial Report, was for an urgent request for Sabin vaccine which his Government had made to the Bureau. The request had been made after the close of the financial year of 1962, which was the reason why it had been necessary to request Congress for a special credit to cover that sum. However, the devaluation of the cruzeiro, between the date on which the credit had been authorized and that on which it was utilized, had been so great that it required the authorization of further funds to cover the dollar equivalent. That example illustrated the administrative difficulties the Governments faced in paying their debts.

The Chairman then put to a vote the draft resolution submitted by the Representative of Ecuador.

Decision: The draft resolution was unanimously approved. 7/

The session rose at 12:20 p.m.

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FOURTH PLENARY SESSION
Tuesday, 19 April 1966, at 2:30 p.m.
Chairman: Dr. Manoel José Ferreira (Brasil)

ITEM 6: PLANNING OF HOSPITALS AND HEALTH FACILITIES

The CHAIRMAN opened the session and announced that Item 6 would be discussed, beginning with the presentation of the pertinent document.

Dr. BRAVO (Chief, Medical Care Administration, PASB) presented Document CE54/8, 1/ which stated that the report was based on Resolution XVI 2/ of the 52nd Meeting of the Executive Committee, which requested the Director of the Bureau to report to the 54th Meeting and to the XVII Pan American Sanitary Conference on progress achieved in the planning of medical care incorporated in or coordinated with health services. Furthermore, at its XV Meeting held in Mexico City, the Directing Council adopted Resolutions XXV and XL, 3/ the first in reference to planning of hospitals and other health facilities and the second to the relationship between the medical programs of the social security institutions and the ministries of health, as well as other official health institutions or agencies. Pursuant to those resolutions, the Director appointed an Advisory Committee on Planning of Hospitals and Other Health Services to study the item proposed by Resolution XXV and a Study Group on the Coordination of Medical Care in Latin America, to analyze the problem stated in Resolution XL and to make the pertinent recommendations. The reports of those meetings were submitted to the XVI Meeting of the Directing Council, which approved them in Resolutions XIX and XXXVII, 4/ respectively.

A close mutual relationship had been observed between those two matters in practice. That was so evident that the Advisory Committee had adopted the report of the Study Group on the Coordination of Medical Care. Furthermore, it was obvious that in order to develop a national program of hospital construction as an integral part of the national health plan, it was essential to coordinate in advance the various institutions of public and semiautonomous agencies administering and financing the operation of hospitals and other health facilities designed to provide medical care. For those reasons, the Director had decided to publish

1/ Mimeographed document.
in a single volume 2/ the reports of the Study Group and the Advisory Committee and the corresponding resolutions of the Directing Council, as a possible basis for the formulation of a continental policy with regard to the administration of medical care services. In the opinion of the Director, that volume contained doctrine and methodology that could serve to guide the countries toward better utilization of the resources available, through institutional coordination and gradual expansion of their buildings, equipment, and professional and auxiliary personnel, in order to provide adequate services in terms of both quantity and quality.

As a result of the meetings mentioned, the Bureau, pursuant to Resolution XIX of the XVI Meeting of the Directing Council, had initiated a survey, in collaboration with the Organization of American States (OAS), designed to evaluate the volume of resources available, their current utilization, actual cost, and accessibility to all members of the community. The data obtained through that survey of the Latin American countries would serve as a basis for the Technical Discussions at the XVII Pan American Sanitary Conference. During the preliminary meetings held in March in Mexico City and Lima, the questionnaires prepared by the Bureau were reviewed with a view to adapting them to local conditions in each country. The final questionnaire forms had been distributed to the members of the Executive Committee and to the participating countries for use in the survey. The Director expected the countries to forward, prior to 31 May, all of the information contained in those forms so that they could be classified, tabulated, and analyzed for distribution to the Governments well in advance of the scheduled date for the XVII Conference.

With regard to the financing of construction programs for hospitals and other health establishments, the Director had undertaken negotiations with the President of the Inter-American Development Bank (IDB) which had culminated in the appointment of a joint commission of officers from both organizations to establish the requisites and procedures relating to applications for financial assistance submitted by the countries. To date, five countries had presented applications, which were being studied by the Bureau and would be processed as soon as an agreement was reached with the IDB.

Dr. MARQUEZ ESCOBEDO (Mexico) believed that if the Latin American countries were interested in the construction of new hospitals, it might be useful to encourage them to set up, within the hospital institutions themselves, separate departments of preventive medicine to supply the public with all of the services offered by health centers. Medical care had a longer history than modern preventive medicine although the latter had gradually gained acceptance, since prevention was preferable to

5/ Administration of Medical Care Services--New Elements for the Formulation of a Continental Policy. Scientific Publication PAHO 129.
treatment, and that had led to the first health services. However, the separation between hospital and preventive medicine services was irrational. It was necessary to persuade the Governments that those two activities were related, if not equal. Therefore, the Organization should persuade the sponsors of new hospitals to install health centers as a part of the hospital itself. That would facilitate the work of the public health personnel, and specifically the preventive medicine staff, since the hospital services could be employed to ascertain the home environment of patients, their possible contacts, their means of livelihood, and other factors, as a means of locating sources of infection. The concept of hospital care as distinct from preventive medicine should necessarily be abandoned. Unquestionably, it was far more desirable for all concerned to prevent tuberculosis or syphilis than to cure them, and to avoid all possible diseases than to treat patients in a hospital. In other words, it was preferable to preserve health, prevent diseases, and establish a better state of well-being for the population of the Hemisphere.

Dr. JURICIC (Observer, Chile) was extremely interested in the fact that the Organization was showing increasing concern with the problem of medical care, which, as the Governments were well aware, was becoming truly critical. The great wave of rural emigration to the cities had resulted in an increased demand for medical care by a sector of the population which had had, to date, no knowledge of or access to such care.

The speaker then mentioned certain figures presented in Facts on Progress. According to that document, the average number of hospital beds in Latin America was 3.2 per 1,000 inhabitants, and an annual investment of $150,000,000 to $250,000,000 would be required to maintain that level; that amount approximated the sum currently being invested in the construction of urban and rural water supply systems, which had amounted to $220,000,000 in 1966. The 3.2 ratio was extremely low, but to increase it to 4.5, as noted in the document, in order to ensure better medical care, a minimum expenditure of $480,000,000 a year would be necessary. The figures themselves illustrated the seriousness of the problem. Perhaps no other health activity called for such careful planning.

Better use of beds was perfectly feasible, by reducing the length of stay in the hospital and employing a higher percentage of the beds currently available. That method made it possible to satisfy the heavier demand with very little or no increase in cost. However, sound medical care could not be expected on the basis of three beds per 1,000 inhabitants. Together with measures designed to improve utilization of beds, it would be necessary to study ways of reducing costs of construction and equipment as much as possible, more consistent with resources, as for example, prefabricated construction methods for hospitals or health centers employing light materials. The proposed survey would undoubtedly facilitate the planning of medical care, a problem which was becoming increasingly significant and urgent.
Most of the health ministries were investing more than 80 per cent of their respective budgets in medical care services, to the detriment, in every case, of other public health activities.

Dr. QUIROS (Observer, Peru) felt that the subject was of very special interest and equivalent to a review of the health policy in each country.

The speaker noted that, after Chile, Peru was the country most widely experienced in social security service benefits, although that experience was not as completely successful as might be desired. In his opinion, the problem should be studied in its broadest aspect as one of the factors of economic and social development.

The investment of funds in health services was much heavier than believed, but such investment was very poorly distributed, since instead of expediting health services for the most needy sectors of the population, those services were extended to privileged groups. A paper confirming those facts would be presented at the IX Pan American Medico-Social Congress to be held in Lima the following week.

He therefore believed that it would be desirable to include that paper as a document of the Technical Discussions at the XVII Pan American Sanitary Conference. The blame for the shortcomings mentioned could in no way be attributed to the social security institutions, which were concerned exclusively with meeting the needs of the group assigned to them.

Dr. Quirós believed that planning necessarily entailed the breaking up of existing structures, and that, in turn, signified an attack on vested interests; but something had to be done and, as things were now, the Latin American countries would be unable to satisfy the minimum health needs of their peoples. Consequently, the speaker concluded, that topic should be discussed at the next Conference.

Dr. ORELLANA (Venezuela) considered that, in reference to the topic, which had been extensively studied in recent years, the considerations and arguments supporting any given attitude or position vis-à-vis the problem had been virtually exhausted. Only a year earlier, the Organization had convoked a Study Group that had analyzed the problem of the coordination of medical care in Latin America. Shortly thereafter, an Advisory Committee had met to make a separate study of hospital planning. The results of both studies would serve as a basis for recommendations or conclusions by the Executive Committee regarding the Technical Discussions of the XVII Pan American Sanitary Conference. Whenever the subject was brought up for discussion, the same familiar problems arose, including lack of coordination at the national and international levels, lack of basic planning, and others. However, it should not be forgotten that each country had established its own administrative structure and that those structures, in time, acquired a very powerful force of their
own that prevented any changes along the lines proposed. That was the
type of difficulty consistently encountered in attempts to coordinate
medical care services. At the afore-mentioned meeting of the Study
Group, with officials of the health ministries and social security
institutions in attendance, all the groups showed interest in coordina-
tion and difficulties derived therefrom because of the structures in
question. However, those structures did exist and their existence and
their force should be taken into account. While it was certainly true
that a doctrine should not be adapted to a de facto situation but, to
the contrary, efforts should be aimed at enabling such doctrine to pre-
vail by reason of its own excellence, that necessarily entailed con-
tinuing negotiations with the various executive agencies. The social
security institutions defended their own views and complained that the
health ministries were incapable of providing the services required by
their insured population. The health ministries, for their part,
complained that the Governments failed to satisfy their needs and those
of the social security systems. Consequently, the problems involved
high-level national policy and national planning. The ministries and
the social security systems dealt with national planning rather than
health planning and although such planning had not yet achieved suf-
ficient maturity and strength in the various countries, it was the only
course to follow. Educational activities, multiple contacts, and many
meetings like the current one were required.

Turning from the essence of the problems to medical care itself,
its costs and problems, that area represented the major current item of
expenditure for the countries, not only in terms of the inevitable
capital investment, but also in terms of the extremely high cost of
maintenance. In certain countries, owing to the development of their
social security systems, a substantial share of the system was financed
by means of contributions from the system itself, while in others the
health ministries underwrote all or most of those expenses. Therefore,
it was necessary to ascertain how costs could be reduced or revenue
increased in order to sustain the system. Venezuela would have no
budget capacity in the next few years to maintain the new hospitals
under construction and the new beds available. Nor could the social
security system be expanded to finance those available beds. An attempt
was being made to have the community itself help to maintain its medical
services insofar as possible without restricting the right of all to
health care and the right of the needy to free services. Like it or not,
medical care was to some extent a business: it should produce in one way
or another to finance costs; otherwise, it would always be burdened by
an enormous deficit. On the other hand, the development economists did
not appear very willing to continue allocating so much money to invest-
ments or maintenance costs relating to the health field. They were never
free of the suspicion that that type of investment was unproductive.
The solution might lie in better utilization of services, reduction of
stay in the hospital, payment by service beneficiaries, expansion of the
social security system, etc., as a means of making the system self-
financing.
With regard to the Organization's activities, four or five important aspects would be explored by the survey initiated, including capacity of means, population to be served, costs, etc. The results would be presented at the Technical Discussions of the XVII Conference, to which high-level representatives of the social security institutions should be invited. In the opinion of the speaker, unless those officials of the social security institutions attended the Technical Discussions, the Organization would have failed to make any progress whatsoever in the direction indicated at the meeting of the Study Group. It was therefore essential to meet in September with officials of the social security institutions and the health ministries.

Dr. MARQUEZ ESCOBEDO (Mexico) seconded Dr. Orellana's suggestion that the Pan American Sanitary Bureau should expressly invite the social security institutions to attend the XVII Conference and to present their views regarding the urgent need for coordinating social security, health, and preventive medicine activities. He reported that in Mexico, in order to achieve maximum efficiency in utilization of the scant facilities available to the authorities of those services, the President of the Republic had decreed the establishment of a joint commission composed of the Secretary of Health and Welfare, the Director General of the Mexican Social Security Institute and the Director of the Institute of Security and Social Services for State Workers. Although there were many other agencies and institutions providing services similar to those of the social security system, such as "Petróleos Mexicanos," the railroads, the army, etc., the proclamation of that decree had resulted in meetings of the executives of the first three institutions mentioned, which were showing promise of highly satisfactory results in terms of coordination. Initial efforts had been dedicated primarily to conducting a survey designed to ascertain the elements, resources, and services available to each institution for serving the public with reference to health, welfare, and social security. Therefore, the first benefits of those exchanges of views had been reflected in the transfer of hospital institutions which the Ministry of Health and Welfare of Mexico did not consider to be absolutely essential in certain locations since the services could be handled by the social security system, and vice versa. The Ministry of Health and Welfare had received services on lease or as replacements from the Institute of Security and Social Services for State Workers, as well as from the Mexical Social Security Institute. In communities where there were two or three hospital institutions, attempts were under way to eliminate all but one, if that one was sufficient to satisfy public requirements for medical care, social security, and preventive medicine. Undoubtedly, there would always be those with political influence who would demand the designation of the most important institution in line with their own interests, but some procedure had to be followed. Through the exercise of proper skill, it was essential to reduce those services and to coordinate them, for otherwise the scant funds available to the Latin American countries for solving that problem would be squandered on a duplication of functions.
Dr. BRAVO (Chief, Medical Care Administration, PASB) thanked the members of the Committee, on behalf of the Director and the Bureau, for their full and constructive comments, which wholly supported the activities currently being carried out by the Bureau in that connection. In the first place, attempts were being made to establish relations with other international agencies operating in the same field, and it was apparent that the same spirit, the same conviction that duplications, waste, and chaos should not and could not continue and that formulas should be sought to ensure joint activities and the coordination of efforts. At the First Medico-Social Congress of the Venezuelan Medical Federation, held in August 1965, it had been apparent that the conclusions of the Congress were wholly favorable to close coordination and even to integration of the various health services. At the meeting held by the Social Security Fund of Panama during the previous week, the representatives of social security systems in 16 countries of the Americas had unanimously concluded that the social security medical services should be coordinated with all other health activities in order to achieve integral planning.

That was another important step which showed that the social security groups were fully aware of the need for coordination. The IX Medico-Social Congress of the Pan American Medical Confederation would meet shortly in Lima, Peru, with direct professional representations by the medical schools and medical associations of all the American countries. He stated that Dr. Quiros himself would serve as rapporteur at that meeting for the same topic currently under discussion and the Bureau would again attend the meeting to express its views and learn the opinions of physicians throughout the Americas. Finally, in September 1966, the International Labour Office would hold a Regional Labour Conference in Ottawa, Canada, at which the same topic would be discussed and the Bureau would again express its views in favor of such rapprochement. There was, therefore, a climate favorable to the coordination of activities.

With respect to comments made by the members of the Executive Committee, Dr. Bravo replied to the Representative of Mexico by stating that the incorporation of preventive medicine within the medical care provided in hospitals and out-patient clinics was precisely one of the basic principles of the Organization and had been mentioned in the documents submitted to the IDB during negotiations on the procurement of credits for hospital construction. Furthermore, an essential requisite for acceptance of an application was that the project should stipulate an integration of technical activities, both preventive and curative, within the hospital. In addition, the same criterion had governed all conclusions reached by the Advisory Committee and the Study Group which had met in 1965. Consequently, in general, the proposal corresponded exactly to the intentions of the Pan American Sanitary Bureau.

The figures cited by the Observer of Chile and those presented by the Director in the Organization's Official Documents indicated the enormous scope of the problem, although the first group of statistics might fall somewhat short of the true situation.
The speaker agreed with Dr. Quirós that planning infringed upon certain interests, but he felt that in the social security institutions and in the public health ministries, and even in the medical profession, the current criterion was unanimously favorable to the establishment of contacts and greater coordination of activities.

With reference to Dr. Orellana's observation regarding better utilization of current resources and the enormous costs necessarily entailed in providing medical care for all, the speaker stated that that was one of the questions most carefully considered by the Organization in plans which stipulated the basic need for coordinating the efforts of all the institutions concerned. The second part of the program called precisely for obtaining a better utilization of existing resources and the Bureau was sponsoring studies on utilization to that end. An initial, very limited attempt was the current survey, which would undoubtedly provide certain interesting bases for evaluating the present utilization of available resources. Studies in greater depth should be conducted subsequently in pilot centers or in countries wishing to participate, especially through the collaboration of university groups, both public health specialists and economists, who would determine costs, utilization of services, current yield of equipment and installed capacity, manpower, yield per hour of medical work, per hour of nursing, etc. All of that was absolutely essential, for no one would be able to solicit additional resources from the economists unless he could demonstrate his capacity for sound utilization of his present supply of resources. Regarding the invitation to members of the social security groups in the various countries to participate in the Technical Discussions of the Conference, Dr. Bravo believed that the Director should be the one to express an opinion on the subject.

Dr. HORWITZ (Director, PASB) stated that, to a large extent, the task of drawing the health ministries and the social security institutions closer together had been implemented by the Bureau during the past three years in satisfactory coordination with the Organization of American States, its secretariat and, particularly, the Department of Social Affairs. He would truly like to see that communion of ideas and purposes and of means of action that had been successfully established with the OAS operating on the national level, a communion which, to the extent that the Conference and the Council so instructed, could be made more dynamic in the future; all of that had also become symbolic of the possibility of reaching an understanding in that field. If the resolution adopted by the Executive Committee on the matter should instruct the Bureau to invite the social security institutions directly, following notification to the health ministers, the Bureau would be most pleased to do so. Furthermore, the Committee might consider issuing that invitation jointly with the Organization of American States, since the OAS maintained an important Social Security Program. Dr. Horwitz fully agreed that it was desirable for the Conference to be attended by officers of both governmental institutions, the ministries and the social security systems, in order to analyze the problem.
Continued discussion of the matter among health experts would confine it to the circle of committed partisans and would make progress difficult. Dr. Horwitz stressed the Organization's function as a forum for debating matters which were not always easily discussed on the national level with the necessary tranquility and serenity, because of the very same interests mentioned previously. The use of the Organization as a forum was extremely important. In that very meeting hall it had been possible to analyze the demographic problem with the participation, on two occasions, of representatives of almost all the public, private, university, and other institutions of the United States of America interested in Latin America, and to maintain a level of debate high enough to ensure respect for all opinions. As Dr. Bravo had so aptly noted, it would be very difficult to secure new resources so long as social security and public health authorities failed to reach an agreement. It should be kept in mind that social security entailed much more than medical benefits; consequently, it would not only endure but also expand as an institution and as a function in the Latin American countries. The existence of privileged groups was the result of failure to provide universal coverage. Regardless of the political system in effect, an attempt should be made to extend coverage to all citizens, for that was the essence of social security. Such should be the goal for the future. However, with respect to requiring the average citizen to increase his contribution, it should be recalled that the country with the highest per-capita income in the world had very recently incorporated 15,000,000 of its inhabitants over 65 years of age within a social security system in order to satisfy the medical needs because their income was inadequate. What, then, was to become of the millions of needy persons in Latin America? Those functions were the responsibility of society. Efforts should be made to ensure that existing facilities would benefit as many persons as possible, but the State and society could not evade their responsibility. In that connection, consideration should be given to every formula with projections into the future within an amicable atmosphere based on collaboration and not destruction.

Dr. ORELLANA (Venezuela) announced that, before reading the draft resolution, he would refer to the Director's last statement on the financing of medical services with the participation of beneficiaries. The ideal of a good social security system was, of course, to protect the entire population and to provide access by all social classes to the medical services and other benefits of the system. But no expert in those matters would approve the idea of requiring the needy to make any payment whatsoever, no matter how small, for medical services received. In most of the Latin American countries, such contributions were based on the current view of health as a right and as such the people demanded it. But though health had become a right, the truth was that no one had yet been taught to understand that prerogative fully and the result was an abuse of that right. In the Latin American countries, with their long tradition of paternalism, rights were actually abused. Those in power took advantage of the free medical service
instead of helping to maintain it in behalf of the needy. Therefore, the problem should also be viewed in that context and of course applying a much broader criterion; as the Director had stated, that meant universal insurance to protect the entire population and eliminate partially protected and unprotected population groups.

Dr. Orellana then read a draft resolution on the item.

The CHAIRMAN announced that the draft resolution presented would be distributed and subsequently put to a vote. 6/

**ITEM 7: REPORT ON BUILDINGS AND INSTALLATIONS**

Dr. PORTNER (Chief of Administration, PASE) presented Document CE54/7, Rev. 1 7/ and made reference first to the new headquarters building which had been occupied for eight months. The change had been appreciated because the building was esthetically appropriate and functionally excellent.

Requests for use of the Conference facilities had been so numerous that it had been necessary to exercise prudence in granting them.

The lighting fixture in the Council Chamber, a unique piece of art and the work of the architect, had been completed.

Some problems had also been encountered and a few discrepancies had been discovered. One was the wind drift which had been so great that doors on the 23rd and E Street side had been broken nine times.

Another serious problem was the airconditioning and heating system, which operated on a single-zone control. A difference in temperature of almost 20 degrees occurred at certain times of the day between the north and south sides of the building. It became obvious that a multi-zonal system was needed. The work was under way and would hopefully be completed early in June.

On the other hand, it was a pleasure to report that, thanks to a valet service, the number of cars that could be parked had been increased by 50 per cent.

The lighting and building maintenance were satisfactory and after eight months of occupancy damage had been slight. It was to be hoped that that favorable condition would continue and that on their next visit the representatives would find the building as attractive and free from damage as ever.

6/ See p. 81.
7/ Mimeographed document.
The report on buildings and installations also dealt with those of the Zone Offices. In Buenos Aires, an additional piece of property had been acquired for the Zone VI Office, and negotiations for a new site for the Zone IV Office in Lima were also under way. The most favorable solution would be the purchase, for $79,000, of a house located 10 minutes (by automobile) from the Ministry of Public Health and Social Welfare, which had 1,100 square meters of building space and required little remodeling.

Another matter dealt with in the report was that of gifts. A list of all the items received, together with the name of the donor country and the artist, was included. Works of art from other Governments, in particular tapestries, paintings, and sculpture, would be welcomed by the Bureau.

The CHAIRMAN put the following draft resolution to a vote:

THE EXECUTIVE COMMITTEE,

Having considered the report of the Director (Document CE54/7, Rev. 1) on the work done to complete the installations and services in the headquarters building and the proposed acquisition of space to expand the Zone IV Office in Lima; and

Bearing in mind that it is reported in the above-mentioned report that the Governments of Argentina, Brazil, Canada, Guatemala, Honduras, Mexico, Surinam, Venezuela, and Spain, as well as the Pharmaceutical Manufacturers' Association and Mrs. Carlota de Inurria (of Argentina), have donated works of art for the headquarters building;

RESOLVES:

1. To take note of the report of the Director on buildings and installations (Document CE54/7, Rev. 1).

2. To express its thanks to the Governments of Argentina, Brazil, Canada, Guatemala, Honduras, Mexico, Surinam, Venezuela, and Spain, as well as the Pharmaceutical Manufacturers' Association and Mrs. Carlota de Inurria, for the works of art they have donated to the new headquarters building.

3. To take note of the additional space requirements for the Zone IV Office in Lima and concur in the action planned by the Director to purchase a house to obtain adequate space.
4. To transmit the afore-mentioned report to the
XVII Pan American Sanitary Conference.

Decision: The draft resolution was unanimously approved. 8/

ITEM 8: PROVISIONAL AGENDA FOR THE XVII PAN AMERICAN SANITARY
CONFERENCE, XVIII MEETING OF THE REGIONAL COMMITTEE OF
WHO FOR THE AMERICAS

Dr. SUTTER (Assistant Director, PASB) presented Document CES\textsuperscript{4}/13 9/ on the item and then read the draft resolution contained therein.

Dr. ORELLANA (Venezuela) pointed out that the draft agenda was quite extensive and would provide sufficient material for the Conference. Consideration should be given to the time that would be made available for the Technical Discussions, which, owing to their specific importance on that occasion, might perhaps deserve different treatment with regard to scheduling, since officials of other organizations would also participate. With regard to Item 11 (Reports of the Governments of the Organization on Public Health Conditions and Progress Achieved during the Period between the XVI and XVII Pan American Sanitary Conferences) Dr. Orellana inquired whether the Bureau had already prepared a model standard report for the Governments or whether those reports could be presented as each Government saw fit. It was to some extent preferable that the reports should be adapted to a format or special provision in order to avoid specifically the differences between very voluminous and complete reports and others that might for certain reasons be exactly the opposite.

Dr. HORWITZ (Director, PASB) thanked the Representative of Venezuela for his comments. Actually, the extensive nature of the agenda had been determined by the wishes of the Governments. Those were the topics submitted by them to the Organization and they had been developed in accordance with the guidelines of the highest Governing Bodies of the Organization, to orient the secretariat with a view to continued strengthening of its policy. The Director believed it was essential for the national delegations to contain at least two members, the Chief Delegate, preferably the health minister, and a technical expert. He hoped that more than one expert would be included, since, in addition to the plenary sessions, the Conference might decide to continue the tradition of establishing committees. Those committees might meet during the second and third weeks to study carefully all the matters at hand and to prepare the draft resolutions which would be submitted to one or two final plenary sessions for approval. On that basis, there would be no difficulty in scheduling a longer period than was customary for the Technical Discussions;

9/ Mimeographed document.
it might be possible to follow the example of the World Health Assembly by extending the Discussions to the following Saturday morning, depending on the decision of the General Committee, which was responsible for analysing daily the progress of the Conference in the light of the first few days of the meeting. However, Dr. Horwitz considered that if the Committee should state in the draft resolution its wish to provide all the time necessary for the proper development of the Technical Discussions, that would naturally serve as a precedent for the decision of the General Committee.

With respect to the reports themselves, Dr. Horwitz reminded the members of the Committee that statistical information was already being received for the preparation of *Health Conditions in the Americas 1961-1964*, the document customarily submitted to the Conference, and for the Third Report on the World Health Situation, prepared by the World Health Organization. It had been proposed to suggest that the Governments should make use of the same statistical background in preparing their four-year reports, which would, of course, provide certain uniformity. However, if the Committee should adopt or approve Dr. Orellana’s suggestion, the points considered fundamental to the report of each Government could be included in the respective circular, while at the same time each health minister would be free to elaborate them and to add such others as he considered to be essential characteristics of his own country.

Dr. ORELLANA (Venezuela) felt that it was too early to suggest a working mechanism for the Conference. Undoubtedly, the General Committee to be formed immediately following its opening by the officers of the Conference would be able to select the proper alternative from those indicated by the Director. Two points mentioned by him deserved special emphasis. One was the recommendation that the Technical Discussions be allotted as much time as possible, in accordance with the importance of the topic, i.e., without confining them to the customary two half days. It should also be remembered that social security personnel would be attending solely because of their interest in that subject, and it would be highly advisable to extend its study for an additional half-day. With regard to the four-year reports of the Governments, the Director had pointed out that the Bureau would prepare the summary of four-year reports on health conditions in the Americas, which would contain points common to all the Governments and the Governments would also furnish four-year reports of their own. The speaker did not fully agree that additional reports should be requested of the Governments, but in the case of the Conference, Item 11 would have to be approved. He therefore believed that the Governments would certainly have to receive some orientation for the preparation of those reports. Such orientation would be minimal, as indicated by the Director, i.e., a minimum of points carefully specified, although the Governments would not necessarily have

10/ Scientific Publication PAHO 138.
to confine themselves to a questionnaire or a standard table. Furthermore, the Governments should be free to describe in greater or lesser detail their progress or problems in a given sector. That might facilitate preparation of the four-year report and would, to some extent, curb the frequent tendency toward the drafting of extremely long and complicated reports that could not be read in full or covered by the expositor within a brief period. In short, Dr. Orellana was perfectly in agreement with the views of the Director in that connection.

The CHAIRMAN pointed out the close relationship existing between the comments made during the discussion and Item 9 of the agenda on the date of the Conference. Therefore, the vote on the draft resolution should be postponed until the Committee had examined Item 9. 11/

ITEM 9: DATE OF THE XVII PAN AMERICAN SANITARY CONFERENCE, XVIII MEETING OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Dr. SUTTER (Assistant Director, PASB) presented Document CB54/12 12/ on the item, in which it was stated that Article 7-A of the PAHO Constitution stipulated that the Pan American Sanitary Conference would be held "on a date fixed by the Director of the Bureau in consultation with the Executive Committee." On the other hand, Article 1 of the Rules of Procedure of the Conference provided that the Director of the Bureau should send notices of convocation "no less than six months before the date fixed for the opening of the meeting..." In order to fulfill those provisions, the Director had cabled the members of the Executive Committee on 3 March 1966 suggesting 26 September as the date for the inauguration of the XVII Pan American Sanitary Conference.

All the members of the Executive Committee approved of that date. The Conference was scheduled to last for two or three weeks. Actually, the duration of the Conference, among other things, depended fundamentally upon the number of topics to be discussed. The XIV Pan American Sanitary Conference, held in Santiago, Chile, in 1954, examined 40 topics within a period of 16 days; the XV Conference, held in San Juan, Puerto Rico, in 1958, covered 38 topics in 12 days, the XVI Conference, held in Minneapolis, in 1962, discussed 39 topics in 14 days. The provisional agenda for the XVII Conference, prepared by the Director for approval by the Executive Committee, contained 39 items. Consequently, the Director believed it would not be advisable at that time to set a term that might be too brief to allow the Conference to examine with due care all the matters to be submitted for its consideration. In any case, it appeared more opportune for the Conference itself, once it had decided upon its working procedures, to reduce the term initially scheduled to those limits it considered sufficient for adoption of the necessary decisions.

11/ See p. 111.
12/ Mimeographed document.
The Executive Committee had examined the matter carefully during its 52nd Meeting and had submitted to the Directing Council a report on the organization of the Conference. In Resolution XXII, the XVI Meeting of the Directing Council, in accordance with the statements of the Executive Committee, had recommended that the Director retain "the same general structure as in earlier Conferences, due regard being had to the suggestions made by the Governments about the organization and work of the main committees."

Pursuant to that recommendation, the meeting would be organized with a view to maintaining that general structure, although the Conference itself, as the supreme authority, might choose between the operating procedure traditionally adopted or the introduction of changes designed to improve the handling of business.

For all of those reasons, relating to the number and significance of topics and structure of the meeting, Dr. Sutter stated that the Director believed that the total duration of the Conference should be scheduled provisionally from 26 September to 15 October.

Dr. YEPEZ (Ecuador) felt it would create a very serious difficulty for both high-level Government officials and experts obliged to abandon their activities in their own countries, if the Conference should extend beyond two weeks. He suggested that, if possible, the Conference should be restricted to a maximum of two weeks. He also inquired whether the Executive Committee would meet simultaneously with the Conference in September.

Dr. HORWITZ (Director, PASB) stated that the Committee would meet immediately following the close of the Conference. The proposed term had included the meeting of the Executive Committee, which required one or two days, since, in general, it had to be formed, elect its officers for the entire period, and analyze those matters delegated to it by the Conference.

The CHAIRMAN believed that the Technical Discussions would require very special attention on that occasion.

Dr. CALVO (Panama) expressed his opinion that the topic selected by the Directing Council for the Technical Discussions of the Conference should be scheduled for a longer period than was customary, since it was of fundamental significance for the Americas. According to what had already been expressed, representatives of the social security agencies throughout the Americas would be invited and the debate would undoubtedly be more extensive since those representatives would have to be given an opportunity to participate fully in the Discussions; consequently, it should be recommended that on that occasion the time allowed for discussion of that specific topic should be at least twice as long as that
scheduled to date. Dr. Calvo considered that the forthcoming Conference should produce a document that would provide guidelines and bases constituting a milestone in the coordination of social security systems in the Latin American countries with the health ministries.

Dr. QUIROS (Observer, Peru) stated that in 1964 he had proposed that the Committee should resolve a series of matters which would only be submitted to the Council for approval instead of requiring a new discussion of the entire agenda in full. He pointed out that a series of items, about eight or 10, were not worth referring to the Conference again. Unfortunately, his proposal had not been accepted and the outcome was now apparent; the Conference would be very long and some of the highly important topics to be considered deserved more careful study.

He wished merely to recall that matter to see whether it was considered advisable to reopen its consideration.

Dr. ORELLANA (Venezuela) asked if the draft resolution would contain a recommendation concerning the duration of the Technical Discussions.

The CHAIRMAN felt that such a recommendation should be included.

Dr. HORWITZ (Director, PASB) suggested that Dr. Bravo might give some idea of the minimum time that should be scheduled for the Technical Discussions.

Dr. BRAVO (Chief, Medical Care Administration, PASB) pointed out that once the material being compiled through the current survey had been processed, tabulated, and classified, it would be used to prepare two basic documents. One would analyze the administrative aspects of the supply and accessibility of services and resources in general, with regard to both facilities and manpower, and the other would refer to comparative costs from the standpoint of capital investment and operating cost of services. Those two basic papers would be presented at the Technical Discussions on the first day, and would be followed by a panel in which three national delegates would participate: one representing the public health official's viewpoint on the problem of coordination, another representing the view of the social security official, and a third who would act as moderator or coordinator, presenting the general problems of service planning and, consequently, of incorporation of the various health subsectors within a general planning effort. Those three expositions would obviously have to be brief in order to avoid overextending their presentation, that is, there would, in short, be five speeches of no more than 10 minutes each: two by PASB officers who would report on the results of the survey and three by delegates of the countries, who would present the various approaches to the problem under discussion. A question and answer period would then be held, as was customary for that type of session. Following the first meeting, the participants would be divided into four, five, or six working parties, depending on the number of participants registered, with
the aim of limiting each party to a reasonable size. The working parties would then discuss individually a series of topics and subtopics in order to analyze the problem from various angles. The discussions by these parties could easily last for a whole day. Presumably, there would be sufficient material and variety of problems for discussion to occupy one whole morning and afternoon. Dr. Bravo therefore estimated that a day and a half might allow sufficient time for the Technical Discussions, i.e., half a day for the panel and a full day for the working parties. The reports prepared by each working party would be presented in a joint report drafted by the group of chairmen and rapporteurs of the various working parties and a plenary session of the Conference would be scheduled to hear that joint report during the second week.

The CHAIRMAN believed that the Technical Discussions would not be wholly consistent with the traditionally established procedure. The Technical Discussions of the Pan American Health Organization had always consisted of experts addressing other experts on technical matters. The current proposal might be termed a semi-political meeting on health policy in a broad sense.

Dr. CALVO (Panama) was basically in agreement with Dr. Bravo but felt that, since the meeting would be attended by social security representatives of the Americas who would make a special trip for that purpose, they could not be limited to a day and a half. Two days might be required, for it would be necessary at the final plenary session to offer some of those representatives from the Americas who were not on the panel an opportunity to express their opinions. The speaker was certain that representatives of all the American countries where social security systems existed would attend and that that would signify twice the number of those entitled to speak. Therefore, a longer period would be required.

Dr. HORWITZ (Director, PASB) believed that the question of time was directly related to the structure of the Technical Discussions. As Dr. Bravo had proposed, the idea was that a panel should analyze the information on hand and at the same time offer its own views in accordance with the experience of each of its members; that a general discussion should be held; and that parties should then be formed to analyze specific aspects. Accordingly, if the general discussion allowed at least one social security and health representative from each country to express his views, a day and a half would obviously not suffice; it would be most unfortunate if, for lack of a minimum time allotment, such distinguished persons were unable to express their views, for the greater the number of opinions expressed, and even the greater the controversy arising, the better the prospects for reaching an agreement. Therefore, there were two alternatives. One, as suggested by Dr. Bravo, was to schedule the Discussions for Friday of the first week and the following Saturday morning, and to add an afternoon or morning plenary session to examine the resulting report. The other was to schedule presentation of the matter on Thursday afternoon of the first week and the initiation of general discussion on Friday morning, and to schedule the working parties for Friday
afternoon and Saturday morning. However, since it was not known how many representatives of the social security system and health ministries would attend, it was, of course, very difficult to determine the proper structure. Therefore, in his opinion, the resolution resulting from that discussion should clearly express the specific interest of the Executive Committee in providing all the time required by the Technical Discussions; that might be based on a recommendation by the Committee of a minimum schedule of two days.

The CHAIRMAN announced that a draft resolution incorporating the suggestions expressed during the discussion would be submitted at a later session. 14/

ITEM 10: AMENDMENTS TO THE STAFF RULES OF THE PAN AMERICAN SANITARY BUREAU

Dr. PORTNER (Chief of Administration, PASB), in presenting Document CE54/5, 15/ stated that, pursuant to Staff Rule 030, the Director was submitting amendments to the Staff Rules for confirmation by the Executive Committee, some of which were editorial and some of a substantive nature. A change in the salary scale for the PAHO-funded professional and higher personnel was the major item for review. In January 1966 the WHO Executive Board had confirmed the new salary scale for the WHO professional staff, which had been authorized by the United Nations General Assembly a month earlier. The cost involved was $260,000, as already mentioned in the budget discussion, and it had therefore been brought to the attention of the Committee.

It should be borne in mind that the last change in professional salaries was made in January 1962, and that the salary increase was considerably below that awarded in national civil services in the preceding four years.

The changes in the post adjustment (cost-of-living adjustment) consequent upon the new salary scale were shown on pages 4 and 5 of the document.

Other amendments included Staff Rule 255.1, a slight increase in the education grant from $600 to $700. The figure actually was $300 below that originally recommended by the Consultative Committee of Administrative Questions. Staff Rule 450 increased the number of steps in the D-2 category from 3 to 4. Staff Rule 450.3 dealt with a promotion to a higher grade, and required specification of service time dates except when the promotion constituted a return to a grade previously held. Staff Rule 670.7 was a new rule designed to clarify the Director's authority to place a staff member on sick leave if his

14/ See p. 110.
15/ Mimeographed document.
presence could be hazardous to his colleagues or to himself. Staff Rule 750.3 updated the entitlement to post adjustment from 1 January 1962 to 1 January 1966. Staff Rule 970 concerned unsatisfactory service to which was added the matter of unsuitability. Staff Rule 1110.4 regarded non-residence and was merely for the record because General Service personnel in the Americas were universally recruited locally, and no provision for non-resident allowance existed.

The financial implications of the amendments were to be found on page 2 of the document. The proposed resolution authorized the Director to transfer a maximum of $260,000 from Part V (Working Capital Fund increase) to other parts of the PAHO regular budget to meet additional personnel costs.

The WHO Executive Board meeting in Geneva took up not only the matter of professional salaries but also that of ungraded salaries (Deputy Director-General, Assistant Directors-General, and Regional Directors). In Document CE54/5, Addendum I, reference was made to the action of the Executive Board and to the need to take steps under the PASB Staff Rules to adjust the salaries of the Deputy Director and Assistant Director. In 1962 action had been taken to make the salary of the PASB Deputy Director equivalent to that of a Regional Director elsewhere in WHO because of the more complex and diversified nature of the Organization. The Deputy Director’s salary might be adjusted, as indicated, to $21,000 per annum, and that of the Assistant Director to $20,000. The Director’s salary would be determined by the Conference in accordance with Staff Rule 230.3.

Dr. QUIROS (Observer, Peru) wished to refer solely to amendment 1110.4, on page 9, dealing with non-resident allowances for employees contracted elsewhere. Although that was described merely as an editorial change, it was actually something more, since it authorized the Director to grant or withhold the allowance when, in fact, that allowance was granted to all personnel not contracted locally in Geneva. Although it was true that personnel could be recruited locally for the Bureau, it was very difficult to secure bilingual secretariat staff, for example. In practice, staff members were contracted outside of Headquarters, since the Lima newspapers published fairly frequent advertisements by the Organization soliciting personnel to work in Washington; the most recent notice had appeared only a week earlier and had even stated that the Organization would not pay travel expenses for such personnel. At any rate, Dr. Quirós believed that if that benefit was extended to one group of staff members, there was no reason for not extending it to all. The benefit was stipulated in the Staff Rules and he felt it was not good policy to make any discrimination.

Dr. PORTNER (Chief of Administration, PASB) stated that the practice in PASB had always been not to have a non-resident allowance established as such and, in effect, all persons hired in the General Service
category for the Washington Office were indicated as being Washington local residents. The merit of the practice was open to discussion but that was the practice followed since 1947.

The CHAIRMAN asked the Representative of Panama to take the chair since he wished to speak in his capacity as Representative of Brazil.

Dr. Calvo (Panama) took the Chair.

Dr. Ferreira (Brazil) considered that the personnel salary adjustment had resulted from a decision by the World Health Organization and that that fact should be sufficient to end the debate, since it would be impossible for any Regional Office, and particularly for that one, which had the dual responsibility of serving both as a Pan American organization and the Regional Office of WHO, to maintain a salary system other than that decided upon by the World Health Organization. Furthermore, one of the reasons why PAHO had maintained its growing prestige, its respect, and the desire of the Governments for increasingly close relations was precisely the quality of its services and the caliber of its personnel. It should be remembered that experts who were assigned temporarily or for a longer period to the Organization often encountered difficulties upon returning to their countries after several years of service. They were almost strangers in their own lands, and had no opportunity to follow a career as did those who remained at home. The speaker felt that that matter was of fundamental importance in considering salary arrangements. Furthermore, the cost of living in the Americas was making savings increasingly difficult, so that today anyone recruited elsewhere for employment by the Bureau would, upon his return, enjoy, for all practical purposes, only the legal advantages offered by the Bureau, having been obliged to spend his salary to maintain a living standard suitable for an officer of the Organization. For that reason, the Brazilian Representative proposed that the following two draft resolutions appearing in Document CE54/5 be approved:

THE EXECUTIVE COMMITTEE,

Having examined the amendments to the Staff Rules of the Pan American Sanitary Bureau, as set forth in the annex to Document CE54/5 presented by the Director; and

Considering the provisions of Staff Rule 030,

RESOLVES:

To approve the amendments to the Staff Rules of the Pan American Sanitary Bureau, as presented by the Director in the annex to Document CE54/5, with the effective date of 1 January 1966.
THE EXECUTIVE COMMITTEE,

Considering that it is desirable to meet the increased costs arising from the salary increases from within the authorized budget level; and

Believing that utilization for this purpose of funds intended for the Working Capital Fund would not endanger the immediate financial position of the Organization and would only temporarily interrupt the long-term plan for increasing the Working Capital Fund,

RESOLVES:

To authorize the Director to transfer a maximum of $260,000 from Part V to other Parts of the regular budget for 1966 of the Pan American Health Organization, as necessary to meet the above-mentioned additional personnel costs.

Dr. AGUILAR HERRERA (Guatemala) pointed out that, according to one of the proposed draft resolutions, the Executive Committee would authorize the Director to transfer and approve the amendments to the Staff Rules, but the agenda for the XVII Conference also contained those amendments to the Staff Rules; he asked whether that matter would be discussed at the Conference or only reported on.

Dr. PORTNER (Chief of Administration, PASB) explained that the amendments to the Staff Rules were presented for the information of the Conference but that definitive action was called for by the Executive Committee under Staff Rule 030. Thus that item was one of information rather than action on the part of the Conference.

Dr. QUIROS (Observer, Peru) felt it would not be advisable to approve any conditions of employment different from those of the World Health Organization. The practices of WHO should be equally applicable to the personnel employed in the Americas. Since he was attending only as an observer, he confined himself to the expression of that opinion.

Dr. ORELLANA (Venezuela) stated that the Pan American Sanitary Bureau, which was in turn the Regional Office of the World Health Organization, should necessarily be governed by the same rules and regulations as those of its parent organization, which was in turn governed by those of a still higher organization, the United Nations. That involved a decision already taken at two higher levels and the only possible course with regard to that matter was to comment, but not to adopt different decisions. In addition to the two draft resolutions presented, there was a third one referring to the salaries of the
Deputy Director and the Assistant Director. The final decision of the Committee would have to be approval of those amendments, which had been in effect since 1 January of the current year. He then read the draft resolution referred to, as follows:

THE EXECUTIVE COMMITTEE,

Having considered that the salaries of the Deputy Director and Assistant Director warrant adjustment comparable to those approved for posts in grades P.1 through D.2; and

Bearing in mind Staff Regulation 3.1 and Staff Rule 230.3 of the Pan American Sanitary Bureau,

RESOLVES:

To approve the proposal of the Director fixing the salary of the Deputy Director at $21,000 per annum and that of the Assistant Director at $20,000 per annum, effective from 1 January 1966.

Dr. FERREIRA (Brazil) remarked that the matter did not warrant further discussion since a decision had already been taken by higher organizations. He insisted that the international official differed to some extent from the diplomatic official. The diplomatic officer had a career, while the officer employed by international agencies was a temporary employee who might leave in two or four years. A diplomatic career ensured permanence through successive promotions, but in the World Health Organization, as in other specialized agencies, an employee lost contact with his country.

Dr. ORELLANA (Venezuela) pointed out that, owing to its position of dependency, PAHO was obliged to adopt a minimum standard, which was the standard adopted in turn by the World Health Organization as a member of the United Nations. There was no other alternative, since the Bureau recruited its staff from various sources, including officers of the WHO itself or those financed locally by WHO funds. Failure to adopt that standard would mean that personnel holding the same rank would receive different salaries. That dependency could also operate in the opposite direction. If the Pan American Health Organization should have additional funds available tomorrow or should decide to increase its salary above the WHO levels, a rather uncomfortable difference in status would be created.

Dr. QUIROS (Observer, Peru) clarified that his proposal was not designed to establish differences between the Staff Rules of WHO and
those of the Bureau, but to avoid such differences in practice, as in the
case of the post adjustment, with reference to personnel in the General
Services category.

Dr. PORTNER (Chief of Administration, PASB) pointed out that the
Rules were virtually identical in PAHO and WHO. However, there were
some differences in practice and that was one of them.

Dr. QUIROS (Observer, Peru) noted that Dr. Portner had confirmed
that a difference did exist in practice, which was undesirable. Conse-
quently, he believed that no changes should be made and that it was
better to retain the article in its present form.

Dr. HORWITZ (Director, PASB) explained that, in practice, the
problem was as follows. When secretaries had been required for Africa,
it had been necessary to recruit them from other parts of the world since
they could not be found on that continent; in that case, it had of course
been necessary to pay their travel expenses. That had also been true in
obtaining secretaries for Geneva, since the supply failed to satisfy the
demand. However, he asked the members of the Executive Committee whether
that situation should be changed with reference to the Bureau in
Washington, where, in general, it was not difficult to obtain personnel.
The occasional appearance of notices in the press was designed, in the
first instance, to attract persons from every country interested in
coming to work for the Organization and to broaden geographic distri-
bution, a matter of concern to all. In the second place, periods of
short supply also occurred in Washington, as the obvious result of the
expansion not only of government institutions, whose revenue was in-
creasing, but also of international institutions. However, the question
entailed financial consequences: should that be established as an abso-
lute standard when experience, at least in recent years, showed it was
not indispensable? All of that involved travel expenses and other costs
which should be kept in mind by the Executive Committee. During the last
few years, the locally contracted personnel had been granted family
allowances for which they had not previously been eligible and which had,naturally, been approved by the Executive Committee. Furthermore, the
posts of more than 200 employees had been reclassified, in an attempt to
compensate fairly for their increased duties. That did not include the
rises agreed upon by the Committee and the Council as part of that system,
which had been very ably summarized by Dr. Orellana. Consequently, he
repeated his view that WHO had adopted those measures particularly for
areas where, owing to special circumstances, demand failed to meet the
supply of the institution. Fortunately, that entailed a comparatively
minor change, given the international status of the institution; since
in some periods supply was greater than demand, it would not be prudent
to alter the status quo.

Dr. QUIROS (Observer, Peru) feared that at the present time it
would be difficult to recruit personnel since a series of new inter-
national institutions had been established in Washington. Therefore, it
was necessary to contract such personnel elsewhere from time to time who should be accorded equal treatment. He failed to see the difference. He likened that matter to the discussion of payment of first-class fares by the Executive Board of WHO. On that occasion, it was argued that bodily discomfort was involved in tourist class but not in first class. Surely bodily discomfort was the same for everybody. Why should certain employees receive tourist fares and others first-class fares, when their physical characteristics were identical? That was a parallel case, involving a principle of equality and justice. Financial consequences were, of course, involved and that had undoubtedly also been discussed in relation to travel fares, but equal treatment should be extended to all.

The CHAIRMAN asked whether once the status of resident had been acquired the employee was entitled to employment outside of the Bureau, i.e., whether the resident immediately acquired a position of some privilege as compared to the non-resident.

Dr. PORTNER (Chief of Administration, PASB) confirmed that a person with residence status had a privileged position compared with a person with non-resident status.

The CHAIRMAN put to a vote the draft resolutions presented.

**Decision:** The draft resolutions were unanimously approved. 16/

The session rose at 6:00 p.m.

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16/ Resolutions V, VI, and VII. *Official Document PAHO 71*, 31-32.
ITEM 6: PLANNING OF HOSPITALS AND HEALTH FACILITIES (conclusion)

The CHAIRMAN opened the session and announced that the Executive Committee would proceed to consider the draft resolution on the item.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution presented by the Representative of Venezuela at the fourth plenary session:

THE EXECUTIVE COMMITTEE,

Having examined the report of the Director on the planning of hospitals and other health services (Document CE54/8), submitted pursuant to Resolution XVI of the 52nd Meeting of the Executive Committee,

RESOLVES:

1. To take note of the report of the Director (Document CE54/8).

2. To confirm the steps the Director has taken to promote the coordination of medical care services in the countries.

3. To instruct the Director to continue his negotiations with the Inter-American Development Bank to obtain financial support for programs for the building of hospitals and other health facilities, within the framework of national health planning, as part of economic and social development.

4. To recommend to the Governments that they include in their delegations to the XVII Pan American Sanitary Conference high officials of the administration of medical services both from the ministries of
health and from social security institutes so as to ensure a full treatment of the topic of the Technical Discussions.

Decision: The draft resolution presented by the Representative of Venezuela was unanimously approved. 1/

ITEM 12: RELATIONS OF THE PAN AMERICAN HEALTH ORGANIZATION WITH OTHER ORGANS OF THE INTER-AMERICAN SYSTEM

The CHAIRMAN invited Dr. Cutler to introduce the item.

Dr. CUTLER (Deputy Director, PASB), in presenting Document CE54/4, Rev. 1, stated that the topic had been under discussion for several years. The Director had been operating under instructions given at the XV Meeting of the Directing Council, in which he was asked "to continue to provide such cooperation as he deems appropriate and necessary in order to ensure the full participation of the Bureau, at both the national and the international level, in the planning and implementation of the economic and social development programs of the Americas, especially in connection with large-scale national or intercountry programs." The efforts in that connection had been directed primarily to assure the proper role of the health sector in economic and social development.

The most recent participation of the Organization had been at the Fourth Annual Meetings of the Inter-American Economic and Social Council (IA-ECOSOC) at the Expert and the Ministerial Levels, held in Buenos Aires, Argentina, from 25 March-1 April 1966. Several items of interest were included in the agenda of that meeting, but of special importance to the Organization were "Functioning and Strengthening of the Inter-American System" and "Economic and Social Development of the Hemisphere." The Organization had also presented two important documents: Facts on Progress--Health Goals in the Charter of Punta del Este, and "Health: Problems, Achievements, and Prospects," both of which had been widely distributed. The latter document detailed some of the problems faced in the Americas, such as the needs with respect to manpower, funds, and others, which were needed to carry forward the efforts of health workers in order to achieve the goals of Punta del Este.

Dr. Cutler mentioned that four Governments had included health representatives in their delegations and once again called attention to the importance of having ample representation of the health sector at those meetings.

2/ Mimeographed document.
4/ Miscellaneous Publication PAHO 81.
5/ Mimeographed document.
Dr. Cutler then summarized the most significant resolutions of the Buenos Aires meeting with respect to health: "Health and Development Planning," which indicated the over-all planning of the health sector as the most suitable instrument as regards attainment of the specific sectoral objectives and their contribution to the objectives of development in general; "Population," in which it was recommended that Governments devote greater attention to the need to make demographic studies that would take into account both quantitative and qualitative aspects of population, especially the mutual relationship between various population factors and economic and social development; "Social Security within the Framework of the Alliance for Progress," which stressed that social security plans and programs for medical services should be strengthened and coordinated with development plans and particularly with the health plans and programs in each country; and the "Improvement of the Statistics of the Latin American Countries," in which it was reiterated to Governments the increasingly pressing need for timely and reliable statistical data as a basis for planning and carrying out activities entrusted to national development planning agencies. Other resolutions included the "Proposed Statutes for the Inter-American Emergency Aid Fund," an area in which the Organization had rendered assistance of an emergency nature for many years; and the "Amendments to the Charter of the Organization of American States," which would have no significant effect on the structure of PAHO.

The subject of financing the Pan American Foot-and-Mouth Disease Center was also discussed at the IA-ECOSOC meetings in great detail. The Organization had been administering the Center for 15 years and the activities had been extremely valuable to all the countries of the Hemisphere. Demands for assistance had increased but the contributions of funds, in addition to those received from the Program of Technical Cooperation of the Organization of American States had been largely voluntary. Assistance had been received from the Government of Brazil in the form of land, buildings, and a small share of local expenses and some funds for research purposes had been made available by the Government of the United States of America. Because of the increased demands for services from the Governments, the need to increase salaries in accordance with changes in the PAHO salary scales and the need to expand activities in the field of foot-and-mouth disease, it had become necessary to look to outside sources to finance the Center. The resolution approved at Buenos Aires requested the secretariat to prepare a report on the current status of the problem, and that PAHO and the OAS make a joint study with the aim of securing permanent and stable financing of the Pan American Foot-and-Mouth Disease Center.

In conclusion, Dr. Cutler stated that the Director had already initiated action on those requests and that the Organization would work closely with the OAS in the solution of the problem.

The CHAIRMAN suggested that, in view of the complexity and scope of the item, the Observer from the Organization of American States might like to add to Dr. Cutler's statement.
Mrs. ELDRIDGE (Observer, OAS) emphasized the excellent relationship existing between both the secretariats of the OAS and PAHO. The fields of common interest had already been amply covered, as well as the outcome of the recent IA-ECOSOC meetings. She especially acknowledged the cooperation which the Director and PAHO staff at all levels had given to the OAS in the past years, including full assistance in the country review process being carried out by the Committee of Nine. She expressed the hope that the joint activities of the two organizations would continue to be strengthened in the future.

Dr. QUIROS (Observer, Peru) considered the item to be of special importance and drew attention to the need to arouse the interest of Governments in the representation of the public health sector at such meetings. He pointed out that at the Second IA-ECOSOC Meetings (São Paulo, 1963) more than 12 countries were represented by accredited public health delegations, whereas at the last two (Lima 1964 and Buenos Aires 1966), the number was only three or four. Fortunately, the health sector in Peru had always been represented at the meetings as its program had achieved considerable standing within the national planning system. It was essential to show the economists, with hard facts, the impact of public health on economic and social development. To do that it was necessary to adopt broader criteria that were not restricted to health activities alone. He pointed out that, in his country, the Planning Office played a major role that was helping to create in economists an awareness of the importance of the health sector.

He also expressed concern over the position of the Pan American Foot-and-Mouth Disease Center. He believed that steps should be taken to obtain the necessary funds, not only for the Center, but also for the Pan American Zoonoses Center, which was much more important, as it served both the stock raising industry and the public health sector.

Dr. ORELLANA (Venezuela) expressed his satisfaction with the resolutions adopted at the last meetings of the IA-ECOSOC, with regard both to health in the Hemisphere and to the Pan American Health Organization, especially those relating to population, improvement of statistics, health planning, social security, and the financing of the Pan American Foot-and-Mouth Disease Center. He attached special importance to the resolution concerning population as it indicated that concern was beginning to be felt over a problem that was assuming extremely serious aspects in the Americas and to which increasing importance should be attached. With regard to improvement of statistics, he stressed that without assistance from that sector it was impossible either to formulate or evaluate plans. He regarded the problem of the Pan American Foot-and-Mouth Disease Center as an extremely serious one and shared the concern of other representatives as to its future. He wished to see a rapid solution to the problem so that its program, designed as it was to develop and expand, would not be suddenly reduced in its scope and its very existence threatened.
With regard to Dr. Quirós' remarks on the participation of public health delegations in the IA-ECOSOC meetings, he stated that there was evidence that ministries of health had made serious efforts to be represented. He thought that the arrangements for convening such meetings should be modified on future occasions. He understood that the OAS addressed the letters of invitation either to planning agencies or to ministries of foreign affairs, but unless some reference was made in them to the desirability of having representatives of the health sector, the latter was overlooked. Up to the present, the representation of the health sector had been due to the praise-worthy efforts of the Director of the Bureau, who had himself undertaken to inform ministries of health of the holding of such meetings and to forward a copy of the agenda, at the same time suggesting to them that they send a representative of the health sector. He therefore affirmed that when such meetings were convened in the future, it would be desirable, provided the OAS agreed, to point out to Governments the need for representation of the health sector.

The CHAIRMAN, speaking as the Representative of Brazil, observed that, at least as far as his country was concerned, the Ministry of Health possessed no funds for representation at international meetings, as the latter was regarded as the exclusive responsibility of the Ministry of Foreign Affairs, which, because of the many applications for representation made to it, tended, up to a point, to restrict the country's participation in such meetings. He therefore shared the view expressed by other representatives that steps should be taken to convince Governments that it was necessary for public health delegations to attend international meetings.

Dr. CALVO (Panama) also agreed on the need for active participation by the public health sector in the Americas at the meetings of the Inter-American Economic and Social Council and regretted the present tendency to reduce such representation. He therefore supported the suggestion of the Representative of Venezuela that the Director should approach the OAS with a view to its taking the initiative and indicating to Governments the need for the inclusion of the health sector in the representation of countries. He also thought it desirable that the Executive Committee should, itself, take more action, and that the Chairman of the Executive Committee, together with the Director, should attend such meetings, as the official representatives of all the countries of the Americas. In any event, he believed that all possible efforts should be made to ensure that the health sector was effectively represented at meetings of the IA-ECOSOC.

The session was suspended at 10:40 a.m. and resumed at 11:10 a.m.

Dr. MARQUEZ ESCOBEDO (Mexico) supported the view expressed by the Representatives of Panama and Venezuela that Governments should make an effort and, if necessary, a sacrifice to ensure that the health sector was properly represented at meetings of IA-ECOSOC. He pointed out that,
as a result of the interest shown by the Bureau, there had been a marked improvement in the participation of the public health sector in such meetings, and he praised the Bureau for its constant concern with the health and lives of the peoples of the Hemisphere.

Dr. JURICIC (Observer, Chile) said that he regretted the absence of delegations from the health sector from the Fourth Annual Meetings of the IA-ECOSOC. He pointed out that in the case of Chile, the invitation to that meeting had reached the Ministry of Public Health a little less than a week before the opening of the meeting, which was why it had been impossible to make any changes in his country's delegation which had already been appointed. It might well be that the delay in forwarding the communication was due to the fact that the provisional agenda for the meeting did not include any items relating to social or public health, which had been included at the last minute as a direct result of the efforts made by the Pan American Sanitary Bureau. An examination of the documents of that meeting, which had been distributed to the Executive Committee, indicated how important the discussions on both those items had been, and the vital nature of the conclusions that had been reached, and he wished to draw attention to the operative part of the resolution concerning "Social Security within the Framework of the Alliance for Progress" which read as follows: "An effective way of promoting the contribution of social security to economic development and social progress is the extension of its coverage to all sectors of the population, bearing in mind that preventive, curative, and rehabilitative medical care, like the prevention of occupational risks is one of the most positive means of guaranteeing an adequate standard of living and freeing the worker and his family from the fear of finding himself without the physical ability to work and without any means of support." In his view, that statement held great promise for the future integration of health and social security with economic development.

He did not take so gloomy a view of the problem of the Pan American Foot-and-Mouth Disease Center for if on the one hand, it was very likely that its budget would be reduced, on the other, the international lending agencies had shown an interest in assisting Governments to initiate programs to combat foot-and-mouth disease. As an example he mentioned that the Ministry of Agriculture of Chile was preparing a program to combat the disease for submission to a loan bank. A similar situation applied in the case of other Governments of the Americas.

Referring to the Pan American Zoonoses Center, he understood that the Director, in the statement made at a prior session, had asserted that the financing of the Center was assured through a contribution from the United Nations Development Program, and he requested the Director to confirm that that was so.
Dr. QUIROS (Observer, Peru) expressed his agreement with what had been said by the Representatives of Mexico, Panama, and Venezuela and pointed out that the presence of delegations from the public health sector at the meetings in question, would exercise a considerable bearing on the decisions adopted and would facilitate the direct provision of financial resources. Every effort should be made to attend the discussions of those agencies, and also to put before them the problems of health, even when such problems had not been previously included in their agendas.

Dr. HORWITZ (Director, PASB) said that he would like to provide a rapid historical review of the field as a whole, although the word "historical" was perhaps hardly applicable, as no measures had been taken prior to 1961. It was certainly a fact, as had been pointed out on various occasions, that perhaps the most specific chapter of the Charter of Punta del Este was the one relating to health, since it was there that the objectives had been most clearly defined. In addition, there was something in the nature of a plan, which was obtained after much effort at the very important meeting at Punta del Este, in which the political and social objectives of the Alliance for Progress in fact received the legal terms of reference provided by the Charter. Although only five years had elapsed since then, the contents of the publication Facts on Progress, confirming as it did the sound experience and far-sighted vision of the 19 health experts who had participated at Punta del Este, recorded what had been achieved, not only by the health services of the Hemisphere, but by all the experts who, in large measure, had proved that the declarations in the Charter of Punta del Este were not impracticable but quite feasible, to the extent that economic and social development were coordinated, with all the difficulties to which that was bound to give rise and which, in fact, were being encountered.

At the First Annual Meetings of the IA-ECOSOC in Mexico in 1962, every effort had been made to obtain funds for health undertakings of importance to development on a sufficiently flexible administrative basis, i.e., funds that could also be used to meet local expenditures. On that occasion, reference had been made, not only to water supply, but also to the malaria campaign and it was gratifying to note that as a result of the efforts made in 1962 the Agency for International Development of the Government of the United States of America had already made a loan on very favorable terms to one Government for its malaria campaign and was negotiating similar arrangements with six others. At the São Paulo meetings in 1963, attention was centered on the Continent-Wide Program of Rural Environmental Health and Well-Being and the Rural Welfare Fund, which had still not been established. Nevertheless, to judge by the action that was already being taken in Central America and in other countries, there was no doubt that the rural programs being carried out by Governments, with or without international loans, had demonstrated that there were sound national basis for the establishment of such a Fund and, in his view, the Pan American Health Organization should continue to urge that the fund become a reality.
At the Third Annual Meetings held in Lima in 1964, interest had centered on the problem of foot-and-mouth disease and on the need to formulate a population policy related to the activities of the recently formed Inter-American Committee on the Alliance for Progress, on which the pertinent resolutions had been approved. The members of the Executive Committee were already aware of the interest that had been shown in those activities at the Fourth Meetings. The ideal situation would be for the largest possible number of health technicians to form part of delegations each year and that should continue to be the objective to the extent that firm proposals were available for consideration at the meetings. At the last meetings in question discussion on health had been initiated by the Organization and by the joint action of PAHO and the OAS, especially with the experts of the Social Security Program. The Committee should, he believed, indicate to the Conference its positive support of the widest possible representation. The Organization had found it necessary to set up a Liaison Office with international agencies to deal with questions connected with the Inter-American System and with the United Nations, with both of which its relations were becoming progressively closer.

The position with respect to foot-and-mouth disease was unfortunate, and it was necessary to find a formula for placing the Pan American Foot-and-Mouth Disease Center on a stable financial basis. As Dr. Cutler had pointed out, such a formula had been submitted to the Secretary General of the OAS as a result of a decision of IA-ECOSOC at its Buenos Aires meetings; it would, of course, have to be approved by the Governing Bodies of the Organization in due course.

In reply to the question from the Observer of Chile, he said that he had, in fact, reported that the former United Nations Special Fund, currently the United Nations Development Program, had approved the allocation of $1,500,000 for investment over a period of five years in the Pan American Zoonoses Center. He explained that the plan of operations had already been presented and said that he would like to take that opportunity to compliment two Governments publicly. First, he would like to pay tribute to the Argentine Government for what it had done in connection with the Pan American Zoonoses Center. As was pointed out in Official Document 61, it was investing somewhat more than $100,000 a year in the maintenance of the Center, aside from the value of the property of 150 hectares that it had transferred to it for experimental work. With reference to the contribution from the United Nations Development Program, the Government of Argentina had placed at the disposal of the National Institutes of Health at Buenos Aires two floors with rooms for laboratories that would be used for teaching and for meetings. For its part, the Organization was making a proportionate increase in personnel, so as to continue to give service to countries in what Dr. Quirós rightly regarded as a fundamental capital investment in terms both of health and economics. It would be necessary to start thinking of how to continue financing the Pan American Zoonoses Center at the end of the five-year period of the grant. In the second place,
he wished to thank the Government of Brazil for the support given to the Pan American Foot-and-Mouth Disease Center, providing it with necessary equipment, laboratories, and land at São Bento, near Rio de Janeiro, to enable it to discharge a function that, in his view, was one of vital significance and one that had moved both the Inter-American Development Bank and the World Bank to set aside loan funds to help resolve a problem that involved human beings as well, insofar as the consumption of animal protein was concerned. The Organization wished to establish the Center on a sound foundation, an institution that had become more essential than ever and had the support of the Organization's Governing Bodies. He considered that he should pay tribute to Dr. Benjamin D. Blood, Observer of the United States of America, for his valuable work over a 15-year period since it was he, as an officer of the Pan American Sanitary Bureau, who had suggested such a program when the activities of the Technical Cooperation Program of the OAS were being initiated.

He considered that the development of the Pan American Zoonoses Center had been a remarkable one. That was all the more apparent when it was recalled that during the 15 years of its existence, it had succeeded, among many other achievements, in reproducing a live virus vaccine that had practically tripled the duration of immunity. Moreover, the facts of the problem and the way of reducing the incidence of the disease were known, and since there was no difference between epidemiology applied to a living species and the administration of the corresponding programs, there could be no justification whatever for not continuing the Center's work under the auspices of the Pan American Sanitary Bureau, which was endeavoring to resolve the major problem of the provision of funds.

Dr. ORIOLANA (Venezuela) supported the Director's statement outlining the substantial progress made since Punta del Este. There was no doubt that the Charter of Punta del Este had served as a framework for action and as a guideline and that, since the time of its formation, the Inter-American Economic and Social Council had shown an increasing interest in health problems, demonstrated by the many resolutions it had adopted. It was therefore just to recognize the achievements of IA-ECOSOC and also the role that the Pan American Sanitary Bureau had performed in promoting health measures. He therefore suggested that the Committee should adopt a resolution recognizing, in the first place, the importance of the measures taken since Punta del Este in the health sector; expressing appreciation and recognition of the contribution of the Pan American Sanitary Bureau in activities related to the Charter of Punta del Este; recommending to the OAS that, so far as possible, it should include in its letters of convocation to the Annual Meetings of IA-ECOSOC a suggestion that public health experts should be included in country delegations or at least drawing attention to such representation; and lastly, recommending to the OAS that it agree to and recognize the representation of the Executive Committee of the Pan American Health Organization at the Annual Meetings of IA-ECOSOC.
Dr. CALVO (Panama) said that he wished to support Dr. Orellana's statement and observed that, as a participant at the Meeting of Punta del Este in 1961, and as one who had followed closely the measures taken in the health sector as a consequence of the Charter, he was personally aware of the fundamental changes that had taken place in the Americas. The Executive Committee should record, both in a resolution and in its own minutes, its appreciation of the representations made by the Pan American Sanitary Bureau to IA-ECOSOC, and of the effective way in which it had progressively succeeded in making positive changes in the attitude of the economic sector in the Americas to the fundamental role of the health sector in the economic development of the Hemisphere. He stressed the need for adequate representation of the health sector at meetings of IA-ECOSOC, as a demonstration of the support of Governments in such activities. It was important for Governments and the Bureau to pursue a joint policy in their relations with IA-ECOSOC and it was accordingly desirable to submit well-defined proposals and firm plans for consideration by the Directing Council so that a consensus of views could be presented at the next Meetings of the IA-ECOSOC. As an example of such common ground, he referred to the interest of governments in health activities at the rural level, an approach that would draw attention to the importance of the Rural Welfare Fund. He noted that the changes of a social and economic character that had taken place had created a new awareness at the higher governmental levels, and he mentioned the fact that for the first time in his country, in the course of Government negotiations to obtain loans for economic and social development, the health sector had been asked to submit arguments, explain needs, and provide the necessary justification.

Dr. BLOOD (Observer, United States of America) expressed his appreciation for the Director's remarks with respect to his participation in the establishment of the Pan American Foot-and-Mouth Disease Center and in the development of that institution and the Pan American Zoonoses Center. He was interested personally and officially in the progress made and the efforts being made toward financing both Centers. He added that the Government of his country was very much concerned over the matter of seeking a solution, both as an interim measure and on a long-term basis, to the problem of resources for the Center in Brazil.

Dr. QUIROS (Observer, Peru) shared the views of the Representative of Panama and stated that he considered that at the XVII Pan American Sanitary Conference a general report should be presented on the results of the Fourth Meetings of the IA-ECOSOC at Buenos Aires, and that a representative of the latter body could be invited to make the report. Such a step would make an effective contribution to the joint action referred to by the Representative of Panama. Turning to the importance of the participation of the health sector at the IA-ECOSOC meetings, he stated that the dialogue with economists and experts in other fields was essential so as to enable specialists in the health field to obtain an understanding of other questions not specifically related to that field.
The CHAIRMAN suggested that, in view of the importance of the item under consideration, a working party should be formed composed of the Representatives of Ecuador, Panama, and Venezuela, in order to prepare a draft resolution that would reflect the views expressed during the discussion.

It was so agreed.

The CHAIRMAN thought it pertinent to point out, since reference had been made to the participation of the health sector in international agencies not concerned specifically with the health field, the fact that when the United Nations Organization had been formed, the proposed organizational structure had included no reference to its participation in international health activities. Nevertheless, as a result of the efforts of the Representative of Brazil, Dr. Geraldo de Paula Souza and of the Representative of China, who had submitted a declaration that had had wide repercussions, a specialized agency, the World Health Organization, had been established. It was for that reason that at one of the Assemblies of the latter, the Ministry of Health of India had referred to Dr. de Paula Souza as the father of WHO.

The CHAIRMAN stated that the Committee would proceed to consider Item 13 of the agenda.

**ITEM 13: REPRESENTATION OF THE EXECUTIVE COMMITTEE AT THE XVII PAN AMERICAN SANITARY CONFERENCE, XVIII MEETING OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

Dr. SUTTER (Assistant Director, PASB) read the document (CE54/9 6/) containing the text of Resolution XXIII 7/ of the XVI Meeting of the Directing Council:

1. To provide that the Executive Committee shall be officially represented by its Chairman, or any other member designated by the Committee, at the meetings of the Directing Council of the Pan American Health Organization and of the Pan American Sanitary Conference.

2. To provide that the travel and subsistence expenses of the Official Representative of the Executive Committee at the meeting shall be borne by the Organization.

Dr. CALVO (Panama) proposed that the Chairman should represent the Executive Committee at the Pan American Sanitary Conference.

6/ Mimeographed document.
The Representatives of Ecuador, Guatemala, Jamaica, Mexico, and Venezuela supported the proposal of the Representative of Panama.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution:

THE EXECUTIVE COMMITTEE,

Considering that the Directing Council, in Resolution XXIII of its XVI Meeting, decided that the Executive Committee should be officially represented by its Chairman, or by any other member designated by the Committee, at the meetings of the Directing Council and of the Pan American Sanitary Conference,

RESOLVES:

To designate as its official representative at the XVII Pan American Sanitary Conference Dr. Manoel José Ferreira, Chairman of the Executive Committee.

Decision: The proposed resolution was unanimously approved. 8/

ITEM 14: ESTIMATED REQUIREMENTS FOR SMALLPOX ERADICATION IN THE AMERICAS

Dr. HUERTA (Regional Adviser, Communicable Diseases Branch, PASB) presented Document CE54/3. 9/ He stated that the Governing Bodies of the Organization had been very concerned with the problem of smallpox in the Americas for a very long time, as was demonstrated by various resolutions approved by the Executive Committee, the Directing Council, and the Pan American Sanitary Conference. Similarly the Pan American Sanitary Bureau had been assisting countries to achieve the eradication of the disease over a long period.

In order to obtain a clearer idea of the kind of assistance that should be furnished by international agencies to countries to secure the eradication of smallpox and to determine the extent of the assistance required, the Zone Offices had been requested early in 1965, to obtain from Governments their budgetary estimates for eradication programs, national vaccination programs, or maintenance programs, whichever the case might be, along standard lines that would make it possible to correlate the figures. A small number of countries had replied to the inquiry.

8/ Resolution IX. Official Document PAHO 71, 33.
9/ Mimeographed document.
The XVI Meeting of the Directing Council, in Resolution XXX, \(^{10/}\) had requested the Director to make a study to determine the kind and amount of international assistance required by countries for the eradication of smallpox in the Western Hemisphere. With that in mind the questionnaire had been prepared for use in all the countries and territories of Middle America, the Caribbean area, and South America. At the end of December 1965 eight short-term consultants and a PASB physician had met at Santiago, Chile, to discuss the questionnaire and establish common standards for its use. The study had been initiated early in 1966: the consultants, together with a PASB epidemiologist, had worked in the South American countries and the Country Representatives and another PASB epidemiologist in those of Middle America and in the Caribbean area. The survey had been completed around 4 March 1966.

In view of the limited time available for the tabulation and analysis of the data obtained from the survey, it had not been possible to prepare as detailed a breakdown of the information as would have been desired. Despite the efforts made to ensure that the information obtained was clear, complete and comparable, those objectives had not been realized, and in some instances the data was inconsistent with that furnished by Governments to the Bureau. The study that was being submitted to the Executive Committee was in the form of a preliminary report divided into two parts: a joint and summary report covering all the countries of Middle America, the Caribbean area, and South America, and a report by country covering the same three regions.

The information contained in the summary report was that provided by the countries, whereas that furnished in the country reports had been obtained in the countries during the survey. All the countries had expressed the view that smallpox could be eliminated from the Hemisphere within a relatively short period of time. They had set periods of two and four years for the completion of eradication programs or national smallpox vaccination programs, as the case might be, and had asked for international assistance in carrying out such programs. The report discussed the kind of international assistance that countries had requested. For instance, in order to determine the extent of the requirement for certain jet injector equipment, the Bureau had had to have recourse to an arbitrary basis as experience in the use of such equipment was still limited. Such international assistance also included funds for the payment of salaries and per diem allowances for national personnel, which represented 49 per cent of the total estimated international contribution. Except for salaries and per diem allowances for national and international personnel, the balance of the international contribution should be made at the start of the program, since the rapidity with which it could be carried out depended on the availability of funds from the outset.

First countries had proposed 1967, 1968, 1969, and 1970 for reviews of eradication programs or national smallpox vaccination programs. If

\(^{10/}\) Official Document PAHO 66, 81-82.
international assistance were made available and the countries themselves supplied all the resources required and resolved the administrative difficulties that might hold up programs, it would appear that 1967 should be wholly devoted to planning the programs. They would then be put into effect simultaneously early in 1968, special attention being given to those countries in which smallpox still existed. The international personnel would therefore have to take up their duties at the beginning of the planning stage. It was estimated that the minimum cost of the international assistance required to eradicate smallpox in the Hemisphere would be $7,076,059.92.

Dr. AGUILAR HERRERA (Guatemala) praised the report and asked why the data relating to some countries failed to include the salaries and per diem allowances for local personnel, whereas those of international personnel were included.

The CHAIRMAN suggested that replies to questions on the item under discussion should be made at the conclusion of the debate.

It was so agreed.

Dr. Calvo (Panama) took the Chair.

Dr. FERREIRA (Brazil) stressed the complex character of the smallpox problem in his country and explained why eradication presented characteristics different to those in other countries. It was a fact that Brazil was a country of continental dimensions, and the very existence of smallpox drew attention to the shortcomings of its health infrastructure. Internal migratory movements, especially in the northeastern states, were a further obstacle to the eradication of the disease from the national territory. Moreover, the health services were concentrated in the large cities, whereas smallpox was most prevalent in areas that had no health infrastructure. Efforts had been intensified during 1964-1965 and 3,200,000 persons had been vaccinated by local action, with some international assistance. With the assistance of the Pan American Sanitary Bureau, three laboratories had been established for the production of freeze-dried vaccine. In view of transport and access difficulties in the interior of the country and the obstacles to making contact with the population there, it would indeed be a veritable national tragedy, if it should prove necessary to have recourse to the usual glycerinated vaccine. The employment of the highly simplified mechanical process of the jet injector was infinitely superior to that of multiple punctures. On the basis of vaccination programs for 1966, 1967, 1968, 1969, and 1970, it should be possible to cover more than 80 per cent of the population, leaving over 30,000,000 inhabitants requiring vaccinations on a permanent basis for the decade from 1970 to 1980. He added that the Government of Brazil had undertaken to make a 30 per cent contribution to the international assistance program for the Americas.
Dr. Ferreira stressed that Brazil had resolved to eliminate the disease, not only for reasons of public health, but as an international obligation.

Dr. YEPEZ (Ecuador) stated that the attack phase of the smallpox eradication campaign in his country had been completed in 1964, which had succeeded in vaccinating 85 per cent of the population and, in May 1964, the maintenance phase had been initiated involving the vaccination of 20 per cent of the total population of the country each year. In December 1965 the Agreement with the Pan American Sanitary Bureau had come to an end and a new one had been prepared and had already been accepted by the Government, including a control and multiple immunization service for acute communicable diseases, among them smallpox, diphtheria, whooping cough, and others. The last recorded case of smallpox had occurred in 1963 and there had been no subsequent cases.

Dr. JURICIC (Observer, Chile) referred to the diagnosis of smallpox by laboratory tests which he regarded as important for the evaluation of the results of programs. He had noted in various Latin American countries that on the completion of the eradication campaign, smallpox cases continued to be diagnosed, generally by health inspectors and sometimes by physicians, but that they were difficult to verify, as the report arrived months after the date on which the cases had occurred, a factor that hindered diagnosis by the technicians. Moreover, in the case of persons who had not been vaccinated, it was always possible, even many months after the onset of the disease, to determine from the antibodies whether or not such persons had been suffering from smallpox. Nevertheless, very often cases of smallpox were notified in persons who had been vaccinated and where such a procedure was quite inapplicable. There were, therefore, two problems: one was the stage at which the disease was reported, and the other was its diagnosis in the laboratory.

Dr. ORELLANA (Venezuela) thought that the Committee should examine the item more at length as it involved both an eradication program and the international assistance required to carry it into effect and it related, moreover, to a serious problem for which the comparison of the necessary data required more time. He suggested that in order to ensure a more careful preliminary study of the documents, the examination of the item should continue at the sixth plenary session and the secretariat should submit a more detailed statement, especially with respect to the financing and prosecution of such measures.

The CHAIRMAN shared the view of the Representative of Venezuela, but suggested that consideration of the item could more readily be undertaken as the first item on the agenda for the seventh plenary session.

It was so agreed.

The session rose at 12:35 p.m.
ITEM 16: EMERGENCY REVOLVING FUND

The CHAIRMAN opened the session and announced that Item 16 would be presented.

Dr. PORTNER (Chief of Administration, PASB) drew attention to an error on page 2 of the annex to Document CE54/11 on the item. The rabies vaccine attribution of $10,760 under Guatemala should have been under Venezuela.

An increase in the Emergency Revolving Fund from $75,000 to $100,000 had been recommended by the Director to the Committee. The annex showed Accounts Receivable in the amount of $53,507.69 and Cash in Bank of $21,492.31. Obligations against that cash balance for orders in process were shown on page 2 of the annex. They virtually exhausted the Fund, whose uncommitted balance came to $1,306.31. Several times in the past the Emergency Revolving Fund had been unable to meet requests for assistance. Reimbursement by Governments was sometimes delayed, although they had been requested to reimburse the funds advanced as soon as possible. Thus, the mounting requests for assistance and the near-exhaustion of the Fund necessitated the addition of $25,000 to it. The money could be provided from the 1965 surplus indicated in the Financial Report of the Director.

Dr. AGUILAR HERRERA (Guatemala) thanked Dr. Portner for his clarification of the error in the document relating to the amount of $10,780 for rabies vaccine, which should properly be attributed to Venezuela and not to Guatemala. Secondly, he praised the document presented for its excellent outline of the usefulness of the Emergency Revolving Fund and its benefits to all the countries. He believed that the increase to $100,000 should be approved and stressed the need for having the Governments reimburse the amounts advanced by the Fund as promptly as possible.

Dr. ORELLANA (Venezuela) emphasized the importance of the function performed by the Emergency Revolving Fund and added that its benefits were lost when the Governments failed to reimburse immediately the amounts to cover urgent requests. For example, Table 1 of the annex indicated that at the beginning of the year seven countries had been in

1/ Mimeographed document.
debt to the Fund and that, by 17 March, only two of those countries had paid installments to the Fund. In short, five countries had failed to fulfill payment requirements over a period of two and one-half months.

In that connection, the speaker believed that it might be very useful to include the respective invoice when the Bureau received requests chargeable to the Fund and dispatched the order, since considerable time inevitably elapsed between receipt of the request and remittance of the invoice; despite the inevitable processing, when collection was initiated promptly, payment was received earlier. He felt that the amount requested in order to expand the Fund was justified.

Dr. HORWITZ (Director, PASB) reported on a proposal which, if supported by the Executive Committee, would provide additional justification for an increase in the Fund in the manner outlined. The Inter-American Economic and Social Council (IA-ECOSOC) had established an Inter-American Emergency Aid Fund and the Bureau, based on its experience acquired in cases of disaster occurring in certain countries, had studied the possibility of preparing basic surgical equipment which could be rapidly dispatched to the disaster site, as well as a list of surgeons and nurses in various specialized fields who could be sent, at the request of the Government concerned, to collaborate with their national colleagues in caring for casualties during the first few days of the crisis. The Organization had participated in several activities of that type, most recently in the Dominican Republic, where it had received excellent collaboration from Dr. J. M. Williams, Professor of Neurosurgery at George Washington University (Washington, D.C.), who had spontaneously offered to study the cost of equipment for four groups composed of an orthopedist, a neurosurgeon, a general surgeon, and a thoracic surgeon, as well as anesthetic equipment including an adequate supply of agents. Dr. Williams stressed that most of that equipment, after use, should be returned to the Organization; consequently, the material consumed during a given crisis actually represented a very small investment.

If the Executive Committee considered that the Organization should participate in that emergency fund recently set up by the IA-ECOSOC, the Bureau would continue to study the situation with a view to submitting to the XVII Pan American Sanitary Conference a specific proposal on the investment that might be required.

Dr. QUIROS (Observer, Peru) stated that the Director's proposal with respect to preparing equipment to meet urgent situations was excellent. All of the countries that had experienced grievous disasters were aware of the great confusion caused by them, and since all the friendly countries wanted to provide immediate assistance, the Organization could channel such aid by serving as a center of information and distribution. Therefore, it would be worthwhile to study the matter carefully in behalf of the Governments. In closing, the speaker asked whether such
equipment would be located in the United States of America or stored at various locations throughout the Hemisphere from which it could be dispatched more rapidly to the disaster area.

Dr. HORWITZ (Director, PASB) explained that, in principle, the equipment would be maintained at the Bureau in order to replenish the material consumed upon its return, but there would be no difficulty whatsoever in transferring it to strategically located points with respect to any country of the Americas.

Dr. QUIROS (Observer, Peru) added that he referred not to the equipment alone but to technical personnel as well.

The CHAIRMAN asked the Director if he wished to include in the draft resolution a reference to the fund established by the IA-ECOSOC or if he preferred simply to have it recorded in the minutes.

Dr. HORWITZ (Director, PASB) preferred the latter alternative and added that, if the Executive Committee considered it advisable for the Bureau to continue studying the matter in order to cover all administrative details in greater depth, it would be very glad to do so, since, for example, Dr. Quiros had just suggested another possibility. The original idea had referred to U.S. experts who had been consulted by Dr. Williams, but it was possible to draw up a list of surgeons from all the countries who might be called upon at any time. It might suffice for the Bureau to interpret that commentary as an instruction to continue analyzing the matter and to determine its feasibility and, in due course, to submit a specific proposal to the Council or the Conference.

The CHAIRMAN put to a vote the following draft resolution:

THE EXECUTIVE COMMITTEE,

Having examined the report of the Director on the Emergency Revolving Fund and the activities of that Fund (Document CE54/11);

Having noted the heavy increase in demands for the emergency purchases of vaccines, to the point that the Fund is now exhausted; and

Bearing in mind that, if the important purpose of assistance to Governments for which the Fund was created is to be fulfilled, the Fund should be maintained at a level adequate to meet emergency purchases,

RESOLVES:

2. To invite the Governments which receive assistance from the Fund to reimburse the amounts advanced as soon as possible.

3. To recommend to the XVII Pan American Sanitary Conference that it increase the ceiling of the Fund to $100,000 and authorize the transfer of an amount of $25,000 from the Working Capital Fund.

Decision: The draft resolution was unanimously approved. 2/

ITEM 15: TRAINING OF AUXILIARY PERSONNEL

Dr. DIAZ-COLLIER (Chief, Professional Education Branch, PASB), in presenting Document CE54/2 3/ on the item, stated that the 50th Meeting of the Executive Committee had discussed 4/ the problem relating to the shortage of auxiliary personnel. A study made by a PASB staff member estimated that 700,000 public health auxiliaries would have to be trained in Latin America over the next 20 years. The XV Meeting of the Directing Council had re-examined 5/ the matter pursuant to the recommendation of the Committee and had resolved 6/ to instruct the Director to conduct a study that would serve as a basis for discussion at a meeting of national authorities convoked to formulate a policy on the training of auxiliary personnel in the countries of the Americas consistent with their requirements. In fulfillment of that resolution, the Director had sent a questionnaire to the official agencies of the various countries requesting data on auxiliary public health personnel who had received training, and appointed a consultant to undertake the study specified by the Council. The consultant, Professor Branko Kesic, Director of the School of Public Health of Zagreb, Yugoslavia, visited five countries of Latin America: Brazil, Ecuador, Mexico, Peru, and Venezuela. At the meeting of the Study Group on Training of Auxiliaries held in Mexico City from 27 March to 1 April 1966, Dr. Kesic had submitted a report entitled: "Training and Utilization of Auxiliary Health Workers in Latin America." 7/

In his study, Dr. Kesic analyzed general data on Latin America, current problems, migration to the cities, and poor distribution of professional personnel in all the countries, indicating that 45 per cent of the Latin American population was under 14 years of age. He cited indices of illiteracy and per-capita national income, examined health

2/ Resolution X. Official Document PAHO 71, 34.
3/ Mimeographed document.
5/ Ibid., pp. 161-164.
6/ Resolution XXIX. Official Document PAHO 58, 81-82.
7/ Mimeographed document.
services and health personnel facilities, and offered specific data on training and use of auxiliaries, their position among health workers, and national health plans in the countries visited. The author also estimated the possibilities of available multipurpose auxiliaries in certain fields; training programs, their duration and methods; examinations given to personnel in training and certificates awarded, as well as the advantages or disadvantages of undertaking such training in the large cities through a consolidation of the personnel, or at locations closer to work sites.

He discussed the selection of trainees, the selection and training of teachers, and the utilization of auxiliary workers both generally and specifically. Dr. Kesic cited certain Latin American demographic data on percentage of annual increase, which varied from 1.3 in Jamaica to 4 in Venezuela; percentage of urban population, which ranged from 22.5 in Honduras to 67.4 in Argentina; birth rates, from 22.1 in Argentina to 47.7 in Guatemala; general mortality and child mortality rates, illiteracy ratios, per-capita national income and percentage of population under 15 years of age, all of which data were highly useful in connection with the demand for auxiliary workers in Latin America.

The working documents for the Study Group were Dr. Kesic's report, the Final Report 8/ and Proceedings 9/ of the XVI Meeting of the Directing Council, and the WHO Technical Reports Series covering the meetings of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel and those on Nursing, Midwifery, and Sanitation.

The Study Group decided that the first problem to be dealt with was the definition of auxiliary; the definition accepted by the United Nations read: "The term 'auxiliary worker' is used ... to designate a paid worker in a particular technical field with less than full professional qualifications in that field who assists and is supervised by a professional worker." 10/ The Group considered that that definition did not include the concept of special training and proposed another definition in the following terms: "An auxiliary worker is a paid member of the health team with less than full professional qualifications who has been specially trained to assume defined responsibilities under the direction and supervision of a professional worker in the same field." The Group expressed its opinion regarding the various problems entailed in training and utilizing auxiliary personnel and, as a first step, maintained that the training of health auxiliaries currently held an urgent priority which should be considered in the health plans of most

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9/ Official Document PAHO 60.
of the Latin American countries. The final report of the Group pointed out the need for a medical structure with organized health services providing continuing possibilities for training, supervision, and reference or "channeling." Those were considered the bases for the utilization of auxiliary personnel. In its report, the Study Group also expressed its conviction that that doctrinal principle should be categorically stated, in view of the recent trend to consider the possibility, given the extremely serious situation existing in many Latin American countries with reference to health care, of having the auxiliary personnel function as independent and substitute factors. On the contrary, the Study Group indicated that the auxiliaries formed part of the health team and did not supplant other personnel. The Group understood that auxiliary health personnel included all assistants of other professionals who, together with the physician, were concerned with health, such as dentists, nurses, pharmacists, veterinarians, statisticians, sanitary engineers, educators, laboratory workers, and therapists.

The Group also felt that the training of auxiliary personnel should be approached from an integral standpoint under the direction of competent public health personnel and in collaboration with the pertinent educational bodies. It assigned primary importance to the fact that the personnel selected for training should be natives of the areas to which they would be assigned and that that selection should be based on the criteria of aptitude and sense of responsibility. The Group stressed the advisability of bearing in mind that the smaller the margin of difference between the cultural patterns of the auxiliary health personnel and the population they would serve, the greater their own effectiveness.

It also recommended that, regardless of prevailing factors, the minimum educational requirements should be completion of elementary schooling. It was also felt that where various activities existed within the same specialized field under different auxiliaries, every effort should be made to provide common basic training with subsequent specialization. However, a very low level of basic instruction would justify completely independent training courses for each activity.

Even taking into account the increase in professionals, the Study Group believed that the training of auxiliary personnel was a permanent task and that an increasing number of auxiliaries would continue to be required, as was the case in the developed countries. Although a close relationship should exist between the number of auxiliary personnel available and the population to be served, that demographic factor should not be the sole term of reference. The cultural patterns and economic level of the communities and groups should be considered in order to determine the exact number of trained auxiliaries required. Financial resources and programs of the national health plans in which that personnel would be employed would be determining factors in the number and type...

11/ Mimeographed document.
of auxiliary personnel to be trained in a given country; therefore, a manpower census was essential in order to evaluate the present shortage. The Study Group gave particular consideration to the need for providing adequate budgets, not only for training, but also for subsequent supervisory expenses in connection with the work of the auxiliaries and salaries relating to employment of the auxiliary personnel trained. In order to define the functions of the auxiliaries more exactly, the Study Group recommended the preparation of teaching manuals which would classify the spheres of activity on each training level. It further suggested that those countries interested in solving the problem should establish a coordinating agency under the ministry of health which would include the various public and private institutions training and utilizing auxiliary health personnel, in order to establish uniform standards. It also recommended that the ministry of health should be responsible for certifying and registering such personnel.

Although the Pan American Health Organization had been collaborating in recent years in the task of assisting the countries to train auxiliaries, the Study Group believed that its most important contribution had been the training of teachers to instruct auxiliaries. Such activities naturally included the preparation of course manuals and guidelines for future activities. The Director also indicated that the Bureau might cooperate with the Governments in certain other aspects, for example, the organization of teaching courses rather than teaching itself, quantitative and qualitative studies, organization of training activities for auxiliaries within the national health plans, and collaboration in operational research designed to determine the most suitable techniques for increasing the efficiency of public health auxiliaries.

Dr. MARQUEZ ESCOBEDO (Mexico) stated that his country had had the honor of submitting to the Organization for consideration the topic outlined by Dr. Díaz-Coller, since the training of public health auxiliaries was an extremely important activity in Mexico. The shortage of competent experts and the promotion of preventive medicine programs by institutions other than the Ministry of Health and Welfare, such as the Social Security Institute, the Institute of Security and Social Service for State Workers, the Army Social Security Program, and others, had increased the demand for the few public health professionals available in Mexico to a point where their services were unobtainable. That did not take into consideration the fact that institutions such as the social security system could recruit a greater number of experts because of their financial resources and consequent higher salaries. Therefore, in view of the urgency of programs relating to health, i.e., to the life of the Mexican people, it was absolutely essential to train qualified personnel, to instruct auxiliaries to perform certain duties as part of the public health team rather than as substitutes for the practicing professionals.
It was interesting to consider the efforts made by PASB in that connection, and the speaker deeply regretted that he had not had time to read Professor Kesic's paper carefully. However, he had studied the report of the Study Group and was pleased with the standards it provided for personnel training and with the fact that the Organization continued to support the preparation of teachers for participation in such personnel training. On behalf of his country, Dr. Márquez Escobedo expressed appreciation for the interest evinced in the proposal and the view that any encouragement in that respect would benefit not only Mexico but many other countries in the Hemisphere as well.

Dr. Orellana (Venezuela) stated that Professor Kesic's report and the statement made by Dr. Díaz-Coller on the recent meeting of the Study Group in Mexico City once more underlined the importance of a decisive approach to the problem of training auxiliary health personnel, in both quantitative and qualitative terms. Although the figures cited by Dr. Kesic were incomplete owing to the problems of the Latin American statistical data services themselves, they were obviously indicative, first of all, of the limited supply of personnel. It was not yet possible to establish a ratio of auxiliaries in a given field per inhabitant, but if, as it appeared, such disparities existed between countries, they served to explain the lack of sound statistical information and the proliferation of truly critical situations.

The difference in training received by personnel in the various countries was equally evident. That indicated that each country had its own difficulties and problems and that it would be necessary to establish gradually a set of standards which would, insofar as possible, shape a broader and more complete policy with regard to all aspects of training of auxiliary personnel.

Among the figures appearing in the publication Facts on Progress presented by the Director, were those relating to nursing personnel in Middle America and North America (page 32). None of the Latin American countries had even one nurse per physician; the current ratio in Venezuela was two physicians per nurse. In the Scandinavian countries, for example, data revealed two nurses per physician, and the same was true for the United States of America. In Latin America, not even the entire complement of available auxiliaries could achieve an adequate level. Inevitably, the conclusion was that an increasingly more active program of auxiliary personnel training would be essential and that even the developed countries were employing such personnel, despite the fact that they had a great many more professionals than did the Latin American countries. Consideration would necessarily have to be given to the administrative peculiarities of each country regarding the anthropology and sociology proper to each region, which prevented the planning of standard programs but did allow for a general policy of teaching facilities and increased service capacity of the auxiliary personnel through adequate training.

**12**/ Miscellaneous Publication PAHO 81.
Returning to the report by Professor Kesić, Dr. Orellana referred in an entirely different connection to the mention made of the auxiliary personnel utilized in Venezuela for the simplified medical service. In Professor Kesić's opinion, such service should be approached with extreme caution; having described it, he attempted to explain its position within the framework of general developed medical service. According to the speaker, Dr. Kesić's caution was prompted by his impression that the system known in Venezuela as "simplified medicine" was a new type of medicine or a new organization of medical service. However, it was neither of those things but the same medicine as always supplied on a minimum level to a population which, owing to its own characteristics, could not receive the services of broad, developed medicine. As a matter of fact, no simplified medical service could exist without the support of a vast service of developed medicine, i.e., the medicine practiced in the great urban centers that protected a substantial part of the national population. In other words, simplified medicine could never be the first medical service to be introduced in a country lacking any other. In short, simplified medicine should not be considered as a different type of medical care but as a different category of such care, especially with reference to the rural environment. The procedure followed in simplified medicine had been to train an individual, usually a local girl, to learn to identify and treat three or four major diseases, to provide first aid, to give some vaccinations, and to keep certain vital records accurately. The only new element in that system was the title, simplified medicine, but the essence and the techniques remained the same. Actually, no innovation was entailed, but only the maximum utilization of existing resources.

Two levels of training had been employed in Venezuela for public health physicians, one representing the classic level of a year or more of study, equivalent to that of any public health school, for the health administrator, and the other, at a lower, intermediate level of 16 to 18 weeks, designated as the intermediate or basic course and known in some circles as a baccalaureate degree in public health. Such was the situation more than 15 years ago, long before the expression "simplified medicine" came into use, when more than 25 courses of that type had been offered. The objectives had been to place rural directors with some knowledge of public health and certain techniques in charge of rural services, since the newly graduated physicians were unaware of such matters. Departments of preventive medicine were nonexistent at that time and no courses at all were given, and the new graduates were assigned to provide local services without any training. That circumstance gave rise to the intermediate course, to which new classes were continually added at the rate of two or three a year, with an average attendance of 20 to 25 students. That course had been a salvation, since it provided physicians with sufficient knowledge to head a service in a rural community or a small health center. By the end of two or three years, the physicians had acquired sufficient experience to enroll in the advanced course, where they obtained a Master of Public Health degree.
In closing, the speaker stressed that the intermediate course should not be related to simplified medicine, since the two were entirely different.

Dr. YEPEZ (Ecuador) stated what, in his opinion, could be done to utilize auxiliary personnel in public health and especially in the rural environment where they were most needed, particularly in Ecuador, where many areas still lacked rudimentary rural health services. The speaker asked whether it would not be desirable to employ, for example, voluntary collaborators from the malaria eradication service as an initial auxiliary phase of public health services extended to the rural area. The advantages of such personnel, enjoying basic instruction and a position of some importance in their community and exercising a certain influence and authority, might well be to teach the public to use a service and to serve as a link between public health services directed by higher officials and the rural population.

The second advantage would be, undoubtedly, for those elements to serve as an initial source for compiling elementary statistical data, essential information that would otherwise be impossible to secure. Thirdly, such personnel might perhaps, with brief training, take charge of immunizing the rural sector. In the fourth place, those auxiliaries could be trained to conduct an elementary survey of certain symptoms of prevailing diseases, with due notification to higher authorities.

Dr. QUIROS (Observer, Peru) pointed out that the list of participants in the meeting referred to by Dr. Diaz-Coller did not include auxiliary personnel, as had been proposed at one time.

The speaker had visited the simplified medicine program in Venezuela and, in the light of the situation in Latin America, found it most adequate, since it was not a new system but the utilization of existing resources: the preparation and training of personnel to perform a few basic health duties in localities where it would never be possible to provide other types of personnel. In his view, it was impossible to furnish any other type of personnel in such countries as the Latin American nations, which were characterized by a highly diffused population and low-density communities. Such personnel, properly supervised along the lines provided in the plan and within a system, represented the solution to that problem.

With respect to use of the malaria personnel, Peru had also experimented with the system mentioned by Dr. Yépez and considered that such personnel could be very useful if incorporated into that other similar program of simplified medicine. That was precisely the basis for the voluntary collaborators, who were the counterparts of those working in the simplified medical service program. Mention had also been made of the need for undertaking a manpower census. A census had been conducted in Peru, though not as complete as the one that was underway in Colombia, to give an idea of the actual personnel situation and of future requirements.
It would be difficult to determine those requirements because, as already noted, standards were lacking since each country had different problems and no single set of rules was applicable to all. The speaker pointed out that there was a very heavy demand for personnel in his country which had been partially met through collaboration from the Organization and from UNICEF for a program of personnel training that had launched the activities of a school of public health. Concerning the problem outlined with regard to the shortage of nurses, the minimum demand for such personnel could not be satisfied for many years. It was Dr. Quirós' impression that the emigration of such personnel from Latin America to the United States of America had increased in recent years, for the very reason that the levels sought in the region had actually been attained in that country. Therefore, the personnel trained felt there was no future in their own countries and that only through emigration could they improve their standard of living. That, of course, was understandable. All those matters should be studied.

He further considered the intermediate health course to be most useful and timely; a similar course was being offered in Peru to "health clinic physicians." That brief course provided orientation in public health and a review of certain basic medical care subjects, such as obstetrics, pediatrics, emergency treatment, etc., and the results had been very successful, since, as the Representative of Venezuela had pointed out, the physicians enrolled had received no public health orientation in medical school and were able, through those courses, to absorb the material rapidly and function as very useful collaborators within the health program. Furthermore, that avoided a situation in which all the physicians elected to take the regular public health course, which resulted in too many generals and not enough soldiers. For a while it was entirely logical that everyone should want to receive additional training and improve his future prospects, but those enrolled in public health courses should already have had some experience and field work to their credit, since it would otherwise be impossible to train properly such personnel, who should correspond to a high executive level.

Dr. AGUILAR HERRERA (Guatemala) felt there was an urgent need not only for training but also for employing an increasingly large number of auxiliary personnel, considering that the professional staff would never be sufficient to satisfy the demand for health workers. In Guatemala, owing to rapid population expansion and intensive incorporation of the rural sector into national life, current services were becoming more inadequate with each passing year. In addition, budgets were not increasing even by the margin required to match population growth and, consequently, although efforts were being made to extend services, such services were unable to cover either need or demand. It would be completely out of the question to attempt to train professional personnel to satisfy those requirements; auxiliary personnel were needed, primarily because they were better suited to the requirements of the people, and also because they required less extensive training. When such
demands for services had first been received from the rural sector, the National Department of Health had been obliged to send nurses. Despite that title, they were not even nursing auxiliaries and lacked any training whatsoever. They went to the villages to "make medicine" since their work consisted of giving out-patient treatment and distributing medicines at their own discretion. Fortunately, that situation had gradually changed as nursing auxiliaries had been trained and as supervision had been provided for that work, but it was still far from being a satisfactory service.

Something might perhaps be done in Guatemala along the lines of the program of simplified medicine described by Dr. Orellana and by Dr. Quirós, which was actually a more rational approach to the problem and, consequently, PASB should consider it as a matter for study and, in any case, transmit its opinion to the Governments regarding the advisability or inadvisability of adapting that system and means of implementing it. Such a study could lead to the establishment of general standards on the various types of auxiliary personnel who might work with and form part of the health services. Those general standards would be adapted to local conditions in each country but would serve as a basic guide, since currently each country, faced by the need for training its auxiliary personnel, had done so according to its own concept of such training, which had resulted in the enormous diversity of auxiliary personnel whose training varied greatly with reference to duration and sometimes to subject matter.

The CHAIRMAN considered that one of the most serious current problems was the need for an immediate increase in auxiliary personnel for the health programs. There was a drastic shortage of such personnel, although the exact scope of that shortage was not known. The problem was complicated by the fact that the personnel trained by the health ministries were rapidly absorbed by the social security system. Consequently, that aspect also called for coordination of training, which should be integrated with the health programs and based on long-range plans derived from painstaking inventories.

Dr. FERREIRA (Brazil) believed that the matter was of fundamental importance and that large-scale plans should be drawn up to train the auxiliary personnel essential for institutional operation and for forestalling health armies composed solely of generals.

Dr. ORELLANA (Venezuela) said that, in his opinion, the definition and status of auxiliary personnel within the national medical teams represented a position of inferiority, which also prevented their progress. Universities ignored that problem, although it had been carefully studied and conclusions reached without enlisting the active participation of medical schools, which should properly concern themselves with the training of auxiliary personnel. The health ministries should outline those problems to the universities and attempt to obtain their collaboration.

Dr. WEDDERBURN (Jamaica) referred to Dr. Orellana's desire to have the universities participate in training auxiliaries. The experience in
Jamaica had been that the medical, dental, and nursing professions were all opposed to auxiliaries. Professionals were conservative and concerned with prestige. They had to be convinced that auxiliary personnel were required to augment the limited resources available for providing the public with the best type of service. A viewpoint often advanced was that an attempt was being made to dilute the professions and lower their standards and it was not realized that the auxiliary's purpose was to assist and not to supplant. Efforts therefore had to be undertaken to assure that the training of auxiliary personnel did not offend professional health workers.

The CHAIRMAN believed that if the auxiliary personnel acquired university training, no matter how cursory, their salary demands would increase, as had occurred in the case of laboratory technicians. Viewed from that standpoint, the problem involved financial considerations. He suggested that the health ministries should establish sections devoted specifically to the training of auxiliary personnel.

Dr. ORELLANA (Venezuela) made it clear that he had not advocated placing the auxiliary personnel on a university level, but only enabling the professional to establish closer contacts with the other groups and to become acquainted with their problems, their prospects, and their possible utilization, as had been the case in Venezuela when the College of Dentists, the School of Dentistry, and the Ministry of Health and Social Welfare had collaborated in carrying out a training program for dental assistants.

Dr. MARQUEZ ESCOBEDO (Mexico) believed that the problem was a more far-reaching one and that it was more social than financial in essence. The physicians who were now graduating from medical school as firm believers in individual practice should be converted to the cause of social service. Furthermore, the university should revise its philosophical thinking to include its obligation to train professionals not only to serve individuals as independent entities but rather to serve society. The universities would require many years in order to evolve in that direction, but once they had, there would be no objection to university participation in training the auxiliary personnel required by professionals or experts for the execution of programs designed to serve the most needy classes.

It was essential to bring about an evolution of philosophical thought in the schools and, fundamentally, in the universities, which apparently tended to somewhat conservative and outdated thinking.

Dr. FERREIRA (Brazil) considered that the training of a great many auxiliary personnel would entail the risk and pose the problem of inadequate supervision. Furthermore, academic requirements at the university level made the replacement of professionals by auxiliary personnel completely out of the question. Dr. Orellana had explained very clearly the advisability of having the universities participate
in training auxiliaries, which might also be achieved through in-service training, naturally the most common form of preparation for auxiliary service.

Dr. DIAZ-COLLER (Chief, Professional Education Branch, PASB) pointed out that Dr. Orellana had not referred to auxiliary training by the universities but to the training of teachers to instruct the auxiliaries. He then read part of the report by the Study Group, as follows: "Schools of public health... should be responsible for preparing the teaching staff for these courses, in collaboration with local educational institutions. The organization of training courses by schools of public health or other higher educational institutions is not recommended." In other words, the Study Group felt that the role of the schools of public health and of institutions at the university level was to train the personnel who would train the auxiliaries.

He also reported that the Government of the host country for the meeting of the Study Group had been invited to send auxiliaries as observers and that two representatives engaged in training auxiliaries had attended. At that meeting, Dr. Kesić and Dr. José Ignacio Baldó, who had organized the system of simplified medicine in Venezuela, had reached full agreement. Dr. Kesić had been appointed by the World Health Organization as a special consultant for the meeting on training and utilization of auxiliary personnel to be held at the Regional Office of the Western Pacific in November 1966. He reiterated that Dr. Kesić was a recognized authority and that chapters 4 and 5 of his report contained extremely useful data on the training of auxiliaries.

Dr. HORWITZ (Director, PASB) pointed out that, according to estimates, there were currently 166,020 nursing auxiliaries in Latin America, of whom 51,666 (31.8 per cent) had received some training. Therefore, almost 70 per cent lacked adequate training. The same was true for the other types of auxiliaries, for example, statistical aides, who had been a source of concern for the Bureau and had, during the past two years, received training at the request of the Governments. Undoubtedly, the situation was similar in the field of sanitation, for X-ray and laboratory assistants, etc. That indicated an area suitable for immediate action unrestricted by budget considerations in behalf of those who were currently employed in a position for which they lacked training. That problem should be attended to at once.

Dr. Horwitz believed that very few health ministries were in a position to provide what had been termed continuing education. Along those lines, a project had been approved for financing by PAHO for the purpose of furnishing the services of a full-time professional and short-term consultants to advise the Governments that wished to provide organization, structure, systems, and standards for that function and to expand their current, considerable activities, in collaboration with PAHO. The Organization could collaborate in organizing such a unit at the ministerial level, in determining the manpower available
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and the current and future requirements of the countries in that connection, and in organizing operational research designed to review and improve present methods. Those methods were being examined by professionals with a view to modernizing instruction programs. The Executive Committee might perhaps wish to consider that function of the Organization, which was at least beginning to be mentioned with reference to its program and budget. In closing, Dr. Horwitz expressed his satisfaction with the discussion, which had been extremely instructive and had furnished an excellent guide for future activities.

Dr. MARQUEZ ESCOBEDO (Mexico) submitted a draft resolution on the item.

The CHAIRMAN stated that the draft resolution would be distributed and would be put to a vote at the seventh plenary session. He then asked Dr. Sutter to report on the draft resolution on Item 9.

ITEM 9: DATE OF THE XVII PAN AMERICAN SANITARY CONFERENCE, XVIII MEETING OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS (conclusion)

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution on the item:

THE EXECUTIVE COMMITTEE,

Considering that, pursuant to Article 7-A of the Constitution of the Pan American Health Organization, it is the duty of the Director of the Bureau to fix the date of the Pan American Sanitary Conference in consultation with the Executive Committee;

Bearing in mind that Rule 1 of the Rules of Procedure of the Conference stipulates that notices of convocation shall be sent not less than six months before the date fixed for the opening of the meeting;

Considering that, in order to comply with the stipulations cited in the two foregoing paragraphs, the Director requested and obtained by cable early in May the agreement of all the members of the Executive Committee to the opening of the XVII Pan American Sanitary Conference on 26 September 1966 and that, by virtue of that agreement, notices of convocation were sent on 26 March to all Governments and to organizations entitled to be represented at the Conference;

See p. 114.
Considering that, because of the importance of the decisions of the Conference in determining the general policy guidelines of the Organization, the time assigned to the meeting of the supreme Governing Body of the Organization should be sufficient to allow proper consideration of the many important items on its agenda, without prejudice to the fact that, whenever appropriate, the Conference itself may adopt such measures as it deems advisable to expedite the dispatch of its business; and

Bearing in mind that, because of the nature and importance of the topic chosen for the Technical Discussions at the Conference, and because of the great number of persons expected to attend them, it is highly desirable to devote more time than in previous years to this year's Technical Discussions,

RESOLVES:

1. To confirm its approval of the date of 26 September 1966 fixed by the Director for the opening of the XVII Pan American Sanitary Conference, which provisionally shall run until 15 October.

2. To recommend to the Conference that it devote more time than in previous years to this year's Technical Discussions.

The CHAIRMAN submitted the draft resolution on Item 9 presented by Dr. Sutter to the Executive Committee for consideration.

Decision: The draft resolution was unanimously approved. 14/

ITEM 8: PROVISIONAL AGENDA FOR THE XVII PAN AMERICAN SANITARY CONFERENCE, XVIII MEETING OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS (conclusion)

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution on Item 8:

THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CSPI17/1), prepared by the Director of the Bureau for the XVII Pan American Sanitary Conference, XVIII Meeting of

the Regional Committee of the World Health Organization for the Americas; and

Considering that Article 7-F of the Constitution provides that "the provisional agenda of the Conference shall be prepared by the Director of the Bureau and submitted to the Executive Committee for approval," and that pursuant to the provisions in force the Governments may propose items which in their opinion should be considered by the Conference,

RESOLVES:

1. To approve the provisional agenda prepared by the Director (Document CSP17/1) for the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of the World Health Organization for the Americas.

2. To authorize the Director to include in the provisional agenda such additional items as may be proposed in due time by the Governments and by those organizations entitled to propose agenda items.

The CHAIRMAN submitted the draft resolution on Item 8 presented by Dr. Sutter to the Executive Committee for consideration.

Decision: The draft resolution was unanimously approved. 15/

ITEM 5: FINANCIAL REPORT OF THE DIRECTOR AND REPORT OF THE EXTERNAL AUDITOR FOR 1965 (conclusion)

Dr. PORTNER (Chief of Administration, PASB), replying to questions raised during the discussion of the item, explained that of the $36,564 transferred in 1965 from Part III (Field and Other Programs), $24,167 was applied to Part I (Meetings of Governing Bodies). Specific increases in costs over original estimates were: (1) servicing the inauguration ceremony of the headquarters building, local transportation for delegates and distinguished visitors, and additional electronic technicians, $8,655; (2) other temporary personnel for servicing the meeting of the Directing Council, 15 per cent increase in the cost of simultaneous interpretation, overtime for inauguration ceremonies, $6,856; (3) increase in translation of documents for the meetings of the Executive Committee and Directing Council, $6,459; and (4) increase in printing cost of the documents for the meetings, $2,197. The total was $24,167.

A very small increase in Part II (Headquarters) amounted to $12,397 on an original appropriation of $2,171,084. The specific items were:

(1) production of a documentary film on the work of PAHO/WHO, $6,500; (2) PAHO/WHO exhibit at the meeting of the American Public Health Association, $1,000; (3) purchase of copies of the results of the WHO International Conference on Health Education, held in Philadelphia, for distribution to public health and medical health schools, $900; (4) increase in drafting supplies for the Visual Aids Unit, $722; (5) $2,536 for purchase of copies in English of some publications translated into Spanish for distribution in the Caribbean area. Miscellaneous items mounted to $739. That was how the $36,564 taken from Part III was distributed between Parts I and II.

Dr. SUTTER (Assistant Director, PASB), at the request of various members of the Committee, announced the items that would be discussed at the next plenary session.

Mrs. ELDREDGE (Observer, OAS) invited the members of the Executive Committee and other PASB staff to the Latin American Forum at Georgetown University. The first address was to be given by Dr. Walter Sedwitz, Assistant Secretary for Economic and Social Affairs of the Pan American Union.

The CHAIRMAN announced that the Government of Guatemala would present its donation to the Bureau the following day in the presence of the Executive Committee at 12:00 noon in the lobby.

The session rose at 5:35 p.m.
ITEM 15: TRAINING OF AUXILIARY PERSONNEL (conclusion)

The CHAIRMAN called the meeting to order and asked Dr. Sutter to read the draft resolution on the item presented by the Representative of Mexico.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution:

THE EXECUTIVE COMMITTEE,

Considering that the Directing Council, in Resolution XXIX of the XV Meeting, instructed the Director to prepare a study that might serve as a basis for discussion at a meeting of national authorities and international experts to be held for the purpose of formulating a policy on the training of auxiliary personnel; and

Having examined the report of the Director (Document CE54/2) on the study made and the meeting held in implementation of the above-mentioned resolution,

RESOLVES:

1. To take note of the report of the Director on the training of auxiliary personnel (Document CE54/2).

2. To instruct the Director to transmit to the XVII Pan American Sanitary Conference the report prepared by the Study Group as well as a recommendation on the need for ministries of health to organize training for health auxiliaries in accordance with the guidelines recommended by the Group.
3. To recommend to the Governments that they envisage the assistance of the Pan American Sanitary Bureau in such aspects of their programs for the training and use of auxiliary personnel as they deem necessary.

Decision: The draft resolution was unanimously approved. 1/

ITEM 12: RELATIONS OF THE PAN AMERICAN HEALTH ORGANIZATION WITH OTHER ORGS OF THE INTER-AMERICAN SYSTEM (conclusion)

Dr. CALVO (Panama) reported that the working party set up to examine the relations of the Pan American Health Organization with other organs of the Inter-American System had prepared two draft resolutions, the first of which read as follows:

THE EXECUTIVE COMMITTEE,

Having examined Document CE54/4, Rev. 1, on the relationship of the Pan American Health Organization with other organs of the Inter-American System, which contains the report of the Director on the Fourth Annual Meetings of the Inter-American Economic and Social Council at the Expert and the Ministerial Levels;

Bearing in mind the recommendations approved at these meetings relating to health or to activities which the PAHO carries out as a specialized organization of the Inter-American System; and

Bearing in mind Resolution XII of the 52nd Meeting of the Executive Committee and Resolution XV of the XVI Meeting of the PAHO Directing Council, XVII Meeting of the Regional Committee of the World Health Organization,

RESOLVES:

1. To acknowledge the commendable efforts the Director has made at all meetings of the Inter-American Economic and Social Council (IA-ECOSOC) since the approval of the Act of Bogotá, thanks to the persistence and appropriateness of which the importance of health in the social and economic well-being of the peoples of the Americas has been acknowledged at these meetings.

1/ Resolution XIII. Official Document PAHO 71, 36.
2. To take note with satisfaction and interest of Document CE54/4, Rev. 1, which contains the report of the Director on the Fourth Annual Meetings of the IA-ECOSOC at the Expert and the Ministerial Levels, held in Buenos Aires from 15 March to 1 April 1966; the Second Extraordinary Inter-American Conference which was held in Rio de Janeiro from 17 to 30 November 1965; and the Meeting of the Special Committee for the Preparation of Draft Amendments to the Charter of the Organization of American States, which met in Panama from 25 February to 1 April 1966.

3. To transmit the above-mentioned document to the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of the World Health Organization for the Americas, together with the present resolution.

4. To point out the importance which the Fourth Annual Meetings of IA-ECOSOC gave to health in the context of economic and social development of the Americas, as shown in the resolutions approved at the Ministerial Level concerning health and development planning; population; permanent coordination of planning offices and improvement of planning techniques; improvement of statistics of the Latin American countries; social security within the framework of the Alliance for Progress; Statutes of the Inter-American Emergency Aid Fund; study on the future financing of the Pan American Foot-and-Mouth Disease Center.

5. To recommend to the Director that he continue to develop and strengthen the relationships of the Organization with IA-ECOSOC and the Inter-American Committee on the Alliance for Progress (CIAP), with a view to strengthening the incorporation of health activities into programs of economic and social development.

6. To instruct the Director to continue his efforts in the manner he considers most effective to ensure that items relating to the health of the peoples of the Western Hemisphere are included in the agenda of the meetings of the IA-ECOSOC, and that in the notices of the meetings sent to the Governments attention be drawn to the advisability that the delegations of the countries include technicians from the health services so that they may bring their knowledge and experience to the examination of the above-mentioned items.

7. To recommend to the Director that he continue to pay particular attention to the meetings in which amendments to the Charter of the Organization of American
States are dealt with, so as to ensure that health receives proper recognition among the principles which inspire the action of the OAS and, so that, in any amendments which may be made to the Charter of the OAS, the rights which the Organization of American States has already granted to the Pan American Health Organization will be respected.

Decision: The draft resolution was unanimously approved. 2/

Dr. ORELLANA (Venezuela) read the second draft resolution prepared by the working party as follows:

THE EXECUTIVE COMMITTEE

Recommends to the XVII Pan American Sanitary Conference that it approve a resolution along the following lines:

"THE XVII PAN AMERICAN SANITARY CONFERENCE,

Recognizing the importance in the economic development and the nutritional status of the Americas of the Pan American Foot-and-Mouth Disease Center, which receives assistance and support from the Government of Brazil as the host country, is administered by the Pan American Sanitary Bureau, and is financed under the Technical Cooperation Program of the Organization of American States;

Recognizing the important work that the Center has carried out in the field of education and training, advisory services to Governments, and research on various problems with a view to reducing the incidence of the disease;

Bearing in mind the serious financial problem which has arisen from the fact that the budget covering the period 1 April 1966 to 30 June 1967 recently approved for the Center by the Inter-American Economic and Social Council (IA-ECOSOC) at its Fourth Annual Meetings in March 1966 is insufficient to permit the activities to be continued even at the 1965 level;

Believing that the Center has reached a stage in which the expansion of its services is urgently needed to enable it to assist the Governments in the planning and execution of national immunization programs;

Bearing in mind the resolution adopted at the Fourth Annual Meetings of the IA-ECOSOC in March 1966, which recommends that the Organization of American States and the Pan American Health Organization take joint measures to study how to establish a system of payments by the countries with a view to ensuring the permanent and stable financing of the Center; and

Considering that both the Inter-American Development Bank and the World Bank have recognized the economic importance of this program and have informed the Inter-American Committee on the Alliance for Progress of their intention to grant loans to Governments to finance national control programs,

RESOLVES:

1. To emphasize the importance of maintaining the activities of the Pan American Foot-and-Mouth Disease Center, administered by the Pan American Sanitary Bureau, at a sufficient level to enable it to provide Governments with scientific cooperation and technical advice in the planning and execution of national foot-and-mouth disease control programs.

2. To express its concern over the immediate financial situation arising from the inadequate budget approved by the Inter-American Economic and Social Council, which would not even allow activities to be maintained at the present level, and to instruct the Director to examine all possible means of securing greater financial support so as to avoid a reduction in present activities and obtain a gradual increase of that support according to the needs of the program.

3. To express its satisfaction with the fact that as far as long-term needs are concerned, and in accordance with the provisions of the pertinent resolution of the IA-ECOSOC, the Director has begun a study in collaboration with the competent officials of the Organization of American States, in order to draw up a plan for the continuing and stable financing of the Center.

4. To instruct the Director to report to the Executive Committee at its 56th Meeting on the progress made in this regard.
Decision: The draft resolution was unanimously approved. 3/

WELCOME TO DR. IGNACIO AVILA CISNEROS AND TO MR. FRANCISCO PALOMO

The CHAIRMAN welcomed Dr. Ignacio Avila Cisneros, Alternate Representative of Mexico. He also welcomed Mr. Francisco Palomo, Chargé d'Affaires of Guatemala who, on behalf of the Ambassador of Guatemala, would present a painting donated by his Government to the Organization.

ITEM 14: ESTIMATED REQUIREMENTS FOR SMALLPOX ERADICATION IN THE AMERICAS (continuation)

Dr. AGUILAR HERRERA (Guatemala) said that he realized that because there had not been sufficient time it had not been possible to present a more complete document, but he nevertheless considered that it should contain a specific program that would serve as a basis for the budget presented at the end. He asked whether it had in fact been ascertained what would be the level of investment in each country and whether the plan of operations had been clearly determined. What was involved, he understood, was a mass vaccination program in all the countries of Latin America, and he expressed doubts as to whether such a program was really desirable. He believed that efforts should be concentrated on finding a solution to the problem in those countries in which smallpox existed and, perhaps, on a more limited scale, in adjacent countries; at the same time efforts could be made to increase the level of immunity in the others. There was no doubt, in view of the rapid nature of modern communications, there was a constant risk that a case of smallpox could result in the outbreak of an epidemic in some other country that was free of the disease, although that had only actually happened once or twice. He recalled that some five years previously, when his country had decided to undertake a mass vaccination program in accordance with the recommendation of the World Health Assembly, he had been in disagreement, as he had felt convinced that the campaign should have been directed against whooping cough, diphtheria, and tetanus, since Guatemala was free of smallpox as were the neighboring countries, whereas some 3,000 or 4,000 children were dying each year for lack of adequate protection against whooping cough. He pointed out, however, that his position did not mean that his country would fail to comply with the provisions of the International Sanitary Regulations with respect to smallpox vaccination. He still held the view that, at least in Guatemala, it was essential to place only a limited emphasis on the program in question and to use the resources available to deal with more serious problems. He went on to ask from what sources it was expected that the program would be financed.

Lastly, he considered that the objectives of the program and the way in which it was to be implemented, should be reviewed, and that further studies should be carried out with a view to concentrating efforts on those areas in which the problem was truly serious and presenting a detailed program to the Conference.

Dr. CALVO (Panama) shared the concern of Dr. Aguilar Herrera since his country's problem was very similar to that of Guatemala. He did not believe that, in the Central American region, there was much justification for introducing measures against smallpox on the scale proposed, even if action on such a scale were required in other parts of the Americas. It was, he thought, necessary to make such a distinction between countries and to express the program and distribution of expenditure in more precise terms. He said that he would like, for instance, an explanation of why two epidemiologists and two statisticians had been assigned to the area extending from Panama to Guatemala for a period of 48 months at a cost of approximately $300,000, as indicated in Annex 12 of the document under consideration (CE54/3). In those countries in which the disease was practically non-existent, efforts should be concentrated on the protection of the population at airports, seaports, and others, through an effective system of control of the vaccination of international travelers, and through the maintenance of adequate vaccination coverage.

In conclusion, he said that it would be difficult to explain to Governments and to peoples why a mass vaccination program of that nature was to be carried out in countries in which no cases of smallpox had occurred and, accordingly, suggested that consideration be given to limiting the program to those areas in which it was justified.

Dr. YEPEZ (Ecuador) requested more details on the information contained in Annexes 13, 14, and 15 (Document CE54/3, Addendum 1).

Dr. HUERTA (Regional Adviser, Communicable Diseases Branch, PASB) explained that the table in Annex 13 showed the distribution of expenditures that would arise in connection with international personnel assigned in the various countries for the period of the program; Annex 12 referred to the period of time for which those experts would work in the various areas; the table in Annex 14 contained a summary of the total cost of international assistance and, finally, Annex 15 summarized all the data. The tables had been prepared at the request of Governments themselves and in accordance with information provided by them.

Dr. ORELLANA (Venezuela) observed that it should be remembered that what was under consideration was an eradication program, with special features and a specific objective in time and space and, if it was not undertaken as such, it would become nothing more than a control program, with the tremendous disadvantages that that entailed. As an eradication program it should possess the special features with respect to flexibility, organization, and financing required for such programs.
He shared the doubts expressed by other representatives with respect to the program's coverage in the various regions of the Hemisphere, and noted that, if it proved difficult for those areas free of smallpox to accept it as an eradication program, the dilemma would then arise as to whether efforts should be concentrated on areas that constituted the focus of the disease, while at the same time stimulating maintenance activities elsewhere, or whether all those measures should be undertaken in the form of a single program as outlined in Annex 14 of the report under consideration.

He was confident that the documentation presented as a preliminary report to the Executive Committee would be amplified and extended with a view to submitting a fuller and more detailed plan for consideration by the XVII Pan American Sanitary Conference.

Lastly, as a public health official, he pointed out that an examination of the over-all picture of the status of smallpox in the Americas should convince everyone that administrative problems alone were the reason for the persistence in some countries of the Hemisphere of the only disease for whose prevention completely effective means existed, although it had proved impossible to apply them for lack of adequate facilities.

Dr. QUIROS (Observer, Peru) remarked that, in practice, smallpox was practically concentrated in those countries that shared a common frontier with Brazil, which was the principal focus of the disease in the Hemisphere. On the other hand, eradication programs had been in existence for many years in several countries and, as had already been pointed out, many of them were free of the disease and were in the maintenance phase. He therefore supported the views expressed by the Representatives of Guatemala, Panama, and Venezuela, that it would be preferable to start with the principal focus and urge those countries in the maintenance phase to intensify their vaccination programs, without attempting to start anew a full continental eradication program.

Dr. YEPEZ (Ecuador) said he believed that an important factor was the high priority that should be given to the eradication program, not only in the Americas, but throughout the world. The eradication campaign should continue, despite the problems that existed with respect to other infectious and childhood diseases, otherwise there was a risk that even higher costs, efforts, and loss of time would be involved. He considered that the estimates of expenditure for the various countries should be based on the existing status of their national programs, a proportionately higher degree of consideration being given to those countries in which the eradication program would have to be initiated.

Dr. Calvo (Panama) took the Chair.
Dr. FERREIRA (Brazil) said that he supported Dr. Orellana's comments in that what was involved was an eradication program. Such a definition of the nature of the program justified a change in attitude with respect to the resolution to be adopted by the Executive Committee, since what was important was not that the problem was much smaller in some countries than in others, but rather that once a single case of the disease occurred, it could not be regarded as having been eradicated. No country in the Americas could regard itself as absolutely certain that there was not one among its population susceptible to the disease. It was therefore necessary to draw up an over-all plan, carefully prepared, which would of course not be perfect and would be subject to modification. Under existing circumstances, countries could be divided into three categories: those in which smallpox cases were reported, those that had freed themselves of the disease, but had been reinfected by cases from neighboring countries, and those that had had no cases, although the possibility of the introduction of the disease could not be ruled out.

He recalled that PAHO and WHO had made numerous recommendations, in which they had clearly expressed the view that smallpox should be eradicated from the Hemisphere. It was therefore necessary to consider whether the time had arrived to initiate an eradication program in all the countries or not. He shared the view of the Representative of Ecuador that, in carrying out an eradication program on a continental scale, it would be undesirable to treat those countries that had reached the consolidation phase in the same way as those in which smallpox still existed. The program under discussion indicated the priorities and on that basis Brazil would absorb 60 per cent of the estimated cost. It should be recognized that Brazil constituted a potential danger, and not even the most distant countries, such as the United States of America, were free from the threat of an imported case that might lead to the outbreak of an epidemic. An eradication program was therefore necessary, although, naturally, the plans of operation would vary in accordance with the conditions existing in each country.

In conclusion, he reiterated the views of his Government, that there should be no delay in taking the measures necessary to carry out the smallpox eradication program, whatever the nature of the administrative and financial difficulties that might arise.

The CHAIRMAN believed that all the Representatives were agreed that the program should be carried out and that the only differences appeared to be in connection with the way it should be done, which would depend on the extent of the problem in the various countries.

Dr. Ferreira (Brazil) again took the Chair.
Dr. BLOOD (Observer, United States of America) called attention to the fact that they were all committed to smallpox eradication and had so voted on numerous occasions. However, he questioned how it was to be done and how they were to proceed. From the document under discussion he had gathered the impression that the countries which had already eradicated smallpox and were in danger of becoming reinfested should take on the responsibility of financing the campaigns in other countries to prevent reinfection. He cited a statement from the document to the effect that "it had been stated on more than one occasion that in order to eradicate smallpox the countries need more assistance from abroad."

Dr. Blood stated that the statement was contrary to the experience in Mexico, Central America, Panama, and the Caribbean area. Certain epidemiological implications of the situation had to be considered. There had been no transmission of smallpox in the United States of America, Canada, Mexico, the Central American countries, and the Caribbean for more than a decade. The same was true for large areas of South America, though there had been reintroduction in areas previously freed of the disease. At the same time, there had been no record of reintroduction of smallpox from other regions of the world. Dr. Blood stated that it was important to watch the movement of the virus by the land routes because of the isolated cases that went by unnoticed until the disease had become widespread. The important point, then, was the elimination of the disease in countries where it was endemic. The countries that had succeeded in eradicating smallpox were not only prepared to continue protecting themselves against reinfection but also to assist those which had so far failed to eradicate the disease.

Dr. Blood then called attention to Resolution XIX 1/ of the XIII Pan American Sanitary Conference, in which it had resolved to recommend to the countries that they develop systematic programs of smallpox vaccination and revaccination with a view to eradicating the disease, and to develop those programs under the auspices of the Pan American Sanitary Bureau which, in agreement with the interested countries, should take the necessary measures to solve the problems which might arise in the control of smallpox, whether they be of a sanitary, economic, or legal nature.

In conclusion, Dr. Blood recommended that the estimates in the document under discussion be refined, that plans to combat the disease be included, and that the refined estimates be presented for consideration of the XVII Pan American Sanitary Conference.

Dr. MARQUEZ ESCOBEDO (Mexico) stressed the need to take into consideration the resolutions concerning smallpox eradication in the Americas that had been adopted since 1949 by the Executive Committee, the Directing Council, and the Pan American Sanitary Conference, and, in view of the potential danger that smallpox represented for the entire Hemisphere, could see no reason why a campaign on a continental scale should not be undertaken to secure the eradication of the disease.

1/ PAHO Publication 261, 159-160.
If the document under consideration did, in fact, have some shortcomings, it was important to bear in mind that such a program, to be undertaken on a continental-wide scale, should necessarily be flexible, so that it could be adapted to meet special circumstances and needs, as they arose.

Dr. QUIROS (Observer, Peru) requested an explanation as to why, in the table shown as Annex 13 of the document, certain countries had not been included, such as the United States of America and Canada, which belonged to the Americas and in which no cases of smallpox had been reported. He further asked whether the estimates had been based on the current status of smallpox in each country.

The session was suspended at 11:05 a.m. and resumed at 11:30 a.m.

Dr. JURIĆIC (Observer, Chile) considered that the discussion should not lose sight of the fact that the question at issue was the eradication of smallpox from the Americas and all that that represented in economic terms to countries in which the disease existed, as well as to those that were free of it. He stressed the need for countries that had succeeded in eradicating the disease to continue to maintain high levels of immunity, so as to prevent any reinfection and referred to the case of Peru, which had been free from smallpox for many years, but where there had recently been an outbreak of the disease as a direct consequence of low vaccination levels. In Chile there had been an extremely severe epidemic in 1950 and, although it had been of a minor form of smallpox, it had involved more than 5,000 cases, and made it necessary to revaccinate the entire population. For that reason, he stressed that it should be clearly understood that the smallpox eradication program applied to the Americas as a whole and that no country could remain outside of it.

Dr. HUERTA (Regional Adviser, Communicable Diseases Branch, PASB) stated that smallpox eradication in the Americas presupposed, on the one hand, the elimination of the disease in those countries in which it currently existed and, on the other, the adoption of the necessary precautionary measures in countries that had succeeded in eradicating it, with a view to preventing reinfection. A highly effective vaccine and an efficient procedure for its use were available and if it were given to a minimum proportion of the susceptible population, the disease would disappear. There was no doubt, however, that certain priorities would have to be established. The program should be implemented first in those countries in which smallpox existed; it should then be carried out in countries that had successfully eradicated the disease and in which maintenance programs were in operation; and lastly it should be undertaken in countries in which smallpox did not exist. He pointed out that, as had been stipulated by the Directing Council at its XVI Meeting (Resolution XXX), responsibility for the organization and

execution of programs lay with the Governments concerned, taking into account the prevailing epidemiological conditions and the funds available in each country.

The preliminary report under consideration indicated the kind of assistance that Governments considered would be necessary to carry out their eradication programs, which fell into three stages: vaccination, maintenance, and epidemiological surveillance services. The latter included the diagnosis of smallpox by clinical, epidemiological, and laboratory methods, and systems of recording information covering notification, recording, tabulation, analysis, interpretation, and publication of data. He understood that the figures relating to the individual contribution of each country were subject to review by the interested parties. Based on the information obtained, of 26 countries and territories consulted, replies had been received from 14 whose budgets included appropriations in domestic currencies, for eradication programs, national smallpox vaccination programs or maintenance programs, and epidemiological surveillance services. The total sums appropriated in the budgets of the 14 countries were equivalent to $14,074,594 and the international contribution to the program came to some $7,000,000. He pointed out, however, that the information presented could be updated through consultations with Governments in the period between the Committee meeting and the Conference, so as to be able to submit a fuller report to the latter.

He emphasized the importance of smallpox vaccination programs, and observed that they could be undertaken either as a vertical program or as part of a multiple vaccination program, provided that they were carried out within a short period of time. If vaccination programs were to be effective they had to be undertaken simultaneously to prevent reinfection in neighboring countries already free of the disease. Moreover, if programs were undertaken simultaneously, it made the maintenance phases much easier.

The priority that the Organization had given such programs was evident when it was considered that, in the period between 1958 and 1964, the Organization's contribution to the countries amounted to $614,647, and when it was realized that the major contributions had been made to those countries in which smallpox existed. The same criteria had been adopted for PAHO contributions in 1965 and 1966.

Referring to the question raised by the Representative of Guatemala on the previous day, Dr. Huerta stated that Annex 14 of Document CES4/3, Addendum I, indicated the kind of international assistance that countries had requested, and he observed that only one group of countries had asked for financial assistance for salaries and per diem allowances of national personnel, whereas almost all the others had requested technical assistance. The distribution of personnel by groups of countries had been adopted as it had appeared to be the most appropriate.
He went on to refer to the concern that had been expressed by the Observer of Chile at the fifth session over the problem of the reporting of cases on the completion of the eradication program and he emphasized the need for care to ensure that the correct diagnosis was made, a function that was the responsibility of the epidemiological surveillance service, which made diagnoses by clinical, laboratory, and epidemiological methods. There was no doubt that laboratory methods of diagnosis would become increasingly necessary for, as the number of smallpox cases was reduced, the skill of doctors in making clinical diagnoses would progressively disappear. He stated that during 1966 two international courses would be held at the Adolfo Lutz Institute in Brazil in laboratory techniques for the diagnosis of smallpox and that six physicians would attend each course. It was important to bear in mind that it was not only necessary to have trained personnel but also to have laboratories with the resources needed to carry out the corresponding tests. That was why the training of personnel would have to be staggered.

In regard to the question raised by the Representative of Panama, Dr. Huerta pointed out that the epidemiologists would participate in the preparation, organization, and evaluation of programs, whereas the statisticians would organize all the procedures for the recording of data.

Finally, he stated that he had replied to the question raised by the Representative of Ecuador by informing him personally of the communicable disease projects for his country.

Dr. HOFWITZ (Director, PASB) considered that the most difficult of the questions raised had been the one of the Representative of Guatemala with respect to the way in which the campaign was to be financed and, in replying to it, it would save time if he read operative paragraph 5 of the resolution proposed by the Representative of Brazil, which was worded as follows:

"To recommend that Governments give one another reciprocal assistance, either directly or through PAHO/WHO, such as in the granting of loans or bilateral subsidies, technical assistance, operational personnel, vaccines, and supplies and equipment for smallpox eradication campaigns."

Turning to the current situation, he stated that the resolution approved by the Eighteenth World Health Assembly had referred to the need for a total international investment of some $30,000,000 to attain the eradication of smallpox throughout the world in a 10-year period. The Director-General of WHO had included in his proposed budget for 1967 the sum of $2,400,000, an amount on which the forthcoming Assembly would have to make a decision. Of that total, the Organization had

proposed, prior to the study made, an allocation of $745,000 for the Americas, to be used in those countries of South America that had had smallpox cases or were currently dealing with such cases. Moreover, as had been clearly pointed out, there was no reason why other countries that had fortunately been free of the disease for some or even many years, should not revitalize their immunization campaigns in a manner consistent with their various needs.

He observed that it had been suggested and also agreed in conversations with the Director-General of WHO, that it would be desirable to incorporate the international contribution for smallpox eradication in that Organization's regular budget, depending of course on the Assembly's decision with reference to the Director-General's proposals and those formulated by the Regional Committee for the Americas. If the funds needed could be obtained from that source, the financial resources of PAHO could be allocated for other equally important projects. With specific reference to the question put forth by Dr. Aguilar Herrera, he explained that insofar as financing of the program was concerned, much would depend on the decisions made by the Nineteenth World Health Assembly in May 1966 and, of course, on the prospects of obtaining the full allocation to which he had referred. He drew attention to the fact that in 1966 the funds available for smallpox had been increased threefold by the special allocation of $154,000 from PAHO's regular budget to Brazil for its immunization activities in the northeast of the country, a sum that had already been invested, bringing the total allocated to the disease by the Pan American Sanitary Bureau to $224,000.

Since the primary difficulty that would arise would be in connection with local costs of personnel and equipment, he regarded as very sound the suggestion of the Representative of Brazil that Governments should give one another reciprocal assistance, such as the granting of loans for projects similar to those already being undertaken by some Governments for the eradication of malaria. It might well happen that the principal obstacle with which they might be confronted at any stage, would be the payment of local personnel and the acquisition and purchase of jet injectors, which appeared to be the method most likely to be generally adopted throughout the Hemisphere.

He thought that PASB could concentrate its efforts on the first stage in the systematic organization of programs in the various countries, without overlooking the fact that over the past 15 years the incidence of the disease had been very considerably reduced in the Americas. The Organization had such confidence in the training of health experts in the Americas that there was no doubt whatever that Governments, drawing on their own intellectual resources, would prove capable of bringing the undertaking to a successful conclusion and that the Hemisphere would enjoy the distinction, among the nations of the world, of having removed a scourge within a remarkably short period of time.
The CHAIRMAN announced that the draft resolution on the item prepared by the Representative of Brazil would be put to a vote and requested Dr. Sutter to read it.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution:

THE EXECUTIVE COMMITTEE,

Having examined the report of the Director on the estimated requirements for smallpox eradication in the Americas (Document CE54/3 and Addendum I);

Bearing in mind the importance of the smallpox problem for public health in the Western Hemisphere, as has repeatedly been emphasized by the Governing Bodies of the Pan American Health Organization and of the World Health Organization, which have declared that this disease should be eradicated;

Considering that failure to coordinate national smallpox vaccination programs and to carry them out simultaneously has an adverse effect on the conduct of such programs and occasions considerable damage not only in the health field but also to the economy;

Aware of the serious difficulties resulting from the lack of consolidation programs and of epidemiological surveillance services; and

Bearing in mind that it is essential to increase international cooperation so as to cope with the problems which the countries cannot solve with their own resources,

RESOLVES:

1. To take note of the report presented by the Director in Document CE54/3 and Addendum I.

2. To recommend that both the PAHO and the WHO satisfy the requests for assistance submitted by the countries and include in their budgets the necessary allotments for the provision of advisory services to Governments in the field of smallpox eradication.
3. To express the hope that the United Nations Children's Fund (UNICEF) will assist the countries carrying out smallpox eradication programs.

4. To recommend to the Governments that they bring their influence to bear in international credit agencies with a view to having these agencies include in their credit policy the award of loans for national smallpox eradication programs.

5. To recommend that the Governments give one another reciprocal assistance, either directly or through PAHO/WHO, such as in the granting of loans or bilateral subsidies, technical assistance, operational personnel, vaccine, and supplies and equipment for smallpox eradication campaigns.

6. To recommend to the countries that they make use of all available human, technical, and material resources, both national and international, regardless of origin, to ensure the execution of smallpox eradication programs.

7. To recommend that the Governments solve their administrative, financial, and staffing problems so that smallpox eradication programs may be carried out as expeditiously as possible.

Dr. AGUILAR HERRERA (Guatemala) thanked the Director for his statement on the financing of the programs under consideration and requested the inclusion in the draft resolution of a further paragraph recommending that the Director take such action as might be necessary to supplement the report for presentation to the Pan American Sanitary Conference.

Dr. QUIROS (Observer, Peru) recalled that when the smallpox problem was presented to the WHO Executive Board in January 1966, it had been pointed out that the countries that had eradicated the disease were investing more than $20,000,000 in their maintenance programs, and that it would be desirable for them to assist those countries that had not yet freed themselves from the disease, with a view to securing its eradication in all countries which would, in turn, make such expenditures unnecessary. Such a policy could be adopted in the Region of the Americas, with the financial assistance of the Government of the United States of America.

Dr. CALVO (Panama) supported the proposal of Dr. Aguilar Herrera and suggested that the Director might include in his report to the Conference some reference to the aspects raised during the discussion. Also, he proposed that in operative paragraph 6 of the draft resolution, the words "... that they make use of all available human, technical, and material
resources, both national and international, regardless of origin ..."
should be replaced by "... that they make as much use as possible of
such human, technical, and material resources as are available, both
national and international, ...

Dr. ORELLANA (Venezuela) proposed that in the third paragraph of
the preamble the word "acarrea" be changed in the Spanish text.

The CHAIRMAN proposed that the Representatives of Guatemala,
Panama, and Venezuela study the amendments that had been suggested and
present a final draft at the next session.

It was so agreed.

The session rose at 12:10 p.m.
ITEM 14: ESTIMATED REQUIREMENTS FOR SMALLPOX ERADICATION IN THE AMERICAS (conclusion)

The CHAIRMAN called the session to order and announced that the three amendments to the draft resolution on the item would be read.

Dr. ORELLANA (Venezuela) read the amendment he had proposed to the third paragraph of the preamble as follows:

"Considering that failure to coordinate national smallpox vaccination programs and to carry them out simultaneously adversely affects not only the conduct and cost of such programs but also the health field in general;"

The CHAIRMAN, speaking as Representative of Brazil and author of the original proposal, accepted the amendment presented by Dr. Orellana.

Dr. SUTTER (Assistant Director, PASB) read the amendment proposed by Dr. Aguilar Herrera, Representative of Guatemala, and Dr. Calvo, Representative of Panama, consisting of adding a paragraph between paragraphs 2 and 3 of the operative part, which would read as follows:

"To recommend to the Director that he continue the efforts to complete the smallpox eradication plan, that he expand the report contained in Document CE54/3 and Addendum I to cover the measures taken in different countries of the Americas, and that he present the expanded report to the XVII Pan American Sanitary Conference."

The CHAIRMAN announced that the third amendment, proposed by Dr. Calvo, Representative of Panama, with reference to paragraph 6 of the draft resolution would be read.

Dr. SUTTER (Assistant Director, PASB) read the amendment, which would alter paragraph 6 of the draft resolution to read as follows:
"To recommend to the countries that they make as much use as possible of such human, technical, and material resources as are available, both national and international, to ensure the execution of smallpox eradication programs."

Decision: The draft resolution, incorporating the three amendments, was unanimously approved. 1/

Dr. HORWITZ (Director, PASB) announced that, with reference to the survey on current conditions in the Hemisphere regarding the eradication of smallpox and since the Health Statistics Branch of the Bureau was receiving reports from the countries for the preparation, in turn, of the four-year report on Health Conditions in the Americas, 1961-1964, 2/ the survey data would be coordinated with the information supplied by the countries in order to standardize figures on population, resources, morbidity, and mortality as a basis for the formulation of programs. Consequently, a second report would be made available to the Conference which would provide a better financial foundation based on the decisions to be taken by the Nineteenth World Health Assembly in May, with respect to financing for the world program of smallpox eradication.

ITEM 17: SUPPLY OF TEXTBOOKS FOR MEDICAL STUDENTS

Dr. VILLARREAL (Chief, Medical Education Branch, PASB) presented Document CE54/14 3/ on the item and stated that the process of social development of the Hemisphere was aimed ultimately at the attainment of a better society. Since man was the object of such social betterment, it was essential, in turn, to improve his capacity. Therefore, the basic nature of education could be defined as a type of training for social development. The general need for reforming educational systems in order to endow them with the content required by social development was specifically expressed in the demand for a higher level of university achievement. Latin America required physicians, physicists, chemists, agronomists, and others, whose training was consistent with scientific progress and modern technology. That higher professional caliber could not be attained if teachers and students lacked suitable materials and equipment. Without the essential elements, the best will in the world was powerless to act. The Pan American Health Organization was keenly interested in a project which, if implemented in full, could meet the need for good textbooks for medical students.

The importance of textbooks was fundamental and the shortage and poor quality of such texts was one of the most difficult problems currently

2/ Scientific Publication PAHO 138.
3/ Mimeographed document.
confronted by medical education programs. For that reason, the Organization had given particular attention to initiating studies designed to determine the advisability and prospects of executing the project by the most desirable means. Initial financing might be provided that would make it possible to supply a sufficient number of texts to the medical schools. Thereafter, the program would be financed by simple procedures to be established in each of the universities participating in the program.

Such measures might consist of financial contributions made by the universities in annual installment, rental fees paid by the students for the textbooks, sale on easy payment terms, or a combination of any of those methods.

With a view to a preliminary study of the project, the Organization had requested and obtained the advisory services of Dr. Alejandro Jiménez Arango, Dean of the School of Medicine of the National University of Colombia, and Dr. Hugo Trucco, Professor of the School of Medicine of the University of Concepción, Chile, who visited 36 schools of medicine in 12 Spanish-speaking Latin American countries. During those visits, the advisers obtained data on the current status in each of the countries and schools with respect to study texts, nature and scope of the problem, solutions adopted, and major difficulties entailed in furnishing medical students with textbooks. In collaboration with the Pan American Federation of Associations of Medical Schools and the Brazilian Association of Medical Schools, a similar study of medical schools in Brazil had been conducted. The result of both studies could be summarized as follows: there was an obvious shortage of textbooks, since no medical school had sufficient library stocks to satisfy the ever-increasing student demand. The sale price of the few available books was excessive in relation to the financial situation of the students and the budget possibilities of the universities. Most of the available texts were published in English, yet only a few students were able to study in any language other than their own.

According to the students and teachers, many of the textbooks on hand were outdated and the budgets for medical school libraries were inadequate. All had agreed that the project of the Organization designed to supply textbooks for medical students was of such broad scope and great urgency that it should be implemented as soon as possible. The program should begin with the first years of instruction and expand gradually. It was considered most desirable to make an initial contribution of books to each school as a starting step in setting up a true "book bank," a system similar to the revolving fund established, for example, at the University of Valle, Cali, Colombia; the University of Asunción, Paraguay; in collaboration with the W.K. Kellogg Foundation; and at Zulia University, in Maracaibo, Venezuela.

The program proposed to supply textbooks to all students in each course with a maximum total of 200 copies per course. In 1963 the status of medical schools, students admitted and graduated, and total enrollment
in Latin America, in terms of numbers, was as follows: 110 schools (currently 112) with 83,568 students, of whom about 15,000 were admitted to first-year studies and about 6,200 graduated. First-year admissions broke down as follows: 97 schools admitted an average of 70 students and 13 admitted more than 200 students; six in the latter group admitted more than 400 students and one recorded more than 2,000. The Pan American Health Organization planned to supply as many textbooks as were required to the 97 schools in the first group and to furnish a maximum of 200 copies to the remaining 13 schools, making a total of 9,300 textbooks. That implied that each text should be published in a minimum edition of 20,000 copies, of which 15,000 would be sold to 50 per cent of the students over a period of three years and 5,000 would be rented to the other 50 per cent for the same period. The Organization proposed that textbooks be prepared for 22 of the subjects in the medical curriculum and that such texts should be published in sets, beginning with those required for the first year of study.

The advantage of publication by sets was that within the first three years a sufficient number of books would be published to supply the total market for the group of corresponding subjects and, since the duration of the editions would be three years—the useful duration of a textbook in terms of material durability and up-to-dateness—the editions would not begin to overlap until the fourth year of printing. The success of the program would depend largely on the teachers' and students' acceptance of the textbooks. To ensure such acceptance, each school would designate from among its faculty members four or five candidates as members of an expert committee in each subject, which would select the books to be published. Under that procedure, the members of a specific expert committee would have been proposed by the Latin American professors of the subjects concerned and, at the same time, chosen from among their own group.

The expert committee would be responsible for selecting or preparing the texts to be published. The professors would accept the texts provided they had participated in selecting the respective committee. The expert committees would meet by subject groups, it being considered that the basic sciences and introduction to the scientific method should be covered first, followed by their application to the healthy individual and, finally, to the ill individual. Therefore, the program should cover the subjects of the first years of the curriculum as a point of departure in order to orient student attitudes from the start of university life and simultaneously modernize medical methods and teaching.

If the expert committee should decide that a suitable text for use on the hemispheric level was available in a given subject, it would be printed and distributed to the corresponding schools. If, on the other hand, there were no such text, the committee should select the necessary chapters from various texts, editing them to provide coherence, or select specialists to write the chapters required to make a complete and useful book. Finally, the expert committees would maintain contacts with the
Organization in order to update the textbook so that its publication and distribution would constitute a dynamic and continuing program. That liaison between PAHO and the expert committees would be established in the agreements entered into by the Organization and the medical schools and would enable the teachers using a text to keep the Organization informed on its use, to criticize the book, and to provide the respective committees with the data required for evaluating the program.

Such information would serve the committees as a criterion for revising the second edition of the texts and would also enable them to make changes designed to strengthen the program.

The medical schools included in the program would receive approximately 10,000 copies of the first editions in the first year on the basis of an agreement to be reached between the Organization and the respective Governments. Those agreements would assure continuity of the program by means of a system for recovering the cost of the books supplied. Such a system might offer various alternatives. Under the first, the school would sell the text to the student at cost plus a percentage for reserves. The sale would be made on a term of 10 months, since the student, before continuing on to the following course, should make his own decision as to whether to keep the book or resell it to the school. In the first instance, the school would have recovered the cost of the books, which could be used to order the second shipment of texts for the new group of students, in a continuing cycle.

If the student should decide not to keep the book, he would sell it to the school for a fraction of the initial purchase price prorated to amortize the cost of the book over three years.

The second alternative would be for the school to rent textbooks to the students, in which case the cost of book replacement should be divided by 30, representing the number of months of useful book life and of prospective rental. In that way, a student could, if he wished, purchase his rented book and the amount paid in rental fees would be deducted from the sale cost, enabling the school to recover the total value of the book.

If, on the other hand, the student did not wish to acquire his rented book, the text would continue to be rented out during the three years of copy life, after which time the school would also have recovered the total cost of the book rented.

A very careful study had been made of cost estimates. Printing costs had included the items corresponding to copyrights, translation into Spanish and Portuguese, revisions and corrections, printing, binding, distribution, etc. The cost of the expert committees and of program administration had also been estimated, including the services of consultants. According to that calculation, based on an edition of
20,000 copies per book, the price would amount to $4.96 a copy. Those costs represented general requirements for the first five years, which totaled approximately $3,200,000, as indicated on page 3 of Document CE54/14.

It was expected that during that five-year period revenue deriving from the sale or rental of books would amount to $1,700,000, which would assume a net capital investment of $1,500,000 at the end of the period. Thereafter, the system would be completely self-financing, with recovery of much of the invested capital.

Preliminary discussions had been held with the Inter-American Development Bank with a view to obtaining a loan of $3,200,000 to underwrite financing of the gross cost and establish a revolving fund for future operation of the system. It was hoped that long-term financing over 20 years could be secured at low interest with an initial grace period of about six years before repayment would begin. Pursuant to the financial agreements under study, the Organization would agree to begin amortization payments in 1971 or 1972. That would involve, at most, a disbursement of $100,000 per annum over 20 years. If, as expected, the system should offer the possibility of recovering a major share of the investment, the financial cost entailed for the Organization would be reduced by a corresponding amount. It was believed that the enormous benefits that system would provide for the teaching of medicine in the Americas justified the investment proposed by the Organization.

In closing, Dr. Villarreal read a letter from the President of the Inter-American Development Bank to the Director of the Bureau, in which he expressed his interest in the medical textbook program and acknowledged the great significance of that proposal.

Dr. AGUILAR HERRERA (Guatemala) had been very favorably impressed by the program. The procurement of textbooks for satisfactory studies had consistently posed a serious problem for the Latin American medical schools. Not only had there been a shortage of books, but, in general, those utilized were written in a foreign language that not all of the students could follow, a fact that served to accentuate study difficulties and problems. The program offered the possibility of supplying medical students, professors, and the schools themselves with textbooks analyzed and recommended by an expert committee and published in the language of the country itself, at low cost and on easy conditions. That step would obviously satisfy the aspirations of those who understood the problems of the medical schools. The program costs had been clearly outlined, financing prospects had also been carefully explained, and presentation of the other details of the plan was such as to ensure immediate approval of the entire project.

Dr. Aguilar Herrera also fully agreed that the Director of the Bureau should be authorized to continue negotiating the funds and to attempt to obtain them as promptly as possible so that the program could be launched without delay.
Dr. ORELLANA (Venezuela) considered the program to be one of the most attractive and significant ones proposed by the Organization in behalf of medical education in the Hemisphere and was convinced that it would have an extremely important impact.

With reference to the system of financing through the IDB, the speaker asked whether it would consist of direct loans from the Bank to the Organization or of loans to the schools, school associations, Governments, or other bodies. He queried what actual type of assistance had been offered by the IDB.

He added that the selection of materials would not entail any major difficulty, since the vast store of experience accumulated in the Hemisphere would make it a simple matter to determine the subjects for which textbooks were most urgently needed. On the other hand, problems might well be encountered in the selection of the textbook itself. Although science was a universal field and should be taught along the same lines in any part of the world, the inevitable differences of opinion might create problems. The expert committees were designed to resolve that situation. However, Dr. Orellana questioned whether it was possible to form an expert committee that would represent the prevailing opinion in 112 schools of medicine. A very large committee with a very carefully chosen membership would be required in each case. Thirdly, the speaker referred to the subjects that might be selected. He believed that the experience of the schools would determine such selection, but in his view preferences would lean toward the field of basic sciences. He called attention to the lack of textbooks on preventive medicine, a subject which was beginning to assume some importance in schools in the Americas. That field would call for textbooks on epidemiology, statistics, social sciences, nutrition, etc., a need that should not be overlooked.

Finally, Dr. Orellana referred to the part of the program mechanism already financed and to the time the books would be in print. How would those be distributed to each school? According to the document presented, the schools of medicine included under the program would receive about 100,000 copies of the first edition on the basis of an agreement to be reached between the Organization and the respective Governments. However, the medical schools were autonomous, since they formed part of the universities, and the Governments could not enter into agreements on their behalf. He therefore asked whether it meant the Governments, university governing boards, or only the schools. In his opinion, direct agreements with the schools would be the simplest procedure.

In closing, Dr. Orellana stated that nothing would please him more than to see the program in operation in the very near future.
Dr. JURICIC (Observer, Chile) stressed the extreme importance of the project. The problems encountered in securing textbooks in their original languages were often insurmountable, and the situation was even more difficult with respect to translated texts. That program would solve most of the problem. As outlined by Dr. Villarreal, the program appeared quite realistic, but the speaker felt that even though Dr. Villarreal’s estimates might be optimistic, should the Organization be obliged to underwrite the entire $3,000,000, that would still be the best investment it had ever made.

Dr. MARQUEZ ESCOBEDO (Mexico) said that the program was to be highly recommended from every standpoint and promised satisfactory and important results in the training of future physicians of the Americas.

Two other advantages offered by the comparatively easy acquisition of textbooks should also be taken into account. One was related to educational unity. Through the expert committees who had proper training, a series of textbooks standardized in terms of education or philosophy of education would be made available. The second extremely important consideration was the possibility of participating in the publication of all texts relating to the teaching of preventive medicine and medico-social care, in other words, the books required by medical science from the standpoint of the practice of social medicine.

Dr. WEDDERBURN (Jamaica) asked whether the textbook program would benefit the English-speaking universities such as the University of the West Indies in Jamaica, since the discussion had dealt solely with books in Spanish and Portuguese and no mention had been made of books for English-speaking students.

Dr. QUIROS (Observer, Peru) also praised the program and pointed out that its purposes should not be confined solely to securing textbooks for medical students but should include all those engaged in the public health field, since the textbook requirements of other professionals were even more urgent than those in the medical field.

Dr. CALVO (Panama) also emphasized the significance of the project, which would undoubtedly be supported by all the Latin American countries. He agreed with Dr. Orellana on the need for providing texts for the teaching of preventive medicine and public health in the medical schools. He recommended that a series of truly Pan American texts should be produced under that important program, and, in response to Dr. Wedderburn, stated that the translation of such texts into their own language would benefit the English-speaking West Indian countries.

In closing, the speaker congratulated Dr. Villarreal and encouraged him to launch a great effort to promote Latin American public health attitudes in the education of future physicians.
Dr. YEPEZ (Ecuador) emphasized the advantage implicit in standardizing medical texts, supplying basic knowledge and, at the same time, orienting future physicians in the field of public health.

Mrs. SHEPARD (Library Development Service, OAS) congratulated Dr. Villarreal on the project presented. She considered one of the most serious problems in Latin American education to be the lack of textbooks ranging from the primary to the university levels. She pointed out the difference between books in general and textbooks in particular. By definition, the textbook was a synthesis of a subject that might represent the essential points to be found in a great number of books. In contrast, books for general reading purposes served to provide information on many aspects. The textbook was designed for teaching and study. In the field of medicine and public health, the textbook was probably more important than the general reading book, but the latter could also be considered as a text.

There was an obvious lack of books of every type in Latin America which included not only translations but even those written by Latin American authors. Many universities were stressing study of the basic sciences for all major fields. The textbooks were necessary not only for student study but also for better development of Latin American libraries. Many libraries were simply collections of books and not, as they should be, dynamic institutions at the service of the student. But the cost of textbooks made it essential to collect many copies for loan to the students; the libraries spent all their money on textbooks and their staffs devoted all their time to organizing and lending such books. More advanced students requiring a different type of book and professors endeavoring to conduct research lacked bibliographic services designed to meet their needs.

The Pan American Union had attempted to solve that problem by various means, and that was also one of the goals of the Alliance for Progress. The Pan American Union was also engaged in drawing up a plan for a selected list of books that should be stocked in all university libraries throughout Latin America. She also noted that the use of offset equipment sharply reduced book costs. Finally, she pointed out that the Inter-American Institute of Agricultural Sciences had published textbooks on agriculture translated from the original language using its own equipment.

Dr. VILLARREAL (Chief, Medical Education Branch, PASB) explained that, following receipt of a letter from the President of the IDB, a series of meetings had been held with officers of that institution on both the legal and technical aspects of the program; according to information received to date, there was no obstacle to the granting of a loan by the Bank to an international institution such as PAHO. The support of the Executive Committee would be very useful in that connection.
With reference to the selection of subjects, preventive medicine was included in the first group of the prepared lists, by reason of the priority assigned to it by the PAHO within its medical education programs. It had, of course, been placed in the first group, together with the rest of the basic sciences, precisely because it was considered to be a fundamental subject.

To ensure distribution of the books to students, the speaker added that the document called for the establishment of general agreements with the Governments, following the Organization's policy; subsequently, individual agreements would be reached with medical schools and universities. In that connection, the role of the national associations of medical schools would be very important, according to the observations of the consultants and of Dr. Villarreal himself.

The Organization had also considered a mechanism for distributing textbooks to the medical schools in Jamaica and Haiti in their respective languages. The proposed program would undoubtedly be extended to include other sciences related to health in schools other than the medical colleges.

Dr. ORELLANA (Venezuela) supposed that complex situations might arise in connection with the agreements mentioned, owing to the different affiliations of the universities, and asked whether it would be possible to centralize the agreements in an agency that would represent all the schools.

Dr. HORWITZ (Director, PASB) expressed his appreciation to the Chairman, to all the members of the Committee, to the observers, and especially to Mrs. Shepard for their very interesting and illustrative comments. It was evident that, insofar as the Governing Bodies of the Organization voiced enthusiasm for that undertaking its immediate financing would be expedited and implementation of its details facilitated. As Dr. Villarreal had pointed out, the Board of Directors of the Bank would have to approve the proposal and would undoubtedly do so if the Governing Bodies of the Organization expressed strong approval of execution of the project. The legal problems had been solved in principle.

The speaker explained that it had been pointed out to the President of the IDB that the resolution of the Conference, the supreme organ of the Organization, represented a joint agreement by the Governments to accept responsibility for that loan over a 20-year period. Dr. Horwitz thanked the special consultants, Dr. Jiménez Arango and Dr. Trucco, for their collaboration, and Dr. Ernani Braga, Secretary of the Pan American Federation of Associations of Medical Schools, as well as the Board of Directors of the Federation, for their statements to the President of the Inter-American Development Bank regarding the importance of the project.
It was unfortunate but nonetheless true that over the past 30 years very limited progress had been made by most of the medical schools in securing access to current sources of knowledge. The great majority of students continued to use poorly edited notes which were in some instances of doubtful scientific value.

Dr. Horwitz agreed with Dr. Quirós that similar systems should be evolved for schools of nursing, sanitary engineering, veterinary medicine, etc., which were of great interest to the Organization.

The project was also related to the proposed construction of university hospitals and to the resolution 4/ adopted by the Eighteenth World Health Assembly calling for the establishment of a revolving fund for equipment and books to be launched with a capital of $100,000 which would be increased annually until the one million mark was reached.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution presented by Dr. Aguilar Herrera, on the item:

THE EXECUTIVE COMMITTEE,

Having examined the program for the supply of textbooks for students of schools of medicine in Latin America (Document CE54/14);

Bearing in mind the value and importance of this program for the professional training of future physicians of the Americas;

Bearing in mind the interest expressed by the universities and schools of medicine in this program; and

Recognizing the feasibility and utility of this program in the form proposed,

RESOLVES:

1. To approve the important initiative of the Director and to instruct him to continue his negotiations with the Inter-American Development Bank (IDB) and other agencies with a view to obtaining financial support for the program for the supply of textbooks to medical students in Latin America.

2. To authorize the Director to negotiate with the IDB or other agencies the most favorable terms possible for the financing of the program.

3. To recommend to the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of the World Health Organization for the Americas, that it authorize the Director (a) to sign a contract for the loan with the IDB or other agencies; and (b) to undertake such actions and negotiations as may be necessary for the initiation and operation of the program and to report on them from time to time to the Governing Bodies.

Decision: The proposed resolution was unanimously approved.

ITEM 11: INTERNATIONAL TRANSPORTATION OF HUMAN REMAINS (conclusion)

Dr. CUTLER (Deputy Director, PASB), in presenting the item, stated that the problem had increased in importance of late because of the tremendous growth of the tourist trade. Governments had become cognizant of the need to simplify the procedures for the international transportation of human remains since the U.S. Government in 1964 requested the Organization to look into possible solutions. To that end, in December 1965, the Director convened an Expert Committee to study the matter, whose report appeared in Document CE54/6. Important assistance was received from Mr. William M. Annetti, Chief of the Technical Section, Memorial Division, U.S. Department of the Army, and probably the world's leading authority on the subject.

The Expert Committee was composed of public health authorities and also of customs authorities who had expressed their pleasure at being able to discuss the problem with their health colleagues. The Technical Unit on Tourism of the Organization of American States had also given assistance. The purpose of the Committee was to simplify the procedures for the international transportation of human remains and, on the basis of previous experience, such as that of the League of Nations in 1937, the Committee drew up a set of draft regulations. The draft was circulated to all Governments in the Hemisphere with a request for comments. Nine of the Governments and four of the territories expressed full agreement with the draft as presented.

As to the implementation of the regulations in the Region, all the Governments, with the exception of four, favored the simple procedure of adopting the draft regulations as part of their health code or ordinances.

Dr. WEDDERBURN (Jamaica) submitted the report of the working party (Document CE54/17), and stated that the working party had made

6/ Mimeographed document.
7/ Mimeographed document.
a detailed examination of the draft regulations prepared by the Expert Committee and of the comments of the Governments. As a result it had prepared a revised text embodying the observations it had accepted.

Dr. AGUILAR HERRERA (Guatemala) pointed out that, according to the declaration, it was stated that even when death was due to a quarantinable or a communicable disease a corpse did not constitute a health risk since its power to infect disappeared when it was suitably embalmed. Accordingly, Article 6 provided that where the cause of death was a quarantinable disease, as defined in the International Sanitary Regulations, the human remains had to be embalmed and placed in an impervious coffin. However, Article 2 stated that the transportation of bodies between frontier districts within 48 hours after death was not to be subject to those standards. In those cases, Article 7, dealing with the conditions for the transportation of coffins by land or sea, the commonest forms of transportation between frontier districts, would not apply either.

Finally, the meaning of the term "frontier districts" was not very clear, since in some small countries almost the entire national territory could be regarded as a frontier district.

Dr. CUTLER (Deputy Director, PASB), in reply to the points raised by the Representative of Guatemala, stated that the declaration did not have the force of a regulation and merely mentioned embalming to lower fear of disease.

As to how a frontier district was defined, that would depend primarily on the two countries concerned. Many Governments had already worked out a modus operandi to handle the problem, and the Committee wished to give formal recognition to that fact in the draft standards and not to complicate matters further. As stated in Article 9, the formalities could be reduced either through bilateral agreement or joint decision.

With respect to certification of death and medical certification, the Expert Committee had been cognizant of the differences between countries as to the authorities competent to sign death certificates and the fact that many countries accepted death certificates issued by nonmedical persons. Death might also occur in localities where no physician was available and lay officials were legally authorized to sign death certificates. Not wishing to unnecessarily complicate the transportation of human remains when there was no risk to public health, the Committee had used the wording "an official certificate of cause of death."

With regard to autopsies, if they were required by national legislation for deaths occurring under certain circumstances, the autopsy findings might appropriately be included in death certificates. However, the Expert Committee did not feel that there should be any international requirement regarding autopsy.
Furthermore, Dr. Cutler referred to the consular question raised and stated that the intent had been to keep legal actions to a minimum since they often involved very drawnout processes, sometimes even requiring the intervention of the ministry of foreign affairs. The feeling had been that the wording proposed by the Committee would meet the minimum standards of consular officials and provide adequate protection for both the shipping and the receiving country.

The final point—transportation between frontier districts of the bodies of persons who might have died of quarantinable diseases—could be dealt with by the addition of the following clause at the end of Article 2: "except where the cause of death was a quarantinable disease."

Dr. CALVO (Panama) considered that the revised draft was almost perfect and should be approved. However, in his view, the text of Article 4-a was still incomplete, since it did not specify that the death certificate should be a medical certificate issued by a physician.

Dr. YEPEZ (Ecuador) endorsed the observations of Dr. Calvo and added that, as far as documents were concerned, a paragraph should be added to Article 4 making it compulsory to have the documents checked and to obtain a duly authenticated death certificate from the consulate of the country in which the human remains were to be buried. That suggestion had been made by the Director General of Health of Ecuador, but it had not been included in the replies from the various countries, probably because it had been sent too late.

Dr. JURICIC (Observer, Chile) stated that his Government had sent a reply on 21 March through the Zone Office but that it had not reached Washington owing to serious difficulties with the post. Nevertheless, he wished to state that the Ministry of Public Health of Chile agreed with the documents submitted except for two points: the first, referring to the suppression of special authorization for the transport of human remains, had already been taken into account in the final draft; the other was that paragraph A of Article 5 should be suppressed. In the opinion of the Government of Chile human remains should not be transported internationally unless they had been embalmed, no matter how simply.

Dr. QUIROS (Observer, Peru) asked whether the regulations for the international transportation of human remains were to apply solely in the Americas or whether they were to be submitted to the World Health Organization so that they could be examined by that world body.

Dr. CUTLER (Deputy Director, PASB), replying to the point raised by Dr. Quiros, stated that the standards might first be tried out in the Region of the Americas which was more homogeneous and smaller than other world areas. If they were found to be of practical value, they could
be taken up through WHO, if the Governments so desired, for application throughout the world.

Dr. CALVO (Panama) emphasized that it was essential that the official documents should be accompanied by a medical certificate of cause of death.

Dr. HORWITZ (Director, PASB) suggested that the various observations made by the members of the Executive Committee should be recorded and reported to the Conference.

Dr. SUTTER (Assistant Director, PASB) read the following draft resolution on the item:

THE EXECUTIVE COMMITTEE,

Having considered Document CE54/6 and Addendum I on the international transportation of human remains, and the draft standards prepared by the Expert Committee and included therein;

Having examined the revised text (Document CE54/17) which was prepared, on the basis of that report, by the working party appointed by the Committee to examine the observations submitted by Governments on the draft standards; and

Bearing in mind Resolution XXXVI (paragraph 3), of the XVI Meeting of the Directing Council,

RESOLVES:

1. To transmit to the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of the World Health Organization for the Americas, the revised text of the draft standards for the international transportation of human remains, prepared by the working party appointed for that purpose (Document CE54/17), together with the observations made by the members of the Committee during the discussion of the matter.

2. To recommend to the Pan American Sanitary Conference that, bearing in mind the draft standards mentioned in the foregoing paragraph and the observations of the members of the Executive Committee in the discussion of that subject, it approve standards on
the international transportation of human remains and transmit them to the Governments of the Organization so that they may incorporate them into their legislation in such way as they think fit.

Decision: The proposed resolution was unanimously approved. 8/

The CHAIRMAN convoked the members of the Executive Committee to a meeting at 12:00 noon on the following day to review the Final Report.

The session rose at 5:40 p.m.

CLOSING SESSION
Friday, 22 April 1966, at 12:00 m.
Chairman: DR. MANOEL JOSE FERREIRA (Brazil)

The CHAIRMAN called the session to order.

PRESENTATION AND SIGNATURE OF THE FINAL REPORT

Dr. SUITTER (Assistant Director, PASB) presented the Final Report of the meeting, which contained 18 resolutions.

The Final Report 1/ was then signed by Dr. Manoel Jose Ferreira, Chairman of the 54th Meeting of the Executive Committee, and by Dr. Abraham Horwitz, Director of the Pan American Sanitary Bureau and Secretary ex officio of the Committee.

CLOSURE OF THE MEETING

Dr. ORELLANA (Venezuela) said that the meeting had been a very productive one. He believed that he was expressing the unanimous opinion of the Executive Committee in voicing his admiration and appreciation of the outstanding manner in which the Chairman, Dr. Ferreira, had led the discussions, and he also praised the Vice-Chairman, Dr. Calvo. He expressed his thanks to the Director and to the staff of the secretariat, and was gratified by the high caliber of the Executive Committee meetings, which were making an ever greater contribution to the conduct of the Organization's activities and to the health of the peoples of the Americas.

The CHAIRMAN thanked Dr. Orellana for his remarks, on behalf of Dr. Calvo and on his own behalf, and congratulated the Director on the excellence of his reports and his unfailing cooperation. He also congratulated the secretariat staff on the competence, efficiency, and dedication they had shown.

The Chairman then declared the 54th Meeting of the Executive Committee closed.

The session rose at 12:40 p.m.

Annex 1

AGENDA OF THE 54th MEETING OF
THE EXECUTIVE COMMITTEE

Item 1. Opening by the Chairman of the Executive Committee

2. Adoption of the Agenda


6. Planning of Hospitals and Health Facilities (Document CE54/8)

7. Report on Buildings and Installations (Document CE54/7, Rev. 1)

8. Provisional Agenda for the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of WHO for the Americas (Document CE54/13)

9. Date of the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of WHO for the Americas (Document CE54/12)

10. Amendments to the Staff Rules of the Pan American Sanitary Bureau (Document CE54/5)

11. International Transportation of Human Remains (Document CE54/6)

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Item 12. Relations of the Pan American Health Organization with other Organs of the Inter-American System (Document CE54/4, Rev. 1)

13. Representation of the Executive Committee at the XVII Pan American Sanitary Conference, XVIII Meeting of the Regional Committee of WHO for the Americas (Document CE54/9)

14. Estimated Requirements for Smallpox Eradication in the Americas (Document CE54/3)

15. Training of Auxiliary Personnel (Document CE54/2)

16. Emergency Revolving Fund (Document CE54/11)

17. Supply of Textbooks for Medical Students (Document CE54/14)

18. Other Matters
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LIST OF PARTICIPANTS OF THE 54th MEETING OF THE EXECUTIVE COMMITTEE

MEMBERS

BRAZIL

Representative
Dr. Manoel José Ferreira
Director General, National Department of Rural Endemic Diseases, Ministry of Health, Rio de Janeiro

ECUADOR

Representative
Dr. Miguel E. Yépez Aschieri
Director, National Malaria Eradication Service, Guayaquil

GUATEMALA

Representative
Dr. Orlando Aguilar Herrera
Assistant Director General, Department of Public Health, Guatemala

JAMAICA

Representative
Dr. Charles C. Wedderburn
Chief Medical Officer, Ministry of Health, Kingston

MEXICO

Representative
Dr. Manuel B. Márquez Escobedo
Director General, Office of Technical Advisory and Supervisory Services, Ministry of Health and Welfare, Mexico, D.F.

Alternate
Dr. Ignacio Avila Cisneros
Director of Research in Public Health, Ministry of Health and Welfare, Mexico, D.F.
Members of the Executive Committee (cont.)

PANAMA

Representative

Dr. Alberto E. Calvo
Director General of Public Health,
Ministry of Labor, Social Welfare, and
Public Health,
Panama

VENEZUELA

Representative

Dr. Daniel Orellana
Chief, Office of International Public
Health, Ministry of Health and
Social Welfare,
Caracas

Other Countries Represented

CHILE

Observer

Dr. Bogoslav Juricic
Chief, Office of International Affairs,
National Health Service,
Santiago

FRANCE

Observer

Mr. André Cira
Second Secretary,
Embassy of France,
Washington, D. C.

Netherlands

Observers

Mr. Johan B. Hoekman
Second Secretary,
Embassy of the Netherlands,
Washington, D. C.

Miss Christine Yvonne Henry
Second Secretary,
Embassy of the Netherlands,
Washington, D. C.
Other Countries Represented (cont.)

PERU

Observer
Dr. Carlos Quirós Salinas
Director General of Health and Permanent Representative to International Health Organizations, Ministry of Public Health and Social Welfare, Lima

UNITED STATES
OF AMERICA

Observers
Dr. Benjamin D. Blood
Chief, International Relations Division, U. S. Public Health Service, Washington, D. C.

Mr. Leonard M. Board
Office of International Health, U. S. Public Health Service, Washington, D. C.

Mr. Paul J. Byrnes
Office of International Administration, Department of State, Washington, D. C.

Pan American Sanitary Bureau

Dr. Abraham Horwitz, Director, Member and Secretary ex officio of the Committee

Dr. John C. Cutler, Deputy Director
Dr. Víctor A. Sutter, Assistant Director
Dr. Stuart Portner, Chief of Administration
Dr. Pedro Acha, Regional Adviser
Dr. Raymond B. Allen, Special Adviser on Population Dynamics
Dr. Alfredo N. Bica, Chief, Communicable Diseases Branch
Mr. John J. Bloomfield, Regional Adviser
Dr. Alfredo L. Bravo, Chief, Medical Care Administration
Mr. Earl D. Brooks, Chief, Management and Personnel Branch
Pan American Sanitary Bureau (cont.)

Dr. Marcos Charnes, Chief, Fellowships Branch
Dr. Oswaldo J. da Silva, Chief, Malaria Eradication Branch
Dr. Carlos Díaz-Coller, Chief, Professional Education Branch
Dr. Abraham Drobny, Chief, Health Promotion Branch
Dr. Mark D. Hollis, Chief, Environmental Sanitation Branch
Dr. Ruperto Huerta, Regional Adviser
Dr. Mauricio Martins da Silva, Chief, Office of Research Coordination
Dr. James S. McKenzie-Pollock, Chief, Office of National Health Planning

Mr. Clarence H. Moore, Chief, Budget and Finance Branch
Dr. Ruth R. Puffer, Chief, Health Statistics Branch
Dr. José Quero Molares, External Relations Officer
Dr. A. Peter Ruderman, Economic Adviser
Dr. Ramón Villarreal, Chief, Medical Education Branch
Dr. Alfred Yankauer, Regional Adviser
Mr. José Rodríguez Olazábal, Chief, Secretariat Services
Mr. Roberto Rendueles, Chief, Public Information Office

Observers

Organization of American States

Mr. O. Howard Salzman
Acting Director,
Department of Technical Cooperation
Pan American Union
Washington, D. C.

Mrs. Alzora H. Eldridge
Liaison Officer,
Pan American Union,
Washington, D. C.

Mr. José Carlos Ruiz
Special Assistant, Department of Cultural, Scientific, and Informational Affairs,
Pan American Union,
Washington, D. C.
Observers (cont.)

Organization of American States (cont.)

Miss Dahlia Colombo
Research Assistant,
Social Security Program,
Pan American Union,
Washington, D. C.

Mrs. Marietta Daniels Shepard
Associate Librarian and
Chief, Library Development Program,
Pan American Union,
Washington, D. C.
53rd MEETING OF THE EXECUTIVE COMMITTEE
ITEM 1: OPENING OF THE MEETING

The ACTING CHAIRMAN opened the 53rd Meeting of the Executive Committee and extended a cordial welcome to the representatives, observers, and other participants.

ITEM 2: ADOPTION OF THE AGENDA

Dr. SUTTER (Assistant Director, PASB) presented Document AG/1 containing the agenda of the meeting.

Decision: The agenda was unanimously approved without change.

ITEM 3: TAKING OF OFFICE BY THE REPRESENTATIVES OF ECUADOR AND GUATEMALA

Dr. SUTTER (Assistant Director, PASB) read Resolution X adopted by the XVI Meeting of the Directing Council on the election of the Governments of Ecuador and Guatemala to membership on the Executive Committee for a period of three years, upon termination of the periods of office of Costa Rica and the United States of America.

The ACTING CHAIRMAN welcomed the Representatives of Ecuador and Guatemala to the Executive Committee.

He expressed appreciation for the valuable assistance and cooperation he had received during the time he had served as Chairman of the Committee, and said that it had been an honor for him, and also for his country, to have held that position.
ITEM 4: ELECTION OF THE CHAIRMAN AND VICE-CHAIRMAN

The ACTING CHAIRMAN announced that the Committee would proceed to elect the Chairman and the Vice-Chairman.

Dr. SUTTER (Assistant Director, PAHO) read Rule 9 of the Rules of Procedure of the Committee governing the election of officers.

Dr. AGUILAR HERRERA (Guatemala) proposed Dr. Manoel José Ferreira, Representative of Brazil, as Chairman, and Dr. Alberto E. Calvo, Representative of Panama, as Vice-Chairman.

Decision: Dr. Manoel José Ferreira, Representative of Brazil, and Dr. Alberto E. Calvo, Representative of Panama, were unanimously elected Chairman and Vice-Chairman, respectively.

Dr. Ferreira (Brazil) took the Chair.

The CHAIRMAN accepted with deep satisfaction the responsibility that had been entrusted to him, and to his country, through his election as Chairman. He commended Dr. Charles L. Williams on the skill and efficiency with which he had served as Chairman. As a veteran public health servant, he recognized that a truly effective support could be found at the international level for the development of each country.

The Americas, he said, had set a highly constructive example when they had created the Pan American Sanitary Bureau in 1902, with a budget of $5,000. Today the Bureau enjoyed more than justified prestige in the fields of medicine and health protection and in those fields it held forth ever-increasing promise for the future of the peoples of the Hemisphere. Moreover, the Pan American Sanitary Bureau served also as the Regional Office of the World Health Organization and as such had a dual responsibility: its Member Countries contributed to the solution of health problems not only in the Americas but also on a world-wide scale, through their membership in WHO. He again voiced appreciation for having been elected Chairman of the Committee.

Dr. CALVO (Panama) thanked the Committee, in his own name and on behalf of his country, for having elected him Vice-Chairman of the Committee. He said that he would collaborate in every possible way to ensure the success of the Bureau's endeavors to promote public health in the Americas.

Dr. YEPEZ (Ecuador) congratulated Dr. Ferreira and Dr. Calvo on their election and offered them his wholehearted cooperation in their tasks.

Dr. AGUILAR HERRERA (Guatemala) expressed his country's appreciation at having been elected to form part of the Executive Committee. On behalf of the Minister of Public Health and Social Welfare, he offered
his full support to the Committee in its activities, so that they might be fruitful and of the fullest benefit to public health in the Hemisphere.

ITEM 5: STUDY OF RESOLUTIONS OF THE DIRECTING COUNCIL OF INTEREST TO THE EXECUTIVE COMMITTEE

Dr. HORWITZ (Director, PASB) reported on the resolutions approved by the Directing Council at its XVI Meeting, which had been transmitted to the Executive Committee for study or for action by the secretariat.

He pointed out that, following the usual procedure, the Committee would examine at its 54th Meeting the proposed program and budget of the Pan American Health Organization for 1967.

In Resolution XXIII, 3/ the Directing Council had decided that the travel and subsistence expenses of the Official Representative of the Executive Committee at the meetings of the Directing Council or the Pan American Sanitary Conference would be borne by the Organization. Consequently, the 54th Meeting of the Committee should appoint a Representative to the next Conference and the Organization should include in its budget an allocation to cover the travel expenses involved.

In Resolution XXVI 4/ on buildings and installations, the Director had been requested to keep the Executive Committee and the Directing Council informed at future meetings of donations of works of art made to the Organization for its new headquarters building, and the Director would do so at the next meeting if new donations were received.

In Resolution XXVII, 5/ the Directing Council had authorized contributions from the Building Fund to the Special Fund for Health Promotion, under such conditions and in such amounts as might be approved by the Executive Committee. A special report would therefore be submitted to the next meeting of the Committee for its consideration.

As for Resolution XXXVI 6/ (International Transportation of Human Remains), the Director was requested to prepare a final draft on standards for the Americas on the international transportation of human remains, to transmit them to the Governments for review and comment at the earliest practicable time, and to submit them to the Executive Committee for its consideration and its recommendations for action. Dr. Horwitz stated that if a sufficient number of replies were received, a document would be prepared for the 54th Meeting of the Committee so that the Conference could decide on the procedure to be followed in order to arrive at a continental agreement on that delicate subject.

4/ Ibid., pp. 78-79.
5/ Ibid., p. 79.
6/ Ibid., pp. 86-87.
The Director again emphasized the importance of the analysis of the proposed program and budget of the Organization. He stated that the secretariat would take closely into account the comments made during the discussion of that item at the Council meeting, as well as the spirit and the text of the Council's resolution, so as to present the fullest possible data to the Executive Committee and thereby facilitate its study of that document.

The CHAIRMAN thanked Dr. Horwitz for his statement and said that the Committee merely had to take cognizance of the matters mentioned by the Director.

ITEM 6: DATE OF THE 54th MEETING OF THE EXECUTIVE COMMITTEE

Dr. HORWITZ (Director, PASB) said that it was customary for the Executive Committee meeting to take place in April, near the date of the World Health Assembly, in order to facilitate the travel of some representatives. According to information received, the Director-General of WHO had convoked the Nineteenth World Health Assembly to meet on 3 May 1966, and the Executive Committee might therefore hold its meeting from 18 to 25 or 26 April. Dr. Horwitz suggested that, following the established procedure, the Committee might authorize the Chairman to fix the definitive date for the meeting, in agreement with the secretariat.

Decision: It was unanimously agreed to authorize the Chairman of the Executive Committee to fix the date for the 54th Meeting of the Committee in agreement with the Director of the Pan American Sanitary Bureau. 2/

The CHAIRMAN expressed the hope that, with the collaboration and good will of all the members, the Committee would be successful in its deliberations. He then declared the meeting closed.

The session rose at 10:00 a.m.

2/ See p. 162.
The 53rd Meeting of the Executive Committee of the Pan American Health Organization was held in the new headquarters building, in Washington, D.C., on 8 October 1965, as convoked by the Director of the Pan American Sanitary Bureau. The following members of the Committee and observers were present at the single plenary session:

**Members:**

- Dr. Manoel José Ferreira  
  BRAZIL
- Dr. Miguel E. Yépez Aschieri  
  ECUADOR
- Dr. Orlando Aguilar Herrera  
  GUATEMALA
- Dr. Charles C. Wedderburn  
  JAMAICA
- Dr. Pedro Daniel Martínez  
  MEXICO
- Dr. Manuel B. Márquez Escobedo  
  PANAMA
- Dr. Alberto E. Calvo  
  VENEZUELA
- Dr. Francisco Castillo Rey  
- Dr. José Luis Aponte-Villegas

**Member and Secretary ex officio of the Committee:**

- Dr. Abraham Horwitz, Director  
  PAN AMERICAN SANITARY BUREAU

**Observers:**

- Mr. Gérard Philippeaux  
  HAITI
- Dr. Hubert Delva  
  PERU
- Dr. Carlos Quirós Salinas  
  UNITED STATES OF AMERICA
- Dr. Charles L. Williams, Jr.
- Mr. Howard B. Calderwood
NEW MEMBERS

Dr. Charles L. Williams Jr. (United States of America), as Chairman of the Committee, opened the meeting and welcomed the Representatives of Ecuador and Guatemala, the countries elected by the XVI Meeting of the Directing Council to fill the vacancies that occurred on the termination of the periods of office of Costa Rica and the United States of America.

OFFICERS

The Chairman and the Vice-Chairman were elected pursuant to Article 18 of the Constitution and Rule 9 of the Rules of Procedure of the Committee. At the proposal of the Representative of Guatemala, Dr. Manoel José Ferreira, the Representative of Brazil, and Dr. Alberto E. Calvo, the Representative of Panama, were unanimously elected Chairman and Vice-Chairman, respectively.

AGENDA

The agenda contained in Document AG/1 2/ was approved.

RESOLUTION APPROVED

As the result of its deliberations the Executive Committee approved the following:

RESOLUTION I

THE EXECUTIVE COMMITTEE,

Bearing in mind the provisions of Rule 1 of the Rules of Procedure of the Committee,

RESOLVES:

To authorize the Chairman of the Executive Committee to fix the date of the 54th Meeting of the Committee in agreement with the Director of the Pan American Sanitary Bureau.

IN WITNESS WHEREOF, the Chairman of the Executive Committee and the Director of the Pan American Sanitary Bureau, Secretary ex officio, sign

2/ Mimeographed document.
the present Final Report in the English and the Spanish languages, both texts being equally authentic.

DONE in Washington, D. C., United States of America, this eighth day of October, nineteen sixty five. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Governments of the Organization.

DR. MANOEL JOSE FERREIRA
Chairman of the Executive Committee
Representative of Brazil

DR. ABRAHAM HORWITZ
Director of the Pan American Sanitary Bureau, Secretary ex officio of the Executive Committee
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