

AIRGRAM

DEPARTMENT OF STATE

Proj. No. 51202651

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SUBJECT - Non-Capital Project Paper (PROP)

REFERENCE - National Public Health Planning & Coordination

Country: Brazil
 Project No.: 512-11-540-265.1
 Submission Date: 28 August 1969
 Original: yes
 Project Title: National Public Health Planning and Coordination
 U.S. Obligation Span: FY 1966 through FY 1972
 Physical Implementation Span: FY 1966 through FY 1972
 Gross life-of-project financial requirements:

Table 1.
(in thousands)

	US\$	FCFS
U.S. dollars 1966-69	516	
U.S.-owned local currency	-0-	
Coop. country contribution 1966-69		
Counterpart		11,000
CONTAP		150
MOB		1,046
U.S. dollars 1970-72	413	
U.S.-owned local currency	-0-	
Coop. country contribution 1970-72		
Counterpart		8,074
CONTAP		-0-
MOB		7,226
TOTAL	929	27,496

Enclosures: 5 sets Tables 2, 3 & 6 to La 9/17
Chart 1

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SUMMARY

This project is designed to improve health planning and administration in Brazil, through support of the Ministry of Health's Planning, Evaluation, Research and Special Program Unit (PAPPE). This unit enables the Ministry of Health to strengthen its basic health services by providing needed support and assistance to priority health programs. PAPPE also monitors all USAID health assistance to the Brazilian Government except for malaria eradication and water development.

The assistance is addressed to those specific goals of the Alliance relating to the achievement of better health planning, control or eradication of the more serious communicable diseases, improved health and nutrition of mothers and children, and programs for improving the qualifications of medical and other health personnel.

a. Communicable diseases comprise the principal health problems of Brazil, not only because of the high rates of mortality and morbidity but because of the debilitating effects caused by most of the diseases in this group. Diseases which cause the more serious health problems are the gastro-enteric diseases, malaria, schistosomiasis, Chagas disease, tuberculosis, smallpox, yellow fever and plague. More than half the illness and deaths in Brazil are caused by the communicable or infectious diseases (See Tables 2 and 3 annexed). Organized campaigns are in progress for the purpose of eradicating malaria and smallpox. (See Malaria Loan Agreements 512-L-021 and 512-G-056).

b. A serious problem in Brazil is that of malnutrition which takes its greatest toll by impeding the physical and mental development of pre-school and school-age children and which by its debilitating effects in people of all ages reduces their resistance to infectious diseases. Nutrition deficiencies are often due to lack of knowledge about the value of locally available but unused foods. Malnutrition constitutes a more serious problem in the economically depressed areas of the north, northeast and in the poor sections of the cities. The gastro-enteric diseases are likewise more prevalent in these areas.

c. Inadequate water supply and excreta disposal services plus generally poor sanitary conditions are factors responsible for the high incidence of the gastro-enteric diseases and schistosomiasis. Installation of facilities to provide these essential services is not keeping pace with the urban population growth, estimated to be about 6.5 percent

per year in the larger cities. Many existing systems are inadequate to meet current demands. (This priority area is being assisted through Project 512-11-520-062.1 Urban Water and Sewer Systems Improvement and the Health Sector Loan - AID-DLC/P-683).

d. Infectious diarrheas present a staggering maternal and child health (MCH) problem reflected in a specific death rate in children under five years of age one hundred times greater than that in the United States (Table 2). The malnutrition and maternal and child health problems are seriously aggravated by the high birth rate (estimated to be about 45 per 1,000 population per year). The high birth rate and the heavy concentration of population in the younger age groups (over 50 percent under 20 years of age) tend to stifle social and economic development, the latter being reflected in the relatively low per capita gross national product.

e. Both professional and trained auxiliary personnel are in short supply. Only recently have a few of Brazil's 70 medical schools established preventive medicine departments. Most of the medical graduates enter medical practice in the larger urban centers. Nurses are in even shorter supply than physicians. The number of graduates from nursing schools is minimal compared to the needs in public health and in medical care programs. Priority status must be assigned to programs for relieving the health manpower shortage and steps must be taken to increase the facilities for preparation of personnel and to improve the qualifications of personnel now employed in public health programs, because they are essential to progress in overcoming priority health problems.

f. The major goal of this project is an effective planning unit and a well-established planning process in the MOH that will carry out activities in planning, research, evaluation, and assistance to special projects in preventive medicine, major diseases, and nutrition. (Detailed targets, results, and outputs are summarized on pages 15-17.

Minimum acceptable levels of achievement would be as follows:

- (1) Firm establishment of a planning unit in the MOH, with increased participation in decision-making, by 1971.
- (2) Evidence of employment of the planning process in the major units of MOH, by 1972.
- (3) Development of a revised national health plan, by 1970.

(4) Establishment of preventive medicine departments in ten medical schools, by 1970.

(5) Increasing financial support to the planning unit, with MOU funding 50% of the total local currency expenses in 1971 and rising to 100% in 1974.

The general approach will be as follows:

Promote the establishment of 16 state health planning units, by 1971.

During 1969, provide technical assistance to SUDENE and SUDIESUL, and by 1970 to SUDAM and SUDENCO, to enable these agencies to improve coordination of state disease control and statistics programs and to develop state plans.

During 1969 and 1970, study the structure of state and federal health services.

During 1970 extend the regionalization program by creating additional executive health centers.

Assist the Statistical Center for the Northeast in its program to help Northeast Secretariats of Health.

Train medical and paramedical personnel.

Continue research activities on plague and schistosomiasis.

Expand nutrition education.

At present, USAID technical assistance to this project is scheduled to terminate in 1972. During the second half of FY 1970, however, there will be an evaluation of the project, as a result of which there will be a decision as to future assistance.

Dollar and Cruzeiro inputs follow in Tables 4 and 5.

Table 4.
USAID Dollar Inputs
 (US\$ x 1.000)

	FY 1970	FY 1971	FY 1972
Personnel Services	22	22	21
PASA	22	10	10
Contract	25	25	-
Participants	75	75	75
Commodities	10	10	10
Other Costs	-	-	-
PASA	1	-	-
TOTAL	\$155	\$142	\$116

Table 5.
 Counterpart
~~MOH~~ & MOH Local Currency Inputs
 (NCR\$ x 1.000 from Counterpart or MOH Budget)

COUNTERPART	CY 1970	
MOH	3,616	
MOH	984	
TOTAL	4,600	4,600
COUNTERPART	CY 1971	
MOH	2,675	
MOH	2,675	
TOTAL	5,350	5,350
COUNTERPART	CY 1972	
MOH	1,783	
MOH	3,567	
	5,350	5,350

GRAND TOTAL. NCR\$15,300

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e. The Pan American Health Organization (PAHO) provides technical assistance and fellowships to Brazil for malaria and smallpox eradication, public health administration, public health training, sanitation, tuberculosis and occupational health. Regional consultation is available from PAHO for infant mortality statistics (financed by AID/W), schistosomiasis control, plague control and medical education.

The Kellogg Foundation and the Partners of the Alliance are providing advisory services in medical education. The Rockefeller Foundation assists in virus research being conducted in the Amazon.

The International Planned Parenthood Federation (IPPF) assists the Brazilian voluntary agency Bem Estar Familiar (BEMFAM) which operates family planning clinics in about forty-five university obstetrical services. IPPF's assistance amounted to \$500,000 in 1968. UNICEF assists in the nutrition field providing fellowships and advisory services to local programs as well as collaborating in the training of agricultural extension workers in applied nutrition programs and in child and youth welfare work. The World Food Program (WFP) also provides an input in commodities for school lunch programs in the State of Bahia.

The National ~~Research~~^{Institute} of Health (NIH) in FY 69 provided 16 research grants in health-related fields at a cost of \$136,980.

USAID's major program in MOH is a feeding program which reaches some 600,000 pregnant and nursing mothers and preschool children with PL 480 Title II nonfat dry milk.

SETTING OR ENVIRONMENT

Brazil is the fifth largest country in the world with a land area of more than 8.5 million square kilometers. Ninety-two percent of the total population (currently estimated at 90,000,000) resides in the 17 easternmost states which cover only 36 percent of the total land area. There are large unpopulated and sparsely populated areas in the interior, lying principally in the States of Amazonas, Par , and Mato Grosso.

With a current birthrate of 40 to 45 per 1,000 and a death rate of about 11.5 per 1,000, the annual rate of population increase is estimated to be about 3.1 percent. However, some authorities believe the rate to be closer to 3.5 percent. At the current rate, Brazil's population will double in 22 or 23 years. The average number of persons in a Brazilian

family is 5.1 and 53 percent of the population is under 20 years of age. This demographic distribution adversely affects efforts to improve the standard of living. The per capita income is estimated to be less than \$350 per year.

Twenty years ago nearly 70% of Brasil's population lived in rural areas or in small towns of less than 5,000 persons. Today the urban population, approximately 55%, has increased tremendously and is growing at the rate of 6.4% per year while the rural population is increasing at a rate of 1.6% per year (Table 6 annexed)

The health problems in Brazil are of major importance. The vicious circle of disease-unemployment-poverty-malnutrition-disease can be easily demonstrated in most parts of Brazil. Some of the major health problems are ~~shown~~^{shown} in the attached tables of health indicators (Tables 2 and 3 annexed).

Malnutrition:- Widespread preventable malnutrition saps the vigor of large segments of the Brazilian population and stunts mental and physical development in children. This problem is especially acute in the states of the Northeast and the Amazon region.

The average Brazilian eats rice, beans, bread, sweets, and soups of low nutritional quality. The average diet includes about 22 grams of animal protein per day, whereas the normal human requirement for animal protein is around 35 grams per day. It is estimated that 30% of the children receive less than 50 percent of daily protein requirements. The average calorie intake is reported to be 1900 to 2400 per day, while the needs for adults is from 3000 to 4000 calories per day.

In the Northeast the health situation has always been critical and currently is growing worse. With the population increasing at an annual rate of over 3% and food production that is insufficient and poorly distributed, the struggle of the Nordestino to obtain his daily bread is a very difficult one. The middle and poorer classes suffer the effects of this food shortage, which are reflected in high mortality rates, delayed convalescence from infectious diseases and high prevalence of undernourished children. The malnutrition problem is not limited to the Northeast. Last year in the State of São Paulo, the most developed area of Brazil, 60 percent of the 19-year-old boys examined for military service were rejected, mainly because of insufficient height and weight, indicating chronic malnutrition since early childhood.

Maternal and Child Health:- The National Department of the Child (DNCR), the Rural Extension Service (ARCAR), and the Special Public Health Service (SUSP) are the agencies primarily responsible for child health and nutrition activities on a national basis. Their activities are carried out through clinics, child health centers, mothers clubs and rural health centers, but trained personnel and facilities are in very short supply. It should be noted that steps are being taken to formulate a national policy regarding nutrition which hopefully will place priorities on production, processing and utilization of locally produced foods for pre-school and school children.

Prevalence of Communicable Diseases:- Communicable diseases are the leading causes of death in Brazil, responsible for death rates eleven times greater than for similar diseases in the United States. Of these diseases, diarrheal infections, malaria and tuberculosis are the most widespread and virulent in terms of both number of deaths and the debilitating effects on those who survive. Smallpox is endemic and occurs in all parts of the country, with frequent epidemic outbreaks and greater incidence in large urban areas. Eighty-five percent of the population suffers from repeated attacks of gastro-enteric (diarrheal) diseases, and the death rate from these causes among children under five years is nearly 100 times the U.S. rate. Fifty percent of the Brazilian population lives in areas at risk to malaria, and approximately 200,000 cases were detected during the two-year period 1965-1966. The total number of malaria victims is probably a third higher than the actual number of cases detected. Deaths from tuberculosis are thirteen times the U.S. rate, and two and a half times the rate in the sister republic of Colombia.

Although the general mortality rate declined from twenty per 1,000 population in 1950 to thirteen per 1,000 in 1964, this rate is still high, due principally to the large number of deaths among children. In the more highly developed countries, about ten percent of the total deaths occur in this age group (See Table 2). The infant mortality rate in Brazil is more than four times greater than in the U.S., with gastro-intestinal diseases being the major killers. The infant mortality rate in the Northeast is 70% higher than the national average. Tables 2 and 3 give mortality data for selected diseases and proportional mortality by age groups. Much illness occurs as the direct effects of schistosomiasis, Chagas disease and worm infestations. In addition, the debilitating effects of these diseases lead to a whole spectrum of secondary illnesses. Surveys have disclosed that there are an estimated

6 to 8 million schistosomiasis victims in Brazil, despite 10 years of attempts at control. Schistosomiasis is one of the country's most serious health problems and has contributed heavily to the economic retardation of large areas in the Northeast, especially the "Zona da Mata." The people of at least one-fifth of Brazil's territory are endangered by Chagas disease. Within the endemic area it is estimated that there are 5 million homes and a population of approximately 30 million people subject to the risk of Chagas disease. As many as 60 percent of the people in some communities are reported to be infected.

Outbreaks of plague also occur. This disease is transmitted by the fleas of rats and certain wild rodents. The latter constitute a reservoir where plague is present in an enzootic form.

Federal and State Responsibilities:- The Federal Government, acting through the Ministry of Health, is responsible for national health policy, for prevention of and protection against disease, for health personnel training; for medical and para-medical activities, and for medical research. In addition to the direct execution of specific public health programs, such as those for malaria and smallpox eradication, the Health Ministry also provides technical and financial assistance to the states, municipalities, and private entities. Federal assistance is also available to assist states in the modernization of the organization and administration of state health services. This work is carried out principally by the Special Public Health Service Foundation (FSESP) under the Ministry of Health. The states are responsible for the development and execution of state public health programs, training health personnel, providing hospital facilities and health units and maintaining public health laboratories. The states also provide technical and financial assistance to the municipalities, which are slowly assuming more responsibility for health services.

Health Manpower:- The shortages of health manpower in Brazil are serious, and important changes must be effected if an improvement is to be realized in the next ten years. There is a sizable amount of unrest among medical students who cannot continue their studies because of a shortage of qualified teachers and facilities. Aside from the main efforts of the Ministry of Education, the Rockefeller Foundation during more than three decades has made important contributions to medical education. More recently the Brazilian Association of Medical Schools (ABEM) has stimulated considerable thinking among medical school directors towards making major reforms; among those is the introduction of the

medical student to the health problems of the community. Health manpower involves many other disciplines, however, and SESP, PAHO, USAID, UNICEF, the Kellogg Foundation and recently the Partners of the Alliance, have all made major contributions. But a much larger program is necessary before deficiencies and shortages can be corrected.

The actual number of physicians is important but probably of greater importance are the questions of competence and distribution. Some authorities contend that the economic base does not exist to support a much larger number, especially if they all choose to practice in large population centers.

A variety of new approaches in medical education are being tried out such as changing the "chair" system to a "department" system; incorporating some full-time professors into the faculties; curriculum reform; employment of integrated teaching and programmed learning techniques, and providing the student opportunities to observe health work in homes, health centers and hospitals of the community.

The staff of the Planning Unit of the Ministry of Health is promoting the teaching of community health concepts and disease prevention in medical schools so that the students will then be better prepared to work in small communities and rural areas.

Chart 1 (attached), illustrates some important relationships with respect to medical manpower availability and distribution. For example, it shows that unless there is a large increase in medical school graduates during the second half of the decade (1960-1970) the rate of increase of medical graduates will be falling behind the natural increase in population.

The situation with regard to dentists is about the same but for the nurses the prospects are many times worse than for either doctors or dentists. Moreover, technical and auxiliary personnel which, in the United States, bear the ratio of 10 to 15 for each physician, in Brazil have a ratio of about 2 to 5 per physician. Such personnel are X-ray technicians, laboratory technicians, dieticians, social service assistants, biologists, home visitors, health educators, statisticians, health inspectors, sanitation assistants, pharmacy assistants, practical nurses and attendants.

Health Activities in Progress:- The foregoing are the major health problems. Brazil is making an intense effort to eradicate malaria and

smallpox and to bring other diseases under control. In the past decade the U.S. has made direct grants for malaria eradication purposes. These have now been replaced by loans for procurement of U.S. commodities, including DDT, and for technical assistance. More than 12,000 Brazilians are employed in teams organized to do house-spraying with DDT.

Smallpox was under control until about five years ago when the GOB relaxed its efforts to maintain a high level of immunization. During the past year the program has been renewed and smallpox eradication is now targeted for 1971.

There has been a reappearance of Aedes aegypti in Brazil (Rio de Janeiro), the transmitter of urban yellow fever. This mosquito, once eradicated from Brazil, may be coming back and it is of maximum importance not only to protect against the recurrence of epidemics of yellow fever but to take energetic steps now to avoid the need for a large, difficult and very expensive eradication operation later.

GOB Planning Unit:- As a result of the GOB reorganization of February 5, 1969, the planning unit, PAPPB (which was established in September 1966), has been formally designated as one of the General Support Staff units directly responsible to the Minister. As such it is expected that this small unit will be given additional internal planning, evaluating and innovating functions. PAPPB aims at assuming the role of coordinating planning for the entire Ministry. It has not yet been delegated the authority to review plans and proposed budgets submitted by the principal units of the Ministry. This coordination and review function has been traditionally in the province of the Secretary General and probably will remain so for the next several years. PAPPB, in its initial stage in fomenting health planning, has supported the establishment of planning units in the regions and states, the teaching of planning in the National School of Public Health and research of an operational nature necessary to establish public health programs on a firm basis. The research includes surveys of a diagnostic and statistical nature and selective studies in diseases of national importance such as schistosomiasis, Chagas, and plague. PAPPB, by virtue of its position in the Minister's cabinet, offers alternatives and participates actively in Ministerial decisions. By gradually assuming more responsibility for planning, PAPPB expects eventually to be delegated more responsibility for allocation of funds. It can be expected that research in time will flow to the newly-created Research Initiatives area of the Ministry and many of the special program aspects under PAPPB will be phased out. Funding for the administration

~~Headquarters~~ of the unit will remain small, and reach 100% from NON funds within a few years.

The basic objectives of the Ministry of Health relate to (1) environmental sanitation, (2) communicable disease control and (3) health and sanitation assistance (health institutional development). The objectives are based on the applicable parts of the GOB strategic program of development, Chapter II, sections II and III, pages 95-107 of the Directives of Government, July 1967. Although these directives do not indicate the responsible ministry, it is known that health activities and especially those in sanitation are carried out in several ministries.

The USAID position with respect to health is to support GOB programs in preventive medicine and public health and in health manpower development, as they relate to the goals of the Alliance for Progress (Reference: Title I, Objectives of the Alliance for Progress). Paragraph #8 of the document offers the following fundamental goals:

"To increase life expectancy at birth by a minimum of five years, and to increase the ability to learn and produce, by improving individual and public health. To attain this goal it will be necessary, among other measures, to provide adequate potable water supply and sewage disposal to not less than 70 percent of the urban and 50 percent of the rural population; to reduce the present mortality rate of children less than five years of age by at least one-half; to control the more serious communicable diseases, according to their importance as a cause of sickness, disability, and death; to eradicate these illnesses, especially malaria, for which effective techniques are known; to improve nutrition; to train medical and health personnel to meet at least minimum requirements; to improve basic health services at national and local levels; and to intensify scientific research related to operations and to apply its results more fully and effectively to the prevention and cure of illness."

Resolution A.2 of the Alliance documents outlines a ten-year Public Health Program. One important recommendation included in that Resolution was that all of the governments be encouraged "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."

Therefore, USAID strategy, in general, is directed toward supporting the Brazilian action programs in (1) malaria eradication, (2) water supply and sewage disposal, (3) health institutional development and

(4) nutrition. The first two of these are loan-funded activities, conducted through other specific projects.

Health institutional development is being conducted through the instrumentality of PAPPE, a Brazilian agency located within the cabinet of the Minister of Health. This unit operates by making grants-in-aid to other health programs in accordance with the basic agreement between the USAID and the Brazilian Government. The funding of PAPPE activities, in addition to the technical assistance provided from USAID grant funds, has come from several sources: (1) local currency counterpart funds, (2) the regular GOB budget for full-time Ministry personnel and PAPPE's operating expenses and (3) COMTAP funds. The grants-in-aid are time-limited, partial contributions to important health activities in need of special assistance.

The spirit of PAPPE is to encourage development through planning, evaluation and research in contrast to providing budgetary support for existing health activities. It, therefore, aims at modernizing the health systems and practices in Brazil, bringing about the changes needed in those areas to reach the objectives of the Alliance.

As opposed to large capital expenditures required for construction of hospitals, health centers and other health structures, the support of PAPPE activities is carried out at a relatively modest cost and at the same time worthwhile results are produced in such high priority areas as training of health personnel, control or eradication of selected communicable diseases, establishment of courses in preventive medicine in medical schools, improvement of nutrition levels, particularly in children and expectant mothers. USAID, through PAPPE, is stimulating more attention to health needs of mothers and children. This could best be achieved through a sound maternal and child health program conducted by an adequate staff of qualified personnel.

The Mission and PAPPE will attempt to give more attention to the child health problem not only because of the high mortality rate from infectious enteric diseases but also because of the widespread problem of malnutrition. Strengthening of existing programs offers a starting point and the strategy requires improvement of established channels. Infant wear ing, feeding and care are so intimately related to prenatal, obstetrical and post-natal care that the nutrition program becomes a means of primary importance to improve maternal and child health as well as an end in itself. The clinics, child health posts, and mothers' clubs offer opportunities for mothers to discuss with members of the professional health staff a wide range of family problems including family planning when permitted in Brazil.

It is anticipated that grants-in-aid will be made from the MCF (PAPPE) to selected state health departments to upgrade their maternal and child health services through training of personnel, providing improved clinic materials and equipment, transportation facilities, Food for Development and other high protein foods. It has been amply demonstrated that these types of incentives result in improved health, better school achievements, an increased awareness of family problems and better understanding of the government concern for the health and welfare of the people.

PLANNED TARGETS, RESULTS AND OUTPUTS

FY 67 - 71

RIO DE JANEIRO BOARD A- 917

Activities	Targets	Results	Output to date
I. To help Brazil meet manpower needs:			
Preparation of Personnel:			
Preventive Med. Depts.	Develop 16 Departments		6 Departments established and in operation.
Training:			
a. Participants in U.S.	82 Participants		29 Participants related to health planning, nutrition, and teaching of preventive med.
b. Local training of personnel from State Health Departments	40 Malariologists 50 Malaria Inspectors 30 Health Planning		36 Malariologists 39 Malaria Inspectors 23 Health Planners
Institutional Development:			
Planning and Coordination (Federal)	Interministerial relations	Min. Ed. (Prev. Med.) Min. Agric. (Nutrition) Min. Planning (Budget)	
Federal, Regional, State and Local Coordination	Coordination and promotion of health planning		Policy Statement and Resolutions resulting from Garanhuns regional meeting, and Pacia do Prata meeting.

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Activities	Targets	Results	Output to Date
II. <u>To improve Maternal and Child Health:</u>			
Community Health Services	Planning for Coordinated and expanded Program with Nutrition	Project with FSESP, CEA, Inst. Nut. NE initiated	Nutrition educational program launched sponsored by CEA
Preschool child services	Work with NE Regional and State Organizations	Project developed with FSESP	Pilot projects in 3 NE states
III. <u>To Combat Malnutrition:</u>			
Comissão Nacional de Alimentação	Strengthen CEA and work towards integration of its nutrition programs with appropriate health, education and agricultural programs, e.g., training rural extension agents, primary school teachers, school lunch supervisors, etc. in nutrition education. Also educating consumers at large.	CEA giving courses for Rural Extension Service; setting up training courses with multiplier effect for supervisors of education, etc. Also helped SUPAR prepare consumer education campaign and prepared materials for program reaching 1400 Mothers' Clubs.	
Industrial Development	Promote production and utilization of high protein foods, soy, fish protein, etc.	Promoting high-protein foods meeting for achieving better dialogue between industry and government on utilizing high-protein foods in mass-feeding program (July 1969)	

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Activities	Targets	Results	Output to date
Food Enrichment	Improve nutritive quality of common foods, cereals, milk, bread, spreads etc.	Food enrichment will also be discussed at meeting described above.	
IV. <u>To Eradicate & Control Communicable Diseases:</u>			
Malaria	Eradication of malaria by 1975	Interrupted transmission for 7.5 million	
Smallpox	Eradicate smallpox by 1971	Campaign active in 5 states. 1.5 million vac. per month.	
Schistosomiasis	Research on control measures	Establishing guidelines for molluscociding. Testing new drug (Bucantone)	
Chagas Disease	Extend area of control		
Yellow Fever	Control of vector	Project underway	
Plague	Research on reservoirs	Indigenous selvatic rodents identified	
V. <u>To Improve Health Statistics and Vital Information:</u>	Collaboration with INGE household survey. INE Statistical Center will coordinate with PAHO on regional infant mortality study. Revise Health Diagnostic Statistics	Survey in process Revision being accomplished.	Survey models prepared. PAHO-HON preliminary conf. March 1969.

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COURSE OF ACTION

PAPPE is presently in the process of improving the organization and administration of health services in the Ministry, states and municipalities. With the assistance of USAID and others, a revised national health plan can be developed before the end of 1970. USAID assists by providing technical assistance and counterpart funds. PAHO through its projects in malaria, smallpox, health administration and training of health personnel provides advisory services to programs assisted by PAPPE and thus is additive to the impact of PAPPE's work. Food for Development (USAID) and the World Food Program (UN) make contributions in food commodities and UNICEF in training leaders.

During 1969 and 1970 PAPPE will concentrate in studying the structure of state and federal health services, continue the thrust in developing departments of preventive medicine in the medical schools and will provide necessary assistance to programs of priority in the health sector.

The specific areas selected for assistance are: health planning, health statistics, local health organization (interiorization), training, communicable disease control, nutrition education, medical education (preventive medicine), and research on plague and schistosomiasis. (See pages ~~Table~~ for listing of PAPPE projects).
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The programs in nutrition and pilot projects in interiorization will give special attention to mothers and children.

The Ministry of Health has agreed to provide in 1969 US\$1,046,850 for the general fund of the PAPPE unit. This is in addition to the regular government budget for the activities assisted by PAPPE through its subprojects (approximately US\$102,600,000).

Health Planning:

(a) The process of reorganization of the Ministry of Health is underway in accordance with the Administrative Reform Law (Decree No 200, dated 25 February 1967). This reorganization will permit the Ministry to coordinate on a national basis government activities for the protection and recovery of health. GOR expects that reorganization can be completed in CY 1969 although modification in the structure of the Ministry will continue to be needed in future years.

(b) Regional organizations (SUDETE, SUDESUL, SUDAM and SUDCO) are being given technical assistance by PAPPE so that they in turn can coordinate state programs of disease control and statistics and can assist them in developing state plans. During 1969 it is expected that each of these regional organizations will be staffed to carry out its health functions.

(c) The states will be assisted to install planning units in each secretariat of health. At present there are eleven such units; ten states and three territories remain without planning units. Ground work is being done and it is expected that at least five of the states will install planning units within the next year (Paraná, Santa Catarina, Amazonas, Mato Grosso and Goiás).

(d) Training in health planning will continue for the life of the project. The present emphasis is to provide courses in planning for health officers at the National School of Public Health at the rate of 25-30 scholarships per year. Other courses assisted by PAPPE are held by SUDETE in Recife and at the Faculty of Hygiene in Sao Paulo.

(e) PAPPE also assists the Special Public Health Service Foundation (SESP) and municipalities in planning. This assistance has been for studies in morbidity, manpower, organization, resources and environmental sanitation. It is expected that this assistance will be for one year although the possibility is not excluded that additional studies and surveys will be needed which can best be done by SESP.

Health Statistics:- Improvement is being stimulated by:

(a) Collaboration with the census and with IDGE in its national survey.

(b) Assistance to the Statistical Center for the Northeast (established in 1968 but still needing assistance in the area of health statistics) which, in turn, will assist the Secretaries of Health of the Northeast.

(c) Technical assistance directly to selected states, which will continue for the life of the project.

Interiorization:- During 1969 PAPPE will continue to assist interiorization. This process offers the best possibility of providing health services to the interior of the country where it has not been possible to attract qualified health personnel. For this purpose, a grant was made to SESP which recruits locally, trains and assigns auxiliary health personnel to

rural communities in three states, Paraíba, Pernambuco and Bahia. The auxiliary personnel will offer health advice to families, provide immunizations and carry out environmental sanitation and first aid activities. They will be supervised by a zonal staff within the state located at a central point which will have one or more doctors, nurses and sanitation personnel. The auxiliary personnel will be brought to the center from time-to-time to review their work and continue in-service training. They will also be visited by the supervising zonal staff. It is expected that during 1969 interiorization can be expanded to eight additional areas in two other states.

Interiorization is one of the central themes of the whole planning unit program. For example, grants-in-aid are provided with firm criteria to increase state and municipal participation in high-yield types of health activities. The planning is done in such a way that the HOW does not become involved in the executive aspects of the work. All health programs are handicapped by insufficient and inadequate local health programs. Communicable disease control, nutrition, maternal and child health, sanitation and health education programs require local health representatives at the municipal level. What is required are well organized health centers in the cities and larger towns, which centers can train and supervise auxiliary health personnel placed in the satellite municipalities. This network is now being organized with the assistance of PAPPE in the states of Ceará, Bahia, Paraíba and Rio de Janeiro.

Training of Personnel:- In order to meet the needs for a modernized health program PAPPE has given priority to the training of health personnel. A new course started in health planning at the National School of Public Health in 1968 will be continued in 1969. About 35-40 technical professional personnel will be trained in 1969 as a result of scholarships, equipment and materials to be provided by a grant from PAPPE. An additional 60 students will be trained during 1970. The training of sprayer and middle-level supervisory malaria personnel assisted by PAPPE in 1968 will be picked up by the malaria eradication program in 1969. Assistance, within the country, for the training of health personnel will probably be required for the life of the PAPPE project because of the continuing need for personnel as the health program improves and expands.

Communicable Diseases:- PAPPE has directed its attention to Chagas disease, yellow fever and smallpox as important communicable diseases requiring control measures. Present planning calls for a steadily

increasing program of treating houses infested with beetles which transmit the trypanosome of Chagas disease. It is expected that with the assistance of PAPPE the control period of this program can be reduced from five to three years. Continued support of this activity will be required during 1969. In 1971 it is expected that GOB will pick up the entire cost of the program. Approximately 1,700,000 houses are being treated annually. It is estimated that 3,000,000 houses are infested.

Yellow fever exists in Brazil. It constitutes a continued threat of becoming epidemic and spreading to other countries which have the vector of the disease, the Aedes aegypti. This mosquito which in 1954 had been laboriously eliminated from Brazil has reappeared in Belém. It is an urgent matter that Aedes aegypti be eradicated again as soon as possible so as to avoid a serious epidemic of yellow fever which would be costly in lives and economic resources. Assistance to yellow fever control will probably be required for three years to allow time for the program to be included in the regular budget of the Ministry.

Two communicable diseases of considerable importance in Brazil require research so as to develop improved methods for their control. These diseases are schistosomiasis and plague (peste). Four pilot areas have been selected to try out methods recommended by the Pan American Health Organization for the control of schistosomiasis. Although this project has already produced some very important results it will require at least three years more of assistance.

Periodically, every eight to ten years, there is a cyclic return of bubonic plague causing epidemics reaching 30% fatality rates for human cases. PAPPE has supported research now carried out in areas of five states: Pernambuco, Bahia, Ceará, Minas Gerais and Rio de Janeiro to identify the sylvatic animals which serve as a reservoir for plague and to find out how the infection is transmitted to domestic rats. When this information is obtained for the endemically infected areas of Brazil, it will be possible to devise methods for its control. Support will be continued for plague research during 1969 and 1970.

Nutrition:- The role of PAPPE in the field of nutrition has been to assist the National Food Commission to coordinate the various government and private activities in the nutrition field and to work towards the formulation of a national nutrition policy. The activities include development of new foods from indigenous sources and fortification of currently used foods, educating the public on the most nutritious foods

and the inclusion of nutrition education as part of the various food assistance and welfare programs and especially in training courses for primary school teachers. Support of this activity will continue for the life of the project.

Preventive Medicine Teachings:- In order to stimulate a greater interest in the prevention of illness, it was decided that PAPPE should assist medical schools to develop departments of preventive medicine. Six medical schools are now being assisted: Pernambuco, Ceará, Goiás, São Paulo (two) and Brasília. During 1969-1970 assistance will be provided to the schools in Ribeirão Preto, Bahia, Minas Gerais, and Espírito Santo. This type of assistance may be required for a period of two to five years before full operating responsibility is assumed by the universities. These projects will develop medical manpower for preventive programs. They are also supportive of a trend in medical education to teach the students the ecology of disease which they will see in their patients, in hospitals, clinics and offices.

LIST AND CATEGORIES OF PAPPE SUB-PROJECTS

UNIDADE DE PLANEJAMENTO, AVALIAÇÃO, PESQUISA E PROGRAMAS ESPECIAIS (PAPPE)

UNIT OF PLANNING, EVALUATION, RESEARCH AND SPECIAL PROGRAMS

ASSISTANCE TO MAJOR PROBLEMS

DEPARTMENT OF RURAL ENDEMIC DISEASES

Chagas Disease Control - Extension of the Program
Aedes Aegypti Control

SMALLPOX ERADICATION CAMPAIGN

Smallpox Eradication - Extension of the Program

MINISTRY OF HEALTH - SECRETARY GENERAL'S OFFICE

Technical and Administrative Reorganization of the Ministry of Health

NATIONAL FOOD COMMISSION

Food and Nutrition Program

SPECIAL PUBLIC HEALTH SERVICE FOUNDATION

Organization of Municipal Health Services

TRAINING AND TEACHING OF PREVENTIVE MEDICINE

MALARIA ERADICATION SERVICE

Training for Malaria Technicians
Training for Malaria Technicians
Training of Ancillary Personnel

UNIVERSITY OF PERNAMBUCO - SCHOOL OF MEDICINE

Teaching of Preventive Medicine

NATIONAL PUBLIC HEALTH SCHOOL FOUNDATION

Training of Health Personnel

UNIVERSITY OF CEARÁ - SCHOOL OF MEDICINE

Teaching of Preventive Medicine

MEDICAL SCIENCES SCHOOL OF THE SANTA CASA DE MISERICORDIA HOSPITALS OF SAO PAULO
Teaching of Preventive Medicine

UNIVERSITY OF BRASÍLIA MEDICAL SCIENCES SCHOOL
Teaching of Preventive Medicine

UNIVERSITY OF SAO PAULO - SCHOOL OF MEDICINE OF RIBEIRAO PRETO
Teaching of Preventive Medicine

UNIVERSITY OF GOIAS - CENTRAL INSTITUTE OF TROPICAL PATHOLOGY
Teaching of Preventive Medicine

ESCOLA PAULISTA DE MEDICINA
Teaching of Preventive Medicine

SPECIAL STUDIES AND RESEARCH

DEPARTMENT OF RURAL ENDEMIC DISEASES

Plague - Intension of Prophylaxis and Research Programs
Schistosomiasis Control in Pilot Areas

SPECIAL PUBLIC HEALTH SERVICE FOUNDATION (FSESP)

Health Statistics
Diagnosis of the Health Situation in Brazil

MISCELLANEOUS

REGIONAL LIBRARY OF MEDICINE - SAO PAULO

Regional Library of Medicine - Cooperative Action

DEPARTMENT OF RURAL ENDEMIC DISEASES

Field Study for Rat Control
Administration

EMERICK

UNCLASSIFIED