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**PUBLIC
HEALTH
TECHNICAL
CONFERENCE**

**Bogota, Colombia
April 24 - 28, 1961**

U. S. DEPARTMENT of STATE

International Cooperation Administration

Office of Public Health

Washington 25, D. C.

TABLE OF CONTENTS

| | <u>Page</u> |
|--|-------------|
| Introduction | 1 |
| Topic I - Health: Its Importance and Role in Achieving Social and Economic Development in Latin America | 3 |
| Topic II - Health: Actions Required to Achieve Goals Established in the Act of Bogota | 11 |
| Topic III - Health: Development of the Water Supply Program . . . | 19 |
| The Role of the Inter-American Development Bank in the Program of the Alliance for Progress | 27 |
| Report on a Program for Rehabilitation of Disabled Persons in Mexico | 34 |
| Report on the Current Program in Malaria Eradication | 37 |
| Conference Resolutions | 40 |
| Appendices: | |
| A. Inaugural Address by His Excellency Dr. Alvaro de Angulo, Minister of Public Health, Republic of Colombia | 42 |
| B. Address by Dr. Eugene P. Campbell, Director of the Office of Public Health, International Cooperation Administration, Washington, D. C. | 45 |
| C. Address by Dr. Arthur Osborne, Representative of the United States Public Health Service, Department of Health, Education and Welfare, Washington, D. C. | 48 |
| D. Comments of Dr. Frederick J. Vintinner, Deputy Chief, Latin America, Africa and Europe Division, Office of Public Health, International Cooperation Administration, Washington, D. C. | 52 |
| E. Conference Calendar | 54 |
| F. Conference Committees | 57 |
| G. Work Groups | 59 |
| H. Conference Participants | 60 |
| I. Summary Report on an Evaluation of the Conference | 65 |
| J. Act of Bogota - Measures for Social Improvement and Economic Development within the Framework of Operation Pan America | 67 |

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The Conference Participants

INTRODUCTION

This Seventeenth Public Health Technical Conference sponsored by the International Cooperation Administration was held in Bogota, Colombia, from April 24 - 28, 1961. It was the second such conference in which representatives of the Ministries of Health from the Latin American countries had met with ICA health staff. The principal objective of the conference was to secure an interchange of ideas regarding country planning and programming for health as a part of the Latin American social development program set forth in the Act of Bogota. Efforts were made:

1. To identify barriers to health progress and the ways in which these barriers could be removed;
2. To develop methods of long-range planning; and
3. To project action programs for the effective implementation of the plans, utilizing the self-help concept.

The members of the Conference served as technical representatives rather than as official delegates of their respective countries. The content of this conference report contains, therefore, a series of conclusions in lieu of specific recommendations.

In addition to 19 persons from 13 Ministries of Health from Latin American countries, there were 19 ICA representatives from the Health Divisions of United States Operations Missions from 15 countries, five from the Pan American Health Organization, one from the United States Public Health Service, one from the Rockefeller Foundation, one from UNICEF and five from the Office of Public Health, International Cooperation Administration, Washington, D. C.

The three principal topics of the Conference were presented to the members in plenary sessions. These topics were then considered by five discussion groups with each group presenting in plenary session the results of its deliberations. The material in the report represents the conclusions reached by the Conference membership following a discussion of the group reports.

The success of the Conference can be attributed largely to the active interest, cooperative spirit and participation of its members. Communication problems due to language difficulties were minimized through the use of simultaneous translations of English and Spanish during plenary sessions. Special acknowledgement is made of the courtesies and services rendered the Conference by the Health Division of the United States Operations Mission in Colombia.

It is hoped that the conclusions of the Conference will serve as useful guidelines for future planning and implementation of cooperative health programs so that these programs will contribute significantly to improved health conditions and services in Latin America.

TOPIC I

HEALTH: ITS IMPORTANCE AND ROLE IN SOCIAL AND ECONOMIC DEVELOPMENT IN LATIN AMERICA

CONFERENCE CONCLUSIONS

I. THE CONTRIBUTIONS OF HEALTH PROGRAMS TO ECONOMIC AND SOCIAL DEVELOPMENT

Man has certain inalienable rights, one of which is to be able to live in a healthful environment and to have available to him the knowledge and services which will help safeguard his physical and mental well-being. Not only is the opportunity for health a right of man but a necessity for his social and economic development.

- A. Human labor is the basis for the formation of capital. To insure the availability of an effective labor force, a country must provide the health services which will help the laborer to increase his working capacity and to prolong the duration of his productive life.
- B. The material resources of some countries cannot be fully developed or utilized because these resources exist in areas where there are unhealthful conditions and it is difficult for men to work or live. The control or eradication of diseases in such areas is often the most important first step to be taken if the resources are to be developed.
- C. Absenteeism increases production costs. As workers are provided with and make effective use of preventive and remedial health services, absenteeism is reduced and productive capacity is increased.
- D. Industrial development and the successful stimulation of tourism are directly related to the availability of sufficient quantities of safe potable water.
- E. The reduction of parasitosis and the improvement of nutrition in the school population are important factors in decreasing absenteeism. Furthermore, a child who is well nourished and free from debilitating disorders is more alert and better able to take advantage of learning opportunities.
- F. Political stability, an essential of social and economic progress, is encouraged when a government demonstrates a concern for its citizens by providing basic health services.

II. WAYS BY WHICH HEALTH PROGRAMS CAN CONTRIBUTE MORE EFFECTIVELY TO ECONOMIC AND SOCIAL DEVELOPMENT

Existing health services and programs need to be evaluated to determine the extent to which they are fulfilling their role in the economic and social development of a country. Findings should be used as the basis for developing long-range plans to effect necessary improvements. Some of the ways considered essential for increasing the effectiveness of the contribution of health services to economic and social development are:

A. Integration of Health Services.

In many countries health services are provided by a complex of agencies with the result that there is unnecessary duplication of effort. Frequently there is a complete separation between preventive and curative health services and too often the major portion of funds available for health services are used to treat illnesses which can be prevented. In order for health services to make the most effective contribution to economic and social development, efforts need to be made to:

1. Eliminate duplication in the operation of health programs;
2. Integrate preventive and curative services so as to reduce costs and make maximum use of available health personnel; and
3. Prevent the diseases which require prolonged or recurring treatment as well as those that are the cause of high mortality and morbidity.

One step toward the accomplishment of these goals is to establish within a single agency or institution the authority for operating or coordinating the health services of the country.

It is concluded, therefore, that:

1. The curative and preventive health services presently the responsibility of the Ministry of Health be integrated;
2. That health services carried out by other agencies of the government be transferred to the Ministry of Health as soon as feasible;
3. That the Ministry of Health promote effective coordination with the Social Security System and voluntary agencies of the country;
4. That at every level the Ministry of Health stimulate the participation in health programs of agencies and groups

having related interests (education, agriculture, public welfare).

B. Extension of Health Services.

In this report the term "local health services" is used to describe the programs carried out by governmental agencies at state, departmental, provincial, municipal or village level to promote, protect and restore the health of the people.

The activities of local health services usually consist of general medical care, mother and child care, control of communicable diseases, environmental sanitation and social welfare. Occasionally dental, occupational health and veterinary services are also offered as a part of the local health program. The services are provided by professional staff of various categories or by auxiliary personnel who work under the direction and supervision of professional personnel.

Limitations of funds and of health personnel make it impracticable to hope for a rapid expansion of local health services. It must be recognized, however, that until such health services are available to all the areas and groups which are important to the economic and social development of a country, the growth process of the country will continue to be impeded. Because of the limiting factors mentioned, it has not and will not be possible immediately to provide adequate local health services to many population areas. Of necessity, the development and staffing of a health organization able to provide preventive and curative services to the total population is a long-term goal. This goal must ultimately be achieved, however, if health is to make maximum contribution to economic and social growth.

The development of local health services is impeded by the following factors:

1. Shortage of professional, technical and auxiliary personnel.
2. Budgetary limitations.
3. Non-existence of long-term plans for the progressive development of these services.
4. Poor administrative practices.
5. Faulty distribution of professional health workers in the country.
6. Inadequate living facilities available for health personnel in the communities to which they are assigned.

7. Insufficient opportunities for professional and technical improvement of personnel assigned to areas outside the capital city or other metropolitan areas.
8. Lack of support and understanding of the community regarding the activities of the local health service.
9. Tendency to expect and the custom of communities to obtain health services free of charge.

The above factors mentioned as impediments to the development of local health services are discussed in detail in other sections of this report where suggestions are made for appropriate remedial action. One factor not dealt with extensively in other sections of this report is the lack of community support for health services. The failure to secure the active participation of the community in health programs is often one reason why local health services do not make a significant contribution to the prevention of disease and the improvement of community conditions.

An intensive health education effort is required in order to secure the active participation of the community in solving health problems and bringing about improvements in existing services and community conditions. To be successful the health programs undertaken must take into account the cultural and social characteristics of the community; whenever possible they should be combined or related with other activities that are of vital interest to the population; every effort needs to be made to organize community leadership and to encourage the cooperation of organized groups such as Rotary Club, Lions Club, Parent-Teachers Association, etc.

The community can contribute directly to the improvement of local health services by:

1. Helping plan and organize the health activities;
2. Donating construction materials;
3. Providing labor;
4. Contributing money;
5. Volunteering personal services; and
6. Paying for health services received.

C. Development of Special Programs.

In order for health to make an immediate impact contribution to economic and social development, it may be found expedient to give priority to the solutions of health problems affecting

large groups of the labor force or to those that affect the populations in areas where important natural resources are located; or it may be essential to develop health services which are directly related to the protection of tourists, migratory population groups, and new settlers. These priority programs need to be planned and carried out in such a way that they contribute to the achievement of the long-term goal of developing local health services as well as the solution of the problems for which they are designed. It is important that essential existing health services not be weakened in the process of giving priority to programs that produce immediate economic impact.

D. Utilization of Available Human Resources.

The shortage of professional and auxiliary health personnel remains a problem throughout the Americas. The recruitment of suitable candidates for health training and positions is difficult. Once recruited and trained, many employees leave to accept employment in another field of endeavor, and many of those who continue in health positions are not utilized effectively. There are many reasons why the conditions exist. These include:

1. Inadequate job opportunities;
2. Lack of incentives to remain in health work;
3. Part-time employment;
4. Poor distribution of health personnel;
5. Inadequately prepared staff; and
6. Lack of opportunities and facilities for training health personnel.

Steps need to be taken to rectify these conditions if health is to make an effective contribution to economic and social development. It is concluded that:

1. A register of all personnel trained in health be established and maintained. One step considered essential in establishing such a register is a survey to ascertain the following:
 - a. Names of persons in the country who have had health training;
 - b. Kind of training these persons have had;
 - c. Type of work they are engaged in;
 - d. If not presently employed in health, the reasons why not

There are many sources to be used in compiling a list of the persons who have had health training. These include:

- a. Governmental agencies of the country;
- b. Professional health organizations and voluntary agencies of the country;
- c. Various foundations and international organizations (Kellogg, Rockefeller, PAHO/WHO, ICA, etc.);
- d. Offices of Ministries of Foreign Affairs and Embassies;
- e. Industries.

It will be necessary also to set up machinery to maintain the register once it has been established. Ways must be found to encourage all groups that are participating in the training of health personnel to submit routinely the names, education, qualifications, and experience of their trainees.

2. A survey be made to determine the number of unfilled health positions in the country, the location of the positions and the kind of personnel required.
3. A careful examination be made of the responsibilities of professional health personnel presently employed to determine whether some of their activities could be carried out by auxiliary staff, thus freeing the professional staff to make a greater contribution in program planning and staff supervision. Another useful outcome of such an activity will be the accumulation of data that will enable organizations to determine the number of additional professional and auxiliary staff required for present and future needs.
4. Actions be taken as quickly as possible to provide the incentives which will attract new personnel, encourage existing personnel to remain in health work, and influence those trained in health now engaged in other activities to return to the health field.

There is need for:

- a. Setting up job classification systems;
- b. Establishing full-time employment practices;
- c. Setting up salary scales that compare favorably with those in other fields;
- d. Providing for promotions; and

e. Offering training opportunities, in-service and pre-service.

5. Special consideration be given to the problems of obtaining a better distribution of health personnel in relation to program needs and priorities. To have effective health services in a country there must be equitable distribution of health personnel. The practice has been to send young and relatively inexperienced staff to rural areas with the result that an assignment outside of the capital city or other metropolitan areas is regarded as suitable only for beginners or for those who have not been successful.

The development of health programs with immediate impact for economic and social development will necessitate in some instances the assignment of experienced staff in remote areas of the country. Ways must be found to bring about a change in existing attitudes toward assignments in rural areas as well as to provide special incentives for those assigned to the areas. Such incentives should include provision of hardship allowances and adequate living facilities. There will be need also to provide opportunities for professional growth, such as attendance at refresher courses, contacts with staff of national or regional health organizations, etc. Experience indicates that in as far as possible auxiliary staff should be recruited from the area in which they are to work. This practice should be continued and expanded.

6. Training opportunities (in-service and pre-service) for health workers be considered as a top priority.

As already mentioned there is a shortage of health staff and some of those now employed need additional preparation.

Among the many problems to be solved are those related to the development of new training institutions or courses, the up-grading of existing facilities, the recruitment of suitable candidates for training, the provision of fellowships for advanced study, the organization of refresher courses through workshops, seminars, etc.

E. Intensification of Health Education Effects.

Both the authorities and the public need to accept health as a basic element in economic and social development. Unless this relationship is understood and accepted, provision for necessary health services may be overlooked in development plans or those programs and services which are provided may not be accepted or utilized by the people for whom they are intended. An intensive health education effort at every level will be required to achieve understanding, acceptance and action by the authorities and the public.

III. CRITERIA FOR DETERMINING HEALTH PROGRAM PRIORITIES IN ECONOMIC AND SOCIAL DEVELOPMENT

The following criteria should be applied in determining which health activities will make the greatest immediate contribution to the economic and social development of the country:

- A. Seriousness of the problem in terms of morbidity, mortality and disability.
- B. Magnitude of the financial loss sustained by the community as a result of the health problem involved.
- C. Technical feasibility of the proposed solution.
- D. Financial feasibility of the solution to the problem and whether the results will justify the cost.
- E. Financial and administrative capacity of the country for efficient operation and maintenance of the program.
- F. Benefits to be derived in relation to cost and to number of people served.
- G. Community acceptance of the solution to the problem.
- H. Acceptability of the activity as a part of the economic and social development program of the country.
- I. Catalytic effect of the health program on other economic and social development programs.
- J. Social, economic and political impact of the program.
- K. Fulfillment of international health commitments.

TOPIC II

HEALTH: ACTIONS REQUIRED TO ACHIEVE GOALS ESTABLISHED IN THE ACT OF BOGOTA CONFERENCE CONCLUSIONS

In harmony with the spirit of the Act of Bogota, and recognizing that necessary attention should be given to the aspects of the problems of health set forth therein, it is concluded that the countries concerned need to increase their health budgets and to secure additional prepared personnel; furthermore, that the national health services must effect desirable changes in program planning, organization of services, administrative practices, and utilization of resources if they are to contribute to the achievement of the goals of the Decade of Development. Consideration should be given to:

- A. The Development of Long-Range Plans for Extension and Improvement of Health Services.
 1. There should be created at the level of the Minister or Director of Health a planning office or commission. This commission should be made up of high-ranking technical personnel working on a full-time basis. Representatives of international health organizations would serve as advisors to the commission. The commission should operate as an entity of the Ministry of Public Health and should have a full-time secretariat; the maintenance costs of the unit should be included in the Ministry's budget.
 2. The planning commission should be responsible for preparing, coordinating and evaluating long-term plans for the development of health programs. The plans should be progressive and flexible and should give due consideration to the human, material and budgetary resources as well as to the priority health problems of the country.
 3. The planning commission should submit its reports to the Minister of Health for study and approval. In turn, the Minister should refer the plans to the national planning body for necessary integration, coordination, and financial support.
 4. Vigorous action as the ministerial level should be taken to convince the authorities of the country and the public of the

need to implement long-range health plans. There should be adequate coordination of effort in this endeavor between the Ministry of Health and international health organizations.

5. Implementation of the approved health plans should be the responsibility of the appropriate departments or divisions of the Ministry of Health. The planning commission should not assume operating responsibilities.
 6. Periodic evaluations of the activities undertaken should be made by the planning commission for the duration of the program. The departments or divisions responsible for implementing the program should be required to provide the commission with all data necessary for a proper evaluation. The commission should have the authority to make direct inspections whenever it so desires.
 7. In coordination with the departments or divisions responsible for the execution of the program, the planning commission should recommend any changes in the program indicated by the evaluation. The recommendations should be submitted to the Minister of Health for approval.
- B. Problems Affecting the Development and Implementation of Long-Range Plans for Health Services.

For the effective development and extension of national health plans for health services and programs such as those contained in the Act of Bogota, it will be necessary to effect changes in the existing organization and administrative practices of the Ministry of Health. There is need to:

1. Establish procedures for developing long-term plans and programs.
2. Plan for and obtain a sufficient number of qualified personnel for staffing the health programs. In some instances personnel from international agencies may have to be used for short periods until national personnel can be trained, especially in hospital administration and maintenance of services and records.
3. Define lines of authority and function within the Ministry and from the Ministry to the local level.
4. Delegate to the local level increased responsibility and authority for the implementation of the health programs, retaining at the national level responsibility and authority for establishing regulations and defining and maintaining technical and professional standards.

5. Establish as a requirement full-time employment for all personnel having regulating or executive authority whether at the national, regional or local level.
 6. Provide for the continual technical control and supervision of programs.
 7. Promote improved team work and exchange of information between various disciplines, between various departments, and between the national and local levels.
 8. Improve methods and practices related to personnel management, preparation and control of budgets, procurement and distribution of materials and equipment, and maintenance of equipment.
 9. Stimulate closer coordination between national and international agencies to insure better utilization of resources.
 10. Improve machinery for obtaining statistics in order to have a better knowledge of problems and a base line for evaluating programs. The compilation and analysis of data should be on a continuing basis.
 11. Systematize technical standards, procedures, and functions.
 12. Establish systems of periodic evaluation.
 13. Provide for legal standards to strengthen the execution of health programs.
 14. Secure adequate financing for approved health programs.
- C. New Resources that may Contribute to the Implementation of the Act of Bogota.

Among the newer resources two deserve special attention: the Peace Corps and the Food for Peace.

The Peace Corps can provide a means for obtaining additional personnel for regular and special health programs as well as for other fields of economic and social development. The contribution of the Peace Corps will be in operational rather than in advisory services. In general, it is believed that Peace Corps personnel should be assigned only to those positions that cannot be filled effectively by nationals and should be utilized only when adequate supervision can be provided by national or international health personnel.

Peace Corps personnel might be used effectively in the following activities:

1. Eradication of malaria: in spraying operations and in the maintenance of equipment and vehicles.
2. Water supply and housing programs: in conducting surveys to collect information regarding existing conditions, and as assistant engineers in the designing and construction of water-supply systems and housing projects.
3. Regular medical care or public health programs: by serving as staff in hospitals and dispensaries and for public health activities and clinics.
4. Nutrition programs: by working as dieticians and laboratory technicians.

The Food for Peace program may be used to improve the nutritional status of many people within a country. It is essential, however, that Ministries of Health desiring to use this resource develop their plans in coordination with the agricultural and economic interests of the countries concerned. This is necessary to insure that the Food for Peace program will not interfere with national food production efforts and will not cause serious economic dislocations.

Food provided through this program may be a valuable aid to the Ministries of Health and other governmental and private agencies for the relief of emergency situations occurring as a result of droughts, floods, earthquakes, etc.

D. The Use of Long-Term Loans at Low Interest to Help Implement the Act of Bogota.

The types of activities and needs of the Ministries of Health that could be financed with long-term loans at low interest following an order of priorities, might be:

1. Potable water supplies for urban populations.
2. Installation of sewage disposal systems.
3. Establishment of a rotation fund to enable small communities to finance sanitation improvements (water supply and sewage disposal).
4. Campaigns for the eradication of diseases that have an economic and social impact (malaria, smallpox, tuberculosis).
5. Construction or improvement of public health laboratories or purchase of needed equipment.
6. Construction or renovation of hospitals and health centers, especially those connected with training of personnel.

7. Purchase of equipment for hospitals and health centers.
8. Nutrition campaigns relating to agricultural and industrial development.
9. Slum clearance projects and construction of new housing.
10. Construction of facilities and purchase of necessary equipment for training of health personnel.

E. ICA Cooperation in the Implementation of the Act of Bogota.

The Act of Bogota recognizes the need for strengthening existing health programs and for placing emphasis on the activities and programs that will have the most immediate impact on economic and social progress. The most important areas of work in which ICA support will be required to help the Latin American countries achieve the goals set forth in the Act are the following:

- The preparation of the personnel required to provide health services for the country.
- The integration of curative and preventive services and the gradual extension of these services to all population groups.
- The organization and implementation of health programs designed to control or eradicate diseases which cause high morbidity and mortality.
- The preparation and presentation of applications for loans to be used to improve health conditions in the countries.
- The development of research in public health which will have significance for economic and social development.

1. Preparation of Health Personnel

Health programs cannot be effectively implemented in the absence of competent staff. As already recognized by the Conference not only is there a shortage of health personnel in the Latin American countries but many of those who are now working in health programs have not had adequate preparation for the jobs to which they are assigned. The solution of the personnel problem is essential in order to insure better health services and the most effective utilization of time, effort and money expended in health work.

There are several aspects to be considered in solving the problem:

- The improvement of existing facilities for the preparation of professional health personnel;
- The creation of new training centers, regional or national for the preparation of professional health personnel; and
- The establishment and/or up-grading of facilities for the training of auxiliary personnel.

a. Improvement of Professional Education

The ICA could help by assisting the Latin American countries strengthen the institutions which prepare various categories of professional health workers. There is need for technical and economic assistance to:

- (1) Develop teaching programs.
- (2) Improve administration.
- (3) Train professors in the basic sciences.
- (4) Obtain the services of consulting professors to meet specific needs.
- (5) Establish full-time employment practices for the basic faculty of the teaching institutions. Financial assistance on a diminishing scale for periods of three to five years may be required to obtain a salary level which will permit full-time employment of faculty.
- (6) Procure basic teaching equipment.
- (7) Develop and implement plans for the exchange of professors from institutions in the Americas with those of other countries.
- (8) Develop and/or improve departments of preventive medicine in medical schools.

b. Development of New Training Centers for Professional Health Personnel

The ICA could make an important contribution by providing technical and economic assistance which would enable the Latin American countries to develop their own training facilities or to develop regional facilities to serve several countries. The development of regional centers should be given serious consideration; they would

be most useful for the training of specialized personnel who are not required in large numbers in individual countries and as an interim arrangement for countries that are not yet prepared to develop their own training institutions.

The regional training centers should be located in countries where the existing health services are adequate for training purposes and where university facilities are available to supplement the health training center. The university should be responsible for the quality of instruction in the regional center and the Ministry of Public Health should provide the services and personnel necessary for supervision of field practice.

c. **Improvement of Training of Auxiliary Health Personnel**

The ICA could render a valuable service by providing technical and economic assistance to help the Latin American countries organize and implement or up-grade training programs for auxiliary health personnel. There is need to develop or revise teaching programs, improve the administration of existing training programs, secure and prepare faculty, establish full-time employment practices for the basic faculty for the training program, and procure necessary teaching equipment.

2. **Extension of Local Health Services**

ICA could help the governments by assisting in the development of long-term programs for the improvement and integration of existing curative and preventive health services and the extension of these services to population groups not presently served. This could be accomplished through the provision of technical and economic assistance for:

- a. The planning for and operation of integrated health services.
- b. The preparation of health personnel.
- c. The construction and/or remodeling of facilities.
- d. The procurement of needed equipment.
- e. The development of studies or research activities (for example, demonstration tests of certain techniques, processes, materials, equipment, etc.).

3. Organization and Implementation of Disease Control or Eradication Programs

Apart from the development of integrated local health services, there is often need for the organization of special programs designed to control or eradicate a disease. In the field of health special programs have been developed to combat yellow fever, and to eradicate malaria and smallpox. Experience has demonstrated that in the development of such special programs careful attention must be given to planning the program, securing necessary legislation, establishing sound administrative practices, undertaking intensive education, and providing for close supervision of operations if stated goals are to be achieved. Special attention must also be focused on keeping the program coordinated with the regular health services of the country. ICA could help by providing the technical and economic assistance that would enable a country or region to undertake programs for the control or eradication of diseases which have immediate or long-range impact on economic development.

4. Preparation of Applications for Loans

The ICA could help the Latin American countries by providing the technical and economic assistance in accumulating the data necessary for the preparation and presentation of loan applications.

5. Development of Research in Public Health

Technical and economic assistance from ICA would be useful in:

- a. Identifying and assessing the critical limitations in health programs which affect the development of the country;
- b. Establishing priorities for research requirements and determining where research can be best carried out; and
- c. Supporting research programs agreed upon.

TOPIC III

HEALTH: DEVELOPMENT OF THE WATER SUPPLY PROGRAM

CONFERENCE CONCLUSIONS

- I. Methods which may be used in the substantive evaluation of problems relating to the development and organization of the water supply program include:
 - A. Compilation of all data in the possession of private and governmental organizations relating to water supply programs and the carrying out of such additional studies as may be necessary.
 - B. Investigation of the water needs in certain areas of those countries where there are no national surveys, based on the following criteria:
 1. Possibility of serving large groups of population;
 2. Possibility of serving areas with existing or planned economic development; and
 3. Possibility of serving areas in which other important public health programs are being carried out.
 - C. Utilization of available information from other countries with similar conditions and customs and well-developed water supply programs.
- II. An evaluation of the problems will serve to:
 - A. Ascertain the magnitude of the problem in all its aspects;
 - B. Determine the priority each project deserves; and
 - C. Make possible the proper integration of the national water supply program with the economic development program.
- III. Determining factors and limitations affecting the planning of water supply programs are:
 - A. Legal status of the planning body;

- B. Availability of qualified personnel;
- C. Economic capacity of the community and the planning body;
- D. Lack of statistics regarding the areas for which the programs are planned; and
- E. Progressive evaluation, on a continuing basis, during the planning and entire course of the program, by a coordinating and evaluation committee.

IV. Personnel needs will be determined by adequate programming from every standpoint. To ensure maximum development of personnel, appropriate personnel administration systems should be established covering, in particular, adequate salaries, classification of personnel by grade, length of service and ability and training.

The services of short-term consultants may be better utilized in the organization and development of programs by:

- A. Defining clearly the aspects of the program in which the services of experts are most needed; and
- B. Having available before his arrival all the information required by the expert.

V. Community participation and acceptance of the resulting responsibility are key points in the development of a water supply system; the support and backing of the community is a determining factor in the implementation of a water supply program. Health education plays a vital part in the organization and preparation of the community for acceptance of this responsibility from the initial phase of the planning of the project. The public plays an important role in the development of programs, since a well informed community will support such programs and require the public authorities to carry them out. It is not economically or administratively feasible for central governments to provide complete water supply services to all the people. The community should be stimulated to cooperate in proportion to its resources.

- A. Several factors create problems that prevent a community from participating directly in a project to provide a safe water supply, such as:
 - 1. The idea that it is the government that should supply water;
 - 2. The organizational limitations of the community; and
 - 3. The lack of basic orientation regarding the benefits to be derived from a safe water supply.

B. All methods of health education and channels for public information should be used in order that the community may be informed regarding:

1. The scope of the project;
2. The benefits to be derived from the project; and
3. The responsibility of the government and of each citizen.

VI. Training of water-supply administrative and staff personnel is essential.

A. Training must be expanded in the following fields:

1. Sanitary engineering.
 - a. Public Health orientation.
 - b. Water supply system design.
 - c. Technical and financial feasibility surveys.
2. Waterworks operators.
3. Administrative personnel.
 - a. Purchasing and supplies.
 - b. Finance.
 - c. Personnel.
 - d. Administration of property; inventories, warehouses, etc.
 - e. Public relations.
4. Laboratory control personnel.
5. Health instructors.
6. Sanitation or public health inspectors.

B. The following personnel should preferably be trained within the country:

1. Waterworks operators.
2. Administrative personnel (basic training).

3. Control laboratory personnel (basic training).
 4. Sanitation or public health inspectors.
- C. The following personnel should preferably be trained outside the country:
1. Administrative personnel (advanced training).
 2. Sanitary engineers (technical and financial feasibility studies).
- D. The following personnel may be trained either inside or outside the country:
1. Sanitary engineers (public health, design, and construction).
 2. Health instructors.
- E. The following training activities must be expanded immediately:
1. Engineering, making it possible for schools to provide a greater number of engineers with basic training to work in the water supply field.
 2. Administration, expanding the courses at university level.
 3. Special courses in:
 - a. Rate structure.
 - b. Administration and finance.
 - c. Operation of waterworks and maintenance of services.
 - d. Waterworks and quality control laboratories.
 - e. Health education.
 - f. Sanitation or public health inspection.
 4. In-service training:
 - a. Public relations and general orientation.
 - b. Supervision.
 - c. Waterworks operation and maintenance of services.
 - d. Adaptation of new techniques.

5. Graduate training:
 - a. Sanitary engineering.
 - b. Public administration.
 - c. Health education.
 - d. Laboratory.

Health ministries or departments should assume administrative responsibility in the promotion and organization of training programs for personnel who work in the field of water-supply and water-quality control. If such programs are carried out by other agencies, the health ministries or departments are responsible for seeing that such programs meet the public health needs.

VII. To develop and expand the training facilities and programs within the country, the following aid is needed:

- A. Technical assistance, consisting in consulting services for the establishment of curricula and teaching methods and provision of teachers.
- B. Scholarships and travel grants.
- C. Teaching equipment and materials.

VIII. The development of plans for financing and administering water-supply systems requires a careful delineation of problems and of the action to be taken.

- A. In developing a water-supply system in a hydrographic basin, due consideration must be given to the following aspects and procedures:
 1. A technical study of all the water resources being used, including surface and underground springs, made by a qualified organization.
 2. Delineation of the area that is to be studied.
 3. Compilation of hydrologic data.
 4. Determination of the present population, rate of growth and estimate of future population for a period of 30 to 50 years.
 5. Preparation of a long-term plan for the development of hydraulic resources to meet present and future needs.

- B. The initiative for making such studies should be taken by responsible governmental bodies, such as a national hydraulic institute, a national water-supply authority, a public health ministry or some other organization. The initiative may also be assumed by a local or regional agency that can request the support of the national authority or a qualified private company.
- C. The legal agency for the planning, development and operation of water-supply systems will vary, naturally, depending on the country. In general, the Ministry of Health is the supreme authority in safeguarding the public health in accordance with the provisions of the health code; however, each country should decide what type of organization is best for it to establish in accordance with its governmental structure and charge it with the planning, design, construction and administration of water-supply systems. This organization should establish national regulations and standards for design and administration, provided they conform to acceptable health standards, sound fiscal policy and efficient administration. It should be an autonomous national or municipal water-supply organization, free from political interference, governed by a board of directors and administered by a highly qualified manager. The organization must be one that provides a maximum guarantee of sound, responsible administration.
- D. In the financing plan for the construction and operation of a water-supply system, account should be taken of the cost of construction, maintenance, depreciation, operation, amortization and interest. Also, the following sources of income should be considered:
1. Income from sale of water, that is, for service. The financing of a water-supply system should be based chiefly on the establishment of reasonable rates, taking into account the capacity and willingness of the consumer to pay for consumption or service, the amount consumed and special uses, such as in the case of industry.
 2. Local sources of general income or special taxes; local materials and labor may also be included.
 3. Resources of the national government intended to finance water-supply systems.
 4. Domestic or foreign loans that can be made on the basis of one of the above mentioned sources of income. Applications for foreign loans should be prepared by the national technical organization responsible for developing the water-supply programs, with expert advice whenever necessary, in cooperation with the national planning board or some other national banking authority qualified to negotiate loans abroad.

5. Special consideration should be given to the establishment of local payment facilities to permit the consumer to obtain long-term, low-interest credit and in this manner, facilitate home connections and the installation of sanitary plumbing fixtures, the latter to be made at reasonable cost. In cases where such home connections are not feasible, public services should be provided.

IX. The purposes and objectives of ICA and PAHO participation in community water-supply programs are to provide assistance in the establishment and development of a national agency or agencies, capable of planning, financing, constructing and operating community water-supply services, generally on a self-operating basis. The assistance now being given this program by ICA and PAHO includes the supplying of technical cooperation services, such as:

- A. Technical advice;
- B. Personnel training;
- C. Demonstrations;
- D. Feasibility surveys;
- E. Planning assistance;
- F. Surveys and investigation of water sources and equipment;
- G. Assistance in the preparation of legislative bills; and
- H. Assistance in the establishment of an efficient administration.

These technical cooperation services only partially fill the needs of governments in relation to the development of the community water-supply programs, and ICA and PAHO should also lend assistance in financing studies on the basis of reasonable local participation.

The health ministries have an administrative responsibility for coordinating the activities of PAHO and ICA within the country. If that responsibility is not assumed, ICA and PAHO can combine their influence to persuade the ministry to accept that responsibility. In addition, ICA and PAHO can coordinate their activities through informal contacts.



The Conferees in a General Session

THE ROLE OF THE INTER-AMERICAN DEVELOPMENT BANK IN THE PROGRAM OF THE ALLIANCE FOR PROGRESS

by

Dr. Ignacio Copete Lizarralde
Director of the Inter-American Development Bank

It is a great pleasure and an honor to address such a distinguished group of highly qualified scientists, from both the regional and national standpoints, who are dedicated to one of the basic problems--Public Health.

Through a very kind invitation it has been suggested that my presence may be of interest in adding some important aspect to your deliberations and, of course, I realize that this interest and the interest in the topic that I shall discuss in plain and simple terms do not arise from the knowledge acquired in my professional experience but rather from my connection with an American regional organization, the Inter-American Development Bank, which I believe is bound to perform an important task in the coming years as an instrument in the implementation of the continent's economic development programs.

Although on past occasions efforts have been made to spread knowledge of what the Inter-American Bank is, I feel that it would not be superfluous and illogical to begin these brief remarks with references to the history of the Inter-American Bank and its organizational structure.

The idea of an Inter-American Bank was to fulfill the aspirations expressed on various occasions by Latin American delegations to international conferences. For one reason or another or because circumstances were not yet propitious, it was not until 1957 that a good area of agreement became a possibility. At the regional conference of American States a motion was formally approved, urging conferences as well as the Economic and Social Council to expedite the organization of the Bank.

The Bank is composed of seven principal directors, one of whom is by right a representative of the United States. The remaining six are elected by the Latin American countries, except Cuba. The pertinent document has been signed, but Cuba does not form part of our organization.

The date for the beginning of operations was set some time ago, that is to say, in due course we opened our doors to the public and were ready to receive applications, but the majority of these were for industrial projects and social development projects. I believe that these two large fields cover more than 40 per cent of the applications filed.

Without the intention of showing some prompt and very basic relations, I shall give you an idea of the fields we have covered with the operations that have been approved, and I am not moved by the desire to make claims of efficiency, but merely because this indicates the road that we are following, the ideas we have on this subject.

The first loan was granted to a Peruvian organization in Arequipa for purposes of a potable water supply system. This was a common operation. But I was saying that in order to give you an idea of the fields we are covering, we thought it appropriate that the first operation should be for a basic service which, nevertheless, had not yet been covered by other international financing institutions; ours had provided for the consideration of potable water projects; it had foreseen that it was difficult to organize public enterprises or agencies for purposes other than the supplying of potable water which would give them title, decide their operations and meet their obligations. Another field we have covered is that of development loans, in which public and private institutions in the countries concerned conclude loan agreements with the Bank for economic and social development, but which, in turn, remain under the control of the particular country, without the need to consult at every stage with Washington as to the purposes of the loans.

We have succeeded in introducing these operations in areas and countries lacking in effective international aid.

We have also worked with private industry, not only in loans but in specific operations, such as the case of a private company that is only going to expand in Brazil.

I said that I intended to give you an outline of how the Bank's capital or resources are divided, and I am going to give you this explanation:

The Bank has subscribed capital amounting to \$1,000,000,000, but this amount is not absolutely correct because Cuba did not subscribe its quota. I believe it is better to take the figure of one billion dollars, as it is distributed in two parts: one part amounting to \$850,000,000 and a fund of \$15,000,000 which we call a special fund.

This is divided into two parts: one amounting to \$400,000,000 and another to approximately \$400,000,000, which covers the guarantees and is callable and intended to back up the Bank's operations.

Only in the event that the Bank should need to meet payments under assumed obligations would it have to resort to its liabilities.

The capital, or rather the paid-in capital, amounting to \$400,000,000, is paid by the United States and the member countries subscribing one-half in gold, in three annual installments as follows: the first installment of 20 per cent and the second and third 40 per cent each.

In 1962, we should receive 40 per cent which will complete the 450 million dollars. The capital having been subscribed, it is intended to take care of operations that meet the necessary requirements, in the field of development and specific projects. It is an activity of the Bank similar to that of a development bank which has to obtain its financing in the capital markets.

Payments must be made in local currency in the case of specific projects that can pay for themselves and have a financing organization which participates and makes them regional applications that are, of course, effective for economic development since this is the common denominator of the Bank. The Bank has been established to develop the economies of the member countries.

It is, therefore, not a question of helping good business ventures if they do not fit into the framework of general progress; consequently, foreseeing this, the so-called special fund of \$150,000,000 is intended to meet the needs of countries in special circumstances which do not come under the normal type of financing, where payment may be made in a currency other than that in which the loan is made. This is what has been called long-term loans. It has been emphasized, and I wish to repeat, that long-term loans do not mean bad loans, but rather good loans as to purposes and prospects, insofar as they perform a function in the country's economic structure.

Notwithstanding the installments, the payment currency will be sufficient to comply with the stipulated terms because it is not a matter of donations.

With this training we have entered into such areas as the Corporacion Boliviana de Desarrollo (Bolivian Development Corporation), the Bank of Paraguay, the Development Institute of Haiti, and perhaps others. This is the structure of the Bank.

When the Bank started its operations, consideration was given to the possibility of branches in centers of capital markets.

This naturally presupposes the availability of larger resources, since one single field is not proof and is not within immediate financial possibilities.

Another possibility is an increase in the Bank's capital resources, but what has given the Bank a new denominator and opened a new course for it is undoubtedly the almost certain possibility that it will be one of the principal administrators of the so-called Inter-American Fund for Social Progress. As you will recall, the President of the United States made a public statement during the first quarter of this year, which initiated the presentation to the Bogota Conference of a project consisting in the establishment of a fund for social progress intended to support health, housing, education, and other projects.

The so-called Act of Bogota, which is, in my opinion and as is well known, one of the most important documents of the American system because it represents a fundamental change of orientation in continental solidarity, goes from mere diplomatic declarations to the field of economic achievements in the social field.

In this document the Latin American countries that attended the conference expressed their satisfaction with the United States' plan to create a social fund and with the provision that the Bank should be one of the principal administrators of the fund.

You all know how President Kennedy subsequently launched and proposed to the Hemisphere what he has called the "Alliance for Progress," which has a content and framework larger than those of the Act of Bogota, since the latter forms only a part of the Alliance for Progress.

All these movements respond to the conviction that the social structure of Latin America, which is today not only of great and important interest to the particular countries, represents also an instrument, or rather a necessary factor of balance in international politics in the play of democratic ideas and institutions, the stability of this part of the world, a great factor in the defense of freedom and the possible and necessary survival of democratic ideas. Hence, the economic and social development of Latin America is considered, not as a humanitarian undertaking, but as an undertaking of high international politics, with recognition of the duty of certain countries; to assist them with capital in support of those efforts, plans and decisions, and to make them possible within a period not too short, but showing concrete accomplishments in the immediate future.

This is the concept of President Kennedy, to which I can attest. I realize that nothing can replace the decision of the peoples themselves. That is the basis. But it is well realized that with only that effort and mobilization of human resources, the yield in development would be so slow that such efforts would be nullified and a powerful impulse would be required.

The legal document or trust contract between the Bank and the United States Government is about to be concluded. When the Bank becomes administrator and begins to administer resources in the amount of \$500,000,000 for social progress, it appears that it will be charged with the administration of \$394,000,000. Agrarian reform will be one of the most important fields in its task and activity. Supplementing agrarian reform projects will be housing for the low and medium income groups and sanitation projects in connection with potable water supply systems and related services.

Of course, we also contemplate granting technical assistance in the execution of these projects or in preparing plans for the mobilization of internal resources and for institutional reforms. In the field of education, only advanced plans and techniques are contemplated, but subject

to subsequent agreement with the United States Government. I repeat again that this activity of the Bank, in these three basic aspects of the land and community services, will have to start from the basis of a plan for the concrete case of each country, according to fixed priorities.

The Bank and other organizations are prepared to render assistance to such projects.

Of course, judgment of the plan and its effectiveness and the award to the particular nation will, for purposes of financing, be the responsibility of the agencies making the study, and this will certainly and easily result in an agreement between the planning authorities and the financing agencies.

The Bank enters this new field with resolution, with a clear understanding of the difficulties, and without any sense of institutional zeal.

I mean to say that I do not claim that the Bank will try to achieve by itself what others can accomplish by themselves or to duplicate efforts which are now being made and which will probably be the basis for a rapid utilization of resources. In practice we have the example of a committee: the Economic Commission for Latin America. This tripartite committee will try to coordinate the plans that the different organizations have been carrying out for years.

We shall endeavor to save efforts and to guide the Technical Council in each of the fields that have been working with great efficiency.

The Bank has permanent relations with a series of international organizations whose work is undoubtedly very efficient, for example, the FAO, the International Labor Office, UNESCO, and the Pan American Health Organization. These are effective international organizations whose work is praiseworthy, whose technical experience and activities should be utilized, and whose activities should be coordinated with our institution in related fields.

I assure you that you will find in the Bank a sincere desire to work and to join efforts.

We are aware of your high technical capacity. We appreciate it and we want to work with you. I ask you to excuse me, and I am happy to say that I am ready to answer any questions.

I thank you very much.

At the conclusion of the speech, the Conference participants asked Dr. Copete some interesting questions. The questions and answers were as follows:

Question: Is it possible for a general organization to obtain loans for several municipalities?

Dr. Copete: The two operations carried out thus far are in charge of only one municipality. I find the idea you have brought out very interesting and I believe that the Bank might be interested in helping in the financing part. It would be a matter of studying the particular cases and the institutional formation of the authority concerned; sometimes these authorities are merely agencies which do not have any financing functions; they are not owners of the installations, and in such a case it is necessary to add some sort of financing instrument, but the important thing is the habilitation of the services and the financing through an organization. It appears to me attractive and will receive the Bank's attention.

Question: Can loans be made for the construction of hospitals?

Dr. Copete: With respect to the planning of hospitals, the latter do not come under our financing terms because they are not eligible for loans and require more aid than long-term loans.

Question: Must all applications with the Bank be filed by the government, regardless of the agencies for which they are intended?

Dr. Copete: No, sir. The Bank is authorized to deal with public agencies that have financial status, apart from the State, without the responsibility of governments. It would be worthwhile to clear this up; in social development it is natural that the Bank and the operation to be effected should fit in with each other. I am not referring to previous activity of the ordinary type; I am referring to that of the social type.

Question: One of the things about which we have been concerned is the question of a specific division of loans among the various countries. Some of the larger countries, Brazil, for example, have needs in excess of their resources, whereas smaller countries have smaller needs. I would like to know whether there is some division with respect to the loans that are to be granted.

Dr. Copete: I think you refer to the plan for the \$500,000,000. It is my conviction that this is a plan which will last several years and will be provided with sufficient funds. Thus, the difficulty of making the division becomes smaller and gradually disappears. Until now the Bank has followed the idea of covering the greatest number of countries and areas. Studies are made according to the programs and the needs to be met in the future.

It appears to me that at the stage in which the projects are now there will be a rotation and it is difficult for me to presuppose a prior division of an unknown quantity, since it would not be advisable to set aside funds for country X which is without projects or means, when there is country Z which has projects for which the funds can be used.

Question: I wish to know whether a determination has already been made to distinguish between activities eligible for loans and those eligible for grants. Also, whether it is possible to give us instructions for filing applications with the Development Bank.

Dr. Copete: As regards the field of activities, the Bank so far has projects for land utilization, housing and establishment of community services. There is no provision for grants in any of these fields; everything will be in the form of loans. Possibly there may be other institutions that can make grants for certain activities.

As for the presentation of projects, there are already some pamphlets available which give instructions for filing applications. The Bank does not require that the first application contain the complete plan but this is required prior to the granting of the loan.

Question: Are health plans given consideration by the Bank in development programs?

Dr. Copete: Health is undoubtedly one of our fields. It is inconceivable that a plan that does not contemplate health problems would be considered by the Bank as adequate. It would be a mistake to overlook the health of the people and the community, just as it would be to overlook education in an over-all plan.

Question: You explained that one of the first loans was for the water supply system of Arequipa in Peru. Have you received applications for other types of public health projects?

Dr. Copete: Yes, we have had some applications for hospitals, sewerage systems and even for a university school of medicine.

Since the agreement which will set up the amount of capital available for the fund has not yet been signed, these types of activities have not been undertaken as yet. It is possible that we may not have a direct activity in the field of technical assistance for higher education, but thought may be given to a future activity, although it will not be the major work of the Bank.

Question: Can the Bank's funds be controlled by directors who are not members of the Bank or of the OAS?

Dr. Copete: No, and no changes are contemplated in existing regulations as regards directors for the Bank. If additional countries become affiliated they would have the same rights as present members. Canada, for example, could be represented if it joined the Bank.

Chairman: I thank you for the excellent discussion and for the answers that you have given us about the Inter-American Development Bank.

REPORT ON A PROGRAM FOR REHABILITATION OF THE PHYSICALLY DISABLED IN MEXICO

by

David Amato

Technical Advisor on Rehabilitation, USOM/Mexico

At the request of the Department of Health and Welfare of Mexico, the International Cooperation Administration provided technical cooperation in the development of a rehabilitation program. As a result, an Office of Rehabilitation was created in which all the Department's rehabilitation functions were centralized. This Office now has 10 rehabilitation centers in Mexico City (5,000,000 inhabitants) which now treat a total of more than 4,000 disabled persons.

In short, these centers render all the services necessary to make the physically handicapped useful and productive individuals. The budget is 5,000,000 pesos, which is equivalent to \$400,000 under a total budget of the Department of Health and Welfare amounting to 700,000,000 pesos or \$56,000,000. The larger proportion of the budget is devoted to other preventive programs, and it should be so, if disability is to be prevented.

With ICA's cooperation, the Department of Health and Welfare conducted a statistical sample study to determine the scope of the disability problem in urban and rural areas. The results of this study showed that 7 per cent of the total population suffered from some disability. By applying this percentage to the last figures revealed by the recent census, it is found that there are about 2,450,000 disabled persons. One of the main national objectives of the Mexican Government in recent years has been to increase the proportion of workers who at present represent only 30 per cent of the total population. The Department of Health and Welfare is confident that rehabilitation measures will help to attain this objective and at the same time restore the dignity of those who will cease to be a public charge and become active producers.

ICA's program of technical cooperation in Mexico also sponsored the creation of a Mexican Rehabilitation Association, composed of more than 300 persons and 20 affiliated institutions. This Association has promoted voluntary efforts to supplement government programs; thus, with the cooperation of the ICA, the Association sponsored the establishment of the Mexican Rehabilitation Institute, a rehabilitation program for paraplegics who constitute 60 per cent of the total number of physically handicapped in Mexico. This institute has already aroused great interest

in Latin America; all Latin American ambassadors in Mexico have visited it. Inaugurated by President Adolfo Lopez Mateos in June 1960, it is now taking care of 2,000 disabled persons.

The ICA has received close technical cooperation from the Prosthetic Research Laboratory of the United States Army and from the Prosthetic Research Laboratory of the United States Navy in developing a program for the manufacture of apparatus. The Lackland Hospital of the Air Force has rendered valuable technical services. This peaceful invasion by American military technicians, sponsored by ICA/Mexico, has brought out the availability to freedom-loving nations of the results of research conducted by the United States Armed Forces. The prosthetic program reflects the most recent results of such research, which reduces the training period for those who manufacture artificial limbs, thereby making it possible to produce the latter at very reasonable costs. This part of the program consists of a modern factory that produces artificial limbs on an assembly line. Moreover, parts of the apparatus and prosthetic appliances are already being shipped to other Latin American countries at cost. In the future these countries will only need to establish small assembly plants at low cost, since they can buy the various parts in Mexico and assemble the artificial limbs in accordance with the measurements of each patient. The Institute also has a 60-bed hospital for patients who require corrective surgery; this is a training hospital where Mexican doctors have an opportunity to observe modern surgical methods which facilitate subsequent rehabilitation and reduce the residue of disability. The Institute also has a Department of Physical Medicine.

The ICA has helped the Mexican Rehabilitation Association to set up an assembly plant for automobile radios as part of the Institute and to give gainful employment to the physically handicapped. Not only does this constitute a new industry for the Mexican economy, but it also serves to show possible employers the productive capacity of rehabilitated workers. This year it is expected that the net profits obtained from this project will reach almost one million pesos.

The Mexican Rehabilitation Association, with the assistance of ICA/Mexico, has developed training programs in recognized academic institutions on such subjects as physical and occupational therapy; audio and language therapy; guidance and orientation; construction of artificial limbs and orthopedic apparatus; and education of the blind, deaf and orthopedically handicapped. The total annual cost for each participant is \$2,300 including board and lodging, tuition, books, etc. This year there are in Mexico 37 grantees from 11 Latin American countries, 20 of whom are sponsored by other ICA Missions. Mexico is thus being converted into a regional demonstration and training center in this field.

The Mexican Rehabilitation Association has also sponsored the establishment of a Latin American Rehabilitation Commission, with headquarters in Mexico, composed at present of 16 affiliated organizations in a like number of Latin American countries. As evidence of the interest created by this Commission, the ICA in Mexico received last year

requests from eight Missions in Latin America for brief consultations with this Technical Adviser on Rehabilitation. Owing to the ever-growing number of these requests, the ICA/W has authorized ICA/Mexico to appoint an Assistant Technical Adviser on Rehabilitation who will take charge of the Mexican programs. You will undoubtedly be interested to know that the Secretary of Health and Welfare has requested the Mission's technical cooperation in planning rehabilitation programs for the rural health centers under the Department.

A study of 3,000 rehabilitated cases made by the Department shows that these persons are earning 10,800,000 pesos per year and saving the Mexican Government 400,000 pesos which they previously cost the country. This saving can now be used for further development of the Mexican economy, thereby benefiting the entire population. Needless to say, this is practical proof of the possibilities of such programs in a Latin American environment.

REPORT ON THE CURRENT PROGRAM IN MALARIA ERADICATION

Malaria eradication programs in Latin America show varying degrees of achievement ranging from poor to excellent. In analyzing the reasons for the wide disparity in performance, a number of factors are evident. The successful programs have without exception the following characteristics:

1. Effective administration which provides the technical and operational divisions of the organization with adequate administrative support, in finances, supply, and personnel management.
2. A strong director with sufficient authority over personnel to permit full exercise of discipline to the extent of hiring, firing, promotions, etc.
3. Sufficient delegation of functions and authority by the director to subordinates so that they can effectively carry out their respective responsibilities.
4. The organization is free of political interference.
5. Sufficient funds are made available and on time to carry out the program without interruption of the work schedule.
6. Transportation is well maintained and utilized only for the program.
7. Personnel are fully occupied in productive work and not necessarily restricted to specific tasks. For example, vehicle drivers work as spraymen when not busy with other duties.
8. Organization continuously seeks to find new and better ways of carrying out the program, modifying standard practices and methods to fit changing conditions and special situations; also actively engages in studies and investigations in order to find solutions to various special problems that arise.

The anti-malaria assistance to the Americas from the United States Government began in 1942 when the Institute of Inter-American Affairs initiated several malaria control projects in Latin America. Assistance was continued over a period of several years as the program grew larger and excellent results were obtained. As a direct result of the success of the various malaria control programs in the Western Hemisphere,

including the virtual eradication of malaria in the United States, the 14th Pan American Health Conference in Santiago, Chile, in 1954 passed a resolution calling for malaria eradication in the Americas. The following year the World Health Assembly also passed a resolution recommending that all countries start malaria eradication programs.

Recognizing the need for greater assistance to this new global program, the ICA, after a series of studies, recommended to the United States Congress a five-year program to help countries accomplish malaria eradication. Funds were requested for technical assistance, insecticides, sprayers, vehicles, laboratory equipment, research training, and in some cases, payment of certain local costs. Also, funds were to be contributed to the World Health Organization and to the Pan American Health Organization for the special malaria eradication accounts of the two organizations.

In 1957, when the five-year special assistance program was approved by the U.S. Congress, it was estimated that \$108,000,000 would be required from the United States and that the other countries would contribute the balance of the funds required. As the program developed, problems became abundant. As had been anticipated, anopheline resistance to dieldrin and DDT developed. Some resistance of plasmodia to drugs also was found. However, the financial and administrative problems were the most serious. Country budgets were inadequate to support the cost of malaria eradication campaigns despite the warnings of malariologists that "no country with malaria can afford not to have a malaria eradication program". Malaria eradication where carried out properly has been very successful. However, in some countries the high priority treatment required to attain eradication simply has not been provided. The necessary trained personnel were not available, politics interfered with operation, and funds were diverted for non-malaria programs.

All of these factors, technical, financial and administrative, have slowed down progress. Nevertheless, malaria eradication is going forward with generally encouraging results. ICA is about to enter its 5th year of assistance to world-wide programs. Instead of spending \$108,000,000 over the five years, ICA has spend \$120,000,000 in four years. Probably another 30 to 35 million dollars will be spent in 1962, and assistance will still be required after 1962. The United States cannot continue to pay 40 to 45 percent of the total world cost of malaria eradication, as it has been doing in the past. There must be a larger proportion of the expense borne by the countries themselves. Higher priority must be given to malaria eradication in each country where malaria is a problem. There are extremely difficult areas left in many countries, but with the proper attention malaria will be eradicated.

The following Table shows the ICA contributions to malaria eradication during FY 1961. Figures are shown in millions of dollars.

| <u>Region</u> | <u>Contributions</u> <u>(Millions of dollars)</u> | <u>No. of</u> <u>Countries</u> | <u>Population</u> <u>in millions</u> |
|-------------------------------------|--|-----------------------------------|---|
| Far East | 6.8 | 7 | 109 |
| Near East & South Africa | 14.8 | 5 | 440 |
| Africa | 0.6 | 3 | 11 |
| Latin America | 6.9 | 10 | 57 |
| WHO | 4.0 | | |
| PAHO | 1.5 | | |
| Research, Training, Backstopping | <u>0.4</u> | | |
| | 35.0 | | |

CONFERENCE RESOLUTIONS

THE COMMITTEE ON RESOLUTIONS OF THE REGIONAL CONFERENCE,
IN THE NAME OF ALL ITS MEMBERS, HAS RESOLVED:

1. To thank sincerely His Excellency Dr. Alberto Lleras Camargo, President of the Republic of Colombia, represented by His Excellency Dr. Alvaro de Angulo, Minister of Public Health, for the cordial welcome given the Regional Conference by the Government of the Republic through its representation.
2. To thank the ICA, represented by Dr. Eugene P. Campbell, Director of the Office of Public Health of that Organization in Washington, D. C. and Dr. Frederick J. Vintinner, Deputy Chief of the Division of Latin America, Africa and Europe, of the Organization, for having made possible this Conference, which has opened up new horizons in the field of public health in the Americas.
3. To thank Mr. Charles P. Fossum, Director of the United States Operations Mission to Colombia, and Dr. Vernon B. Link, Chief of the Division of Public Health and Sanitation of that Mission for having assisted in organizing this Conference.
4. To thank Dr. Ignacio Copete Lizarralde, Director of the Inter-American Development Bank, for the effective cooperation he has given the Conference.
5. To extend a vote of thanks and confidence to the Plenary Session officers and their respective chairman.
6. To thank the working committees for the efficient work done and the clear and sound conclusions reached.
7. To give a vote of thanks to the representation of the Pan American Health Organization; to Dr. John Weir of the Rockefeller Foundation; to Mr. Arthur Robinson of UNICEF; and to Dr. Arthur Osborne of the United States Public Health Service, Washington, D. C., for their attendance and contribution to this Regional Conference.
8. To thank also the competent personnel of the Secretariat for the effective, accurate work done and to thank the national press for their abundant coverage of the work of the Conference.
9. To express our regret that Dr. Jose Manuel Banea Lavalle, Secretary General of the Ministry of Public Health, is ill, and to say that we all wish him a speedy, complete recovery.
10. To thank Mr. Ernst Etter and all the staff of the Tequendama Hotel for the splendid conference rooms and the innumerable services rendered to the Conference.

APPENDICES

APPENDIX A

INAUGURAL ADDRESS

by

His Excellency Dr. Alvaro de Angulo
Minister of Public Health, Republic of Colombia

This meeting of free countries of the American Continent is held under the auspices of a common interest: to give to our people the enjoyment of physical, mental, and social well-being, since health--in every meaning of the word--has a natural place in the independence of states and the freedom of man; and the constant improvement of health is an unavoidable objective.

What has just been said is so true that if in a more or less recent past the profound sociological questions were to be solved through pure philosophical planning, it is no less true that, in the light of present experience, attempts at establishing priorities in the face of the problems of contemporary man have converged on the maintenance of health for the enjoyment and conservation of life, as the only basis, because of the great present and future solutions.

Looking at the Latin American picture, we may conclude that it has an unusual timeliness now, and that all efforts exerted to overcome the dangers that are inherent in our underdevelopment will be useless, if we are incapable of removing public health from its ancient prostration.

As I see it, a campaign for the economic betterment of our countries can be carried out from abroad, with no other prerequisite than well-directed investments. But the effects of a plan conceived in this manner are passing, with the passing nature of political matters; and superficial, with the superficiality of casual matters. It is necessary to seek a profound solution, which is not translated, with a simplifying criterion, into the advantageous acquisition of material goods by the disinherited, but which rather addresses itself primarily to man, to the inherent impotence of those disinherited ones, so that they may begin to raise themselves above their own being, and may become, as it were, vested with new powers to achieve, by their own means, the satisfaction of their primary material needs. That is how the theory of political expediency is replaced by that of human betterment, as set forth by President Kennedy; and that of simple gratefulness to a neighbor, after occasional benefits, by that of a stable ability to face, on a long-term basis, the vital problems of the continental community. In short, this is how assistance is given dignity, without depressing the receiver, and

this is how solidarity acquires an equalitarian feeling, not of mere strategy, as they seem to understand it behind the Iron Curtain.

In addition to the permanent scourges of tropical endemic diseases, we, the peoples of Latin America, suffer the consequences of lack of education, of living in an environment which fights life, of an inadequate and unbalanced diet which leads to malnutrition, and the problem of obtaining fair wages. Ignorance, disease, and poverty are our common ailments. In Colombia, as in other countries, we are forced to undertake, simultaneously and rapidly, public health campaigns, so that in the shortest possible time man may satisfy that minimum level of needs required by the dignity of the human being.

We try to remedy budgetary deficiencies and the lack of specialized personnel with an effort to obtain prompt and effective achievements. That is how we have been able to eradicate urban yellow fever, how we have been able to reduce malaria cases by 80%, how we have eliminated yaws and have almost wiped out pinta, how we are climaxing a campaign against smallpox, and how we have been able to provide health centers and dispensaries for most of the country which, although they leave a great deal to be desired, are the main instruments through which we obtain integration of our preventive and remedial services.

In spite of these achievements, our public health problems are of gigantic proportions. The majority of Colombians lack proper drinking water. This is why our vital statistics impress us with a figure of 65% of gastrointestinal diseases in a total of 1,300,000 cases of communicable diseases per year. This same population, deprived of adequate drinking water, suffers likewise the consequence of lack of sewage disposal. The housing of the underprivileged social class gives no guarantees for the protection of health. A minimum program of environmental sanitation must take into account these three basic aspects: sufficient and proper drinking water, adequate treatment of organic waste matter and the improvement of housing.

We still have thousands of deaths each year due to diseases that should have been eliminated. Whooping cough, diphtheria, tetanus, typhoid fever, among others, cause permanent and vital ravages, since preventive vaccination has not reached all homes in Colombia.

Malnutrition is not only a predominant cause of the very high rate of infant mortality, but also those who survive it are weak and sickly, mentally retarded, with a notable decrease in their productive capacity. That is why, not being able to obtain sufficient income, they join the ranks of the dissatisfied and desperate, who, directed by agents of extra-continental powers, constitute the principal threat to human rights and guarantees established by democratic institutions.

The lack of health education and backwardness in environmental sanitation have led to malnutrition being coupled with the ravages of intestinal parasites. The undernourished, anemic, and parasite-bearing persons,

are easy prey to infectious and contagious diseases that prematurely reap their lives.

We have approximately 42,000 hospital beds, for a total population of over 14,000,000, which is barely three for every one thousand inhabitants. A lower level of public health should be matched by more welfare resources. The opposite is true in Colombia. That is why in a considerable percentage of cases death occurs without medical care. Our deficit in welfare services is aggravated when we see that patients, shortly after they are cured, return with the same disease, contracted once again in the environment in which they live. The sick person who comes in for treatment has a disease which is the symptom of the ailment of his community. Welfare services treat the symptom, which is the life itself of the person; the public health doctor treats the cause, which is the life itself of the community. As long as we do not carry out programs of environmental sanitation, as long as we do not generalize vaccinations, as long as we do not improve diet and do not intensify health education, our efforts to increase the number of hospital beds, from the point of view of public health, have the passing significance of treating symptoms without attacking the causes. Since Colombia is not an exception among the underdeveloped countries, the impressive reality, as has been described, of living in suffering until death arrives to bring tranquility, explains why these peoples are in a permanent state of dissatisfaction and anguish. Their frame of mind, close to desperation, is fertile ground for the germination of the errors of materialistic and atheistic slavery.

Public health doctors are entrusted with the most important and noble activities, which are those of guaranteeing social well-being. The most noble, because they are working with the complete functioning of the human body, considered individually and collectively, the supreme being of creation, a rational, free, and independent being. And the most important, because they try to enhance the value of the being that determines all values.

Public health doctors of the American continent: When with your clear minds and vast knowledge you strive to decrease infant mortality, increase working years, and prolong life, you are defending the right to life. When you work tirelessly to eradicate diseases, by vaccinating, by exterminating carriers, by environmental sanitation and always by health education, you are defending the right to health. When you fight so that man may live and live in health, you are preparing the minds and the hearts of peoples so that they may enjoy and defend the eternal doctrines of freedom and Christian love.

APPENDIX B

ADDRESS

by

Dr. Eugene P. Campbell
Director of the Office of Public Health
International Cooperation Administration, Washington, D. C.

To return to Bogota after fifteen years is a great privilege and pleasure for me. Tremendous changes are noted and not the least of these changes are to be found in the physical aspects of this important capital city. The old Granada Hotel has given way to this attractive building, the arrival in a jet propelled vehicle is so different from the travel during the war years. There are many other changes which give one a feeling of nostalgia. One thing, however, remains as true today as before--the traditional friendly, warm and understanding hospitality of the Colombians. This quality of the Colombian citizen I learned well in 1943 and 1944 while I worked in the Servicio Cooperativo de Salud Publica in La Dorada, Monteria, Barranquilla, Santa Marta and elsewhere.

Before I proceed further, I wish to greet our many colleagues who assisted us at the meeting in Lima, Peru, in 1959. Likewise, I wish to welcome those who are attending one of these meetings for the first time. Allow me to put you immediately at ease with the observation that we all are here in our professional and technical capacities. No type of accreditation was planned and no recognition other than a professional or technical one is conceived. This applies equally to our colleagues from the WHO, the PAHO, the Foundations and other international organizations.

I should like to use the idea that we are all here because of our individual and collective interests in health. Since health recognizes no political boundaries and respects no treaties, we, therefore, recognize everyone equally for his interests and contribution to the central theme of this conference--how can we as health workers best employ the human and material resources available in order to advance the state of health of all the people of the Western Hemisphere.

I should like to express our deepest appreciation to our hosts, the great and hospitable people of Colombia, represented by His Excellency, Dr. Alvaro de Angulo, Minister of Health.

This meeting is the 17th that ICA or its predecessor agencies has held during the past 19 years. Several have been held in other areas of the world, Manila, New Delhi, Bangkok, Cairo, Geneva--but a majority of

them have been held in various capitals of this hemisphere. I have had the privilege of attending all but two of these meetings.

In this city, nearly eight months ago the representatives of all the Republics of the Western Hemisphere met, under the able chairmanship of His Excellency, Julio Cesar Turbay Ayala, Minister of Foreign Affairs of Colombia, and formulated a statement of common interests, common goals and joint action which represents an important milestone in the development of our inter-American family. This important document, the Act of Bogota, gives special significance to this Conference. For example, among various social and economic objectives, it identifies several areas in the field of health which will be the subject of special emphasis in the coming years. These include infant mortality, rural health services, malaria eradication, water supplies, training and nutrition. Our present meeting, which has had such an inspiring start, is designed to discuss such planning as has occurred since the Act of Bogota, to focus on appropriate goals and to consider the ways by which the bilateral technical cooperation programs can assist the various governments of this hemisphere to reach these goals.

I have no doubt but that the joint technical and professional discussions of the coming week will provide all of us with useful and practical approaches to some of our difficult problems.

I cannot speak without giving some of my personal ideas of the dimensions of things to come in the field of health.

Research is providing important answers for us. The virus of hepatitis has recently been identified and this may well lead to its control. New insecticides for malaria eradication and new drugs for many diseases are being released constantly. The studies of the basic building block substance of cells (DNA, RNA) will have important meanings for us during the coming years.

This twentieth century will forever be remembered for the concept of disease eradication. Many of us are actively engaged in eradicating the single most important disease of man--malaria. For nearly fifty years this idea has been carefully and painstakingly studied and there is impressive evidence that this goal will be achieved. This greatest of all projects undertaken by man has already eradicated malaria for 300 million people. An additional 700 million are in one stage or another of active protection at this time. We are informed that the program in Colombia is making steady progress toward this important goal.

This is an exciting time to be working in public health. During the next decade important programs will be launched to conquer disease, relieve the suffering of millions and release tremendous amounts of human energy to be applied to economic and social development.

Such an outlook certainly does not suggest that we in the West are static in our development or that we have no long-range objectives. I

am certain that our colleagues in the World Health Organization, the Pan American Health Organization and the Rockefeller and Kellogg Foundations share the opinion that we are on the road to great achievements for the betterment of man's living conditions.

We in the United States desire to join our resources with those of our neighbors toward the goal of a better life free from disease. In my opinion, cooperative work between friendly and mutually respecting peoples plays an important part in the great Western effort to safeguard freedom and social justice.

Each of us, whether nurse, librarian, teacher, doctor or engineer, contributes something toward a fuller realization of our separate and joint work in freedom and peace. Strong forces in the world are set upon domination, subjugation and destruction. We will waste time and energy by simply opposing these forces of destruction. We likewise waste time if we only oppose those who wish to stop the clock and prevent change. We have a vital and powerful approach in our joint work in health. By hard work and persistence our accomplishments and actions will be strong, positive and visible expressions of our belief in human freedom and the dignity of man.

President Kennedy has said: "To those peoples in the huts and villages of half the globe struggling to break the bonds of mass misery our best efforts to help them help themselves, for whatever period is required --not because the Communists may be doing it, not because we seek their votes, but because it is right".

Dr. Charles Malik recently remarked that we should assure our friends, colleagues, neighbors, everyone, that we stand for freedom to live, freedom to work, freedom from disease, freedom to choose our governments, freedom to live in a world freed of the poison of mistrust, subversion and intrigues.

We have a great and wonderful heritage in freedom, justice and peace: let us keep it!

The fourteen years I have worked in South America represent the most challenging period of my life. My family and I have enjoyed the life in South America. We have participated in the growth of the institutions of this great continent and this wonderful country. The work is challenging, inspiring, creative and rewarding.

It is an honor and a pleasure to represent the International Cooperation Administration at this joint meeting on health. To you, Mr. Fossum and Dr. Link, go our sincere thanks for your tremendous help in making the arrangements for this conference. Finally, I wish to express our sincere appreciation to you, Mr. Minister, for your kind and generous hospitality.

APPENDIX C

ADDRESS

by

Dr. Arthur Osborne
Representative of the U. S. Public Health Service
Department of Health, Education and Welfare
Washington, D. C.

Mr. Chairman, I trust I will be forgiven if I speak in English. I feel that if I do most will understand. I am certain that if I spoke in Spanish most would not! On behalf of the Surgeon General of the United States Public Health Service, I extend greetings to your Excellencies and other distinguished health leaders throughout the Americas, the representatives from Foundations and to those here from WHO and PAHO. I present his regrets that he is unable to attend the meeting personally. He has asked me to say that he looks forward to working with you in the World Health Assembly and in the Conferences and meetings of the Directive Council of the Pan American Health Organization. He has asked particularly to be remembered to those members of the Public Health Service who are doing such a magnificent job, and has asked me to extend to the organizers his best wishes for a successful meeting. May I add that it is a privilege and a personal pleasure for me to meet with you and to discuss our mutual endeavors in the field of international health cooperation.

The International Cooperation Administration is to be commended for organizing this most worthwhile meeting at the operating level. It is a useful medium for discussing health needs and possible solutions and will enable us to examine ways in which individual country health programs and international assistance can be coordinated to avoid possible duplication of efforts, thus ensuring maximum results from each endeavor.

For more than half a century the countries of the Americas have realized the benefits of organized international health cooperation. The great yellow fever campaign in Havana still remains one of the outstanding examples of international public health work. Its success prompted the American republics to unite in 1902 to form the forerunner of the Pan American Sanitary Bureau, an important step in international cooperation in this hemisphere. This pattern of cooperation has continued over the years, changing in emphasis as necessary to reflect needs of the times and application of new scientific knowledge as it became available.

The changing nature of public health work over the years has been the result in many instances of the fruits of medical research in many countries of the world. Scientific discoveries have given us effective tools for mass attacks on communicable diseases and knowledge for the improvement of human nutrition, to mention only two areas which are of significance in the Americas. The importance of research continues, and in recent years there has been a growing recognition that improvement of world health is closely linked to international medical research.

In this connection, I should like to describe briefly some of the activities of the U.S. Public Health Service in international research that are of particular interest to other countries of the Western Hemisphere.

The National Institute of Health is the major research arm of the Public Health Service. Over the past few years there has been a significant expansion of its activities in the international field, and there is ample evidence that this expansion will be even greater in the future.

Many of you, I am sure, are familiar with the N.I.H. Research Grants and Fellowship Program. The number of awards to foreign scientists under this activity has increased steadily over recent years. During 1960, research grants totalling approximately \$5,000,000 were awarded to investigators in other countries, about \$1,000,000 of this amount to scientists in Latin American countries. Through a special program begun in 1958--called the Foreign Fellowship Program--N.I.H. supports the study of nationals from other countries in the United States. At the close of 1960, thirteen scientists from Latin American countries were in the U.S. under this program.

A candidate for the Foreign Fellowship Program is nominated by a committee in his home country, chaired by a local scientist of national, and usually international, reputation. At the present time, nominating committees have been established in 10 countries in the Americas, the newest one set up just last week in the British West Indies. It is expected that this program will be expanded in Latin America as in other parts of the world.

Another N.I.H. program sends scientists from the United States to other countries for training under the sponsorship of outstanding research scientists. Under this program, nearly 200 United States scientists went to laboratories in 28 countries during 1960.

These two fellowship programs make possible a valuable two-way exchange of research techniques and knowledge.

New legislation passed by the Congress last summer--known as International Health Research Act--underlines my government's recognition of the importance of international research. Under terms of this act, the Congress has, among other things, made funds available to the N.I.H. to establish international medical research and training centers throughout

the world. This is done by making grants available to universities in the United States which are prepared to establish an overseas laboratory in a cooperating university abroad and carry out a research training program on an international basis in conjunction with their own domestic laboratory activities. Such a center has already been established here in Colombia under a grant to Tulane University for a cooperative program with the Medical School at Cali. We expect this to be a most valuable complement to our research activities--the international centers will expand opportunities for scientists in the countries where the laboratories will be established in addition to enlarging the international experience of our own investigators.

I should like to mention some other recent actions which express the interest on the part of the United States Government in promoting international social and economic development. A few weeks ago, the President sent a message to the Congress requesting \$500 million for the Inter-American Fund for Social Progress, as a first step toward implementing the Act of Bogota. In urging the Congress to appropriate the funds, President Kennedy stated that the Act of Bogota "launches a major inter-American program for the social progress which is an indispensable condition to growth--a program for improved land use, education, health and housing." We here are well aware of the implications for health programs in the Act of Bogota, and of the importance of health in over-all economic and social development.

In recent weeks there has been a great deal of publicity about the "Peace Corps" established by Executive Order on March 1. The Peace Corps, as proposed by President Kennedy, represents an opportunity for individual citizens to work directly with people of other countries in the economic, social, or educational fields to further the cause of peace through personal relationships and the development of mutual understanding. In his message to Congress establishing the Peace Corps, the President said: "The vast task of economic development urgently requires skilled people to do work of the society--to help teach in the schools, construct development projects, demonstrate modern methods of sanitation in the villages, and perform a hundred other tasks calling for training and advanced knowledge." The Peace Corps is designed to help meet this need for skills.

The proposal for the Peace Corps has been received with warm enthusiasm by many--universities, student groups, voluntary agencies, labor, business and professional organizations, as well as by private citizens. The concept is ambitious and the possibilities exciting, although I am sure that no one is under the delusion that the rewards will be immediate. Its implications in the health field are obvious, and it should be an important supplement to a variety of health activities in many parts of the world.

Cooperation--whether between individuals or between nations--is the key to international understanding and good will. The contributions of each individual at this meeting to international cooperation in health are extremely important in the constant pursuit of a better life for all.

I am convinced that continued collaboration in health and other areas of economic and social development which affect each citizen is the surest way to promote mutual trust and friendship and achieve universal peace.

APPENDIX D

COMMENTS

of

Dr. Frederick J. Vintinner
Deputy Chief, Latin America, Africa and Europe Division
Office of Public Health
International Cooperation Administration, Washington, D. C.

These conferences are most valuable because they provide an opportunity for us as public health officials to exchange ideas, to discuss common problems, to develop jointly ways to solve problems, and, of most importance, to get acquainted with each other, to renew old friendships so that together we can work for the advancement of public health in this hemisphere.

In September 1960, representatives of the American Republics met here in Bogota to study the formulation of new measures for economic and social development in Latin America. As a result of their deliberations, the Act of Bogota was formulated; Section D of this Act sets forth measures for the Improvement of Public Health.

Also in September 1960, the United States Congress passed legislation which authorized appropriation to the President of \$500 million dollars to be used to promote the Social Development program in the Latin American Republics. No funds were appropriated by this legislation, but such appropriation is anticipated.

As you know, there were elections and a change of administration in the United States early this year. President Kennedy strongly supports the Social Development program, as evidenced by his remarks which I quote as follows from his address made at the protocolary session of the Council of the Organization of American States in Washington, D.C., on April 14, 1961: "The grand concept of Operation Pan-America has already offered inspiration for such an effort. One month ago I proposed a new cooperative understanding, an Alianza para el Progreso, a ten-year program to give substance to the hopes of our people. I asked all the free republics of the hemisphere to join together to make the nineteen-sixties a decade of unexampled progress--progress in wiping hunger and poverty, ignorance and disease, from the face of our hemisphere." Also, you have received copies of two additional speeches of President Kennedy: one given at the White House reception for Latin American diplomats and the other to the Congress of the United States. All of these clearly indicate his

determination to support a program for cooperation and assistance to the Latin American Republics.

There is no doubt that there exists deep and sincere interest in this program in all the American Republics. You will note that in all documents and speeches public health occupies an important place. We, here, as public health officials have a tremendous responsibility if we are to effectively plan and carry to success the health components of the Act of Bogota. It is the objective of this Conference to pool our knowledge and experience so that ways can be found to most effectively meet the urgent health needs in the republics of Latin America.

It is important that we change drastically our former thinking when health programs were handicapped by lack of economic resources, trained personnel and poor administrative practices. We must consider that this is a new era and new frontier and that ways must be found to remove those barriers and obstacles which before have impeded progress in health development. We, as health people, must work together with other programs of social and economic development, and our approach should be bold and consistent with the concept of the Act of Bogota.

The grand concept of "Operation Pan America" and the proposed new cooperative undertaking by the American republics stresses the need to mobilize all available resources both human and material in these development programs. It stresses the need for the Latin American countries to take needed action themselves. The United States assistance to Latin American countries will largely depend upon the desire and willingness of the countries to help themselves in developing economically and socially.

We in health should search for proper relationships to the total country program and should determine the most effective contributions that health programs can make to country development. If there are obstacles to health progress, ways must be found to overcome them. This may require actions (sometimes drastic) on the part of the national governments, but such actions must be taken if there is to be social and economic improvement. I cannot stress too strongly that there is an urgency to get the program of social development under way and on the road to success. Health has an important part in this program, and the responsibility for its success lies with the public health officials in each country with the collaboration of the International Health Agencies.

APPENDIX E

CONFERENCE CALENDAR

April 24 - 28, 1961

April 24, 1961 - MONDAY

8:30-11:00 General Session

1. Announcements
2. Inaugural Address
3. Address
4. Address
5. Comments
6. Conference Objectives and Organization
7. Presentation of Topic I:
The Importance of Health and
the Role it Plays in Social
and Economic Development in
Latin America

Dr. Alvaro de Angulo, Chairman

Dr. Vernon B. Link
Dr. Alvaro de Angulo
Dr. Eugene P. Campbell
Dr. Arthur Osborne
Dr. Frederick J. Vintinner

Miss Gloria Russo

Panel:

Dr. Victor A. Sutter, Chairman
Dr. Luis Patino Camargo
Dr. Eugene P. Campbell
Dr. Bogaslow Juricic
Dr. Frederick J. Vintinner

11:00-12:00 Work Group Sessions
and Discussion of Topic I
2:00- 5:30

April 25, 1961 - TUESDAY

8:30-10:15 Plenary Session

1. The Role of the Inter-American Development Bank in the Program of Alliance for Progress
2. Program for Rehabilitation of the Physically Disabled in Mexico

Dr. Frederick J. Vintinner,
Chairman

Dr. Ignacio Copete Lizarralde

Mr. David Amato

10:15-12:00 Work Group Sessions
Discussion of Topic I

2:00- 3:45 Plenary Session

Dr. Oscar Vargas Mendez, Chair-
man

Presentation of Topic III:
Development of the Water Sup-
ply Program

Panel:

Mr. Edmund G. Wagner, Chairman
Dr. Carlos Jsvier
Dr. P. C. Murray
Mr. James A. Caldwell
Mr. Richard J. Hammerstrom
Mr. Donald Simpson

3:45- 5:30 Work Group Sessions
Discussion of Topic III

April 26, 1961 - WEDNESDAY

8:30-12:00 Plenary Session

Co-Chairmen, Dr. John Weir
Dr. Victor Sutter

1. Presentation and discussion of
Group Reports on Topic I
2. Presentation and discussion of
Group Reports on Topic III

Afternoon Visits to health facilities in Bogota

April 27, 1961 - THURSDAY

8:30- 9:30 Plenary Session

Dr. Arthur Osborne, Chairman

Presentation of Topic II:
Considering the Problems of Health
Expressed in The Act of Bogota,
How Could ICA, through Action
Programs, Help the National Gov-
ernments in the Successful Ac-
complishment of Achievable Goals
during the Next Decade

Panel:

Dr. Alfred G. Lazarus, Chair-
man
Dr. Victor A. Sutter
Dr. Jose Marroquin
Dr. John M. Weir
Dr. Eugene P. Campbell

9:30-12:00 Work Group Sessions
and Discussion of Topic II
2:00- 4:00

4:00- 5:30 Plenary Session

Dr. Dionisio Gonzalez Torres,
Chairman

Presentation of report on Malaria
Eradication

Panel:

Mr. Russell Fontaine
Mr. Donald Johnson
Mr. Patrick Owen
Dr. P. C. Murray
Dr. Manuel Sanchez Virgil

April 28, 1961 - FRIDAY

8:30-12:00 Plenary Session

Dr. Antonio Brown, Chairman

Presentation and discussion of
Group Reports on Topic II

2:00- 6:00 Plenary Session

Dr. Charles L. Williams, Chair-
man

1. Presentation and discussion
of Group Reports on Topic II
2. Presentation and discussion
of Conference Report
3. Discussion of Conference
Resolutions
4. Evaluation of Conference
5. Closing Ceremony

APPENDIX F

CONFERENCE COMMITTEES

Conference Chairman: Dr. Frederick J. Vintinner

Conference Consultant: Miss Gloria Russo

Planning Committee:

Dr. Vernon B. Link, Chairman
Mr. Eloy A. Barreda
Mr. Harold Conger
Dr. Frederick J. Vintinner
Dr. Eugene P. Campbell

Steering Committee:

Dr. Frederick J. Vintinner, Chairman
Dr. Jorge Atkins
Mr. Eloy A. Barreda
Dr. Vernon B. Link
Dr. Charles L. Williams, Jr.

Resolutions Committee:

Dr. Manuel Sanchez Vigil, Chairman
Dr. Alberto Aguilar Rivera
Dr. Jose Manuel Baena Lavalle
Dr. Anthony Donovan
Dr. Dionisio Gonzalez Torres
Dr. Oscar Vargas M.
Dr. Charles L. Von Pohle

Final Reports Committee:

Mr. C. Preston Blanks, Jr., Chairman
Dr. Jorge Atkins
Dr. Antonio Brown
Dr. Endre K. Brunner
Dr. Lamar Byers
Dr. Alfred S. Lazarus
Miss Gloria Russo
Mr. Dale Swisher

Evaluation Committee:

Dr. Anthony Donovan, Chairman

Dr. Alberto Calvo

Mr. Patrick J. Owens

Dr. Daniel Uriguen

APPENDIX G

WORK GROUPS

Group A

Spanish

Mr. Amato
Mr. Caldwell
Dr. Juricic
Dr. Lazarus
Mr. Owens
Dr. Von Pohle
Mr. Wagner
Dr. Uriguen

Group B

Spanish

Mr. Blanks
Dr. Brunner
Dr. Byers
Dr. Calvo
Dr. Patino Camargo
Dr. Vargas Mendez
Dr. Sutter
Dr. Vasco Campana

Group C

English

Dr. Brown
Mr. Hammerstrom
Mr. Johnson
Dr. Murray
Dr. Osborne
Mr. Simpson
Mr. Swisher
Mr. Fontaine
Dr. Atkins

Group D

Spanish-English

Dr. Alves de Souza
Dr. Javier
Dr. Ruby
Dr. Wood
Dr. Williams
Dr. Van der Slice
Dr. Van der Kuyp
Dr. Forney
Dr. Weir

Group E

Spanish

Mr. Barreda
Mr. Conger
Dr. Donovan
Dr. Marroquin
Dr. Allwood
Dr. Vera
Dr. Sanchez Vigil
Dr. Gonzalez Torres

APPENDIX H

CONFERENCE PARTICIPANTS

Mr. Carlton R. Adams, Deputy Director, USOM
Bogota, Colombia

Dr. Carlos Alves de Souza, Third Secretary of the Embassy of Brazil
Bogota, Colombia

Dr. Juan Allwood Paredes
Professor of Preventive Medicine and Public Health
School of Medicine of El Salvador
San Salvador, El Salvador

Mr. David Amato, Vocational Rehabilitation Specialist
USOM/Mexico
Mexico City, Mexico

Dr. Alvaro de Angulo, Minister of Public Health
Bogota, Colombia

Dr. Jorge Atkins, Associate Director
Servicio Cooperativo Interamericano de Salud Publica
Lima, Peru

Dr. Jose Manuel Baena Lavallo, Secretary General
Ministry of Public Health
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Mr. Eloy A. Barrera, Chief Public Health Advisor
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Asuncion, Paraguay

Dr. Lamar A. Byers, Chief Public Health Advisor
USOM/Jamaica
Kingston, Jamaica

Mr. James A. Caldwell, Special Consultant, Community Water Program
USOM/Jamaica
Kingston, Jamaica

Dr. Alberto Calvo, Sub-Director General of Public Health
Ministry of Labor, Social Assistance, and Public Health
Panama City, Panama

Dr. Eugene P. Campbell, Director, Office of Public Health
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Mr. Harold S. Conger, Chief Public Health Advisor
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Dr. Anthony Donovan, Chief Public Health Advisor
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San Jose, Costa Rica

Mr. Russell Fontaine, Regional Malaria Advisor
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Lima, Peru

Mr. Charles P. Fossum, Director, USOM/Colombia
Bogota, Colombia

Dr. Vernon J. Forney, Chief Public Health Advisor
USOM/Brazil
Rio de Janeiro, Brazil

Dr. Dionisio Gonzalez Torres, Minister of Public Health and Social Welfare
Asuncion, Paraguay

Mr. Richard J. Hammerstrom, Regional Sanitary Engineer
USOM/Peru
Lima, Peru

Dr. Carlos Javier, Sub-Secretary of State in the Office of the
Ministry of Public Health and Public Assistance
Tegucigalpa, Honduras

Mr. Donald R. Johnson
Deputy Chief, Malaria Eradication Branch, Office of Public Health
International Cooperation Administration
Washington, D. C.

Dr. Bogoslav Juricic, Representative in Zone IV
Pan American Health Organization
Lima, Peru

Mr. Robert J. Kerchen, Program Officer, USOM/Colombia
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Dr. Alfred S. Lazarus, Chief Public Health Advisor
USOM/El Salvador
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Dr. Vernon B. Link, Chief Public Health Advisor
USOM/Colombia
Bogota, Colombia

Dr. Jose Marroquin, Assistant to the Director General of Health
Ministry of Public Health and Social Assistance
Lima, Peru

Dr. P. C. Murray, Principal Medical Officer of Public Health
Kingston, Jamaica

Dr. Arthur S. Osborne, Chief, International Organizations Branch
United States Public Health Service
Washington, D. C.

Mr. Patrick J. Owens, Sanitary Engineer
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Dr. Luis Marino Camargo, Director General
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Mr. Arthur Robinson, Director
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Dr. Saul Ruby, Chief Public Health Advisor
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Miss Gloria Russo, Regional Health Education Advisor
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Dr. Manuel Sanchez Vigil, Director General of Health
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Mr. Donald Simpson, Chief, Division of Administration
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Dr. Victor A. Sutter, Secretary General
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Dr. Daniel Uriguen, Director General, National Sanitary Services
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APPENDIX I

SUMMARY REPORT ON AN EVALUATION OF THE CONFERENCE

On the last afternoon of the Conference the participants were requested to fill out a questionnaire. The purpose was to learn their reactions toward the Conference, the methods used and the results obtained; also, to secure suggestions for evaluating the results of the Conference. Twenty-seven of the 51 participants completed the questionnaire.

In response to a question "What did you expect to get from this Conference?", the replies varied extensively. Nevertheless, several major trends were notable, namely, the expectations of:

1. Obtaining information and orientation on the type of health programming possible under the Act of Bogota;
2. Learning about the health needs of the various countries, related program difficulties and the ways that ICA might help in these situations; and
3. Exchanging ideas on ways and means of evaluating progress and of effecting more coordination and understanding between technicians.

Eleven percent of the participants replied that their expectations had been fulfilled totally; 48 percent, to a large extent; 33 percent, partially; 4 percent, to a small extent; and 4 percent did not answer the question.

In response to a question "What did you get from the Conference that will help you in your work in your own country's program?" a majority conclusion was that the Conference provided an opportunity to study and develop norms for improving the planning and organization of programs within the framework of the Act of Bogota and ICA policy.

The most important subjects considered during the Conference, according to a majority of the answers received, were:

1. The Act of Bogota and its implications for the expansion of health services;
2. Community water supply programs; and
3. Malaria eradication.

Seventy-eight percent of those who participated in the evaluation stated that they had received adequate prior information about the Conference. It was suggested, however, that an earlier distribution of a more concrete agenda would be helpful. Other comments were that there was need for:

1. Better scheduling with more free time;
2. More opportunity for reports on successful programs, reorganizations and/or improvements achieved; and
3. A mechanism by which nationals could present problems to the Secretariat for consideration by the Conference.

Some participants mentioned that the schedule was too heavy, discussion themes were not well defined, plenary sessions were too long with only a few of the conferees contributing to the discussion. A large majority of the conferees stated that the panel presentations and the opportunities for group discussions were the most useful methods employed.

The conferees were asked whether they would be willing to contribute to an evaluation of the results of the Conference at some future date. The purpose of the evaluation would be to ascertain which of the conclusions reached by the conferees had been implemented. Ninety-six percent stated they would be willing to do so and four percent did not answer the question.

It was suggested by the conferees that such an evaluation might be carried out through the use of:

1. A standardized questionnaire sent to all recipients of the final Conference report;
2. Evaluation panels; and
3. Joint reports by host country and USOM health personnel.

The participants were requested to give their overall immediate reaction to the Conference. Eighteen percent rated it as excellent; 71 percent as good; 11 percent as fair with none rating it as poor.

One conferee summed it up as follows: "The Conference, which was realized in a very cordial atmosphere, permitted the formation of new friendships and the renewal of old ones among international and national public health officials."

APPENDIX J

ACT OF BOGOTA

MEASURES FOR SOCIAL IMPROVEMENT AND ECONOMIC DEVELOPMENT WITHIN THE FRAMEWORK OF OPERATION PAN AMERICA

The Special Committee to Study the Formulation of New Measures for Economic Cooperation,

RECOGNIZING that the preservation and strengthening of free and democratic institutions in the American republics requires the acceleration of social and economic progress in Latin America adequate to meet the legitimate aspirations of the peoples of the Americas for a better life and to provide them the fullest opportunity to improve their status;

RECOGNIZING that the interests of the American republics are so interrelated that sound social and economic progress in each is of importance to all and that lack of it in any American republic may have serious repercussions in others;

COGNIZANT of the steps already taken by many American republics to cope with the serious economic and social problems confronting them, but convinced that the magnitude of these problems calls for redoubled efforts by governments and for a new and vigorous program of inter-American cooperation;

RECOGNIZING that economic development programs, which should be urgently strengthened and expanded, may have a delayed effect on social welfare, and that accordingly early measures are needed to cope with social needs;

RECOGNIZING that the success of a cooperative program of economic and social progress will require maximum self-help efforts on the part of the American republics and, in many cases, the improvement of existing institutions and practices, particularly in the fields of taxation, the ownership and use of land, education and training, health and housing;

BELIEVING it opportune to give further practical expression to the spirit of Operation Pan America by immediately enlarging the opportunities of the people of Latin America for social progress, thus strengthening their hopes for the future;

CONSIDERING it advisable to launch a program for social development, in which emphasis should be given to those measures that meet social

needs and also promote increases in productivity and strengthen economic development,

RECOMMENDS to the Council of the Organization of American States:

I

MEASURES FOR SOCIAL IMPROVEMENT

An inter-American program for social development should be established which should be directed to the carrying out of the following measures of social improvement in Latin America, as considered appropriate in each country:

- A. Measures for the improvement of conditions of rural living and land use
 1. The examination of existing legal and institutional systems with respect to:
 - a. Land tenure legislation and facilities with a view to ensuring a wider and more equitable distribution of the ownership of land, in a manner consistent with the objectives of employment, productivity and economic growth;
 - b. Agricultural credit institutions with a view to providing adequate financing to individual farmers or groups of farmers;
 - c. Tax systems and procedures and fiscal policies with a view to assuring the equity of taxation and encouraging improved use of land, especially of privately-owned land which is idle.
 2. The initiation or acceleration of appropriate programs to modernize and improve the existing legal and institutional framework to ensure better conditions of land tenure, extend more adequate credit facilities and provide increased incentives in the land tax structure.
 3. The acceleration of the preparation of projects and programs for:
 - a. Land reclamation and land settlement, with a view to promoting more widespread ownership and efficient use of land, particularly of unutilized or under-utilized land;

- b. The increase of the productivity of land already in use; and
 - c. The construction of farm-to-market and access roads.
4. The adoption or acceleration of other government service programs designed particularly to assist the small farmer, such as new or improved marketing organizations; extension services; research and basic surveys; and demonstration, education, and training facilities.

B. Measures for the improvement of housing and community facilities

1. The examination of existing policies in the field of housing and community facilities, including urban and regional planning, with a view to improving such policies, strengthening public institutions and promoting private initiative and participation in programs in these fields. Special consideration should be given to encouraging financial institutions to invest in low-cost housing on a long-term basis and in building and construction industries.
2. The strengthening of the existing legal and institutional framework for mobilizing financial resources to provide better housing and related facilities for the people and to create new institutions for this purpose when necessary. Special consideration should be given to legislation and measures which would encourage the establishment and growth of:
- a. Private financing institutions, such as building and loan associations;
 - b. Institutions to insure sound housing loans against loss;
 - c. Institutions to serve as a secondary market for home mortgages;
 - d. Institutions to provide financial assistance to local communities for the development of facilities such as water supply, sanitation and other public works.

Existing national institutions should be utilized, wherever practical and appropriate, in the application of external resources to further the development of housing and community facilities.

3. The expansion of home building industries through such measures as the training of craftsmen and other personnel, research, the introduction of new techniques, and the development of construction standards for low and medium-cost housing.

4. The lending of encouragement and assistance to programs, on a pilot basis, for aided self-help housing, for the acquisition and subdivision of land for low-cost housing developments, and for industrial housing projects.

C. Measures for the improvement of educational systems and training facilities

1. The reexamination of educational systems, giving particular attention to:
 - a. The development of modern methods of mass education for the eradication of illiteracy;
 - b. The adequacy of training in the industrial arts and sciences with due emphasis on laboratory and work experience and on the practical application of knowledge for the solution of social and economic problems;
 - c. The need to provide instruction in rural schools not only in basic subjects but also in agriculture, health, sanitation, nutrition, and in methods of home and community improvement;
 - d. The broadening of courses of study in secondary schools to provide the training necessary for clerical and executive personnel in industry, commerce, public administration, and community service;
 - e. Specialized trade and industrial education related to the commercial and industrial needs of the community;
 - f. Vocational agricultural instruction;
 - g. Advanced education of administrators, engineers, economists, and other professional personnel of key importance to economic development.

D. Measures for the improvement of public health

1. The reexamination of programs and policies of public health, giving particular attention to:
 - a. Strengthening the expansion of national and local health services, especially those directed to the reduction of infant mortality;
 - b. The progressive development of health insurance systems, including those providing for maternity, accident and disability insurance, in urban and rural areas;

- c. The provision of hospital and health service in areas located away from main centers of population;
- d. The extension of public medical services to areas of exceptional need;
- e. The strengthening of campaigns for the control or elimination of communicable diseases with special attention to the eradication of malaria;
- f. The provision of water supply facilities for purposes of health and economic development;
- g. The training of public health officials and technicians;
- h. The strengthening of programs of nutrition for low-income groups.

E. Measures for the mobilization of domestic resources

- 1. This program shall be carried out within the framework of the maximum creation of domestic savings and of the improvement of fiscal and financial practices;
- 2. The equity and effectiveness of existing tax schedules, assessment practices and collection procedures shall be examined with a view to providing additional revenue for the purpose of this program;
- 3. The allocation of tax revenues shall be reviewed, having in mind an adequate provision of such revenues to the areas of social development mentioned in the foregoing paragraphs.

II

CREATION OF A SPECIAL FUND FOR SOCIAL DEVELOPMENT

1. The delegations of the governments of the Latin American republics welcome the decision of the Government of the United States to establish a special inter-American fund for social development, with the Inter-American Development Bank to become the primary mechanism for the administration of the fund.

2. It is understood that the purpose of the special fund would be to contribute capital resources and technical assistance on flexible terms and conditions, including repayment in local currency and the re-lending of repaid funds, in accordance with appropriate and selective criteria in the light of the resources available, to support the efforts of the Latin American countries that are prepared to initiate or expand effective institutional improvements and to adopt measures to employ

efficiently their own resources with a view to achieving greater social progress and more balanced economic growth.

III

MEASURES FOR ECONOMIC DEVELOPMENT

The Special Committee,

HAVING IN VIEW Resolution VII adopted at the Seventh Meeting of Consultation of Ministers of Foreign Affairs expressing the need for the maximum contribution of member countries in hemisphere cooperation in the struggle against underdevelopment, in pursuance of the objectives of Operation Pan America,

EXPRESSES ITS CONVICTION

1. That within the framework of Operation Pan America the economic development of Latin America requires prompt action of exceptional breadth in the field of international cooperation and domestic effort comprising:

- a. Additional public and private financial assistance on the part of capital exporting countries of America, Western Europe, and international lending agencies within the framework of their charters, with special attention to:
 - (1) The need for loans on flexible terms and conditions, including, whenever advisable in the light of the balance of payments situation of individual countries, the possibility of repayment in local currency,
 - (2) The desirability of the adequate preparation and implementation of development projects and plans, within the framework of the monetary, fiscal and exchange policies necessary for their effectiveness, utilizing as appropriate the technical assistance of inter-American and international agencies,
 - (3) The advisability, in special cases, of extending foreign financing for the coverage of local expenditures;
- b. Mobilization of additional domestic capital, both public and private;
- c. Technical assistance by the appropriate international agencies in the preparation and implementation of national and regional Latin American development projects and plans;

- d. The necessity for developing and strengthening credit facilities for small and medium private business, agriculture and industry.

RECOMMENDS:

1. That special attention be given to an expansion of long-term lending, particularly in view of the instability of exchange earnings of countries exporting primary products and of the unfavourable effect of the excessive accumulation of short- and medium-term debt on continuing and orderly economic development.

2. That urgent attention be given to the search for effective and practical ways, appropriate to each commodity, to deal with the problem of the instability of exchange earnings of countries heavily dependent upon the exportation of primary products.

IV

MULTILATERAL COOPERATION FOR SOCIAL AND ECONOMIC PROGRESS

The Special Committee,

CONSIDERING the need for providing instruments and mechanisms for the implementation of the program of inter-American economic and social cooperation which would periodically review the progress made and propose measures for further mobilization of resources,

RECOMMENDS:

1. That the Inter-American Economic and Social Council undertake to organize annual consultative meetings to review the social and economic progress of member countries, to analyze and discuss the progress achieved and the problems encountered in each country, to exchange opinions on possible measures that might be adopted to intensify further social and economic progress, within the framework of Operation Pan America, and to prepare reports on the outlook for the future. Such annual meetings should begin with an examination by experts and terminate with a session at the ministerial level.

2. That the Council of the Organization of American States convene within 60 days of the date of this Act a special meeting of senior government representatives to find ways of strengthening and improving the ability of the Inter-American Economic and Social Council to render effective assistance to governments with a view to achieving the objectives enumerated below, taking into account the proposal submitted by the Delegation of the Republic of Argentina in Document CECE/III-13:

- a. To further the economic and social development of Latin American countries;

- b. To promote trade between the countries of the Western Hemisphere as well as between them and extra-continental countries;
 - c. To facilitate the flow of capital and the extension of credits to the countries of Latin America both from the Western Hemisphere and from extra-continental sources.
3. The Special meeting shall:
- a. Examine the existing structure of the Inter-American Economic and Social Council, and of the units of the Secretariat of the Organization of American States working in the economic and social fields, with a view to strengthening and improving the Inter-American Economic and Social Council.
 - b. Determine the means of strengthening inter-American economic and social cooperation by an administrative reform of the Secretariat, which should be given sufficient technical, administrative and financial flexibility for the adequate fulfillment of its tasks.
 - c. Formulate recommendations designed to assure effective coordination between the Inter-American Economic and Social Council, the Economic Commission for Latin America, the Inter-American Development Bank, the United Nations and its Specialized Agencies, and other agencies offering technical advice and services in the Western Hemisphere.
 - d. Propose procedures designed to establish effective liaison of the Inter-American Economic and Social Council and other regional American organizations with other international organizations for the purpose of study, discussion and consultation in the fields of international trade and financial and technical assistance,
 - e. And formulate appropriate recommendations to the Council of the Organization of American States.

In approving the act of Bogota the Delegations to the Special Committee, convinced that the people of the Americas can achieve a better life only within the democratic system, renew their faith in the essential values which lie at the base of Western civilization, and re-affirm their determination to assure the fullest measure of well-being to the people of the Americas under conditions of freedom and respect for the supreme dignity of the individual.