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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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PARAGUAY

DEIDS Reconnaissance

December 10-12, 1972

PARAGUAY

DEIDS Reconnaissance
December 10-12, 1972

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A. Population and Other Demographic Features
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C. Resolution of Ministry of Public Health to Extend Rural Health Services
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INTRODUCTION

The reconnaissance visit was shorter than comparable visits to other countries. This was occasioned by the nearness of the holiday season and the determination to complete reconnaissance visits in Central and South America early enough to permit selection of a country for further intensive study and development of the DEIDS project, early in 1973. In Paraguay the team encountered some confusion relative to sponsorship and functioning of a DEIDS project. Specifically, it was seen in many quarters as including PAHO in a primary role of program planning and implementation. Hopefully this misunderstanding was clarified by the conversations held by the team members with various individuals in Paraguay.

I. Summary and Recommendation

A. Points favoring DEIDS involvement

1. There is an obvious need for health services and for improved organization and administration.

2. There is an interest on the part of the AID Mission.

3. Many program elements are present which would lend themselves to inclusion in an integrated program.

B. Questions regarding DEIDS involvement

1. Immediate readiness of the Ministry of Health for a DEIDS project has not been established.

2. The capability for reallocating resources for a DEIDS project in the face of other demands for reallocation remains to be determined.

3. There is a need for improvement in mid-level supervisory and administrative functioning to better relate central and field services. Such an improvement might require addition of a substantial number of personnel who would have to be funded by Paraguay.

C. <u>Recommendation</u>

At least for the immediate fúture, Paraguay should not be considered for a DEIDS project.

II. General

A. Geography

Paraguay is a semitropical, landlocked country of 157,000 square miles (about the size of California) located in the heart of South America. It is surrounded by Argentina, Brazil, and Bolivia and has access to the Atlantic Ocean by way of the Paraná-Paraguay river system flowing south through Argentina to the Rio de la Plata.

The country is divided by the Paraguay River into two widely disparate regions. Eastern Paraguay lies in the temperate zone and consists of gently rolling country with wooded hills, tropical forests, and fertile grasslands; annual rainfall averages 62 inches but is subject to great local variation.

Western Paraguay, usually called the Chaco, is a low plain covered with marshes and dense scrub forests. Westward from the Paraguay River and the meandering unnavigable rivers which drain into it, the land becomes parched and water extremely scarce. Rainfall in the Chaco averages about 32 inches a year.

From May until September temperatures at Asunción average about 65° - 75°F., dropping to 55°F. in June. Temperatures often exceed 100°F. from December to February.

B. Administration and Politics

Paraguay has a highly centralized government established by the Constitution of 1940. The preponderance of power rests in the Executive Branch. The President is popularly elected for 5-year terms and is assisted by an appointed Cabinet. There is a bicameral Congress whose members are elected concurrently with the President. President Stroessner was first elected in 1958 and is now completing his third full term and is running for a fourth term, apparently without opposition.

C. Demographic and Statistical Data

Racially, culturally, and socially, Paraguay probably has the most homogeneous population in South America. About 95% of the people are of mixed Spanish and Indian (Guaraní) descent. Total population is estimated at 2,303,000 with urban population constituting 32.7% of that total, with the Chaco, which accounts for about 60% of Paraguay's territory, affording a home for less than 4% of the population. Almost one half of the total population is under 15 years of age. This child dependency feature places a tremendous burden on the provision of school facilities. It places considerable burden on individual families as scarce resources are diverted from savings and socio-economic advancement to care for the dependency load.

An unknown number of Paraguayans, probably over 500,000, live and work abroad. It is reported that many of these individuals are young men and that the disparity in the proportion of the male and female has resulted. (Ref. Appendix A)

D. Economics

Paraguay is predominantly an agricultural country with agricultural commodities accounting for 90% of the country's exports. The government is faced with many economic problems common to those of most developing countries. Particular obstacles to development are declining or stagnant prices for agricultural products, the long and expensive river routes which exports must traverse, an almost total lack of known mineral resources, and a very small domestic market. However, under the political stability of the past fifteen years the economy has grown steadily. The currency has been stable since 1960. There has been considerable foreign lending and investment in rural development projects over the past few years.

E. Educational Level and Distribution

Literacy is estimated at 30%. Primary education is free and compulsory between the ages of 6 and 12 years. There is a shortage of schools, particularly in the remote rural areas.

However, it is estimated that 70% of primary schools include only two or three grades, and in rural areas 80%. In many instances first enrollment occurs at 8-1/2 to 9 years of age; many students drop out; recently it was reported that 85% of primary students were repeating the course and that as many as 260,000 children were not attending school for one reason or another.

F. Religious, Cultural, and Ethnic Groups, including Health Beliefs and Systems

The majority of the population is Roman Catholic. In terms of ethnic groups 74% are mixed, 21% white, 3% amerindian, 1% Negro. There are several small nationality groups in Paraguay, including Mennonites, Germans, Japanese, Brazilians, and Argentinians. No information was obtained regarding any particular school or system of health beliefs.

G. Policies and Laws

1. Family Planning. The government has no official Family Planning policy but is interested in the redistribution of the population within the country and has undertaken a program to colonize the eastern portion of the country (Health District 6). President Stroessner said there was "no population problem" and yet there is a Department of Family Protection within the Ministry of Public Health.

2. Medical Practice. Physicians are licensed by the Faculty of Medical Sciences. Currently the Ministry of Public Health is engaged in preparation of regulations and an administrative program relating to sale of drugs.

III. Health Administration Responsibilities and Activities

A. Official

The Ministry of Public Health is headed by "el Ministro de Salud Pública y Bienestar Social" and by a "Dirección General de Salud". Both the Minister and the Director General are appointed by the President. The organizational chart of the Ministry is quite detailed and involved and is not reproduced as a part of this report.

Separate interviews were held with the Minister and the Director General. After visiting team members had acquainted each of these individuals with the DEIDS proposal and the purpose of the present reconnaissance visit, each expressed an interest in having a DEIDS project in Paraguay. (No written expression of interest or commitment had been received at the time of writing of this report.)

Several units of the Ministry of Public Health were selected for a visit by team members. These included the Department of Family Protection, the Department of Maternal and Child Health, the Department of Nutrition, the Department

of Health Education, and the Department of Planning and International Relationships. In addition, interviews were held with the Director of General Technical Services, but the content was not appropriate for detailed reporting here.

Department of Family Protection. Family planning in Paraguay is treated in the context of responsible parenthood and family protection, with emphasis on prevention of morbidity and mortality and improvement of the quality of life rather than on birth control *per se*.

This department was established approximately two months ago and was separated from Maternal and Child Health so as to have an identity of its own. However, in spite of the separation at national level, services are integrated, at least to some extent, at the point of delivery. Family Protection consultants are found in health centers and there are a total of three or more family planning personnel per center. Sometimes MCH and Family Planning services are combined and sometimes separate, especially if the center has a heavy load of prenatal care.

In past years the program has been supported almost entirely by AID funds. In 1973 the Ministry of Public Health is expected to pay 15% of the costs and to progressively increase this percentage each year in the future.

This department is really envisioning a Family Protection program for all sexes and ages and would like to see the services embrace prenatal, natal, postpartum, preschool and school services. There is a plan to rapidly expand the number of fully integrated MCH, family planning and nutrition clinics of the Ministry of Public Health to 45. By 1980 this is expected to provide a clientele of 180,000 mothers and 360,000 preschool children, of whom 140,000 mothers would be family planning acceptors.

Maternal and Child Health. After explanation of the DEIDS project and the purpose of the visit, the Department director besieged the visiting team members with statistical information regarding maternal and child health problems and services. In essence these statistics showed a high and rising neonatal and infant death rate; a high and rising maternal death rate; a moderate increase over a number of years in the number of maternal and child health services delivered to the population.

The objectives of the MCH program are (1) to reduce the probability of sickness among mothers and children, particularly in high risk groups, and (2) to improve the operational capacity of maternal-child health services. To reach these objectives, an 8-point program was advanced:

1. A census of human and institutional resources for gynecology, obstetrics, and pediatrics;

2. Formulation and execution of a national maternal-child health program including both public and private agencies;
3. Elaboration of technical and administrative norms for effective functioning of service and training programs;
4. Training, through short courses and seminars, of MCH program personnel at all levels;
5. Training of physicians in pediatrics and gynecology-obstetrics through hospital residence, including rural practice;
6. Provision of personnel, equipment and materials to the services selected for training purposes;
7. Revision and improvement of the educational program at pre-graduate and specialization levels, following basic training;
8. Detailed investigation of health problems of mothers and children by geographic areas and economic strata.

The program is financed largely with Foreign Assistance Act Title X funds.

Nutrition Services. There is reported to be an applied nutrition program shared by several ministries (Education,

Public Health, Agriculture) working in schools, promoting school gardens, and promoting chicken raising. The World Food Program is engaged in a program of feeding mothers and children at school. This program is reaching 40 to 45,000 individuals in one area. Catholic Relief Services has been responsible for receiving and distributing donated food-stuffs. There is a plan to develop low-cost high-nutrient foods using local ingredients and to conduct a major nutrition program through the maternal and child health clinics of the Ministry, to reach some 540,000 women and children per year. The objectives of this program would be to reduce the prevalence of anemia, goiter, and secondary malnutrition.

Health Education Department. Programs of this department include a number of activities which are described below. Nurses or nurses' aides are trained to counsel with patients who are waiting for services in health centers in response to the patients' needs. Pregnant mothers' clubs (pre-natal and post-partum) are used as a means of transmitting health education. Through elementary schools community leaders are selected -- usually five each time. These leaders are given health education instruction and each leader is then asked to assemble and instruct a group of six additional individuals. Two health education coordinators from the Ministry

of Public Health are developing programs in primary schools. Each service activity, e.g., vaccination, is accompanied by instruction of teachers regarding information which they should transmit to the children. Physicians in health centers are responsible for teaching community leaders, nurses, and midwives. When particularly acute situations arise the Ministry sends out a team to study the local problems and then to meet with community leaders and instruct them regarding remedies. The department makes extensive use of radio, newspapers, and prepared films for general health education.

Department of Planning and International Relationships

This is a newly-designated unit of the Ministry of Public Health. After the DEIDS project and the purpose of our visit were explained to the Minister he expressed some surprise, stating that there was "already an integrated program with UNICEF" (Region 6)[1/]. (The UNICEF program is still in the planning stages and a copy of the plan was not obtainable.)

The Director also said that there is under development a plan for assistance from a German foundation for establishment of a school for rural health workers. (Appendix B)

1/ Department of San Pedro, Caaguza, Alto Paraná

Decentralized Services of the Ministry of Public Health

Team members made a day-long trip to visit Region 3[2/]. In the course of this visit team members viewed a regional office and health center, a separate health center, and a health post. Personnel in each of these places were interviewed.

Major impressions were of an area of remarkable agricultural riches and of an impoverished health system; a considerable number of health problems; dedicated health personnel; a need for more support from the central Ministry; high interest of the people in improvement of health and family planning services. The team saw a need for additional attention to matters referred to above, as well as a need for attention to malnutrition, to increased emphasis on prevention, to public instruction in growing and preparation of foodstuffs, to supply of medicines, transport facilities, and additional training for health workers.

Resolution No. 136

On the 16th of September 1972, the Minister of Public Health and Social Welfare signed a resolution designating a task force to elaborate a plan for extension of rural health services. The task force was asked to present a plan within 30 days. At the time of our visit, the task force had not yet met. (Appendix C)

2/ Department of Missiones, Itapua and Neembuch

B. External Assistance

1. Multilateral. PAHO is currently making an inventory of health services in Paraguay, beginning in Region 6. The Ministry of Public Health has an agreement with PAHO for extensive in-country and foreign training and other assistance to strengthen its MCH operation. A plan will then be made for services in that Region and it is expected to be ready in January 1973 for Region 6, and for Region 3 by May or June. (Region 3 is the area suggested by AID as appropriate for a DEIDS project.)

It is believed that the general plan for services will call for a Regional Director; three or four areas -- each served by a health center, with an M.D. and a small supportive staff; a series of health posts staffed by auxiliary personnel. PAHO is reportedly working with all international agencies to survey, evaluate, and plan (see UNICEF). Reference was made to the national task force authorized by the Resolution from the Minister (see above).

PAHO has supported the malaria eradication program, with the surveillance made the responsibility of the Ministry of Public Health. It is planned to transfer the malaria program and its funding entirely to the Ministry of Public Health within a few months. (There is a real question about the capability of the government to finance the program. It was

the opinion of the reconnaissance team that approximately another three years of operation were needed before the malaria program could enter the consolidation stage and therefore be conducted at a considerably lower cost and that a reduction in control activities at this time might result in a substantial increase in cases and loss of much ground that has been gained during the last few years).

UNICEF Representatives of UNICEF are working on coordination of government affairs through joint meetings of various Ministers; they have cooperated with the Ministry of Public Health in developing a new health plan (ready in 30 to 60 days, Region 6); are helping to develop a plan for integrated health services, with emphasis on maternal and child health and vaccination.

2. Bilateral assistance. AID is currently furnishing principal financial support for family planning and has obligated over $500,000 since 1969 to support this program. There is expectation of phasing out this financial assistance beginning in 1973.

AID has assisted the Faculty of Medical Sciences to initiate an Institute for Study of Human Reproduction. This Institute is expected to conduct research in reproductive biology and medicine; provide post-graduate training; provide

clinical services in cervical cancer, contraception and sterility; and eventually introduce sex education, medical demography and responsible parenthood into the curriculum of the Faculty. A building is to be constructed to house these activities.

C. Voluntary Organizations

1. Indigenous. A study of such organizations is currently underway in connection with the AID-sponsored APHA study of voluntary agencies, and a report is expected within 45 days. It is noteworthy that the Minister of Public Health has enlisted a large number of volunteers to assist with the epidemiological work in connection with the malaria control program. In addition, selected leadership volunteers are used to assist in the health education program, and there is a Health Commission of volunteers assisting with each health center facility and operation.

2. Foreign. Center for Population Studies (CEPEP - an affiliate of IPPF). This organization has established family planning services in 9 locations (8 in Asunción). They have attempted to legitimize the idéa of family planning through a whole series of [illegible]ivities, including an Annual Congress for country le[illegible]ip individuals, survey of facilities and

services and communication with other organizations interested in family planning. The Center has inventoried hospitals which might give family planning service and has provided training for family planning staff in health centers. They now believe that community acceptance has led to relaxation of official attitudes. Record-keeping is identical to that in government clinics, so that national records can be uniform and comparable. The Center hopes to extend its services to the principal towns in each department. They hope to establish a rural health system, including prenatal, nutritional, and contraception care (Pathfinder funded). The Center plans to conduct a nutrition program in its clinics, including instruction as to how to select, purchase, and prepare an adequate diet, and proposes use of growth charts for evaluation and program guidance. Twice a year the Center assists in the organization of parents' clubs in each community to conduct a nutrition education program. (See Health Education Program of Minister of Public Health.)

The German foundation, "Frieding Thieding", is negotiating with the Ministry of Public Health and planning to assist the Ministry in the training of health auxiliaries (see Appendix B).

D. Manpower and Womanpower

Ministry of Public Health records show that approximately 50 physicians, 30 nurses, 40 auxiliary nurses, and 12 social workers graduate from Paraguayan training institutions each year. An unknown but significant number of professional medical personnel migrate from Paraguay each year because of lack of employment opportunities in the country.

Estimated ratios of health manpower (1969) per 10,000 inhabitants were: 5.4 physicians; 1.2 nurses; 6.6 auxiliaries; 7.8 practical nurses. There were an estimated 0.2 nurses per physician and 5.3 auxiliaries per nurse. In addition, there are a number of family planning workers and midwives.

IV. DEIDS - Special Considerations and Criteria

A. Official Invitations from Host Country and AID Mission.

Prior to our visit the Ministry believed that the DEIDS propósal was being put forward by PAHO rather than by APHA, and therefore presumably saw no reason to issue an official invitation. In our final interview with a representative of the Ministry of Public Health, we made it quite clear that if a continuing interest exists in having such a project in Paraguay we would suggest that this interest be expressed in a letter to us and to the AID Mission; that this communication should occur very soon since we expected to select one country in the Americas early in 1973 (January). Judging from cables pre-

viously received by AID/Washington, an official invitation does exist from AID/Paraguay.

B. AID/Washington and WHO Opinions

The Health Office of AID's Technical Assistance Bureau, the Latin America Bureau of AID, the Paraguay desk, and PAHO were all positive in their support of the reconnaissance visit.

C. Previous Health Innovations

Administrative changes made by the MOPH include creation of a Department of Planning and International Health; creation of a Department of Family Protection; and current development of a drug control program in the Department of General Services. Program innovations seem to have been largely stimulated and financed by bilateral and multilateral agencies and by voluntary agencies.

D. Readiness of the Ministry of Public Health for DEIDS

The reconnaissance team had no expression from the Ministry of Public Health offering details as to its readiness for a DEIDS project. A number of concerns were voiced by the team to the Ministry's representatives at the time of debriefing. Since the debriefing was delivered to representatives rather than to the Minister himself, there was no real feedback. Until such feedback is evident, the readiness for a DEIDS-type project is obscure.

The debriefing was conducted with an air of sympathetic concern for the problems of the Minister and enumeration of a number of features which the DEIDS reconnaissance team saw as needing resolution before any decision could be made. The basic concern of the team was whether the Minister could reallocate his resources in connection with the number of pending developments in Paraguay and still have the capability of making the reallocation which would be necessary for a DEIDS project. Reallocation of resources would be necessary in order to activate any one of a number of plans still to be formulated (PAHO, UNICEF, the Ministry's plan for "extensión de Servícios Rurales de Salud", IPPS, and the training plan of the Fundación Thieding). Other shifts in financing which would probably require reallocation of the MOPH resources are in connection with withdrawal of outside support for malaria control and decreasing outside support of family planning programs. Guidance from the Ministry was requested as to whether all these changes could be accommodated and reallocation capabilities still remain for a DEIDS project. At the date of writing of this report, no such information has been received from the Minister.

E. Extent and Potential for Involvement of other Government Departments and Agencies

The brevity of the visit prevented the team from making any assessment in this area.

F. Institutional Bases for Administration, Evaluation, Research, and Training

The administrative base for a DEIDS project would doubtless rest in the Ministry of Public Health and within the selected region. The inadequacy of communication and supervision between the Ministry and its rural health centers has been noted. Doubtless this inadequacy would have to be remedied for an effective DEIDS project. Training capabilities rest largely with the Ministry of Public Health and the medical school.

The school is laboring under severe problems of budgetary restriction and "brain drain". They hope to have a starting program in community medicine next year with three prepared faculty members. The school expects to start training in demography next year. When questioned in regard to the potential role of the school in relationship to a DEIDS project, we were told that this question would have to be worked through committees and other due process before an answer could be forthcoming. It was the team's impression that the school's officials were so overwhelmed with continuing problems that imaginative approaches to new opportunities were difficult.

The MPH is initiating its first training program for family planning workers. This training was formerly provided by CEPEP.

Resources for program evaluation or for research presently would be dependent on voluntary or multilateral sources --

specifically on the Center for Population Studies (affiliate of IPPF), the Faculty Institute for Study of Human Reproduction, and on other activities sponsored and supported by AID, PAHO, or UNICEF.

G. Future Budgetary Support

This is an unknown quantity.

H. Current or Imminent DEIDS-like Projects

No current projects exist. There are plans being made which may resemble the DEIDS proposal, arising variously from PAHO, UNICEF, the Department of Family Protection of the Ministry of Public Health, the Department of Planning and International Relationships of the Ministry of Public Health, and/or the national IPPF affiliate. None of these plans was available at the time of the reconnaissance visit; several may be ready within the next few months; no action has been taken in regard to the Minister's resolution requesting formulation of a plan for rural health services.

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PARAGUAY. POBLACION URBANO-RURAL POR REGIONES SANITARIAS

CENSO 1972

REGIONES SANITARIAS	SEDE	POBLACION					
		TOTAL		URBANA		RURAL	
TOTAL	PAIS	2.328.190	%	876.588	%	1.452.202	%
					37.1		62.4
I.	Caacupé	461.547	19.8	85.518	3.9	376.029	16.1
II.	Villarrica	227.029	9.1	48.776	2.1	178.253	1.6
III.	Encarnación	343.772	14.8	91.658	3.9	252.114	10.8
IV.	Concepción	143.493	6.2	61.286	2.6	82.207	3.5
V. (Interior	Asunción	393.624	16.9	135.140	5.8	257.884	11.1
VI.	Coronel Oviedo	371.649	16.0	65.934	2.8	305.715	13.1
TOTAL	INTERIOR	1.941.114	83.4	488.912	21.0	1.452.202	62.4
V. (capital)	Asunción	387.676	16.6	387.676	16.6	-------	

DISTRIBUCION PORCENTUAL

	TOTAL	URBANA	RURAL
TOTAL	100.0	37.6	62.4
INTERIOR	83.4	21.0	62.4
CAPITAL	16.6	16.6	--

Training Proposal - PARAGUAY

November 1972

SYNOPSIS

Proposal to cooperate in training of 30 auxiliaries in one-year course of instruction (1/3 in classroom and 2/3 in field) in environmental sanitation.

MCU, C.D. control and medical attention.

The Foundation to furnish the Director, stipends to students and possibly salary "for a time" to graduates. Envision 5-6 year duration.

Community to furnish furniture, food, taxes.

Hope in February 1973 to receive assurances and in May 1973 funds.

Ministerio de Salud Publica
y Bienestar Social
Direccion General de Salud
Avda. Pettirossi esq. Brasil
Asunción, Paraguay

Asunción, de noviembre de 1972

D.G.S. No. 147

Señor Ministro:

Por indicación de V.E. en reunión realizada con la Fundación "Frieding Thieding" creada por la Asociación de Médicos de Alemania, y representada por el Sr. J.F.Volrad Deneke y el Médico Reinhold Rathescheck, acompañados del Sr. Klens W. Geibel y del interprete Frank M. Sanson, se acordó en caracter preliminar acerca de una cooperación con el Ministerio un Programa de Salud Rural basado en los siguientes puntos:

1) Establecer el diagnóstico de la situación de salud del Paraguay, para lo cual se le aportará los datos estadísticos nacionales.

2) Considerar de prioridad los problemas de salud pública para el Programa de salud rural: Adiestramiento, Saneamiento Ambiental, Enfermedades Transmisibles, Materno-Infantil y Atención Médica.

3) Seleccionar los Centros de Salud y Puestos de Salud alojados con el Médico Instructor y personal Paramédicos a adiestrarse en numero de 30 en la primera etapa. Este personal puede ser maestro de escuela sin cargo.

4) El curso puede durar hasta un año en la Capital e en Centros de Salud Regional Rural. La Fundación consideró que la Facultad de Medicina podria hacerse cargo del curso, pero acordamos ser a nivel Ministerio.

5) La enseñanza se basará en teoría una tercera parte y las restantes en práctica. Este plan de estudios se elaborará de común acuerdo entre la Fundación y el Ministerio.

6) La Fundación asignará un estipendio a cada alumno, durante el curso proporcionará equipos y materiales necessarios para los Puestos de Salud.

7) El Proyecto se estima durará 5 a 6 años, previendose así la continuidad del trabajo rural para recoger experiencia útil y que sirva de modelo a otros países.

8) La Fundación estudiará nuestra propuesta de que los egresados del curso reciban sueldo por un tiempo determinado, assegurandole así el cargo y ascenso a condición de que el Ministerio y la comunidad contribuyan como contraparte al Proyecto en local, muebles, alimentos, arancelas por servicios, etc.

9) En el mes de Febrero de 1973 se espera recoger y tener los antecedentes necesarios sobre el Proyecto, estimandose que para mayo o junio de 1973 termine su estudio para disponer de los fondos por disposición del Directorio de la Fundación.

10) La Fundación designará un representante local para seguir las tratativas.

11) Se piensa que el convenio básico se firme a nivel de Cancillería y el Plan de Operaciones entre el Ministerio y la Fundación.

Dr. Rodolfo Blaires
Director del Depto. de Educacion Sanitaria

Dr. Ramón P. Delmas
Director General de Salud

A Su Excelencia
Dr. Adan Godoy Jimenez
Ministro de Salud Pública y Bienestar Social
E. S. D.

RPD/mg.

RESOLUCION S.G. Nº 136

POR LA QUE SE CONSTITUYE UNA COMISION ENCARGADA DE ELABORAR EL PLAN DE "EXTENSION DE SERVICIOS RURALES DE SALUD".

Asunción, 16 de setiembre de 1972

VISTOS:

El informe Final de Revisión de la Estrategia del Programa de Erradicación del Paludismo presentado por la Comisión Nacional de Evaluación, creada por el Decreto del Poder Ejecutivo Nº 23.784, del 10 de enero de 1972, con la participación y asesoría de representantes de la OPS/OMS, del Servicio de Salud Pública de los Estados Unidos de América, de la Agencia para el Desarrollo Internacional de los Estados Unidos de América (USAID) y del UNICEF;

La Resolución S.G. Nº 99 del 19 de julio de 1972 y el informe que en cumplimiento de dicha Resolución, presentó la Comisión de Trabajo integrada a tal efecto;

El "Plan Triángulo de Salud Infantil";

Las recomendaciones de la Primera Reunión del Grupo de Expertos en Salud de la Cuenca del Plata, reunido para dar cumplimiento a la Resolución Nº 15 de la IV Reunión de Cancilleres de los Países de la Cuenca del Plata;

Las recomendaciones y decisiones de la VII Reunión de Ministros de Salud de Países de la Cuenca del Plata; y

CONSIDERANDO:

Que es necesario establecer un sistema mediante el cual beneficios de la Salud Pública alcancen el suficiente grado de penetración y extensión que les permita llegar con facilidad y en forma sostenida a la población rural del país, en especial a aquellas de condiciones más difíciles por su reducido tamaño, distancia, movilidad y accesibilidad;

Que todas las comunidades rurales, hasta las más pequeñas y alejadas, son unidades básicas del país, porciones del territorio patrio, que deben alcanzar aún más y mejores niveles de salud y bienestar;

Que esta acción está en concordancia con los propósitos enunciados y llevados a la práctica por el Gobierno Nacional dentro del marco de su política sanitaria de "mirar al campo";

Que la "Extensión de los Servicios de Salud en las áreas rurales" es consecuente con el progreso general observado en todo los órdenes de la vida nacional;

Que una alta proporción de la población reune condiciones favorable de receptividad y de vulnerabilidad a la transmisión del paludismo;

Que es imprescindible garantizar el mecanismo de vigilancia epidemiológica para consolidar y mantener los logros alcanzados por el Programa de Erradicación de la mencionada enfermedad, a partir del momento actual en el que esta campaña se encuentra en sus fases finales;

EL MINISTRO DE SALUD PUBLICA Y BIENESTAR SOCIAL

R E S U E L V E :

ART. 1º. Designar la Comisión de Trabajo encargada de preparar y elaborar el PLAN DE EXTENSION DE SERVICIOS RURALES DE SALUD, integrándola por los siguientes funcionarios:

Dr. Alcides Almada López
Dr. Rodolfo [illegible]
Dr. Andrés Vidovich Morales
Dr. Roberto Kriskovich
Dr. Carlos González
Dr. Bruno [illegible]
Dr. Carlos [illegible]llory G.
Ing. Vicente Pistilli

ART. 2º. Solicitar la asesoría de la OPS/OMS, y USAID/USPHS para el cumplimiento del cometido de la Comisión.

ART. 3º. La Comisión funcionará bajo la presidencia del Titular de la Cartera del Ministerio de Salud Pública y Bienestar Social.

ART. 4º. La Comisión solicitará la cooperación de otros funcionarios si así lo considerase necesaria.

ART. 5º. En la elaboración del Plan, la Comisión deberá tomar en cuenta la experiencia obtenida en la ejecución de la Campaña de Erradicación del Paludismo para el aprovechamiento de su organización y funcionamiento.

ART. 6º. En la elaboración del Plan, la Comisión deberá tomar en cuenta, también los propósitos y objetivos enunciados en el "Plan Triángulo de Salud Infantil".

ART. 7º. La Comisión presentará el Plan dentro de los 30 días siguientes a la fecha de la presente Resolución.

ART. 8º. Comuníquese a quienes corresponda y cumplida, archívese.

DR. ADAN GODOY JIMENEZ
MINISTRO

Es copia:

Persons Seen/Interviewed in Paraguay

American Embassy

Ambassador George W. Landau

USAID Mission

Mr. John R. Oleson, Director
Mr. Ronald A. Witherell, Program Officer
Miss Marilyn Zak, Assistant Program Officer
Dr. Sidney Clark, Population Officer
Mr. Odón Frutos, Administrative Assistant

PAHO

Dr. Julian Rodriguez, PAHO/P representative
Dr. F. Mardones, PAHO/MCH
Dr. Dean Tirador, Medical Officer PAHO; Department of Health and Population Dynamics

Ministry of Public Health

Dr. Adán Godoy Jiménez, Minister of Public Health and Bienestar Social
Dr. Ramón P. Delmás, Director General
Dr. Rodolfo Blaires, Director Department of Sanitary Education
Dr. Roberto Kriskovich, Director Department of Family Protection
Dr. Olimpia Gaona Godoy, Director Department of Maternal and Child Health
Dr. Luis Santiago Codas, Acting Director of Planning and International Relations
Dr. Andres Vidovich Morales, Director Department of General Health Services
Mr. Anthony J. Kranoskas, Food for Peace Officer
Dr. Victor Raul Romero, Chief Training Officer, Department of Family Protection

Others

Dr. Roberto F. Olmedo, Dean of Faculty of Medicine
National University of Asuncion

Dr. Luis C. Maas

Dr. Julio M. Morales, Director
Institute for Study of Human Reproduction

Dr. Dario Castagnino, Executive Director
Paraguayan Center for Population Studies

Miss Sally Ehrlich, UNICEF

Mr. Stephen Jarrett, UNICEF