

Two officials, one Swiss and one Dutch, have accepted appointments as Commissioners-General, accredited respectively to the Arab States and Israel, to supervise the application in the Middle East of the Hague Convention on the Protection of Cultural Property in the Event of Armed Conflict. In accordance with that Convention they were appointed after discussions at UNESCO headquarters between a representative of Switzerland as a neutral power, on the one hand, and a representative from each of the five States party to the conflict on the other.

Each Commissioner-General, in co-operation with representatives of the party to the dispute to which he has been accredited, will supervise the application of the Convention on that party's own territory or on territory occupied by it. Contracting parties to the Hague Convention undertake to respect cultural property in their own countries or in the countries of other contracting parties, by abstaining from using such property for any purpose likely to expose it to destruction or damage, and by taking measures necessary to safeguard and preserve such property. They also undertake to prevent and put a stop to any form of theft, pillage, mis-appropriation and vandalism directed against such property. They undertake also to abstain from requisitioning it or taking any reprisals affecting it. There are at present fifty-six States parties to this International Convention.

Instruments of ratification of the Convention and Protocol for the protection of Cultural Property in the Event of Armed Conflict (1954) were deposited by the Federal Republic of Germany with UNESCO on August 11, 1967.

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## **THE FIRST INTERNATIONAL HEALTH ORGANISATION**

When Simon Bolivar summoned governments to the Congress of Panama in 1826 he hoped to lay the foundations for realizing his life-long dream, Pan American unity.

## MISCELLANEOUS

Health was not on the Congress agenda, but its relation to international conferences, at least, was soon forcibly impressed upon the delegates, for all of them fell sick during the meeting, two secretaries of the British Mission died, and one of the United States delegates succumbed, a victim of yellow fever, on his way to the Isthmus. Indeed, fear of disease was one of the prime reasons for the Congress's early adjournment.

Thus, early in their independence and from the very birth of the Pan American movement, the American governments were given a rude lesson in the international malevolence of disease and its indifference to flags and national borders.

Perhaps that is why the world's first international health organization came to life in the Americas 65 years ago, and this anniversary is celebrated by the agency known today as the *Pan American Sanitary Bureau*, the Regional Office of the World Health Organization for the Americas.

Created in Mexico City in December 1902, the Pan American Sanitary Bureau was given as its mission "to lend its best aid and experience toward the widest possible protection of the public health of each republic in order that diseases may be eliminated and that commerce between said republics may be facilitated." The Bureau was also given the mandate of destroying "mosquitos and other vermin".

From very modest beginnings in a small Washington office (a budget of \$5,000 and a staff of 6 part-time officials and 2 clerks), the Pan American Sanitary Bureau has grown. In 1949 it assumed the function of the Regional Office for the Americas and today employs more than 1,100 staff, some 808 of them in the field and in offices in Caracas, Mexico City, Guatemala City, Lima, Buenos Aires, Rio de Janeiro and El Paso. The current budget runs to more than \$22 million and there are 550 projects under way in the Americas, ranging through the full scale of modern public health services: from air pollution control to health planning and population dynamics.

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The health situation in Latin America, although improved, is still a cause for grave concern.

*Child mortality.* — Children under 5 account for about 40 per cent of all deaths in Latin America, with intestinal infections, pneumonia and nutritional deficiency diseases among the major killers. Latin America's death rates are still about 10 times higher than those of Canada and the United States.

*Health Personnel.* — Latin America's doctor-patient ratio is considered good on paper but most doctors practise in cities and the rural areas are badly covered. And the "brain drain" costs Latin America about 300 physicians each year. The shortage of nurses, however, is by far the most acute. In Canada and the United States, nurses easily outnumber doctors, but the reverse is true for Latin America, where the number of fully qualified nurses is less than half the number of physicians. And there are only 130,000 auxiliary nurses, roughly equalling the number of doctors.

*Malaria.* — 70 million people have been freed from malaria. Programmes are now protecting an additional 79 million. Another 17 million will be reached by programmes now in the planning stage.

*Smallpox.* — Five countries reported 3,000 cases of smallpox in 1966. Brazil accounts for four fifths of the total. Eradication programmes are in progress and there is good hope that the disease will be finally banished by 1976.

*Yellow fever.* — The *Aedes aegypti* mosquito which carries yellow fever has now been wiped out in 15 countries but is still a threat in a number of areas mainly around the Caribbean.

*Conclusion.* — As a result of 65 years of international cooperation in the field of health the Pan American Sanitary Bureau and the American governments are now much closer to eradicating such ancient scourges as malaria, smallpox, yellow fever and yaws. The Bureau is turning also to new problems afflicting modern man.

## MISCELLANEOUS

As the Pan American Sanitary Bureau Director, Dr Abraham Horwitz, stated on the occasion of the 65th anniversary of the Bureau:— “Once the inter-American health agency’s task was focussed mainly on the control of disease so that commerce and trade would be facilitated. Today, as the governments have enlarged upon that mandate in succeeding years, virtually no condition that affects human health, from age-old communicable diseases to the ills of modern life, is beyond its responsibility.”

The PASB thus faces both the old and new challenges but its aim remains today even as it was 65 years ago—the betterment of health of all the peoples of the Americas.

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## DISSEMINATION OF THE GENEVA CONVENTIONS

The Third Congress on the neutrality of medicine, organized by the International Committee for the Neutrality of Medicine, will take place in Rome from April 16-20, 1968, with “The Dissemination and Application of the Geneva Conventions” as one of the themes on its agenda. A second item of equal interest to the Red Cross movement is “The Duties of the Medical Profession and its Right to Protection in case of War”. Two further subjects to be considered by the Congress are: “Possibilité de création d’un Pool blanc médical international ou d’un Pool blanc européen” and “Medical Personnel Status and Statutes”.