

No. 11956

BRAZIL
and
PERU

Agreement on public health. Signed at Lima on 16 July 1965

Authentic texts : Portuguese and Spanish.

Registered by Brazil on 26 September 1972.

BRÉSIL
et
PÉROU

Accord sanitaire. Signé à Lima le 16 juillet 1965

Textes authentiques : portugais et espagnol.

Enregistré par le Brésil le 26 septembre 1972.

[TRANSLATION — TRADUCTION]

AGREEMENT¹ ON PUBLIC HEALTH BETWEEN THE GOVERNMENT OF THE UNITED STATES OF BRAZIL AND THE GOVERNMENT OF THE REPUBLIC OF PERU

The President of the Republic of Peru and the President of the Republic of the United States of Brazil,

Considering that, in view of the health problems common to the Department of Loreto and Madre de Dios in the Republic of Peru and to the States of Amazonas and Acre in the United States of Brazil, it is advisable to conclude an agreement on public health aimed at eliminating or reducing health hazards in the communities in that geographical region,

That, to overcome these problems most effectively, existing health services must be improved and co-ordinated and new services must be established where necessary.

That the integrated and specialized health services available in the region continue to carry out their respective programmes until the reorganization has been completed,

That among the health problems common to the two countries, the following problems have priority:

- (a) Smallpox eradication, since smallpox constitutes a major problem in the geographical region to which this Agreement refers;
- (b) The malaria eradication programme, which must be intensified until the goal is reached;
- (c) Study and, so far as possible, control of jungle yellow fever and other arthropad-borne fevers because they constitute a major problem;
- (d) Leprosy, because there is a high incidence of types of leprosy region concerned; and
- (e) Tuberculosis, venereal disease and other diseases control of which requires the co-ordinated action of the Governments of the two countries,

That joint and harmonious action by the two countries is now becoming imperative in the light of the economic and social development plans required to solve problems arising from population growth,

¹ Came into force on 12 September 1966, the date on which the Contracting Parties had notified their approval thereof, in accordance with article VIII.

Have decided to conclude this Agreement on health and have for that purpose appointed as their respective plenipotentiaries :

The President of the Republic of Peru, His Excellency Dr. Javier Arias Stella, Minister of State in the Department of Public Health and Social Welfare;

The President of the Republic of the United States of Brazil, His Excellency Dr. Raymundo de Britto, Minister for Health;

Who, having exchanged their full powers, found in good and due form, have agreed as follows :

I. SMALLPOX

1. To organize and carry out a campaign to eradicate smallpox aiming at 100 per cent coverage, in as short a period as possible;

2. To maintain the eradication achieved by means of annual vaccination of unprotected persons and infants born during that period;

3. To establish vaccination centres at points of international transit along the frontier;

4. To report all cases of smallpox in accordance with International Sanitary Regulation No. 2;¹

5. To use a freeze-dried vaccine that meets international requirements;

6. To use vaccination techniques approved by the World Health Organization and make a qualitative evaluation of the results;

7. To establish, improve and maintain diagnostic and research laboratory facilities in each country and to make those facilities available whenever necessary;

8. To recommend that smallpox diagnosis should in all cases be made through the laboratory;

9. To investigate and to control all confirmed or suspected foci of smallpox by means of prompt vaccination;

10. To recommend that virus vaccine and information on techniques for the preparation of smallpox vaccine should be exchanged and supplies of vaccine should be made available when needed;

11. To ensure compliance with the laws and regulations concerning compulsory smallpox vaccination.

II. MALARIA

1. To carry out the malaria eradication programme in conformity with international standards in the geographical area covered by this Agreement by

¹ United Nations, *Treaty Series*, vol. 175, p. 215.

strengthening the attack phase in areas not being protected and by making the preparatory studies necessary to initiate an eradication programme as soon as possible in the unprotected areas;

2. To intensify epidemiological evaluation by covering the whole area with a network of posts to relay information on cases of fever and by complementing this network, if necessary, with active case detection;

3. In the advanced phases of the programme, to investigate and take appropriate steps to eliminate the causes of the continued spread of malaria;

4. Since malaria eradication is basic to the economic development of the two countries, it will have to be given priority until the final goal is achieved, with the two Governments ensuring adequate and timely funding for the programme and making the necessary arrangements to obtain contributions from the international agencies concerned;

5. To recommend that the local health services establish the necessary machinery to assume responsibility for the programme once the attack and consolidation phases have been completed;

6. To designate as malaria-free areas only those areas which the Pan American Sanitary Bureau has certified as such.

III. YELLOW FEVER

1. To make vaccination against yellow fever compulsory until 100 per cent of the exposed population has been reached;

2. So far as *Aedes aegypti* is concerned, to maintain surveillance as prescribed in the rules of the Pan American Sanitary Bureau;

3. To maintain surveillance, in areas in which jungle yellow fever is endemic by means of viscerotomy and, whenever possible, specific serum tests, particularly the serum protection test in unvaccinated communities;

4. To carry out research on reservoirs and vectors of yellow fever and other arbovirus-caused diseases, particularly in areas to be opened up or where work is to be done on the construction of access roads;

5. To report every case of yellow fever as soon as possible, as provided in International Sanitary Regulation No. 2.

IV. LEPROSY

1. To carry out a programme that will reduce the spread of leprosy until it no longer constitutes a health problem;

2. To incorporate activities relating to leprosy control in the general health services, once medical and auxiliary personnel have been trained;
3. To carry out a leprosy census in areas of epidemiological interest;
4. To provide all patients with intensive care, ambulatory or domiciliary, so that they may cease, as soon as possible, to be a threat to the health of the community;
5. To provide for the social and economic rehabilitation of leprosy patients so that they do not become a permanent burden on the community;
6. To arrange for or intensify surveillance of people who have been in contact with leprosy patients;
7. To admit to specialized hospitals only cases whose medical symptoms and social status warrant hospitalization;
8. To make vaccination with freeze-dried BCG vaccine routine until effective coverage is achieved.

V. OTHER COMMUNICABLE DISEASES

To encourage, through the health units situated in the frontier areas and through river and air health services, the study and implementation of measures for improved control of tuberculosis, venereal diseases and other diseases which endanger the health of the community.

VI. GENERAL PROVISIONS

1. To reiterate that any well-designed development plan if it is to be workable and effective must give priority to the health programme component;
2. To extend, improve and expand health services, particularly in rural areas, by supplying those areas with sufficient staff and adequate equipment and materials;
3. To authorize the exchange of technical standards, working procedures and statistical and epidemiological data among local health agencies with a view to evaluating the development and progress of the respective programmes;
4. To encourage the exchange of personnel of the various branches of the health service with a view to improving skills and establishing uniform working procedures;
5. To aim at improving environmental conditions and nutrition;
6. To establish health education programmes in order to facilitate the attainment of the objectives described;
7. To regard the provision of adequate budgetary resources as a pre-requisite for the effective implementation of this Agreement.

VII. COORDINATION COMMITTEE

1. Each country shall establish a Regional Working Group composed of the local representatives of health activities in the geographical regions concerned and of other technical experts appointed by the respective Directors for the purpose of co-ordinating activities and implementing the programmes referred to in this Agreement.

2. The two Regional Working Groups shall meet at least once a year, alternately in each country, and shall constitute the Co-ordination Committee, whose functions shall be to evaluate the progress of the programmes, to study any problems that may have arisen and to propose solutions to be submitted to the Respective Directors for consideration.

3. This Committee shall receive advisory assistance from the Pan American Sanitary Bureau.

4. To authorize the Regional Working Groups to exchange information on a regular basis and when circumstances require.

5. The members of the Working Groups which will constitute the Regional Co-ordination Committee shall be appointed as soon as this Agreement has been signed.

VIII. FINAL PROVISIONS

1. This Agreement shall enter into force on the date on which the High Contracting Parties, through their respective Governments, notify their approval thereof through an exchange of notes. It shall be valid for an indefinite period and may be terminated by either High Contracting Party, in which case it shall cease to have effect six months thereafter.

2. Either of the signatory countries may request that the provisions of this Agreement be amended or extended.

3. The other countries in the Americas shall be informed of this Agreement through the offices of the Pan American Sanitary Bureau.

DONE at Lima on 16 July 1965, in four copies, two in Portuguese and two in Spanish, each text being equally authentic.

For the Republic
of the United States of Brazil :
RAYMUNDO DE BRITTO

For the Republic
of Peru :
JAVIER ARIAS STELLA