

**No. 12732**



**BRAZIL  
and  
PARAGUAY**

**Agreement on public health. Signed at Asunción on 16 July  
1971**

*Authentic texts: Portuguese and Spanish.*

*Registered by Brazil on 31 August 1973.*



**BRÉSIL  
et  
PARAGUAY**

**Accord sanitaire. Signé à Asunción le 16 juillet 1971**

*Textes authentiques : portugais et espagnol.*

*Enregistré par le Brésil le 31 août 1973.*

[TRANSLATION — TRADUCTION]

AGREEMENT<sup>1</sup> ON PUBLIC HEALTH BETWEEN THE GOVERNMENT OF  
THE FEDERATIVE REPUBLIC OF BRAZIL AND THE GOVERN-  
MENT OF THE REPUBLIC OF PARAGUAY

The Government of the Federative Republic of Brazil and the Government of the Republic of Paraguay,

Considering: 1. That, in view of the health problems common to the States of Mato Grasso and Paraná in the Federal Republic of Brazil and to the adjacent Departments of the Republic of Paraguay, it has been decided to sign an agreement aimed at eliminating or reducing health hazards in the communities in that geographical region and encouraging measures to improve levels of health in the two countries;

2. That, in order to overcome these problems most effectively, existing health services must be improved and co-ordinated and new services must be established where advisable;

3. That the two countries regard the following health problems as having priority:

- (a) Malaria eradication;
- (b) Smallpox eradication;
- (c) Control of jungle yellow fever and surveillance aimed at preventing reinfestation by the *Aedes aegypti*;
- (d) Leprosy, tuberculosis, venereal diseases and other communicable diseases which require co-ordinated action by the Governments of the two countries;
- (e) Control of the use of narcotic and hallucinogenic drugs;

4. That joint and harmonious action by the two countries is now becoming imperative in the light of economic and social development plans and their interrelationship with population growth;

Have decided to conclude this Agreement and, for that purpose,

The President of the Federative Republic of Brazil appoints as his Plenipotentiaries Mr. João Cabral de Melo Neto, Minister Counsellor, Chargé d'affaires of Brazil in Paraguay, and Dr. Francisco de Paula da Rocha Lagôa, Minister of Health, and

The President of the Republic of Paraguay appoints as his Plenipotentiaries Dr. Raúl Sapena Pastor, Minister for Foreign Affairs, and Dr. Adán Godoy Jiménez, Minister of Public Health and Social Welfare,

who have presented their full powers found in good and due form.

*Article I. MALARIA*

The two Contracting Parties agree to adopt the following intensified malaria control measures:

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

<sup>1</sup> Came into force on 26 January 1972, the date of the last of the notifications by which each Government informed the other of the completion of the required constitutional formalities, in accordance with article VIII (1).

- various phases proceed simultaneously and on a co-ordinated basis, and to take immediate steps to balance and synchronize the phases of the programme;
2. To continue epidemiological evaluation, covering the whole area with a network of posts to relay information on cases of fever and complementing this network 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. To provide local health services with the necessary machinery to assume responsibility for surveillance once the attack and consolidation phases have been completed;
  5. To designate as malaria-free areas only those areas which the Pan American Sanitary Bureau has recorded as such; and
  6. To give priority to the malaria eradication programme until the final goal is achieved and provide it with adequate and timely funding, with the two Governments endeavouring to obtain assistance from the competent international agencies, since the eradication of this disease is regarded as basic to the development of the two countries.

#### *Article II. SMALLPOX*

The two Contracting Parties agree to carry out the following programme in order to prevent the reintroduction of smallpox into their territories:

1. To organize epidemiological surveillance units;
2. To maintain proper levels of immunity by vaccinating the vulnerable population;
3. To establish vaccination centres at points of international transit along the frontier;
4. To report all cases of smallpox in accordance with the International Sanitary Regulation;
5. To use exclusively a freeze-dried vaccine that meets the standards established by the World Health Organization;
6. To use proper vaccination techniques and make a qualitative evaluation of the results;
7. To establish or 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 wherever possible be made through the laboratory;
9. To investigate all suspected cases of smallpox and carry out mass vaccination without waiting for the laboratory diagnosis; and
10. To ensure compliance with the laws and regulations concerning compulsory smallpox vaccination.

#### *Article III. YELLOW FEVER*

In view of the importance of yellow fever control to the development of the two countries, particularly in the common frontier areas, the Contracting Parties have decided to take the following measures:

1. To intensify the vaccination of persons exposed to the risk of contracting jungle yellow fever;
2. So far as *Aedes aegypti* is concerned, to maintain proper surveillance with a view to preventing reinfestation by the mosquito;
3. To maintain epidemiological surveillance in areas in which jungle yellow fever is endemic and in those subject to epidemics, employing for that purpose viscerotomy and, wherever possible, other diagnostic laboratory procedures;
4. To carry out research on virus reservoirs and vectors of jungle yellow fever and other arbovirus-caused diseases, particularly in developing areas; and
5. To report every case of yellow fever as soon as possible, as provided by the International Sanitary Regulation.

#### *Article IV.* OTHER COMMUNICABLE DISEASES

As regards the prevention of other communicable diseases in the geographical area covered by this Agreement, the two Contracting Parties have decided:

1. To undertake studies aimed at standardizing procedures for the control of other communicable diseases affecting the two countries, particularly Chagas' disease, schistosomiasis, tuberculosis, leprosy and venereal diseases;
2. To adopt a reciprocal system for the compulsory reporting of communicable diseases which endanger the health of their people; and
3. To arrange for health units in the frontier areas between the two countries which find cases of communicable diseases among persons in transit to report their findings to the health authorities of such persons' localities of origin.

#### *Article V.* NARCOTIC AND HALLUCINOGENIC DRUGS

In view of the widespread use of narcotic and hallucinogenic drugs without medical control, the two Contracting Parties have decided:

1. To study the extent and nature of the use of these drugs by the population of the two countries;
2. To consider the establishment of a system for the medical and pharmaceutical control of the said drugs; and
3. To carry out health education programmes aimed at preventing the indiscriminate use of the said drugs.

#### *Article VI.* GENERAL PROVISIONS

Considering health programmes to be a matter of high priority in any plan of development and wishing to ensure their efficient implementation, the two Contracting Parties have decided:

1. To extend, improve and expand their health services, particularly in rural areas, by supplying them with sufficient staff and adequate equipment and materials so that they may more effectively achieve their objectives;

2. 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;
3. 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;
4. To promote improved environmental conditions and nutrition;
5. To establish health education programmes in order to facilitate the attainment of the objectives described;
6. To regard the provision of adequate funds as a prerequisite for the effective implementation of this Agreement; and
7. To exchange materials and equipment for the purpose of carrying out approved programmes.

#### *Article VII.* CO-ORDINATION COMMITTEE

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

2. The 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 arise and to propose solutions to be submitted to the respective authorities for consideration.

3. The Regional Working Groups shall be authorized to exchange information on a regular basis and when circumstances require.

4. The members of the Working Groups which will constitute the Regional Co-ordination Committee shall be appointed 30 days after the signing of this Agreement.

#### *Article VIII.* FINAL PROVISIONS

1. Each Government shall notify the other of the completion of the constitutional formalities required for the entry into force of this Agreement, which shall be effective as from the date of the second such notification.

2. The Agreement shall remain in force for an indefinite period of time and may be denounced by either of the two Governments. In that case, it shall cease to have effect six months after notice of denunciation is given, without prejudice to joint programmes then in progress, which shall terminate on the date specified in the said programmes.

3. Either of the signatory countries may request that the provisions of this Agreement should be amended or expanded.

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

SIGNED at Asunción on 16 July 1971, in duplicate in the Portuguese and Spanish languages, both texts being equally authentic.

For the Federative Republic  
of Brazil:

JOÃO CABRAL DE MELO NETO  
Minister Counsellor  
Chargé d'affaires of Brazil

FRANCISCO DE PAULA DA ROCHA LAGÔA  
Minister of Health

For the Republic of Paraguay:

RAÚL SAPENA PASTOR  
Minister for Foreign Affairs

ADÁN GODOY JIMÉNEZ  
Minister of Public Health  
and Social Welfare

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