MINUTES OF THE FIRST MEETING

Held at WHO Headquarters, Geneva, Tuesday, 30 August 1966, at 10.10 a.m.

CHAIRMAN: Mr M. Lennuyeux-Connède

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Representatives of Member States

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World Health Organization

| Secretary to the Sub-Committee | Dr A.H. Taba, Regional Director |
| Director-General               | Dr M.G. Candau                  |

Representatives of United Nations Organizations

| UNITED NATIONS | Mr W. Kooy |
| UNITED NATIONS DEVELOPMENT | |
| PROGRAMME   | |

Representatives and Observers of International Inter-Governmental and Non-Governmental Organizations

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1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

In the absence of the Chairman and Vice-Chairman of the Sub-Committee B of the Fifteenth Session of the Regional Committee for the Eastern Mediterranean, the REGIONAL DIRECTOR declared open the meeting of Sub-Committee B of the Sixteenth Session, welcoming the representatives of Member States and the representatives and observers of other organizations, and thanking the Director-General and representatives of the WHO Secretariat for their assistance in the organization of the session.

2. ELECTION OF OFFICERS: Item 2 of the Provisional Agenda

The REGIONAL DIRECTOR asked for nominations for the offices of Chairman and Vice-Chairman of the Sub-Committee.

On the proposal of Dr GJEBIN (Israel), seconded by Dr DILL-RUSSELL (United Kingdom), Mr LENNYHEUX-COMENNE was unanimously elected chairman.

On the proposal of Dr GJEBIN (Israel), seconded by Mr ALEMAYEHOU (Ethiopia), Dr DILL-RUSSELL was unanimously elected Vice-Chairman.

3. HOURS OF WORK

The CHAIRMAN proposed that the Sub-Committee should meet from 9.30 a.m. to midday and from 2.30 p.m. to 5.30 p.m.

It was so agreed.

4. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda.

The agenda was adopted without change.

5. APPOINTMENT OF THE SUB-DIVISION ON PROGRAMME: Item 4 of the Agenda

It was agreed that the Sub-Committee meeting in plenary session should constitute the Sub-Division on Programme.

6. ORGANIZATION OF WORK

The REGIONAL DIRECTOR said that items 5, 6 and 8, of the agenda could be discussed at the present meeting, and items 9 and 10 to be taken up in the next, in the afternoon. Item 12, Technical Discussions, could be dealt with on the second day, in the morning meeting. The Director-General should be consulted on the time for the discussion of item 7, Election of the Regional Director, which was customarily held in secret session.

The DIRECTOR-GENERAL said that the second meeting, at 2.30 p.m. in the afternoon, would prove most suitable for the discussion of that item.

It was so agreed.
7. ANNUAL REPORT OF THE REGIONAL-DIRECTOR TO THE SIXTEENTH SESSION OF THE REGIONAL COMMITTEE; STATEMENTS AND REPORTS BY REPRESENTATIVES OF MEMBER STATES: Item 5 of the Agenda (Document EM/RC16/2)

The REGIONAL DIRECTOR, introducing his report covering the period 1 July 1965 to 30 June 1966, drew attention to the various sections of its content and to the annexes forming the last part of the report, in particular Annex III, which reproduced the resolution of the Nineteenth World Health Assembly establishing the Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training.

There were 228 projects in operation or planning for the period under review. Of those, 156 had actually been in operation at the end of June 1966. The expansion of activities in the Region which that indicated was further illustrated on page 91 of the report, where it could be seen that the cost of the field programme in 1965 was 20 per cent. higher than for 1963, taking into account regular funds and funds provided under Technical Assistance, but not including funds-in-trust, which also showed a considerable increase.

Field and project staff in the Region had increased, as was reflected in figures IX and X opposite pages 92 and 93 of the report.

The increase in the volume of work and in expenditure on the programme was directed towards the strengthening of health services, the control and eradication of communicable diseases, and training of personnel. New problems were arising as a result of the rapid developments taking place in the countries of the Region. "Man and his Cities", as the theme for World Health Day in April 1966, had provided a good opportunity to draw attention to health hazards associated with rapid industrialization and urbanization. That subject would be discussed in the Technical Discussions of the Sub-Committee to be held on the following day, when a paper would be presented.

The outbreak of cholera El Tor in summer 1965 in new areas of the Eastern Mediterranean Region had been the first occasion in many years when some countries had been affected by the disease. The governments of the countries themselves had taken speedy action, and WHO had sent cholera experts to the afflicted areas. Regional and inter-regional training courses had been organized on cholera bacteriology and epidemiology. The report described those courses in detail on page 43. The recent outbreak of cholera (August 1966) in the Region was not dealt with in the report, but he was glad to be able to say that its spread, from the reports received, appeared to have been checked. However, all measures are being taken by the government concerned with WHO assistance. Details of cases reported in the 1965 outbreak would be found on pages 44 and 45.
Most countries in the Eastern Mediterranean Region had long-term health plans integrated within their overall development plans. In some cases, however, integration had still to be achieved. WHO had been giving assistance with the formulation of the health parts of such plans.

Approximately one third of the Region's budget was devoted to projects with education and training as their objective. Assistance to medical education was increasing at a rapid pace. WHO was providing short-term consultants and professorial staff to help with the development of medical schools and the organization of teaching and research (page 20 of the report). The establishment of the WHO Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training would be of great assistance to educational institutions in the Region.

In 1965, 274 fellowships had been awarded in the Region at a cost of some $750,000. Figures 1 to 6 facing pages 24 and 25 of the report gave details of numbers, type of study and distribution of fellowships. In all, 3037 WHO fellowships had been awarded since 1949. So far, 50 undergraduate fellows had returned to their countries in the Eastern Mediterranean Region on the completion of their studies.

Nurses training was a subject of primary importance for the Region. All the countries were weak in that respect. It would be noticed that there were projects for training of nurses in nearly all countries of the region, although the level of training varied greatly. A group of nursing experts selected from the Region was advising the Regional Office with its work in that field. A seminar on nursing shortly to be held in the Region would discuss the strengthening of a field practice area for the training of nurse educators.

A special paper was submitted to the Sub-Committee on malaria eradication, and another on smallpox which was especially important in view of the resolutions on that subject adopted at the Eighteenth and Nineteenth World Health Assemblies.

With regard to the development of hospital services, a subject of special importance was that of hospital dietary services; they ensured a balanced diet for hospital patients, and provided opportunities for the training of hospital dieticians.
Much food was spoilt as a result of bad storage in countries which could ill afford such wastage. A programme was being drawn up to give assistance to countries dealing with that problem, in collaboration with FAO.

Health statistics had been the subject of discussions in the Regional Committee at its Fifteenth Session in 1965, where the need for strengthening national statistical services was recognized, and a group meeting on vital and health statistics was held in the Regional Office in that year. Maintenance of adequate records in hospitals was essential, and steps had been taken to provide a special adviser to visit the countries and advise in that field with a view to developing further the hospital statistics recording systems.

Administrative and financial matters of importance in the Regional Office were described on pages 91 to 95 of the report. While amounts available under the regular budget showed a healthy increase, the amounts provided under the United Nations Development Programme were not following the same healthy trend. Allocations from that source showed an appreciable decrease for the next biennium for some countries in the Region. There was considerable concern at the decrease, which he wished to bring to the attention of government representatives and the appropriate national co-ordination bodies, as well as to that of the Resident Representatives of the United Nations Development Programme.

The establishment of the Dr A.T. Shousha Foundation was to be welcomed as a tribute to the good work of the first Regional Director for the Eastern Mediterranean, and it was gratifying to note that two countries had already made generous contributions to it. He hoped more would be forthcoming.

He concluded by thanking the governments of the region for their constant collaboration with the Organization.

The CHAIRMAN thanked the Regional Director for his clear introduction to an excellent report. There were three main points that he would make. First, the report showed that there had been a reasonably consistent and gratifying extension in Regional activities; secondly, the Region was faced with an important and difficult problem in connection with the spread of cholera El Tor; thirdly, special efforts were clearly required in the field of education and training, - including Fellowships, the training of nurses, dental training and so on - with a view to the general development of the basic infrastructure of health services in the Region.
A further point on which he would particularly insist was the relative
decline in the proportion of technical assistance and similar funds allo-
cated to health projects. Health was a basic investment for any country
or region and it was important for the Regional Committees of WHO and for
the World Health Assembly to do all they could to urge the UNDP Special
Fund to give increasing assistance to health projects. The Sub-Committee
might wish to adopt a resolution stressing this point.

Dr DILL-RUSSELL (United Kingdom) wished first to congratulate the
Regional Director on his Report, which was clear, comprehensive and indi-
cative of the priorities to be observed in Regional Programmes.

He himself was particularly interested in the section on cholera. He
had been in Iran at the time of the cholera outbreak there last year and
had been most impressed by the action of the Iran Government in dealing
with the situation. He would congratulate both that Government on its
prompt and effective measures and WHO in achieving valuable international
collaboration in this serious outbreak.

With respect to medical training, there was a definite need for more
physicians in the Region and he thought this would be best met by increasing
the number who could be trained locally. However, a medical faculty was
one of the most expensive of all faculties to establish and run; the number
of centres in the Region where appropriate educational facilities were
available was small, and teaching staff in the Region, as elsewhere, was
rare. He wondered, therefore, whether consideration had been given to
establishing Regional basic medical science sections in the existing
medical schools. These he envisaged as purely teaching units where
students from all over the Region could be taught chemistry, physics,
biology, anatomy and some physiology. Those students would then go back
to their own countries for clinical training in the hospitals which already
existed.

A further point connected with medical education was that textbooks
were always extremely costly and he wondered whether WHO had approached
publishers and authors with a view to issuing cheap textbooks, probably
in paperback form, which could suitably be used throughout the Region.

Finally, he noted that in Paragraph 19 of the Regional Director's
report reference was made to a project for the training of dental auxiliaries.
He wondered whether this term meant chair-side assistants or dental nurses,
or something between the dental nurse and the fully-fledged dentist.
Dr GJEBIN (Israel) also wished to congratulate the Regional Director on his excellent Report, which was a comprehensive account of what had happened in the Region over the previous year. Health problems in the Region were growing in variety and in depth and it was gratifying to know of the work being done both by the Regional Office and by the countries themselves to overcome these problems.

He joined the United Kingdom representative in congratulating all concerned on their efforts to put down the recent outbreaks of cholera, and he saw hope in the efforts that had been made that greater co-operation might develop in the Region in matters of health at least. He wondered whether the Regional Director could give further details on a recent cholera outbreak which had occurred since the publication of the Report the Sub-Committee was considering.

Malaria eradication was still a matter of priority in the Region. Although many countries in the Eastern Mediterranean were not yet committed to malaria eradication or were still in the pre-eradication stage, yet the progress that had been made in the Region as a whole was good and the setbacks mentioned on page 9 of the Regional Director's Report should not discourage further efforts. He hoped that more countries, including his own, would soon be declared free of malaria.

Regarding smallpox, he fully agreed that there was a great need to assist in the eradication of the disease from the Region although he was pleased to note that Israel was the only country in the Region in which there had been no case of smallpox during the previous fifteen years.

Tuberculosis was still a major problem in the Eastern Mediterranean Region, but great steps had been made in its control and new measures, especially preventive measures, were reducing the need for hospitalization; in Israel it had been possible to close most of the tuberculosis beds which had been opened fifteen or sixteen years previously.

Regarding nutrition, he thought there was a need for specially trained hospital dieticians and he considered it advisable for dietary matters, including cooking, to be included in the basic curricula for both physicians and nurses.

It had become almost a commonplace to refer to the shortage of medical and paramedical personnel throughout the world but their importance could not be over-emphasized and he considered that the activity of WHO in
dealing with this problem to be one of the most brilliant features of its work. He was, however, troubled by the high rate of cancellations of WHO Fellowships; in paragraph 24 of the Report he noted that 44 out of 162 undergraduate medical students who had received Fellowships since 1950 had had those Fellowships cancelled before completion of studies. On the other hand, it was heartening that the number of medical schools in the Region was increasing. In his view only on-the-spot training of physicians could overcome the shortage. Experience had shown that when physicians were sent to be trained abroad many of them stayed abroad for many years and failed to find their right place when they did return to their own countries. All countries which had recently started medical schools were therefore to be congratulated. In the new University at Tel-Aviv only clinical training had been given for the first years, the pre-clinical work having been done in Jerusalem, but pre-clinical studies had now been introduced in Tel-Aviv as well. He suggested that other countries might find it advantageous to adopt a similar procedure, the pre-clinical work being done in the existing universities and use being made of hospitals for the clinical work.

The programme in Israel for higher nursing training was developing well and he wished to thank the Regional Office for its assistance.

Finally, he wished to express his personal appreciation to the Regional Office and to the Regional Director in particular for the excellent work they had done throughout the Region and for the high degree of co-operation they had achieved.

The REGIONAL DIRECTOR thanked the representatives for their expressions of appreciation.

With regard to the United Kingdom representative's remarks on the establishment of medical faculties, the factors which influence a country's decision to open a new medical faculty were many and various and these had to be taken into account by WHO when its advice was sought on the matter. He fully agreed, however, that the physician trained at home was often more suitable than one trained abroad. Furthermore, there is a loss to the country resulting from doctors not returning to their own lands. Priority was being given in the WHO Fellowships programme, to the preparation of a nucleus of teaching staff in the new medical faculties in order to have the teaching carried out by nationals as soon as possible after the establishment of the school. As to the suggestion that there should be
regional centres in the basic medical sciences, that had not so far been considered, although Ethiopian medical students did receive their basic scientific training at the American University in Beirut and their clinical training in Addis Ababa. That was the only example of such a situation in the Region. However, he agreed that the suggestion has much merit and would be studied.

The United Kingdom representative's point regarding cheap textbooks was a very important one, a matter under consideration by the Regional Office.

The answer to Dr Dill-Russell's question regarding dental auxiliaries was that the curriculum is prepared at a level something between the dental nurse and the full dentist. There was an acute shortage of trained dental personnel in the Region and it was hoped that these dental auxiliaries would be of the greatest assistance to the dentists.

In answer to the Israeli representative's question on the most recent cholera outbreak in Iraq, the figures were as follows:

Week ending 20 August 1966
Baghdad Province: 9 cases; 2 deaths
Diyalah Province: 15 cases; 6 deaths
Kirkuk Province: 17 cases; 0 deaths

Week ending 27 August 1966
Baghdad Province: 9 cases; 1 death
Diyalah Province: 7 cases; 0 deaths
Kirkuk Province: 5 cases; 2 deaths
Sulaimaniya Province: 2 cases; 0 deaths

No case had been notified since 27 August. The prompt decision of the Government of Iraq to notify the cases occurring was commendable and he hoped that if cases occurred in other countries that good example of international collaboration would be followed.

He agreed with the previous speaker that the training of hospital dieticians was necessary, as had been pointed out in his Report.

Regarding the 44 cancellations of WHO Fellowships, he explained that this did not necessarily mean that the medical studies of 44 persons had been discontinued. In accordance with our policy, if a WHO Fellow failed two consecutive examinations his Fellowship was cancelled but his Government very often took over at that point and if he passed his subsequent
examinations his WHO Fellowship was restored. Thus quite a number of the
cancelled Fellowships had been so restored. The figure was therefore in
the nature of a statistical entry and not a definite interruption of
medical studies by the student. Of course the WHO Fellowships aimed at
getting the best students and to give them an incentive to work hard.

The DIRECTOR-GENERAL, referring to Dr Dill-Russell's point about
cheap textbooks said that so far there was only one project on this matter.
The Regional Office for the Americas was negotiating with the Inter-American
Development Bank in an effort to obtain enough low-cost textbooks in Spanish
to cover the needs of the Region.

Regarding the training of medical personnel, WHO was very much concerned
that 1966 standards obtaining in developed countries were being applied to
medical education in developing countries. This seemed an unrealistic
situation and it led to the problem of high failure rates. What was needed
was to bring the prospective student up to the secondary education level
where he could usefully and intelligently follow the medical course; to this
end it might be necessary to extend his pre-medical training by one or
two years. It seemed clear that the only solution for developing countries
was to train their own personnel in their own countries. The lure of
working abroad was very strong and the "brain drain" was a very serious
matter indeed in these countries.

The idea put forward by the United Kingdom representative - to estab-
lish regional basic medical science centres - seemed an excellent one.
It would indeed be very useful if questions of prestige could be overcome
and regional centres providing training in two or three languages could
be set up.

The CHAIRMAN then put the following draft resolution to the Sub-
Committee:

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for
the period 1 July 1965 to 30 June 1966;

Being fully aware of the growing need for health services to
cope with the health problems associated with the rapid social and
economic development taking place in the Region;

Noting the constantly increasing need for more medical, para-
medical and auxiliary health personnel required for developing
health services;

Considering the necessity for control and eradication of
endemic and epidemic diseases which still represent a major health
problem in the Region;
Acknowleding the fact that within a total public health programme the provision of an adequate safe water supply and the safe disposal of human and industrial waste should receive a high priority,

1. REQUESTS the Regional Director to continue to provide advisory assistance to Member States in the development of all aspects of their health programmes, including preparation of realistic long-term national health plans;

2. ENDORSES the emphasis being given to the training of technical and auxiliary personnel and trusts that the Governments of the Region will make effective use of the recently established WHO Revolving Fund for the supply of teaching and laboratory equipment for medical education and training;

3. URGES the Governments to explore possibilities of obtaining financial assistance from the UNDP Special Fund, the Regional Development Banks or the International Development Association (IDA) of the World Bank, particularly for projects in the field of community water supplies, and to request assistance from WHO for the formulation of such requests;

4. THANKS the World Health Organization and health authorities of the Region for the effective action taken with regard to the outbreak of cholera El Tor last year and endorses the preventive measures against future outbreaks;

5. NOTES with appreciation the efforts to assist the countries towards the eradication of smallpox from the Region;

6. COMMENDS the Regional Director for his clear and substantial Report.

Dr GJEBIN (Israel) noted that the draft resolution made no mention of malaria and felt that that subject should be included, particularly as some countries in the Region had not yet embarked on malaria eradication programmes.

The REGIONAL DIRECTOR suggested the insertion of the words "and malaria" after "the eradication of smallpox" in operative Paragraph 5 of the draft resolution.

The draft Resolution, as amended, was adopted.

8. CO-OPERATION WITH OTHER ORGANIZATIONS AND AGENCIES: Item 6 of the Agenda

The CHAIRMAN invited the Representatives and observers of other organizations and agencies to give their statements.
Mr KOOY, United Nations and United Nations Development Programme, conveyed to the Committee the best wishes of the Secretary-General of the United Nations and of the Administrator of the United Nations Development Programme. While he was pleased to see that the number of projects in relation to technical assistance was increasing in the Eastern Mediterranean Region, he regretted that the increase did not also occur in projects set on foot by the United Nations Development Programme. That Programme did not at present have sufficient finance for all that it needed to do; so far the pledges for 1966 amounted to $160,000,000, against a target of $200,000,000. He hoped, however, that the target would be reached at the pledging conference to take place in autumn 1966.

From his own experience in several developing countries, he could vouch for the close relationship between economic development and a healthy population. Economically, a country could not be expected to progress, whatever the ambitious programmes it embarked upon, to develop its resources, unless at the same time it embarked upon a parallel series of programmes against disease and malnutrition, and made tremendous efforts to ensure a plentiful supply of pure water and proper disposal of sewage. For that reason it was important that health programmes should go hand in hand with economic programmes. He was very grateful for the reference in the Regional Director's Report for 1965-66 to the close collaboration between the United Nations Development Programme and the Eastern Mediterranean Regional Office.

Dr BERTHELOT, International Children's Centre, said that his organization had throughout its seventeen years paid special attention to international co-operation. There were four reasons why it was particularly concerned with the welfare of children and adolescents. One was demographic; children formed a large proportion of the population in most countries, and in some countries exceeded 40 per cent. of the total. A second reason was biological; children were specially vulnerable and had specific needs that could not be catered for in the population as a whole. The third reason was social; it was the children and adolescents who suffered most from the underdevelopment characteristic of many countries, and who were particularly affected by economic and social conflicts and political disturbances. The last reason was economic; children presented an investment for the future of outstanding importance. The surest test of the stage of development of any country was to be found in the way in which it treated its children.
The welfare of children, however, could not be isolated from the development of a country in general, and indeed it should be regarded as an integral part of all such development. The protection of health meant not only more hospitals and doctors, but also improved housing, family legislation, health education, and a host of other matters. The International Children's Centre attempted to deal with all the problems involved in improving the welfare of children throughout the world. It was well aware that economic growth was not sufficient by itself; there must be a parallel development of the health of the people. The training of professional cadres was a main obstacle, and the Centre sought to improve training facilities, not solely for medical and paramedical personnel, but also for other professional people who were concerned with children, such as social workers, psychologists, and children's magistrates. The education and orientation in all its work was practical, as well as preventive and social. The Centre had organized special courses throughout the world, among them one at Beirut. By means of fellowships, too, suitable people were brought to Paris for special training. The Centre also helped those engaged in research and documentation activities.

The importance of the Centre could be summed up by saying that it no longer concentrated merely on the elimination of disease and the improvement of the health of children and adolescents, but made attempts to prepare youth for the world in which it had to live.


The CHAIRMAN drew the attention of the members of the Sub-Committee to the resolutions of regional interest adopted by the Nineteenth World Health Assembly and by the Executive Board at its thirty-seventh and thirty-eighth sessions and contained in document EM/RC16/8.

The Sub-Committee took note of the Resolutions.

The meeting rose at 12.10 p.m.