REPORT OF SUB-COMMITTEE A

OF THE

TWENTY-FIRST SESSION

OF THE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN
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PART I

INTRODUCTION

1. GENERAL

Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Twenty-first Session met in Monastir, Tunisia, from 20 to 23 September 1971. Three plenary meetings were held and the Sub-Division on Programme took place on Wednesday and Thursday, 22 and 23 September 1971. Technical Discussions on the Integration of Maternal and Child Health and Family Planning Activities in the General Health Services took place on Thursday, 23 September 1971.

The following States were represented:

Afghanistan  Sultante of Oman
Cyprus  Pakistan
Egypt  People's Democratic Republic of Yemen
Ethiopia  Saudi Arabia
France  Somalia
Iran  Sudan
Iraq  Syria
Jordan  Tunisia
Kuwait  Yemen
Lebanon  Bahrain (Associate Member)\(^1\)
Libya

The Sub-Committee regretted the absence of the Representatives of Qatar, who had cabled their best wishes for the success of the meeting.

All the Member States represented exercised their right to vote in Sub-Committee A.

The United Nations, the United Nations Development Programme, and the United Nations Relief and Works Agency for Palestine Refugees were represented.

Representatives or observers from six international non-governmental and inter-governmental Organizations were present\(^2\).

2. OPENING OF THE SESSION (Agenda item 1)

The opening session was held at the Palais des Congrès, Monastir, Tunisia.

\(^1\)Seated in accordance with provisions of Resolution WHA14.45
\(^2\)See: List of Representatives, Alternates, Advisers and Observers to Sub-Committee A, Annex II.
Dr Jamil Anouti, (Lebanon), Chairman of Sub-Committee A of the Twentieth Session of the Regional Committee for the Eastern Mediterranean, declared the Twenty-first Session open. He mentioned the need to establish a scientific basis for public health, through national efforts in the first place and international co-operation in the second place; the latter being chiefly reflected by assistance provided by WHO and other specialized agencies.

3. **ELECTION OF OFFICERS** (Agenda item 2)

The Sub-Committee elected its Officers as follows:

- **Chairman:** Dr Othman Sfar (Tunisia)
- **Vice-Chairmen:**
  - Professor Abdullah Omar (Afghanistan)
  - Dr Abdel Majid Abdel Hadi (Libya)
- **Chairman of Sub-Division on Programme:** Dr H. Morshed (Iran)
- **Chairman of Technical Discussions:** Dr Abdel Aziz Al-Daly (PDRY)

4. **INAUGURAL ADDRESS**

H.E. Mr Driss Guiga, Minister of Public Health, Tunisia, inaugurated the Meeting of Sub-Committee A of the Twenty-first Session of the WHO Regional Committee for the Eastern Mediterranean. In welcoming the Representatives to Monastir he felt sure that the ensuing discussions would contribute greatly to the progress of health programmes in the Region.

He then spoke of the attention paid to health by the Government of Tunisia. Since "prevention is better than cure", prevention of epidemics and communicable diseases was given the highest priority.

As a result of mass smallpox vaccination, no cases had been detected for a considerable time. Adequate funds were allocated to the national malaria eradication campaign and the number of cases has dropped from two thousand in 1968 to eighty-eight in 1970. The threatened cholera outbreak in 1970 was successfully dealt with and all necessary measures were taken to prevent introduction of the disease should the need arise.

The Ministry of Health was undertaking a mass campaign against schistosomiasis in southern Tunisia and it was hoped to eradicate the disease within a few years. Due to campaigns launched by the Ophthalmic Institute in Tunis, which made diagnoses and treatment of serious cases possible, communicable eye diseases were becoming less prevalent.
A modern centre was established for training of personnel in the diagnosis and treatment of venereal diseases, to solve which problem he hoped WHO would provide advice.

Leprosy was found in two villages in the centre of the country and its extent was being assessed.

Since Tunisia is a tourist centre, great attention was given to environmental sanitation, including cleanliness of towns, villages and beaches, eradication of flies and other insects and cleanliness of public places. For this purpose 115 auxiliary technicians had been trained.

Family planning activities were considered important and centres have been set up in every province; educational campaigns were undertaken to inform the population of the contribution of family planning to family health. Many women were using family planning methods. There were ninety centres for maternal and child health activities, including surveillance of mothers' health, care of children up to the age of six years and vaccination of children against tuberculosis, tetanus, diphtheria, whooping cough and poliomyelitis.

Mr Guiga concluded by thanking WHO for its technical and financial assistance and hoped that the efforts of the Regional Office for the Eastern Mediterranean to raise the level of health in the Region would be successful.

5. **ADDRESSES BY DIRECTOR-GENERAL AND REGIONAL DIRECTOR**

Dr M.G. Candau, Director-General, expressed his gratitude to the Government of Tunisia for their generous hospitality, which demonstrated their support of WHO's work and ideals.

Referring to the long-term General Programme of Work adopted by the World Health Assembly for the period 1973-1977 inclusive, he emphasized the need to strengthen health services by continuous planning and long-term programmes.

To achieve a lasting impact, programmes required a new kind of planning and evaluation. The objectives of a country's health projects should be clearly defined within the context of the overall national objectives; they should have operationally defined outputs and a well designed service system to deliver them; they should comprise a network of inter-related activities and a timetable in step with that of the national health administration.

A careful systems analysis covering the general policy, the health problems related to development, available health resources and the existing operational constraints in a country was required so that a project might be properly formulated and evaluated at the outset, as well as during its operation.
The Director-General stressed that nation-wide health services should be provided as far as possible within a country's resources, while keeping the individual financial burden to a minimum. Unfortunately, in many countries development of such services was limited by lack of co-ordination of health services, funds and personnel.

The shortage of professional and auxiliary health personnel and the need to achieve their optimum utilization had again been stressed by the recent World Health Assembly. In addition to the traditional health professions, specialists might also be needed in such subjects as information science, social and economic planning and management to link the technical components of health services and the administrative components of government.

There could be no universal formula for the education of medical and allied personnel; educational programmes for health workers should be based on the need of countries and medical schools should not be patterned on existing, and perhaps outmoded, systems. There would always be a need for specialized training abroad, but the long-term solution to the problem of the health manpower shortage lay in training health workers in their own environment. In this connexion, it was gratifying for him to have witnessed the first Tunisian doctors graduate last year from the Medical School of Tunis.

With regard to communicable diseases, success of the smallpox eradication programme could be judged from the fact that in 1970 only 23 countries reported the presence of smallpox, as against 42 in 1967. Cholera continued to dominate the health scene in 1971, 10 new countries being affected, out of which 8 are in Africa. The Director-General reported that the World Health Assembly requested him to give high priority to long-term programmes aimed at the improvement of water supply and environmental and personal hygiene, designed to prevent cholera from becoming endemic in newly-invaded areas and its ultimate elimination from endemic foci.

He pointed to the possible dangers to health resulting from modern scientific and technological advances, including industrialization, for which an ecological and epidemiological approach is needed. More information was needed on these adverse effects and epidemiological indices should be developed, so that early warning could be given through a monitoring system of any deterioration in community health. Permissible levels of pollutants for man and other adverse environmental influences needed to be studied.

The Director-General concluded his outline of WHO's long-term programme by wishing the meeting every success in its deliberations.

Dr A.H. Taba, Regional Director, in welcoming the Representatives, expressed the gratitude of the World Health Organization to the Government of Tunisia, the host country, for their generous hospitality which was extended for the second time, a previous meeting of Sub-Committee A having been held there in 1960.
Reviewing briefly the health problems which had occupied the attention of WHO and the Member States during the past decade, he was pleased to report positive progress in many fields. The number of population living in malarious areas protected from the disease had risen from 38 to 230 million, almost the entire population now being under protection; the success of the smallpox eradication programme gave rise to the hope that it would be banished even from traditional endemic foci; a two-pronged attack had been launched, through research and public health measures, against cholera outbreaks; while the tuberculosis control programme had benefited from an effective and coherent long-term strategy.

Since 1960, the number of medical schools in the Region had risen from thirty to forty-five evidencing the great importance given by Members to training of health personnel. This was supported by the fact that three times as many fellowships (4 040) were awarded in the last ten years as in the first decade of WHO work.

In spite of these positive achievements many problems remain - a continuing shortage of qualified personnel; a reservoir of communicable diseases difficult to eradicate even by modern therapeutic methods; and increasing physical and mental disorders arising from increased industrialization.

The benefit derived from the impact of modern medicine on old standing health problems did not dispense Members from the necessity of dealing with their "growing pains", closely related to and arising from technological advances and social change. Air, soil and water pollution; contamination from use of insecticides and food preservatives, or from radioactive fallout; feelings of insecurity, social maladjustment and family friction, were some of the rising problems which reflected the magnitude of the task to be faced in achieving a perfect total environment.

A growing interest had naturally evolved in the more sophisticated maladies which beset modern man; social and occupational health, mental health and chronic diseases such as cardiopathies and diabetes were being attacked from the three angles of research, prevention and treatment.

Promotion of health in this Region was hampered by the increase in population which outsteps the expansion of health services. WHO upon request was giving advice to countries in introducing family planning programmes as part of their integrated health services. Many countries had taken advantage of this service, notably Tunisia.

He felt that on the threshold of the second development decade, it was an excellent augury for the future that health was increasingly regarded as an integral part of economic planning.
The Regional Director reported that while not endorsing any particular population control policy, WHO, through funds provided by UNFPA, upon request assisted countries in developing family planning activities as part of their integrated health services, with priority given to training of the responsible health personnel. So far UNFPA had made available funds for assistance to Egypt, Iran, Iraq, Pakistan and Tunisia. Health authorities should keep in mind possible assistance from the World Food Programme, while a new source of assistance for the future would be the UN volunteer service, where volunteers would be attached to UN-assisted projects.

In the previous year about 30 per cent of the budget had been devoted to the education and training of health personnel and this percentage would probably increase in the future. Main assistance continued to be given to medical and nursing schools and auxiliary training institutions. In addition to the forty-five existing medical schools in the Region, new schools were being planned in Iraq, Israel, Jordan, Kuwait, Sudan and Syria. Thirteen full-time WHO professors were assigned to teach mainly basic sciences or public health; as well as consultants and teams of medical educators. A regional teacher-training centre was established in Iran following recommendations made by medical educators. Fellowships were awarded, national institutes assisted and seminars and scientific group meetings organized.

Important meetings included a seminar on the place of psychiatry in medical education in Alexandria, a group meeting on pharmacy education in Beirut, and the second WHO regional conference in medical education in Teheran. At the last-mentioned, deans of medical schools and representatives of Ministries of Health reviewed undergraduate training, particularly teaching of basic sciences, community centre training of medical students, the place of preventive medicine in the curriculum and the training of teachers for medical schools.

During 1970, 514 fellowships were awarded at a cost of about US $1.5 million, or 16.56 per cent of the total expenditure. The number of fellowships granted in the previous ten years was three times that of the first ten years of WHO work. Fellowships in communicable diseases were decreasing while those in medical education were increasing, with emphasis on postgraduate studies since most countries now had their own medical faculties for undergraduate training. Success of this large programme depended on sound determination of subject priorities, careful selection of candidates and their proper utilization on return to their home countries. These points were discussed at a meeting held in the Regional Office of national fellowships officers which formed part of a programme of continuing evaluation.

In the field of communicable diseases, 93 per cent of populations living in malarious areas were being protected from the disease and protection plans for the remainder were being prepared. Progress towards eradication of smallpox had been satisfactory, although many of the main endemic foci were in
the Region, particularly with the Ethiopian programme which was the last to commence. Cholera El Tor again appeared and most countries responded well to the threat. However excessive measures and unjustified embargoes on foodstuffs by certain countries caused some disturbances of trade and communications. In spite of its limited value, mass vaccination continued to be carried out, but additionally most countries paid attention to improvement of environmental hygiene, especially safe water supply and waste disposal. WHO provided all necessary assistance, with emphasis on training of nationals, especially epidemiologists and laboratory workers. Two WHO missions assisted the Government of Saudi Arabia in drawing up preventive measures for the Mecca pilgrimage, which happily was reported free from quarantinable diseases.

The Regional Director stated that the first number of the Arabic version of the "World Health" magazine, issued with the generous support of the Government of Kuwait had been distributed and filled a long-felt need. He expressed the hope that other Arab countries would extend their support to ensure its regular issuance, the first four issues were financed by Kuwait and Libya had promised to finance at least one year. Publication in other of the Region's major languages might also be possible if interested countries covered the costs involved.

He welcomed the Government of Oman as a new Member of the World Health Organization and the Region and congratulated the Governments of Bahrain and Qatar on their independence.

In the discussions which followed, Representatives commended the Regional Director on his comprehensive report, which recorded a year of achievement, and expressed their satisfaction with the priorities assigned in the Regional programme. The need for better planning and management was widely recognized and it was hoped that WHO's assistance in the organization of courses and seminars on this subject would continue. The inclusion of a "Seminar on modern management approach of basic health services" in the 1973 programme was appreciated. It was generally agreed that education and training of medical and auxiliary personnel still remained a top priority and several Representatives were pleased to see the growth in the achievements of medical schools and health manpower training institutes in the Region. National programmes for the control and eradication of communicable diseases, such as malaria, smallpox, tuberculosis and schistosomiasis, often assisted by WHO, were described. The continuing importance of a good basic network of health services, extended to rural as well as urban populations, was recognized.

The fact that drug addiction is becoming an increasing problem in the Region was discussed and need for co-ordination of efforts to combat this menace recognized.
It was felt that a concerted effort should be made to streamline selection, clearance and recruitment procedures for WHO personnel which can sometimes be a lengthy process.

Thanks were expressed to WHO, UNICEF, UNRWA, UNDP and other Organizations for their efforts in trying to promote the health standards of the Region.

2. STATEMENTS AND REPORT'S BY REPRESENTATIVES AND OBSERVERS OF ORGANIZATIONS AND AGENCIES (Agenda item 6, Resolution EM/RC21A/R.3)

The Representative of the United Nations Relief and Works Agency for Palestine Refugees, in his capacity as Representative of the United Nations, extended greetings from the Secretary-General. He also conveyed the best wishes of the Commissioner-General of UNRWA for the success of the meeting. He outlined achievements during the twenty-one years of life of the Agency, which now provided health services for 1.46 million persons comparable to the services provided for the population of the host country. Improvements had been made in the basic health services and facilities, and the comprehensive community health services provided were based on family care and improved sanitation. Curative and preventive services continued to be provided at ninety points, prosthetic devices were provided on a priority basis, a register of congenital malformations and chronic diseases was maintained, diabetic clinics had increased to eleven and four rheumatic clinics were established. The number of hospital beds available was 1,724 of which the daily occupancy average was 1,246. The milk distribution and supplementary feeding programme was directed towards protecting the nutritional status of the most vulnerable groups; children, pregnant and lactating women, tuberculosis out-patients, and selected medical cases and displaced refugees. Finally he mentioned that 386 refugee students benefited from Agency university scholarships, while a further 182 were being trained as nurses, midwives, laboratory technicians, X-ray technicians and physiotherapists.

The Representative of the International Dental Federation regretted that dental health could not receive a higher priority in the Region and urged the implementation of projects on the epidemiology of oral diseases and fluoridation of water. Dental health education by means of publications, free issue of toothbrushes and paste, television and radio programmes and through teaching in primary schools was needed.

The Representative of the League of Red Cross Societies including Red Crescent and Red Lion Societies outlined their contribution to health, social and educational programmes, particularly the contribution made during emergency situations resulting from natural catastrophes. With the co-operation of the Swedish Red Cross, a pilot project for extreme emergency assistance in Maghreb countries would shortly become operational and it was hoped to extend the project to other countries. Training of first-aiders had contributed greatly in Tunisia where their duties included life-guard services on the
beaches. The Society also helped in the cholera vaccination campaign, collection of blood supplies, and manufacture of human sera.

The Representative of the International Federation of Gynaecology and Obstetrics welcomed the policy of integration of maternal and child health activities which would contribute to the success of family planning activities. The Federation was always at the disposal of WHO for any assistance required.

PART III

SUB-DIVISION ON PROGRAMME

1. APPOINTMENT OF SUB-DIVISION (Agenda item 4)

In conformity with Rule 14 of the Rules of Procedure, a Sub-Division was established of the Sub-Committee as a whole under the Chairmanship of Dr H. Morshed (Iran). The Proposed Programme and Budget Estimates for 1973 for the Eastern Mediterranean Region (Agenda item 9) and Technical Matters (Agenda item 10) were referred to the Sub-Division.


Introducing the document on the Programme and Budget, the Regional Director referred to the main task of the Sub-Division, which was to review the regular programme and budget proposals for 1973, which had been drawn up in close consultation with the individual Governments both during visits to the countries concerned and with their Representatives at Sessions of the Executive Board and Assembly, taking into account the policies and priorities laid down by the World Health Assemblies and the Regional Committees. The Sub-Division's basic task was to review, advise on, and amend the proposals if necessary, in order that they be transmitted to the Director-General for incorporation into the global WHO budget. The Sub-Division also was required to review the 1972 regular estimates which contained some technical modifications made at the request of individual Governments.

Reference was made to the fact that the 1974 regular budget projection estimates were provided mainly for guidance and planning, and were not binding on either the Government or the Organization. The 1973 estimates under the three major assured sources of funds (regular, UNDP, Funds-in-Trust) totalled over US $ 14,432,000; the estimates under Funds-in-Trust mainly covered project activities administered by WHO at the request of, and with full cost reimbursement by, the Government of Libya. In addition, proposals under various other sources of funds were shown in Annexes I to VIII of the document.
The Regional Director stated that global estimates for the Region as contained in the document, under all sources of funds, totalled about US $15 600 000. The regular budget proposals for 1973 showed an increase of approximately 9 per cent over 1972, 94 per cent of which had been applied to field activities and only 6 per cent to the Regional Office. The number of regular budget projects proposed for 1973 was 225, compared with 219 in 1972.

The estimates for the Regional Office and Regional Advisers showed no basic change in either numbers of staff or financial provisions. Since preparation of the document, it had been necessary to create an additional post of Deputy WHO Representative (with secretary) to be stationed in East Pakistan. This was a matter which had been under review with the Government of Pakistan during the past few years in view of the size of the country and the WHO programmes therein. Consideration was being given to the possibility of establishing other additional WHO Representatives' posts and this would be discussed later with the countries concerned for possible inclusion in next year's proposals. The need and importance of WHO Representatives related to recent UNDP developments and the growing necessity for close co-operation directly in the countries with the offices of the UNDP and the other Specialized Agencies.

The Regional Director pointed out that over 85 per cent of the global estimates concerned projects related to public health services, communicable diseases, and education and training, however, he emphasized that provisions under the various headings should not be taken literally as an indication of absolute priority or emphasis, since there was overlap between and within the main and individual heading provisions. For example, nursing training projects were listed under nursing and not under education and training. When this factor was taken into account it was probable that about 50 per cent of the field activities budget was related to some form of education and training.

The Sub-Division agreed that, as in previous years, question and comment on individual country programmes would be of general or policy interest and that specific details or suggestions for changes in country programme would be discussed outside the Session between the country Representatives concerned and the Regional Director and his EMRO colleagues.

The Regional Director made specific comments and observations on a select number of estimates for inter-country projects. Although the proposed provision for EMRO 0057, Malaria Co-ordination Meetings was small, it allowed assistance to be given to the important task of assisting the neighbouring countries to meet, discuss and co-ordinate malaria activities. These meetings not only concerned national malaria staff of countries within the Region, but as well covered meetings with neighbouring countries of other Regions.
Attention was drawn to project EMRO 0079, Advanced Training for Sanitarians, proposed under UNDP funds, which had been successful in the past, and which it was proposed to continue in Damascus with the assistance and co-operation of the Government of Syria.

The Regional Director briefly referred to project EMRO 0206, Seminar on Health Hazards of Pesticides, and EMRO 0047, Seminar on Modern Management Approach of Basic Health Services, both of which had been proposed to meet needs of countries in relatively new problem areas.

Particular attention was drawn to project EMRO 0182, Epidemiological Services, which contained provisions to allow the Organization to provide immediate limited assistance in meeting health problems related to natural disasters, and unexpected major outbreaks of diseases. This limited regional assistance could also be supplemented by further help from the Director-General and Headquarters' sources. In commenting on EMRO 0207, Third Regional Nursing Seminar, the Regional Director mentioned its importance in view of the need to develop and strengthen nursing services throughout the Region. This activity allowed senior national nurses to meet and discuss their common problems and recent developments in nursing. Although the provision under EMRO 0023, Dental Health Services, was small, it did indicate awareness of the importance of dental health. Also there had been in the past other assistance in this field by provision of short-term consultants in specialized areas such as fluoridation of water, etc. The Special Group Meeting on Dental Education, EMRO 0165, had been postponed from 1971 to 1972. Another problem area of some importance in the Region was the field of mental health and reference was made to project EMRO 0006, Seminar on Organization of Mental Health Services.

Further illustration of the emphasis on education and training activities was given by reference to projects EMRO 0161, Training in Nutrition, EMRO 0186, Regional Nutrition Course for the Near East, EMRO 0142, Seminar on the Problem of Ischaemic Heart Diseases; also EMRO 0084, Medical Education, which provided assistance to the forty-five medical schools of the Region through consultants, fellowships, and provision of medical literature, and EMRO 0121, providing for visits and exchange of Professors between Medical Schools of the Region.

EMRO 0133, Regional Training Course on the Repair and Maintenance of Medical Equipment, was mentioned as a good example of a practical course meeting an important need of the countries of the Region. Quite often important and expensive equipment was left idle due to poor maintenance or the impossibility of making minor repairs. Project EMRO 0174, Evaluation of the Fellowships Programme, provided information which would allow improvement in and best use of fellowship resources. The importance of EMRO 0101, Medical Records Advisory Services, was proven by the fact that services of this adviser had been successfully used by many countries of the Region and
were being requested by others. In closing the review of the inter-
country programme, the Regional Director again emphasized the importance
of this area of the Organization's activities which provided technical
assistance and services for projects of common interest to several or all
of the countries of the Region. Finally the Regional Director requested
comments and guidance from the Sub-Division.

Representatives congratulated the Regional Director on his clear and
comprehensive presentation of the Programme and Budget proposals. In
stressing the importance role of a WHO Representative, it was pointed out
that his liaison function was only part of his task, his other very impor-
tant role being to provide technical advice and guidance to the Ministry of
Health. Slight decreases in the provisions for malaria and tuberculosis
activities were mentioned and the need stressed for continuing significant
assistance in these areas. In replying it was stated that although it was
noted that overall WHO activities under communicable diseases were gradually
being reduced, as some of the problems were being solved, and for others
Governments no longer required as much WHO assistance. The 1973 overall
communicable diseases provision represented about 30 per cent of the field
activities' budget, whereas some ten years ago the percentage would have
been nearly fifty.

The Meeting was informed that when utilizing savings first priority
was given to the project and/or country from which the savings arose.
Savings could be utilized to provide additional fellowships or supplies or
to implement projects from the additional project list. A certain amount
of the savings, if not needed in the country, reverted to global savings to
meet essential requirements elsewhere such as to supplement the provisions
of EMRO 0182 for unforeseen disaster assistance. (However, in using savings,
the overall programme balance and the main tasks of providing advisory
services, and only limited material assistance had to be remembered). Concern-
ing the Epidemiological Services project, EMRO 0182, the Regional Director
confirmed that the purpose of the activity was to provide immediate limited
WHO assistance with health problems arising from all sorts of calamities
and disasters, whether natural or political. The Regional Director also
referred to the possibility of some additional assistance from Headquarters' sources in the initial stages of disasters or emergencies.

The Repair and Maintenance of Medical Equipment Course was mentioned
as an example of where general savings could be utilized to meet overall
Regional needs if additional candidates were nominated by Governments. The
Course was scheduled to continue for several years and it was in the interest
of Governments to nominate a participant. Comment was made on the fact that
the Regional Office was responsible only for one third of the cost of the
advisers to the Regional Nutrition Course at the American University of Beirut,
the remaining two thirds by UNICEF.
The Director-General briefly commented on the matter of WHO's assistance in disasters which, of necessity, must be limited, since budgetary provision could not be made to meet unforeseen needs, and the Executive Board Special Fund for emergencies amounted to only US $100,000. He stressed the need for Governments to request assistance from other emergency funds and such agencies as the Red Cross, with a specific mandate of activity in this area. WHO's assistance in emergencies can only be complementary to the other recognized and specialized sources of relief and assistance. It did, however, if the occasion warranted, utilize such savings as it could muster to give additional help in this connexion. This depended on the flexibility of the budget. As concerns flexibility of the WHO budget, the Director-General stressed the need to maintain such flexibility in order that the Organization be able to shift and divert its funds when needed and where necessary. He pointed out that the World Health Assembly did not approve specific projects but only the appropriation resolution which the Twenty-fourth World Health Assembly had decided should be less flexible. The basic guide in formulating his programme and budget proposals was the main priority areas identified by the World Health Assembly in the General Programme of Work. They were communicable diseases, environmental health, development of health services in the countries, and education and training. Additionally, under communicable diseases specifically marked for priority were the world-wide programmes of malaria and smallpox eradication.

The Director-General concluded by saying that the Regional Committees were the first inter-governmental bodies to review and analyze the programme and budget proposals, and as such would give help and guidance to the Director-General in formulating his own programme and budget proposals. The Regions' programme and budget proposals were taken as an indication of the Regions' priorities.

The draft resolution on the proposed programme and budget estimates for 1973 was unanimously adopted.

3. TECHNICAL MATTERS (Agenda item 10 (a), (b), (c), (d) and (e))

(a) Regional Developments in Control of Cholera; review of cholera situation in the Eastern Mediterranean Region (Resolution EM/RC21A/R.9)

A number of Representatives outlined the measures taken to combat, and the experience gained from, the outbreak of cholera in 1970. The question of excessive restrictions imposed on movement of persons and foodstuffs was discussed in detail and the need for inclusion of cholera on the list of notifiable diseases received attention.

On the first point, the consensus was that the principal measure to be undertaken was improvement of environmental sanitation, including the provision
of a safe water supply to rural as well as urban areas, waste disposal and vector control. It was felt that health education of the public was also necessary not only to improve personal hygiene but also to remove the traditional excessive fear of the disease. Vaccination should continue, and efforts should be made to improve the quality of vaccine production, pending positive results of research efforts to find a more potent vaccine.

International health regulations if followed give protection from excessively restrictive measures and the necessity for mutual understanding and co-operation between countries in applying these regulations was emphasized. It was felt that for this reason, among others, cholera should perhaps not yet be removed from the list of notifiable diseases.

The necessity for prompt reporting of cases was stressed, even if only a few cases should be discovered, without waiting for a severe outbreak, and this should not be affected by fear of economic repercussions.

Finally, it was agreed that meetings between neighbouring countries to co-ordinate preventive and control measures should be encouraged.

(b) Health Manpower Planning (Document EM/RC21/4, Resolution EM/RC21A/R.10)

In the field of manpower planning two principles were now accepted as self-evident, namely that planning was a continuous process and all planning was necessarily long-term. In order to prepare a five-year plan, it was necessary to look ahead for a longer period, and in particular to try to foresee what new advances were likely to occur and what would be the impact of existing discoveries not yet fully applied. Only in this way could developmental planners have realistic objectives and avoid replacing existing problems by newly-created difficulties.

To illustrate this point the meeting was asked to consider the type of mistakes which would have been made by planners fifty years ago, who could not have foreseen, for example, the disappearance of tuberculosis sanatoria and fever hospitals, or on the other hand the increase in ischaemic heart disease and lung cancer.

While developments in the health field in the last fifty years were striking, progress in the next twenty-five years was expected to be vastly more significant. Developing countries could take advantage in their planning of mistakes which had been and were being made by so-called "Developed" countries.

It was emphasized that training of health personnel was only a means towards health care and not an end in itself. Assessment of manpower needs required annual review if both a "brain-drain" and a "brain overflow" were
to be avoided and precise demographic data were needed for forecast estimates. The various methodologies employed for forecasting were discussed and in this connexion it was hoped that the programme for evaluating the delivery of health services through systems analysis, as employed by the Government of Iran and WHO, would prove useful as a guide for other countries.

The quality of graduates and their absorption in the health services could present a problem. Serious shortage of qualified professional staff was still not uncommon and the gaps in some countries would have to be filled for the time being by expatriates. A crash programme to remedy the situation was not appropriate as many years were needed to train a doctor.

Several Representatives mentioned their five-year plans in which adequate provision had been made for health manpower requirements. In more than one country special committees for manpower planning had been set up within the central planning body.

While it was sometimes felt that in ten to twenty years the pattern of disease in developing countries would be similar to that in the developed countries, there was in fact a possibility that developing countries might avoid the high incidence of degenerative diseases at present afflicting the developed countries whilst benefiting from a justly reduced incidence of communicable diseases. In this case many existing demographic projections would need drastic revision.

(c) Recent Trends in Anti-Malaria Programmes in the Eastern Mediterranean Region - Conclusions drawn from Programme Reviews (Document EM/RC21/5, Resolution EM/RC21A/R.11)

The continued interest of Governments in malaria eradication and their confidence in the use of DDT, in spite of rather excessive warnings of the environmentalists, was encouraging. It was still recognized that malaria remains a grave hazard to health and development of the countries of this Region, although the Governments concerned had succeeded in the main in containing its transmission and had afforded a remarkable degree of protection to their people. There should be no relaxation of efforts if the considerable gains were not to be dissipated.

Reports of the review teams have shown that the methodology used was generally the best, but it should be adequately financed in good time, properly planned within the socio-economic contexts, and modified or strengthened to suit local epidemiological conditions if it were to be effective. Continuous evaluation and research was also needed.

On the question of the need for wider-based health services capable of accepting the responsibility for malaria eradication programmes and prevention
of its re-introduction into cleared areas, certain Representatives felt that such integration was not feasible given the present state of the basic health services, one of the main difficulties being that personnel were not trained for multi-purpose activities. It was felt that countries which had already achieved such integration might put the benefit of their experience at the disposal of others.

Due to the fact that the malaria eradication programme as a whole was facing technical difficulties, particularly the resistance of certain vectors to DDT, malaria should be attacked by both destroying adult mosquitoes, and larvae. Since this would require an increase in financial resources, it was considered particularly unfortunate that UNICEF assistance was being discontinued.

On the question of resistance of *Plasmodium falciparum* to chloroquine, the meeting was informed that although countries report regularly, resistance had not been recorded in the Region. It was mentioned that in Aswan, neighbouring on Sudan, where *A. gambiae* had become resistant to DDT, and in the Lake Nasser area no cases of malaria had been discovered.

Further subjects discussed were the importation of malaria due to migration of nomads; the trial in the use of Abate in Cyprus; the successful use of malathion and OMS 33 in Iraq.

Finally, it was again stressed that extension and development of the basic health services, prior to integration of malaria eradication was essential and that such integration should only take place at an appropriate time. This point was incorporated in the Resolution adopted by the Sub-Division.

(d) Occupational Health Programmes (Document EM/RC21/6, Resolution EM/RC21A/R.12)

In discussing the document, the following points were highlighted and agreed upon:

(i) Time is opportune for countries of the Region to initiate and expand their services for the protection and promotion of the health of the gainfully employed segment of the population to cope with the challenge imposed by rapid social and economic development. This will prove, in the long-run to be more effective and less expensive than the initiation of salvage corrective measures at a later stage.

(ii) Experience in developed countries has clearly demonstrated that services for the protection and promotion of the health of the gainfully employed can best be planned effectively and efficiently when they are integrated into the health programme of the community in which they
are working. Countries of the Region should therefore give serious 
consideration to the development of existing public health programmes 
by extending them into the field of occupational health, rather than 
trying to build up a complete new structure which might well produce 
duplication, overlapping of efforts and confusion of responsibility.

(iii) There is a marked need for better co-ordination at the national 
level between all government departments and administrations dealing 
with occupational health as well as at the international level between 
various international organizations and agencies.

(e) The Pilot Survey which was carried out in Tunisia by the WHO 
Epidemiological Research Division on the use of health 
services in the Cap Bon Governorate

It was considered that the project, which was part of WHO's research 
programme, would be of interest to other developing countries, as it showed 
how a study on collection of data for health administrators and planners 
could be conducted. The project started in December 1968 and preliminary 
analysis of statistics collected was almost completed by May 1971.

The objectives, the methods of approach, the principal results and 
implications of the study were outlined. Nabeul Governorate was selected 
because it gave a cross-section of urban and rural populations. Socio-
demographic investigations, compilation of medical files, interview of 
population and co-ordination between the results of these interviews and 
the information in the medical files were undertaken. The objectives were 
to determine the most appropriate, least costly and most rapid means of 
establishing baselines for utilization of health services in a developing 
country; describe the principal demographic and socio-economic factors which 
can affect in varying degrees the utilization of health services.

It was found possible for a developing country with limited resources 
to carry out this study with a multi-disciplinary team. Various methods 
of approach were employed and the joint examination of medical records and 
interviews of the population gave the best results. It was observed that 
greater use was made of health services in Nabeul town than in rural areas 
and this would appear to be the result of the higher level of services 
provided, as well as the fact that persons on the lower social scale resid-
ing in rural areas use services least of all.

Many suitable fields for further research were discovered, and the 
need for health education of the public and a system of domiciliary visits 
particularly in isolated areas established.

The study gave information only on a limited aspect of public health but 
suggested the possibility of setting up a regional and central information 
system, which would make well-documented files available at low cost to
administrators and planners on which to found their decisions and actions from the technical, financial and humanistic points of view.

A final report on the study will be prepared by the WHO team. It was felt that a further study on the utilization of health services by nomads would be useful.

PART IV
TECHNICAL DISCUSSIONS


The Technical Discussions on the Integration of Maternal and Child Health and Family Planning Activities in the General Health Services were held on Thursday, 23 September 1971, under the Chairmanship of H.E. Dr Abdel Aziz Al-Daly.

The paper submitted by the Regional Director formed the background to the subject (see Annex III).

2. SUBJECT FOR TECHNICAL DISCUSSIONS AT FUTURE SESSIONS (Agenda item 13, Resolution EM/RC21A/R.14)

A number of subjects for technical discussions in 1972 and 1973 were submitted. The Sub-Committee decided that the Regional Director, in the light of the discussions, would select the subjects for technical discussions in 1972 and 1973, while certain other subjects from those submitted could be included under technical matters.

PART V
OTHER MATTERS


The Sub-Committee reviewed the Resolutions included in Document EM/RC21/9. Resolutions WHA24.32 and WHA24.33 were given special attention and formed the subject of Resolution EM/RC21A/R.13. This latter resolution was adopted, France abstaining from voting.

   The Sub-Committee reviewed the document presented by the Regional Director.

3. **RULE 47 OF THE RULES OF PROCEDURE**

   The Regional Director stated that it was not necessary for Sub-Committee A to designate a Representative in accordance with Rule 47 of the Rules of Procedure in view of the fact that it was not possible for Sub-Committee B to meet this year.


   The Sub-Committee confirmed its previous decision to hold Sub-Committee A of the Twenty-second Session of the Regional Committee in Jordan in 1972 and of the Twenty-third Session in Syria in 1973.

5. **ADOPTION OF THE REPORT** (Agenda item 14, Resolution EM/RC21A/R.17)

   The Report was adopted by the Sub-Committee as presented.

6. **CLOSURE OF THE SESSION**

   Appreciation was expressed to the Regional Director for the work carried out by WHO in the Region and for his excellent direction. Thanks were expressed to the Government of Tunisia, the host of the Regional Committee, and a Resolution was adopted to this effect.

**PART VI**

**RESOLUTIONS**

**EM/RC21A/R.1 ADOPTION OF THE PROVISIONAL AGENDA**

The Sub-Committee,

ADOPTS the provisional Agenda as amended (Document EM/RC21/1 Rev.2).
EM/RC21A/3
page 22

EM/RC21A/R.2

ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director covering the period 1 July 1970 to 30 June 1971 (Document EM/RC21/2);

Considering the essential role of health in the context of social and economic progress in the Region and the constraints placed on such progress by a high population growth;

Emphasizing the need for increasing investment in training of health personnel, provision of health facilities and environmental health programmes in countries of the Region;

Realizing the need to provide the greatest number of people with optimum health services by efficient utilization of limited resources;

Noting the importance of good planning and management in the development of health services;

Appreciating the trend towards better planning and co-ordination of international development assistance at the country level;

Noting with regret the adverse effects of the unsettled situation on some WHO programmes in the Region.

1. ENDORSES the need to increase health manpower and technological resources; and to raise the standard of services in the field of health through better integration of various health activities into basic health services and improved epidemiological information and better planning, implementation and evaluation of health programmes; and to redress any imbalance between national population growth rates and the rates of socio-economic development;

2. REQUESTS the Regional Director to consolidate the potential production in both quality and quantity of sera and vaccines produced by the National Public Health Laboratories to meet the needs of the Member States of the Region;

3. URGES Governments to accord a high priority to their requests to UNDP relating to health manpower development and to pre-investment studies in the field of environmental health;

4. REQUESTS the Regional Director to continue to report on the extent that the unsettled situations affect the programmes of the World Health Organization in the Region;
5. COMMENDS the Regional Director on his well-considered and comprehensive Report.

EM/RC21A/R.3 CO-OPERATION WITH OTHER ORGANIZATIONS AND AGENCIES IN FIELDS RELATED TO HEALTH

The Sub-Committee,

Having heard with interest the statements and reports of Representatives of Organizations and Agencies.

1. THANKS UNDP, UNICEF and UNRWA and the other Organizations for their collaboration with WHO in health programmes in the Region;

2. EXPRESSES its satisfaction with the continuing close co-operation between International Organizations in fields related to health.

EM/RC21A/R.4 NOMINATION OF THE REGIONAL DIRECTOR

The Sub-Committee,

Considering Article 52 of the Constitution,

1. NOMINATES Dr A.H. Taba as Regional Director for the Eastern Mediterranean; and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr A.H. Taba for a further period of five years from 1 September 1972.

EM/RC21A/R.5 LONG-TERM PLANNING IN THE FIELD OF HEALTH, BIENNIAL PROGRAMMING AND IMPROVEMENT OF THE EVALUATION PROCESS (LONG-TERM FINANCIAL INDICATORS)

The Sub-Committee,

Having reviewed the document on Long-Term Financial Indicators submitted by the Regional Director (Document EM/RC21/8);

Bearing in mind resolution WHA22.53 of the Twenty-second World Health Assembly and the suggestions from the Director-General to the Forty-seventh Session of the Executive Board;

Agreeing with the importance attached to "the introduction of a programming method which would enable all inputs from the United Nations Development

1HQ Handbook of Resolutions and Decisions, 11th Ed., page 5
2Document EB47/23
System to be programmed comprehensively at one time in a programme corresponding to the needs and the duration of each country's national development plan; 

Recognizing that long-term planning of health programmes in the countries is essential for estimating the financial, manpower and technical inputs,

1. URGES Governments of the Region to continue to improve their planning procedures, systems of financial management and financial disciplines;

2. REQUESTS the Regional Director to assist Governments, in collaboration with other Specialized Agencies and through participation in country programming exercises, in preparing long-term plans and projections which reflect the ascertained needs of the Governments for international assistance and for their national health development plans.

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-FOURTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS FORTY-SEVENTH AND FORTY-EIGHTH SESSIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director drawing attention to resolutions of regional interest adopted by the Twenty-fourth World Health Assembly and the Executive Board at its Forty-seventh and Forty-eighth Sessions (Document EM/RC21A/9),

TAKES NOTE of the contents of these resolutions.

PLACE OF TWENTY-SECOND AND TWENTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE
(Sub-Committee A - 1972 and 1973)

The Sub-Committee,

Recalling that the Governments of Jordan and Syria had extended invitations for the 1972 and 1973 Sessions of Sub-Committee A to be held in Jordan and Syria respectively, which invitations were accepted during the course of the 1968 and 1970 meetings of Sub-Committee A,

CONFIRMS its acceptance of the invitations extended by the Governments of Jordan and Syria.

1 WHA24.21 WHA24.25 WHA24.31 WHA24.34 WHA24.47 WHA24.57
WHA24.21 WHA24.25 WHA24.31 WHA24.34 WHA24.47 WHA24.57
WHA24.26 WHA24.33 WHA24.36 WHA24.45 WHA24.55

The Sub-Committee,

Having examined and considered the Proposed Programme and Budget Estimates submitted by the Regional Director for the year 1973, and having reviewed the revised 1972 Programme and Budget Estimates (Document EM/RC17A/3),

1. FINDS that the proposals are well planned with a satisfactory overall balance, and follow the priorities and general programme of work approved by the Regional Committee and the World Health Assembly;

2. ENDORSES the Proposed Programme and Budget Estimates for 1973 under the Regular Budget and the various special accounts and funds;

3. AGREES to the modifications to the 1972 Programme and Budget Estimates arising from changes in needs and priorities of individual Member Governments;

4. NOTES with satisfaction the proposals of Member Governments for health activities under the United Nations Development Programme and expressly ENDORSES the four inter-country projects proposed under this source of funds;

5. EXTENDS thanks to UNICEF and other United Nations Agencies for their continued collaboration and support to health programmes in the Region.

The Sub-Committee,

Having reviewed the situation with regard to Cholera El Tor in the Eastern Mediterranean Region;

Bearing in mind resolution WHA24.26 adopted by the Twenty-fourth World Health Assembly on the situation regarding the cholera epidemic;

Considering that, to be effective, international action against cholera must be based on concerted effort and be inspired by a spirit of understanding and mutual trust,

1. REMINDS Member States of the Region that it is their obligation under the International Health Regulations

   (1) to notify to the World Health Organization without delay all suspected or confirmed cases of cholera and to forward such detailed information on the situation and the measures taken as may be necessary to enable other Member States of the Region, in their turn, to plan appropriate measures;
(ii) to refrain from taking stricter measures or measures going beyond those of the International Health Regulations, particularly with regard to the free movement of persons and international trade;

2. INVITES Member States

(i) to re-examine their environmental sanitation programmes for the purpose of accelerating their implementation and take any necessary steps to improve the efficiency of public health measures, particularly for the prevention of communicable diseases;

(ii) to ensure the hygienic conditions and environmental health standards indispensable for the safety of the public and, in particular, of tourists and migrant workers;

(iii) to promote general health education of the public about cholera;

3. REQUESTS the Regional Director to continue to provide the assistance required in connexion with emergency measures and long-term programmes;

4. FURTHER REQUESTS the Regional Director to promote inter-country and inter-regional meetings, seminars and courses as required in order to co-ordinate preventive measures between neighbouring countries.

EM/RC21A/R.10

HEALTH MANPOWER PLANNING

The Sub-Committee,

Having considered the document on Health Manpower Planning, presented by the Regional Director (Document EM/RC21/4),

Being satisfied that long-range health planning, including health manpower planning, involves foreseeing as far as possible future technical and other developments,

1. COMMENDS to the attention of the Governments of the Region the forecasting methods referred to in the document;

2. REQUESTS the Regional Director to make provision when appropriate for the discussion of these methods in forthcoming Seminars and other educational meetings in the Region;

3. REQUESTS the Regional Director further to assist governments in long-term planning in the Region by continuing to provide technical advice upon request.
EM/RC21A/11

RECENT TRENDS IN ANTI-MALARIA PROGRAMMES IN THE EASTERN MEDITERRANEAN REGION - CONCLUSIONS DRAWN FROM PROGRAMME REVIEWS

The Sub-Committee,

Having studied the document submitted by the Regional Director on the subject of Recent Trends in Anti-Malaria Programmes in the Eastern Mediterranean Region - Conclusions drawn from Programme Reviews (Document EM/RC21/5);

Realizing that by the end of 1970 93 per cent of all peoples living in malarious areas of the Region were being protected against malaria;

Fully aware that although the cost per capita of protected population has risen moderately, it has been far outweighed by the benefits which have accrued in socio-economic development and the general standards of health;

Believing that the administrative, operational or technical problems encountered need not prevent a continuing progress towards eradication,

1. REAFFIRMS that the ultimate aim of all anti-malaria programmes should be the eradication of the disease, and that there is need to improve and extend the control of malaria throughout the Region, even where malaria eradication is not feasible;

2. ENDORSES the recommendations of review teams which have stressed importance of overall planning of malaria programme within the country health and socio-economic plans; of the intensification of efforts towards achieving complete eradication by providing adequate finances, trained personnel and other facilities; of multi-disciplinary research into developing more effective and less expensive methods; of the need for rapid development of health services to be ready to meet the requirements of prevention of the re-introduction of malaria;

3. THANKS the World Health Organization for its effective assistance to the malaria eradication programmes in the Region;

4. RECOMMENDS that Governments of Member States should:

   (a) continue to give high priority to the financing, execution operation and evaluation of ongoing anti-malaria programmes;

   (b) extend as rapidly as possible their national anti-malaria programmes so that all the population living in malarious areas will be protected, and not only those who live in areas where malaria eradication is considered feasible in the foreseeable future;
(c) expand and develop the basic health services to enable them to take over the maintenance work when technically and administratively feasible.

5. **URGES** UNICEF and USAID to reconsider their policy towards malaria eradication, and enhance their assistance to all anti-malaria programmes.

**EM/RC21A/R.12 OCCUPATIONAL HEALTH PROGRAMMES**

The Sub-Committee,

Having considered the document submitted by the Regional Director on the subject of Occupational Health Programmes (Document EM/RC21/6);

Recalling resolution EM/RC16/R.6¹ on the Health Aspects of Industrialization;

Considering that national health and national wealth are inevitably interwoven and that the protection and promotion of the health of the gainfully employed is an essential requirement for improving productivity;

Being aware that the experience in developed countries has exposed the weakness of setting up ad hoc occupational health services;

Believing that measures for the protection and promotion of the health of the workers and their families can best be planned effectively and economically when they are integrated into the health programmes of the community where they are working;

Cognizant of the present situation of occupational health services in the Region,

1. **RECOMMENDS** that countries in the Region should give a high priority to the provision of occupational health services designed to meet the health needs of the gainfully employed segment of their populations;

2. **URGES** countries in the Region to give due consideration to the extension of existing health services into the field of occupational health rather than trying to build up a completely new structure which might result in duplication, overlapping of efforts and some confusion of responsibility;

3. **REAFFIRMS** the need for better co-ordination of all governmental departments concerned with occupational health at the national level and between United Nations Agencies at the international level;

¹EMRO Handbook of Resolutions and Decisions, 1.7.1, page 111 Rev.1
4. REQUESTS the Regional Director to continue to assist governments in collaboration with other United Nations Agencies concerned in planning and developing their occupational health activities within the framework of public health services.

HEALTH CONDITIONS OF REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

The Sub-Committee,

Having heard the statements of Representatives of Member States and the report given by the Director of UNRWA Health Department;

Considering the text of resolution WHA24.32 and WHA24.33;

Regretting the continuation by the occupying authorities of the violation of basic human rights and the non-execution of decisions by previous sessions of this Sub-Committee and by Twenty-second, Twenty-third and Twenty-fourth World Health Assemblies, which related to health conditions of refugees, and displaced persons and the inhabitants of occupied areas;

Noting that the above calls for implementation of Article 7 of the WHO Constitution,

1. REAFFIRMS its confirmation of Assembly resolutions WHA24.32 and WHA24.33 and requests their implementation;

2. REQUESTS the forthcoming World Health Assembly to look into the question of implementation of Article 7 of the WHO Constitution;

3. EXPRESSES its appreciation and thanks to WHO Director-General and Director of Health of UNRWA for all assistance and efforts extended to the refugees, displaced persons and inhabitants of occupied areas.

TECHNICAL DISCUSSIONS AT THE TWENTY-SECOND AND TWENTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE (Sub-Committee A - 1972 and 1973)

The Sub-Committee,

Recalling that Sub-Committee A had selected the subject of "Occupational health services in meeting the health needs of the people in developing countries"¹, for its Technical Discussions at its 1972 Session;

Considering that this same topic is being discussed this year under item 10 (c) of the Agenda,

¹EM/RC20A/R.12
DECIDES that the subjects for its Technical Discussions in 1972 and 1973 will be decided upon by the Regional Director in the light of the discussions that took place under this Agenda item, (Document EM/RC21/WP.1 refers)

EM/RC21A/R.15  THE INTEGRATION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING ACTIVITIES IN THE GENERAL HEALTH SERVICES

The Sub-Committee,

Having studied with interest the document on Integration of Maternal and Child Health and Family Planning Activities in the General Health Services presented by the Regional Director (Document EM/RC21/Tech.Disc./2);

Affirming that both the concepts and activities of family planning are closely interlinked with maternal and child health and the health of a population as a whole, as well as with its social and economic advancement;

Believing that people are not likely to accept in a stable manner the family limitation aspect of family planning unless they enjoy and realize the lowered mortalities of infants and children;

Noting with concern that the family planning programmes which have as their main objective the reduction of population growth rate, are tending to grow as separate campaigns, sometimes without any plans for future integration, in competition with and thus to the detriment of health services in general, and ultimately to the detriment of their own objective;

Accepting the general principles for the integration of family planning activities as described in the document presented by the Regional Director,

1. URGES Governments of the countries which have organized family planning activities to give high priority to reviewing the matter of present and future integration of these activities into MCH and General Health Services, taking into consideration the steps suggested as a "Strategy of Integration" in the above document;

2. REQUESTS the Regional Director to continue giving attention to this matter in the interest of strengthening the family planning and MCH services in respective countries of the Region.

EM/RC21A/R.16  VOTE OF THANKS

The Sub-Committee,

Considering the warm welcome accorded to it by the Authorities and the people of Tunisia,
Considering further the excellent working conditions which had been prepared and the resulting success of the work,

1. **THANKS** sincerely the Authorities and the people of Tunisia headed by the President Mr Habib Bourguiba;

2. **PRAES** that God may grant him long life and excellent health.

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**EM/RC21A/R.17**

**ADOPTION OF THE REPORT OF SUB-COMMITTEE A**

The Sub-Committee,

1. **ADOPTS** the report of Sub-Committee A of the Twenty-first Session of the Regional Committee (Document EM/RC21A/3/D);

2. **REQUESTS** the Regional Director to deal with the report in accordance with the Rules of Procedure.

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**PART VII**

**NOMINATION OF THE REGIONAL DIRECTOR**

The Chairman announced that the Sub-Committee had taken up item 7 of the Agenda in private meeting. The Sub-Committee had considered Rules 26, 28 and 29 of its Rules of Procedure. In view of the fact that there was to be no meeting of Sub-Committee B in 1971, the Sub-Committee had concluded that the postal vote provided for in Rule 28 was not required. It decided that the foregoing statement should be included in its final report.

The Sub-Committee then proceeded to vote in accordance with Rules 26 and 29 of its Rules of Procedure. The result of that vote was the nomination of Dr A.H. Taba and the adoption of the resolution which appears as resolution EM/RC21A/R.4 in Part VI.
ANNEX I

AGENDA

SUB-COMMITTEE A OF THE REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN, TWENTY-FIRST SESSION

1. Opening of the Session
2. Election of Officers
3. Adoption of the Agenda (EM/RC21/1 Rev.2)
4. Appointment of the Sub-Division on Programme
5. Annual Report of the Regional Director to the Twenty-first Session of the Regional Committee;
   Statements and reports by Representatives of Member States (EM/RC21/2)
6. Co-operation with other Organizations and Agencies;
   Statements and reports by Representatives and Observers of Organizations and Agencies
7. Nomination of the Regional Director (EM/RC21/7 Rev.1)
8. (a) Long-term Planning in the Field of Health, Biennial Programming and Improvement of the Evaluation Process (Long-term Financial Indicators) (EM/RC21/8)
   (b) Other Resolutions of Regional Interest adopted by the Twenty-fourth World Health Assembly and by the Executive Board at its Forty-seventh and Forty-eighth Sessions (EM/RC21/9)
10. Technical Matters;
    (a) Regional Developments in Control of Cholera; Review of Cholera Situation in the Eastern Mediterranean Region
(b) Health Manpower Planning (EM/RC21/4)

(c) Recent Trends in Anti-Malaria Programmes in the Eastern Mediterranean Region - Conclusions drawn from Programme Reviews (EM/RC21/5)

(d) Occupational Health Programmes (EM/RC21/6)

(e) The pilot survey which was carried out in Tunisia by the WHO Epidemiological Research Division on the use of health services in the Cap Bon Governorate

11. Approval of the Report of the Sub-Division on Programme


13. Other business

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS TO SUB-COMMITTEE A

REPRESENTATIVES OF MEMBER STATES OF THE WHO EASTERN MEDITERRANEAN REGION

AFGHANISTAN

Representative - Professor Abdullah Omar
                Deputy Minister of Public Health
                Ministry of Public Health
                Kabul

Alternate - Dr Rauf Roashan
            Member of Planning Board and
            Chief of Foreign Relations
            Ministry of Public Health
            Kabul

CYPRUS

Representative - Dr V. Vassilopoulos
                Director-General of Health
                Ministry of Health
                Nicosia

EGYPT

Representative - Dr Ibrahim Badawi
                Under-Secretary of State
                Ministry of Public Health
                Cairo

Alternate - Dr Abdel Ghaffar Khallaf
            Director of International Health
            Department
            Ministry of Public Health
            Cairo

Adviser - Dr Ezzat Helwa
            Assistant-Director, Environmental
            Health Department
            Ministry of Public Health
            Cairo
ETHIOPIA

Representative -
Ato Amha Eshete
General Manager of the Malaria Eradication Service
Ministry of Public Health
Addis Ababa

Alternate -
Ato Osman Sifaf
Director-General
Ministry of Public Health
Addis Ababa

FRANCE

Representative -
Mr M. de Bonnecoorse
Counsellor for Technical Co-operation
Embassy of France in Tunisia
Tunis

IRAN

Representative -
Dr H. Morshed
Parliamentary Under-Secretary
Ministry of Public Health
Teheran

Alternate -
Dr G. Soupikian
Director-General, Planning
Ministry of Public Health
Teheran

Adviser -
Mr A.N. Amir-Ahmadi
Director
International Health Relations Department
Ministry of Public Health
Teheran

IRAQ

Representative -
Dr Ibrahim Al-Nouri
Specialist, Child Welfare Hospital
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Secretary-General of Tunisian Red Crescent Society
ANNEX III
SUMMARY TECHNICAL REPORT

TECHNICAL DISCUSSION ON THE INTEGRATION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING ACTIVITIES IN THE GENERAL HEALTH SERVICES

Sub-Committee A of the Regional Committee of the Eastern Mediterranean, Twenty-first Session.

I Introduction

Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Twentieth Session held in Broummana, Lebanon in 1970, selected the subject of "The Integration of Maternal and Child Health and Family Planning Activities in the General Health Services" for technical discussions during its Twenty-first Session in 1971 (Resolution EM/RC20A/R.12).

H.E. Dr Abdel Aziz Al-Daly, Minister of Health (People's Democratic Republic of Yemen) presided over the Session, in which the Regional Adviser on Family Health introduced the document on the subject followed by lively discussions.

II Summary of Background Information

As a basis for discussion, the Representatives had before them copies of the document prepared by the Secretariat of the Regional Office, in which the various objectives of family planning were listed, the framework of WHO's concern and action in this field summarized, definitions of related terms provided, the relationship between health and family planning described, the reasons for integration of health and family planning services expounded, and a broad strategy for integration was suggested.

III Discussions

In the ensuing discussions, it was stated that the first rapid acceptance of family planning, in response to existing demands in countries where it was not earlier available, sometimes led to errors of judgement in assigning unrealistic targets. Subsequently, efforts were concentrated on providing a high quality of technical services and a convenient administrative organization. But of greatest importance for the success of the undertaking was the improvement of motivation by caring for the health of mothers and children, since while mothers were unwilling to attend separate family planning clinics, they readily attend the maternal and child health services,

1Document EM/RC21/Tech.Disc./2
where if they were given advice on their own or their children's health, through contraception and births spacing they generally accepted it with confidence.

The use of the term "family guidance" was mentioned as a means to overcome traditional resistance to birth control. It was felt that the problem of population control as distinct from family planning for reasons of family health was more a social than a medical one, although the two are related. One solution may be in raising economic levels and providing increased employment opportunities, since on reaching a certain level of social advancement people tend to decide voluntarily to limit the size of their families.

In certain countries of the Region, in view of their size and sparse population, family planning as such may not be a priority. Nevertheless, education of mothers within maternal and child health activities was necessary in order that childbirths be spaced in such a way as to protect the health of mothers and children.

Three countries, Egypt, Iran and Tunisia, confirmed that they had already adopted the principle of integration of family planning in the general health services. In Iran, family planning activities had from the start been planned as one of the functions of the basic health services, though for planning and supervision a family health unit had been established in the Ministry of Health. In this way, a compromise had been effected by integrating the operational aspects and entrusting the planning aspects to a separate unit in the Ministry of Health.

In Pakistan, initially the programme had been under the Department of Health, but it had later been separated because the health personnel were too over-burdened with clinical duties to give attention to family planning. The separation had apparently given better results, since a recent survey had shown that the birth-rate may have been reduced from about 50 to a little more than 40 per thousand in some five years. Now, however, the disadvantages of a separate programme enumerated in the paper under discussion were beginning to be felt. For example, there may be under-utilization of human resources, duplication of efforts, and excessive expenditure. A committee was therefore, recently set up to study how best family planning activities could be integrated with basic health services.

The necessity for public information campaigns on family planning was widely felt. However, one representative felt that these should be conducted separately and not included in other health education programmes.
The meeting agreed that the advantages of integration with the general health services far outweighed the advantages of separation, and adopted a resolution in favour of integration, requesting the Regional Director to continue to give attention to this matter in the interest of strengthening the family planning and maternal and child health services in respective countries of the Region.
AGENDA

TECHNICAL DISCUSSIONS

THE INTEGRATION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING ACTIVITIES IN THE GENERAL HEALTH SERVICES

1. Opening remarks by the Regional Director
2. Election of Chairman
3. Introduction and scope of the paper
4. Review of the situation as it now stands in the countries of the Region
5. Review of the needs of the Region and how to meet them
6. Concluding remarks and recommendations.