PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 22 May 1974, at 9.30 a.m.

CHAIRMAN: Professor J. TIGYI (Hungary)

CONTENTS

1. Detailed review and approval of the programme and budget estimates for 1975 (continued)

   African Region .......................................................... 2
   European Region .......................................................... 8
   Eastern Mediterranean Region ......................................... 13

2. Fourth report of Committee A ......................................... 18

Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 5 July 1974.

African Region

The CHAIRMAN drew the Committee's attention to the programme of the African Region, as found in Official Records No. 212, pages 350-398 and Official Records No. 216, paragraphs 202-212. In particular the Committee would wish to consider the onchocerciasis programme in the Volta River basin area, described in document A27/9.

Dr QUENUM, Regional Director for Africa, presenting the programme and budget for the African Region for 1975, said that it represented a balance between strengthening of health services, health manpower development, epidemiological surveillance, control of communicable diseases, and promotion of environmental health. The projected expenditures were in close correlation with programme priorities. Health manpower development would alone absorb 29% of the regular budget provision; the strengthening of the health services as a whole would take up 27%; 15% would be devoted to disease prevention and control. The figure of 1.5% set aside for the promotion of environmental health did not exactly reflect the substantial effort being made in that area, since to it must be added work in the integrated framework of the health services. Once again it could be affirmed that the approach to public health problems must be an integrated approach: the interrelated components could not be dissociated.

The main concern for the future was the improvement of health services, where great difficulties were being encountered. Without a permanent and sound health infrastructure no progress in health could be expected. Therefore an intense effort was being made to overcome such obstacles as poorly adapted structures and personnel, the lack of national guidance, poor distribution of resources, and insufficient community participation. In that connexion health education would be a precious asset.

Various aspects of the onchocerciasis control programme in the Volta River basin were described in document A27/9, and some comments on the programme were given in Official Records No. 216, pages 18 and 19. He had the greatest hope for the programme's success, for it would not only relieve the suffering of millions of human beings but would also be an excellent example of the interrelationship of health and economic conditions. The quality of training of national health personnel, rather than their numbers, would be a matter for concern, since rapid progress could be obtained with a nucleus of national personnel specially trained to solve concrete public health problems in their own country. In a difficult time of rapid change and world crises the road to better health in Africa would still be a long one, but there was great hope thanks to a better awareness of social and health problems and the increased confidence of Member States in the irreplaceable work of WHO.

Dr RAMZI, representative of the Executive Board, said that in reviewing the programme and budget estimates, the Board had noted the reference - in the Director-General's report on coordination with the United Nations system - to the collaboration of seven countries and four international organizations and also the commitment by the International Bank for Reconstruction and Development (IBRD) to raise the necessary funds. The Board considered the programme important, first, because of the increased seriousness of the disease in the Volta River basin and, secondly, because several participants were involved. On one hand there were the countries concerned in the programme: Ivory Coast, Guinea, Ghana, Upper Volta, Mali, Niger, and Togo; on the other, there were the participating agencies: WHO, FAO, UNDP, and IBRD. WHO, as executing agency, assumed in association with FAO the general responsibility for the scientific, technical, and administrative management of the
The Board had therefore asked the Director-General to present the special report contained in document A27/9.

Dr WRIGHT (International Bank for Reconstruction and Development) said that the Bank was happy to be associated with WHO, FAO, and UNDP in carrying out the imaginative programme for the control of onchocerciasis in West Africa; it would not only make a major contribution to the health of the region but would also yield important benefits in economic development, which was the Bank’s principal concern. The Bank had first become familiar with the human and economic effect of onchocerciasis in the mid-1960s. In February 1969 the heads of state of Ivory Coast, Mali, Niger, and Upper Volta, with the President of Niger acting as President of the Conseil de l'Entente, had written to the President of the Bank emphasizing the importance of the fight against onchocerciasis and inquiring about the possibility of the Bank’s making a contribution to it. In reply, the President had expressed the Bank’s sympathetic interest and asked to be kept informed of various studies then under way.

In April 1972 the heads of the four international agencies concerned had decided to set up a Steering Committee to coordinate action on the planning and implementation of the programme, and on the Steering Committee’s recommendation the Bank had agreed to take the lead in mobilizing funds internationally to finance the first phase of the programme, due to start in 1974. A first meeting of governments and agencies to consider the programme had been held in Paris in June 1973, and agreement had been reached on the establishment of an advance fund to cover the commitments to be entered into during 1974. The governments contributing to that fund and the amounts of their contributions - which were still subject in one or two cases to final parliamentary approval - were as follows: Canada, 500 000 Canadian dollars; France, 5 million French francs; Germany, 3 million Deutschmarks; the Netherlands, US$ 1 million; the United Kingdom, £ 425 000; the United States, US$ 2 million; the World Bank Group, US$ 750 000. Those contributions, together with US$ 400 000 provided by UNDP for training and chemotherapeutic research, slightly more than covered the commitments for 1974, estimated at around US$ 7.5 million; they were cash contributions, paid into a separate account to be administered by the Bank under the Onchocerciasis 1974 Fund Agreement, dated 1 March 1974. The money could be used to finance procurement in any part of the world. Each of the donors mentioned had indicated the intention to support the programme beyond 1974, and later in the year the initial fund would be merged into a larger fund to finance the first six years of the campaign up to the end of 1979.

The cost for the six years had been estimated at between US$ 41 million and US$ 42 million at mid-1973 prices. However, with continued world inflation, actual expenditure for the period at current prices was likely to be considerably more than US$ 50 million. The Bank expected approximately three-quarters of the costs to be covered by contributions from the original donors. Additional cash contributions were needed to cover the remaining 10 to 15 million dollars, and the Bank hoped that a number of other governments and agencies would help. A second meeting of donor and participating governments and international agencies would be held in Paris in June 1974 to review arrangements for the management and financing of the campaign. If the campaign were successful, it would not only remove a source of widespread human suffering but also open up extensive areas of good land to cultivation in a part of the world currently experiencing the devastating effects of drought, and where, even in normal times, agricultural and livestock production were barely sufficient to support even the most meagre standard of living. Considerable emphasis was being given to the preparation of specific investments designed to promote the resettlement of the population in the river valleys that would be liberated from the disease, and the international agencies were ready to give their full support to the governments concerned in implementing the resulting projects. It was too early to give
precise figures for the cost of controlling the disease, but the programme would be a major contribution to the development of the area and would demonstrate the value of a concerted international attack on human poverty and disease.

Dr ELOM NTOUZOO (United Republic of Cameroon) thanked Dr Quenum for his report and the impressive work undertaken over the past ten years. Cameroon was satisfied with the rate of progress and with the results of its WHO-assisted projects, such as the university centre for health sciences, various schools for training hospital personnel and other health technicians, and the development of basic health services.

With regard to the section of document A27/9 on page 7 (entitled "The Future"), he was in agreement with the long-term projects planned for other countries of the Region harbouring serious foci of onchocerciasis, and recommended the study of preventive or emergency measures to overcome the disease progressively and limit its effects on the health and socioeconomic development of countries outside the Volta River Basin. In Cameroon the incidence of the disease was so high that a research centre for studying it had been set up with the aid of the British Government. The staff of that centre had noted the seriousness of the disease and its considerable spread in several river basins in the country. Although eye lesions due to onchocerciasis were less frequent in the forest regions, they were quite high in the northern provinces, where ecological conditions resembled those in the Volta River Basin. It was to be hoped that, given such a serious epidemiological situation - which undoubtedly existed in other African countries outside the Volta Basin - the training programmes envisaged in onchocerciasis control might include other African nationals: such programmes covered the training of sanitary engineers in the control of Simulii and their breeding grounds, as well as the training of entomologists, epidemiologists, laboratory technicians, ophthalmologists, etc.

A regular and permanent service of information and documentation should be set up for the African countries concerned with onchocerciasis, based on the research and the results achieved in the Volta Basin. Travelling fellowships should be provided to enable national technicians in charge of onchocerciasis control in their own countries to inspect the methods and techniques used in the Volta Basin. Assistance, even if it were only minimal, should be given to those countries, either by WHO or by other international organizations and rich countries through bilateral or multilateral agreements, to execute operational plans less ambitious perhaps than those envisaged in the Volta River Basin but no less valuable.

Dr ADESUYI (Nigeria) said that in the programme for the African Region the distribution of resources among the various sectors of the health services was particularly satisfying.

A new project for the health education training programme would soon be established in Ibadan University. WHO projects in Nigeria had given great satisfaction, particularly those in strengthening of basic health services, various training programmes, and the provision of teachers, supplies, and equipment. The onchocerciasis project was a bold and noble one, vividly demonstrating WHO's role in coordinating not only the efforts of various governments but those of other international organizations. The Governments of Canada, France, the Federal Republic of Germany, the Netherlands, the United Kingdom, and the United States of America, as well as UNDP and IBRD deserved thanks for their contributions. It was hoped that interest would not flag and that the project would be successfully carried out over the six-year period. As had been pointed out, onchocerciasis was prevalent in many parts of Africa. Nigeria had indicated to WHO its great concern over the situation in the northern part of the country, where there was a high incidence of the disease in many places and where several villages were almost totally affected. Nigeria had hoped that the project could be extended to the adjacent Niger River Basin, but had received a full explanation why such an extension was not possible. It therefore hoped that the training programmes for various groups of health personnel in onchocerciasis
control would admit into their courses candidates from other parts of Africa who might wish to acquire advanced training in control of the disease. Evaluation of the project was especially important, so that any knowledge gained could be applied in other parts of Africa.

Dr SENCER (United States of America) reaffirmed his Government's support of the onchocerciasis programme. The economic and social tragedy occurring in the Sahel as a result of the drought made it urgent to open the lands lying fallow because of river blindness, and gave additional justification for the programme, which represented a unique multinational and multiagency commitment. Because of the scientific complexity of the problem, it was essential that long-term research be an integral part of the programme; and, because of the administrative complexity involved, it might be appropriate to include provision for independent evaluation of the progress made. The health services in the seven countries concerned had demonstrated in the smallpox eradication programme their ability to carry out major new health initiatives successfully. It was therefore up to the Organization, the international agencies, and the donors to fulfil their responsibilities.

Dr MICHEL (France) noted with pleasure in the Director-General's report as well as in the Executive Board's report the interest shown in the control of endemic parasitic diseases, to which France had contributed through research and action in the field. The control of onchocerciasis in the Volta River Basin was an outstanding example of cooperation in bilateral or international aid, coordinated by WHO and defined at the meetings in Brazzaville and Lagos during 1973. The interest in such a long-range programme (for the eradication of onchocerciasis would take twenty years) lay also in its preparation through multidisciplinary investigations in which, at the request of the countries of the Organization for Coordination in the Control of Major Endemic Diseases (OCCGE), French researchers and doctors had largely participated since 1955, with the financial assistance of Fonds d'Aide et de Coopération (PAC) and of the European Development Fund. Studies had been carried out on larvicides and on methods of treatment. It was gratifying that the first year of the attack phase of the programme was already largely financed; the considerable financial aid encouraged the belief that a complementary contribution would not be requested from OCCGE, which was financed by its Member States and by France.

Apart from the direct impact on endemic onchocerciasis in the Volta River Basin, an impact that presupposed regular evaluation of activities and results, the benefits to be derived from the programme would include not only the training of personnel but also progress in operational methods and in insecticide formulation. Undoubtedly such information would benefit activities in other countries where foci of onchocerciasis had been reported. The results would also stimulate future multilateral collaboration under WHO's leadership in activities involving other large endemic foci, such as those of trypanosomiasis and bilharziasis, which had an important impact on socioeconomic developments in areas that were still drought-free.

Dr BADDOO (Ghana) said that communicable diseases, including onchocerciasis, constituted the major public health problem in Ghana. The Ghanaian Commissioner for Health had emphasized that problem during the discussion on the Director-General's Annual Report. Ghana was one of the seven countries in the Volta River Basin affected by onchocerciasis; realizing the health and socioeconomic importance of the disease, it had pledged its support in controlling it. A national committee had been set up to take charge of all aspects of the control programme. The provision of facilities was being actively considered, and the appropriate authorities were arranging to facilitate air
transport connected with the programme into and out of the country. Ghana would do everything possible for the programme's successful implementation, and was grateful to WHO, UNDP, IBRD and FAO as well as to the donor governments. As had been pointed out, control programmes in other areas should be undertaken only after the methodology had been well established. It was hoped that the methods of the control programme could be applied effectively in other areas, especially since the disease was widespread in Africa.

Dr JAROCKIJ (Union of Soviet Socialist Republics), referring to the report on the onchocerciasis control programme in the Volta River basin area, said that the programme, like all long-term and costly undertakings, would require careful planning from the start, as well as continuous assessment and revision, if success was to be achieved. Onchocerciasis was a more complicated disease than smallpox, or even than malaria, on account of its clinical and epidemiological characteristics, so that it was essential to take stock of the means available for its control. The results achieved in eradicating the vector in limited areas of East and West Africa did not warrant any optimism as to the possibility of eradicating it in the large area covered by the programme. Moreover, not enough experience had been gained in the large-scale application of the new insecticides and larvicides that it was proposed to use in the programme. New preparations required general testing, including testing of their effects on animals and plant life.

The position regarding drugs for treatment and prophylaxis was far from brilliant. There were only two - diethylcarbamazine and suramin - both toxic and unsuitable for large-scale use. There were no grounds for expecting good results from the trials of metrifonate and levamisole being carried out in the United Republic of Cameroon; neither of the drugs was markedly effective in the treatment of onchocerciasis. As for prophylaxis, no suitable drug existed.

A shortcoming of the programme, as at present planned, was that it was oriented exclusively towards eradication of the vector. Mass campaigns that used only one approach were generally less effective, and needed more time, than campaigns using a whole complex of methods aimed at every stage of the life-cycle of the parasite concerned.

While he was in general agreement that onchocerciasis control should be intensified, he wished to emphasize the need for gearing the programme to the socioeconomic progress of the developing countries. A number of supportive measures would be required; the network of basic health services would have to be extended, particularly in the rural areas; specialized staff would have to be trained; extensive health education work would be needed; and steps would have to be taken to institute epidemiological surveillance in the project area. In addition, if the programme was to be successful, an accurate inventory of all its components, including national and international staff, drugs, insecticides, health education services and services for making rapid use of any new discoveries, must be made. Forward planning would be needed, as well as planning on a yearly basis. There had to be careful control of all programme operations, of the ability of all the components of the programme to function continuously for twenty years or more, and of the proper working of the complicated arrangements for moving the population to areas freed from onchocerciasis. Continuous research would be needed, including research on new drugs, on new insecticides and larvicides, on biological control methods, and on simple immunological methods of diagnosis suitable for use on a large scale. In that connexion, WHO should make greater use than at present of the research institutions in its Member States, including the USSR.
Dr KONE (Ivory Coast) said that his country stood to benefit from the onchocerciasis control programme and was therefore deeply concerned with its progress. Indeed, for several years past, the Ivory Coast had contributed to the struggle against onchocerciasis within the framework of OCCGE and with assistance from the European Development Fund; the experience thus gained augured well for the WHO control programme. His country was particularly interested since vast areas in the north could thus be recovered for agriculture and resettlement, and opportunities would be provided for training technical personnel in such fields as entomology, parasitology, etc., who could be put to good use in respect also of other projects. His delegation was grateful to all those countries which had given assistance to the project and hoped that such aid could be maintained throughout the duration of the programme. It was to be hoped that other similar projects could be extended to other countries within the Region suffering from the same problems.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) welcomed the initial progress made in the onchocerciasis control programme in the Volta River basin. Its aim was most desirable, both from the health and the economic point of view, especially in view of the pressures caused by the Sahelian disaster. The thorough scientific approach and logistic preparation, combined with the effective collaboration of the affected and donor countries and the aid from international agencies, pointed the way to a methodology for the solution of other health problems in Africa and elsewhere. The research undertaken should also yield valuable results in providing data that could serve for other problems. His Government was happy to be associated with the programme and would follow its progress with very close interest.

Dr HOXONOU (Togo) recalled that his delegation had, in the course of the discussion on the Director-General's Annual Report, referred to the obstacle constituted in his country by the parasitic diseases, which were a formidable obstacle to social and economic development. It accordingly welcomed the initiation of the broad programme for onchocerciasis control in the Volta River basin area. The project would not only yield health benefits but would also make a contribution to economic development by allowing for the recovery of agricultural land, the shortage of which was being increasingly felt with the increase in population. Such a project was a credit to the international community as a whole, and the Government and people of Togo were deeply grateful to all those making technical and material cooperation available. His country would do its utmost to assist in the success of the project. The necessary measures had already been taken in respect of health education of the population and high-level selection of staff to service the project.

Dr LEXIE (Zaire) expressed satisfaction with the activities undertaken. The problem of onchocerciasis was common also to other countries in the Region as well as those in the Volta River basin area, and his Government accordingly hoped that its national technical staff might be given the opportunity of participating in some of the training activities initiated in connexion with the onchocerciasis control programme.

Dr SAMBA (Gambia) associated himself with other delegations in expressing warm appreciation to the Regional Director for the excellent work being carried out by WHO in the Region.

Professor von MANGER-KOENIG (Federal Republic of Germany) also commended the Regional Director's report and the excellent work initiated in the Volta River basin area.
The programme for onchocerciasis control not only represented a new concept of international cooperation but would provide an outstanding opportunity for WHO to fulfil its important role as coordinator in respect of a new multilateral approach of that type. His Government fully endorsed that multilateral approach and expressed its readiness to supply aid to the programme in respect of the coming year.

Dr ABDALLAH (Egypt) stated that his country had been, and was still, free from onchocerciasis, the vector flies not being found in Egypt. However, the disease was present in neighbouring Sudan, where the northernmost focus still existed. The southern portion of Lake Nasser, i.e. 150 km of its total length of 500 km, was situated in northern Sudan, and there was accordingly a possibility, albeit remote, that the onchocerciasis vectors might spread northwards, particularly in the future when there would be agricultural projects and human settlements in the Lake Nasser region.

The situation was similar as regards the possible introduction into Egypt of Anopheles gambiae. A mutual agreement had existed since 1970 between the Egyptian and Sudanese Governments which allowed for periodical joint surveys of the whole Lake Nasser region to ascertain the presence of both Anopheles gambiae and Simulium vectors. That agreement, which was an example of successful cooperation between two neighbouring countries and in which WHO had participated, had functioned satisfactorily and up to April 1974 neither vector had been found on Egyptian soil or in an area within 200 km to the south of Lake Nasser on Sudanese soil.

Dr QUENUM, Regional Director for Africa, thanked members for their comments. The results achieved had only been possible because of the atmosphere of confidence and cooperation existing among the various Member States. The programmes and problems of the Region, of which onchocerciasis was only one, were of course greatly complicated by natural phenomena, such as drought. Immense efforts were consequently still needed, and, in that connexion, it had been particularly encouraging to have comments from representatives coming from other regions.

Efforts had been made to keep the report on onchocerciasis as brief as possible. He would, therefore, give an assurance to those delegations that had stressed the importance of the problem in their countries also that the Regional Office had that consideration fully in mind. As was shown on page 397 of the proposed programme and budget estimates for 1975 (Official Records No. 212), provision had been included for an intercountry project providing consultant services in onchocerciasis, which was intended to serve as a preliminary study establishing the scope of any future programme in that sphere.

However, he drew attention to the final paragraph of the report on the onchocerciasis control programme in the Volta River basin area (document A27/9, page 7) which indicated that it would be unrealistic to embark on other large-scale campaigns before the programme implemented in the Volta River basin area had been carried out for at least a few years and the results evaluated. There was no obstacle whatsoever to prevent nationals from countries other than those directly concerned in the onchocerciasis programme from taking advantage of the training facilities that would be afforded in that context.

European Region

Dr KAPRIO, Regional Director for Europe, said that he fully realized that the European Region had reached the stage which still remained a far-off goal for many areas of the world, namely, that the development of medical services was such that 99% of newborn children were assured of at least one year of healthy life. Nevertheless, the question of the quality of life of the section of society in the highest age group represented a real problem for the future, and was one of the fields in which activities in the European Region were of fundamental importance.
He drew attention to Official Records No. 212, pages 546-548 which, in the regional programme statement, gave the objectives of WHO's programme for the European Region as well as some background on the health situation in the Member States. The European proposals had been fully discussed by the Regional Committee and Executive Board. However, as the details of the subprogramme statements for the regional programmes had not been made available to the Health Assembly, he proposed to say a few words about them and about what was expected to happen in 1975 if the programme was approved.

The European programme in the five major appropriation sections contained both country and intercountry programmes. Three large country programmes - for Algeria, Morocco, and Turkey - had been planned for 1975 in close cooperation with the governments concerned, and included several interesting activities. Apart from malaria control, which was proceeding well in North Africa, governments were giving strong preference to environmental protection by building up water and sewerage systems with UNDP assistance and by training environmental personnel at both engineering and technician level. Many UNDP projects had been followed up by loans from IBRD. It was a very important development in view of the increase of commerce and tourism in the Mediterranean area. The strong efforts that the countries were making as regards the environment would definitely increase the area in the Region where the risk of enteric diseases, such as cholera, would be minimal in the future.

He stressed that the Regional Office was paying special attention to the planning and evaluation of health services and to the managerial problems facing the central health agencies. The European Conference on National Health Planning, held in Bucharest in February 1974, would be followed up in 1975, in particular by field studies on the application of planning at the local level; several countries were already cooperating in that programme.

As regards family health, the Regional Office was paying attention to the various aspects of maternal and child health services. As 1974 was Population Year, it was pertinent to mention that maternal and child health work in Europe included advice both to countries that requested help in family planning and to countries that were at the zero level of population growth, or even below it. UNFPA funds were available for Algeria, Morocco, and Turkey, through country or intercountry projects.

In 1975 services would continue to be provided for health laboratory activities, in particular to strengthen epidemiological surveillance in all countries that were interested in further development in that field.

Health manpower development activities in 1975 were part of the long-term programme of the Region in that field. At the request of the Regional Committee, more attention was being paid to the educational aspects of nursing and to the relation between service needs and nursing education; in 1974, a steering committee was to prepare a further programme in that area. As regards medical education, the main emphasis would be on teacher training and continuous education.

As regards communicable diseases prevention and control, he had already mentioned the development of health laboratory services to strengthen epidemiological surveillance of communicable diseases. In addition, specific problems, such as tuberculosis in migrant workers, would be taken up. A working group that would analyse virus hepatitis was a continuation of a series of working groups that had so far analysed communicable diseases, such as rubella and measles.

The noncommunicable diseases programme was one of the most important in the intercountry area, and included two European long-term programmes: one in cardiovascular diseases and the other in the field of mental health. The European cardiovascular diseases programme had entered its second phase after a successful second conference on those diseases, held in Brussels in 1973. Some European countries - e.g. Czechoslovakia,
the German Democratic Republic, and Finland - were already applying the experience of and recommendations from the programme on a large scale in their medical care programmes. In certain other countries, the experience was being applied in a more fragmented way, and it was hoped that over the next few years governments would consolidate their efforts in order to gain permanent benefit from that joint activity.

The mental health programme would also soon move into its second phase, in which the experience gained during the first five-year period would be applied in the field. As special aspects of the broader, psychiatric-service-oriented programme, attention was being paid to drug dependence, alcoholism, and the development of services for youth. He recalled that, in the early history of WHO, Europe had been a pioneering area in developing child guidance clinics. He foresaw that, from the point of view of both quality and quantity, the as yet uneven psychiatric services would become better organized, humanized, and more community-oriented. A large number of technical reports were available on that subject.

In the field of chronic diseases, increasing attention would be paid to chronic lung diseases, and in 1974 and 1975 the Regional Office, through its health education programme, would again contribute to the study of smoking and health. The 1975 budget had practically no provision for cancer or rheumatology, but it was obvious, especially after the discussion at the Health Assembly and the one expected at the next regional committee session, that those two problems would be taken up gradually in the regional intercountry programme.

Promotion of environmental health was an appropriation section under which the Regional Office had a very large programme, considering its modest resources. Several countries in the Region had requested projects from UNDP for which WHO was the executing agency. The regional committee at its 1974 session would analyse in detail the future of the regional programme in environmental health, taking into consideration the modifications necessitated by the increased cooperation on that subject in the whole United Nations family, following the establishment of UNEP. This also was an area where several countries had provided voluntary contributions to speed up the programme.

In 1973, the regional committee had begun to concentrate each year on one major topic in relation to the programme and budget discussions. In 1973 it had been mental health; in 1974 it was to be environmental protection. That arrangement gave delegates to the regional committee an opportunity to give much more detailed guidance to him and his staff than had hitherto been the case. All the major programme areas would have been covered in about five years.

Apart from the activities mentioned in the budget document, he said that, thanks to voluntary contributions in 1975 a conference would discuss road traffic accidents - an area in which the Regional Office had been assisting in coordination at the European level: it had already arranged two coordinating meetings between the European agencies concerned. He noted with satisfaction that, during the discussion of the programme and budget estimates, renewed attention had been paid to the problem on a worldwide basis. A worldwide policy for WHO was badly needed: Europe alone was losing 100 000 young people yearly through road traffic accidents.

Another area of activities was worth mentioning: the word "geriatrics" did not appear in the European programme, but the programmes for mental health, chronic lung diseases, and cardiovascular diseases all paid attention to the question of rehabilitation and long-term care, mostly in respect of middle-aged or old people. That was very natural in a region in which, in some countries, 20% or more of the population were in the old age group, if retirement age was taken as an indication. The Technical Discussions at the next regional committee would further clarify what the countries of the Region wished WHO to do to protect the health of the elderly in Europe.
The Region was actively cooperating with headquarters in the joint development of
WHO's new information system and was carrying out epidemiological and statistical surveys
in Europe.

In summary, he said that the 1975 budget was not typical for the distribution of
funds in the Region, because monetary instability had made it necessary to diminish the
intercountry part of the programme considerably. The Regional Committee had asked him
for 1976 to establish the old balance of 55%-45% between country and intercountry programmes
respectively. Within the intercountry programme, about 50% was devoted to the already
established long-term programmes. Gradually, through analysis of the needs - for instance,
in nursing, road traffic accidents, and family health - the whole intercountry programme
would become a six-year WHO medium-term programme, based on the General Programme of Work
for a Specific Period. Algeria might accept a country programming exercise for 1975 and
Turkey might do so for 1976.

The Regional Office, located in Copenhagen, served both headquarters and other regions
for certain administrative questions. Moreover, out of a total of 4935 fellowships
awarded by WHO in 1973, the European Region received 2545 fellows, of which about 2000
were from other regions. The Regional Office had further strengthened and developed its
fellowships services, also with the help of a recent management survey. Other regional
directors had pointed out weaknesses in the past and suggested improvements, and it was
hoped that in 1975 it would be possible to serve the fellows from the European Region and
elsewhere even better.

There was close cooperation with the Economic Commission for Europe, UNDP, UNICEF,
the Council of Europe, the Commission of European Communities, the Council for Mutual
Economic Assistance for Eastern European activities (COMECON), the Danish International
Development Aid (DANIDA), other bilateral assistance, and nongovernmental organizations;
that cooperation was expected to continue in 1975.

He concluded by paying a tribute to the Regional Committee.

Dr VIOLAKIS (Greece) thought that European countries should increase their support,
especially to long-term programmes. Her delegation was particularly interested in long-
term planning and progress in cardiovascular diseases, mental health, training of medical
personnel, and the human environment. It appreciated the efforts of the Regional Office
to ensure the success of WHO projects, especially the UNDP-financed project for environ-
mental pollution control in the metropolitan area of Athens, which had begun in September
1973. Although the Regional Office had a modest budget, it performed valuable work,
especially in its intercountry activities.

Dr ALAN (Turkey) thanked Dr Kaprio and his staff for the attention devoted to the
programmes that were in progress in Turkey.

Professor HALTER (Belgium) recalled his earlier statement that the Regional Office
was doing all it possibly could with the funds at its disposal; however, it was thought
in some countries that, with more funds, much more could be done without necessarily
developing the infrastructure of the Regional Office. That Office dealt with many
technical problems and arranged numerous meetings of experts. The results of its work
benefited the whole world - and there was obviously a potential for work, research, and
study that might be exploited by means of other resources. Most European countries,
including his own, were participating voluntarily in a number of programmes, but certain
activities of value to the whole world might be developed if more funds were available.

Professor SENAULT (France) emphasized that medical education was a particularly
important activity. The basis of health in any country was the work of the physicians,
nurses, social workers, sanitary engineers, and others, who all needed to be conscious
of their role. In medical education, particularly at university level, it should be
increasingly realized that - whatever the system of health services - the physician had
a special part to play in promoting the health of individuals. In health education, many of the problems mentioned by the Regional Director remained to be solved. He expressed to the Regional Director and his staff the satisfaction of his delegation and pledged the continuing collaboration of his country.

Dr DONA (Romania) said that the discussions at the Health Assembly had revealed the keen interest of the countries of Europe in the general programme of WHO and their desire to place their experience at the disposal of other countries. The many resolutions sponsored and supported by European countries had far-reaching implications for the orientation of WHO's activities, and had been widely supported by the delegates of other regions.

The programme for the establishment and consolidation of national health services was a guarantee that the main health problems of the world would be solved. Health education was an essential element in raising living and working conditions in all countries to a uniformly high level. And the success of national health planning, oriented towards the effective control of communicable and parasitic diseases, was evidenced by the favourable evolution of the world health situation over the past 20 years. He stressed above all the spectacular decline in infant mortality from tuberculosis. Special emphasis was now being laid on the study and control of chronic and degenerative diseases, cardiovascular diseases, and cancer. Long-term intercountry programmes had received constant attention, thus enabling the assistance of WHO to countries to be systematized.

Those achievements, supported by the country and intercountry programmes of the Region, were detailed in Official Records No. 212 and in the working documents of the Health Assembly. The results justified an optimistic outlook for the future of the Organization. The next Regional Committee for Europe would be held in his country, and he hoped that a thorough and critical analysis of the activities of the Regional Office would be made on that occasion.

Dr SHRIVASTAV (India) said that, although his country did not belong to the European Region, he had been happy to hear about the programme for training a larger number of nurses in Europe. Many Indian nurses went out to European countries, where the pay and working conditions were better than at home, and he had learned from some that had returned of the great shortage of nurses in Europe. He hoped that the training programme in question would be successful, so that India would be able to keep her nurses.

Dr SCHEPIN (Union of Soviet Socialist Republics) expressed his support for the programmes, especially the long-term programmes, that were being carried out in the European Region. He thought that the experience accumulated by the Regional Office for Europe during the execution of those programmes could with advantage be used in other parts of the world.

Dr BERNARD (Malta) thanked the Regional Director for his comprehensive and concise report, as well as for the help and advice that his country had received in respect of its many health problems.

Dr TOTTIE (Sweden) said that the delegations of the Nordic countries had on many occasions expressed their satisfaction at the development of a well-balanced long-term programme concentrated on a limited number of fields, such as cardiovascular diseases, mental health, and environmental protection. At the Regional Committee, his delegation had urged increased attention to health manpower development and to the strengthening of health services. He thanked the Regional Director and his staff for the programme that had been worked out in close collaboration with Member governments.

Dr MELBYE (Norway) said that the delegate of India had put his finger on what was probably the most serious problem faced by the health and social services in several European countries, namely, how to manage those services with a relatively small number of personnel. Thus, in 1974, the collected national and local health administrations in Norway had asked for more than 20% of the total new manpower becoming available in the
country - which was, of course, out of the question. In some countries, manpower needs could be covered to some extent by recruiting trained and even unskilled workers from abroad. Other countries were not able or willing to do so, and those countries - including his own - were faced with the fact that they had to reevaluate their whole health programmes so as to bring them into line with their manpower potentialities. The demands of the health services were totally out of proportion to the manpower available for that sector of society.

Dr AL-WAHBI (Iraq) said that thanks were due to the Regional Office for the facilities afforded to fellows from developing countries. Enlarging on the remark made by the delegate of India, he pointed out that there was an acute shortage of nurses all over the world. Medical and health workers of all levels went to Europe for specialization and training, and many of them stayed there. However, with the WHO fellowships system, few of the fellows remained in Europe or wherever they had been trained. An appeal should be made to Member States to help to improve the situation by not retaining foreign health workers after their training. Nearly one-third of the medical staff of certain developing countries were working in Europe. It was important to study the problem of that "brain drain" with a view to helping governments to recuperate their medical manpower after training abroad.

Dr KAPRIO, Regional Director for Europe, said that the comments that had been made would be brought to the attention of his staff.

The "brain drain" and the nursing situation were points of special concern to WHO headquarters; the matter would be followed up and special studies were proceeding on that serious problem. The fact that 80% of women of working age in certain European countries were at work, and the tremendous competition for manpower, created many problems in European society, e.g., the difficulty of recruiting sufficient staff for social, welfare, and health services. Hospitals and other institutions were therefore trying to find solutions based on technology and on mechanical automation. From the economic point of view, however, those might not, as yet, be suitable models for countries that had under-employment and that could, through training, develop more medical manpower. Full employment was gradually spreading throughout the world, but there were different phases in that development. Meanwhile, those delegates who were dealing with the problem in their home countries would follow up the justifiable warnings and wishes coming from outside the European Region.

Eastern Mediterranean Region

Dr TABA, Regional Director for the Eastern Mediterranean, introduced the programme proposals for that Region (Official Records No. 212, pages 592-656). He drew particular attention to the opening section, the regional programme statement, which stressed the great diversity of social, economic, and demographic situations to be found in the countries of the Eastern Mediterranean. As a result of that diversity, there was great variation in the programmes of WHO assistance from one country to another.

The programme proposals for 1975 were being submitted at a time when the interest of Member governments of the Region in improving health care delivery to their populations was probably at the highest level ever. Not only were Member governments conscious of the constant need to expand existing services and produce more manpower to run them, but all were imbued with a new sense of urgency that stemmed from their growing realization, based on the improved health information available to them, of how inadequate the existing health service coverage was for the majority of people in the Region. It had long been known that a very large proportion of the populations concerned were inadequately served, and the actual size of what was commonly called the "implementation gap" was becoming increasingly apparent. As a result, almost every government in the Region had experimented with new forms of health service delivery and was making a radical reappraisal of the role of the various components of the health manpower team.
In its constant search to improve the efficacy of its service to Member Governments, WHO would give the greatest attention to assisting them in the design and strengthening of their health services, and in the preparation of the right kinds of personnel—in suitable numbers and with a suitable distribution—to maximize their effectiveness. In order that there should be an increasingly sound foundation upon which to base the development of health services and of health manpower, there would be continuing and intensive assistance for the improvement of the statistical and information systems upon which all planning depended.

Assistance would be offered to the four Member countries that as yet had no organized health planning system. For the countries that already had such systems, assistance would be directed to improving their quality and effectiveness. Health planning must become a dynamic rather than a static activity, and national health plans must be formulated in increasingly close harmony with social and economic development plans, particularly in the many countries of the Region whose economic situation was changing extremely fast and for the better.

Recognizing the extent to which health services were fragmented and delivered without the effective application of modern management and administrative techniques, the Organization would give high priority to providing assistance in the rationalization of health care systems. At a WHO-sponsored seminar in Cairo in 1973, selected senior health executives from many countries of the Region had discussed the place of good management in the development and effective delivery of health services. Special courses also were being planned for senior health officials of the Region.

The effective operation of health services required not only sound data for planning, effective managerial tools, and a well prepared and balanced supply of manpower, but also the basic tools for diagnosing and measuring, on both a population and an individual basis, the existing health patterns in the community. That was the task of the laboratory services. In that connexion, Dr Taba emphasized that there was a trend in the Region towards the creation and promotion of basic national public health oriented laboratory services. Because of the fundamental role of such laboratories, that trend had been and would continue to be encouraged by the Organization by means of technical advice on their development and operation, training of personnel to man them, and assistance in providing the essential supplies and equipment to make them effective.

In the Eastern Mediterranean Region one found some of the countries of the world with the highest rates of population growth and the highest proportion of young people in their populations. Maternal, perinatal, infant, and child mortality rates unfortunately remained disturbingly high. Emphasis would therefore continue to be given to the development of family health services to attack those problems, as well as assistance in those aspects of governmental population policies having a direct bearing on the health of the population.

The Organization would also continue to give the highest priority to assisting Member governments with all aspects of health manpower development. Shortages in all categories were becoming more fully understood as additional descriptive information and better manpower data emerged. It was also increasingly accepted among the Member countries of the Region that shortage of manpower did not call simply for massive efforts to produce more of the same kinds of health personnel as had been used for decades, and even centuries, in the Region and elsewhere: a fundamental re-examination of the role of every member of the health team was under way in almost all of the Region. That very healthy reassessment, which had reached various stages in different countries, manifested itself in many ways.

In medical education, greatly promoted by the Organization during the first twenty-five years of its existence, there was a new spirit of inquiry among leading physicians, medical educators, and government authorities, who were asking themselves what kind of physician was really needed to solve the health problems of their country and how that physician could best be prepared. There would be continuing emphasis in the WHO programme on the training of medical school teachers and the promotion of an approach to the design of medical education programmes that would involve a complete reappraisal of the objectives of such education.
The activities of the Organization in educational planning would continue to be focused on the Regional Teacher Training Centre, Pahlavi University, Shiraz, and its programme of education, research, and services. Assistance would also be provided by that Regional Centre towards the creation of national training centres in several countries.

The physician of the future in the Eastern Mediterranean Region was unlikely to be an intensely clinically-oriented individual, whether generalist or specialist, preoccupied solely with the episodic care of individuals during bouts of ill health. He was likely to have a broader foundation in the social and behavioural sciences, a deeper and better understanding of community health phenomena, and a trained capacity to act as the leader of a health team, deploying a wide variety of health personnel and technical resources in a planned and logical manner. The Organization's programme of assistance would consequently emphasize the incorporation of the social and behavioural sciences into medical education as well as the continuing improvement of the traditional basic medical sciences. Because of the need to improve the facilities available as regards regional centres for postgraduate medical education, a programme of assistance at that level would be set up by WHO in several countries. Support would also be provided for the development of continuing education programmes for physicians within the Region. It was hoped thereby to reduce the "brain drain" referred to by earlier speakers, which was a serious problem for the countries of the Eastern Mediterranean Region.

However, the Organization was by no means focusing on medical education to the exclusion of the education and training of other professional and subprofessional health workers, to which it was on the contrary devoting an increasing amount of activity.

Nursing had come to be recognized as having its own professional status and special role to play in many countries of the Region and had now reached the stage where it could, like medicine, effectively examine and evaluate its own input into the health services system. An important aspect of WHO's work in nursing would be its close collaboration with leaders of the nursing profession in the planning of its programmes; such collaboration would be achieved through the work of the recently established Regional Expert Advisory Panel of Nurses. The same observations applied, by and large, to the professions of dentistry, pharmacy, and public health engineering.

At the subprofessional and auxiliary levels, assistance would be provided to help increase the absolute numbers of a variety of traditional categories of workers by means of large-scale training programmes, as well as to evolve alternative forms of training. Particular attention would be given to the preparation of various kinds of "assistants" - whether to the doctor, the dentist, or the nurse. Through shorter and more economically designed training programmes, such assistants could be taught to extend and multiply, under suitable supervision, the work of the professionals under whose leadership they served. In a number of countries new types of assistance would be provided in the form of training "front-line health workers" or "village health workers" so that the basic resources of communities themselves could be brought into play at the simplest level to tackle the large proportion of health problems and health tasks that responded to simple techniques of primary medical care applied by people with very limited education.

As in previous years, a major tool in the work of the Organization in health manpower development would be its fellowships programme, in which special attention would be given to improving the quality of educational planning and to ensuring that the studies undertaken were relevant to the precise needs of the fellows themselves as well as to the country programmes to which they would return at the end of their studies. Particular emphasis would be given to the preparation of teachers, both in subject matter and in educational planning.
The increasingly rapid changes in the morbidity and mortality patterns in all
countries of the Region were continuing, with a greater proportion of the population
tending to be affected by noncommunicable diseases such as cardiovascular, malignant,
genetic, degenerative, and mental ailments. However, a characteristic of the Region was
that, concurrent with that trend, communicable diseases still played a major role.
Programmes for their prevention, control, and surveillance must thus continue to have a
high priority in the programmes of the Organization.

In conclusion, the Organization's collaboration and coordination with other inter-
national agencies in the Region - whether bilateral or affiliated with the United Nations -
would continue, and its assistance to Member countries in the preparation of their health
programmes would be expanded. WHO would continue to help countries to identify priorities
so that their programmes could be brought to bear most effectively and most economically
where they could be expected to do the most good.

He had mentioned earlier the diversity of levels of development in the Region, which
probably contained countries with the highest per capita income in the world as well as
countries with the lowest. In addition to the assistance provided through the regular
programme and that supported by other United Nations and bilateral agencies, WHO was
trying to encourage voluntary contributions by richer countries. He and the Director-
General had already approached quite a number of the more economically fortunate countries
of the Region, and there were some prospects that certain voluntary contributions would be
forthcoming to expand WHO programmes in the Region beyond what was possible with the limited
regular funds. He hoped to be able to report next year on any additional resources and
on what kinds of programme had been made possible by those contributions.

Dr TAJELDIN (Qatar) said that the health services of Qatar depended to a great extent
on foreign manpower. Aware of the importance of training nationals in nursing and public
health, the Regional Office had sponsored the project of the Health Training Institute.
It had also helped the country to improve the quality of service in its Central Public
Health Laboratory by means of technical assistance, training of manpower, and provision of
essential supplies and equipment. Fellowships had also been granted to nationals for
study and training abroad in different fields of public health. He thanked the Regional
Director and his able staff for their continuous assistance and their complete under-
standing of his country's problems.

Dr VASSILOPOULOS (Cyprus) said that credit was due to the Regional Director for his
zeal, dynamism, leadership, and experience. Leading a competent team at the Regional
Office, with the cooperation of headquarters, Dr Taba relied on his personal understanding
of the local situation in each country of the Region, gained through useful on-the-spot
visits, to decide what the local needs were for WHO assistance and to see that the assist-
tance granted had been put to good use.

Dr AZIM (Afghanistan) said that it was self-evident that, if the world's efforts in
the field of health were to be crowned with success, it was the regional offices that had
to play the most important role. Dr Taba, with his extensive knowledge of and experience
in health programmes, continued to be a great asset to the Region, and the Afghanistan
delagation expressed great appreciation for his continued interest in health projects in
their country.

Dr CHOWDHRY (Pakistan) was grateful to the Regional Director for the able way in
which he was dealing with the very difficult and diverse problems of the Region that
stemmed, as Dr Taba had said, from social, economic, and demographic diversity.

His own country was in a very precarious balance: on the one hand it faced a multi-
tude of diverse diseases, compounded by overpopulation and malnutrition; on the other
hand it had meagre resources, mostly as regards manpower. Although every effort was being
made in Pakistan to increase the numbers of doctors, nurses, and paramedical personnel -
new medical colleges had, for example, been opened - the balance remained very delicate.
In fact, it was constantly being tipped to the negative side by the "brain drain", which
nullified the work of the donor countries.
The root cause of all those problems was the socioeconomic status of the countries of the Region and the lack of health education of the public. While efforts at disease prevention and treatment were being made, the population—except for its educated members—felt that such efforts were being thrust upon them. Even a vaccinator might be looked upon as something alien. Basic health education of the population was at its lowest ebb. It was at that problem that the country's efforts were being directed and it was for that problem also that they were requesting additional help. Moreover, assistance from WHO was needed to train teachers for the new institutions set up for different types of health personnel. He was sure that assistance would be forthcoming, consistent with the resources available.

Dr ABDALLAH (Egypt) said that the Regional Director had always provided excellent guidance in dealing with health problems and promoting health services, and had used the financial resources of the Region to the best possible advantage of the Member countries. The planned promotion of biomedical research on the diseases prevalent in the Region would surely permit the scope of activities of the Regional Office to be enlarged.

Dr KARACHI (Jordan) emphasized that the health problems of the Eastern Mediterranean Region were more complicated than those of other regions because of the state of war, which, with many deported persons and refugees, had adversely affected the Region's health situation. The governments of the Region were nevertheless doing everything they could to provide health services to the refugees, in cooperation with the Regional Office of WHO. It was for that reason that he wished to thank Dr Taba.

Dr IDRIS (Sudan) said that with rapid social and economic changes in the Region, existing problems were being aggravated and new ones were arising. The Regional Office had always given his country technical advice, guidance, and assistance, and their joint projects with the Regional Office had been progressing successfully owing to mutual understanding and joint planning.

Dr AL-WAHBI (Iraq) noted that over the years the relations between his country and Dr Taba had been cordial, friendly, and marked by the fullest cooperation.

It was gratifying to note that education and training were being given the highest priority. However, in the past few years only one-quarter to one-third of the Region's regular budget had been devoted to manpower training, and he felt that more was needed. Dr Taba's suggestion of extrabudgetary contributions by governments had presumably been made with reference to Article 50 (f) of the WHO Constitution; it was high time for the countries of the Region to cooperate as called for in that Article by supplementing the meagre funds available in the WHO budget.

Dr SHRIVASTAV (India) was deeply impressed by Dr Taba's remarks on the need to train medical and paramedical personnel in accordance with local and national needs. Such training was of significance not only for countries in the Eastern Mediterranean Region but for other developing countries in South-East Asia and elsewhere.

The subject had been receiving a great deal of attention in India. The curriculum and philosophy of both teachers and students—particularly the former, to begin with—had to be changed and the community approach to medical education must be introduced. His country had carried out several experiments along those lines. Some medical colleges were deliberately being opened in rural areas in preference to large towns and cities, for example, Sewagram Medical College which had been established in a rural area near Wardha, where Mahatma Gandhi had lived for about 30 years. The college had taken within its orbit all the towns and villages within a radius of about 30 miles; the students lived in simple surroundings, and were constantly in touch with community needs. Not only doctors but nurses and paramedical staff as well were being brought into such community involvement.
He was happy to inform the Committee that, perhaps because of those experiments, there had been an exchange of medical teachers and students at both undergraduate and postgraduate level, between universities in his country and Iran, Iraq and Afghanistan.

Dr TABA, Regional Director for the Eastern Mediterranean, was grateful to the delegates for their expressions of appreciation for the work that had been done in the Region. He in turn wished to thank the staff in the field and the Regional Office for having made possible whatever had been accomplished, and the Member countries for their close and fruitful collaboration with WHO in the Region.

2. FOURTH REPORT OF COMMITTEE A

At the invitation of the CHAIRMAN, Dr CHRISTENSEN, Secretary, read out the draft fourth report of Committee A (document A27/A/5).

Decision: The report was adopted.

The meeting rose at 12.30 p.m.