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REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

الهيئة الصحية العالمية
المكتب الاقليمي لشرق البحر الابيض المتوسط

ORGANISATION MONDIALE DE LA SANTÉ
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SUB-COMMITTEE A

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MINUTES OF THE SECOND MEETING

Held at the Palais de Congrès, Monastir, Tunisia
on Thursday, 23 September 1971, at 9.00 a.m.

CHAIRMAN: Dr.H. Morshed (Iran)

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Representatives of Member States

Government	Representative, Alternate or Adviser
AFGHANISTAN	Professor A. Omar Dr. R. Roashan
CYPRUS	Dr. V. Vassilopoulos
EGYPT	Dr. I. Badawi Dr. A.G. Khallaf Dr. E. Hellwa
ETHIOPIA	Ato A. Eshete Ato O. Sifaf
FRANCE	Mr. M. de Bonnecorse
IRAN	Dr. H. Morshed Dr. G. Soupikian Mr. A.N. Amirahmadi
IRAQ	Dr. I. Al-Nouri Dr. M. Ibrahim
JORDAN	Dr. I. Hijazi
KUWAIT	Dr. A. Refai
LEBANON	Dr. J. Anouti
LIBYA	Dr. A.M. Abdel Hadi
OMAN	Mr. S.S. Shaksy Dr. H.A. El Riyami
PAKISTAN	Admiral A.N. Ansari Dr. S. Hasan
PEOPLE'S DEMOCRATIC REPUBLIC OF YEMEN	H.E. Dr. A.A. Al-Daly Dr. A. Khalil
SAUDI ARABIA	Dr. A. El Tabba'a
SOMALIA	Mr. O.A. Hassan Dr. K.M. Sufi
SUDAN	Dr. A. Mukhtar
SYRIA	Dr. N. Ramzi Dr. D. El Chatty
TUNISIA	Dr. O. Sfar Dr. M. Bahri Dr. T. Hachicha Dr. T. Ben Cheikh Dr. A. Ghachem Mr. L. El Afi

Representatives of Member States

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YEMEN	H.E. Dr. M.K. El Aghbari

Representatives of Associate Member States

BAHRAIN	Dr. E.M. Yacoob

World Health Organization

Secretary to the Sub-Committee (ex-officio)	Dr. A.H. Taba, Regional Director
Representative of the Director-General	Mr. W.W. Furth, Assistant Director-General
Director of Health Services, EMRO	Dr. M.O. Shoib
Public Health Administrator, Malaria Eradication. EMRO	Dr. S.C. Edwards

Representatives of United Nations Organizations

UNITED NATIONS	Dr. M. Sharif Director of Health and WHO Representative UNRWA, Beirut
UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA)	Dr. M. Sharif Director of Health and WHO Representative UNRWA, Beirut

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

LEAGUE OF ARAB STATES	Dr. G. Zerikly
INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS	Dr. B. Farza
INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY	Dr. M. Ben Salem
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr. I. Nazer
LEAGUE OF RED CROSS SOCIETIES	Dr. A. Dziri

1. TECHNICAL MATTERS: Item 10 of the Agenda (continued)

(c) RECENT TRENDS IN ANTI-MALARIA PROGRAMMES IN THE EASTERN MEDITERRANEAN REGION - CONCLUSIONS DRAWN FROM PROGRAMME REVIEWS: Item 10(c) of the Agenda (Document EM/RC21/5) (continued)

Dr. MUKHTAR (Sudan) said that the subject had been extensively covered by the Regional Director's report and by previous speakers. However, he wished to emphasize two points. First, there was the problem of nomads, whose movements led to the introduction of malaria into areas free from the disease. This question needed comprehensive study. Secondly, the use of new chemicals such as abate to attack malaria in its early stages required the services of experts in his country.

Dr. AL-NOURI (Iraq) congratulated the Regional Director and Dr. Edwards on the background document. He said that malathion and other new chemicals had been successfully used to control malaria in the southern part of Iraq, where the vectors had developed resistance to DDT. It was still possible to use DDT in the west and north, but resistance problems were arising there as well and use was being made of carbamate (OMS-33) and malathion. The allocations for malaria eradication would be increased in 1972. He expressed his gratitude to WHO and UNICEF for the assistance they were providing.

Dr. REFAI (Kuwait) congratulated the Regional Director and Dr. Edwards on the comprehensive study they had presented. He said his own country was not infected, but several cases of malaria had been imported from neighbouring areas. He pointed out that there was no reference in the report to the development of resistance by Plasmodium falciparum to chemicals such as chloroquine.

Dr. SUFI (Somalia) said that blood slides examined during the last twelve months had shown that the course of malaria in Somalia was following the same trend as in previous years. The disease was hyperendemic along rivers in the south, and transmission was increased during the two rainy seasons. Of nearly 7 000 cases confirmed in 1970, over 5 700 (85 per cent)

had occurred in the south. Of these, more than 4 300 were recorded during the months of June, July and August.

The peak in incidence expected in December 1970 and January 1971 had been partially curbed by spraying operations in October and November 1970. Steps were being taken to ensure timely spraying in April of each year. Endemicity in the central and eastern regions continued to be low, but past experience showed that epidemics could still occur after prolonged rains. Efforts were being made to increase the funds available for malaria eradication, in particular for insecticides.

The training of staff had been intensified, and more personnel were now engaged in slide-taking, diagnosis and treatment. There would soon be sufficient to provide reasonable coverage of the population, and a more reliable picture of the epidemiological situation should be obtained in 1972.

Dr. RAMZI (Syria), referring to a statement in the report, said that in his view a country that had not yet started or had only recently started malaria eradication should give priority to the establishment of basic health services and proceed with malaria eradication later. They should not repeat the mistake made by other countries of starting limited malaria eradication campaigns not backed up by adequate basic health services.

Countries where malaria eradication services already existed should now consider integrating them with the basic health services. Governments were complaining at the continuing cost of separate malaria eradication programmes.

Dr. BADAWI (Egypt) said that the principal aspects of malaria eradication activities in Egypt were spraying operations, efforts to deal with vector resistance to insecticides, and treatment. There were a large number of malaria units in rural areas to detect cases and to provide treatment. The development by certain vectors of resistance to DDT was a serious problem and further research was being conducted into modern insecticides. Despite the development of resistance to DDT by An. gambiae

in Sudan, no cases of malaria had been detected in the Aswan Governorate. Egypt had an agreement with Sudan concerning the eradication of An. gambiae. Malaria eradication programmes in Egypt were conducted within the framework of the basic health services and constituted one of the principal aspects of the health plan.

Dr. EDWARDS (Secretariat), referring to the points raised by the representative of Tunisia, said he had arranged to discuss these matters privately with him.

Replying to the question put by Dr. Refai, he said there was no recorded instance in the Region of the development of resistance to chloroquine by Plasmodium falciparum.

To substantiate the Regional Director's statement concerning the regular allocation to the malaria budget, he pointed out that the number of eradication projects would be reduced from 14 to 11 in 1972, which meant that the average allocation would rise from $ 100 000 to $ 130 000. In addition, the malaria eradication special account had become very depleted, which meant an extra burden on the EMR Regional budget.

Dr. Vassilopoulos had mentioned the field trials with abate being conducted in Cyprus, and this experience would prove very useful in Sudan.

The CHAIRMAN invited the Sub-Committee to consider the following draft resolution:

"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;

Realizing that by the end of 1970 ninety-three 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 populations 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 programmes 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 multidisciplinary 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 programme 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;

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

Dr. RAMZI (Syria) said that the draft resolution should contain a reference to the integration of malaria eradication with the basic health services as appropriate.

The REGIONAL DIRECTOR said that the extension of basic health services was dealt with at length in the report. He could see no objection to the addition of a new sub-section to operative paragraph 4 along the following lines:

"(c) to extend or develop basic health services as extensively as possible so as to integrate them with the malaria eradication programmes;"

Mr. ESHETE (Ethiopia) said that the question of timing was of great importance in integration. This was a controversial issue. The basic health services were pressing for integration, by which they meant the annexation of the malaria eradication services.

The REGIONAL DIRECTOR agreed that timing was extremely important. At the previous meeting the representative of Tunisia had stressed the importance of not losing hard-won ground through premature integration. The idea that should be expressed in the draft resolution was that measures should be taken now to extend and expand basic health services so that integration would eventually become feasible.

Admiral ANSARI (Pakistan) said it was generally accepted that integration would take place sooner or later. However, to recommend integration at this stage might hamper work to eradicate malaria.

Mr. ESHETE (Ethiopia) said he agreed with the representative of Pakistan that a reference to integration should not be included in the draft resolution.

Dr. RAMZI (Syria) said there would be no harm in referring to the concept of integration, without demanding action at this stage. The resolution should merely call upon Governments to strengthen their basic health services so that integration would be feasible in the future.

Dr. EDWARDS (Secretariat) agreed with the viewpoint of the representative of Syria. He said that integration, which had been discussed extensively in the working document, should be kept before the minds of planners. It was time to think seriously about the best mechanism for achieving integration, especially in view of the failures where it had already been tried. He felt the draft resolution should recommend that planning begin at once.

Admiral ANSARI (Pakistan) said that in some instances early integration was being urged in countries that were not yet ready for this. A reference to integration would weaken rather than strengthen the draft resolution.

The REGIONAL DIRECTOR suggested that the following sub-section be added to operative paragraph 4:

"(c) expand and develop basic health services to enable them to take over the maintenance work when technically and administratively feasible;"

The CHAIRMAN invited the Sub-Committee to approve the draft resolution, as amended by the Regional Director.

Decision: The draft resolution was adopted as amended.

(d) OCCUPATIONAL HEALTH PROGRAMMES: Item 10(d) of the Agenda (Document EM/RC21/6)

Dr. SHOIB (Secretariat), introducing the document, said it was not the Regional Director's intention to prescribe a pattern of occupational health programmes to be adopted by all countries of the Region. Each country would have to decide in the light of circumstances what action was appropriate. It was also not the intention to indicate ways and means by which difficulties in programmes should be dealt with, since this would require exhaustive on-the-spot enquiries.

He said the report highlighted three important basic facts. First of all, the time was now ripe for countries in the Region to initiate services for the protection of the gainfully employed, in view of rapid industrial development. In the long run this would prove cheaper than to institute

corrective measures after the event. In the second place, experience in developing countries showed that occupational health services were most effective when integrated in the general community health programmes. It would be better to expand existing health programmes to include occupational health rather than to develop new and separate structures for occupational health. Thirdly, there was a need for better co-ordination, both at national level between government departments concerned with occupational health and at international level between international organizations and agencies.

He summarized the working document, bringing out the salient points. He stressed that, in keeping with the objectives of WHO as stated in the Constitution, the Organization was concerned with the total health of the workers, not merely with occupational diseases. Special facilities were needed to protect and promote the health of the gainfully employed. The interest of management and workers in this field should be aroused and research should be promoted.

Success in occupational health programmes was largely dependent upon teamwork between the various professions concerned, both in government and in industry. The report made three important points concerning the pattern of health services. First, a special unit should be set up at national level with responsibility for the planning, execution and technical supervision of occupational health programmes. Secondly, governments should consider adding occupational health to the functions of health services at both intermediate and local level. Thirdly, direct day-to-day services for workers, including physical examinations, monitoring of the working environment, health education and nutritional programmes, should be provided by arrangement with employers.

He said he had recently participated in a consultation on occupational health in Geneva, and the Group's viewpoint had been identical with that expressed in the Regional Director's report. Finally, he stressed that the Regional Director was prepared, within the limits of the regional budget and contributions from UNDP, to expand the programme in occupational health in response to requests from the countries of the Region.

Dr. GHACHEM (Tunisia) congratulated the Regional Director on the excellent document submitted to the Sub-Committee. In view of the importance of occupational health, he regretted that this was not one of the major items for discussion by the Sub-Committee and recommended that it should be selected as the topic for the Technical Discussions in 1972. Because of increasing industrialization, projects in occupational health were becoming extremely important and should receive the full attention of all public health administrations in the Region.

He then enumerated a number of basic principles for occupational health programmes. Productivity and health were synonymous, and if countries were to industrialize without the sacrifice of human lives they would have to pay far more attention to the protection and promotion of the health of workers. Health was indivisible and indispensable. Before an occupational health programme was instituted, an inventory should be made of the problems faced and the resources available. Programmes should be initiated for the promotion of health education, for improving the nutrition of workers, and for the rehabilitation of handicapped workers. Action should be planned on the basis of clearly defined objectives. Qualified personnel familiar with the disciplines of occupational health must be available. Legislation concerning occupational health must be standardized. There must be close co-operation between those responsible for occupational health programmes. Finally, assistance must be available from international organizations such as WHO with regard to the training of supervisory personnel and the provision of technical equipment.

These principles had been adopted as the basis for the organization of occupational health programmes in Tunisia. Since the country became independent in 1956 compulsory occupational health programmes had been instituted and appropriate legislation had been adopted. At present 210 programmes were under way, but even so efforts had not kept pace with the tremendous increase in industrial development, due largely to the shortage of qualified personnel and technical equipment. The Ministry of Public Health

was now implementing a national occupational health programme, by stages, to cater for the most urgent needs. The programme was in two parts. At the national level there was a central unit responsible for planning and implementing the programme as a whole. At the regional level there was a network of units providing preventive care specifically for workers.

Dr. VASSILOPOULOS (Cyprus) said that the document submitted by the Regional Director was excellent. He stressed that it was the duty of each government to plan programmes and take all appropriate measures, including the introduction of legislation, to protect the health of the working population. This was the most important section of the population and also constituted a high-risk group.

He had prepared a written statement on the subject, and said he would not read it due to lack of time, but requested its inclusion in the final minutes of the session.

The statement said that occupational health, as defined by the ILO/WHO Committee, embraced not only health problems related to work and the working environment but also the total health problems of the worker. The working environment accounted for only 5 to 10 per cent of absenteeism from work, while 90 per cent was caused by pathological conditions not specifically related to the job.

The approach to health should account for all epidemiological and environmental factors; occupational health should go beyond prevention of accidents and occupational diseases and become oriented to a total health approach.

Experience in developed countries had shown that measures for protection and promotion of the health of the worker could only be planned effectively and economically when integrated in the general health services.

In most countries of the Region services concentrated on "factory inspection" by the labour authorities while laboratory facilities and field equipment were lacking for that assessment and control of the working environment needed to deal effectively and scientifically with environmental hazards. Many health authorities were not aware of the scope of their role and confined themselves to giving curative services.

Main deficiencies observed in small- and medium-sized industrial plants in the Region were overcrowding, poor sanitary conditions, lack of washing and waste disposal facilities, ineffective or non-existent exhaust ventilation, inadequate medical records and health services poorly staffed by personnel rarely qualified in occupational health.

Since the labour force was the central factor in any development programme and the health of the worker's family reflected on the health and productivity of the worker himself, health authorities should participate in the development of labour codes to protect the health and safety of the worker, the preparation of factory legislation, control of the working environment, control of employment of women and youths, placement of workers in occupations physiologically and psychologically suitable and training of occupational health personnel.

Integration of occupational health in the general health services was necessary to avoid wastage of professional personnel and the duplication of effort and confusion of responsibilities which might arise from trying to create a new and separate structure for occupational health services.

Dr. ROASHAN (Afghanistan) said that since workers were the chief source of a nation's wealth the importance of their health was self-evident. The document submitted by the Secretariat covered practically every aspect of occupational health. He drew attention to the difficulties experienced by many countries in launching occupational health programmes, particularly in the absence of appropriate legislation. He agreed with the suggestion in the document that countries should extend existing public health programmes into the field of occupational health rather than build up a completely new structure.

Dr. HELLWA (Egypt) said that the objectives of occupational health programmes were essentially to determine whether working conditions were harmful to the health of workers, to prevent any harmful effects, and to promote the maximum health and well-being of workers.

The changing emphasis of occupational health programmes, which originally were organized solely for the treatment on occupational injuries, reflected the growing interest in preventive medicine. It was important

to stress that the approach to man's health was indivisible and should take into account all epidemiological and environmental factors, including the working environment. His delegation favoured the integration of occupational health programmes in the basic health services.

Summarizing the situation in Egypt, he said that the Ministry of Health had a specialized unit for occupational health, which engaged in planning occupational health programmes, in organizing field studies and training programmes, and in providing advisory and statistical services. The Ministry of Labour was responsible for the enforcement of labour laws. In co-ordination with the social insurance authorities, periodic inspections of industrial establishments were undertaken. The social insurance authorities provided periodic examinations of workers, enforced the social insurance laws, and provided workers with employment injury insurance, health insurance, unemployment insurance and old age and disability insurance. Occupational health services at plant level included medical programmes both inside and outside the factory and the organization of safety committees.

Dr. ANOUTI (Lebanon) congratulated Dr. Shoib on his presentation of the topic. He said that many developing countries in the Region wrongly believed that because they were not yet industrialized occupational health was of little importance. If they did not make preparations in good time, however, they would experience great difficulty as industry developed. Occupational health should be given due emphasis in all future health programmes.

The CHAIRMAN invited the Sub-Committee to consider the following draft resolution:

"The Sub-Committee,

Having considered the document submitted by Regional Director on the subject of Occupational Health Programmes;

Recalling resolution EM/RC16/R.6 on the Health Aspects of Industrialization;

Considering that national health and national wealth are inevitably interwoven and 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;

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."

Decision: The draft resolution was adopted.

(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: Item 10(e) of the Agenda

Dr. BAHRI (Tunisia) said that he would present a broad outline of this important research programme carried out in Tunisia by a multidisciplinary team. The project had begun in the field in December 1968 and the collection of data had been concluded in December 1969. The preliminary analysis of the data had been finished in May 1971.

The underlying idea of the project had been that it would be interesting to reverse the usual procedure and study the users of medical services - i.e., the population - in order to find out how they made use of the existing health services in a developing country and to discover the conditions that would permit optimum utilization of these services by a given population. A second purpose of the study had been to develop techniques that would permit the investigation of the utilization of health services in a given population in the countries of the Region, since no such methods were available. It had been felt that it was of the utmost importance to develop methods that would be within the financial abilities of the countries of the Region.

The region of Nabeul had been selected for the study because one found in this Governorate different types of users of public health services: urban, semi-urban, rural, semi-rural, and even nomadic users. He would not discuss the project in detail, but would limit himself to outlining the conclusions that had been reached. These could be grouped according to (1) the methods used and (2) the substantive results.

With respect to methodology, the conclusions had been as follows:

1. It was possible to study the utilization of health services in the countries of the Region with limited financial means and with a multidisciplinary team.

2. Several different methods were necessary for such studies, including the use of medical records and questionnaires.

3. Information obtained by these methods was of great value for health planning in any region.

Any study of the utilization of health services was only a part of the wider field of public health, which more and more was becoming a matter for long-term planning. The study had emphasized the opportunity of developing information systems at the local, regional and national levels that would be of great assistance to administrators and planners by giving them a sound technical basis for action and by justifying such action financially and from the humanitarian point of view.

With respect to the substantive conclusions of the study, the most interesting were as follows:

1. The determining factor in the utilization of health services was the level of care that is provided, which was of higher quality in the towns.

2. Concerning the types of use of health services, three general observations could be made: (a) health services seemed to operate essentially as departments visited only once by a given patient; (b) rural units seemed to be under-used, and met only part of the needs of the population, although rural populations had greater need for health care (the solution, in his opinion, was to integrate the basic health services in rural areas, with particular attention to prevention, health education, and periodic domiciliary visits); and (c) the continuity of curative and, above all, preventive services was an essential condition if a population was to make better use of the health services provided to it.

A final report on the project would be prepared by the WHO team that had done the work.

The REGIONAL DIRECTOR informed the Sub-Committee that the report would be distributed to all members in due course.

Professor OMAR (Afghanistan) noted that many participants had spoken of the need for integration of basic health services. However, this was a goal that one did not quite know how to achieve. Would it be possible to hold an Expert Committee at the Regional level or at Headquarters to study this problem and to make recommendations?

Dr. KHALLAF (Egypt) said that it was very important that the conclusions drawn from this survey be studied in detail. To render the results of wider applicability he would like to see comparable studies undertaken in other parts of the Region.

Dr. HIJAZI (Jordan), noting that there had been some discussion of the integration of malaria eradication programmes into basic health services, said that he would also like to see anti-tuberculosis programmes so integrated.

Mr. HASSAN (Somalia) said that the prevailing view was that better educated populations would make greater use of health services. He suggested that another study be undertaken to see whether nomads used health services to the same extent as those who lived in more settled agricultural communities.

Dr. ABDEL HADI (Libya) said that in his opinion technical matters formed one of the most important areas for discussion by the Sub-Committee. He felt that their discussion of such matters had been somewhat rushed and hoped that the Regional Office would in future arrange the Agenda in such a way as to permit a more complete examination of these important matters.

The REGIONAL DIRECTOR replied that Dr. Abdel Hadi had raised a point that was important in all meetings. He thought that all Members had had an opportunity to discuss matters fully, but the point would certainly be borne in mind in arranging future sessions.

The meeting rose at 11.30 a.m.