WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

الهيئة الصحية العالمية
المكتب الاقليمي لشرق البحر الابيض المتوسط

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU REGIONAL DE LA MEDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Twenty-second Session

SUB-COMMITTEE A

Sub-Division on Programme

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# MINUTES OF THE FIRST MEETING

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CHAIRMAN: Dr H. H. Jalloul (Lebanon)

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Representatives of Member States

| Government | Representative, Alternate or Adviser |
|---|---|
| AFGHANISTAN | Professor A. Khoshbeen |
| BAHRAIN | Dr I. Yakub |
| CYPRUS | Dr J. Christodoulides<br>Dr M. Constantinides |
| EGYPT | Dr A. G. Khallaf<br>Dr F. El-Marsafawi<br>Dr M. El Nomrossy<br>Engineer A. Z. Rageh |
| ETHIOPIA | Dr W. K. Mariam<br>Ato O. Sifaf |
| FRANCE | Dr J. R. G. Voelckel |
| IRAN | H.E. Dr M. H. Morshed<br>Dr N. M. Fakhar<br>Mr A. N. Amir-Ahmadi |
| IRAQ | Dr A. W. Al-Mufti<br>Dr N. A. Hamid |
| JORDAN | Dr A. Nabilsi<br>Dr T. Karadshy<br>Dr K. Shami<br>Dr R. Rashdan<br>Dr H. Pharaon |
| KUWAIT | Dr A. Al-Rifai |
| LEBANON | Dr H. H. Jalloul |
| OMAN | Dr M. Hussain Khamis<br>Dr G. Sami |
| PAKISTAN | Surgeon Rear-Admiral A. N. Ansari<br>Dr S. Hasan |
| QATAR | Mr M. G. Al-Fain<br>Dr S. Tajeldin |

Representatives of Member States (cont'd.)

| Government | Representative, Alternate or Adviser |
|---|---|
| SAUDI ARABIA | Dr H. El Dabbagh<br>Mr N. H. Koutob |
| SOMALIA | Mr O. A. Hassan |
| SUDAN | Dr A. Mukhtar |
| SYRIAN ARAB REPUBLIC | Dr M. A. Al-Yafi<br>Dr M. Y. Miftah |
| TUNISIA | Dr O. Sfar<br>Mr L. El Afi |
| UNITED ARAB EMIRATES | Dr J. K. Abul Houl<br>Dr F. Ahmad |
| YEMEN | Mr M. H. El Khawy<br>Mr I. Y. El Iriani |

World Health Organization

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|---|---|
| Secretary to the Sub-Committee (ex-officio) | Dr A. H. Taba, Regional Director |
| Director of Health Services, EMRO | Dr M. O. Shoib |
| Chief, Administration and Finance, EMRO | Mr E. D. Brooks |
| Regional Adviser, Organization of Medical Care, EMRO | Dr D. Verdugo |

Representatives of United Nations Organizations

| | |
|---|---|
| UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) | Mr M. O. Yassein |
| UNITED NATIONS CHILDREN'S FUND (UNICEF) | Mr R. Zohny Qebeiwey |
| UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA) | Dr M. Sharif |

Representatives of United Nations Organizations (cont'd.)

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|---|---|
| FOOD AND AGRICULTURE ORGANIZATION (FAO) | Mr J. Mualla |
| INTERNATIONAL LABOUR ORGANIZATION (ILO) | Mr R. Riesbeck |

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

| | |
|---|---|
| INTERNATIONAL COMMITTEE ON MILITARY MEDICINE AND PHARMACY | Brigadier General Dr I. Sankari |
| INTERNATIONAL COUNCIL OF NURSES | Mrs N. Tantash |
| INTERNATIONAL DENTAL FEDERATION | Dr W. Maraka |
| INTERNATIONAL PLANNED PARENTHOOD FEDERATION | Dr I. Nazer |
| LEAGUE OF RED CROSS SOCIETIES | Dr G. Goussous |

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1973 FOR THE EASTERN MEDITERRANEAN REGION: Item 8 of the Agenda (Document EM/RC22/3)

The REGIONAL DIRECTOR, introducing the Proposed Programme and Budget Estimates for 1974 (document EM/RC22/3) referred to the main task of the Sub-Division, which was to review the regular programme and budget proposals for 1974, which had been drawn up in close consultation with individual governments, taking into account the policies and priorities laid down by the World Health Assemblies and the Regional Committees. The Sub-Division's basic task was to review, advise on and amend the proposals, if necessary, in order that they be transmitted to the Director-General for incorporation into the global WHO budget.

He pointed out that a summary of the Budget appeared on pages XIV - XVIII of the document. The presentation of the document followed the pattern of previous years.

He directed attention to the fact that, as a result of the new system of country programming by UNDP, the figures for funds from UNDP and other sources were subject to change, even for 1972, except when marked with an asterisk. The UNDP estimates included continuing and new projects that had been requested or were expected to be requested by governments.

In the column for the Regular Budget, the figures for 1972 were based on expenditures incurred through 30 April 1972. The 1973 figures showed slight changes from the programme approved by the World Health Assembly, in line with subsequent consultations with governments.

The regular programme for 1974 was based tentatively on an allocation of $10 889 000 for all purposes, including meetings of the Regional Committee, the upkeep of the Regional Office, and field activities, an increase of 8.7% over the revised programme for 1973. Virtually, nearly all this increase (96.38%) was directed towards the strengthening of field activities.

He noted that projects under funds-in-trust arrangements whereby the recipient country was responsible for the entire project costs, were being phased out as the countries themselves assumed responsibility. A number of countries anticipated receiving assistance from the United Nations Fund for Population Activities for projects (marked UNFPA) in the fields of maternal and child health or family planning. Such figures were also tentative unless marked with an asterisk. The UNICEF column was based on the latest information available from that organization.

The figures in the annexes were tentative and depended on the availability of funds from WHO's special accounts. The "green pages" in Annex VII listed projects that could not be included in the Budget for lack of funds, but would be given priority as and when funds became available.

The first consideration in distributing the projects in the Programme had been the needs of countries, not their size or population. However, each country had a WHO programme and increases in the Budget would be distributed equitably according to the needs.

The proposals for the Regional Office and for Regional Advisers appeared on pages 1-10 of the document. No increases in Regional Office staff were contemplated for 1973 or 1974, the total number of posts remaining at 98. The only change among the 48 established posts under the Regional Advisers column was that in 1974 the malaria epidemiologist would be replaced by an adviser on occupational health.

One additional WHO Representative and one secretary would be recruited for 1973 and 1974. Some posts were shown on pages 11-14, while others, particularly where Representatives also served as public health advisers, appeared under the individual countries within the field activities. With the present trend towards decentralization to country level, more WHO Representatives might be required.

The country programmes under the regular budget had been discussed at length with governments on various occasions including visits by himself and the Regional Advisers to the countries concerned or during constitutional and other meetings, as well as with the WHO Representatives in the countries. He therefore suggested that the Sub-Division confine itself to comments of a general nature on that section of the Proposed Programme. Nevertheless, his collaborators and himself were available for any further programme discussions with individual delegations. He would particularly welcome the Sub-Division's views on the inter-country programme on pages 330-382, which was intended for the benefit of all countries of the Region. It contained a wide variety of projects including training courses, seminars, and advisory services, planned in line with the Region's needs as the Regional Office saw them. He would be glad to receive invitations from countries that felt they could offer technical and administrative facilities to host any meeting including the availability of possible field trips of relevance to the subject under discussion.

Referring briefly to some of the inter-country programme proposals, he noted that project EMRO 1001, Epidemiological Services, contained a provision of $42 000 for emergency advisory services and supplies and equipment in that field to assist countries meet emergencies such as natural disasters, floods, earthquakes, but mainly any possible resulting epidemics.

Project EMRO 3301, Seminar on Pollution of Human Environment, an important meeting that would take place in 1974 to give the opportunity to responsible officials to exchange information on the causes of the deterioration of the environment, the methods for prevention of pollution and recommended solutions for the improvement of environmental conditions. Under EMRO 4701, Radiological Health, the University of Teheran would organize regional courses leading to an M.Sc. in radiation health, these courses being open to all countries of the Region. Another important project was the proposed training course on vaccine and antiserum control (project EMRO 1302) which has the objective of training national personnel in techniques and methods of quality control of vaccine and sera for improving their safety, identity and efficiency.

He drew attention to Project EMRO 3601, Public Health Aspects of the Hygiene of Food under Storage, in view of the great quantities of foodstuffs spoilt or damaged each year in countries of the Region through faulty building designs, ventilation, storage facilities and inadequate control of vermin. Particular importance was attached to project EMRO 4003, Seminar on Modern Management Approach in Basic Health Services, which he hoped would be attended by Ministers of Health and senior public health administrators with a view to assisting them to increase the effectivensss of services and improve utilization of resources available to them.

Project EMRO 4004, Seminar on Health Problems of Nomads, was of special interest to a number of countries. A consultant had already visited a number of countries of the Region and prepared a preliminary report as a background paper for the Seminar. A valuable exchange of views was anticipated under the proposed seminar on coordination of medical care services of ministries of health and social security institutions (project EMRO 4304). Project EMRO 4402, Third Regional Nursing Seminar,

to be held in 1974, would follow the seminar held in Cyprus in 1970. Family health projects included EMRO 5101, Seminar on School Health Services, and EMRO 5102, Workshop on the Provision of Health Services for the Pre-school Child.

WHO's education programme continued with project EMRO 5603, Seminar on Nutrition Teaching in Schools of Medicine and other Health Training Institutions, and EMRO 5502, Special Group Meeting on Dental Education. This Special Group Meeting, to be convened in Baghdad in December 1972, would enable deans of dental schools to discuss dental education in the Region and to recommend appropriate programmes for education and training of dental health personnel.

The location of the 1973 Seminar on Organization of Mental Health Services (EMRO 5401) had not yet been decided and invitations would be welcomed. Project EMRO 5404, Seminar on Mental Health Education in Nursing and Paramedical Education, followed an earlier seminar on the teaching of psychiatry in medical education.

The Seminar on the Prevention of Major Cardiovascular Diseases (EMRO 8202) would meet at Teheran in December 1972. The Group Meeting on Architecture for Medical Schools and Teaching Facilities (EMRO 4303) had been planned for 1974 in the light of the Sub-Committee's discussions at its previous session.

Project EMRO 6004, Evaluation of the Fellowships Programme, a subject that would be discussed in the Technical Discussions during the present Session, was a continuing process carried out every other year. It was proposed to increase the strength of EMRO 6201, Medical Education, in 1973 by adding a scientist (basic sciences education) and in 1974 by adding another scientist (educational technology) who would particularly assist with the use of audio-visual aids, which were rapidly gaining prominence in teaching. Under this same activity, a sum of $40 000 would

be available in 1974 to all countries for provision of teaching materials. The project also provided fellowships for medical educators. Project EMRO 6202, Exchange of Professors and Scientific Workers, was proving successful and he hoped that more countries would bear its possibilities in mind.

Further assistance to medical education in the Region was being given through project EMRO 6203, Training Centres in Educational Science and Medical Pedagogy. Support for this regional teacher training centre in Shiraz would continue, and assistance could also be given to other national training centres to be established by countries of the Region. The 1973 Workshop on Research in Medical Education (EMRO 6204) had been planned on the recommendation of a Medical Education Group Meeting held in Alexandria in 1972. Projects EMRO 4901, Medical Records and Statistical Documentation Advisory Services, and EMRO 4902, Seminar on Vital and Health Statistics (to be held in Damascus later in September 1972) were designed to help countries in fields in which the Region was still generally weak.

In conclusion, he informed the Sub-Division that in future years, at the request of the World Health Assembly, the document would include a short introduction on each country in the country projects section outlining the national health programme, areas of priority where WHO's assistance had been given and the outcome of this assistance and the present needs.

The CHAIRMAN thanked the Regional Director for his very lucid introduction.

Dr AL-RIFAI (Kuwait) drew attention to the reduction in the amount allocated to tuberculosis, and enquired if that reduction reflected the epidemiological situation. He also asked for an explanation of the fall in allocations for family health.

Mr HASSAN (Somalia) pointed out that the inter-country programme did not mention water supply, which he felt should receive more funds. The subject was important to the Region and had been discussed by the World Health Assembly at its last session.

Secondly, the number of health institutes in the Region was increasing yearly and he felt that assistance under project EMRO 4001 should rise accordingly.

The REGIONAL DIRECTOR, replying to Dr Al-Rifai, said that while the problem of tuberculosis persisted, WHO's assistance was decreasing as countries assumed control of their own programmes with only occasional assistance by way of consultant services and some supply items. Indeed, it might even be possible to abolish the post of the regional adviser on tuberculosis. Had it not been for the smallpox and malaria programmes, total assistance for communicable diseases would have shown a substantial decline. In the field of family health, more projects would be added as UNPFA was able to indicate what funds it had available. In any case, only a small part of UNPFA's assistance for family health was administered by WHO.

Referring to Mr Hassan's comments, he pointed out that many water supply projects were included, not in the inter-country programme, but in individual country programmes. WHO was helping many countries in large-scale community water supply projects financed by UNDP, the World Bank and IDA, or bilateral assistance. Drainage and waste disposal projects were also being financed by UNDP and such other sources. Mr Hassan's second point would be borne in mind when the Programme was revised and the allocation for this project would be increased appropriately.

Dr HASAN (Pakistan) said that under its new Revolutionary Government, his country was planning its economic and social development afresh, and would like to discuss a number of changes in its programme with the Regional Director.

He questioned the reduction in allocations for malaria eradication and tuberculosis. Many of the inter-country programmes were extremely useful but unfortunately the funds allocated to them were very meagre.

He was grateful for the Regional Director's assurance to Mr Hassan regarding assistance to health institutes in the Region. He felt that project EMRO TE.01, Medical Literature, and the proposed project on pharmacy and medical stores needed more funds. His country had recently promulgated legislation permitting drugs to be manufactured and sold only under their generic names and requiring improved quality control. Pakistan had a country project in that field, but the inter-country project would also be useful.

He wondered what the procedure was for releasing funds for supplies and equipment under project EMRO 1001, Epidemiological Services, since his country had met difficulties in obtaining assistance for refugees. He expressed interest in project EMRO 5605, Promotion of Weaning Foods, a field in which WHO's activities should be closely coordinated with those of FAO.

The REGIONAL DIRECTOR, in response to Dr Hasan, reiterated that the total expenditure on communicable diseases had not been reduced; the programme for tuberculosis and malaria was still sizeable, but for other diseases was declining as countries met their needs from their own resources.

As regards the inter-country project for epidemiological services, WHO had assisted a number of countries in 1971 and 1972, mainly in connexion with outbreaks of cholera El Tor. Some assistance had been provided in East Pakistan before other relief

agencies had stepped in. WHO had also given some help with refugees in West Pakistan. However, agencies such as the Office of the United Nations High Commissioner for Refugees and the United Nations itself and the Red Cross were better equipped to deal with refugees. The project was actually intended for the prevention of epidemics.

Dr KHALLAF (Egypt) noted with satisfaction that the number of country projects for 1974 had been reduced. The more limited the number and duration of programmes, the better were the results. The average cost of the 250 projects to be financed by WHO and outside sources in 1974 was about $45 000. By limiting the number of projects they requested, countries could obtain benefits of greater value.

He would like the Regional Office to carry out a feasibility study on the establishment of regional training centres for auxiliary health workers particularly for nurses and technicians, and to examine the possibility of setting up regional medical libraries for the use of all countries.

He pointed out that most of the inter-country projects were for seminars and training courses. If the funds were used to establish permanent training centres, particularly for advanced training, the benefit to the Region would be greater.

The inter-country programme as it stood required a large number of advisers and other staff, who accounted for some 62% of all expenditure on the programme. Again, the same sum invested in permanent facilities would yield greater benefits.

The REGIONAL DIRECTOR entirely agreed with Dr Khallaf's remarks. It was recognized that a large number of small projects tended to be ineffectual, and the present trend was towards fewer and bigger projects, although over a longer period. He fully recognized the need for training centres. The inter-country

programme contained a number of training courses, which were established at present at "centres of excellence" in the Region. He would see how that aspect of WHO's work could be expanded.

A project for the establishment of regional medical libraries was now being studied. Preliminary indications suggested that one library on the Asian side of the Region and one on the African side might be feasible. However, since the factors involved were numerous a consultant would visit libraries in the Region shortly to investigate the matter further.

Dr MORSHED (Iran) commended the Regional Director for his budget. Of the increase requested, approximately 97% would be used for field activities. He fully supported the establishment of Regional Centres but asked WHO to take greater advantage of the institutions that already existed. As he had mentioned before, the institutions in Iran and their medical libraries were always at the disposal of WHO.

The REGIONAL DIRECTOR thanked Dr Morshed for his offer and confirmed that WHO would always try to utilize existing institutions, keeping in mind the desirability of not having too many in any one country.

Dr KHALLAF (Egypt) expressed the view that, when new WHO Representatives were appointed, priority should be given to the least developed countries in the Region.

Mr HASSAN (Somalia) added the proviso that Representatives should not confine themselves to coordination but should have expertise in a particular field of public health.

Dr MUKHTAR (Sudan) remarked that practical experience in his country had demonstrated the benefits of the services of a WHO Representative. He believed that the proposal was a valuable one and wholeheartedly supported it.

. The CHAIRMAN, summing up the discussion, said that, in appointing Representatives to undertake coordination activities, the priority of countries with underdeveloped health services should be taken into consideration.

The REGIONAL DIRECTOR pointed out that theappointment of a Representative to a given country did not imply that the health services of that country were underdeveloped. Representatives were also appointed in large countries in which there was a great deal of work involving coordination. The main duty of a Representative was to act as a public health adviser, and if he was not to be used in that capacity it might not be desirable to appoint him.

It seemed to be generally agreed that more WHO Representatives should be appointed in countries having major programmes. Other United Nations agencies had been following the same trend. There were advantages in having a key coordinator on the spot.

The CHAIRMAN called attention to the following draft resolution:

"The Sub-Committee,

Having examined and considered the Proposed Programme and Budget Estimates submitted by the Regional Director for the year 1974, and having reviewed the revised 1973 Programme and Budget Estimates[1];

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

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[1] Document EM/RC22/3

2. ENDORSES the Proposed Programme and Budget Estimates for 1974 under the Regular Budget and the various special accounts and funds;

3. AGREES to the modifications to the 1973 Programme and Budget Estimates arising from changes in needs and priorities of individual Member Governments;

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

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

Decision: The Resolution was adopted.

2. HOSPITAL PLANNING WITH REFERENCE TO BED REQUIREMENTS: Item 9 of the Agenda (Document EM/RC22/4)

Dr VERDUGO-BINIMELIS, Regional Adviser on Organization of Medical Care, introducing the item, said that the building of a hospital was a tremendous responsibility, not only because of its social consequences but because of its great cost. A hospital was not an isolated institution but formed part of a system that included other hospitals and health centres. From the very beginning it was necessary to set up an interdisciplinary team comprising health and financial experts, architects and engineers. This team would have overall responsibility for planning and would study every department in turn, defining the functions of each and deciding who would carry out those functions and with what equipment. Only when this process had been completed would the architect design the hospital. The aim would be to achieve the highest possible quality of medical care for the lowest investment.

The medical or functional programme was the basic study to assess the needs of the community in hospital care as well as the resources available. It indicated the requirements to be translated into an architectural programme and ultimately into a hospital building. It was useful to compare the different stages of hospital planning with the steps taken in the treatment of a patient - first descriptive stage or diagnosis, then predictive stage or prognosis, and finally prescription stage or treatment. That sequence corresponded to the various phases of hospital planning and construction.

In the descriptive stage it was necessary to analyze the following:

(a) Resources: material, manpower and money (the three "Ms");

(b) Statistics: vital statistics, health statistics and diseases prevalent in the area as well as hospital utilization statistics;

(c) Miscellaneous: goegraphy and climate, soil, roads and communications, etc.

Such an assessment might show that it would be better perhaps to try and modify an existing hospital rather than build a new one. Such a modification leading towards improvement of the existing services might result in reducing the average length of stay for 20 days to 10 days, thus effectively doubling the capacity of the hospital.

In the predictive stage the following must be studied:

(a) The population structure and its projection in the area being served;

(b) Socio-economic factors including any foreseeable changes such as those resulting from development of new industries;

(c) Demographic factors.

Based on the previous stages, the "treatment of the situation" in the prescriptive stage was given in terms of:

(a) number of beds required;

(b) types and distribution of services to be provided;

(c) priorities.

Dr AL-RIFAI (Kuwait) observed that the calculation of the required number of beds in the document was based on indicators that might remain fairly constant in advanced countries but continually varied in developing countries. The duration of stay, for example, varied with the climate and the nature of the disease affecting each patient. In developing countries, a more flexible policy was needed in determining bed requirements. It would also be desirable to have information on the manpower required to operate a hospital - the numbers of physicians, nurses and technicians.

Dr VERDUGO-BINIMELIS replied that the calculated number of beds should be regarded as a basic estimate and that many other factors had to be taken into account. He acknowledged that it was a very difficult process to determine the right number of beds, but by thorough study the errors could be minimized. The determination of manpower requirements demanded further study; the present discussion was concerned only with bed requirements.

Dr CONSTANTINIDES (Cyprus) was of the opinion that the document under discussion would greatly help countries to assess their needs. In his own country an evaluation of hospital requirements had indicated the need for an increased bed capacity and a different distribution of beds. This had led to the adoption of a plan for the development of multipurpose district hospitals and small community hospitals offering specialized services to patients living in remote areas.

Dr EL-MARSAFAWI (Egypt) reported that her country had embarked on a new 5-year health plan that called for a reconsideration of costs and available resources. One of the objectives of the new plan was to improve the administration and design of hospitals. An attempt would be made to train 6 000 nurses a year and to develop the recording of vital statistics. Specialized clinics that would maintain constant contact with at least one hospital would also be established. Such clinics would receive a considerable number of patients and so reduce the duration of their stay in hospital. These measures would provide a scientific basis for hospital planning.

Dr EL-NOMROSSY (Egypt) considered that certain points in the document before the Sub-Committee called for further study. In his opinion the planning of the construction of a hospital was based mainly on local or regional factors rather than on national ones, and insufficient attention had been paid to the financial aspects. All the calculations in the document had been based on bed occupancy rates and the number of beds, which jointly yielded the number of patients. He believed that a study based on an analysis of the proportion of patients in each hospital department in the area under study was preferable, since it was more realistic. An investigation in Egypt had shown that surgical patients constituted 40% of the total, those with general diseases 20% and those in the obstetric and gynaecological department 15%. The average duration of stay in each of these departments was then calculated separately. The age distribution of patients in Egypt differed from that given in the document, being 0-15 years, 20%; 15-45 years, 55%; 45-65 years, 15%; and over 65 years, 10%.

Engineer RAGEH (Egypt) pointed out that the document ignored the desirability of drawing up preliminary designs and criteria in hospital planning, the whole responsibility being left to the multidisciplinary team. In the absence of preliminary designs,

the problem became very complicated. The health authorities in Egypt had recognized the importance of this factor and had now established an engineering office in the Ministry of Health. The size of a hospital was linked with financial considerations, and allowing for both these factors, it had been decided that the best size of hospital in Egypt was one with 300 beds. Studies had also revealed that if beds were available in the emergency department it became much easier to operate the rest of the hospital as this meant less pressure on its main departments.

Engineer Rageh questioned the theory of flexibility of design, which had serious consequences from the practical point of view. Changes in hospital use could lead to the overburdening of vital services. An attempt in Egypt to transform a general hospital into a University hospital had been unsatisfactory.

It was fitting that hospitals should be planned from the point of view of the patients, but planners should not ignore the rights of the staff, and it was important to pay attention to the necessary accommodation for them.

The document adhered firmly to the belief that design should follow function, but in his opinion nothing had harmed hospital design more than that concept. Too much functionalism made a hospital impersonal, and functional designs were apt to become rapidly outdated as ideas changed. The design should rather aim at providing patients and staff with a friendly and secure atmosphere and a human appeal.

A further common error in hospital design was to concentrate on curative measures at the expense of the human needs of the patient in terms of accommodation and good food. From that point of view the hospital had a hotel function to perform, and suitable provision should be made for it.

The document had not mentioned the need to locate the hospital away from health hazards or the desirability of giving it a pleasant environment.

Dr VERDUGO-BINIMELIS reminded the Sub-Committee that the document was concerned purely with hospital planning with reference to bed requirements and that it thus omitted many other topics of great importance. Moreover, it provided only a working basis, and in practice the figures obtained had to be modified in the light of local conditions.

Dr EL-DABBAGH (Saudi Arabia) said that, in planning the engineering aspects of a hospital, research should be carried out on climatic variations such as temperature, humidity, and wind velocity. As far as costs and facilities were concerned, the maintenance of the building and its equipment was one of the main factors to be considered.

Mr HASSAN (Somalia) called attention to the need to define the catchment area of the hospital, which in rural areas might contain primary and secondary population figures. A nomadic population, for example, could have an irregular influence on the catchment area, perhaps being 10 000 in one part of the year and 20 000 in another.

The REGIONAL DIRECTOR thanked the representatives for their interesting interventions and said that all their comments would be kept in mind.

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

"The Sub-Committee,

Having considered the document on Hospital Planning with reference to Bed Requirements, presented by the Regional Director[1],

Realizing that a high proportion of the health budget is spent on the construction and servicing of hospitals, which is an impediment to expansion of medical care services,

Considering that a high quality of patient care with reduced capital and operating costs could be achieved through improved hospital planning and management practices,

REQUESTS the Regional Director to continue to assist Member States with improvement of their hospital planning, management and administration services and training of personnel for hospital care services."

It was so agreed.

Decision: The Resolution was adopted.

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[1] Document EM/RC22/4