

WORLD HEALTH
ORGANIZATION

الهيئة الصحية العالمية
المكتب الإقليمي لشرق البحر الأبيض

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

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Eleventh Session

ORIGINAL: ENGLISH

SUB-COMMITTEE B

MINUTES OF THE FIRST MEETING

Held at the Palais des Nations, Geneva
on Monday, 21 August 1961, at 10.00 a.m.

CHAIRMAN: Dr. S. SYMAN (Israel), Outgoing Chairman

Later : Dr. Z. G. PANOS (Cyprus)

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Representatives

Government

CYPRUS

ETHIOPIA

FRANCE

IRAN

ISRAEL

UNITED KINGDOM

Representative and Adviser

Dr. Z. G. Panos, Chairman

Mr. Ephraim Borrou, Vice-Chairman

Médecin-Colonel P. Faure

Dr. A. T. Diba

Dr. S. Syman

Mr. M. Bartur

Dr. W. A. Glynn

Mr. P. L. Carter

World Health Organization

Secretary to the Sub-Committee

Dr. A. H. Taba, Regional Director

Director-General

Dr. M. G. Candau

Deputy Director-General

Dr. P. Dorolle

Deputy Secretary to the Sub-Committee

Dr. A. A. El Halawani, Deputy
Regional Director

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

International Children's Centre

Dr. E. Berthet

International Committee of
Military Medicine and Pharmacy

M. le Général Médecin J. Voncken

International Federation of
Gynecology and Obstetrics

Dr. René Meylan

League of Red Cross Societies

Mr. E. Fischer

Medical Women's International
Assosiation

Dr. Vera J. Peterson

World Medical Association

Dr. Jean Maystre

1. OPENING OF THE SESSION

Dr. SYMAN (Israel), Chairman of the Tenth Session of the Regional Committee, welcomed the representatives present at Sub-Committee B of the Eleventh Session and expressed the hope that the Sub-Committee's discussions would be fruitful.

2. ELECTION OF CHAIRMAN: Item 2 of the Agenda

Dr. SYMAN (Israel) called for nominations for the office of Chairman of Sub-Committee B of the Eleventh Session.

Dr. DIBA (Iran) proposed Dr. Panos.

Dr. GLYNN (United Kingdom) seconded the nomination.

Decision: Dr. Panos was unanimously elected Chairman.

Dr. Panos (Cyprus) took the Chair.

3. ELECTION OF VICE-CHAIRMAN: Item 2 of the Agenda

The CHAIRMAN expressed thanks for the honour conferred upon him and said that he would do his best to carry out his duties to the satisfaction of the Sub-Committee.

He called for nomination for the office of Vice-Chairman.

Mr. Borrou (Ethiopia), nominated by Dr. Syman (Israel), was elected Vice-Chairman.

4. STATEMENT BY THE DIRECTOR-GENERAL

The DIRECTOR-GENERAL said he was pleased to have for the first time the opportunity of attending a meeting of one of the sub-committees of the Regional Committee for the Eastern Mediterranean.

One very important item on the agenda for the session was the programme of work for 1963. The Organization had been expanding its activities little by little, but the decision of the Fourteenth World Health Assembly to include a further \$2,000,000 in the regular budget for 1963 as a second step in the absorption into the regular budget of the full costs of the malaria eradication programme made it necessary to curtail somewhat the expansion of other activities. Another factor affecting the Organization's

programme was the need to provide services to the large number of new Members - most of them newly independent countries in the African Region - that required special attention. For those reasons only a relatively small expansion of the activities in the Eastern Mediterranean Region (as in other Regions) was proposed for 1963. It was hoped that once the total cost of the malaria eradication programme had been absorbed, quicker expansion would be possible. The Organization was in a position where only the financial situation prevented it from giving increased services to governments. Certainly new sources of funds had been created but those were not available to any great extent for activities assisted by WHO. The Organization's share of funds from the Expanded Programme of Technical Assistance was not increasing because governments were not requesting a larger part of their allocation in health projects. Also, help for health projects from the United Nations Special Fund was available only to a very limited extent. WHO was in a position where it had to rely more and more on its regular budget.

As regards malaria eradication, it was important that the Sub-Committee should consider the development of the work in the Region. An important step in that connexion had been the acceptance by Pakistan of the principle of eradication. In some other countries of the Region, however, the eradication programmes appeared in need of stimulation.

The subject of the technical discussions at the Eleventh Session was poliomyelitis, which was of interest to all countries of the Region. Great new possibilities for control of the disease had been opened up, first by the discovery and production of Salk vaccine and more recently by the discovery and production of live vaccines, but many problems remained to be solved. The Sub-Committee would also have to deal with the nomination of the Regional Director. Dr. Taba's period of office expired in 1962 so that the Regional Committee had to indicate its wishes to the Executive Board in time for the Board to take a decision at its twenty-ninth session in January 1962.

As regards the work of the Organization as a whole, two items seemed worthy of special mention. The first was the Organization's operations in the Congo; they had been reasonably successful and WHO had not failed

in its duty to the United Nations and in its obligation to a Member State. The second was the expanded programme of medical research; it was developing satisfactorily and the stimulation it would give to many branches of WHO's activities would produce practical results in all countries.

In conclusion, he welcomed all the representatives to the Sub-Committee and expressed his satisfaction that it had been found possible to implement the resolutions of the Health Assembly.

5. ADOPTION OF THE AGENDA: Item 3 of the Agenda

Decision: The agenda was adopted.

6. PROGRAMME OF WORK

The CHAIRMAN proposed that the Sub-Committee should meet from 9 a.m. to 12.30 p.m. and from 2.30 to 5.30 p.m.

Dr. TABA, Regional Director, suggested that the Sub-Committee might itself deal with all items on the agenda, including those on programme matters (Items 11 and 12). The election of the Regional Director would need to be discussed in closed session; 2.30 to 3 p.m. that afternoon might be a convenient time. The technical discussions might be held the next day at the beginning of the morning or afternoon.

It was agreed to adopt the hours of meetings proposed by the Chairman and to arrange the Sub-Committee's work in accordance with the suggestions of the Regional Director.

7. ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE ELEVENTH SESSION OF THE REGIONAL COMMITTEE: Item 5 of the Agenda (Document EM/RC11/2)

The CHAIRMAN asked Dr. Taba to introduce his report.

Dr. TABA, Regional Director, said that his report (document EM/RC11/2) covered the period 1 July 1960 to 30 June 1961. It consisted of an introduction, a general review of work in the Region and annexes dealing with country projects and agreements with governments. During the period under review, Cyprus and Somalia had become independent and he took the opportunity of welcoming them as full Members.

Considerable progress had been made in the health work of the Region, not only in branches which had formed part of the programme for some years but also in new fields. The main emphasis had again been on helping governments to strengthen their health services and on education and training, which was very important in view of the lack of technical staff in most countries of the Region. The type of WHO assistance had varied - in some countries it had been for training auxiliary workers; in others for training doctors and other professional staff; and in some assistance had been given to postgraduate training institutions. More than one third of the professors whose services had been provided by WHO in 1960 had been assigned to the Eastern Mediterranean Region. Wherever possible auxiliary workers were trained in their own countries and, where that could not be done, in other countries of the Region. Fellowships awarded in 1960 totalled 221; 107 of them had been intra-regional. That number - almost 50 more than in the previous year - indicated the extent of the co-operation extended by the countries of the Region. Training of nurses for the Region was now making satisfactory progress and a successful nursing seminar had been held in Lahore.

Assistance in the control and eradication of communicable diseases was still important; the proportion of funds devoted to it was decreasing from year to year but still represented 50.6 per cent of the regional budget.

Most countries in the Region were already engaged in malaria eradication programmes; in others pre-eradication operations had begun or would shortly be started with WHO or bilateral assistance. Workers for the eradication programmes were being trained in regional or national centres.

Bilharziasis was an important problem in some countries of the Region and in others might soon assume importance in view of the development of irrigation and agriculture. Control pilot projects with strong research element were in progress.

A tuberculosis pilot project on chemotherapy and chemoprophylaxis in Tunis had been completed at the end of 1960 and the data collected were now being analysed. It was hoped to report on findings at the next session.

Assistance in the control of onchocerciasis, trachoma and kala-azar had continued.

As already mentioned, progress had been made in new fields of WHO assistance. One of those was mental health, which was assuming greater importance in the Region on account of the social and economic changes brought about by industrialization and the consequent shift of population from rural areas to the cities. The appointment of a mental health adviser to the Regional Office had made it possible to plan assistance to countries in that field. A survey of the mental health of children was proposed for 1963 and it was hoped to undertake a survey of chronic mental diseases in 1963 or 1964. Plans included also an epidemiological survey of mental health in Kuwait, considered particularly suitable because it was a rapidly developing city state with a large child population.

Another development of WHO assistance was that connected with the provision of water supplies, which were very important for the Region, where there was a problem not only of quality but also of quantity. A useful seminar on water supplies attended by representatives from the Eastern Mediterranean and African Regions, had been held in Addis Ababa in December 1960.

A third new field of assistance concerned ionizing radiation. Most countries of the Region were using X-ray apparatus and were introducing the use of radioisotopes for therapeutic purposes. WHO assistance, including the provision of fellowships, was being increased.

Work on nutrition (especially in connexion with maternal and child health) on the epidemiology of cancer, on virology and on the health aspects of housing was expanding.

The first draft of an Arabic version of the International Statistical Classification of Diseases, Injuries, and Causes of Death had been prepared and submitted to the Arabic-speaking countries for comments.

No significant changes had taken place in the structure of the Regional Office; no increase in staff had been made nor was any proposed. However, there was need to increase the number of area representatives; there were at present three and it was proposed to increase the number to six from 1962 onwards.

Collaboration with other health organizations in the Region had been highly satisfactory.

In concluding his statement, Dr. Taba thanked all the countries of the Region for their continued collaboration.

The CHAIRMAN thanked the Regional Director for his report and expressed appreciation to him and to his staff for their achievements during the past year.

Dr. SYMAN (Israel) said that the report of the Regional Director was instructive and bore witness to even greater progress under his guidance than in previous years.

The report mentioned the increasing attention being paid to inter-country and inter-regional activities, and indeed a quite considerable portion of the budget was devoted to them. Although his country approved that trend in principle, it would welcome some arrangement to provide inter-country meetings on scientific problems in which all countries could participate.

He welcomed the appointment of further regional advisers and the increase in education and training activities. His country would be happy if those countries that could do so would make use of the training facilities that Israel could offer to holders of fellowships. The attention paid to trachoma was welcome. A recent survey in Israel had revealed a considerable decrease in incidence; research was going on there - a strain of trachoma virus had been isolated and at present the possibilities of producing a vaccine were being investigated. The problem of trachoma, however, was one that would be solved largely by the improvement in general living conditions.

One disease not mentioned in the Regional Director's report was ringworm of the scalp. Israel had now abolished x-ray treatment for that condition and used only griseofulvin.

Israel was also glad to know the emphasis placed on nutrition, on nursing and on mental health. A nutrition survey recently made in Israel with the help of FAO and UNICEF had not revealed any serious nutritional deficiency. As regards nursing, Israel's most important problem was that of man-power; a study had recently been made to find out what determined the choice of nursing as a profession and why so many nurses abandoned their career. He was interested to know if other countries had difficulties in attracting people to the nursing profession.

With regard to mental health, he was glad to know the attention being given to mental health of the aged, which was a hitherto neglected problem, and to child psychiatry, which was an aspect of mental health particularly stressed in Israel.

Dr. GLYNN (United Kingdom) complimented the Regional Director on his report and on the progress of work in the Region.

When the assessment of fellowships had been discussed in the meetings of Sub-Committee A of the Tenth Session of the Regional Committee, he had asked if similar assessments of other activities could be carried out. Could the Regional Director say what progress had been made in that connexion?

Dr. DIBA (Iran) also congratulated the Regional Director on his report which revealed the progress accomplished in the Region. He welcomed the importance attached to assistance in strengthening public health service and to education and training, particularly the training of auxiliary workers and nurses. Iran had set up five higher schools of nursing and the country's third five-year plan provided for another, second-grade, school for which it was hoped that WHO assistance would be given. That five-year plan provided also for other developments in the health services and he trusted that help would be available from WHO in spite of financial difficulties occasioned by the inclusion in the

regular budget of provision for financing the malaria eradication programme.

Evaluation of projects was very important at all stages; even at the outset of a project some evaluation of possibilities should be attempted. If that had been done at the outset of the malaria eradication programme many administrative difficulties might have been avoided.

Iran also attached great importance to mental health, particularly the mental health of children, and an increase in its work in that field was provided for in a five-year plan.

Médecin-Colonel FAURE (France) also congratulated the Regional Director and emphasized the exceptional value of his report.

Dr. TABA, Regional Director, thanked the representatives for their expressions of appreciation of his efforts and those of his staff.

In reply to Dr. Syman he said that he would bear his remarks in mind and, having regard to the special circumstances in the Region, would see what could be done to meet the wishes he had expressed. Assistance to the extent requested had been given to countries in combating ringworm of the scalp and the use of griseofulvin had been recommended. No mention of that had been made in the report since it represented only a minor aspect of the work in the Region.

In reply to Dr. Glynn's question, WHO had assisted a total evaluation of the health programmes in Iran and Israel. The report on the evaluation in Israel had been issued; that on Iran was under study by the Government. Great importance was attached to evaluation and all projects now undertaken provided for evaluation as the work proceeded.

Dr. Diba's remarks had been noted and as much assistance as possible would be given to Iran.

The CHAIRMAN suggested that the Sub-Committee should now consider items 6 and 7 of the Agenda.

As there was no discussion on item 6, "Statements and reports by representatives of Member States", the Sub-Committee went on to item 7,

"Co-operation with other organizations and agencies" and the Chairman called on the representative of the League of Red Cross Societies.

Dr. FISCHER said that he would like to say how happy he was to represent at this meeting the League of Red Cross Societies and to take the opportunity of putting before the Sub-Committee the exact role of the League in its present endeavours in support of health throughout the world. All present would be acquainted with the medico-social aims of the Red Cross - to improve health, the standard of living and human welfare. The Red Cross had thus the same general aim as the World Health Organization and it was natural and necessary therefore that they should co-operate.

To most people the Red Cross was best known as an emergency organization and it was true that much of their work consisted in giving help in catastrophes. But its fields of activity had a wider scope: he would particularly try to summarize to the Sub-Committee the long term role of the National Societies, acting with the support and under the guidance of their federative body, the League of Red Cross Societies.

First was the education of the population to understand how health should be preserved and promoted and where its interests lay. The second point was the provision of competent services, to aid government health staff, whether auxiliaries or other types of trained staff, which the country itself was not in a position to supply. Thirdly, it undertook pilot projects to draw the attention of the population on particular points of health or to fill gaps which might exist in the national health services. In any case, a close co-operation between the already established bodies was of great importance.

At the regional level they had good concrete relations with the governments and with WHO Offices. If a distinction might be made it would be that the function of WHO was to assist governments in their health work and that the Red Cross Society assisted the population itself. These were two sides of the same task. It was a fact that health work which governments alone were able to undertake would be incomplete without the active participation of the population itself and the Red Cross could precisely assist them to do that.

He would take the example of malaria eradication. This in any country was the responsibility of the government; WHO providing the government with all technical help that was necessary. It was then the task of the Red Cross, by education and publication, to prompt the population to collaborate with the eradication campaign. The Red Cross could also provide auxiliary staff to relieve the technical workers from minor tasks. Likewise, the Red Cross might give assistance in zones from which malaria had been eradicated. The national Red Cross Societies could assist the work of consolidation through their various medico-social services as well as through all their members. They could in particular give useful help in finding new outbreaks of the disease and in identifying foci of transmission.

As the Sub-Committee was aware, there had already been much co-operation on these lines and the League had prepared a report showing future prospects in this respect. The report would be submitted to the Board of Governors of the League during the course of the autumn, then, notified to WHO, its Regional Offices, and to the National Red Cross Societies.

He wished, in conclusion, to thank the responsible staff of WHO for their understanding spirit, especially the Director-General and the Deputy Director-General, and to call the attention of the Regional Director and the representatives of Member countries to this effective and concrete co-operation. The Red Cross was always willing as far as it was concerned to do its best to co-operate in this common task.

Dr. DIBA (Iran) wished to take this opportunity of thanking the League of Red Cross Societies, from which his government had had very important assistance, and whose liaison with the World Health Organization had been highly beneficial to his own and other countries.

The Red Lion and Sun was the representative organization in Iran and his Health Minister had very good and close relations with that Society. The Society was also in close touch with the World Health Organization with regard to the nursing school which they had provided. This school gave training to auxiliary staff and to nurses, which was greatly needed in his country and in other countries of the Region. The intimate relations with the Red Lion and Sun Society in joint work to improve health was very beneficial.

The CHAIRMAN called upon Dr. Berthet, Observer of the International Children's Centre.

Dr. BERTHET said that he was circulating to the members of the Sub-Committee a document which explained in detail what the International Children's Centre was doing and how it could help governments in the Region and the Regional Office. The document showed first the structure of the International Children's Centre and the principles and methods of work. All work done at the Centre was focussed on child health protection and welfare. The Centre undertook the training of personnel, carried out social and medical research and issued papers and other publications.

The International Children's Centre provided every year training courses on health and social problems for doctors, social assistants, psychologists, educators, etc. Many participants from countries of the Eastern Mediterranean had attended these courses since 1950 (pages 48 to 54 of the document: summary of the activities of ICC from 1950 to 1960).

In 1962, the following courses would be held:

In Europe:

- Course on the development and behaviour of children, for teaching personnel, Paris
- Course on the growth and development of normal children, for physicians, London
- Course on social paediatrics, for physicians, Poland and Paris
- Course on social obstetrics, for physicians, Paris
- Course on maternity and child welfare for social and administrative personnel, Paris

In Africa:

- Course on the problems of child health, for teaching personnel, Dakar
- Course on home economics and nutrition for medico-social and educational personnel, Dakar
- Weekly training sessions for health, social and educational personnel, held in two African Republics

In Latin America:

- Course on public health problems applied to children, Santiago, Chile
- Seminars attended by highly qualified participants were organized every year for the elucidation of problems of present interest, connected with the aspects of health care. In 1962, the following seminars would take place:

In Europe:

- Seminar on strain and over-work in school children, Paris
- Seminar on epidemiology and prophylaxis of virus diseases, Paris
- Seminar on child health for teaching personnel

In Africa and Eastern Mediterranean:

- Seminar on social paediatrics organized in collaboration with WHO for former African fellows of ICC courses,
- Seminar on health and nutritional education in collaboration with UNICEF, FAO, WHO, UNESCO and the Technical Co-operation Commission in Africa, South of the Sahara (CCTA)
- Seminar on child health for teaching personnel, in North Africa
- Seminar on the problems of tuberculosis in children, in North Africa

In Asia:

- Seminar on the problems of tuberculosis in children, Tokyo

Dr. BERTHET stressed the importance of the International Children's Centre for the training of educators who generally do not know enough of children's psychology and physiology. In co-operation with WHO and UNESCO, the Centre was helping in this training both in Europe and Africa. Dr. Berthet wished the Centre could be able to provide such assistance to Member States in the Eastern Mediterranean Region.

The International Children's Centre undertook also medical and social studies in an attempt to solve the special problems connected with children.

The studies at present underway were the following:

- Study on the prophylaxis of tuberculosis in children
- Study on the development of vaccinations
- Study on the prophylaxis of acute articular rheumatism in children
- Study on the growth and development of children, Brussels, London, Paris, Stockholm and Zurich and, in Africa, Dakar and Kampala
- Study on the future of children suffering from motor disabilities, Spain, France, Holland, Sweden, USSR, Czechoslovakia and Denmark
- Study on the causes of the failure of tuberculosis control in children, France, Poland, Switzerland and Yugoslavia
- Study on strain and over-work in school children
- Study on the problems of children brought up by unaided mothers
- Participation in the activities of the Family Welfare Centre at Khombole (Senegal)

The International Children's Centre had also an international reference service which provided bibliographical information on all questions connected with children and issued a monthly review of social paediatrics, the "Courrier", as well as various books, and reports on seminars, courses and studies.

Dr. BERTHET stressed that the International Children's Centre was at the disposal of all technicians interested in children's problems in the Eastern Mediterranean Region. The Centre maintained excellent relations with WHO, which was represented on their Technical Consultative Committee, and Dr. Berthet wished to thank the Director-General and the Regional Director for the full collaboration they had given.

The CHAIRMAN thanked Dr. Berthet for his statement and for his generous offer of help.

He asked the Sub-Committee to consider the draft resolution that had been circulated in regard to the report of the Regional Director. As there were no comments on that resolution

Decision: The resolution was approved.

The CHAIRMAN asked for comments on a second resolution on co-operation with organizations and agencies within the field of health. There were no comments and

Decision: The resolution was approved.

PRIORITIES IN PROGRAMME: Item 9 of the Agenda (Document EM/RC11/13).

The CHAIRMAN called on the Regional Director, Dr. Taba, to open the discussion

The REGIONAL DIRECTOR called attention to the documents that had been circulated to the Committee on this question (EM/RC11/13). This question had been referred to the Regional Committee by the 14th World Health Assembly in resolution WHA14.39:

"The 14th World Health Assembly,

REQUESTS the Director-General in consultation with the Executive Board and the Regional Committees to reconsider the question of priorities in programme and to report thereon to the 15th World Health Assembly."

There were two annexes to this document, of which Annex I contained the draft resolution on this question submitted to the Fourteenth World Health Assembly by the delegation of New Zealand. That draft resolution called attention to the inclusion of the malaria eradication programme in the regular budget and suggested that the Director-General, in consultation with the Executive Board, should undertake a reappraisal of the programme with a view to concentrating on a number of objectives compatible with the funds likely to be available. The second annex contained a précis of the discussion on the draft resolution.

This question had of course been studied before. A resolution submitted by the delegation of Canada had been considered by the 19th, 21st, 23rd and 25th sessions of the Executive Board and at the 11th, 12th and 13th World Health Assemblies. At its 25th session the Board came to the conclusion that the Director-General was responsible under the Constitution of WHO, for preparing the programme and budget for submission to the Executive Board and to the World Health Assembly and that there was no need to change the procedure. Paragraph 3 of the document before the Sub-Committee gave an outline of the present procedure for preparing an annual programme and budget. Shortly, the Director-General consulted the Regional Directors on the programme generally. The Regional Directors then discussed the question with the governments of countries in their Region and prepared a programme for the Regional Committees. The Regional Committee reviewed this proposed programme and the Regional Director sent the draft programme to the Director-General with the comments of the Regional Committee. The Director-General used the regional programme so transmitted to him to prepare his programme and budget for the Executive Board and the World Health Assembly. The priorities therefore in any region were really decided by discussion in the Regional Committee under the present procedure. Possibly the Sub-Committee might wish to study this question and might conclude that there was no need to change the method.

Dr. SYMAN (Israel) said he was most interested to re-read this statement on the subject which had been discussed at the last World Health Assembly. He thought that there was no need to accept the proposal put forward by the New Zealand delegation. The programme was discussed first in the Regional Committee, then by the Executive Board and thirdly in the World Health Assembly, so that there were three proposals of each annual programme. It was not right to make provision for stabilizing the work by a strict system of priorities. It would handicap the Director-General and handicap consideration by the Executive Board.

When this question was discussed at New Delhi some speakers had suggested that there was too much dispersion but a regional committee

would not consider the inclusion in their programme of anything that would lead to dispersal of effort. They were already constrained by the limitation of funds and it was essential to leave some margin for new needs. A strict system of priorities would make it impossible to meet new needs which arose in the course of the year, of which they had recently an outstanding example with the emergence of new Member States.

He agreed, therefore, with the Regional Director and felt that the Committee should not recommend any radical change in the present system.

The CHAIRMAN thanked Dr. Syman and called the attention of the Sub-Committee to a draft resolution on priorities which had been circulated. There were no comments and

Decision: The resolution was approved.

The meeting rose at 12.35 p.m.