

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

الهيئة الصحية العالمية
المكتب الإقليمي لشؤون البحر الأبيض

ORGANISATION MONDIALE
DE LA SANTÉ

BUREAU REGIONAL DE LA
MEDITERRANEE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Fourteenth Session

SUB-COMMITTEE B

Agenda item 14

EM/RC14B/3
23 September 1964

ORIGINAL: ENGLISH

REPORT OF SUB-COMMITTEE B
OF THE
FOURTEENTH SESSION
OF THE
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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PART I

INTRODUCTION

1. GENERAL

Sub-Committee B of the Fourteenth Session of the Regional Committee for the Eastern Mediterranean met at the World Health Organization Headquarters, Geneva, on 22 and 23 September 1964. Three plenary meetings were held.

The Proposed Programme and Budget Estimates for 1966 (Agenda item 9) and Technical Matters (Agenda item 10) were discussed in plenary session.

Technical Discussions on "Infantile Diarrhoea" took place on the morning of 23 September 1964.

The following States were represented:

Ethiopia
France
Iran
Israel
United Kingdom of Great Britain
and Northern Ireland

The United Nations and the Technical Assistance Board were represented by the Deputy Representative for Europe of the Technical Assistance Board and Special Fund.

Five non-governmental organizations, as well as the International Children's Centre, were represented¹.

2. OPENING OF THE SESSION (Agenda item 1)

In the absence of both the Chairman and Vice-Chairman of the previous session, the Regional Director, Dr. A.H. Taba, opened the session and welcomed representatives of Member States and other organizations.

3. ELECTION OF OFFICERS (Agenda item 2)

The Sub-Committee elected its officers as follows:

Chairman: Dr. P.W. Dill-Russell (United Kingdom)
Vice-Chairman: Médecin Colonel H. Morin (France)

4. ADOPTION OF THE AGENDA (Agenda item 3, Document EM/RC14/1)

The provisional Agenda was adopted as presented².

¹ See: List of Representatives, Alternates, Advisers and Observers to Sub-Committee B, Annex II

² See: Annex I

PART II

REPORTS AND STATEMENTS

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE REGIONAL COMMITTEE
(Agenda item 5, Document EM/RC14/2, Resolution EM/RC14B/R.2)

The Regional Director introduced his report on the work of WHO, and first recalled that July 1964 marked the 15th anniversary of the inception of the Regional Office; he therefore highlighted briefly the work and developments which took place during this 15-year period. He also paid tribute to the memory of Dr. A.T. Shousha, former and first Director of the Regional Office, whose death was deeply felt in the Region by both country representatives and WHO staff. He then outlined in some more detail the work of the World Health Organization which was carried out during the period 1 July 1963 to 30 June 1964.

The following points emerged from the discussions that took place under this item:

(a) While general appreciation was expressed on the work carried out by WHO, especially in the field of education and training, emphasis was laid again on the importance of developing more and more this aspect of work, the number of qualified medical and para-medical personnel being still far behind the actual needs of most of the countries. The need for closer collaboration between the ministries of health and medical faculties and other medical teaching institutions was further stressed.

The Representative of Israel mentioned the training facilities which his country offers to WHO trainees in both undergraduate and postgraduate teaching, and he referred especially to the establishment of a new medical school in the University of Tel-Aviv. He also expressed the hope that his Government would, by participation in future inter-regional and regional activities of WHO, be able to make appreciable contribution.

(b) In the field of cancer, more attention should be given to research and to the desirability of establishing a national cancer register. Epidemiological studies should be carried out on both cancer mortality and cancer morbidity. Concerted efforts on research, planning, case-finding and curative aspects should be pursued.

(c) Particular attention should be given to the problem of trachoma. Research is proceeding especially towards the preparation of vaccines against trachoma.

2. CO-OPERATION WITH ORGANIZATIONS AND AGENCIES IN FIELDS RELATED TO HEALTH - STATEMENTS AND REPORTS BY REPRESENTATIVES AND OBSERVERS OF ORGANIZATIONS AND AGENCIES (Agenda item 6)

The observer from the International Children's Centre indicated that the Centre has also entered its fifteenth year of activity, during which period an important number of teaching activities have been organized, also to the benefit of countries from the Eastern Mediterranean Region which participated in some of them.

The teaching provided by the Centre is essentially directed at social paediatrics, i.e. social medicine applied to childhood. Up to now 111 courses have been given in 26 countries and have grouped a total of over 3,000 participants.

The idea which presided at the organization of those activities has been the consideration of the entire childhood, i.e. since conception till adult age, and of all children, i.e. normal, physically or mentally handicapped as well as socially-maladjusted children. These activities are of interest, not only to the medical profession, but also to the legal, medico-social and social ones. If many ICC activities have taken place in the past in Paris, a growing number of them are now being organized outside Europe, and in this respect a course on public health problems to be held in Tunis in 1965 can be cited as an example. Of particular importance is the ICC International Documentation Centre which contains publications from 54 countries in 18 languages. The ICC appreciates the collaboration which the Regional Office for the Eastern Mediterranean is always extending to it.

The representative of the International Council of Nurses indicated that her organization would be most willing to assist governments in the Eastern Mediterranean Region, particularly in their education programmes, with a view to meeting the growing demand for nurses and improving the situation from both a quantitative and qualitative point of view.

PART III

PROGRAMME

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1966 FOR THE EASTERN MEDITERRANEAN REGION (Agenda item 9, Document EM/RC14/3 and Corr.1, Resolution EM/RC14B/R.5)

The Regional Director introduced the document which set out the proposed programme and budget estimates for 1966, and in addition contained the revised programme for 1965. The form of presentation and the method of computation were similar to that used in previous years.

The overall costs of the proposals under Regular Funds, including Regional Office, WHO representatives, country and inter-country projects, as well as the estimates for the Regional Committee sessions, amount to approximately \$ 367,000 more than the comparable budgets for 1965. This represents an increase in activities of approximately 10% of which only about \$ 25,000 is for the Regional Office so that more than 93% of the increase is designed to strengthen the field activities.

The importance of approaching a number of activities on an inter-country basis was stressed. Most of these projects would benefit the countries of the Region as a whole, and others would benefit groups of countries. However, the additional cost in 1966 over that budgetted for 1965 had been limited to some \$ 56,000 so that the greater share of the proposed increase in the budget fell under the individual country programmes.

Attention was drawn to the three annexes. The first described supplementary malaria activities designed to accelerate malaria eradication, the second suitable activities in the development of community water supply.

Common for these two was that their implementation depended on sufficient voluntary contributions forthcoming under the appropriate special accounts. The third annex - the green pages - presented activities requested by governments but for which there were not sufficient funds within the tentative regional ceiling to permit their inclusion in the 1966 proposed programme.

The Representative of Iran expressed his satisfaction that additional funds were foreseen to support the more comprehensive and long-term projects being sponsored by WHO and needed by the member governments. In view of the new health hazards which had been touched upon in connection with the previous discussions on the Regional Director's report, he wondered to what extent budgetary provision had been made. The Regional Director replied that gradually increasing provisions in this respect had been made in the programme and budget proposals. As specific examples he referred to the summary table on page XII of the document, under Radiation and Isotopes, to specific training courses under the Inter-Country programme and to the fellowship provision designed to enable public health administrators to obtain further training in radiation protection.

The Sub-Committee found that the proposed programme presented a suitable balance between the various types of activities and endorsed the proposed programme and budget estimates.

PART IV

TECHNICAL MATTERS

1. PUBLIC HEALTH ASPECTS OF MEASLES IN THE EASTERN MEDITERRANEAN REGION
(Agenda item 10(a), Document EM/RC14/4, Resolution EM/RC14B/R.6)

Measles constitute an important problem for most countries in the Eastern Mediterranean Region. To meet the desire expressed by some governments to receive more information on the subject, a document was prepared by the Regional Office. It contains two parts: (a) the epidemiological aspect - which was based on answers to a questionnaire circulated among countries in and outside the Region in 1963; and (b) vaccination.

In Israel there are four regular sources of information about measles: Annual statistics of mortality showing death from complication and the extent to which they are correctly notified; annual statistics of hospitals estimated on samples; annual and monthly summaries of communicable diseases notification covering the high percentage of cases seen by a physician; annual summary of cases recorded in sickness insurance fund clinics. The morbidity statistics were published one to two years after the year of registration and those of hospitalization and sickness insurance fund clinics after an even longer delay. The same sort of data could probably be obtained in other countries through similar sources.

Summing up the discussion the Chairman was struck by the point that the length of time of immunity conferred by such vaccines was unknown, and might not be life-long. If such was to be the case, there would only be a shift of the incidence to an older age group, which would entail possible dangers; for instance, there could be an adverse repercussion to the foetus if women were to be increasingly exposed to measles at an age when they might be pregnant.

2. THE PUBLIC HEALTH LABORATORY SERVICE (Agenda item 10(b), Document EM/RC14/5, Resolution EM/RC14B/R.7)

Although the public health laboratory service is now recognized as an integral and essential part of health services in general, it has as yet not developed as desired in all countries alike. Besides the highly specialized laboratories, there still exist a dissociation and duplication of services which, if they were connected, would result in appreciable savings in personnel and funds. If, for large-size countries, it would be advisable to have laboratories producing prophylactic and therapeutic material, for smaller countries it would be cheaper to import this material.

Inter-country arrangements for subjects like nutrition would be valuable for cases where they could be applied.

Although it is realized that it would be difficult for public health laboratory services in most countries to dispose of an autonomous budget, it is, however, considered that a certain degree of autonomy would help the better functioning of the service.

3. REVIEW OF SOME ASPECTS OF MEDICAL EDUCATION (Agenda item 10(c), Document EM/RC14/6, Resolution EM/RC14B/R.8)

The need for medically qualified personnel is felt throughout the Region. This was already stressed at the Conference on Medical Education held in Teheran in 1962 and was further discussed by the Special Group Meeting on Medical Education in Alexandria in 1963.

The noticeable increase in the number of medical schools in the Region (8 in 1940 against 33 in 1964) is a great step forward. The creation of new schools of medicine should, however, be envisaged cautiously and only when the availability of sufficient and qualified teaching personnel has been ascertained. There is need for more adequate collaboration between ministries of health and faculties of medicine. The selection of candidates for medical studies should be done more carefully. The training of well-informed medical librarians is very valuable. The idea of a regional association of medical educators deserves to be pursued.

4. HOSPITAL PHARMACY AND MEDICAL STORES AS PART OF HOSPITAL ADMINISTRATION (Agenda item 10(d), Document EM/RC14/7 and Add.1, Resolution EM/RC14B/R.9)

Although specialization in pharmacy was stressed, it was pointed out that the role of hospital pharmacy should not be over-estimated; it should be a part of health services but not a service in itself, and would more particularly apply to teaching hospitals. Quality control laboratories should certainly be under the control of Ministries of Health and regulated by laws. In fact, no drugs, whether imported or manufactured locally, should be allowed on the market before having been tested and accepted by Ministries of Health. One year's in-service training should be made compulsory for pharmacy graduates; they definitely require increased and advanced training. A drug information centre is of vital necessity.

PART V

TECHNICAL DISCUSSIONS

1. INFANTILE DIARRHOEA (Agenda item 12, Documents EM/RC14/Tech.Disc.1-3, Resolution EM/RC14B/R.10)

Technical discussions on Infantile Diarrhoea¹ were held on Wednesday, 23 September 1964 under the Chairmanship of Dr. P.W. Dill-Russell (United Kingdom), Chairman of the Sub-Committee.

One basic document prepared by the Regional Office and one grouping the contributions of eight experts from countries in the Region formed the background to the discussions.

PART VI

OTHER MATTERS

1. USE OF THE ARABIC LANGUAGE IN THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (Agenda item 7, Document EM/RC14/8, Resolution EM/RC14B/R.3)

The Sub-Committee reviewed the document submitted by the Regional Director and took note of Resolution EB33.R36 on the subject.

2. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTEENTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS THIRTY-THIRD AND THIRTY-FOURTH SESSIONS (Agenda item 8, Document EM/RC14/10, Resolution EM/RC14B/R.4)

The Sub-Committee reviewed the resolutions included in the document and took note of their contents.

3. REPRESENTATIVE OF SUB-COMMITTEE B (RULE 47 OF RULES OF PROCEDURE) (Agenda item 13)

The Sub-Committee requested the Regional Director to act on its behalf for the implementation of Rule 47 of the Rules of Procedure.

4. RIGHT OF VOTE (RULE 22 OF THE RULES OF PROCEDURE)

The Government of Israel exercised its right of vote in Sub-Committee B.

PART VII

RESOLUTIONS

In the course of its plenary sessions, Sub-Committee B adopted the following resolutions:

EM/RC14B/R.1 ADOPTION OF THE PROVISIONAL AGENDA

The Sub-Committee,

ADOPTS the Provisional Agenda (Document EM/RC14/1) as presented.

¹See Annex III for Summary Technical Report

EM/RC14B/R.2 ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE FOURTEENTH
SESSION OF THE REGIONAL COMMITTEE

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for the period 1 July 1963 to 30 June 1964 (Document EM/RC14/2);

Noting with satisfaction the progress made during the last fifteen years and especially during the last one;

Considering the transformations and developments which are taking place in the economic and social structure of most of the countries of the Region and their repercussions on the health programme;

Realizing that these new programme trends will require more specialists, technicians and research workers and that their training constitutes a high priority of national development and health plans,

1. REQUESTS the Regional Director to continue to render advisory assistance to Member States in the strengthening of their health services and particularly with their programmes for training of medical and paramedical personnel;
2. ENDORSES the emphasis being given to the field of medical education in general and to the training of specialists in various fields of public health in particular;
3. URGES governments to give due consideration in their national health planning schemes to the new health hazards which are gradually appearing in the Region and to appropriate research in these fields;
4. COMMENDS the Regional Director on his clear and comprehensive report.

EM/RC14B/R.3 USE OF ARABIC LANGUAGE IN THE REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

The Sub-Committee,

Having reviewed the document submitted by the Regional Director (EM/RC14/8) on the subject of the Use of Arabic Language in the Regional Office for the Eastern Mediterranean,

TAKES NOTE of the Resolution adopted by the Executive Board during its thirty-third session on this subject¹.

EM/RC14B/R.4 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTEENTH
WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS
THIRTY-THIRD AND THIRTY-FOURTH SESSIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director (EM/RC14/10),

¹Resolution EB33.R36 (see: Off. Rec. Wld. Hlth. Org. 132)

drawing attention to resolutions of regional interest adopted by the Seventeenth World Health Assembly and by the Executive Board at its Thirty-Third and Thirty-Fourth Sessions,

TAKES NOTE of the contents of these resolutions¹.

EM/RC14B/R.5 PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1966 FOR
THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having examined the Proposed Programme and Budget Estimates proposed by the Regional Director for the year 1966 (Documents EM/RC14/3 and Corr. 1);

Bearing in mind that projects financed under the Expanded Programme of Technical Assistance are planned for their estimated duration;

1. FINDS that the programme as presented assures a suitable balance between the major subject headings;
2. NOTES with satisfaction the prominence given to education and training in the Regional programme, the general approach to health planning in relation to national socio-economic development plans, and the continued emphasis on provisions for fellowships;
3. REITERATES the importance of inter-country programmes, and supports the requests submitted to the Technical Assistance Board for activities included under this heading in the biennium 1965/1966;
4. ENDORSES the proposed programme and budget for 1966 to be implemented from the Regular Budget of the World Health Organization, the Expanded Programme of Technical Assistance funds, and the activities proposed to be financed from Special Accounts under the Voluntary Fund for Health Promotion;
5. THANKS UNICEF for its constant cooperation and continued valuable support.

EM/RC14B/R.6 PUBLIC HEALTH ASPECTS OF MEASLES IN THE EASTERN
MEDITERRANEAN REGION

The Sub-Committee,

Having examined with interest the document (EM/RC14/4) on the Public Health Aspects of Measles in the Eastern Mediterranean Region, presented by the Regional Director, particularly in respect of (A) epidemiological aspects and (B) vaccination;

Considering that measles is one of the most important diseases of childhood, with high morbidity rate and significant death rate;

¹Resolutions: WHA17.7 WHA17.39 EB33.R6 EB34.R25
 WHA17.19 WHA17.40 EB33.R12
 WHA17.20 WHA17.41 EB33.R28
 WHA17.22 WHA17.43 EB33.R36
 WHA17.24 WHA17.47 EB33.R42
 WHA17.38

Noting the new developments in vaccination,

1. URGES the Governments of the Region to give due consideration to bio-statistics so that reliable information could be made available on the spread of the disease, and death resulting from this disease and its complications;
2. RECOMMENDS that no large scale use of measles vaccine be undertaken at the present time, without careful consideration and preparation, including plans for step-by-step progression;
3. REQUESTS the Regional Director to provide technical assistance to Governments, on request, in organizing limited measles vaccination trials prior to large scale campaigns;
4. FURTHER RECOMMENDS the continuation of research for a more attenuated measles strain giving low reaction rates, but conferring adequate protection, as well as the setting up of standards for control of safety and potency.

EM/RC14B/R.7 THE PUBLIC HEALTH LABORATORY SERVICE

The Sub-Committee,

Having studied with interest the document (EM/RC14/5) on the Public Health Laboratory Service, presented by the Regional Director;

Considering that the Public Health Laboratory Service is an essential and integral part of health services in general;

Noting with satisfaction that due consideration is being given to this activity by the countries of the Region;

Welcoming the views expressed in the document.

1. URGES the Governments of the Region to give due priority to their public health laboratory services;
2. RECOMMENDS that the Governments give urgent attention to the solution of organizational and fiscal problems necessary for the development of these services;
3. FURTHER recommends that more attention should be paid to the training and status of laboratory personnel;
4. REQUESTS the Regional Director to continue to make available to the Governments expert advice related to public health laboratory service and to promote and assist the development of facilities for the training at different levels of specialists required to operate, manage and maintain this essential service.

EM/RC14B/R.8 REVIEW OF SOME ASPECTS OF MEDICAL EDUCATION

The Sub-Committee,

Having reviewed the document (EM/RC14/6) submitted by the Regional Director, on the subject of Medical Education;

Considering the future realization of this programme as an important basis for the development of sound public health and medical care programmes in the Region;

1. EXPRESSES its satisfaction with the work done so far in this field;
2. ENDORSES the proposals made by the Special Group Meeting on Medical Education as submitted in the document under review;
3. CALLS the attention of Member Governments which have wide facilities in medical education to the importance of research in medical education by the use of one of the existing medical schools in their country as a model medical school thus making it possible to adjust the training of future doctors to the particular needs of a socially and economically growing society and to the demands of changing communities;
4. REQUESTS the Regional Director to proceed further in strengthening the general programme for medical education particularly in assisting the Member States in the establishment of national model medical schools through advisory services and the award of fellowships.

EM/RC14E/R.9 HOSPITAL PHARMACY AND MEDICAL STORES AS PART
OF HOSPITAL ADMINISTRATION

The Sub-Committee,

Having studied the documents (EM/RC14/7 and Add. 1) on Hospital Pharmacy and Medical Stores as part of Hospital Administration, submitted by the Regional Director;

Considering the role the pharmacist can play by specializing in hospital pharmacy administration and the important part he plays in promoting quality control of drugs, production of pharmaceutical preparations, hospital formulary, drug information centre and medical supply services;

1. COMMENDS the Regional Director on his interest in general in the management of pharmacy and medical stores and to his assistance in this field to many member Governments;
2. REQUESTS the Regional Director to explore the possibilities of establishing advanced training of hospital pharmacy administration in any of the faculties of pharmacy in this Region and to assist further the Governments in their efforts with the planning and development of their medical supply services.

EM/RC14E/R.10 INFANTILE DIARRHOEA

The Sub-Committee,

Having studied with interest the documentation on Infantile Diarrhoea in the Eastern Mediterranean Region, presented by the Regional Director (EM/RC14/Tech.Disc./2 and 3);

Considering that Infantile Diarrhoea is one of the major health problems in this Region and the most important cause of high morbidity and mortality in infancy and early childhood;

Noting the development of preventive measures taken by various countries in the Region to decrease the incidence of infantile diarrhoea;

1. EXPRESSES its satisfaction with the surveys carried out by the World Health Organization in a few countries of the Region to study the problems related to diarrhoeal diseases;
2. ENDORSES the recommendations made in document EM/RC14/Tech.Disc./2 with regard to both the preventive and curative aspects of the problem;
3. RECOMMENDS that the Governments give high priority to Maternal and Child Health and give urgent attention to the development of related services to remedy the problem of Infantile Diarrhoea;
4. REQUESTS the Regional Director to explore the possibilities of carrying out further surveys on Diarrhoeal Diseases in the Region and to continue to provide technical assistance to the Governments as required, in order to develop and promote training facilities for specialized health personnel.

EM/RC14B/R.11 ADOPTION OF THE REPORT OF SUB-COMMITTEE B

The Sub-Committee,

1. ADOPTS the report of Sub-Committee B of the Fourteenth Session of the Regional Committee (EM/RC14B/3);
2. REQUESTS the Regional Director to deal with the report in accordance with the Rules of Procedure.

ANNEX I

A G E N D A

SUB-COMMITTEE B OF THE REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN, FOURTEENTH SESSION

1. Opening of the Session
2. Election of Officers
3. Adoption of the Agenda (EM/RC14/1)
4. Appointment of the Sub-Division on Programme
5. Annual Report of the Regional Director to the
Fourteenth Session of the Regional Committee;
Statements and reports by Representatives of
Member States (EM/RC14/2)
6. Cooperation with other Organizations and Agencies;
Statements and reports by Representatives and
Observers of Organizations and Agencies (EM/RC14/9)
7. Use of the Arabic Language in the Regional Office
for the Eastern Mediterranean (EM/RC14/8)
8. Resolutions of Regional interest adopted by the
Seventeenth World Health Assembly and by the
Executive Board at its Thirty-third and Thirty-
fourth Sessions (EM/RC14/10)
9. Proposed Programme and Budget Estimates for 1966
for the Eastern Mediterranean Region (EM/RC14/3 and Add.1)
10. Technical Matters:
 - a. Public Health Aspects of Measles in the
Eastern Mediterranean Region (EM/RC14/4)
 - b. The Public Health Laboratory Service (EM/RC14/5)
 - c. Review of some aspects of Medical Education (EM/RC14/6)
 - d. Hospital Pharmacy and Medical Stores as part
of Hospital Administration (EM/RC14/7 and Add.1)
11. Approval of the Report of the Sub-Division on Programme
12. Technical Discussions: "Infantile Diarrhoea" (EM/RC14/Tech.
Disc./1-3)
13. Other business
14. Adoption of the Report

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS
TO SUB-COMMITTEE B OF THE REGIONAL COMMITTEE
FOURTEENTH SESSION

ETHIOPIA

Representative Mr. Aberra Jembere
Secretary General to the
Council of Ministers
Addis Ababa

FRANCE

Representative Médecin Colonel Henri Morin
Directeur de la Santé publique en Côte
française des Somalis
Djibouti

IRAN

Representative Dr. A.T. Diba
Technical Adviser on WHO Affairs to the
Iranian Permanent Delegation to the
European Office of the United Nations
Geneva

ISRAEL

Representative Dr. Raphael Gjebin
Director-General
Ministry of Health
Jerusalem

Adviser Mr. N.M. Bavli
Israeli Permanent Delegation to the
European Office of the United Nations
Geneva

UNITED KINGDOM

Representative Dr. P.W. Dill-Russell
Deputy Medical Adviser
Department of Technical Co-operation
Ministry of Health
London

REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES

UNITED NATIONS)	Mr. A.E. Saenger
)	Deputy Representative for Europe of the Technical
TECHNICAL ASSISTANCE)	Assistance Board and Special Fund, Geneva
BOARD (UNTAB))	

REPRESENTATIVES AND OBSERVERS OF INTERNATIONAL NON-GOVERNMENTAL,
INTER-GOVERNMENTAL AND NATIONAL ORGANIZATIONS

<u>INTERNATIONAL CHILDREN'S CENTRE</u>	Dr. E.D. Berthet (Observer)
<u>INTERNATIONAL COUNCIL OF NURSES</u>	Miss M.J. Marriott (Representative)
<u>INTERNATIONAL DENTAL FEDERATION</u>	Dr. C.L. Bouvier (Representative)
<u>LEAGUE OF RED CROSS SOCIETIES</u>	Dr. H. Zielinski (Representative)
<u>WORLD FEDERATION FOR MENTAL HEALTH</u>	Dr. A. Audéoud-Naville (Representative)
<u>WORLD MEDICAL ASSOCIATION</u>	Dr. Jean Maystre (Representative)

ANNEX III

SUMMARY TECHNICAL REPORT
TECHNICAL DISCUSSIONS ON INFANTILE DIARRHOEA
SUB-COMMITTEE B OF THE REGIONAL COMMITTEE FOR
THE EASTERN MEDITERRANEAN, FOURTEENTH SESSION

1. INTRODUCTION

Sub-Committee B had chosen "Infantile Diarrhoea" as the subject for Technical Discussions at the Fourteenth Session of the Regional Committee.

Dr. P.W. Dill-Russell (United Kingdom), Chairman of the Sub-Committee, presided over the discussions.

As a basis for discussion, the Representatives had before them two documents, one prepared by the secretariat of the Regional Office, and another grouping the contributions of eight experts from countries in the Region¹.

2. SUMMARY OF BACKGROUND INFORMATION

Diarrhoea, which has been known since antiquity, is a very important problem in paediatrics, and is of great concern to the countries of the Eastern Mediterranean Region where, in most of them, infantile diarrhoea accounts for more than 60% to 75% of cases seen or admitted in health centres, and for more than 50% of all fatalities among infants and children under two years of age. Although the term "infantile diarrhoea" should refer to this disease among infants only, i.e. children of 0-12 months, pre-school age children up to six years have been included in this group, countries in this Region having reported them under this term in their answers to the WHO questionnaire which was sent to them.

Diarrhoea, in fact, is much more a symptom of diseases such as cholera, typhoid fever, intestinal parasitism, enteric virus infections, malnutrition, and others, than a disease in itself. The classification of diarrhoeal diseases presents many difficulties, similar or even identical entities appearing under different names in different localities, and deaths being classified under different categories. The International Statistical Classification of Diseases, Injury and Causes of Death does not help to clarify the situation.

Infant death from infantile diarrhoea is still very high in many countries in the world, and particularly in this Region, the most critical period appearing to be between the ages of six and twenty-four months.

Various factors may influence the disease, and among them age, sex (the incidence is higher among males than females), season and flies deserve special attention.

Environmental sanitary factors reflect to some extent on the infantile diarrhoea death rates as it reflects on infant mortality. The decline in morbidity and mortality rates in diarrhoeal diseases in the best developed areas in the world has been largely attributed to improvements in environmental health. Contaminated water, unsuitable sewage disposal and refuse disposal, non-sterilized or non-pasteurized milk favour the spread of enteric infections.

Poverty, promiscuity and malnutrition have an important bearing on the incidence of diarrhoea. That of the new-born is due to infection by bacteria or viruses and is of great importance in nurseries.

¹For Agenda and list of documents, see page iv of this Annex

Other conditions which cause diarrhoea are parasitic infestation, food poisoning, nutritional deficiencies.

From a bacteriological point of view, agents of infectious diarrhoea may be divided into five categories: shigellosis, salmonellosis, enteropathogenic E. Coli, viral infections and doubtful pathogens.

During the survey which was carried out in 1961 in one of the countries visited by the WHO Diarrhoeal Disease Advisory Team, interesting data were found: the percentage of positive cultures of children under six years of age with active diarrhoea was 23.2% in rural areas against 16.1% in urban areas; shigella of all types appeared to be the most frequent organism and accounted for 67.8% in rural areas and 50% in urban areas. Sensitivity tests showed that approximately 70% of shigella strains were sulfonamide-resistant.

Giardia (Lambia), Entamoeba histolyca and Entamoeba Coli appear to be the most common parasitological agents found in diarrhoeal disease cases, although not being necessarily the cause of the disease.

The most serious complication observed in diarrhoeal diseases is dehydration, and rehydration therapy is therefore the most important and life-saving measure to be taken, especially in case of severe dehydration.

Measures to combat and prevent the disease should include: the improvement and extension of MCH services; the development of health education and health services; the establishment or development of suitable vital and health statistics services; the training of personnel; the establishment or improvement of laboratory and research facilities; the extension and improvement of nutrition education; the development of family planning and community development programmes.

3. SUMMARY OF DISCUSSIONS

The classification of the various types of diarrhoeal diseases was discussed and the opinion that diarrhoea is a symptom of various diseases was confirmed.

It was felt that environmental factors had been too much emphasized, the transmission being more a human to human factor.

Safe water, food handling methods in shops, restaurants, etc., should be more stressed.

Vital space is of prime importance and is in direct relation with family planning.

Efforts in health education should be intensified, and doctors, nurses and health workers should give due priority to this aspect of their work.

The improvement of living standards will play an important role in the prevention of diarrhoeal diseases; it is in direct relation with the socio-economic development which is taking place in the countries of the Region.

The consciousness of the population should be awakened as to their responsibilities in preventing and combating infantile diarrhoeal diseases through better personal hygiene, more appropriate nutritional diet and a better appreciation of the seriousness of the disease. Mothers should receive special training in this respect. This educational action would particularly find its place in MCH centres, the number of which should be increased.

For the resolution on Infantile Diarrhoea, see pages 10 and 11 in the body of this report.

AGENDA

TECHNICAL DISCUSSIONS - INFANTILE DIARRHOEA

1. Opening remarks by the Regional Director
2. Election of Chairman and Rapporteur
3. Adoption of the Provisional Agenda for Technical Discussions
4. Introduction and Definition of Infantile Diarrhoea
5. The extent of the problem
6. Epidemiological factors influencing the morbidity and mortality
7. Socio-economic and environmental sanitary conditions
8. Etiological studies and bacteriological findings
9. Dehydration and Rehydration
10. Measures taken for prevention and control of diarrhoeal diseases
11. Recommendations

List of Documents

Infantile Diarrhoea in the Eastern Mediterranean Region.
EM/RC14/Tech.Disc./2

Infantile Diarrhoea - Contributions from Various Experts in the Eastern
Mediterranean Region (In original language of presentation)
EM/RC14/Tech.Disc./3