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Health Problems of Eastern Mediterranean Discussed.

$500,000 Budget For WHO Regional Office in 1949 Recommended

Health conditions in the Eastern Mediterranean were fully examined and discussed by the WHO Regional Committee at its third and fourth meetings today. Delegates and representatives from the twenty countries and territories in this area successively revealed the main health problems they have to cope with, and expressed their government's requests for WHO assistance.

Nearly 65% of the Egyptian population suffers from bilharziosis (schistosomiasis) according to Sir Aly Tewfik Shousha, Pasha, Under-Secretary of State for Health, and Chairman of the WHO Executive Board. This highly debilitating parasitic disease has very serious repercussions on agricultural production and is considered to be the most important public health problem in Egypt. Research and preventive work are being carried out by the Ministry of Health. Expert advice and operational demonstration teams will be required from WHO for rural hygiene, eradication of certain species of mosquitoes for malaria control, and BCG (Bacille Calmette-Guerin) vaccination against tuberculosis. In addition the Egyptian Government asked for expert advice for its maternal and child health programme; infant mortality is very high in Egypt, Sir Aly pointed out, despite progress made in recent years. This includes the creation of over 70 clinics and dispensaries. Venereal diseases present another serious problem, Sir Aly said, and WHO demonstration teams are necessary for acquainting local medical personnel with the new treatments based on large-scale use of penicillin.

Dr. M.O. Abbassy of F.A.O., speaking as an Egyptian expert, explained that malnutrition was common in Egypt and that the diet of the people was generally poor in proteins, resulting in deficiency diseases. It is necessary, he said, to establish every where better coordination of policy in agriculture and public health.

The delegate for Saudi Arabia, Dr. Rachad Pharaon, said that his country shared many health problems with Egypt, in particular malaria and venereal diseases. His government, he said, was furnishing the country with laboratory equipment at this time, and was in need of WHO assistance in public health administration, in quarantine and epidemiological work and in health education. Several fellowships would also be required for training local doctors.

Turkey, said Dr. Nail Karabuda, needs help especially in tuberculosis, malaria and veneral diseases programmes and will request WHO to provide medical supplies such as streptomycine, penicillin and DDT.

The delegate for Iraq, Mr. Abdul Hamid Toukhy, mentioned public health problems similar to those of Egypt, but, he said, we lack experts and funds for our programmes. Malaria is a great problem and in certain areas, infection runs as high as 80 per cent of the population; the same rates have been recorded for bilharzioisis and ankylostomiasis. In addition to these parasitic diseases common to the Eastern Mediterranean area, Iraq has a serious tuberculosis problem and is in great need of hospital facilities.

The picture in Lebanon is much the same, according to Dr. Tewfik Haggar, who mentioned especially lack of trained personnel and adequate budget. A detailed request for assistance will be submitted at a later date.

Dr. J. Helft, speaking for French Somaliland, declared this territory to be one of the most underprivileged on earth. Tuberculosis is highly prevalent, as a result of harsh climate, bad housing conditions and malnutrition. Infant mortality is very high despite the efforts of the government; pre-natal clinics have been established in several places and encouraging results have already been noted. However progress is slow because of lack of education in the masses and nearly total absence of trained local personnel. Malaria is not widespread and yellow fever has completely disappeared, no case having been found in the past 50 years.

A description of the tremendous health problems in Pakistan was presented by Col. M. K. Afridi who reviewed the political and social situation since his country became independent. After separation from India, it was found that nearly all medical schools, health institutions, serum laboratories and other key elements in the health system were located in India, and Pakistan had to provide those from scratch. Epidemics broke out among the 2 million refugees from India and other urgent problems required immediate attention among the 76 to 80 million population of the new country. Pakistan is divided in four semi-independent provinces which have their own health systems, in addition to the health ministry in the central administrative province. Enumerating the various health problems in Pakistan, Colonel Afridi mentioned first malaria which affects some 25 million people each year; this , he said, is a conservative estimate. In western Pakistan, malaria is highly prevalent, and presents characteristics of the disease as found both in the Eastern Mediterranean region and in the Far East. This complicates the problem, he said, since control of one kind of malaria does not necessarily apply to other kinds. The same situation prevails in the eastern part of the country, where 3 kinds of malaria are present. Tuberculosis is also high on the list of public health threats in Pakistan, the delegate said; the death rate is estimated at 120 to 200 per thousand yearly, and at least 600,000 active cases are probable. Industrialization is a factor which, it is feared, will aggravate the problem. As for venereal diseases, 5 to 10 per cent of the population are considered to be infected with syphilis. Mortality rates among mothers and children are extremely high. Finally, certain endemic diseases are of great concern to the government of Pakistan, leishmaniomsis, of the dermal type in West Pakistan, of the visceral, kala-azar type in eastern Pakistan, and filiariosis and ankylostomyasis (Hookworm) the latter very prevalent in eastern Pakistan. Colonel Afridi requested WHO assistance in combatting these diseases and emphasized the need for fellowships for training medical personnel.

Malaria is widespread in eastern Eritrea, according to Dr. M. Bisdee, as well as tuberculosis and venereal diseases. Malnutrition is common; tropical diseases are endemic, but not unduly prevalent. The greatest need, he said, was for trained personnel and expert advice on local problems.

Aden has high infant mortality rates, according to Dr. E. Cochrane; infant deaths average 170 per thousand live births. Tuberculosis death rates are estimated at three per thousand, and notified cases at six per thousand. Venereal diseases are also statistically significant, since Aden is an important port and the rate of infection is estimated at 20 per thousand. WHO aid in health education is especially needed.

In Somaliland, according to Dr. T. Anderson, malaria is seasonal rather than epidemic and quite frequent in rural, if not in urban, areas. Tuberculosis and venereal diseases have increased considerably as a result of the war; urban sanitation is a great problem. Dr. Anderson also mentioned relapsing fever as an endemic disease in Somaliland of concern to the authorities.

In Cyrenaica, eye diseases are very frequent, as well as venereal disease, tuberculosis and a high infant mortality rate, associated with existing social conditions. In Italian Somaliland, malaria is the chief problem, as well as malnutrition and the above named diseases.

Dr. W. Rae struck an optimistic note in reporting near total success in malaria control work in Cyprus. As a result of the work of Dr. Aziz Bey, who trained in Egypt, 97 per cent of the island has recently been declared malaria-free, and it is expected that in three months, the programme will be completed. This bright example, he said, is all the more encouraging when we remember that three years ago, 4 to 5 thousand people were yearly infected with the diseases. Cyprus has other problems, however, said Dr. Rae. The three "t"s remain: tuberculosis, trachoma and typhoid, which are characteristic of this region.

The Sudan suffers from endemic malaria, especially in the densely populated and irrigated regions, reported Dr. H. M. Eliott. Tuberculosis is less of a problem, but leprosy in the south, schistosomiasis and ankilostomiasis are of serious concern. Leishmaniaisis is endemic along the Ethiopian border.

Complete health programmes for these territories will be presented to WHO at the next meeting of the Regional Committee, it was announced.

Allocations to the various countries will be announced soon, Dr. Brock Chisholm said at the end of the meeting presided by H.E. Dr. Neguib Scandar Pasha, Minister of Health. The Executive Board of WHO will consider the various recommendations of the Regional Health Conference at its forthcoming meeting in Geneva.

Among these recommendations, the Regional Health Committee submitted today a proposed budget of $500,000 for the Regional Bureau in 1949. The date of its opening was tentatively set for 1 July 1949 and it was decided that the Regional Committee would hold its next meeting in Alexandria in October of this year.

The meeting adjourned at 6:30 and will reconvene Thursday at 3:00 P.M.

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