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 MEDITERRANEE ORIENTALE

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SUB-COMMITTEE B

MINUTES OF THE SECOND MEETING

Held at WHO Headquarters, Geneva, Tuesday, 30 August 1966, at 3.00 pm.

CHAIRMAN: Mr M. Lennuyeux-Comnène

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Representatives of Member States

Government	Representative or Adviser
ETHIOPIA	Mr Seyoum Alemayehou
FRANCE	Mr M. Lennuyeux-Comnène
ISRAEL	Dr R. Gjebin
UNITED KINGDOM	Dr P. Dill-Russell

World Health Organization

Secretary to the Sub-Committee	Dr A.H. Taba, Regional Director
Director-General	Dr M.G. Candau
Director, Health Services, Regional Office	Dr M.O. Shoib
Chief, Administration and Finance, Regional Office	Mr H.T. Johnsen
Chief, Planning & Programme, Division of Malaria Eradication WHO HQ	Dr E.B. Weeks
Development of Health Statistical Services, WHO HQ	Dr B. Skrinjar

Representatives of United Nations Organizations

UNITED NATIONS UNITED NATIONS DEVELOPMENT PROGRAMME	Mr W. Kooy

Representatives and Observers of International Intergovernmental and Non-governmental Organizations

INTERNATIONAL CHILDREN's CENTRE	Dr E. Berthet	Observer
INTERNATIONAL DENTAL FEDERATION	Dr C.L. Bouvier	Representative
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr I. Nazer	Representative
INTERNATIONAL SOCIETY OF CRIMINOLOGY	Mr J.-J. Simon	Representative
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr A. Audéoud-Naville	Representative
WORLD FEDERATION FOR MENTAL HEALTH	Dr A. Audéoud-Naville	Representative
WORLD MEDICAL ASSOCIATION	Dr J. Maystre	Representative

1. ELECTION OF THE REGIONAL DIRECTOR: Item 7 of the Agenda (Document EM/RC16/7)

The CHAIRMAN asked the Director-General to report on the procedure followed in the secret session of the Sub-Committee on the election of a Regional Director.

The DIRECTOR-GENERAL said that the representative of Israel exercised his right to vote in Sub-Committee B, and it was decided that in accordance with rule 28 of the Rules of Procedure of Sub-Committee B of the Regional Committee for the Eastern Mediterranean that the Chief Representative of Ethiopia to Sub-Committee A was to be the teller for Sub-Committee B at Sub-Committee A. In addition, the following resolution had been adopted:

> The Sub-Committee,
>
> Considering the provisions of resolution WHA7.33 relating to elections,
>
> 1. REQUESTS the Director-General to transmit to the Executive Board the name of the candidate nominated by the Regional Committee for the post of Regional Director in accordance with Rule 28 of the Rules of Procedure;
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> 2. RECOMMENDS that the appointment be made for a period of five years from 1 September 1967.

2. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1968 FOR THE EASTERN MEDITERRANEAN REGION: Item 9 of the Agenda (Document EM/RC16/3)

The CHAIRMAN invited the Regional Director to introduce the Proposed Programme and Budget Estimates for 1968 for the Eastern Mediterranean Region.

The REGIONAL DIRECTOR said that the same pattern had been followed for the lay-out of Document EM/RC16/3 as in the Official Records volume which showed the programme and budget estimates for the Organization as a whole. The list of country programmes followed the alphabetical order of countries, and that section was followed by a separate section for inter-country programmes. It was to be noted that each of the three last columns on the right-hand side of the tables represented a different source of funds, and that each covered three years. The first figure in each of those columns was an estimate of what would have been spent by the end of 1966. The figures for 1967 in the first column generally corresponded to the decisions of the Nineteenth World Health Assembly with some exceptions in cases where, as a result of consultations between the Regional Office and governments, priorities were judged to have changed. Figures in the Technical Assistance column corresponded to the requests submitted to the

United Nations Development Programme, except where it was indicated that the projects were to be financed from funds-in-trust. He had already, in the morning meeting, referred to the concern felt in the Region at the reduction in technical assistance share of the health projects from the United Nations Development Programme .

The proposed budget for 1968 for the Region showed an increase of 10.38 per cent. over that for 1967. Of that increase, field activities accounted for 94 per cent.

Country programmes were established in consultation with governments and health authorities according to the needs rather than to the size of countries. Nevertheless, the programmes of every country in the Region show some increase.

The programmes to be implemented under the Community Water Supply Programme were listed in Annex I and depended on the availability of special voluntary funds for that purpose. Annex II listed programmes to be financed from the Malaria Eradication Special Account; for the purpose of accelerating especially the pre-eradication projects. Annexes III and IV indicated projects to be implemented from funds becoming available under the Special Account for the Leprosy Programme and the Special Account for Yaws Programme. Annex V showed projects under the Special Account for Smallpox Eradication only in the 1966 column, as from 1967 the Smallpox Eradication Programme was to be included under the regular budget of the Organization. The sum indicated in Annex VI under the Special Account for Accelerated Assistance to Newly Independent and Emerging States represented assistance to Somalia. Annex VII - the green pages of the document - showed projects which could not be accommodated within the programme, owing to unavailability of sufficient funds, including projects given secondary priority under category II of the United Nations Development Programme.

The CHAIRMAN commented that the proposed programme appeared to have been well prepared, due consideration having been given to the number of projects that could be undertaken with the funds available. He did not doubt the ability of the Organization to develop activities at a good rate, but he reminded the meeting of the French delegation's opposition to the large increases in the Organization's budget at the last two sessions of the World Health Assembly. The regional budget reflected that increase, and although he appreciated that the increases were made to correspond to

increased activities in the field, he wished to express concern at the danger that control would be lost over the distribution of credits, and to put countries on their guard against the scattering of funds. He appealed to countries not to demand a bigger share of credit simply for the sake of seeing the Organization grow.

He asked the Regional Director why the sum to be spent on personnel in the Regional Office was so much higher for 1968, as indicated on page 6 of the Proposed Programme and Budget Estimates for the Region, if, as he had said, no increase in professional staff was envisaged. Was he right in assuming that the increase covered the increased costs of maintaining the same staff level?

He urged countries to give increased attention to programme priorities and to give first priority rating to a greater number of the health projects for which they submitted requests to the United Nations Development Programme. Too many such projects fell in category II, as indicated in the green pages at the end of the document under review.

The REGIONAL DIRECTOR said he agreed with the Chairman on the need for countries' health programmes to receive higher priority; that need had been expressed in the draft resolution prepared on the subject under discussion for approval by the Sub.-Committee. Although place would not be found for all projects in category I of the United Nations Development Programme, the liklihood of the implementation of projects listed in category II was slight.

With regard to the increased estimates for Regional Office staff, he explained that in view of the value and priority given to regional and inter-country projects and meetings by the countries in the Eastern Mediterranean Region and the increasing number of seminars, training courses and such meetings being held, it had been found necessary to propose a conference officer at grade P1. But since one former P1 post had been down-graded to general service category, the creation of the P1 Conference Officer did not incur an increase in the number of professional staff.

Far from the available funds being scattered about the countries of the Region, he assured the Chairman that credits were very carefully distributed, with a keen eye for the needs of countries and with attention to their priorities. That was illustrated by the way in which, for example, countries to benefit from smallpox or malaria eradication projects had been selected, due consideration being given to the decisions of the

World Health Assembly influencing the programme. There were, of course, always more requests for projects than could be met. Nevertheless, he was aware that a few countries in the Region, although receiving increased credits, could not be said to have shown a true increase of the programme of work, mostly in view of their lesser needs as compared with others.

The CHAIRMAN read the following draft resolution:

The Sub-Committee,

Having examined the Proposed Programme and Budget Estimates submitted by the Regional Director for the year 1968 for the Eastern Mediterranean Region;

Viewing with concern the continued general trend of decrease of funds for health under the United Nations Development Programme,

1. FINDS that the programme as presented ensures a suitable balance between the major subject headings;

2. NOTES with satisfaction that the smallpox eradication programme, formerly financed from the Voluntary Fund for Health Promotion, has now been incorporated in the regular programme in accordance with Resolution WHA19.16 of the Nineteenth World Health Assembly;

3. APPRECIATES that continued prominence is given to Education and Training, Public Health Administration and Environmental Health as well as continued support to the control of Communicable Diseases;

4. REITERATES the importance of inter-country programmes, and supports the requests submitted to the Governing Council of the United Nations Development Programme for activities included under this heading in the biennium 1967/1968 as well as the inter-country activities included in the Regular budget;

5. URGES Member States to accord a reasonably high priority to health projects within their overall submission to the Governing Council of the United Nations Development Programme;

6. ENDORSES the proposed programme and budget for 1968 to be implemented from the Regular budget of the World Health Organization and the activities proposed to be financed from Special Accounts under the Voluntary Fund for Health Promotion;

7. THANKS UNICEF for its constant co-operation and continued valuable support.

DECISION: The draft resolution was adopted.

3. TECHNICAL MATTERS: ITEM 10 OF THE AGENDA

(a) Technical Problems Met in Malaria Eradication Programmes of the Region: methodology of their Study and Scope for their Solution (Document EM/RC16/4)

Dr WEEKS, Chief, Planning and Programme, Division of Malaria Eradication, introducing document EM/RC16/4 on behalf of the Regional Director, pointed out that that document drew attention to the Eighth Report of the WHO Expert Committee on Malaria which had reviewed the status of malaria eradication in 1961 and had considered prospects for the future. The Expert Committee had classified causes of failure under three main heads: technical, operational and administrative. Failure to achieve planned targets might be due to factors in any of these groups or to a combination of them. It was important to pay adequate attention to each group so that any falling short of targets might be attributed to the correct cause. It was also essential to recognise that defects in one aspect might give rise to defects in another; for example, the incomplete or inefficient use of insecticides owing to poor training or inadequate staffing was likely to lead to the unduly prolonged use of those insecticides with a consequent additional risk of the development of insecticide resistance in the vector mosquitoes. In this way an administrative defect might give rise to a technical problem.

It was the technical problems that were particularly considered in document EM/RC16/4 and Section II described a number of those. Section III described the numerous special studies which had been conducted in countries where technical problems had been encountered. These studies aimed at

(i) finding a suitable insecticide belonging to chemical groups other than the chlorinated hydrocarbons;

(ii) developing alternative attack measures for use where normal insecticiding was ineffective owing to population movements or supplementing insecticide attack in areas where some degreee of vector resistance hampered the interruption of transmission; and

(iii) clarifying by means of more basic research the real nature of the physiological resistance of Anopheles stephensi to DDT.

Section IV of the document gave the results of the resumption of spraying with DDT in Southern Iraq and Iran in areas where resistance had been found in A. stephensi. Those results were encouraging and special entomological observations indicated that DDT spraying could be continued in the area without danger of raising the resistance level in the vector.

In Section V it was pointed out that, besides the technical problems, there were always operational and administrative lacunae contributing to the non-interruption of transmission. However, it was not the intention of the document to deny the importance of technical problems but rather to stimulate research workers to intensify field and laboratory studies, bearing in mind all the complexities involved.

Finally, he would conclude by indicating that there were 23 countries or territories in the Eastern Mediterranean Region which were malarious or had malarious areas and that a total population of some 177 - 178 million persons lived in those malarious areas. WHO-assisted programmes were covering a population of 135 million people in a number of those countries or territories, 23 million being covered by projects in the preparatory phase, some 54 million by those in the attack phase, 21 million by those in the consolidation phase and 3.5 million by those in the maintenance phase.

The CHAIRMAN thanked the previous speaker for his lucid introduction of the document. The deliberative organs of WHO should, in his opinion, continue to appeal to governments for support in malaria eradication programmes, which were showing such encouraging results.

Dr GJEBIN (Israel) recalled that when malaria eradication was first suggested it had been hoped that within a limited time the occurrence and transmission of malaria would be brought to an end and the disease would disappear completely. WHO Expert Committees had established guide-lines indicating the most suitable measures to be adopted. However, despite the efficient application of such measures, transmission had not always been completely interrupted and it had therefore been necessary to study the causes of such failure and to remedy them. The problems that arose were not only administrative or operational but also technical, being related to, for instance, parasitology, immunology, epidemiology, treatment and prevention. Many of these problems were or are being overcome and in certain countries, Israel among them, one of the most important problems that remained was that of the maintenance of achieved eradication.

Israel was a country of immigrants with a very heterogenous population, and the development of new communities and irrigation areas, mass movements within the country and the influx of visitors from malarious countries had in the past created conditions which favoured malarial infection and now created an urgent necessity for vigilance once eradication had been achieved.

He recalled that spraying with DDT, which had begun in 1945, gradually decreased after 1951; since 1964 only the settlements along the Syrian and Jordan borders had been sprayed as a protective measure. Spraying with DDT had caused the disappearance of A. sacharovi, once the principal vector of malaria, and the present main potential vector is A. sergenti. Its ecology has demanded also the use of larval control measures.

Much had been achieved in Israel but it was still imperative to pay attention to the possibility of continuous introduction of different species and strains of Plasmodium from abroad, to mass population movements within the country and to the possibility of the introduction of infected vectors from neighbouring countries. A number of measures of vigilance were therefore required. These included: passive case detection in hospitals and clinics and at home; radical treatment; extensive epidemiological and entomological investigation of each case discovered; careful classification of cases by origin, Plasmodium species and method of detection; the prevention of imported cases among immigrants and Israeli citizens returning from malarious countries; and mosquito control by DDT spraying in the villages nearest the Jordan border and in the Beith Shean Valley.

He stressed that the success that had been achieved in eradication and in maintenance was very largely based on the fact that Israel had an adequate general health service. The well-developed public health network throughout the country had rendered it possible to avoid some of the most important technical problems that were encountered in other countries when they began to undertake surveillance measures.

Finally, he would emphasize that for the maximum benefit to be obtained from experience gained in malaria eradication, co-ordination and the early dissemination of technical information between countries both within and beyond any particular region must be maintained and he commended the work of WHO in this field.

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

The Sub-Committee,

Having studied the document on the above subject submitted by the Regional Director;

Having also taken note of the information on malaria eradication provided in the Regional Director's Annual Report;

Noting with satisfaction the progress made in malaria eradication and pre-eradication programmes of the Region, and particularly the steps taken by additional Member States to launch malaria eradication programmes;

Noting also the difficulties encountered in some of the malaria eradication programmes as evidenced by the establishment of transmission in areas originally considered free or already freed from the disease;

Having witnessed the successful results obtained in interrupting the transmission of malaria by resumed DDT spraying in Southern Iraq, where the local vector has developed resistance to hydrocarbon insecticides,

1. EXPRESSES appreciation for the contributions of the Member States, particularly of the new substribers to malaria eradication, towards the Region's efforts to eradicate malaria;

2. URGES the Governments to continue to provide the required administrative, technical and financial support to malaria eradication until the final goal is reached and to make every effort in ensuring accurate operations in order to prevent the possible reintroduction of the disease into originally free or already freed areas;

3. RECOMMENDS that the possibility of DDT spraying be considered as an effective attack measure in areas having vector resistance problems similar to those in Southern Iraq;

4. REQUESTS the Regional Director to provide assistance for special studies in problem areas whenever required.

The draft Resolution was adopted.

(b) Smallpox Eradication (Document EM/RC16/5)

The REGIONAL DIRECTOR, introducing document EM/RC16/5, noted that although smallpox incidence was tending to decline in the region, there were still some countries with a relatively high number of cases and a high smallpox mortality. Smallpox eradication would benefit not only those countries, but also countries where the disease was not endemic since it would bring about a very considerable saving resulting from the discontinuance of prophylactic measures.

There was no doubt that smallpox eradication was scientifically and technically feasible; indeed, smallpox was one of the diseases that lent itself well to eradication. It was easy to diagnose; the transmission period was short; it conferred good immunity on those who recovered from it; and the only known reservoir of the virus was man. Furthermore,

vaccination - the main means by which mass immunity could be conferred - was very efficient provided that a potent vaccine was used; the growing use of lyophilized vaccine helped in this direction.

Section II of the document detailed the difficulties that would be encountered by the smallpox eradication in the region. One of these was the fact that in most countries statistical services were weak, and reporting was inadequate; consequently, the exact determination of endemic foci and basic smallpox figures were not always reliable. Where there were well-developed general health services, smallpox eradication could be carried out as an integral part of their work; in many Eastern Mediterranean countries, however, there were no properly functioning peripheral health services, and it was proposed that WHO should provide assistance in smallpox eradication to such countries, but the ultimate aim of the plan was to develop their health services in such a way as to enable them eventually to undertake smallpox eradication on their own as an integral part of their health work. Where the necessary funds and supplies were lacking, it was hoped that WHO would assist in meeting part of the cost of smallpox eradication by the provision of experts and supplies, and it was also hoped that bilateral assistance programmes would be of help; negotiations were also being undertaken with the World Food Programme with a view to assistance. WHO would also assist in the training of personnel where such was needed. The document also referred to the vital importance of constant checks on vaccine potency. The success of the programme depended upon the successful vaccination of the total population of each country concerned; to that end, good organization was essential.

The main effort in the Region would be concentrated on the few countries which had endemic foci, but the programme as a whole was one of assistance to all countries according to their requirements, such assistance including surveys to determine the smallpox situation and the immunity level of the population, the organization of their mass vaccination programmes. The plans prepared in collaboration with WHO would cover the eradication of the disease or prevention of its re-introduction, as the country may require.

Dr GJEBIN (Israel) stated that Israel had succeeded in remaining free of smallpox since 1951, despite a number of demographic factors which rather favoured continuance of the disease; among these were continuous immigration from certain countries where immunization against smallpox was not a usual prophylactic procedure, and the increasing importance of Israel as a country for tourism and transit from various parts of the world where smallpox was endemic.

This success was due to an effective mass control programme integrated in the work of the Public Health Services, and constantly evaluated by the Division of Epidemiology of the Israel Ministry of Health. There were three main principles behind this control programme: first, to maintain an adequate level of immunity in as high a proportion of the population as possible; secondly, to establish an adequate system of surveillance for suspected cases; and thirdly, to abide strictly by the International Sanitary Regulations.

Maintaining an adequate level of immunity involved vaccination of the new members of the population, and the periodic vaccination of population groups and of persons of varying ages. Over 70 per cent of each infant generation in Israel was successfully vaccinated, the vaccinations mainly being carried out during the first year of life, and preferably between four and six months of age. In some countries the procedure was to vaccinate in the second year of life, but there had been no serious reactions in Israel with mass vaccination in the early months of life. He would stress there was a very thorough follow-up of vaccinations through the Maternal and Child Health Service. The immunization of immigrants, a very serious problem in Israel, had been solved by the general vaccination of all age groups of immigrants before they entered the country, either in the country from which they were emigrating, or in various transit camps.

Periodic vaccination was carried out among schoolchildren in the second grade, about 93 per cent of all children of school age being covered; among all persons arriving at the age of military service (18 - 19 years); among all citizens leaving the country, at three-year intervals, according to International regulations, and among all hospital personnel at two-year intervals, as they were considered to be a potential high-risk group.

The vaccine used in Israel was a glycerinated vaccine prepared on chick embryos by the Israel Institute for Vaccine and Sera, the yearly production amounting to approximately one million doses.

With regard to modern prophylactic drugs for the control of smallpox, Israel had acquired a stock of thiosemicarbazone, which had been demonstrated to be an effective chemoprophylactic for unvaccinated smallpox contacts. This stock was being kept for emergencies, and would not in any way replace routine immunization. Efforts were also being made to produce vaccinia immune globulin, a specific immunoprophylactic, which was very scarce throughout the world. If those efforts were successful, Israel would gladly share its production with other countries.

The system of surveillance for suspected cases to which he had referred earlier was based in part on a roster of specialists with experience in smallpox diagnosis, whose services could be called upon as required; in part upon the possibility of rapidly establishing a smallpox unit in one of the government hospitals should the need arise; and in part on a laboratory unit of the Ministry of Health which could be called upon for specific laboratory diagnosis.

Israel's geographical position and its numerous air and sea connexions with other countries led it to endeavour strictly to abide by the International Sanitary Regulations. This was the responsibility of the Division for the Control of Quarantinable Diseases of the Ministry of Health, which was also active in maintaining up-to-date information on world smallpox morbidity (for which gratitude was owed to WHO), in adapting national requirements in the light of the development of new foci which might constitute a risk to Israel, and in conducting the programme for immunization of immigrants before their arrival in Israel.

The CHAIRMAN stressed that the responsibility for success in smallpox eradication lay not only with WHO, but also with those Member States which were in a position to provide assistance under bilateral agreements. It was gratifying to note that considerable assistance or offers of assistance had already been received by WHO, notably from the USSR, and he would put forward a plea for all countries that could give material and technical support to do so on behalf of those other countries with pressing needs, which lacked the resources to do all that they were capable of.

The DIRECTOR-GENERAL agreed with the Chairman that WHO's role in eradication was a limited one. It could not carry out its work without assistance under bilateral agreements as well.

The statement made by the Representative of Israel had been most interesting, and that country's experience in the eradication of smallpox and the maintenance of a smallpox-free area would be of the greatest benefit. In particular, Israel's success in preventing serious reactions after vaccination of both infants and immigrant groups would be most valuable in view of the very serious problem of post-vaccinal encephalitis. It had to be noted, on the other hand, that the situation in Israel, with its well-developed public health services, was different from that which would be encountered in countries with inadequate services on which to base follow-up of vaccinations.

The CHAIRMAN, in the absence of further comments, introduced the following draft resolution:

The Sub-Committee,

Having studied with interest the document on smallpox eradication presented by the Regional Director;

Recognizing the importance of smallpox eradication programmes in the Region as part of the global eradication programme;

Being aware of the Resolution of the Ninetweenth World Health Assembly on the Smallpox Eradication Programme;

Having noted with interest the smallpox eradication programme included in the Proposed Programme and Budget Estimates for 1968 for the Eastern Mediterranean Region;

1. COMMENDS the Organization on its efforts to eradicate smallpox on a global basis;

2. URGES countries which plan to strengthen or initiate smallpox eradication programmes to take the necessary steps to begin the work as soon as possible;

3. REQUESTS Member States to provide adequate material and technical support for the realization of the programme;

4. EXPRESSES its satisfaction with the work carried out by the Organization concerning smallpox eradication;

5. REQUESTS the Regional Director, with the co-operation of all Member States, to co-ordinate the smallpox eradication programme within the Region.

The CHAIRMAN felt that the draft resolution did not give sufficient attention to the importance of basic health services in smallpox eradication campaigns, and he accordingly proposed the addition, as a fourth paragraph to the preamble, of the following words:

"Recognizing the need for basic health services in the maintenance phase of smallpox eradication campaigns;"

The Sub-Committee adopted the amendment.

The draft resolution, as amended, was adopted.

(c) Hospital Records and their importance for Health Administration (Document EM/RC16/6)

Dr SKRINJAR, Development of Health Statistical Services, introducing the subject on behalf of the Regional Director, said that the document before the Sub-Committee (EM/RC16/6) dealt with various aspects of hospital records, stressed their usefulness, set out the basic principles for their compilation and provided valuable guidelines on how they should be employed. Hospitals took up an increasing proportion of the expenditure on health in countries, and a full realization of the value of their records had not yet been achieved. Some medical recording was carried out in all hospitals, but the methods of recording used were by no means always good. A proper system of recording would be helpful not only to the patients in the hospitals and to the hospital medical services, but also to the community as a whole. Although hospital statistics by no means covered the whole of the morbidity in a country, they provided information that would greatly help health programmes and enable accurate diagnoses to be established.

A uniform system of medical recording, applicable to all hospitals could not be suggested at the present time. It was, however, desirable that some attempt should be made to standardize the forms used and define the terms, so that it would be possible to compare hospital statistics in different areas. It was essential that properly qualified people should be in charge of the records and that all the hospital staff should be educated in their use and in awareness of their value. A system should be created for the proper checking of hospital records, and a centralized medical records office should be set up. If such a system were created for a country it would provide a valuable administrative tool for planning and facilitate the quick retrieval of information.

In the Eastern Mediterranean Region, the recording of medical information in hospitals was still rather limited in scope. It was desirable that there should be a full-time records officer in all large hospitals, and a record room to centralize the information available. A training programme should be set up and a manual of hospital recording prepared.

Dr GJEBIN (Israel) thought that the document before the Sub-Committee was extremely useful. He had only a few comments to proffer on it. In the admission registry for hospitals, he thought that the ethnic origin

for all patients admitted should be recorded. Such an entry was not only interesting in itself, but also important in populations which were ethnically mixed, since it gave information on the prevalence of medical conditions. Data on ethnic origin were recorded in Israel and had been found to provide valuable information.

The document suggested that the hospitalization summary sheet or the admission and discharge sheet should contain the admission diagnosis as well as the discharge diagnosis. In the experience of his country, the diagnosis on admission was not of much value, and he therefore suggested that it should be omitted.

It was suggested in the document that the "Nurse's bedside notes" were essential documents. He doubted whether that was so. While the notes were useful for the nursing administration, they would not add very much to the record, and their disadvantage was that they would create problems of storage. On the other hand, it was stated in the document that registers of births, deaths, operations, and foetal deaths were desirable but not absolutely essential. In his view, especially when statistics were just being introduced, it was very important that such registers should be used.

Any progress made in the use of hospital statistics or of any other kind of statistics depended essentially on the availability of properly trained staff. The number of fully qualified people was extremely limited. In his country, a programme of in-service training had been initiated for medical records, the staff being trained for one week per month, so that the work in their own departments would not be excessively disturbed by their absence. It was hoped, after some experience, to develop the programme into a permanent school. In that connexion, his Government was grateful to the Regional Director for facilitating the visit in the near future of an expert on medical recording.

In the absence of further comment, the CHAIRMAN invited the Sub-Committee to adopt the following draft resolution:

The Sub-Committee,

Having studied the document on Hospital Records and their Importance for Health Administration;

Considering that careful analysis of hospital utilization is important in effective planning and functioning of health services;

Recognizing that this evaluation of hospitals' performances requires a system of detailed and continuous recording, and periodic statistical analysis and reporting;

Being aware of the need in the countries of the Region for improving hospital record keeping and for establishing record rooms within hospitals, supervised by specially trained personnel;

1. RECOMMENDS that Member States take steps to establish adequate systems of hospital recording and filing of information, in order to serve as a basis for hospital morbidity statistics and for evaluation of hospital services;

2. REQUESTS the Regional Director to continue to provide assistance to Member States for promoting hospital recording and to provide fellowships and training in medical records library science.

A discussion took place with regard to the wording of the last paragraph and it was agreed to change the words "library science" to "librarianship".

The draft resolution, as amended, was adopted.

4. OTHER BUSINESS: Item 13 of the Agenda

Subject for Technical Discussions at the 1967 Session

The REGIONAL DIRECTOR said that Sub-Committee A had chosen as the subject for the technical discussions in 1967 "Review of the education and training of nurses to meet the needs of the region".

It was agreed that the subject for the technical discussions at the 1967 Session of Sub-Committee B should be the one chosen by Sub-Committee A, namely: Review of the Education and Training of Nurses to mee the needs of the Region.

Appointment of a Member to the Committee for the Co-ordination of the Reports of Sub-Committees A and B

The REGIONAL DIRECTOR suggested that the Sub-Committee should nominate a member of the Committee for the co-ordination of the reports of the two Sub-Committees, in accordance with Rule 47 of the Regional Committee's Rules of Procedure. Normally, the member nominated attended both Sub-Committees, but none of the members present would attend the meeting of Sub-Committee A. In 1964, when the situation was similar, the Sub-Committee had designated the Regional Director to represent it for that purpose.

It was agreed that the Regional Director should represent Sub-Committee B for the purpose of co-ordinating the reports of the two Sub-Committees.

The meeting rose at 5.15 p.m.