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EASTERN MEDITERRANEAN

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SUB-COMMITTEE A

Sub-Division on Programme

MINUTES OF THE SECOND MEETING

Held at the Printania Palace Hotel, Broummana, Lebanon
on Thursday, 24 September 1970, at 8.30 a.m.

CHAIRMAN: Dr. H. Morshed (Iran)

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Representatives of Member States

<u>Government</u>	<u>Representative, Alternate or Adviser</u>
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CYPRUS	Dr. V. Vassilopoulos
FRANCE	Dr. G. Orthlieb
IRAN	Dr. H. Morshed Mr. A.N. Amir-Ahmadi
IRAQ	Dr. I. Al-Nouri
KUWAIT	Mr. Y.J. Al-Hijji Dr. A.R. Al-Awadi
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LIBYA	Dr. A.M. Abdel Hadi Dr. O. Kadiki
PAKISTAN	Brigadier C.K. Hasan Dr. S. Hasan
SAUDI ARABIA	Dr. H.S. Dabbagh Dr. A.S. Tabb'a
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SYRIA	Dr. N. Ramzi Dr. A. Budeir
TUNISIA	Dr. M. Bahri
UNITED ARAB REPUBLIC	Dr. H. El Kadi Dr. A.G. Khallaf Dr. L. Aboul Nasr Dr. E.E. Galal
YEMEN	Mr. A.M. El Saidi Dr. M.K. El Aghbari

Representatives of Associate Member States

<u>Government</u>	<u>Representative, Alternate or Adviser</u>
BAHRAIN	Dr. A. Fakhro
QATAR	Dr. S.A. Tajeldeen Mr. M.G. Al-fein

World Health Organization

Secretary to the Sub-Committee (ex-officio)	Dr. A.H. Taba, Regional Director
Director of Health Services, EMRO	Dr. M.O. Shoib
Public Health Administrator for Communicable Diseases, EMRO	Dr. A.A. Al-Hamami
WHO Epidemiologist	Dr. A.H. Abou Ghareeb

Representatives of United Nations Organizations

UNITED NATIONS CHILDREN'S FUND (UNICEF)	Mr. J.F. McDougall Regional Director, UNICEF, Beirut Mr. R. Koleilat Deputy Regional Director, UNICEF, Beirut
UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA)	Dr. M. Sharif Director of Health and WHO Representative, UNRWA, Beirut
FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)	Dr. J. Kolar FAO Consultant on Animal Health, Beirut

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

LEAGUE OF ARAB STATES	Dr. G. Zerikly
INTERNATIONAL DENTAL FEDERATION	Dr. E. Sawaya
INTERNATIONAL UNION FOR HEALTH EDUCATION	Mrs. Aida C. Shamma
INTERNATIONAL FERTILITY ASSOCIATION	Dr. Edma Abouchdid
THE WORLD MEDICAL ASSOCIATION	Dr. F. Haddad

Representatives and Observers of Inter-governmental,
International Non-governmental and National Organizations (cont'd)

THE WORLD FEDERATION FOR MENTAL HEALTH	Dr. A. Manugian
INTERNATIONAL COUNCIL FOR NURSES	Mrs. Aida Sultan
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr. I. Nazer
INTERNATIONAL COMMITTEE OF THE RED CROSS	Mrs. G. Shoucair
INTERNATIONAL STATISTICAL EDUCATION AND RESEARCH CENTRE (ISEC)	Mr. F. El Khouri

1. TECHNICAL MATTERS: Item 10 of the Agenda (continued)

(a) CHOLERA: Item 10(a) of the Agenda (continued)

Continuing the discussion on cholera, Dr. EL KADI (United Arab Republic) expressed his agreement with the view of previous speakers that international co-operation was needed in combating all the communicable diseases, including cholera. His Government would put all its facilities at the disposal of countries in the Region for that purpose, as it had already done by supplying vaccine and expert advice.

Dr. ABDEL HADI (Libya) supported the proposal of the Representative of Kuwait that a surveillance committee should be set up with the agreement of the countries concerned.

Dr. DABBAGH (Saudi Arabia) said that hundreds of thousands of pilgrims went to Mecca every year from areas in which cholera was endemic or epidemic. The health authorities in his country spared no efforts to see that the health of pilgrims was fully protected, but some countries had complained about the strictness of the measures they had taken. His Government believed that the International Health Regulations should be observed, in order to safeguard his own and other countries, and he believed that the countries in the Region would fully support him.

Dr. ANOUTI (Lebanon) agreed with the Representative of Saudi Arabia that observance of the International Health Regulations would reduce the likelihood of an outbreak of cholera during the pilgrimage. Strict observance was the more necessary because the conditions favoured the transmission of the disease.

Dr. FAKHRO (Bahrain) wondered whether there was any justification in closing swimming pools and beaches when there were sporadic cases of cholera in the neighbourhood. He enquired whether the finding of positive cultures with sea water had any significance and whether there were any other contra-indications to vaccination as well as in pregnancy.

The CHAIRMAN, speaking as the Representative of Iran, asked that his statement be recorded verbatim by the Secretariat:

"The problem of cholera is not any more a problem of one or two regions.

"Three regions are directly and two are indirectly under the threat of cholera.

"For the first time I want to express my deep regret and concern for the way WHO Headquarters is handling the problem of cholera.

"On various occasions we brought to the attention of WHO the importance of concentration on the endemic foci.

"In 1962, when Iran was a Member of the Executive Board, we brought up this problem and asked WHO to make a programme for the control or eradication of the disease in its endemic foci and do more research on this disease. We believe that if our proposal had been considered seriously by WHO, the disease would probably not have migrated from its endemic foci to other countries. In March 1970, in a special meeting held in Teheran, about the cholera, we reminded again the importance of concentration on the endemic foci and offered co-operation materially and also with technical personnel. I read the item 9 of the resolution of the above-mentioned meeting for your information:

'Cholera cannot be eliminated without an organized attack on its endemic foci. It is therefore strongly recommended that WHO should actively assist the countries concerned in their programme of control and eradication of cholera. WHO should further initiate establishing a programme and raising funds for the control of cholera in endemic areas and for the promotion of cholera research as well as initiating feasibility studies for possible eradication of this disease.

'The Delegates very highly commended the offer made by the Government of Iran to assist in establishing a regional programme for the control and possible eradication of endemic foci of cholera.'

"What action was taken except the press release? Sometimes they say cholera is not any more an important disease and it is not necessary to take measures and sometimes they issue press releases and cause panic.

"In conclusion, thanking the Regional Director for the correction of the mistake in Table 1 which was distributed to us yesterday and which is now withdrawn, I strongly insist that those who made this mistake be promptly and firmly questioned.

"We have strong reservations about some of the information disseminated by the Headquarters without any valid justification, and we therefore reserve our rights to take whatever official action considered necessary by our Government."

Dr. AL-HAMAMI (Secretariat) quoted the recommendations of the meetings on cholera at Ankara and Teheran, which urged countries to observe international regulations strictly and not impose other restrictive measures except when mutually agreed upon between countries in the light of specific conditions. WHO was opposed to excessive measures on the part of countries.

In relation to the provision of teams of experts to help in the diagnosis and treatment of cholera in outbreaks, WHO had already circulated a request to governments to release experts when needed. Because of the shortage of trained staff, too, it had offered fellowships for the training of health workers throughout the Region. It would also give every assistance in increasing the quantity and quality of vaccine available and in providing technical advice and equipment.

Cholera was an important public health problem in many parts of the world, but its importance was not greater than that of other gastro-intestinal infections. Like them, its control called for improved sanitary conditions, better epidemiological services, and a system of laboratories to establish the diagnosis. It was not known whether the present epidemic in the Region was a fresh westward invasion, or a reappearance of the 1965-1966 outbreak. One of the difficulties in tracing the path of the epidemic was that index

cases were not easy to detect and were often missed. It had also to be remembered that in cholera, especially the El Tor variety, there were fifty to one hundred inapparent cases for every overt case.

Dr. ABOU GHAREEB (Secretariat) said that the danger to swimming pools and beaches was contamination by cholera vibrios. If the water of swimming pools was heavily chlorinated, it was safe, but sunshine reduced the effects of the chlorination. Sewage often flowed into the sea in the neighbourhood of sea-coast towns and when cholera was present the sea water was frequently found to be contaminated. In connexion with sewage, it had been found to provide a positive indicator of the trend of infection, and in Hong Kong night soil had been used both for that purpose and to trace apparent and inapparent cases and carriers to their habitat.

In relation to the danger of vaccinating pregnant women, the difficulty was that pregnant women contracting cholera suffered excessively from the disease. Other contra-indications to vaccination were the presence of fever, marasmus, and senility.

The REGIONAL DIRECTOR said that the discussion had been valuable and showed the complexity of the problem of cholera in the Region. WHO believed that the International Health Regulations should be observed and that countries should not take excessive measures. Clearly the Regulations had weaknesses, but they were not easy to remedy. When they had been revised there were conflicting views on whether cholera, especially the El Tor variety, should be deleted from the list of quarantinable diseases or whether, on the contrary, action against it should be intensified. No doubt it would be fully reviewed by the WHO International Committee on Quarantine. In any case, he concluded from what had been said during the discussions that countries agreed that it was their duty to notify cases of cholera in accordance with the International Health Regulations and not to take measures going beyond the provisions of those Regulations, unless by mutual agreement. The Pilgrimage to Mecca was obviously of a special nature, and clearly the views of the Representative of Saudi Arabia would be endorsed by everyone.

Nevertheless, the measures taken to safeguard the health of the pilgrims should be based on scientific grounds and should not, for example, include stool culture, since scientific opinion did not agree that that was an effective measure of detecting the disease.

It was of vital importance to avoid panic in relation to any outbreaks of cholera. Most of the problems in countries were due to insufficient education of the public in relation to cholera; the health authorities should use every method of educating people to realize that, although important, cholera was merely one of many diarrhoeal diseases. The idea of a surveillance committee seemed to him to be excellent, but the surveillance should be of all the diarrhoeal diseases not of cholera alone. He felt, indeed, that there should also be national surveillance committees as well as inter-country committees. WHO would be glad to assist in the establishment of such committees, but it must be emphasized that it could not enter one country at the request of another.

WHO was actively involved in research and in attempts to eradicate the disease in the main endemic foci. The vaccine strains employed were gradually improving as a result of that research. WHO would attempt to increase courses for the training of national health staff in the early detection and treatment of the disease.

Replying to questions, Dr. ABOU GHAREEB (Secretariat) said that a number of trials had been made of cholera vaccine in endemic areas. No data were available on non-endemic areas, since vaccination was instituted to deal with epidemics and control groups could not be left unvaccinated, for ethical reasons. The trials had shown that vaccination was most useful just before an epidemic, and that the duration of immunity averaged three-and-a-half months and did not usually exceed six months. It had been found that one dose of vaccine sufficed for individuals of over five years of age, a second dose conferring little added protection. In the case of children under five years of age, however, two doses were better than one.

The value of surveillance was illustrated by the situation in Japan and Taiwan, where active surveillance had succeeded in arresting outbreaks of infection at the beginning. Surveillance, improved sanitation, and vaccination were all important measures, and it could not be said that mass vaccination was the most important single measure to be taken. International recommendations were for a dose of 1 ml of vaccine, but some authorities gave $\frac{1}{2}$ ml in one dose and a later dose of 1 ml. The study in the Philippines, however, showed that one dose gave 51 per cent protection, two doses 53 per cent, the difference being statistically unimportant. It was therefore a matter for the health authorities themselves to decide whether to administer the vaccine in one or two doses. The vaccine could not be administered to people suffering from diabetes or heart disease. Care had to be taken to administer it slowly in graded doses to people suffering from allergies or asthma, but no accidents had occurred among the many thousands of vaccinations given.

There was much research going on into the classification of the vibrios especially the non-agglutinable vibrios. Some epidemics started with infection by non-agglutinable vibrios and continued with agglutinable vibrios, and it had been found that repeated sub-culture of non-agglutinable vibrios could result in the appearance of agglutinable vibrios. Non-agglutinable vibrios were sometimes found for several months in the general population after an outbreak of cholera. The isolation of agglutinable and sometimes of non-agglutinable vibrios had been used as an indicator of infection.

Dr. ABDEL HADI (Libya) said that the policy in his country in the mass vaccination campaign it had carried out was to give $\frac{1}{4}$ ml to individuals between one and six years of age, $\frac{1}{2}$ ml between six and twelve years of age, and 1 ml above twelve years of age. Children under one and pregnant women were not vaccinated. It was proposed to repeat the vaccination in children under six years of age.

Replying to a question by Dr. TAJELDEEN (Qatar), Dr. ABOU GHAREEB (Secretariat) said that an individual with a valid vaccination certificate

could, according to the International Health Regulations, be kept under surveillance for not more than five days from the date of his departure from an infected area; if he had not a valid certificate, countries were entitled to keep him in isolation for that period.

The REGIONAL DIRECTOR, replying to a question by the Representative of Cyprus, said that the functions of WHO were laid down in Article 2 of its Constitution. Earlier in the year a country in another Region had requested WHO to investigate an outbreak of diarrhoeal disease within its territory. A team of experts had been sent to the country and had discovered that the disease was cholera and that an epidemic on a much larger scale than any that had occurred in the Eastern Mediterranean Region was taking place. After consultation with the legal department, the Director-General had concluded that, under Article 2 of the Constitution, he had the duty to declare the country an infected area. The Government of the country concerned had reacted strongly to this decision. He concluded by hoping that the countries of this Region would follow the International Health Regulations and collaborate with WHO and their neighbours.

The CHAIRMAN called for comments on the following draft resolution:

"The Sub-Committee,

Having discussed the problem of cholera El Tor in the Eastern Mediterranean Region, and expressed deep concern about the recent trend of its westward spread;

Having noted that recent advances in therapy rendered treatment of cholera effective, inexpensive and not technically difficult, so that lives can be saved if facilities are provided by the Health Services;

Having noted also the value of surveillance of diarrhoeal diseases as a tool for early detection of cholera, which enables timely institution of appropriate control measures;

Considering cholera as an important national and international health problem with economic impact, and deeming it necessary, for its prevention and control to promote co-operation on a bilateral and international basis in the implementation of long-term programmes for cholera control in the Region;

1. URGES the Governments of the Region to give due consideration to improving sanitation, strengthening basic health services and propagating health education to raise the standard of personal and community hygiene and thus prevent the spread of cholera and ultimately free the Region of this infection;
2. STRESSES the importance of:
 - (a) Notification of cases of cholera as required in the International Health Regulations;
 - (b) Surveillance of enteric infections and cholera by which health authorities will be able to foresee and forestall any danger;
 - (c) Importance of long-term sanitation programmes in the control of cholera;
3. REQUESTS the Regional Director to organize training courses and seminars on cholera, promote a regional programme for cholera control and extend technical assistance to Governments on request."

After a brief exchange of views, a working group composed of the CHAIRMAN, Dr. AL-AWADI (Kuwait), Dr. ABDEL HADI (Libya), Dr. VASSILOPOULOS (Cyprus), Dr. ANOUTI (Lebanon), Dr. FAKHRO (Bahrain), Dr. RAMZI (Syria), Dr. DABBAGH (Saudi Arabia) and Dr. EL KADI (United Arab Republic), met to elaborate the following amended draft resolution:

"The Sub-Committee,

Having discussed the problem of cholera El Tor in the Eastern Mediterranean Region, expressed deep concern about the possibility of the disease becoming endemic in the Region and the recent trend of its westward spread;

Having noted that recent advances in therapy rendered treatment of cholera effective, and not technically difficult, so that lives can be saved if cases are detected early and effective treatment is provided;

Having noted also the value of surveillance of diarrhoeal diseases as a tool for early detection of cholera, which enables timely institution of appropriate control measures;

Considering that cholera, like other enteric infections, is an important national and international health problem with economic impact, and deeming it necessary, for its prevention and control to promote co-operation on a bilateral and international basis in the implementation of long-term programmes for cholera control in the Region,

1. URGES the Governments of the Region to give due consideration to improving sanitation, strengthening basic health services, and propagating health education to raise the standard of personal and community hygiene, in addition to other specific preventive measures, and thus prevent the spread of cholera and ultimately free the Region of this infection;
2. URGES Member States to give due respect to the International Health Regulations especially as concerns:
 - (a) Notification of cholera cases,
 - (b) Conditions for exchange of agricultural products, foodstuffs and other commercial items,
 - (c) Application of health regulations only to infected areas and not to the country as a whole;
3. STRESSES the importance of:
 - (a) Surveillance of enteric infections and cholera by which health authorities will be able to foresee and forestall any danger,
 - (b) Long-term sanitation programmes in the control of cholera particularly in endemic and receptive areas,

- (c) Finding more effective ways and means to enhance WHO's possibilities to enforce international sanitary regulations;
- 4. REAFFIRMS that international vaccination certificates be checked very carefully for their validity not only at the point of entry but also at the place of departure. Measures should be taken by the national authorities to inflict strict penalties for the issue of false certificates;
- 5. REQUESTS WHO to:
 - (a) Intensify its research activities on the epidemiology and prevention of cholera,
 - (b) Study and review the possibility of a uniform vaccination policy;
- 6. REQUESTS the Regional Director to organize training courses and seminars on cholera, promote a regional programme for cholera control and extend technical assistance to governments on request."

Decision: The resolution was adopted.

2. STATEMENT BY DR. GALAL (UNITED ARAB REPUBLIC) ON THE RECOMMENDATIONS OF A TRAVELLING SEMINAR ON THE QUALITY CONTROL OF PHARMACEUTICAL PREPARATIONS

Dr. GALAL (United Arab Republic) said that the expansion in the pharmaceutical production industry in the Region, besides bringing advantages in treatment of certain diseases, had exposed populations to various abuses. Even developed countries had had difficulty in coping with the flood of new products coming onto the market each year. Up to 10 per cent of control samples collected from famous manufacturers in developed countries had been found not to conform to standards and to lack the potency claimed for them.

There was urgent need for a regional control service, as quality control laboratories were too expensive an investment for individual countries, and techniques for control were complex and expensive and required experienced personnel with specialized knowledge.

He mentioned the special problems facing pharmaceutical quality control in the Region, which included, with the economic factors he had already mentioned, the problems of climate and state of development of health and laboratory services. Also the prices for imported drugs varied enormously often without any relation to standards of efficacy and potency.

Those like himself who had worked in the field for many years felt that the hazards of inadequate control for the consumer might be much greater than some of the public health problems of which the profession and the public were made more aware.

He therefore urged countries in the Region to accept the recommendations of a WHO travelling seminar that countries with well-equipped laboratories should co-operate and provide services to less fortunate countries in all possible ways including exchange of information, and above all, by creating a regional department to give the kind of specific information on drugs which they needed. Pharmaceutical quality control was one of the few fields, in his opinion, where simply by knowing and making use of the capacity of existing laboratory services in the Region, a service could be achieved comparable to those in more advanced parts of the world.

The REGIONAL DIRECTOR said that Dr. Galal's statement had been noted, and he hoped with him that Representatives would impress on their governments the advisability of following the recommendations. The Regional Office was at the disposal of members of the Region to help them in any way that it could.

The meeting rose at 10.40 a.m.