

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

الهيئة الصحية العالمية
المكتب الإقليمي لشرق البحر الأبيض

ORGANISATION MONDIALE
DE LA SANTE

BUREAU REGIONAL DE LA
MEDITERRANEE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Twelfth Session

Sub-Committee A

EM/RC12A/3
10 October 1962

ORIGINAL: ENGLISH

REPORT OF SUB-COMMITTEE A
OF THE
TWELFTH SESSION
OF THE
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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PART I

INTRODUCTION

1. GENERAL

Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Twelfth Session met in Riyadh, Saudi Arabia, from 6 to 10 October 1962.

Five plenary meetings were held and the Sub-Division on Programme met three times. Technical Discussions on Solar Radiation and its Related Heat Effect on the Human Organism took place on Wednesday 10 October.

The following States were represented:

Cyprus	Pakistan
Ethiopia	Saudi Arabia
France	Somalia
Iran	Sudan
Jordan	Syrian Arab Republic
Kuwait	Tunisia
Lebanon	United Kingdom of Great Britain and Northern Ireland
Libya	

The Governments of the United Arab Republic and Yemen expressed their desire to attend, but were not represented. The Government of Iraq did not participate in the session.

The fifteen Member States represented exercised their right of vote in Sub-Committee A.

The United Nations, the UN Regional Social Affairs Office for the Middle East, the United Nations Children's Fund, the United Nations Relief and Works Agency for Palestine Refugees, the Technical Assistance Board and the Food and Agriculture Organization were represented. The Representative designated by the League of Arab States was unable to attend. Representatives or Observers from the International Committee on Military Medicine and Pharmacy, the International Statistical Education Centre, Beirut, the Arabian American Oil Company and the Arabian Oil Company Ltd. (Japan) and the World Medical Association were also present.¹

2. OPENING OF THE SESSION (Agenda item 1)

The opening and subsequent sessions were held at the Zahret Al Chark Hotel through the courtesy of the Government of Saudi Arabia.

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

In the absence of the Chairman of the previous session, Dr. A.T. Diba (Iran), a Vice-Chairman of Sub-Committee A of the Eleventh Session of the Regional Committee, acted as Chairman until the election of officers for the current session.

His Excellency, Dr. Hamed Harassani, Minister of Health of Saudi Arabia, gave the inaugural address and welcomed on behalf of his Government all those taking part in the meetings of Sub-Committee A.

He referred to the historical background of Saudi Arabia, the efforts of his Government to develop the country along the lines of modern progress, and the achievements already attained in all aspects of health, particularly with respect to the sanitary control of the Mecca Pilgrimage. He mentioned with appreciation the work of WHO, and the cooperation which continued to exist between his Government and the Organization.

Other speakers were Dr. A.H. Taba, WHO Regional Director for the Eastern Mediterranean; Dr. F. Grundy, Assistant Director-General of WHO representing the Director-General; Brigadier M.S. Haque, Joint Secretary and Director-General of Health, Pakistan; Dr. Kamal El Borai, Acting Chief Medical Officer, Kuwait; Dr. A.T. Diba, Under-Secretary of State, Ministry of Public Health, Iran.

3. ELECTION OF OFFICERS (Agenda item 2)

The Sub-Committee elected its officers as follows:

<u>Chairman:</u>	Dr. Abdel Aziz El Mudarris (Saudi Arabia)
<u>Vice-Chairmen:</u>	Brigadier M.S. Haque (Pakistan) Dr. Ghassan Jallad (Syrian Arab Republic)
<u>Chairman, Sub-Division on Programme:</u>	Dr. Mohamed Zaki Mustafa (Sudan)
<u>Chairman, Technical Discussions:</u>	Dr. Kamal El Borai (Kuwait)

4. ADOPTION OF THE AGENDA (Agenda item 3, Documents EM/RC12/1 Rev.1 and Add.1)

The provisional and supplementary Agenda were adopted as presented.¹

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See: Annex I

PART II

REPORTS AND STATEMENTS

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR (Agenda item 5, Document EM/RC12/2, Resolution EM/RC12A/R.2)

Representatives of Member States made their statements and reports at the same time as consideration was given to the Report of the Regional Director which covered the period 1 July 1961 to 30 June 1962. Following are the main points that arose:

(a) The importance of health promotion plans being included in the Government's general overall long-term development plans was emphasized. WHO assistance needed to continue in this important and essential aspect of health development programmes.

(b) Considerable progress had been made in most countries of the Region in the control of communicable diseases. However, malaria, smallpox, tuberculosis, trachoma and bilharziasis were still of particular concern and WHO assistance continued to be needed for their control and eradication. Leprosy was also a persistent problem in certain countries. The possibility of there being a relationship between the use of Khat and Tuberculosis incidence should be studied.

(c) In the field of education and training which continued to be all important throughout Regional Countries, medical education in particular should be expedited to improve the low population-doctor ratio. Preventive medicine and public health should have the appropriate place in the curricula of Medical Faculties. The importance of the fellowships programme of WHO was stressed.

(d) Affording facilities to national health workers and officials for an adequate period of "training visits" to WHO Headquarters and the Regional Offices should be promoted.

(e) There was need for the promotion of health education and the training of health educators, but the value of the services of workers such as health visitors who had constant daily contact with the people should not be overlooked.

(f) Among the other categories of personnel most urgently needed were those in the field of paediatrics, nutrition, mental health, nursing.

(g) Rural health projects and environmental sanitation were being included to a greater extent in the Governments' planning, and should be given more attention.

(h) Problems of overcrowding, nomadism, disease control over wide areas and difficult terrain, as well as across borders, should be studied.

(i) The Regional Office in its efforts towards cancer control and radiation protection should advocate discontinuance of nuclear tests.

(j) To obtain benefit from the United Nations and other sources, Governments would have to give higher priority to health projects when making requests. To this end it was essential for the health services to be adequately represented on the Government body responsible for coordinating development plans.

(k) Evaluation of national health plans and achievements, as well as of WHO-assisted projects was important and should be undertaken regularly. In this connection, the weak vital and health statistics throughout the Region should be strengthened. WHO assistance, particularly in the form of advisory services and fellowships for training both inside and outside the Region, was needed.

2. COOPERATION WITH OTHER ORGANIZATIONS AND AGENCIES (Agenda item 6(a) and (b), Document EM/RC12/12, Resolution EM/RC12A/R.3)

The Representative of the United Nations Relief and Works Agency for Palestine Refugees in outlining the agency's activities in aiding the million Palestine refugees under its care, mentioned particularly the expanded programme of education and vocational training for young refugees, the health programme including both curative and preventive medicine, maternal and child care, nutrition, education and in-service training in fields of health, and health education.

Although infant morbidity and mortality, particularly from diarrhoeal diseases, were high, rehydration centres established during the year had saved many lives.

The extension of UNRWA's mandate which would end in 1963 was a matter for the decision this year of the General Assembly of the United Nations.

The Representative of the Food and Agriculture Organization summarized the work of the Organization in the field of nutrition in which cooperation with WHO was particularly strong. Numerous joint committees or seminars had dealt with many aspects of nutrition in the past or were planned for the near future.

The Organization was also cooperating in establishing nutrition institutes and carrying out various other nutrition projects in many countries of the Region. In Saudi Arabia, experts from FAO and WHO were about to assist the Government in developing public health measures for meat conservation during the pilgrimage.

Nutrition was a many-sided problem that could not be properly dealt with by one department or ministry alone. In connection with planning and nutritional education, the Representative quoted in toto the recommendations adopted on the subject at the last FAO Regional Conference.

The Representative of the United Nations Children's Fund pointed out that the Fund was cooperating with WHO in sixty-seven projects in the Region. UNICEF was concerned mainly with the children of the Region who constituted 42% of the total population. Since its inception, two-thirds of the Fund's projects had been in the field of health, the rest being in such fields as nutrition and vocational training.

The Representative of the Technical Assistance Board confirmed that balanced economic and social development involved raising the standard of health of the population and therefore governments should give top priority to health projects in their requests for assistance. More frequent visits of WHO staff and closer coordination and cooperation with representatives of the Technical Assistance Board might help governments to further this aim.

The Observer for the International Statistical Education Centre briefly outlined the work of the Centre and spoke of the cooperation of the Regional Office particularly with regard to the annual visit of the Regional Statistical Adviser to lecture to the students, and WHO fellowships which enable staff from ministries of health to attend the course. Forty per cent of the students at the Centre were on such fellowships.

PART III

SUB-DIVISION ON PROGRAMME

1. APPOINTMENT OF SUB-DIVISION (Agenda item 4)

In conformity with Rule 14 of the Rules of Procedure, a Sub-Division on Programme was established under the Chairmanship of Dr. Mohamed Zaki Mustafa (Sudan). The Proposed Programme and Budget Estimates for 1964 for the Eastern Mediterranean Region (Agenda item 9) and Technical Matters (Agenda item 10) were referred to the Sub-Division.

2. REPORT OF THE SUB-DIVISION ON PROGRAMME (Agenda item 11, Resolution EM/RC12A/R.16).

The report of the Sub-Division on Programme¹ was adopted.

PART IV

TECHNICAL DISCUSSIONS

1. SOIAR RADIATION AND ITS RELATED HEAT EFFECT ON THE HUMAN ORGANISM (Agenda item 12, Documents EM/RC12/Tech.Disc./1-9, Resolution EM/RC12A/R.19)

The Technical Discussions were held on Wednesday 10 October 1962 under the Chairmanship of Dr. Kamal El Borai (Kuwait).²

Two basic documents were prepared by the Regional Office and seven by experts in countries of the Region and other parts of the world.

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See: Annex III

2

See: Report on the Twelfth Session of the Regional Committee for the Eastern Mediterranean, EM/RC12/14, Annex V for Summary Technical Report.

2. SUBJECT FOR TECHNICAL DISCUSSIONS AT THE 1964 SESSION
(Agenda item 13, Resolution EM/RC12A/R.14)

"Hospital Administration" had previously been chosen by the Sub-Committee as the subject to be discussed at its session in 1963. It was decided at the present session that "Infantile Diarrhoea" should be the subject of the Technical Discussions at the 1964 session of the Sub-Committee.

PART V

OTHER MATTERS

1. CONSIDERATION OF THE PROPOSAL FOR USING THE ARABIC LANGUAGE IN THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (Agenda item 7, Document EM/RC12/10 and Resolution EM/RC12A/R.11)

It was decided to use the Arabic Language as an official language of the Regional Office, and the Regional Director was requested to take the necessary steps for its use as a working language as of 1965.

2. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE FIFTEENTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS TWENTY-NINTH AND THIRTIETH SESSIONS (Agenda item 8(a), Document EM/RC12/11, Resolution EM/RC12A/R.12)

The Sub-Committee took note of the contents of these Resolutions.

3. AMENDMENTS TO RULES OF PROCEDURE (SUB-COMMITTEE A)
(Agenda item 8(b), Document EM/RC12/13, Resolution EM/RC12A/R.13)

The proposed amendments to the Rules of Procedure were adopted.

4. REPRESENTATIVE OF SUB-COMMITTEE A (RULE 47 OF RULES OF PROCEDURE)
(Agenda item 13, Resolution EM/RC12A/R.15)

Dr. Abdel Aziz el Mudarris (Saudi Arabia), was designated to represent Sub-Committee A in pursuance of paragraph 2(8) of Resolution WHA7.33 and of Rule 47 of the Rules of Procedure.

5. PLACE OF SIXTEENTH SESSION OF THE REGIONAL COMMITTEE, SUB-COMMITTEE A
(Agenda item 13, Resolution EM/RC12A/R.17)

The Sub-Committee unanimously accepted the invitation of the representative of Pakistan to hold the 1966 session in Pakistan.

PART VI

RESOLUTIONS

EM/RC12A/R.1 ADOPTION OF THE PROVISIONAL AND SUPPLEMENTARY AGENDA

The Sub-Committee,

ADOPTS the Provisional and the Supplementary Agenda as presented (Documents EM/RC12/1 Rev. 1 and Add. 1).

EM/RC12A/R.2 ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE TWELFTH SESSION OF THE REGIONAL COMMITTEE

The Sub-Committee,

Having considered the Annual Report of the Regional Director for the period 1 July 1961 to 30 June 1962 (EM/RC12/2),

1. NOTES with interest the progress achieved during the past year, the expectations for the future, and the new resources potentially available for the development of health programmes in the Region;
2. RECOGNIZES that in all aspects of health promotion in the Region the need for education and training of professional and auxiliary personnel remains paramount, and endorses the increasing emphasis being placed on medical education;
3. APPROVES the manner in which work in all fields of health is being carried out;
4. COMMENDS the Regional Director on his comprehensive report.

EM/RC12A/R.3 COOPERATION WITH ORGANIZATIONS AND AGENCIES IN FIELDS RELATED TO HEALTH

The Sub-Committee,

Having heard the statements and reports of Representatives and Observers of Organizations and Agencies;

Having studied with interest the Report of the Department of Health of the United Nations Relief and Works Agency for Palestine Refugees (EM/RC12/12);

Noting with satisfaction their valuable work in fields related to health and the continued concern and faithful efforts of UNRWA staff in providing essential services for the Palestine refugees,

THANKS all Organizations and Agencies for their continued effective cooperation and support.

EM/RC12A/R.4 PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1964 FOR
THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having carefully examined the Proposed Programme and Budget Estimates for 1964 (EM/RC12/3 and Corr. 1-3);

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

1. NOTES with satisfaction the prominence given to education and training in the Regional programme, the new approach to medical education and the continued emphasis on provisions for fellowships;
2. APPRECIATES that cancer control, radiation protection, nutrition and mental health are continuing to receive due consideration without detriment to projects in other fields such as communicable diseases control;
3. REITERATES the importance of inter-country programmes and supports the requests submitted to the Technical Assistance Board for activities included under this heading;
4. ENDORSES the proposed programme and budget for 1964 to be implemented from the Regular Budget of the World Health Organization, the Expanded Programme of Technical Assistance funds, the Malaria Eradication Special Account and the Special Account for Community Water Supply;
5. THANKS UNICEF for its constant cooperation and valuable support.

EM/RC12A/R.5 MALARIA ERADICATION PROGRAMMES IN THE EASTERN
MEDITERRANEAN REGION

The Sub-Committee,

Having examined the document on Malaria Eradication Programmes in the Eastern Mediterranean Region (EM/RC12/4 and Corr.1);

Noting with satisfaction the progress of work in malaria eradication programmes,

Considering the urgency of accelerating eradication activities in countries launching eradication programmes or those preparing for them;

Realizing the need for extensive training of national staff, both in eradication programmes and in pre-eradication programmes, each requiring particular orientation in training;

Noting the benefits derived from inter-country and inter-regional meetings and conferences, as exemplified by decisions reached in the Inter-Regional Conference held in Teheran in May 1962,

1. EMPHASIZES that successful completion of eradication programmes depends upon:
 - (a) Giving due priority to malaria eradication in country overall health programming, both in the operational and training aspects, to accelerate the entrance of the programme into the maintenance phase;
 - (b) Developing and strengthening the basic health services, both at central and peripheral levels by ensuring adequate distribution and staffing and their preparation to assume full responsibility for vigilance activities during the maintenance phase;
 - (c) Developing a coordinated plan of operation for countries advanced in eradication programmes with the objective of defining the target time of their entrance into the maintenance phase, and to stimulate and coordinate exchange of epidemiological information on malaria and the measures taken along frontiers;

2. BELIEVES that the acceleration of pre-eradication programmes depends on:
 - (a) The strengthening of the health services and acceleration of the building up of a basic health infra-structure in the malarious areas to prepare for the implementation of future malaria eradication programmes;
 - (b) The development of training facilities for both the staff of the rural health services and for malaria key personnel needed for the concomitant development of the rural health services and the malaria eradication service;
 - (c) The promotion of health education activities among all medical and para-medical personnel as well as among the rural population, to ensure their effective participation in future malaria eradication programmes;
 - (d) Adequate WHO advisory services to such programmes to provide technical guidance in developing the above-mentioned services;

3. ENDORSES the recommendations of the Inter-Regional Technical Meeting on Malaria Eradication held in Teheran, May 1962, and requests the Regional Office to organize in 1963 or 1964 a similar meeting for the benefit of the other group of countries in the Region as well as of neighbouring countries of other Regions.

EM/RC12A/R.6 EPIDEMIOLOGICAL APPROACH TO TUBERCULOSIS CONTROL IN THE COMMUNITY

The Sub-Committee,

Having considered the document on the Epidemiological Approach to Tuberculosis Control in the Community (EM/RC12/5) submitted by the Regional Director;

Recalling resolution EM/RC10/R.8 on tuberculosis control with particular reference to domiciliary treatment, adopted by the Regional Committee at its Tenth Session;

Recognizing that tuberculosis continues to be one of the main medical and social problems in the Eastern Mediterranean Region;

Noting with satisfaction the endorsement by the UNICEF/WHO Joint Committee on health policy of WHO's technical policy in the control of tuberculosis,

1. URGES Member States to follow as closely as possible the policy adopted by the Organization particularly with respect to:

- (a) the local development, testing and evaluation in a pilot area, of present technical knowledge of tuberculosis control, under optimum field conditions before adopting expansion into a national programme covering the whole country;
- (b) the training of specialized and general health personnel for carrying out tuberculosis control work;
- (c) the integration of simple tuberculosis procedures into the routine of general public health workers;
- (d) encouragement of community participation in the national tuberculosis control efforts;
- (e) the use of freeze-dried BCG vaccine in climatic conditions adverse to the potency of liquid BCG vaccine;

2. REQUESTS the Regional Director to continue assistance to Governments in reorganizing and strengthening national tuberculosis control programmes.

EM/RC12A/R.7 USE AND ABUSE OF DRUGS

The Sub-Committee,

Having considered the document on Use and Abuse of Drugs (EM/RC12/6);

Realizing that rapid accumulation of drugs may lead to their haphazard use, especially under the influence of extravagant claims of advertisements, and the present system of licensing,

1. URGES Governments to include programmes on the new drugs in their health education for the physician and for the public;

2. STRESSES the urgency of warning the public through the medical profession against drugs which have proved to have biological effects on the foetus;

3. URGES Governments to study drug addiction in the light of the social and cultural factors, special attention being given to prejudicial factors which may render the effect of a drug more harmful and out of proportion to its real nature;
4. REQUESTS the Regional Director to continue to study the use of drugs and drug addiction at a Regional level, and to render assistance whenever required.

EM/RC12A/R.8 IMPROVEMENT OF VITAL AND HEALTH STATISTICS IN THE COUNTRIES OF THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having studied the document on Improvement of Vital and Health Statistics in the Countries of the Eastern Mediterranean Region (EM/RC12/7);

Considering the basic importance to public health administration of the development and strengthening of systematic procedures for securing adequate vital and health statistics;

Noting that the existing data are not sufficient to allow for a quantitative evaluation of the health situation in the Region or comparisons between countries;

Noting that a major obstacle to the improvement of vital and health statistics is the shortage of trained statistical personnel,

1. URGES Member States to pursue their efforts in the field of vital and health statistics particularly by undertaking periodic population censuses; improving their legislation on registration and reporting of vital events and development of the various fields of health statistics; establishing, if they have not already done so, national committees on vital and health statistics; organizing seminars and meetings on the subject; stimulating the training of statistical personnel,
2. REQUESTS the Regional Director to continue to provide fellowships and teaching in health statistics and to render increasing statistical assistance and advice on statistical organization and development to countries requesting it.

EM/RC12A/R.9 TINEA CAPITIS AND ITS CONTROL IN THE LIGHT OF EXPERIENCES GAINED WITH GRISEOFULVIN

The Sub-Committee,

Having examined the document on Tinea Capitis and its control in the light of Experiences Gained with Griseofulvin (EM/RC12/8);

Recognizing that Tinea Capitis infections, particularly those caused by Trichophyton violaceum, and T. schoenleini (favus), are widely distributed in the Eastern Mediterranean Region, and constitute a serious problem in many countries;

Noting that WHO-assisted field trials on the efficacy of griseofulvin for mass treatment of Tinea Capitis in endemic rural areas, have proved that the oral administration of this drug is the most effective and the safest therapy for the disease,

1. RECOMMENDS that countries where the disease is endemic should undertake mass campaigns for its control using griseofulvin therapy;
2. REQUESTS the Regional Director to give maximum possible aid to Governments undertaking such programmes, and to assist in any other epidemiological studies and prophylactic measures that may be necessary to achieve the best results.

EM/RC12A/R.10 RURAL HEALTH AND COMMUNITY DEVELOPMENT IN THE EASTERN MEDITERRANEAN REGION: RESULTS OF AN ENQUIRY

The Sub-Committee,

Having examined the document on Rural Health and Community Development (EM/RC12/9 and Add. 1);

Noting with interest the results of an enquiry into the rural health and community development projects in the Region, which are analyzed in the document,

1. REITERATES the importance of Member States organizing within their Ministries of Health a special department to deal particularly with planning for rural health and its integration with other technical and social services including community development, and adopting a policy of regionalization of health work;
2. URGES Governments who have not already done so, to send replies to the Regional Director's questionnaire on rural health and community development so that information on the subject may be complete and up-to-date for the whole Region;
3. REQUESTS the Regional Director to continue to assist Governments in planning and developing their rural health activities.

EM/RC12A/R.11 USE OF THE ARABIC LANGUAGE IN THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

The Sub-Committee,

Noting the document submitted by the Regional Director on the use of the Arabic language as an official and working language in the Regional Office for the Eastern Mediterranean (EM/RC12/10);

1. DECIDES to use the Arabic language as an official language of the Regional Office,
2. REQUESTS the Regional Director to take the necessary steps for the use of the Arabic language as one of the working language of the Regional Office as from the year 1965.

EM/RC12A/R.12 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE FIFTEENTH
WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS
TWENTY-NINTH AND THIRTIETH SESSIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director
(EM/RC12/11) drawing attention to resolutions of regional interest adopted
by the Fifteenth World Health Assembly and by the Executive Board at its
Twenty-Ninth and Thirtieth Sessions,

TAKES NOTE of the contents of these resolutions¹.

EM/RC12A/R.13 AMENDMENTS TO RULES OF PROCEDURE OF SUB-COMMITTEE A OF THE
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

The Sub-Committee,

Having considered the amendments to the Rules of Procedure as proposed
by the Regional Director (EM/RC12/13),

ADOPTS the following amendments to its Rules of Procedure:

Rule 25

Immediately following this rule, insert a new rule as follows:

Rule 25 (bis)

"After the Chairman has announced the beginning of voting, no
Representative shall interrupt the voting except on a point of order
in connexion with the actual conduct of voting."

Rule 27

Immediately following this rule, insert a new rule as follows:

Rule 27 (bis)

"A decision by the Sub-Committee whether or not to vote by secret
ballot may only be taken by a show of hands, if the Sub-Committee has
decided to vote on a particular question by secret ballot no other mode
of voting may be requested or decided upon."

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WHA15.6	WHA15.47
WHA15.19	WHA15.53
WHA15.20	WHA15.54
WHA15.21	WHA15.56
WHA15.22	WHA15.57
WHA15.24	EB29.R26
WHA15.34	EB29.R32
WHA15.35	EB29.R40
WHA15.39	EB29.R44
WHA15.40	EB29.R48
WHA15.43	EB30.R23

Rule 32

Immediately following this rule, insert a new rule as follows:

Rule 32 (bis)

"No representative may address the Sub-Committee without having previously obtained the permission of the Chairman. The Chairman shall call upon speakers in the order in which they signify their desire to speak. The Chairman may call a speaker to order if his remarks are not relevant to the subject under discussion."

Rule 34

New text:

"In addition to exercising the powers which are conferred upon him elsewhere by these Rules, the Chairman shall declare the opening and closing of each meeting of the Sub-Committee, shall direct the discussions, ensure observance of these Rules, accord the right to speak, put questions to the vote and announce decisions. He shall rule on points of order, and, subject to these Rules, shall control the proceedings at any meeting and shall maintain order thereat. The Chairman may, in the course of the discussion of any item, propose to the Sub-Committee the limitation of the time to be allowed to each speaker or the closure of the list of speakers."

Rule 36

Following this rule insert a new rule as follows:

Rule 36 (bis)

"Subject to Rule 36, any motion calling for a decision on the competence of the Sub-Committee to adopt a proposal submitted to it shall be put to the vote before a vote is taken on the proposal in question."

Rule 42

In the fifth line after "put to the vote", insert the following:

"Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter amendment shall not be put to the vote."

EM/RC12A/R.14 TECHNICAL DISCUSSIONS AT THE FOURTEENTH SESSION OF THE REGIONAL COMMITTEE (Sub-Committee A - 1964)

The Sub-Committee,

DECIDES that the subject for Technical Discussions at its 1964 Session shall be "Infantile Diarrhoea".

EM/RC12A/R.15 REPRESENTATIVE OF SUB-COMMITTEE A
(Rule 47 of Rules of Procedure)

The Sub-Committee,

Considering Rule 47 of the Rules of Procedure (EM/RC8A/2),

DECIDES that Sub-Committee A shall be represented, whenever required, for the implementation of Rule 47 of the Rules of Procedure, by Dr. Abdel Aziz El Mudarris, the Representative of the Government of Saudi Arabia.

EM/RC12A/R.16 REPORT OF THE SUB-DIVISION ON PROGRAMME

The Sub-Committee,

Having noted the report of the Sub-Division on Programme (EM/RC12A/3 Annex),

ADOPTS the report.

EM/RC12A/R.17 PLACE OF SIXTEENTH SESSION OF THE REGIONAL COMMITTEE
(Sub-Committee A - 1966)

The Sub-Committee,

ACCEPTS the invitation of the Government of Pakistan to hold the meeting of Sub-Committee A of the sixteenth session of the Regional Committee for the Eastern Mediterranean in 1966 in Pakistan.

EM/RC12A/R.18 VOTE OF THANKS

The Sub-Committee,

EXPRESSES its gratitude to the Government of Saudi Arabia for the welcome and hospitality extended towards all its participants and for the excellent facilities and comprehensive arrangements which greatly contributed towards the success of its present Session.

EM/RC12A/R.19 SOLAR RADIATION AND ITS RELATED HEAT EFFECT ON THE
HUMAN ORGANISM

The Sub-Committee,

Having considered the documents on Solar Radiation and its Related Heat Effect on the Human Organism;

Realizing the significance of hot climatic conditions on the health of man, and heat stresses on the output of work;

Taking into consideration the casualties due to heat stroke during large congregations, or on ships in tropical waters or otherwise;

Noting the incapacity caused by heat exhaustion in the tropics;

Recognizing that the great majority of the countries of the Eastern Mediterranean Region are located in the hot belt of the desert,

1. RECOMMENDS to Member States that in the light of the Technical Discussions heat illness should be regarded as an important public health problem needing further investigation for its prevention;
2. REQUESTS the Regional Director to take the necessary steps to ensure that the World Health Organization includes this subject in its programme of research;
3. EXPRESSES its appreciation for the joint work carried out in this field by the Government of Saudi Arabia and the World Health Organization.

EM/RC12A/R.20 ADOPTION OF THE REPORT OF SUB-COMMITTEE A

The Sub-Committee,

1. ADOPTS the report of Sub-Committee A of the Twelfth Session of the Regional Committee (EM/RC12A/3 and Annex);
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 A OF THE REGIONAL COMMITTEE FOR
THE EASTERN MEDITERRANEAN, TWELFTH SESSION

1. Opening of the Session
2. Election of Officers
3. Adoption of the Agenda (EM/RC12/1 Rev.1 and Add.1)
4. Appointment of the Sub-Division on Programme
5. Annual Report of the Regional Director to the Twelfth Session of the Regional Committee; statements and reports by Representatives of Member States (EM/RC12/2)
6. Co-operation with other Organizations and Agencies:
 - (a) Statements and reports by Representatives and Observers of Organizations and Agencies
 - (b) Report of Department of Health of the United Nations Relief and Works Agency for Palestine Refugees (EM/RC12/12)
7. Consideration of the proposal for using the Arabic Language in the Regional Office for the Eastern Mediterranean (EM/RC12/10)
8. (a) Resolutions of Regional interest adopted by the Fifteenth World Health Assembly and by the Executive Board at its Twenty-Ninth and Thirtieth Sessions (EM/RC12/11)
 - (b) Amendments to Rules of Procedure for Sub-Committees A and B of the Regional Committee for the Eastern Mediterranean in accordance with amendments made to Rules of Procedure of the World Health Assembly (EM/RC12/13)
9. Proposed Programme and Budget Estimates for 1964 for the Eastern Mediterranean Region (EM/RC12/3 and Corr. 1-3)
10. Technical Matters:
 - (a) Malaria Eradication Programmes in the Eastern Mediterranean Region (EM/RC12/4 and Corr.1)
 - (b) Epidemiological Approach to Tuberculosis Control in the Community (EM/RC12/5)
 - (c) Use and Abuse of Drugs (EM/RC12/6)

- (d) Improvement of Vital and Health Statistics in the Countries of the Eastern Mediterranean Region (EM/RC12/7)
 - (e) Tinea Capitis and its control in the light of experiences gained with griseofulvin (EM/RC12/8)
 - (f) Rural Health and Community Development in the Eastern Mediterranean Region: Results of an Enquiry (EM/RC12/9 and Add.1)
11. Approval of the Report of the Sub-Division on Programme
 12. Technical Discussions: "Solar Radiation and its Related Heat Effect on the Human Organism" (EM/RC12/Tech.Disc.1-10)
 13. Other business
 14. Adoption of the Report

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES,
ADVISERS AND OBSERVERS TO
SUB-COMMITTEE A

CYPRUS

Representative

Dr. V. Vassilopoulos
Director-General
Ministry of Health of the
Cyprus Republic

ETHIOPIA

Representative

Mr. Hailu Sebsebie
Director-General
Department of Training and
Health Education
Ministry of Health

FRANCE

Representative

Médecin-Colonel M. Bories
Directeur de la Santé publique
de la Côte française des Somalis
Djibouti

IRAN

Representative

Dr. A.T. Diba
Under-Secretary of State
Ministry of Public Health

Alternate

Dr. M.H. Morshed
Director-General of Health
Department of Health

JORDAN

Representative

Dr. Khalid Shami
Director of Public Health
Ministry of Health

KUWAIT

Representative Mr. Abdel Mohsin Al Matrook
Assistant Under-Secretary of State
Ministry of Health

Adviser Dr. Kamal El Borai
Acting Chief Medical Officer

LEBANON

Representative Dr. Husni Jalloul
Director of Preventive Services
Ministry of Public Health

LIBYA

Representative Mr. Hameda Zlitni
Counsellor
Embassy of United Kingdom of
Libya in Jeddah

PAKISTAN

Representative Brigadier M.S. Haque
Joint Secretary and Director-General of Health
Ministry of Health, Labour and Social Welfare

Adviser Dr. Ali Nawab Khan
Assistant Director-General
Ministry of Health, Labour and Social Welfare

SAUDI ARABIA

Representative Dr. Abdel Aziz El Mudarris
Under-Secretary of State
Ministry of Public Health

Alternate Dr. Youssef El Humeidan
Director-General

Advisers Dr. Omar Zawawi
Dr. Mohamed Amin Muqim
Dr. Hashem Dabbagh (Malaria)
Dr. Elwi Jeffri (Preventive Medicine)
Dr. Youssef El Hajiri (Tuberculosis)

SOMALIA

Representative H.E. Mr. Mohamud Ahmed Mohamed Addan
Minister of Health, Labour and
Veterinary Services

Adviser Mr. Adan Farah Abrar
Director of Health Department
Ministry of Health, Labour and
Veterinary Services

SUDAN

Representative Dr. Mohamed Zaki Mustafa
Assistant Director of Medical Services
Ministry of Health

SYRIAN ARAB REPUBLIC

Representative Dr. Ghassan Jallad
Director-General of Health
Ministry of Health and Public Assistance

TUNISIA

Representative Dr. M. Taoufik Daghfous
Mececin Inspecteur
Secrétariat d'Etat à la Santé publique et
aux Affaires sociales, Tunis

UNITED KINGDOM

Representative Dr. W.A. Glynn
Director of Medical Services
Aden

REPRESENTATIVES OF UNITED NATIONS AND SPECIALIZED AGENCIES

UNITED NATIONS)
)
UNITED NATIONS)
REGIONAL SOCIAL)
AFFAIRS OFFICE FOR)
THE MIDDLE EAST)

Mr. A. Zahir Ahmed
Director, UN Regional
Social Affairs Office
for the Middle East
Beirut

UNITED NATIONS
CHILDREN'S FUND
(UNICEF)

Mr. W.G.F. Middelmann
Regional Director, UNICEF ORDEM, Beirut

Mr. Fuad Awad
UNICEF ORDEM, Beirut

UNITED NATIONS RELIEF
AND WORKS AGENCY FOR
PALESTINE REFUGEES
(UNRWA)

Dr. S. Flache
Director of the Health Department and
WHO Representative; UNRWA, Beirut

TECHNICAL ASSISTANCE
BOARD

Mr. Hassan M. Hassan
Resident Representative of the TAB and
Director of Special Fund Programme in
Saudi Arabia, Riyadh

FOOD AND AGRICULTURE
ORGANIZATION OF THE
UNITED NATIONS (FAO)

Miss Mona Doss
Regional Nutrition and Home
Economics Adviser
FAO Near East Regional Office
Cairo

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

INTERNATIONAL STATISTICAL
EDUCATION CENTRE,
BEIRUT (ISEC)

Mr. Faiz El Khuri (Observer)
Director of the Centre

INTERNATIONAL COMMITTEE
ON MILITARY MEDICINE
AND PHARMACY

Dr. Seif El Din Shishakly (Representative)
Director General of Military
Health Department
Riyadh

WORLD MEDICAL ASSOCIATION

Brigadier M.S. Haque (Representative)

ARABIAN AMERICAN OIL
COMPANY (ARAMCO)

Dr. Richard Handschin (Observer)
Chief of Preventive Medicine
ARAMCO, Dhahran

ARABIAN OIL COMPANY Ltd,
(Japan), RIYAD

Mr. Ihsan Jabr (Observer)
Assistant Manager

ANNEX III

REPORT OF THE SUB-DIVISION ON PROGRAMME
SUB-COMMITTEE A

The Sub-Division on Programme, comprising Sub-Committee A as a whole, was established under the Chairmanship of Dr. Mohamed Zaki Mustafa (Sudan). The following items were referred by the Sub-Committee to the Sub-Division for consideration:

(1) Proposed Programme and Budget Estimates for 1964 for the Eastern Mediterranean Region (Agenda item 9, Document EM/RC12/3, Corr. 1-3).

(2) Technical Matters (Agenda item 10(a) - (f)).

- (a) Malaria Eradication Programmes in the Eastern Mediterranean Region (EM/RC12/4).
- (b) Epidemiological Approach to Tuberculosis Control in the Community (EM/RC12/5).
- (c) Use and Abuse of Drugs (EM/RC12/6).
- (d) Improvement of Vital and Health Statistics in the Countries of the Eastern Mediterranean Region (EM/RC12/7).
- (e) Tinea Capitis and its Control in the light of Experiences gained with Griseofulvin (EM/RC12/8).
- (f) Rural Health and Community Development in the Eastern Mediterranean Region: Results of an Enquiry (EM/RC12/9 and Add.1).

The Sub-Division met on 8, 9 and 10 October 1962.

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1964
(Documents EM/RC12/3 and Corr.1-3, Resolution EM/RC12A/R.4)

The Sub-Division on Programme considered document EM/RC12/3 with the three corrigenda which had been issued to include additional information received after the basic document had been prepared in June 1962, and particularly corrigendum three which gives a summary of the total field programme by main subject headings under the various sources of funds for the proposed 1964 programme.

The Regional Director stressed the following points: The primary task of the Regional Committee was to study in detail, comment and advise on the proposed activities to be financed from Regular Funds in 1964 as any amendments in the proposals had to be submitted to the Director-General for inclusion in the global programme for 1964 to be submitted to the Executive Board in January 1963 and thereafter, to the World Health Assembly in May of that year. The proposed Regular programme had been

based on a tentative ceiling for 1964 of \$ 266,000 more than the corresponding approved ceiling for 1963, and more than 90% of this increase had been used to strengthen the field programme. The Technical Assistance programme described the submissions from the Governments within the Region for the biennium 1963/1964 and was tentative in nature until its review by the Technical Assistance Board and approval by the Technical Assistance Committee during the next few weeks. It would be seen that unfortunately health projects in the Region as a whole were receiving a proportionately lower share of the total Technical Assistance programme; in some countries the trend was clearly downwards, and he emphasized the importance of Health Ministries being adequately represented on the coordinating agency or ministry responsible for the consolidated requests from each Government in order to stress the intimate relation between health activities and economic and social development. Finally he referred to the amended summary of field activities and explained the unavoidable overlap between classifications. For instance most projects had an educational element but were classified under a main subject heading; conversely, fellowships awarded under the countries' general fellowship allocations all appeared under Education and Training, whereas in reality these were designed to strengthen the various fields represented under the subject headings.

The document was then considered section by section. There were no comments on the proposals for the Regional Office, Regional Advisers or WHO representatives. The country programmes were reviewed country by country. Representatives from four countries, while not proposing any substitution in their country programmes as presented, requested that efforts be made to expand in scope or to extend in duration several projects among which three (Cyprus 6, Lebanon 4 and Pakistan 43) were included in the TA Category I programme for the biennium 1963/1964.

The representative from Pakistan drew attention to the fact that the population of his country was about half of the population in the Region whereas its share of funds available to the Region was between five and six per cent of the Regular funds expected to become available. While fully appreciating the assistance being received from WHO in the various fields, including the specific provisions under the malaria eradication programme, he stressed the needs and complexities of his country and advocated additional assistance in fields such as vital and health statistics, malaria eradication, radiation, cancer control, nutrition, and for fellowships, the latter field having lower provision in 1964 as compared with previous years under the combined Regular and Technical Assistance programmes.

As also other speakers referred to the importance of fellowships the Regional Director confirmed that the Regional Office fully shared this view and it was therefore the practice to strengthen the preliminary country allocations for fellowships during the operating year by transferring to these allotments savings accruing in other activities within the countries concerned. Both in 1961 and already in 1962 the fellowship provisions had been significantly increased and additional fellowships awarded.

The representative from Kuwait referred to a written request already submitted to the Regional Office and hoped for favourable consideration of the proposals for strengthening the programme in his country and the representative from Lebanon made a plea for specific provisions for fellowships in environmental sanitation.

During the review of the Inter-country programmes it was explained that there was a provision under Environmental Health - **Training of Sanitary Engineers** - which to some extent would meet the points made in this field by Lebanon and Pakistan and that the project - **Consultants in Medical Education** - would enable the Regional Office to meet requests in this field from countries to provide advisory services in connection with the strengthening of medical faculties and any revision of curricula as appropriate.

There were no comments on the proposed provisions for Malaria Eradication activities and the Community Water Supply Programme.

Two of the "Additional Projects", for which at present no funds were available, were particularly mentioned during the programme review. The representative of Pakistan urged that consideration be given to the Institute of Hygiene, Lahore, for which also a professor in environmental sanitation would be required for a two-year period. The representative from Sudan called particular attention to the Medical Research Institute and requested assistance in meeting its demands for adequate staffing in the initial phase. As this project would deal with research, the Representative stressed that his request was addressed to the Director-General as well as to the Regional Office.

2. TECHNICAL MATTERS (Agenda item 10 (a) - (f))

(a) Malaria Eradication Programmes in the Eastern Mediterranean Region (Document EM/RC12/4 and Corr.1, Resolution EM/RC12A/R.5)

The progress of the malaria eradication programme of the Region in the last five years was discussed. With few exceptions involving small territories such as Aden Protectorate, Muscat, Oman, Qatar and Bahrain, all countries of the Region are now committed to the eradication of malaria.

In the geographical block of countries where eradication programmes started in 1957, substantial progress had been made and large areas in these countries had already reached the consolidation phase. Pre-eradication programmes aiming at the synchronized development of malaria eradication services and public health infra-structure were being developed in Ethiopia, Saudi Arabia, Somalia and Sudan.

Special problems such as nomadism, affecting countries like Saudi Arabia and Iran were mentioned. Experimental studies were indicated to find ways and means of dealing with this problem. Studies were also required for determining the areas involved and their epidemiological implications in each case.

On the question of financing, the Representatives expressed the strong feeling that international and bilateral agencies assisting in malaria eradication should step up their assistance to ensure the successful execution of this global campaign.

Attention of the governments was drawn to the serious danger involved in the trend to reduce drastically the expenditure once the consolidation phase had advanced, at a time when every effort had to be concentrated on eliminating the last residual foci of infection. Such a trend could undo all that had been achieved.

Great stress was laid on the development and extension of rural health services.

Coordination, both at the national as well as international level, was considered the key-note of the malaria eradication programmes. More and more meetings, inter-regional, and between countries of neighbouring regions, would help greatly in coordinating their activities towards the common goal of malaria eradication.

A coordinated plan of operation for countries advanced in their eradication programme, defining the time of entrance in the maintenance phase and to provide facilities with regard to procedures to be followed in exchanging information between these countries to guarantee an effective vigilance service over the entire area, was being developed.

Sympathy was expressed with Iran over the recent catastrophe caused by the earthquake affecting an area advanced in the consolidation phase. The Government was doing its best for the rehabilitation of the victims and ensuring the prevention of re-introduction of malaria in the cleared areas.

(b) Epidemiological Approach to Tuberculosis Control in the Community
(Document EM/RC12/5, Resolution EM/RC12A/R.6)

In the light of recent knowledge gained over the past years, principally from WHO-assisted programmes of tuberculosis research and assessment, prevalence surveys, BCG vaccination, and TB training and demonstration centres in various regions, the Organization had re-defined its policy on tuberculosis control. In a Joint Committee on Health Policy statement made early in 1962, UNICEF accepted WHO's guide-lines for future assistance to national tuberculosis control programmes.

It was felt essential, therefore, to make a review and analysis of the achievements of the various WHO-assisted tuberculosis control programmes in the Region, with the aim of re-directing future lines of action in the light of WHO's policy for greater economy and effectiveness.

Only the epidemiological approach could provide public health workers with the intelligence to combat tuberculosis effectively and economically, and this should first be demonstrated within a national pilot area, testing and evaluating various combinations of methodology according to the particular conditions of the country and people, before adopting the best possible pattern for the rest of the country.

The methodology of tuberculosis control consisted primarily in the proper and judicious utilization of case-finding procedures such as tuberculin testing, X-ray examination and sputum examination; treatment by regular administration of chemotherapeutic drugs; prevention by BCG vaccination for the uninfected and chemoprophylaxis for selected infected groups; effective follow-up of tuberculous cases and their contacts combining practical health education.

Attention was drawn to WHO approval for the use of freeze dried BCG which would solve the difficulty of maintaining the potency of BCG vaccine in hot climates.

It was emphasized that the national fight against tuberculosis was the collective job of all categories of health workers and all sections of the public.

The representatives of Cyprus, Kuwait, Pakistan and Tunisia outlined the problems in their countries, the progress made and plans for the future.

BCG vaccination undertaken simultaneously with other vaccination campaigns was very desirable, particularly in areas difficult of access; trials were recommended. Tuberculin testing and BCG vaccination had been combined with the smallpox campaign in Iran with success.

(c) Use and Abuse of Drugs (Document EM/RC12/6, Resolution EM/RC12A/R.7)

Drug addiction was considered to be an international problem, but difficult to assess, when the laws on the use of drugs varied from country to country. The matter needed further study and the Regional Office would continue its consideration of its various aspects in the Region.

(d) Improvement of Vital and Health Statistics in the Countries of the Eastern Mediterranean Region (Document EM/RC12/7, Resolution EM/RC12A/R.8)

With the lack of vital and health statistics in the Region, the necessity for improving the existing systems or of creating new statistical services was recognized, for unless reliable data on population, births and deaths, prevailing illnesses and medical resources were available, it would be impossible to assess the efficacy of a country's health programmes or to plan them on a sound basis. From the statements made it was evident that a gradual improvement was being effected in many countries. However,

much remained to be done and there was a particular need for the training of statistical personnel and the statistical training of future physicians and other health workers. More WHO fellowships for the purpose were urged. Refresher courses for graduates of the International Statistical Education Centre were suggested; also that a manual on vital and health statistics for teaching purposes be compiled by WHO. The International Statistical Education Centre offered assistance for this purpose.

Among the difficulties mentioned was that of collecting data over wide areas from scattered populations and simplifying forms to ensure accurate reporting of the data.

Care should be taken that the salaries of trained personnel were adequate to ensure the retention of their services. The necessity to coordinate all statistical activities was emphasized. The general opinion was that national committees should be set up where they had not already been formed.

The matter of standardizing nomenclature of the Arabic version of the Classification of Diseases, Injuries and Causes of Death would be taken up at the Regional Office and at WHO Headquarters.

Suggestions and comments made during the meeting would be discussed at the Group Meeting on Vital and Health Statistics in the Region scheduled to be held during 1963.

(e) Tinea Capitis and its Control in the light of Experiences gained with Griseofulvin (Document EM/RC12/8, Resolution EM/RC12A/R.9)

It was pointed out that tinea capitis was found mostly in rural populations. Sanitary conditions had a direct bearing on its incidence and health education to promote hygienic habits was important in its control. It was not entirely a disease of the child, and therefore any investigation should cover families rather than schoolchildren. A large percentage of women were infected and passed the disease on to their children.

Most countries in the Region were using griseofulvin, instead of X-ray treatment. Results had been satisfactory, but additional treatment was sometimes necessary. Side-effects were very seldom seen, but they could generally be avoided by administering the drug in two or three doses during the day.

Surveys and control programmes were underway or planned in several countries. WHO was planning to establish an international centre for training in the diagnosis and treatment of the disease and the WHO consultant after the closure of the session of Sub-Committee A would visit several countries of the Region to advise on control procedures.

(f) Rural Health and Community Development in the Eastern
Mediterranean Region: Results of an Enquiry
(Document EM/RC12/9 and Add.1, Resolution EM/RC12A/R.10)

It had been recognized that almost all countries of the Region were developing plans for the promotion of rural health and this had been confirmed by the Results of an Enquiry on Rural Health and Community Development which were contained in the document under discussion. To a certain extent the specific objective was beginning to be fulfilled - that of making rural health and community development services available and effective within the framework of the overall social and economic development. This was most important considering 60 to 90% of the population of the Region lived in rural areas.

Experience had shown the necessity in rural health and community development of enlisting the active participation of individuals and communities and of encouraging initiative and self-help. In this connexion in Pakistan a rural health centre had been offered to villages willing to donate the land and thus interest had been stimulated. The progress achieved in Cyprus and Kuwait was also described.

For more lasting results, it was also considered that the principles and methods involved in rural health and community development should be an integral part of the planning and extension of basic technical services such as education and agriculture.