

WORLD HEALTH  
ORGANIZATION

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DE LA SANTÉ

REGIONAL OFFICE FOR THE  
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA  
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN

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Sixth Session

ORIGINAL: ENGLISH

SUB-COMMITTEE A

MINUTES OF THE SECOND MEETING

Ministry of Foreign Affairs, Tehran  
Wednesday, 19 September 1956, at 3 p.m.

CHAIRMAN: Dr. J. AMOUZEGAR

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Secretary of the Regional Committee: Dr. A.T. Shousha  
Regional Director

1. ADDRESS BY CHAIRMAN: Item 4 of the Provisional Agenda.

The CHAIRMAN stated that the Committee had to review past work and evaluate the proposed future programme. It was difficult, if not impossible, for anyone incapable of understanding the bewildering array of social, economic and political problems inherent in the plans to change the status quo to do justice to those administering WHO's programme. In 1949, WHO had started in the region a few isolated undertakings without definite form or pattern and from such unobtrusive beginnings the present programme of which everyone spoke with gratitude and admiration had grown.

Since the very beginning, under the guidance of the countries of the region, the Organization's policy had been, first, to train a nucleus of qualified public health personnel capable of meeting the ever-increasing demand for better health throughout the region, and secondly, to establish in the minds of the public the notion of preventive medicine and sanitation and their significance in everyday life by means of demonstrations and technical services. The past seven years provided graphic evidence of programmes of fundamental reforms which were being continually consolidated and re-appraised.

The regional office should be commended and its basic policy supported and representatives should also take the present opportunity of coordinating their individual operational plans. They had been charged with a heavy responsibility and the session could only be justified if their deliberations and decisions materially contributed to the health and welfare of the peoples concerned. It was their moral duty to extend life where that was possible and he hoped that in that endeavour they would act wisely, inspired by a spirit of cooperation and mutual understanding.

2. STATEMENT BY THE REGIONAL DIRECTOR TO SUB-COMMITTEE A

The REGIONAL DIRECTOR, in compliance with Rule 22 of the Rules of Procedure, stated that on 10 July 1956 he had sent a circular letter to

governments of the region concerning the convening of the two sub-committees. Of the seventeen governments concerned, thirteen had informed him that they wished to attend Sub-Committee A and, with the exception of Yemen, all of them had sent in their credentials. The remaining four, namely France, Italy, the United Kingdom and Israel, had intimated that they wished to participate in both sub-committees.

On 12 September he had received a communication from the Government of Israel informing him that it wished to attend both sub-committees and to exercise its right to vote in Sub-Committee A. However, he had received no further indication as to the name of the person or persons who were to attend the Sub-Committee nor had any credentials been deposited with him.

The French Government had stated that it would exercise its voting rights in the Sub-Committee which met last, namely Sub-Committee B. The Italian Government proposed to exercise its voting rights in Sub-Committee A and the United Kingdom Government had informed him that it would attend both sub-committees but would prefer to vote on the substance of any question after hearing the views of both.

Dr. HAFEZ AMIN (Egypt) was surprised to hear about the communication from Israel and felt that its conditions could not be passed over without comment.

The position of the Regional Committee before 1953 was well known and explained why the World Health Assembly had adopted a series of resolutions dealing with the Committee's functioning. He had in mind in particular resolution WHA7.33, and also the statement made by the Pakistan representative as Chairman of the Committee on Administration, Finance and Legal Matters, and the statement of the Indian representative who had been the Chairman of the Working Group dealing with the matter during the Seventh World Health Assembly. He wished to reiterate that the two regional sub-committees had not been created to suit the convenience of Members but for reasons which were evident to

If Israel, in trying to achieve a cheap political gain ignored the objectives of the World Health Assembly and tried to jeopardize the work of the Regional Committee by attempting to be represented in Sub-Committee A, he was bound to say that WHO would find itself in exactly the same situation as had existed prior to the Assembly's recommendation whereby the Regional Committee had been divided into two sub-committees. He, therefore, proposed that when the Sub-Committee came to prepare its report, a statement be inserted about its objection to the attitude of Israel and drawing the Assembly's attention to the fact that that Government's action was contrary to the understanding which had led to the Assembly's resolutions.

Sir Eric PRIDIE (United Kingdom) said his delegation was unable to comply with Rule 22 of the Rules of Procedure and to indicate at the first meeting of the session in which Sub-Committee it proposed to exercise its voting rights. However, he hoped to be in a position to do so shortly and therefore asked that the rule be suspended.

Dr. KERVINGANT (France) said that he must wait for certain information before being able to indicate in which Sub-Committee he would vote and therefore associated himself with the United Kingdom representative's request for a suspension of Rule 22.

Decision: In accordance with Rule 50 of the Rules of Procedure it was agreed to accede to the United Kingdom representative's request for a suspension of Rule 22.

3. APPOINTMENT OF SUB-DIVISION ON PROGRAMME: Item 5 of the provisional agenda.

The REGIONAL DIRECTOR said that, although in the past it had been the Sub-Committee's practice to constitute the Sub-Division on Programme as a committee of the whole under its Rules of Procedure, it could appoint a smaller committee.

Decision: It was agreed that a Committee of the whole should act as the Programme Sub-Division.

The CHAIRMAN called for nominations for chairman of the Programme Sub-Division.

Dr. HAYEK (Lebanon) nominated Dr. Jafar.

Dr. NASEEF (Saudi Arabia) seconded the nomination.

Decision: Dr. Jafar was unanimously elected Chairman of the Sub-Division on Programme.

4. ADOPTION OF THE PROVISIONAL AGENDA: Item 6 of the provisional agenda (document EM/RC6/1 Rev.2)

The REGIONAL DIRECTOR pointed out that the items marked with an asterisk had been inserted at the request of the Tunisian Government but no special documents had been circulated regarding them.

He observed that after the adoption of the provisional agenda the order of the items could be altered at the discretion of the Chairman.

The CHAIRMAN read out the following draft resolution :

"The Sub-Committee

ADOPTS the agenda as presented."

Decision: The draft resolution was adopted.

5. REPORT OF THE REGIONAL DIRECTOR: Item 8 of the agenda (document EM/RC6/3 and /3 Corr.1)

The REGIONAL DIRECTOR introducing his report covering the period 1 August 1955 to 31 July 1956, stated that it provided a comprehensive survey of the work of the regional office since its inception in 1949. During the life span of all organizations there came a time to take stock of past activities, to consider the success achieved and failures that had occurred, and on the basis of such an analysis to plan with renewed confidence for the future. He believed that after seven years of EMRO's existence the time was appropriate for such stock-taking and planning.

Not all members would be interested in the entire report, which as a serious survey of the past seven years could not have been any shorter, but all would find in it reference to matters in which they had a special interest. He had tried to express in graphic form some developments of great general interest which best illustrated the shape of WHO's work in the region and its growth over the years for which the necessary records were available.

The top circular graph in Figure I showed the percentage distribution of total expenditure between 1951 and 1956 inclusive according to different types of activity. It would be seen that administrative expenditures under the heading "Regional Office" over that period had been less than 10% which, during a formative period was a considerable achievement.

The lower graph on the same figure showed the major subject headings into which field work could be divided. It would be noted, as he had reported before, that the largest item of expenditure had been for the control of communicable diseases covering nearly half the total expenditure on field projects. The next largest category of projects concerned activities grouped under public health services.

Figure I should be compared with Figure IV which showed the way the budget had grown over the years and offered analysis of the same expenditure as in Figure I, but on a year by year basis.

Figure IV deserved careful study and called for some explanatory remarks. First the exceptionally heavy expenditure on fellowships in 1955 was due to an unexpected bonus allocation of technical assistance funds. In 1956 a slight reduction had been made from the original target figure. In 1956 there had been an increase in expenditure for regional advisory staff. As he had stated the previous year, the office had been short of staff but that had been largely remedied during the present year and the rate of expenditure was now likely to remain at the present higher level. Finally, the percentage expenditure for the regional office in 1956 was higher than in previous years largely as a result of statutory staff costs for such items as home leave, repatriation, recruitment and transfer expenses.

Figure II was designed to illustrate the steady growth of work between 1951 and 1956. The figure for 1956 was smaller than for previous years because it only covered the first six months. The figure also illustrated the relationship between the different spheres of activity, showing year by year the number of individual projects under each major subject heading.

Turning from the financial and administrative aspects of the past programme he drew attention to some important trends recorded in his report. The brief reference, on page 5, to the education and training programme in the region was considerably expanded on pages 61 to 64 and the account showed how, together with public health administration and control of communicable disease, that activity made up the hard core of the regional programme. WHO was devoting much attention to aiding countries to educate technical workers, both professional and auxiliaries of all types. There was a growing demand in the region for auxiliary workers to carry out some of the functions of professional physicians and two schools for the former had been established in Ethiopia and Libya and a third was to open in 1957 in Saudi Arabia. In addition, help had been given to train many kinds of auxiliary nurses.

As health services developed and were extended, more attention was given to medical care and WHO's work in that domain was described in Section 13.2 of the report. Such work and similar activities were expected to continue to expand in the future.

He believed that science had provided the answers to many problems that troubled health administrations and what was needed most of all now, was adequate administrative services and trained public health administrators to operate them. Training in administration was as essential to the public health physician as training in technical matters. For instance, malaria eradication demanded administrative and organizational ability of the highest quality. In the past, lack of planning based on well-conceived studies and surveys had been responsible for failures to reach the high goal set in WHO's Constitution. 1957 marked the first year of a new "specific" period for the work the Committee had been requested to assist in planning the previous year. He therefore asked members to study his report carefully, to note achievements and shortcomings and on that basis to plan for the immediate and more far removed future.

The CHAIRMAN invited comments on the report.

Dr. SHOIB (Egypt) proposed that the meeting should be adjourned and the report considered the following morning.

Dr. JAFAR (Pakistan) strongly opposed the proposal. Representatives had come to work, and he was sure they must have studied the report and had their comments ready. Some of them had urgent tasks awaiting at home and were eager to complete the agenda of the Subcommittee.

In reply to a question from the CHAIRMAN, Dr. SHOIB said that he maintained his proposal.

Dr. ANOUTI (Lebanon) seconded Dr. JAFAR's opposition to the proposal.

The CHAIRMAN said that, since two representatives were for continuing the meeting and only one for adjourning it, the meeting must continue.

It was so agreed.

Dr. SLIM (Tunisia) on behalf of his Government, congratulated the Regional Director on the form and substance of his report. While he had a number of comments to make, he hoped that they would be taken not as criticisms but rather as requests for information, most of which were addressed not to the Regional Director himself but to various Member Governments.

From the first sentence on page 10 of the report he gathered that Member States had been divided into three categories according to the stage of development they had reached. He wondered to what those categories corresponded and by what criteria a country was assigned to one or another. To what category did Tunisia belong?

As for his other questions, he hoped that most of them could be answered through the Secretariat. However, there were three points, concerning favus, environmental sanitation and maternal and child health, that his Government considered particularly important, and it



had therefore requested their insertion in the agenda. He would not go into them at present, but reserved the right to raise them under item 13 of the agenda.

The CHAIRMAN, noting that there were no further comments, suggested that the Sub-Committee might proceed to the next item of its agenda.

The REGIONAL DIRECTOR said that he would have hoped for searching comment and criticism regarding his report. Such a detailed examination was necessary to him in order to shape future policy in the region.

With regard to the question raised by the representative of Tunisia, he would reserve his reply until all comments had been made.

Dr. JAFAR (Pakistan) believed that it was customary for the past activities of the region to be discussed in the Sub-Division on Programme. Since representatives did not seem to have their comments ready, that policy might be followed. In any case, any decisions reached by the Sub-Division on Programme would have to be confirmed by the Sub-Committee as a whole, and representatives would then have an opportunity to comment further.

The REGIONAL DIRECTOR thought that Dr. JAFAR's suggestion involved one difficulty: the Sub-Division on Programme would be discussing the proposed programme for 1958, whereas in considering his report the Sub-Committee had to evaluate the action taken in implementing its decisions of previous years.

Dr. JAFAR replied that the report certainly concerned the programme in the region, whether past or present, and that it therefore came within the purview of the Sub-Division on Programme. Moreover, his proposal was in conformity with what had been done in the past and what was regularly done at the World Health Assembly.

Dr. DIB. (Iran) agreed with Dr. JAFAR that the discussion of the Regional Director's report was not incompatible with the terms of reference of the Sub-Division on Programme.

The CHAIRMAN said he had just been reminded that the Sub-Committee must adopt a resolution on the report. If it was not ready to adopt such a resolution, the subject must be postponed.

Dr. NASEEF (Saudi Arabia) suggested that the Sub-Division on Programme could discuss the report and prepare a draft resolution for adoption by the Sub-Committee.

The REGIONAL DIRECTOR said he merely wished to point out that his report covered the period 1 August 1955 to 31 July 1956, whereas the draft programme to be examined by the Sub-Division on Programme concerned the year 1958. If that fact was understood, it was for the Sub-Committee to decide how it wished to deal with those two documents.

Dr. SLIM (Tunisia) said that he had not quite grasped the nature of Dr. Jafar's proposal. The Regional Director's report contained several different aspects. Were they all to be discussed in the Sub-Division on Programme, or only some of them?

Dr. JAFAR pointed out that the Sub-Division on Programme would be dealing with nearly all the points on the Sub-Committee's agenda, apart from some minor ones. As had been suggested by the delegate of Saudi Arabia, the Sub-Division on Programme could discuss the report and submit a draft resolution, and when that draft resolution was considered by the Sub-Committee it would be open to any representative to mention any point in connexion with the report that had been omitted in the discussion in the Sub-Division. At present the Sub-Committee was making no progress at all: no comments were forthcoming, and no draft resolution had been prepared.

Decision: It was agreed that the report of the Regional Director should be discussed in the Sub-Division on Programme.

6. ACTION TAKEN ON RESOLUTIONS PASSED BY THE FIFTH SESSION OF THE REGIONAL COMMITTEE (SUB-COMMITTEE A). Item 9 of the agenda (documents EM/RC6/5; /5 Corr.1; /5 Add.1; EM/RC6/7)

The REGIONAL DIRECTOR drew attention to document EM/RC6/7, which contained a report on action taken in response to the request made by Sub-Committee A at the fifth session of the Regional Committee, that

the Regional Director should study the matter of standard nomenclature of health personnel. The information obtained from governments was tabulated in Annex I to the document.

Dr. JAFAR proposed that the Sub-Committee should merely note the report, since it was difficult at the present stage to adopt a standard nomenclature throughout the Region. However, the regional office had done excellent work in coordinating the information, and it was possible that when governments had had time to study it they might wish to agree to certain changes.

Dr. DIBA supported Dr. Jafar's proposal, observing that since educational methods and standards were not uniform throughout the region it was impossible to propose uniform nomenclature.

Dr. VANNUGLI (Italy) also supported the proposal. The information collected would make an excellent basis for study. In order that it might be completed, governments which had not yet replied should be invited to do so.

Dr. SLIM (Tunisia) observed that it was very difficult to obtain uniformity of terminology where there was no uniformity of fact. For example, in his own country there was no such thing as a "licentiate doctor"; one was either a doctor or not.

The CHAIRMAN, speaking as delegate of Iran, said that he believed the Regional Director had tried to propose nomenclature covering the needs of all countries. If some countries had no posts corresponding to some of the terms proposed, that did not matter.

A draft resolution noting the report would be prepared for approval by the Sub-Committee.

Dr. JAFAR wished, before the Sub-Committee adjourned, to propose that the Sub-Division on Programme should begin its session the following morning, in order to leave as much time as possible for any further discussion of particular points that might be necessary in the Sub-Committee as a whole.

It was so agreed.

The meeting rose at 4.30 p.m.