

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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21 September 1956

Sixth Session

ORIGINAL: ENGLISH

SUB-COMMITTEE A

PROVISIONAL MINUTES OF THE THIRD MEETING

Ministry of Foreign Affairs, Teheran  
Friday, 21 September 1956, at 8.30 a.m.

CHAIRMAN: Dr. J. AMOUZEGAR

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Secretary of the Regional Committee:

Dr. A.T. Shousha  
Regional Director

Note: Corrections to these provisional minutes should be submitted in writing to the Documents Officer within 24 hours of their distribution.

1. ANNOUNCEMENT BY THE REGIONAL DIRECTOR

The REGIONAL DIRECTOR recalled that at the second meeting the Sub-Committee had decided temporarily to suspend Rule 22 of the Rules of Procedure in order to permit the representatives of France and of the United Kingdom to reserve their position with regard to the exercise of their right to vote.

He had now been informed by those representatives that they intended to vote in Sub-Committee A. The representative of Italy had also confirmed his intention to exercise his voting rights in Sub-Committee A. Thus, all Members had now made known, pursuant to Rule 22 of the Rules of Procedure, that they would exercise their voting rights in Sub-Committee A.

2. REPORT BY THE CHAIRMAN OF THE SUB-DIVISION ON PROGRAMME

Dr. JAFAR, Chairman of the Sub-Division on Programme, stated that the Sub-Division had considered items 13 & 16 of the agenda and had completed discussion of all the business referred to it in one meeting. The draft resolutions submitted for consideration to the Sub-Committee had been circulated in documents EM/RC6A/Prog/R.1 - 8.

The CHAIRMAN put to the vote the above-mentioned draft resolutions seriatim.

Decision: The draft resolutions were adopted without comment.

3. ACTION TAKEN ON RESOLUTIONS PASSED BY THE FIFTH SESSION OF THE REGIONAL COMMITTEE (Sub-Committee A): item 9 of the agenda (resume) (documents EM/RC6/5 and Corr. 1, EM/RC6/5/Add.1)

The REGIONAL DIRECTOR introducing the paper on drug addiction (document EM/RC6/5) said that at the Regional Committee's fifth session, Sub-Committee A had requested him to "include the problem of drug addiction and its control among the activities of the Eastern Mediterranean Region". Accordingly, he had studied the ways in which the Regional Office could provide advice and assistance to countries on problems concerning addiction-producing drugs. The paper briefly outlined the administrative system of international narcotics control

and discussed such technical aspects as concerned the Regional Office. The role of the latter was confined to the broad public health aspects of addiction including the study of the basic causes, public health methods of prevention and the care of addicts. In sections 4.1 to 4.5 of the paper he had summarized the main forms which the Regional Office's activities should take. It also had to collaborate with all other institutions in the region concerned with the problem, particularly the Permanent Anti-Narcotics Bureau of the League of Arab States. The recommendations of the Commission on Narcotic Drugs to ECOSOC were set out in Annex I.

He particularly drew attention to the recommendations contained in operative paragraphs 2 & 3 of the resolution on technical assistance for narcotics control and to operative paragraphs 2-5 of the resolution on technical assistance to Iran as finally adopted by the Council (See document EM/RC.6/5 Add. 7).

Members would be interested to learn that provision had been made in the 1958 estimates for an adviser on mental health and drug addiction.

The CHAIRMAN, speaking as a representative of Iran, said that more than a year had passed since the enactment by his Government of a law banning the cultivation of opium and its use. That law had created both agricultural and health problems. The Government which had obtained assistance from FAO in respect of the former had allocated 200,000,000 rials to help farmers change over to other crops.

Turning to the second group of problems he said that opium users could be classified into those seeking relief from pain, the emotionally unstable and those who took opium because they thought it fashionable. The last group which was undermining the moral basis of society was in his opinion, the most dangerous.

In the past, the Government had always failed in its efforts to control the use of opium and had now decided that the only method was to ban cultivation altogether.

The Ministry of Health had already taken steps to set up out-patients' clinics for the relief of those in pain, and with its development plans that created more work and consequently greater

social and emotional stability, hoped to eliminate the second category of users. The third could only be eliminated by education and by cutting off supplies.

His Government needed the cooperation of other countries to assist it in its campaign. He, therefore, renewed its plea for support, particularly in the light of the desire of some countries to be allowed to cultivate opium for export which would inevitably lead to smuggling that would be difficult to control where there were long land frontiers.

He, accordingly, intended to submit a draft resolution on the subject which he hoped would be approved.

Mr. WICKWAR (United Nations) said that the resolutions adopted by the Council and reproduced in document EM/RC6/5 Add.1 called attention to the technical assistance available for combating drug addiction. In addition to the type of help WHO could give, as described in the Regional Director's paper, the United Nations could provide technical assistance in public administration as well as in customs and police problems raised by drug traffic control. Applications for such technical assistance should be made through the usual channels and in the first place discussed with regional representatives as was already being done by Iran.

Dr. RIZZETTO (Italy) referring to page 5 of the Regional Director's paper said that there was no real problem of addiction in Somalia. Small groups of the population did chew "kat", but its import had recently been made illegal except for medical purposes.

Dr. SHOIB (Egypt) congratulating Iran on what had already been achieved, wished it every further success in its campaign to solve a serious problem and associated himself with the hope that similar legislation would be enacted by other countries and that determined efforts would be made to put an end to smuggling.

Dr. NABILSI (Jordan) said that there was no problem of addiction in his country where the law against traffickers was extremely rigorous. His Government was ready to collaborate in any effort to

combat drug addiction.

4. RESOLUTIONS OF REGIONAL INTEREST PASSED BY THE NINTH WORLD HEALTH ASSEMBLY AND THE EIGHTEENTH EXECUTIVE BOARD: item 10 of the agenda (documents EM/RC6/6; EM/RC6/8; EM/RC6/9; EM/RC6/11; EM/RC6/12 and Add. 1; Add.2 and Add.3)

The REGIONAL DIRECTOR drew the attention of the Sub-Committee to resolutions WHA9.4 and WHA9.5 whereby Sudan and Tunisia respectively had been admitted to full membership of WHO. He also drew attention to resolution WHA9.42 according to which it had been decided that Tunisia should form part of the Eastern Mediterranean region.

The CHAIRMAN welcomed the delegations of Sudan and Tunisia who were sitting for the first time as full members of the Sub-Committee.

Dr. SHOIB (Egypt) congratulated the two new members whose full participation would make a fruitful contribution to the Sub-Committee's work.

The representatives of the UNITED KINGDOM, FRANCE, ITALY, and IRAN associated themselves with the foregoing remarks.

Dr. ABU SHAMMA (Sudan) and Dr. SLIM (Tunisia) thanked Members for their good wishes

The CHAIRMAN read the following draft resolutions:

The Sub-Committee,

Having noted that the Ninth World Assembly admitted Sudan as a Member of the World Health Organization,

EXPRESSES its pleasure in welcoming the admission of Sudan to membership of the Organization,

The Sub-Committee,

Noting that the Ninth World Health Assembly admitted Tunisia as a Member of the World Health Organization, and

Noting also that the Ninth World Health Assembly assigned Tunisia to the Eastern Mediterranean Region,

EXPRESSES its pleasure in welcoming Tunisia as a full Member State in the Eastern Mediterranean Region.

Decision: The draft resolutions were adopted.

The REGIONAL DIRECTOR drew attention to resolution WHA9.18 concerning the status of annual contributions and advances to the Working Capital Fund. Some contributions were in arrears for 1954 and 1955 and he appealed to Member Governments to provide in their national budgets for regular payment to WHO of their annual contributions in order to make it unnecessary in future for the Assembly to consider whether Article 7 of the Constitution should be invoked.

He then drew attention to resolution WHA9.20 concerning sessions of regional committees outside regional headquarters, and to document EM/RC6/8.

Members would be interested to learn that according to estimates made by the A & F Officer, the Iranian Government had contributed nearly \$6500 towards the cost of the present session.

The CHAIRMAN read the following draft resolution:

"The Sub-Committee,

1. Noting the resolution of the Ninth World Health Assembly on holding sessions of regional committees away from regional headquarters

BELIEVES that it is valuable for the Regional Committee to hold its sessions from time to time within the territories of Member States and

2. Recognizing the heavy additional costs involved in holding meetings away from the regional office,

CALLS UPON Member States inviting the Committee to meet in their territories to make the maximum possible contribution towards this additional cost."

Decision: The draft resolution was adopted.

The REGIONAL DIRECTOR drew attention to resolution WHA9.25 approving the use of the Arabic language in the Regional Committee for the Eastern Mediterranean as from 1957. The Director General had also been authorized to include an appropriate provision in his budget estimates and had allocated \$9,600, of which \$2,030 were for

the acquisition of capital assets - a non-recurring expense. The remaining \$7,570 was to cover the cost of three interpreters, one technician, the transport and installation of additional interpretation equipment, two precis writers, two stenographers, one duplicating machine operator for the production of minutes in Arabic, two translators and two typists for Arabic translations. All the foregoing personnel would be recruited temporarily for the Regional Committee's session.

Dr. NASSEF (Saudi Arabia), wondered whether it might not be desirable to award fellowships to potential interpreters so that they might get training and practice, for example in the interpreters' school at Geneva.

The DEPUTY DIRECTOR GENERAL said that the suggestion would be considered but it might be possible to find Arabic interpreters with the requisite qualifications.

The REGIONAL DIRECTOR appealed to Member Governments to inform the Regional Office of suitable candidates.

Dr. SLIM (Tunisia) said that modern rather than classical Arabic should be used and local idiom avoided.

Dr. ANOUTI (Lebanon) said that there was only one literary language commonly understood in all Arabic-speaking countries.

Dr. SHOIB (Egypt) was unaware of any differences between classical and modern Arabic.

The REGIONAL DIRECTOR, speaking as a member of the Linguistic Academy said that classical Arabic was the standard language and it was only colloquial dialects which differed between themselves from country to country.

Dr. NASSEF (Saudi Arabia) said that if the ordinary classical Arabic used in the newspapers were spoken there would be no language difficulty.

Dr. HAYEK (Lebanon) suggested that UNESCO might be requested to finance fellowships for the training of interpreters.

Dr. SLIM (Tunisia) maintained that there were variations in classical Arabic as spoken in the different countries, which was why he had suggested the use of modern Arabic rather than the literary language.

Dr. AL KHALAF (Iraq) considered that there was a single classical language which dated back to the Koran, but there was no reason why new scientific words should not be added to it.

Dr. JAFAR (Pakistan) said that when he had supported the proposal that Arabic should become a working language he had in mind the standard Arabic which was comprehensible to all Arabic-speaking people. The basic structure was that of the language used in the Koran and it would be quite inadmissible for speakers to use local dialects.

Dr. BELLAMA (League of Arab States) said that the problem had been under consideration by Academies of the Arabic language for many years. The classical language to which the Tunisian representative had referred was not easily understood now.

The CHAIRMAN read the following draft resolution:

"The Sub-Committee,

NOTES with satisfaction the resolution of the Ninth World Health Assembly approving the use of the Arabic language in the Regional Committee for the Eastern Mediterranean."

Decision: The draft resolution was adopted.

The REGIONAL DIRECTOR drew attention to resolution WHA9.27 concerning reports on the world health situation. The paper on the subject (document EM/RC6/11) contained in Annex II a proposed revised outline prepared by the Regional Office.

The DEPUTY DIRECTOR GENERAL said that complete statistical returns for earlier years could not be expected and were even lacking for certain well developed countries. Members were being asked as a trial to provide the best available data on the present <sup>health</sup> situation and trends. It was clearly impracticable to wait for comprehensive statistics which could only be obtained after statistical services had been properly organized and developed. Members must seek to comply with their obligations under Article 61 of the Constitution and WHO was the only specialized agency which at present was not

submitting a global report on the world situation in its field of competence.

He believed that the revised outline prepared by the Regional Office, in the light of that suggested six years ago at Headquarters provided a good framework to guide governments in preparing their reports. He hoped that any departures would not be too drastic so that the data from different countries would be comparable.

The report was to cover the years 1954 - 1956 inclusive, but it was realized that it might be difficult for some countries to submit accurate information on 1956 in 1957. It was hoped, however, that the information for 1954 and 1955 would be as complete as possible. It had been difficult to choose a suitable deadline for the submission of the material but it had finally been fixed at 1 September 1957. The missing figures for 1956 could be sent in later.

In conclusion he stressed the importance of the Sub-Committee complying with the Assembly's request as a solid corpus of information was vitally necessary to facilitate discussion of the health aspects of the world social situation both in the Economic and Social Council and in the General Assembly.

The CHAIRMAN, speaking in his personal capacity, thought that the revised outline was satisfactory.

Dr. JAFAR (Pakistan) said that his Government, after careful consideration of the matter had concluded that the Assembly was asking for too much. It was extremely difficult to provide a succinct and comprehensive account of the public health situation in any country and he very much doubted whether any administration could count on receiving the necessary vital statistics in time without which the report would be largely a matter of guesswork.

As WHO received health statistics, he suggested that the Secretariat should write an account of the situation in each country for submission to the health authorities.

Dr. TSEGHE (Ethiopia) reserved the position of his Government because in Ethiopia, vital statistics were collected by the Ministry of the Interior and it would be difficult for the health authorities to obtain the necessary data in time.

The DEPUTY DIRECTOR GENERAL emphasized that the Director-General was fully aware that some countries might find it difficult to provide all the data for 1956 by 1 September 1957 which was the reason why they were being asked to do the best possible. As indicated in the Regional Director's paper the Regional Office would within the limitations of its resources give such help as it could.

Dr. VANNUGLI (Italy) suggested that the Regional Office should circulate a simple questionnaire which would indicate to governments the kind of information needed, and would ensure comparability.

The CHAIRMAN pointed out that a revised outline was to be found in Annex II of the Regional Director's paper and his staff would give further help to governments in preparing their reports.

Dr. SHOIB (Egypt) said that in view of the Deputy Director General's statement he saw no reason for the hesitant attitude displayed by certain Members.

The REGIONAL DIRECTOR asked countries requiring help in the preparation of their reports to notify the Regional Office by 1 January 1957.

The CHAIRMAN read the following draft resolution:

"The Sub-Committee,

Having considered resolution WHA9.27 of the Ninth World Health Assembly on the Reports on the World Health Situation;

Having considered the document prepared by the Regional Director on the same subject, and particularly its Annex II, proposing a revising outline for the reports on the health situation for the countries of the Eastern Mediterranean Region,

1. REQUESTS the Member States of the Region to prepare a report on the health situation in their respective countries during the years 1954 to 1956 inclusive;
2. ADVISES the Member States to follow in preparing this report the revised outline as shown in Annex II of document EM/RC6/11;
3. REQUESTS the Member States to submit their reports not later than September 1957."

Decision: The draft resolution was adopted.

The REGIONAL DIRECTOR drew attention to resolution WHA9.30 concerning future organizational studies by the Executive Board.

The DEPUTY DIRECTOR-GENERAL stated that the Executive Board had been requested by the Assembly to prepare a further study on regionalization for 1958 and the Assembly had also asked the Regional Committee to submit their views on the subject to the Board.

The Regional Director had prepared a historical account of the development of the region in document EM/RC6/9 which could be regarded as an introduction to a study of the region.

Members should express their views about such general matters as whether regionalization had gone far enough, whether annual sessions of the regional committees provided useful opportunities for personal contact and discussion, whether the structure of regional offices was satisfactory and whether the delimitation of the regions themselves was appropriate. All such questions should be kept under continuous review in order to avoid stultification and rigidity. He realized that in the time available it might not be possible to formulate a general statement but the Secretariat might be requested to transmit to the Board a summary of the main views expressed in the discussion.

The CHAIRMAN said that it was very important for the Sub-Committee to express its views on a matter of vital concern to it. He himself had often wondered whether the delimitation of the Eastern Mediterranean region which at present included countries stretching from North West Africa to South East Asia was satisfactory.

The DEPUTY DIRECTOR-GENERAL hoped that the Sub-Committee would put forward some definite views otherwise its silence might be interpreted as indifference. At least it would be desirable if Members would reaffirm their support for regionalization on which WHO's work was based.

Dr. DIBA (Iran) said that his Government favoured decentralization because it considered that health problems could best be studied on a

regional basis as the various conditions which had a bearing on them were likely to be similar. He believed that the future trend would be towards further decentralization.

Referring to page 4, Section 3.5 of the Regional Director's paper (document EM/RC6/9), he pointed out that Bahrein was considered by the Iranian Government to be an integral part of Iran.

Sir Eric PRIDIE (United Kingdom) reserved the position of his Government with regard to the last point raised by the Iranian representative.

The CHAIRMAN, speaking in his personal capacity, observed that regionalization was governed purely by technical and not by political considerations. Clearly WHO's work was facilitated if decentralized but it was desirable to consider whether the regional demarcations were in fact based on similarity of geographical, cultural and political conditions. He himself believed that some change in the present definition of the Eastern Mediterranean Region was required and would be interested in the views of other members on that point.

He then read the following draft resolution:

"The Sub-Committee,

Having considered resolution WHA9.30 of the Ninth World Health Assembly requesting the Executive Board to undertake in 1958 an organizational study on the subject "Further Study on Regionalization" and requesting the Regional Committees to consider this study at their meetings in 1956 and to submit their views for consideration by the Board;

Having considered the document submitted by the Regional Director,

1. WELCOMES the decision taken by the Assembly to have a further study on Regionalization undertaken by the Executive Board;
2. ENDORSES the document prepared by the Regional Director,
3. REQUESTS the Regional Director to transmit this document to the Director-General for submission to the Executive Board together with a summary of the discussions which took place and of the opinions which were expressed during the present session!"

The DEPUTY DIRECTOR-GENERAL, referring to the Iranian representative's final remark in his preceding intervention pointed out that the decision of the Sixth World Health Assembly in its resolution WHA6.46

regarding the territories mentioned in Section 3.5 of the Regional Director's paper had been without prejudice to any question regarding their sovereignty.

The REGIONAL DIRECTOR asked whether any member wished to express an opinion on the question of area representatives.

Dr. HAYEK (Lebanon) proposed that the vote on the draft resolution read out by the Chairman be postponed since the whole question of regionalization called for further consideration.

It was so agreed

The REGIONAL DIRECTOR drew attention to resolution WHA9.48 dealing with the additional Regulations of 23 May 1956 amending the International Sanitary Regulations with respect to the sanitary control of pilgrim traffic.

Dr. SLIM (Tunisia) noted that the amendment made to article 103 related solely to paragraph 1 and that paragraph 2 had remained unchanged. The latter, therefore, did not concern the new category of travellers namely "persons taking part in periodic mass congregations". Tunisia, which reserved its future right to apply the provisions of article 103, paragraph 1, wished to have confirmation as to whether provisions of laws, regulations and future agreements had to be communicated to WHO.

Dr. OMAR, (Chief, Epidemiological Intelligence Service, EMRO) said that, as there had been no change in article 103, paragraph 2, that paragraph applied to the new category of travellers now added to paragraph 1. Countries where such movement of travellers occurred had to notify WHO of their national legislation and/or of any agreement with other countries which would apply after the 1956 regulations came into force. Before the beginning of the next pilgrim season, WHO expected to be informed whether Member States would apply regulations to those categories of travellers and what would be these regulations.

Dr. SLIM (Tunisia) said that after being officially notified of the adoption of the additional Regulations, his Government had officially declared that it had no reservation to make and congratulated the Saudi Arabian Government on the result obtained. Nevertheless, for certain reasons Tunisia regretted the deletion of Article A(1) paragraph 1 of Annex A which made it possible to require persons now defined as "taking part in periodic mass congregations" and leaving its territory to have valid vaccination certificates against cholera and smallpox. Hence he wished to ask whether the Saudi Arabian Government would require pilgrims entering its territory to produce vaccination certificates.

He also wished to ask whether the other health authorities concerned particularly, Egypt and Libya, contemplated reaching agreements with interested States regarding persons "taking part in periodic mass congregations".

Dr. NASEEF (Saudi Arabia) stated that his country would continue to apply the measures prescribed in Article 1A and in Annex B.

Dr. SHOIB (Egypt) said that he was unable to give an official answer to the question put by the Tunisian representative but could state that Egypt would probably continue taking the measures prescribed in the Regulations before the 1956 amendments, to its national pilgrims, but would stop applying the measures with regard to the international control of pilgrims.

Dr. ABU SHAMMA (Sudan) welcomed the restrictions imposed by Saudi Arabia on seasonal entrants but did not favour restrictions being applied to other entrants to that country in general.

Dr. NASEEF (Saudi Arabia) pointed out that his Government will apply only the provisions of its own legislation which are drawn in conformity with the International Sanitary Regulations.

The REGIONAL DIRECTOR said that the next resolution for consideration was resolution WHA9.52, in which the Health Assembly requested regional committees to study the rights and obligations of Associate Members in the regional organizations and report thereon. Representatives would remember that the Sub-Committee had discussed the same question at its last session and decided that any change would be premature. At that time there had been one Associate Member in the Region; at present there were none.

Dr. NASSEF (Saudi Arabia) observed that the same question came up every year. He suggested that the Sub-Committee should express the hope that all Associate Members might soon be granted full membership so that it would be unnecessary to accord additional rights to Associate Members.

Dr. SLIM (Tunisia) said that his country, which had long been humiliated by the limitations on the rights of Associate Members, associated itself with the views of the delegate of Saudi Arabia. He hoped that the status of associate membership would be abolished and that all members would have the same rights.

Dr. JAFAR (Pakistan) noted that the proposal of the representative of Saudi Arabia had certain political implications, whereas the Sub-Committee was a purely technical body.

Dr. SLIM (Tunisia) said that the point of view he had expressed concerned only the rights of Associate Members as such. He wished all Associate Members in all regions to receive the same rights as full Members.

Dr. HAYEK (Lebanon) thought that, since Associate Members were not in generally highly developed technically, any change in their voting rights would be premature. The matter could be reconsidered in 1957.

Dr. NASSEF (Saudi Arabia) agreed with Dr. Jafar that his proposal had political implications. However, in making it he had been considering only the public health aspects: if Associate Members were granted more rights they would have more opportunity to participate in the promotion of health.

The DEPUTY DIRECTOR GENERAL observed that by resolution WHA2.103 Associate Members had all rights in regional organizations except that they could not vote in plenary meetings of the regional committee nor in sub-divisions dealing with finance or constitutional matters. It was on that point that the Health Assembly requested an opinion. In course, the Sub-Committee was free to express no opinion if it wished.

Dr. SHOIB (Egypt) proposed that, since there were at present no Associate Members in the Region, and since the Sub-Committee had previously decided that it was premature to propose any change in their status, it should adopt a resolution to the same effect.

The CHAIRMAN read the following draft resolution:

The Sub-Committee,

Noting resolution WHA9.52 of the Ninth World Health Assembly;

Considering that there are no Associate Members within the present regional organization,

DECIDES to postpone consideration of the rights and obligations of Associate Members in the regional organizations.

Dr. NASSEF (Saudi Arabia) asked whether his proposal could be included in the resolution.

The CHAIRMAN asked whether Dr. Nassef would be satisfied with having his opinion recorded in the minutes.

Dr. NASSEF (Saudi Arabia) said he would in any case wish his opinions to be recorded in the minutes, but left it to the Sub-Committee to decide whether they should be incorporated in the resolution.

Dr. SHOIB (Egypt) thought it would be quite inappropriate for a regional organization in which there were no Associate Members to make a recommendation for other regions.

Dr. DIBA (Iran) thought the resolution as proposed by the Chairman quite satisfactory. If the Health Assembly still required opinions, it could address inquiries individually to governments.

The REGIONAL DIRECTOR wished to make a correction to the statement of Dr. Shoib. The expression of views did not depend on the presence or absence of Associate Members in the Region. The Health Assembly desired an opinion in any case.

Dr. SHOIB (Egypt) thought his point had been misunderstood. He believed the consensus in the Sub-Committee was that consideration of the question was premature. The fact that there were at present no Associate Members in the Region was incidental.

The meeting was suspended at 11 a.m. and resumed at 11.40 a.m.

Dr. NASSEF said that he would be satisfied if his views were recorded in the minutes. However, he wished to make his position clear on two points. Firstly, he agreed that the rights and obligations of Associate Members should remain unchanged. Secondly, in making his proposal he had had in mind certain Arab States in the Region that were not yet Associate Members, and had been expressing the hope that these States and certain others might be granted full membership.

Dr. SHOIB (Egypt) suggested the deletion from the draft resolution read by the Chairman of the paragraph reading:

Considering that there are no Associate Members within the present regional organization,  
If the paragraph were retained, it might give the impression that it was only because there were at present no Associate Members that discussion was considered premature.

Decision: The resolution was adopted with the amendment proposed by the representative of Egypt.

The REGIONAL DIRECTOR said that the next resolution for consideration was WHA9.58. He drew particular attention to paragraph 3, which read:

CALLS THE ATTENTION of Members to the need to give the necessary priority to health projects in planning their 1957 country programmes, in view of the inseparability of social, including health, and economic factors in the economic development of countries;

Dr. DIBA (Iran) said that his Government was conscious of the principle outlined in the paragraph quoted, and had applied it in his country. An inter-departmental committee, on which he himself was represented, had been set up to deal with the Technical Assistance Programme. The committee was conscious of the importance of health for economic development, and in consequence 28% of the total sums allocated to Iran from Technical Assistance funds were being devoted to health projects.

He wished to thank the Resident Technical Assistance Representative and the Regional Director for their close cooperation in drawing up Iran's country programme.

The REGIONAL DIRECTOR noted that the next Health Assembly resolution for consideration, WHA9.61 on malaria eradication, had already been discussed by the Sub-Committee, which had itself adopted a resolution.

Mr. SANDBERG (UNICEF) noted the recommendation in the Sub-Committee's resolution that UNICEF should continue its full support to the development of anti-malaria programmes having as their objective the ultimate eradication of the disease. In that connexion it was necessary to point out that in the Eastern Mediterranean Region UNICEF gave two different types of assistance with regard to malaria: where eradication had been declared technically feasible, assistance was given only for eradication, but in the southern part of the region, for example in the Sudan and Ethiopia, assistance was given for pilot projects aiming at eradication.

The REGIONAL DIRECTOR noted that the last resolution for consideration by the Sub-Committee was resolution EB18.R18.

The CHAIRMAN, noting that there were no comments, invited the Sub-Committee to proceed to the next item.

5. STATEMENTS AND REPORTS BY REPRESENTATIVES OF MEMBER STATES:  
Item 11 of the Agenda.

Dr. EL CHATTI (Syria) expressed his Government's appreciation of the valuable cooperation of various organizations, particularly UNICEF. However, unfortunately some members of the UNICEF staff had, on technical grounds, opposed items in some projects, and his Government had therefore been faced with a delay in the programme or a partial interruption. That state of affairs had existed since 1953. He had already mentioned in 1954 that the programme for school health services in Syria was under suspension because of the opposition of one UNICEF staff member to a mobile unit included in the project. Although two and a half years had already elapsed, and the project had been terminated a few days before, the mobile unit had not yet been received.

At present a similar situation had arisen with regard to malaria eradication. WHO and his Government had already signed the project agreement, but UNICEF was waiting for further technical explanations regarding the future of the Syrian members of the project team.

Of course, such difficulties were of little importance compared with the great assistance given by UNICEF. He mentioned them only because they were in marked conflict with the eloquent statement made by Mr. Rajan, the Chairman of the Executive Board, at the Ninth World Health Assembly, to the following effect:

Perhaps no two organizations in the United Nations are associated by the very nature of their activities as closely as WHO and UNICEF. Your field is the health of all the world's people; ours is the health and welfare of mothers and children everywhere. You give assistance in the form of technical knowledge and advice; we give it in the form of supplies, equipment and training. Thus, implicit in our individual terms of reference, there is an immense area of common concern, a division of functions, and a union of effort.

Mr. SANDBERG (UNICEF) said that he had noted the comments of the representative of Syria and would bring them to the attention of the Fund.

Dr. NASSEF (Saudi Arabia) said that he himself wished to make a statement but did not yet have it ready. The same probably applied to other members of the Sub-Committee. He therefore suggested that further consideration of the item be deferred until the following meeting.

It was so agreed.

6. COOPERATION WITH OTHER ORGANIZATIONS: Item 12 of the Agenda (document EM/RC6/14)

Dr. FLACHE (UNRWA) expressed the regrets of Dr. Findlay, Chief Medical Officer of UNRWA, and WHO representative to the Agency, who was unable to be present owing to illness. On Dr. Findlay's behalf and in the name of the Director-General of the Agency he wished to convey good wishes and sincere thanks for WHO's continued cooperation and assistance. As the Sub-Committee knew, for the last six years, on the basis of an agreement approved by the Third World Health Assembly, WHO had been providing, within the framework of the Agency's policy, the technical direction of its health programme. The senior health officials of the Agency, appointed by WHO and seconded to the Agency, and several WHO consultants and advisers, had contributed to the creation of the close and profitable relationship which the Agency continued to maintain with the Organization.

The curative and preventive health services made available by the Agency to the Palestine refugees during the past year were described in document EM/RC6/14. The document was not for detailed discussion, but was simply intended to bring to the Sub-Committee's attention the special medical, social and political problems existing in the region. He would refer to some of the main trends in the past year's activities and some related figures.

Over 900,000 Palestine refugees resident in Lebanon, Syria, Jordan and the Gaza strip had continued to benefit from the Agency's health

programme, which included various sanitation, housing and supplementary feeding services. The programme, costing over 5½ million dollars, had been carried out by more than 3,300 health workers, including more than 100 doctors and 100 qualified nurses. Ninety clinics and out-patient departments were being made use of and more than 2,200 beds operated or subsidized. In the field of maternal and child health, attendance at the Agency's maternity clinics and infant health centres had increased considerably to reach the impressive yearly figure of 120,000 and almost half a million respectively. The school health services had been strengthened by the establishment of additional teams.

In the field of nutrition, where the Agency assumed the responsibility for the distribution of dry rations, each year added to the hazards which must be taken the more seriously in that they could not be exactly foreseen. Anxious to take all possible precautions, the Agency, besides improving and increasing its supplementary feeding programme for the vulnerable groups of the population (children and pregnant and nursing women), had also arranged with WHO and FAO on a reimbursable basis for the services of two consultants who had carried out a nutrition survey, both clinical and dietary, among the refugees. Official results of the survey were still awaited.

New efforts and improvements had been registered in the tuberculosis control programme, where again the assistance of a WHO senior tuberculosis adviser belonging to the region had proved invaluable. In regard to mental health, a survey to assess the extent of the problem among the refugees and to put forward proposals for tackling it was planned with WHO, on a reimbursable basis for the next year. In the field of malaria control, as would be noticed from the report, further substantial progress had been made during the year. In Jordan, where the problem had been the greatest, particularly in the Yarmuk and Jordan valleys, the Agency's anti-malaria project had been following eradication principles and results so far were highly encouraging. Now that the Jordan Government was launching its country-wide

eradication campaign, the Agency's existing anti-malaria activities would be coordinated with it in such a way as to ensure total coverage of the country. Moreover, the Agency's anti-malaria organization would continue to offer training facilities for the technical staff required for the programme.

Improvements had also been achieved in the environmental sanitation services, particularly with regard to excreta and refuse disposal. Several new camps with good shelter standards had been opened. The health education programme, on which so much emphasis had been laid, had proved extremely successful and now played an essential role in the preventive health services. Finally, plans were under consideration for expansion of the existing medical education and training programme.

He wished to emphasize that in the development of its health programme and in what it called "the long-term planning", extending until the end of the Mandate given by the United Nations General Assembly, which expired in 1960, the Agency was wherever possible, guided by national programmes and by new plans within the host countries. Services for refugees had always been integrated with WHO projects in the area. Such integration and joint planning would remain an essential principle governing the Agency's future projects and its efforts to establish satisfactory standards in both preventive and curative medicine for Palestine refugees. It was only in close cooperation with local governments that the Agency would be able to keep those standards in line with prevailing local levels and to organize the administration of its services in a way that fitted naturally into local patterns.

He wished again to thank the Regional Director and his staff for their continued assistance and to express his warm gratitude to all interested representatives, in particular, those of Lebanon, Syria, Jordan and Egypt, without the cooperation of whose governments the special health work of the Agency would be quite impossible.

Dr. ANOUTI (Lebanon) expressed his Government's gratitude to UNRWA for its cooperation with his Ministry of Health in providing health and social services to the refugees. He hoped that means would

be made available to provide them with better accommodation, which was the only way to raise their standard of health until they were repatriated.

Dr. SHOIB (Egypt) thanked the Agency on behalf of his Government. Until the unhappy situation of the refugees was ended, he could only hope that the Agency's chief medical officer would be provided with the means to do fuller work. In that connexion it was perhaps time to reconsider the chief medical officer's position. Hitherto he had been responsible to WHO Headquarters, but since his responsibilities were limited to the region he should be made directly responsible to the Regional Office, which would make for administrative simplicity and would make possible full utilization of the advisory services of the Regional Office.

Dr. NABILSI (Jordan) expressed his Government's appreciation of the Agency's work. It was particularly important for Jordan, since more than half a million of the refugees were in that country. He wished to ask Dr. Flache two questions. Firstly, how many Arab doctors were there in the Agency's Health Division, and secondly, how many of them were specialized in public health? He asked those questions because most of the refugees, as he had said, were in Jordan and no fellowships had yet been granted to his Government for training in public health.

Dr. EL CHATTI (Syria) agreed with the representative of Egypt that the chief medical officer of UNRWA should be directly responsible to the Regional Office.

Expressing his Government's appreciation for the medical care given to refugees in Syria, he said that he wished also to draw attention to the heavy responsibilities that fell upon the Health Division of UNRWA, especially in relation to its limited means. The figures given in document EM/RC6/14 showed that in Syria each doctor must be looking after at least 90 cases a day, and such heavy duty was bound to diminish efficiency.

He believed that a document showing more facts regarding the health conditions of the Palestine refugees might assist UNRWA in obtaining larger funds and better means to perform its medical functions.

Dr. FLACHE said that he would note the comments made and bring them to the attention of the Director-General of UNRWA.

In reply to the questions put by the representative of Jordan, all the doctors working for the Agency in Jordan were Arabs, but not all were nationals of Jordan. Lately difficulties had arisen in recruiting doctors within the country, and it had been necessary to import some from Egypt. Very few of them were qualified in public health, and steps were therefore being taken to provide appropriate training within the region or overseas.

He apologized for the dryness of the report. The report of the Health Division itself would contain more details.

He agreed with the representative of Egypt and Saudi Arabia that the resources of the Agency's Health Division were too limited, but the difficulty of increasing them would be appreciated when he said that the Director-General of the Agency had recently asked the United Nations General Assembly for funds to expand its important work on nutrition and had met with a flat refusal.

The DEPUTY DIRECTOR-GENERAL, referring to the suggestion of the representative of Egypt, drew the attention of the Committee to the fact that the organization of the Agency's health services, including the designation of the Chief Medical Officer of UNRWA, was set forth in the agreement between the Agency and WHO which had been approved by the World Health Assembly. This agreement would remain in force until 1960. Any proposed modification should, therefore, be negotiated between the two parties and could be adopted only by the Health Assembly and the Agency.

Dr. SHOIB (Egypt) said that his suggestion had been intended as a formal proposal, and had been seconded by the representative of

Syria. He therefore wished to propose the addition of a paragraph to the resolution.

After some further discussion, it was agreed that consideration of the draft resolution should be suspended until Dr. Shoib had drafted his additional paragraph.

Mr. SANDBERG (UNICEF), after extending to the meeting the greetings of the Executive Director of the Fund, said that since the last meeting of the Sub-Committee there had been certain developments and new arrangements in the field organization of UNICEF within the Eastern Mediterranean Region which he would briefly report. It would be remembered that when the Fund, some years before, had started to extend aid towards projects benefiting children and mothers in the Region, such cooperation with governments had been initiated as part of a regional activity which also included Europe and the whole of Africa. An Area Office in Beirut had served to provide more direct contact on programme development in the Middle East both with the assisted governments and with the Regional Office of WHO, which provided UNICEF with technical advice.

In the course of time the volume of assistance had considerably increased; in the field of health, that increase had been parallel with - and in most cases a direct result of - the expanding technical assistance afforded in the Region by WHO.

The fact that UNICEF had thus become more and more actively associated with the projects developed by governments in the area had made it necessary to ensure two things: firstly, that UNICEF, within the limits of its administrative resources, could readily make available field representatives to discuss with government and experts common problems related to the planning or execution of projects; and secondly, that the least possible delay occurred between the point where aid was being requested and discussed in the field and the point where such aid was being authorized, namely in New York.

To that end, UNICEF had progressively been able to establish within the area a number of country offices which, under the direction of the Area Office in Beirut, were available for consultation and could assist in the coordination of joint programme activities. During the past year UNICEF had established two new units of that type; one of them had been opened in Teheran at the end of the year. The resident UNICEF representative in Teheran was in direct contact with the Governments of Iran and Iraq. During the first half of 1956 a resident UNICEF representative had been installed in Addis Ababa, to be available for consultation on programme developments in Ethiopia, Somalia, British Somaliland, Aden Colony and Protectorate and Yeman. He was certain that that expansion of UNICEF's field organization, which it was hoped would be further strengthened in the future, would bring about the close and regular contact which was indispensable in such an international undertaking. He wished to express UNICEF's appreciation to those governments which had helped it to establish representatives in their countries, by sharing the administrative expenses and otherwise facilitating operations.

It had also been possible in the last year for UNICEF to shorten the lines of communication to its headquarters in the United Nations. Since October 1955, UNICEF operations in the Eastern Mediterranean area were undertaken separately from operations in other regions.

What he had described might appear as purely internal organizational arrangements. Personally, he felt that they were far from internal matters, since they directly concerned the means by which UNICEF could best get together with national health authorities and with WHO experts on common questions. Requesting countries must have more than occasional access to information on the criteria for UNICEF assistance in a given situation; and UNICEF, on its side, needed to know the background, the conditions, the possibilities or limitations concerned with any undertaking for which it was asked to provide aid.

He assured the Sub-Committee that UNICEF would continue its support to Government projects for the health and welfare of children in the region. Specifically - and apart from the malaria eradication projects for which a large part of the Fund's current resources were at present being reserved - UNICEF was continuing its interest in projects to prevent disease and alleviate the acute and basic needs of children in larger areas of the countries. Among such projects were those for extending maternal and child health services to rural areas through the training of personnel and the establishment of centres.

UNICEF's support to those programmes was of course conditional on continued financial support from governments. Equally essential was that projects should be planned on a solid and realistic basis, not only from the technical but also from the administrative and financial point of view. Those problems had already been discussed the previous day in connection with malaria eradication, and he would at present only repeat that in that regard UNICEF shared very much in the concern that had been expressed.

He thanked the Regional Director for his fruitful collaboration in the past. UNICEF would continue to draw on the technical advice of the Regional Office, which was essential to the continued success of the joint work of UNICEF and WHO.

The meeting rose at 12.30 p.m.