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DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

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CHAIRMAN: Professor Canaperia (Italy)

CONTENTS

1. Proposed Programme and Budget Estimates for 1960 for the Eastern Mediterranean Region.
2. Technical Matters:
Anti-malaria programmes in the Eastern Mediterranean Region.

Representatives

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ETHIOPIA

FRANCE

IRAN

ISRAEL

ITALY

UNITED KINGDOM OF GREAT BRITAIN
AND NORTHERN IRELAND

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Committee B)

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Dr. Z. Saliternik

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World Health Organization

Secretary to the Sub-Committee

Representative of the Director-
General

Senior Regional Malaria Adviser

Dr. A.H. Taba, Regional Director

Dr. P. Dorolle, Deputy Director-
General

Dr. M. Farid

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1960 FOR THE EASTERN MEDITERRANEAN REGION (Agenda Item 13) (EM/RC8/3)

The CHAIRMAN recalled that in the morning it had been decided that the full Sub-Committee should meet as the Sub-Division on Programme. They would in the afternoon consider agenda items numbers 13 and 14 and, he suggested, might take in the first place item 13 - the proposed programme and budget estimates for 1960 for the Eastern Mediterranean Region. The document was number EM/RC8/3. This was a very important discussion and he would ask the Regional Director to introduce it.

The REGIONAL DIRECTOR agreed that this was one of the most important items to be discussed in the Regional Committee. The document before them contained mainly the proposals to be considered for the year 1960, but it showed also the revised programme for 1959 and there was a column showing the actual programme costs for 1958 as estimated when the document was prepared in July 1958. This column would possibly therefore show some discrepancies with earlier documents which contained estimates made at an earlier date. These revised 1958 figures included expenditures incurred or envisaged from estimated savings. The fellowships column, for example, generally showed a higher figure than in the earlier documents.

The budget document for 1960 was drawn up on the same general lines as those for earlier years. The extra-budgetary figures in the right hand column were mainly expenditure from UNICEF funds. This document differed from the normal "Official Records" budget document in showing a special column for Category II. The Technical Assistance figures for 1959 were substantially what Governments had asked for from the Technical Assistance Administration. The Technical Assistance figures for 1960 were very tentative because, as Members of the Sub-Committee knew, the Technical Assistance procedure did not determine expenditure under the Expanded Programme so far in advance. In the extra-budgetary column the amounts already approved by the UNICEF Executive Board were marked with an asterisk.

The first pages of the document were introductory and explanatory. On page 7 there was a recapitulation of the Programme by main subjects. Then followed the Regional Office structure and estimated cost; the Regional Adviser and WHO representatives; country projects; and then inter-country programmes. The inter-country programmes were gradually increasing and the Regional Committee attached great importance to them, especially in communicable diseases where joint action between adjacent countries was often essential.

The inter-country programme for 1958 would show the Sub-Committee the programme for the remainder of this year. There were for example seminars on Health Education in Teheran and on Nutrition in Cairo, and also in Cairo a training course in Bilharziasis; a planning meeting for a Communicable Eye Seminar in Alexandria. Provision was made in the inter-country programme for an adviser in Health Education and also for one in nutrition; the cost of the second would be shared with the African Region.

At the end of the document, after the inter-country programmes, came the details of the programme financed by the Malaria Eradication Special Account (MESA).

The CHAIRMAN thanked Dr. Taba for his precise and clear resumé. The discussion was now open and if the Committee agreed, he suggested that they might have first a general discussion and then consider the programme and budget chapter by chapter.

Dr. SYMAN (Israel) regretted that he had not had time to examine the document in great detail, but he would make a few general remarks and ask some questions. The Regional Director had prepared his proposals after discussion with countries in the Region and taking account of the provisional limits of expenditure prescribed for the Regional Programme. Would it be possible for the Regional Director to tell the meeting how the EMRO budget compared with that of other Regions? Secondly, the table on page 7 set out the expenditure under the main subjects. Would it be possible to add the figures for each subject horizontally to show the total expenditure on that subject from all the different funds? Thirdly, the inter-country programmes were expanding

and examination of the figures on page 143 showed that the total expenditure was rising. His Government considered this to be a sound development, but unfortunately Israel had had little opportunity of participating in them. His Government thought that it could contribute usefully to these programmes, as well as receiving aid, and hoped that the present meeting might be a first step in that direction.

Mr. SNIDERS (United Kingdom) assumed that the expenditure on projects under the Regular budget was subject to final approval by the Health Assembly both of the particular expenditures and of the total amount of the Regular budget. It might therefore be proper at this stage to consider what should be done if the Health Assembly reduced the total of the budget, would it be possible for the Regional Director to suggest priorities, so that if cuts were necessary they could be made where they would be least harmful?

Dr. RAOULT (France) said that the proposed expenditure on nutrition seemed to him smaller in proportion than might be expected for so important a question.

The REGIONAL DIRECTOR, at the request of the Chairman, replied on the point raised by the delegate of Israel about Regional allocations; he had asked the budget section to give this information and would reply in detail later. Cross totals could be given of the figures shown on page 7, but the extra-budgetary funds were so tentative at this stage that it would be misleading to treat them on the same basis as the others. It would be possible to add together the Regular and Technical Assistance figures but even the Category I figures for 1960 were still very tentative, neither the Regional Office nor the countries concerned were yet sure that the Technical Assistance figures were final and they did not yet know what amount was available from Technical Assistance sources. Such a summary might therefore be misleading. The Regular budget was the only reliable figure, subject of course to its approval by the World Health Assembly.

The delegate from the United Kingdom was correct in suggesting that the budget might be cut by the Health Assembly. In such an eventuality, the Regional Director usually adjusted the programme, in consultation with the

delegations to the assembly, as required. In many cases, he suggested, the Regional Committee itself determined priorities among the several proposals, but in most cases it was known through personal discussions with Governments in what order of importance each Government placed its projects

As regards the question of nutrition raised by the delegate from France, he agreed that this was an important subject and the Regional Office was trying to increase the work on it. The figures in the document were not large but they were at present discussing this question with UNICEF whose interest in it was increasing. These programmes were generally also planned jointly with FAO. It should be remembered that most of the actual expenditure was planned to be provided by UNICEF, although in this document nothing was shown under extra-budgetary funds because the amounts were not yet known. UNICEF had a large project in Tunisia which was starting this year, and some others.

The CHAIRMAN thanked the Regional Director and, as there were no general comments, suggested the Committee should consider the document in detail.

There were no comments on the introductory pages or on the proposals for the Regional Office, etc.

Dr. FARIS (Iran) called attention to project Iran 37 on nursing education. His country had some years ago reviewed the organization of their nursing schools both for the training of registered nurses and for the training of auxiliaries. WHO had provided staff to assist this work and the results had been very good. For example, girls from all over the country were now eager to be accepted by a nursing school, which was a great change from their original attitude. Project Iran 38, on Bilharziasis, was very important because of the Iran programme of economic expansion. This involved an extension of irrigation, which would need careful watching to make sure that it did not cause a spread of bilharziasis.

Dr. SYMAN (Israel) suggested that it was not necessary to discuss the country proposals in much detail because they were the result of careful discussions between the Governments and the Regional Director which were

always very helpful. Most of the programmes in Israel were now on education and training. They wished to be in a position to do their own training and for that purpose they had had useful assistance to their medical schools and in the teaching of basic sciences. There was now a sanitary engineering course run by a special department in their technical university.

The CHAIRMAN thought that the discussion might now proceed to the inter-country programmes which began on page 130.

The REGIONAL DIRECTOR referred to the Tuberculosis Survey Team (EMRO 41). This team would provide part of the Regional attack on communicable diseases and, of course, on Tuberculosis in particular. It was planned to be a well equipped and well staffed project. It would visit all the countries of the Region, examine the prevalence and the epidemiological characteristics and make suitable proposals. In about two years, when the reports would be ready for consideration, there would also be available the results of the Chemotherapy pilot project in Tunisia.

Smallpox was still a serious problem in the Region. It was proposed under project EMRO 16 to send a team (an epidemiologist and a laboratory assistant) to visit the countries concerned and study smallpox control from all sides, including vaccine production and the central and local organization for vaccination giving necessary advice.

Dr. RAOULT (France) thought the Tuberculosis survey was a very important project which would help all territories. One of the great difficulties in the control of Tuberculosis was to get an exact idea of its incidence in any country. Estimates were made by different methods which were not comparable between Regions, and not, in themselves, very reliable. Hospital statistics for example were not very accurate and figures based on skin reactions were open to different interpretations. This kind of work was just what WHO could usefully do.

The CHAIRMAN recalled that under item 14 of the agenda they would be discussing Smallpox control.

Dr. BTESH (Israel) referred to project EMRO 49, Assistance to Regional Institutes. His Government was very pleased to see this proposal but he wondered whether the sum of \$ 5,000 was enough even as a start, especially as it might be necessary to supply expensive equipment and to provide fellowships.

The REGIONAL DIRECTOR explained that grants for this purpose were generally given by Headquarters, but that in view of the emphasis placed on research in recent organizational meetings, they had thought that something might be done in matters of particular interest to the Region. This amount was all that could be spared in view of their other commitments but he hoped it might grow in later years. This was really a supplement to assistance given by Headquarters. He asked whether Members had any suggestions as to the purposes for which this could be allocated.

Dr. DOROLLE (Dep. Director-General) confirmed that the responsibility for this type of assistance was mainly that of Headquarters because only at the centre was it possible to gauge the relative value of different types of research. But there were some research problems which were essentially Regional and in special cases certain kinds of help might be given by Regions on particular points of research important for the Regional Programme.

The CHAIRMAN asked whether any delegates had ideas on how this sum could best be used. Alternatively it might perhaps be best to leave the decision to the discretion of the Regional Director.

They would now consider the proposals under the Malaria Eradication Special Account on page 1.

Dr. DOROLLE thought he should point out that these proposals, unlike those under the Regular Programme, sketched a programme covering the period to 1962 and did not take account of the amounts which were actually at the time in the Special Account. They suggested rather what should be done and could be done if the necessary funds were provided for these five years. If all the proposals included here were taken into account, their total cost would much exceed the amount now in the Special Account.

The CHAIRMAN thanked the Deputy Director-General and suggested that the meeting should take note of what he had said when they considered the proposed expenditures. He recalled that the progress of the scheme in various countries would be considered under item 14 of the agenda.

There were no comments on the details of the proposals and the Chairman submitted a draft resolution.

"The Sub-Committee,

Having considered the proposed programme and budget estimates for 1960, (E/W/3340), submitted by the Regional Director,

1. ENDORSES the programme planned within the budget provided through the World Health Organization Regular fund, the Expanded Programme of Technical Assistance, or the Malaria Eradication Special Account;
2. REAFFIRMS the importance of inter-country and inter-regional projects;
3. EMPHASIZES the value of the educational and training aspects of the programme;
4. EXPRESSES its satisfaction regarding the provisions made in the programme for malaria eradication, and in the field of endemo-epidemic diseases, particularly smallpox and tuberculosis;
5. THANKS UNICEF for its continued cooperation."

The DEPUTY DIRECTOR-GENERAL recalled that the delegate from Israel had raised a question about allocations to Regions. He had now a Working Paper which was being handed round. This had not yet been translated, but as it consisted mainly of figures the French-speaking Members might perhaps accept it as a basis for consideration. The Paper showed the level and tendency of the Regional allocations from the Regular budget only because the World Health Assembly had no authority over funds from other sources. For the year 1960 it was possible only to show the total of the proposals in the programme and budget submitted by the Regional Director. None the less, the figures showed certain general tendencies. The allocation for the Region of the Americas, for example, had increased less than that for other Regions and it was now practically equal to that for the Eastern Mediterranean.

These figures had been discussed at Health Assemblies and the Director-General had there explained the basis on which they were arrived at. The first allocation between Regions had been largely arbitrary, based on what it might be expected would be needed, but the figures for the later years suggested that the original guess had not been too far out. They showed a total increase corresponding to the increased central provision made. The proposed figure for 1960 would be discussed by the Executive Board and the Health Assembly.

The CHAIRMAN thanked the Deputy Director-General and asked whether there were any comments on the draft resolution that he had presented.

Dr. BTESH (Israel) asked whether the Sub-Division on Programme would submit to Sub-Committee B the resolution which they adopted.

The CHAIRMAN answered that this was so.

Dr. FARIS (Iran) mentioned that in project Iran 38 provision was made for one epidemiologist and one sanitary engineer. He would like to suggest that one malacologist should be added.

The REGIONAL DIRECTOR said that this point was now being studied and the Regional Office was in contact with various Departments of the Government. The Government might themselves provide a sanitary engineer and, if that were so, the Regional Office would provide a malacologist. The Regional Office, in short, would provide two posts.

Mr. SNIDERS (United Kingdom) recalled his proposal based on the possibility that the total amount available might be revised. The proposals before them were dependent on funds being provided and he suggested that in the draft resolution proposed the latter part of paragraph 1 might be misleading and should be omitted. Alternatively the meeting might wish to substitute the words "subject to provision of funds by the Regular fund, etc." but it would perhaps be simplest to omit the words after "programmes" and to insert "proposed" before "programmes".

The REGIONAL DIRECTOR suggested that in view of the budget procedure and the various steps before its presentation to the Health Assembly the delegates might consider any amendment superfluous. The programme and budget before them was a recommendation only, which would be submitted to the Director-General, and on which he in turn would base his proposals to the Executive Board and the Assembly. He suggested that the Regional Committee could give an opinion on the budget as proposed by the Regional Director. If the Health Assembly revised the amount of the budget, all Regional budgets would have to be revised to agree with it.

The DEPUTY DIRECTOR-GENERAL recalled that there was another intermediate factor, the level of the budget which the Director-General decided to suggest to the World Health Assembly after he had considered all Regional proposals. This, as the Regional Director had said, was a recommendation based on the value of the proposals for the countries concerned. In some cases Regional Committees in approving the programme had expressed regret at the limits of expenditure imposed by the Regional allocation.

The suggestion made by the representative of the United Kingdom would be clear to the Sub-Committee but its effect might be different on those who had not the Director-General's programme and budget before them. He suggested that if the latter part of paragraph 1 were omitted as suggested, the meeting might add after the words "Regional Director" in the preamble "to be implemented from the World Health Organization Regular budget, the Expanded Programme of Technical Assistance and the Malaria Eradication Special Account".

It was so agreed.

2. TECHNICAL MATTERS: Anti-malaria programmes in the Eastern Mediterranean Region, (Agenda item 14) (EM/RC8/4 and Add.1)

Dr. FARID (Senior Malaria Adviser, EMRO), at the invitation of the Chairman, opened the discussion. The salient points of the document before the Sub-Committee were explained in the annual report of the Regional Director to the Regional Committee and he would outline the situation with regard to the anti-malaria programmes in the Region and plans for assistance.

Table 1 on page 38 of the document showed that of the 191 million inhabitants of the Region, 70% were at risk from malaria and about 20% were protected by methods for malaria control or eradication. In some countries malaria was the main public health problem and in most of them some control was being applied. It was generally agreed that malaria eradication schemes were economically valuable but without substantial help from external funds, they were not practicable in some countries with limited resources. The delegates would see that there was one geographical block in which eradication was in progress: Iran, Iraq, Israel, Jordan, Lebanon and the Province of Syria of the United Arab Republic. Libya, Pakistan, Somalia, Tunisia and the Province of Egypt of the United Arab Republic were in the pre-eradication stage and detailed plans, as had been found essential, were being prepared in advance. Those countries had the organization and personnel on which to base an eradication scheme. In three countries, Ethiopia, Saudi Arabia, and Sudan, investigations were being made to see whether eradication was technically possible. They had little information on Aden Colony, the Yemen and the Persian Gulf Protectorates.

The eradication scheme had two main phases; first the attack - three years of spraying with residual insecticides; second - consolidation and surveillance. This second stage might cost as much as the spraying and might be equally dependant on external financial support. Israel, for example, had almost reached the stage when only surveillance was called for. The plan of operation for surveillance was being discussed.

Reference was made to the financing of malaria eradication programmes in the Region. The average annual cost per head was 45 cents, and, considering that 92 million inhabitants would have to be protected in 1960 under eradication schemes, the financial requirements - national and international - would be about 50 million dollars annually. A large increase in the international contribution to MESA would be called for and it was hoped that UNICEF might give some financial aid.

On pages 52 and 53 of the document was a description of the relevant work in the Regional Office; in particular the work of the Regional Malaria

Eradication Coordination Unit. This unit would of course need the full cooperation of Member States, but it could act as a clearing house for exchanging information on progress and methods. Provision for training was very important and would be greatly helped by contributions from MESA. A Regional Malaria Training Centre would soon be established in Cairo. Help would be given by the Tuberculosis Control Centre in Teheran and the US International Cooperation Administration was already giving valuable assistance.

The CHAIRMAN thanked Dr. Farid and declared the discussion open.

Dr. SALITERNIK (Israel) thought that the chapter on malaria eradication in the Regional Director's report and Dr. Farid's explanation showed the way in which the Regional programme was being directed. Experience in Israel showed that eradication was practicable with good cooperation throughout the Region and they were glad to see that this cooperation was one of the main features of the Regional programme. In Israel the eradication programme had three main problems. First the length of the border with five different countries; second the immigration of over a million people, many coming from malarious areas; and third the rapid development of water and irrigation projects which encouraged a large number of species of anophelines, of which four were considered as important vectors at different seasons. So far their campaign had gone well. Some of the vectors had been eradicated or were now insignificant, but A. Sergenti remained important. The total number of fresh malaria cases had dropped from 1,172 in 1948 to 44 in 1957. One of the seasonal peaks of transmission had almost disappeared and the other was lower and covered October and November only. Continuous research on the epidemiology of malaria and on the prevalence and bionomics of the vectors was in progress. This research would be of value to the Region as a whole and they might therefore hope that in a few years the complete eradication of malaria from the Region might be achieved.

The meeting rose at 5.30 p.m.