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المكتب الإقليمي لشرق البحر الأبيض

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DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
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REGIONAL COMMITTEE FOR THE
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SUB-COMMITTEE B

SUB-DIVISION ON PROGRAMME

MINUTES OF THE SECOND MEETING

Palais des Nations, Geneva
Tuesday, 23 September 1958, at 9.30 a.m.

CHAIRMAN: Professor Canaperia (Italy)

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Representatives

Government

ETHIOPIA

FRANCE

IRAN

ISRAEL

ITALY

UNITED KINGDOM OF GREAT BRITAIN
AND NORTHERN IRELAND

Representatives

Mr. Y. Tseghe (Vice Chairman of
Sub-Committee B)

Mlle. N. Tranoy

Dr. M. Faris (Chairman of Sub-
Committee B)

Dr. S. Btsh

Dr. S. Syman

Dr. M. Kahany

Professor G.A. Canaperia, Chairman

Mr. E. Sniders, M.B.E.

World Health Organization

Secretary to the Sub-Committee

Dr. A.H. Taba, Regional Director

Representative of the Director-
General

Dr. P. Dorolle, Deputy Director-General

Senior Regional Malaria Adviser

Dr. M.A. Farid

Chief, Epidemiological and
Statistical Section, EMRO

Dr. W. Omar

Regional Bilharziasis Adviser, EMRO

Dr. M. Farooq

Regional Education and Training
Adviser, EMRO

Dr. A.C. Eberwein

United Nations

Representative

Mr. G.E. Yates, Director, Division
of Narcotic Drugs

Representative of a Non-Governmental Organization

International Council of Nurses

Miss H. Nussbaum

TECHNICAL MATTERS (Agenda item 14) (Continued)

(a) Antimalaria programmes in the Eastern Mediterranean Region (continued)
(EM/RC8/4 and Add.1)

Dr. FARID, Senior Malaria Adviser, EMRO, replying to points raised by the representative of Israel at the previous meeting, explained that no malaria problem existed along the borders of Lebanon. As to the Syrian Province or the United Arab Republic, contacts with antimalaria services and international agencies had been established in order to seek the most appropriate means of co-ordinating the work and exchanging information with regard to antimalaria activities. The results of the negotiations in question would be communicated to the Government of Israel in due course.

The CHAIRMAN proposed, in the absence of further comments, the draft resolution. (Resolution EM/RC8B/R.9)

Mr. SNIDERS (United Kingdom) said with regard to the Malaria Eradication Special Account that his government thought it wrong in principle for special funds of this sort to be set up on a voluntary basis by agencies mainly financed by compulsory assessment on Member States, particularly where the normal budget already provided for such projects. He therefore reserved the position of his government with regard to operative paragraph 5 of the draft resolution.

Decision: The United Kingdom reservation was noted, and the draft resolution on antimalaria programmes in the Eastern Mediterranean Region adopted. (EM/RC8B/R.9)

(b) Smallpox Control (EM/RC8/5 and Add.1)

Dr. OMAR, Chief of the Epidemiological and Statistical Section, EMRO, introduced the relevant documents. He briefly described the smallpox situation in the Region, drawing attention in particular to the need for a stable dried vaccine capable of resisting tropical climatic conditions,

and of consultant and other services required for the implementation of smallpox control and vaccination campaign. He directed attention to the table annexed to document EM/RC8/5 showing the numbers of cases of smallpox reported from 1948 to 1958, but added that a good deal of smallpox occurred which was either undetected or unrecorded. Moreover, quarantine barriers were practically non-existent owing to the geographical situation of most of the countries.

All of the countries of the Region had legislation providing for compulsory vaccination with the exception of Cyprus, although the legislation varied from country to country.

He described the difficulties experienced in the Region in the production of lymph vaccine and said that the Regional Director planned to set up a team of laboratory experts and epidemiologists to survey and visit the different institutes which prepare vaccine and later to advise on the preparation of dried vaccine locally.

Decision. The Sub-Committee unanimously adopted the proposed draft resolution on smallpox eradication. (Resolution EM/RC8B/R.10)

(c) Drug Addiction (EM/RC8/6)

The CHAIRMAN directed attention to the relevant document, one part concerning the use of hashish and the other on opium addiction control in Iran.

The REGIONAL DIRECTOR explained that the subject of drug addiction had been discussed in some detail at the last two meetings of Sub-Committee A, which had expressed concern about the prevalence of drug addiction and its importance to the Region, particularly because of its effect on youth and because it was responsible for juvenile delinquency and crime and also resulted in waste of badly-needed productive potentialities.

The report on opium addiction control in Iran, where great strides had been made towards the development of a national programme for the treatment of addicts, was of interest to all countries. An adviser on mental health would shortly be added to the Regional Office and would also study the main mental health implications of drug addiction.

He added that full documentation on the subject was available and could be provided upon request.

Dr. SYMAN (Israel) described the particular situation of his country in which there was a combination of eastern and western types of addicts. While on the western side there were many morphine addicts, there were few juvenile ones. There were about 20% opium addicts and a certain number of users of modern synthetic drugs. As to the eastern type, there were large numbers of hashish users, although hashish was not a source of addiction proper. Nevertheless, there was a strict law against its use and against smuggling of the drug from country to country.

Drug addiction in Israel was considered as a psychiatric problem and special wards were reserved in hospitals for the treatment of addicts.

He asked for additional information together with supporting statistics showing the results of the campaign undertaken in Iran.

In order to avoid black-market operations, a system of registration had been set up in Israel and addicts provided with the necessary injections. He would welcome any advice from the Regional Office on the matter.

Dr. FARIS (Iran), described the special programme inaugurated in Iran in 1955 whereby treatment centres had been established to provide withdrawal and short-term rehabilitation for addicts, it being compulsory to record the doses of drugs given to the patients. He quoted figures to show that the number of addicts in his country had been greatly reduced since the programme had started.

The CHAIRMAN invited Mr. Yates, Director of the Division of Narcotic Drugs, to make a statement.

Mr. YATES, Director of the Division of Narcotic Drugs, first congratulated the Iranian authorities on the significant results of their drug addiction campaign, although he believed that the report by Dr. Ossenfort was rather an optimistic one. At the outset of the campaign there had been some discussion about the danger of cannabis being used as a substitute for opium. So far, there seemed little indication that that had been the case and he would be glad to have that confirmed. The fact that Afghanistan proposed to pursue a similar policy for the complete banishment of opium production was encouraging.

He mentioned that the relevant United Nations bodies proposed to send a small mission to the Middle East Region in 1959 to discuss ways and means of tightening the control in the illicit traffic.

He asked whether the Regional Office had considered the suggestion made in 1957 by a WHO study group on the treatment of drug addicts for the convening of a seminar to discuss different methods of treatment.

Dr. BTESH (Israel) asked whether any other country had had experience in the registration of addicts and the supply to them of the necessary amount of drugs in order to prevent illicit traffic and other economic hazards. Israel now envisaged the clinical approach to addiction rather than the punitive one.

The REGIONAL DIRECTOR, replying to a number of questions raised, said: (1) the Regional Office would be glad to supply Israel with full documentation on drug addiction, and (2) all hospitalization treatment in Iran was free of charge, whether hospitalization was on a voluntary or on a compulsory basis,

Dr. BTESH (Israel) said his Government's view was that no treatment could be successful unless given under the best conditions, particularly

in the case of morphine and synthetic drug addicts. Therefore, instead of placing addicts in institutions, a maintenance dose was given free of charge and as long as required, addicts being regarded as sick people.

The REGIONAL DIRECTOR observed that that was a rather unusual type of approach and was not to his knowledge followed by any other country in the Region.

In reply to Mr. Yates, he said that no regional meeting on methods of treatment had so far been planned but that the recommendations of the Study Group would be borne in mind.

Mr. TSEGHE (Ethiopia) said that the problem in his country was more of an economic nature than of drug addiction proper. He mentioned a study being undertaken in Addis Ababa to determine whether the use of khat produced drug addiction, and asked whether the Regional Office could give any assistance in the matter.

The REGIONAL DIRECTOR, in reply, said that a study was being made of the analysis of khat leaves on which he would report to a future session of the Sub-Committee.

Decision: The draft resolution proposed on drug addiction was adopted. (Resolution EM/RC8B/R.11)

(d) WHO-assisted Tuberculosis Control Programmes (EM/RC8/7)

The REGIONAL DIRECTOR, introducing the relevant document, stressed that tuberculosis control was one of the most important of WHO-assisted programmes in the Region. Attention had at first been given to the training of personnel, the establishment of tuberculosis centres, and mass BCG vaccination. Domiciliary chemotherapy pilot projects had now been started in Tunisia which would provide useful data for further activities. In order to offset the lack of reliable data and statistics, it was planned to make prevalence surveys along scientific and epidemiological lines to

measure, with reasonable accuracy, the extent and seriousness of the problem and to form a basis on which national tuberculosis control programmes could be scientifically planned and executed.

Dr. BTESH (Israel) describing the situation in Israel, said there were two types of population, one immigrating from the west and the other from the east with different reactions to the tuberculosis problem. There was a high tuberculosis prevalence in immigrants from the west with low susceptibility while in the case of immigrants from the east the exact opposite was the case, and those from the east usually developed an acute type of tuberculosis. Satisfactory results had been obtained by a control programme initiated in 1949-50 with WHO assistance, based on:

1. Case-finding on a country-wide scale including the examination of all immigrants;
2. Hospitalization of all susceptible cases;
3. Country-wide tuberculin testing and BCG vaccination.

The number of hospital beds reserved for tuberculosis patients had been reduced from 3,000 to 700 with no waiting period. Mortality and morbidity statistics showed a decrease from 6 per hundred thousand to 6.2 per ten thousand respectively. About 80% of new born babies were vaccinated immediately after birth with significant results. The tuberculosis hospital for children was now closed in favour of ambulatory and home treatment, carried out by national staff.

Dr. RAOULT (France) joined in the thanks expressed to the Regional Director for his excellent report. A similar method to that described by the representative of Israel had been adopted in West Africa, namely by the establishment of dispensaries. 60% of cases had been cured by the ambulatory system although cases requiring special treatment had been hospitalized. He wished to know the comparative results obtained as between hospitalization and ambulatory methods.

As to the assessment of the incidence of the disease, interesting figures could be obtained from the tuberculin intradermo-reaction method. A considerable decrease had been noted in infantile tuberculosis incidence following BCG vaccination, and he was anxious to know the results of research carried out by assessment teams on different types of vaccine. He noted with interest that good results had been achieved by an intensive campaign and, although the problem was different in West Africa, the creation of dispensaries would enable the whole population to be contacted in due course.

Decision: The proposed draft resolution on WHO-assisted tuberculosis control programmes was adopted. (Resolution EM/RC8B/R.12)

- (e) Vital and Health Statistics Services in the countries of the Eastern Mediterranean Region (EM/ 98/8)

Dr. OMAR, Chief, Epidemiological and Statistical Section, said that document EM/RC8/8 was based on replies to a questionnaire sent to nineteen countries, to which sixteen replies had been received. Most of the replies were incomplete because of the lack of a well-developed statistical system.

As to vital statistics, all the countries, with the exception of Libya and the Aden Protectorate, had legal regulations on the registration of births and deaths, the International Classification of Causes of Death being used in general. As to health statistics, almost all the countries had services responsible for the collection of data although the pattern varied greatly and it was clear that no valuable statistics could be produced with a staff of less than six. He drew particular attention to the paragraph on surveys (page 4 of the document) to the effect that information was lacking in a good many countries of the Region and he hoped that it would be possible to arrange for a regional seminar on vital statistics in the near future.

Dr. SYMAN (Israel) stressed the importance of minimum information on health statistics for comparison, to be made available to all countries

within the Region. He also stressed the need for more field surveys for the evaluation of health measures. Such surveys had been conducted in Israel, the results of which could be put at the disposal of the Regional Office provided facilities were made available for translation and reproduction.

The CHAIRMAN said that the results of surveys in Israel would be of great interest to other countries

Decision: The proposed draft resolution on Vital and Health Statistics Services in the countries of the Eastern Mediterranean Region was adopted. (Resolution EM/RC8B/R.13)

The CHAIRMAN stated that the Sub-Division on Programme had concluded its work, a report on which would be submitted to the Sub-Committee.

Mr. SNIDERS (United Kingdom) proposed a vote of thanks to the Chairman which was unanimously approved.

The meeting rose at 11.20 a.m.