MINUTES OF THE FIRST MEETING

Eastern Mediterranean Regional Office, Alexandria
Wednesday, 16 September 1959, at 8.30 a.m.

CHAIRMAN: DR. J. ANOUTI (Lebanon)

CONTENTS


4. Smallpox Control.

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## Secretariat

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United Nations and Specialized Agencies Representatives

Technical Assistance Board
UNICEF
UNFPA
Food and Agriculture Organization
UNESCO

Representatives and Observers of Inter-Governmental, Non-Governmental and National Organizations

League of Arab States
International Statistical Education Centre, Beirut
International Association for the Prevention of Blindness
International Committee of Catholic Nurses
International Council of Nurses
International Dental Federation
International Union of Architects
International Union against the Venereal Diseases and Treponematoses
League of Red Cross Societies
World Medical Association
Egyptian Public Health Association
High Institute of Public Health
United States Naval Medical Research Unit No. 3 (NAMRU)
1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1961 FOR THE EASTERN MEDITERRANEAN REGION (Document EM/RC9/3; agenda item 14)

The REGIONAL DIRECTOR said that document EM/RC9/3 contained the proposed programme and budget estimates for 1961, the revised programme and budget for 1960 and figures to indicate the actual and anticipated expenditure for 1959. Although the chief purpose of the discussion was to consider the programme and budget for 1961, comments on the programme and budget for 1960 would also be welcome.

The document had been drawn up in accordance with the procedure adopted for similar documents submitted to the Health Assembly. It consisted of four main parts and two annexes: the first part related to the Regional Office (pages 8 -17), the second part (pages 18 - 23) to Regional Advisers and WHO Representatives, the third part (pages 24 to 135) to country programmes, and the fourth part (pages 136 to 149) to inter-country programmes; the first annex dealt with Malaria Eradication activities while the second annex listed additional projects requested by Governments but for which no budgetary allocation had been made. A short narrative described the stage of implementation of each project. There was, in addition, a recapitulation on page 7 of programmes under subject headings.

The columns for Technical Assistance allocations also covered the years 1959, 1960 and 1961, but it must be understood that the figures quoted for 1961 were entirely tentative since the requests for allocations for that year would not be submitted until the summer of 1960. In view of the fact that the funds available from Technical Assistance were liable to fluctuation, those projects for which continuity was needed had been, as far as possible, included in the regular budget.
The need for adequate representation of the health authorities on the national coordinating bodies concerned with the development of plans requiring Technical Assistance could not be too strongly stressed.

The column headed Extra Budgetary Funds referred to funds allocated by other Agencies, principally UNICEF, for joint projects.

Dr. HYLANDER (Ethiopia) asked whether opportunity would be given for individual discussions between representatives and the Regional Office regarding the detailed programme proposals for their respective countries.

The REGIONAL DIRECTOR said that this was indeed the intention of the Regional Office and suggested that, in consequence, the Sub-Division on Programme might wish to omit a detailed examination of the programme proposed for each country.

On the proposal of the CHAIRMAN, it was agreed that be examined section by section.

Part 1 - Regional Office

The REGIONAL DIRECTOR said that the programme proposed for 1961 was the same as that for 1960 except for the addition of one medical officer in the office of Education and Training.

Part 2 - Regional Advisers and WHO Representatives

No comment.

Part 3 - Country Programmes

Dr. SHOIB (United Arab Republic) said that the programme had been drawn up in cooperation with the Regional Office; it might, nevertheless, be necessary to request certain modifications.
The REGIONAL DIRECTOR expressed his willingness to discuss details of country programmes with representatives and to make such modifications as were financially practicable within the budget.

Mr. Qudzi (Libya) said that a project for the control of communicable eye diseases had been included in the budget for the previous year, but this project was not mentioned in the present document. He also noted that the allocation for fellowships was lower than had been anticipated.

The REGIONAL DIRECTOR said that priority had been given by the Libyan Government to projects other than the control of communicable eye diseases mainly because assistance was available from other sources, principally the United States International Cooperation Administration, for this project. He was willing, however, to discuss the possibility of re-inserting this project in the budget with the representative of Libya should the latter so wish. He assured the representatives that allocations for fellowships would certainly be higher than the figures given in the budget since there would inevitably be savings under some budget headings which could be diverted for this purpose.

Dr. Nassif (Saudi Arabia) regretted that the proposed programme for his country did not include any fellowships in tuberculosis Control. In addition, his Government planned to set up a laboratory for the preparation of liquid vaccine which was badly needed in the smallpox control campaign but no provision was made in the budget for sending an expert to assist in this project which should be implemented during the coming year.
The REGIONAL DIRECTOR said that plans had already been made to assist the Government of Saudi Arabia in the laboratory project to which reference had just been made. He was glad to hear that the project was now ready to be implemented and assured the representative that the services of the necessary expert adviser would be made available. The budget line EXRO-43 shown on page 141 would provide an allocation of funds to cover just such emergency needs for technical advice.

Dr. SHOIB (United Arab Republic) said that it was likely that savings which could be diverted to fellowships would be reduced from 1960 onwards in view of the resolution adopted by the Health Assembly permitting the carry-over of funds allocated for short-term consultants into the following year.

The REGIONAL DIRECTOR agreed with this view but said that savings due to unavoidable late recruitment were still likely to be sufficient to provide an increased number of fellowships. He hoped that representatives would urge their respective governments to send in applications for fellowships on behalf of suitable candidates in excess of the number for which provision was made in the budget so that, as and when further funds became available, there would also be candidates to take advantage of them. Some countries in the Region had benefited more from the fellowship programme than others, partly because they had larger numbers of suitable candidates but also because they submitted more applications.

Dr. NASSIF (Saudi Arabia) hoped that it would be possible for the services of an expert adviser to be made available during 1960 so that the laboratory for the production of liquid vaccine would be operating by 1961.
The REGIONAL DIRECTOR suggested that this matter be discussed in an individual talk on the country programme for Saudi Arabia.

Part 4 - Inter-Country Programmes

Dr. SHUL (United Arab Republic), having re-affirmed the belief of his Government in the importance of inter-country programmes, raised the following points:- apparent duplication of activity by the Regional Tuberculosis Survey Team and the Tuberculosis Epidemiological and Statistical Centre; the doubtful necessity for a Smallpox Survey Team when there was an advisor on smallpox at the Regional Office; the inadequacy of the funds allocated to the Regional Virology Centre; the apparent duplication between the budget lines EMRO-7 and EMRO-22; and the advisability of field training for sanitary engineers.

Dr. FARA (Tunis) asked whether there would be any duplication between the functions of the Tuberculosis Epidemiological and Statistical Centre for which provision was made under budget line EMRO-51 and the Tuberculosis Research Office in Copenhagen.

The REGIONAL DIRECTOR, replying to the two previous speakers, said that the functions of the Tuberculosis Survey Team and of the Centre were quite different: the former was a mobile team which assisted governments in their survey programmes before the start of control operations; it had already worked in Libya and was scheduled to go to Tunisia and Jordan; the Tuberculosis Epidemiological and Statistical Centre would be set up to take over on a regional basis some of the functions of the Tuberculosis Research Office, Copenhagen, which was ceasing operation next month; the Centre would provide statistical analyses of data gathered from the countries by survey teams and its specialised work should be of considerable value to the Region.
The Smallpox Survey Team would be a mobile team with a supervisory function in respect of vaccine production and would assist and advise governments regarding smallpox control. It would be engaged on a short-term basis. There was no regional advisor on smallpox which was included with yellow-fever and poliomyelitis in the work of a team in the Regional Office.

With regard to the budget allocation under EMRO-53, it was not intended that these funds should be used to set up a Virology Training Centre but that they should cover the cost of adding a virologist and a technician to the staff of an existing laboratory, with suitable facilities, in the Region and, in addition, provide for fellowships in virology.

The Public Health Adviser to be provided for the Arab States Fundamental Education Centre would be attached to the Centre to give health education and to take those courses which were directly concerned with health; whereas the Health Education Adviser, provided for under EMRO-22, would have the function of visiting the various countries of the Region and giving advice on health education.

The project for the field training of sanitary engineers, under the budget line EMRO-34, was an attempt to meet the need for sanitary engineers in projects assisted by WHO; it was felt that young, qualified sanitary engineers from the Region would gain valuable experience by a period of field training under experienced supervision and would subsequently be able to play an important part in other WHO projects in the Region. It was hoped that this
special type of in-service training might afterwards be applied to other categories of trained personnel, for instance in the fields of public health laboratory work, the medical use of radio-isotopes and protection against the hazards of radiation.

Dr. SHOIB (United Arab Republic) thanked the Regional Director for his explanations. He considered that the provision of fellowships in sanitary engineering would be of greater value than the proposed in-service training. He also stressed the need for more regional training courses and seminars.

Annex I - Malaria Eradication Activities

Dr. SHOIB (United Arab Republic) proposed that consideration of this section of the document be postponed until after the discussion under the next item of the Agenda, of document EM/RC9/4 on Malaria Eradication Programmes in the Eastern Mediterranean.

It was so agreed.

Annex II - Additional Projects not included in the Proposed Programme and Budget Estimates

The REGIONAL DIRECTOR said that this Annex had been included purely for information; no budget commitment had been made in respect of any item in this section.

2. MALARIA ERADICATION PROGRAMMES IN THE EASTERN MEDITERRANEAN REGION (Document EM/RC9/4: agenda item 15 (a) )

Dr. FARID, Senior Regional Malaria Advisor, EMRO, said that the document under consideration attempted to summarize the endeavours of the Governments of the Region to implement the resolution of the 8th World Health Assembly regarding global malaria eradication and the
assistance provided by WHO through the Regional Office to the national malaria eradication services. Malaria was still a major public health problem in the Region since 57% of the inhabitants lived under malaria risk and, although 38,000,000 inhabitants had been protected through eradication and control measures, about 90,000,000 were still unprotected. Outbreaks of malaria occurred in many countries of the Region in 1958 and there had been an epidemic in Ethiopia in which 100,000 lives were lost last year, proving that the potential threat of malaria was still very serious.

Public health authorities of member states were clearly aware of the value of malaria eradication programmes as a factor in their overall socio-economic progress, but a successful malaria eradication programme in one country could not be ensured unless the neighbouring countries followed suit. Eradication programmes were now in operation in Iran, Iraq, Israel, Jordan, Lebanon and the Syrian Province of UAR. Pre-eradication surveys had been started in Libya, Tunis and the Egyptian Province of UAR. It was a great satisfaction to know that Pakistan, as well as Ethiopia, Saudi Arabia, Somalia and Sudan had already accepted that pre-eradication surveys should start in the near future. As a result, there would be very few countries of the Region which had not yet accepted the policy of malaria eradication.

It had become increasingly clear that success of eradication campaigns was largely dependent on efficient administrative machinery geared to the requirements of this special programme. For this reason considerable importance had been given in the document to the introduction of administrative reforms in malaria eradication programmes.
and the need for supporting legislative action: these were pre-requisite to the carrying out of an eradication campaign within the planned time limit and, unless the time limit were strictly observed, extra expenditure became inevitable and the risk of development of resistance by local vectors to insecticides increased.

Although malaria eradication programmes might be carried out as special programmes, their success depended on the collaboration of the medical profession and the civil administration; this meant that an intensive health education and public relations programme was needed.

It was gratifying to note that the number of trained personnel working in the national malaria eradication services was growing since there would certainly be a great demand for such personnel, as countries converted malaria control programmes to eradication programmes for which procedures and technique were different. The establishment of the WHO Regional Training Centre in Cairo and the WHO Malaria Training Centre in Ethiopia had, together with the award of fellowships, contributed greatly towards provision of a supply of trained personnel.

The appearance of resistance in local vectors, in some countries of the Region, to specific insecticides would underline the need for continuing research on entomological problems in any malaria eradication programme. Another technical problem in the Region was the special ecology of the large numbers of people who lead a nomadic existence. It was the intention of WHO to engage a short-term consultant to study the implications of nomadism on malaria eradication.
Regional Technical meetings had proved valuable in stimulating coordinated research on technical problems and the development of special methods to be used in each country for tackling this problem. The Ethiopian Government had kindly agreed that a regional technical meeting on malaria eradication should be held in Addis Ababa from 16 to 21 November this year. The recommendations of the meeting would be brought to the notice of member governments as soon as possible.

It was gratifying to note the continued support of organizations such as UNICEF and the U.S. ICA in giving assistance to member states for malaria eradication programmes. It was hoped that substantial assistance would be made available to member states under the WHO Malaria Eradication Special Account but, since the funds available in the account depended on contributions from governments in the Region and those contributions had not amounted to the figures that had been anticipated, the use of an account would have to be limited to the most vital projects and activities, unless financial support from other governments were forthcoming. The contributions already made to the account by Iraq, Israel, Lebanon, Libya, Saudi Arabia, Sudan and Tunis were greatly appreciated by WHO. In order to facilitate inter-country coordination of malaria eradication programmes, especially in frontier areas, the Regional Director was proposing to establish an inter-country evaluation project to serve a group of neighbouring countries. This project could help the governments concerned by providing them with an objective evaluation of the success so far achieved in their eradication programmes and the evaluation should serve as an impetus to governments to increase their contributions to the Special Account.
In conclusion, he invited the representatives to visit the Malaria Eradication Unit in the Regional Office building.

Dr. ZAKI (Sudan) thanked Dr. Farid for his informative statement. However, he wished for further information about the pre-eradication survey which it was proposed to conduct in his country. He also noted that malaria control was already costing his government a great deal of money and it was seriously worried as to how the funds could be raised for an eradication programme.

Experience in his country had shown that the residual effect of dieldrin lasted for only four or five months, which meant that it could not be used in some areas which, owing to heavy rains, were inaccessible for eight months at a time. DDT did not present that disadvantage. However, he wondered what would happen if the vector mosquitoes developed resistance to both dieldrin and DDT.

Dr. MASSIF (Saudi Arabia) said he could supply the information in regard to his country which was lacking in Table IV of Document EM/694/1. There was no law providing for obligatory house access, but the matter was dealt with by an administrative order. Case reporting was not compulsory, but acceptance of treatment was obligatory. Finally, insecticides were exempt from customs duty but spraying equipment was not.

He would be glad to know what was the most effective means of controlling the breeding of larvae in drinking-water wells.

He wondered what was the exact purpose of the "field allowance" for national staff provided for in the budget and how it was allocated.
Dr. CHILABI (Iraq) expressed his government's satisfaction at Pakistan's decision to launch a malaria eradication programme.

He was happy to announce that his Government was forming a coordinating council for its malaria eradication operations and was also amending its legislation so as to overcome the difficulties mentioned on page 3 of document EN/899/4.

He too would like to know the answer to the question raised by the representative of Sudan about the possibility of resistance developing both to dieldrin and to DDT. In Iraq A. stephensi was now resistant to DDT; it was not yet resistant to dieldrin, but if it became so the problem would be serious.

Another obstacle to the effective implementation of the programme in his country was bad roads and bad communications in general.

Dr. FAHMI (Tunisia) observed that in a recent resolution the UNICEF Executive Board had decided not to grant assistance to any new malaria eradication programmes, with a very few exceptions, though aid to existing programmes would continue. That resolution had important implications for the countries only now envisaging eradication, as it was difficult to convince governments of the need for thorough pre-eradication surveys and if financial assistance was not forthcoming they might launch full eradication programmes with inadequate preparation. He hoped that the Regional Office would be ready to assist any country planning a pre-eradication survey.

Dr. SHOIB (United Arab Republic) agreed that the implications
Dr. SORKY (United Arab Republic) said that in the Egyptian Province malaria control operations had been carried on for many years past. However, as elsewhere, control had proved very far removed from eradication, and despite an annual expenditure of half a million pounds the incidence had tended to increase. When WHO had launched the idea of world-wide eradication, his Government had been interested but had preferred to wait until more experience was gained in other countries. However, an eradication programme had been approved last year by the Ministry of Health and the Province was now in the pre-eradication stage. WHO was providing an adviser and was ready to furnish other assistance as required. It was realized that, as had been emphasized by the World Health Assembly, speed was essential in order to achieve eradication before resistance to insecticides developed (resistance to dieldrin had already appeared, owing to its wide use for agricultural purposes against other pests than mosquitoes). It was hoped that during 1960 all preparations would be completed, and that actual eradication could begin in 1961.

Dr. ZAKI (Sudan) said that in addition to the difficulties he had already mentioned in controlling malaria in Sudan there was the unsolved problem of nomadic populations.

Since it seemed that UNICEF assistance would not be forthcoming for malaria eradication in his country, he would take advantage of the presence of the representative of ICA and USGH to ask what aid they would be ready to provide.
Dr. ETEMADLAIN (Iran) reminded the Sub-Committee that his country's malaria eradication programme was the largest in the Region. Despite financial difficulties, the Government had managed to raise the necessary funds. However, as in other countries, technical difficulties had arisen, particularly the resistance of *A. stephensi* to dieldrin. He was not very hopeful that DDT could be used instead, for it had been tried by the Malaria Institute with little better results. Malathion was more promising, but success was still not complete. It seemed that, as in the Southern Province of UAR, this resistance had been produced by widespread spraying for agricultural purposes.

The same problem apparently existed in Iraq, and would perhaps be encountered in Pakistan. It was therefore common to large areas of the Region and should be the object of intensive research.

Dr. EHRID, Senior Regional Malaria Adviser, thanked representatives for their comments, which showed their interest in the programme of malaria eradication.

Replying to the representative of Sudan, he said he was informed that IMA would be ready to give financial assistance if requested. The pre-eradication phase in Sudan would last about a year and a half. In the meantime it will prove very helpful if a pilot project in the equatorial province is established to determine what method would be most effective. The information obtained would be useful not only for Sudan but for all equatorial African countries. It was true that the residual effect of dieldrin did not last long; the same had been found in
South America. DDT was effective for more than six months, and was therefore being substituted for dieldrin in inaccessible districts. As to what would happen if mosquitoes became resistant to both dieldrin and DDT, that was a question which all malarialogists were asking themselves. One possible solution was the use of phosphorous compounds. It was also hoped that the WHO-sponsored research programme would lead to the discovery of more effective and longer lasting prophylactic drugs as well as better therapeutic drugs. In any case the problem would be discussed at the next regional malaria eradication technical meeting and all suggestions would be welcome.

He thanked Dr. Nassif for his supplement to the information in Table IV. As regards the best means of controlling larvae in wells for long periods it was suggested that DDT may be tried, and enough supplies for a trial in Saudi Arabia can be procured. Regarding the "field allowances", the term was rather misleading: what was involved was not an allowance but the partial payment of salaries in view of the hardships to which the staff of the pre-eradication survey will be subjected in their work. The amount was provided only on request by Governments with supporting financial justifications. It is issued to the Director of Malaria Eradication Service to be distributed according to lists previously submitted. It was pointed out that the Government has to certify that these allocations are made in line with the Government's financial regulations.
He thanked the representative of Iraq for the information that his Government was setting up a coordination council, which would certainly help the implementation of the programme. Regarding insecticide resistance, he understood that dieldrin was still being successfully used in southern Iraq, where in any case *A. stephensi* was practically eradicated. The problem of bad communications was common to many countries, and he felt that it was for Governments to tackle it.

He thanked the representative of Tunisia for drawing attention to the decision of the UNICEF Executive Board.

The CHAIRMAN invited the Sub-Committee to consider the following draft resolution:

The Sub-Committee,

Having studied the document on Malaria Eradication Programmes in the Eastern Mediterranean Region submitted by the Regional Director;

Noting that in spite of the progress made and the steps taken in some of the countries of the Region to implement the resolution on malaria eradication adopted by the Eighth World Health Assembly, there still remain about ninety million persons within the Region for whom there is, up to 1959, no protection from malaria by measures of control or eradication;

Realizing the need to develop administrative and financial management in the National Malaria Eradication Services to make them competent to deal with these campaigns which have to be carried out to a maximum degree of perfection within a limited period of time;

Realizing the importance of the rôle of the medical profession, of the civil administration and of the public, in helping the National Malaria Eradication Service to achieve the goal of eradication;
Noting the progress made in the development of training courses in malaria eradication techniques and in the stimulation of coordinated technical and applied research on the problems facing malaria eradication programmes in the Region;

Realizing that the implementation of malaria eradication programmes depends largely on sound planning and on the proper fulfilment of the financial obligations, both national and international, throughout the duration of those programmes;

Realizing the importance of the WHO Malaria Eradication Special Account in enabling WHO to provide Member States with the necessary technical guidance for the planning and the execution of their eradication programmes;

1. ACKNOWLEDGES the great efforts made by countries which are already conducting or are planning malaria eradication programmes, and urges Member States who have not commenced such activities to undertake them without delay;

2. EXPRESSES its appreciation of the decision of the Government of Pakistan to undertake a malaria eradication programme involving fifty seven million persons and requests the Regional Director to extend full assistance to this country;

3. REAFFIRMS the need to provide, by appropriate legislative measures, for the administrative machinery of National Malaria Eradication Services to be vested with all the necessary authority and responsibility to direct effectively malaria eradication campaigns and thus to avoid the prolongation of these campaigns and the consequent waste of money and effort;

4. STRESSES the importance of health education and good public relations in implementing malaria eradication programmes and recommends that adequate prominence be given to health education as an integral part of every National Malaria Eradication Service;

5. CONGRATULATES the Regional Director on the steps taken by him to organize training programmes and to stimulate the co-ordination of research on the technical problems connected with malaria eradication;

6. EXPRESSES its thanks to UNICEF for its cooperation and continued assistance to malaria eradication activities and to US International Cooperation Administration for its contribution in this field to some of the countries in the Region;

7. URGES the Governments of Member States to contribute to the Malaria Eradication Special Account, on which will depend the extent of future WHO assistance to malaria eradication programmes;

8. REQUESTS the Regional Director to consider the establishment of inter-country field malaria eradication evaluation teams to serve adjoining countries in the evaluation of their respective territories.
Dr. SHOIB (United Arab Republic) recalling the remarks of the representative of Tunisia, proposed the insertion in paragraph 6 of a request to UNICEF to continue granting assistance to new malaria eradication projects as long as the ceiling of ten million dollars fixed by the UNICEF Executive Board for aid to malaria eradication was not exceeded. He suggested that the expression of thanks to UNICEF should then form a separate paragraph 7, the present paragraphs 7 and 8 being renumbered 8 and 9.

Dr. DIBA (Iran) wondered whether it was wise to mention the actual amount of the ceiling, which had been fixed in relation to available funds in the present year and might prove too low in subsequent years.

Dr. SHOIB (United Arab Republic) said he was willing to omit the reference to the amount, though the sum of ten million dollars had not only been fixed by UNICEF but had also been mentioned by the WHO Executive Board in requesting UNICEF not to lower its ceiling.

Dr. GHALABI (Iraq) suggested that the request to UNICEF should refer to existing as well as new malaria eradication projects. It was true that the UNICEF decision concerned only new projects, but to omit mention of existing projects might give the impression that the Sub-Committee was less interested in them.

Dr. SHOIB (United Arab Republic) said he would accept that modification. The amended text of paragraphs 6 and 7 would then read:
6. EXPRESSES its thanks to UNICEF for its cooperation and appeals to the Fund to continue to extend its assistance to malaria eradication programmes, both old and new, as long as this assistance does not exceed the ceiling previously adopted by the UNICEF Executive Board for malaria eradication;

7. THANKS the US International Cooperation Administration for its contribution in this field to some of the countries in the Region.

Decision: The draft resolution, as amended, was adopted.

3. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1961 FOR THE EASTERN MEDITERRANEAN REGION: Item 14 of the Agenda (resumed)

The CHAIRMAN presented the following draft resolution:

The Sub-Committee,

Having considered the proposed programme and budget estimates for 1961, submitted by the Regional Director,

1. ENDORSES the proposed programme and budget for 1961 as submitted, to be implemented from the Regular Budget of the World Health Organization, the Expanded Programme of Technical Assistance funds and the Malaria Eradication Special Account;

2. NOTES with satisfaction the emphasis given in the programme to sustained development in the fields of education and training, malaria eradication, environmental sanitation, smallpox control and mental health;

3. REITERATES its belief in the importance of inter-country cooperation in the control of disease and of corresponding projects serving this purpose; and

4. THANKS UNICEF for its continued cooperation.

Dr. SHOIB (United Arab Republic) recalled that he had made a number of comments on some of the proposed inter-country projects. The appropriation for such projects was about 200,000 dollars, which was quite a large proportion of the total regional budget, so he was sure the Regional Director would not take it amiss if he suggested some changes designed to ensure that the money was used with maximum benefit for the countries of the Region.
He did not think that there were yet enough highly qualified virologists in the Region to staff the training centre proposed (page 139 of the budget document), and therefore felt that the money would be better employed in providing five or six fellowships in training in virology abroad.

Again, regarding the provision for field training in environmental sanitation, the Regional Director himself had said that recruitment was difficult. He therefore proposed that the provision for one of the posts be deleted and the savings used for fellowships in environmental sanitation.

The REGIONAL DIRECTOR said he was glad that Dr. Shoib agreed both on the importance of inter-country projects and on the need to train virologists and sanitary engineers. He personally saw no objection to converting the virology training centre project for 1961 to a virology fellowship project, on the understanding that provision would be made for the training centre in 1962. Similarly, the trainee posts for sanitary engineers in 1960 could be reduced from two to one (in 1961 in any case only one post was provided for), and the savings would be used for fellowships in the same field.

It was so agreed.

The REGIONAL DIRECTOR thought that the changes just approved in the programme required no modification in the draft resolution before the Sub-Committee, since that resolution made no reference to the details of the programme.

Dr. SHOIB (United Arab Republic) suggested that the words "as submitted" in paragraph 1 might nevertheless be replaced by the words "as amended".
It was so agreed.

Dr. SHOIB (United Arab Republic) suggested that mention might also be made of nutrition at the end of paragraph 2 of the draft resolution.

The REGIONAL DIRECTOR said that there was one technical objection to Dr. Shoib's suggestion. The amount allocated for nutrition programmes as such was not greater in 1961 than in previous years, though there was a nutritional component in programmes in other fields, such as maternal and child health, health education and environmental sanitation.

Dr. SHOIB (United Arab Republic) said he withdrew his suggestion, on the understanding that the importance of nutrition would be borne in mind.

Decision: The draft resolution, as amended, was adopted.

Dr. ZAKI (Sudan) asked for clarification on one point. When an inter-country project was planned, on what basis did the Regional Director decide where it should be implemented? For example, how had it been decided that the inter-country training for malaria eradication should be provided in the UAE?

The REGIONAL DIRECTOR said that, while every effort was made to distribute inter-country projects throughout the region and not concentrate too many in any one country, the deciding factor was the existence of adequate facilities. The malaria eradication training centre already existed in the United Arab Republic, and WHO was providing only such limited assistance as was needed to render the centre utilisable by all member countries of the Region, particularly in the form of English-speaking teachers.
Dr. SHOIB (United Arab Republic) said that, now the proposed programme for 1961 was approved, he would like to congratulate the Regional Director and his staff. It was a well balanced programme, prepared with insight and vision.

4. SMALLPOX CONTROL: (document EM/R/9 and Add.1; agenda agenda item 16 (b))

Dr. WAGFY OMAR, Chief, Epidemiological and Statistical Section, said that the document before the Sub-Committee was one of a series on a subject that had been discussed at the second, fourth, sixth, seventh and eighth sessions of the Regional Committee, and on which many resolutions had been adopted covering such aspects as legislation, vaccination campaigns, and the production and use of the newly introduced freeze-dried vaccine.

Problems of smallpox control varied from country to country, but two were common to all: firstly, ensuring the potency of the vaccine used, and secondly the organization and administration of vaccination campaigns. It was nowadays agreed that the best control method was mass vaccination; where it failed, further investigations always showed some such cause as due only to partial coverage, successful vaccination of 80% of the population being enough to stop the spread of the disease if introduced.

The document gave a picture of the incidence of smallpox in the Region and showed that, owing to the presence of many international airports and to other geographical factors, the number of cases brought into or out of the Region was enormous as compared with other parts of the world. In addition, the disease was endemic in many parts of the Region.
Among the points reviewed by the Director-General in response to the request of the Eighth World Health Assembly that he study the administrative, technical and financial implications of a programme to eradicate smallpox was the question how far countries had already surveyed their smallpox problems and carried out mass campaigns.

The document summarized the information obtained, and it was encouraging to see that three countries of the Region, Iraq, Iran and Pakistan, had already begun mass campaigns which had given good results in terms of declining incidence.

Information had also been collected on acceptance of vaccination by the public, and it seemed that in the Region such religious and other objections as existed were not insuperable obstacles.

Regarding personnel, it would be seen that not all countries of the Region had permanent staff for vaccination, but some had.

To complete the picture information had been collected on types of vaccine used and production facilities, including production capacity in case of emergency. This was summarized on pages 10 and 11 of the document.

Finally, the document gave an outline of recent development in regard to smallpox eradication. Representatives would note the statement that WHO was to compile and distribute a document to serve as a guide for the establishment of eradication services.

Actually, that document had already been issued under the symbol WHO/Smallpox/10 and the Regional Director would ensure that it reached the health administrations of all countries where smallpox was a problem.
It was agreed that eradication campaigns should be run and coordinated by a central directorate. In some countries legislation was still needed, and it was recommended that it should include provision not only for vaccination in infancy but also for revaccination on entering school, recruitment, taking up certain employment, etc.

Epidemiological consultants were very necessary for the eradication of smallpox from the Region. A team had been established to make a survey in countries where smallpox was still endemic. Although legislation had been passed regarding smallpox control in most countries of the Region, the team noted that legislation was not being implemented in many cases. Moreover, there was insufficient control at frontiers for preventing the spread of the disease in the Region.

The document contained the latest information possessed by WHO regarding smallpox vaccination. Only vaccination was recognized at present by WHO experts as proof of immunity. He recommended the use of the Lister Institute freeze-dried vaccine, which retained all its potency in a temperature of 37°C for three months and in a temperature of 45°C for two months. That vaccine was very difficult to produce. WHO had supplied equipment required for establishing units capable of producing it to seven of the countries of the Region.

Since there were cases of smallpox in all the countries of the Region and consequently clinical experience of the disease was all too easy to obtain in those countries, the question of laboratory diagnosis of the disease was not an important problem for the Region.
The most serious complication of vaccination against smallpox was post-vaccinal encephalitis; to prevent that complication he recommended vaccination during the first few months of life. Research work was being carried out with immune gamma globulin with the aim of achieving prevention of that complication.

There was much to be said in favour of combining mass vaccination against smallpox with campaigns against other diseases. Because of the need for inter-regional consultation regarding smallpox control and eradication, WHO was holding an inter-regional conference on the subject during 1960.

The addendum to the document (EM/RC9/5, Add.1) contained a draft resolution on smallpox eradication passed at the Twelfth World Health Assembly, which stressed the need for national health administrations to cooperate with one another to eradicate smallpox completely from the world.

Dr. SHOIB (United Arab Republic) drew attention to the fact that the Southern Province of the United Arab Republic was not mentioned in the list of countries in the Region where smallpox vaccine was produced in pages 10 and 11 of the document (EM/RC9/5), although it was well known to the Regional Office that smallpox vaccine was produced there. Dr. Omar had omitted to include the United Arab Republic in his enumeration of countries of the Region in which mass vaccination against smallpox was practised. He could not support Dr. Omar's statement to the effect that laboratory diagnosis was scarcely necessary for smallpox in the Region, for
in some parts of the Region laboratory diagnosis was necessary as cases of smallpox were extremely rare there and it might well be that medical students in those parts of the Region might never see a clinical case of the disease before they became doctors.

Dr. NASSIF (Saudi Arabia) said he would welcome an assurance that the countries of the Region could rely on supplies of the Lister Institute dried vaccine of which Dr. Omar had just recommended the use.

Were the alleged cases of smallpox imported into Egypt and Pakistan from Saudi Arabia in the list on page 3, cases of pilgrims who carried smallpox vaccination certificates?

Dr. NABILSI (Hashemite Kingdom of the Jordan) said that the authorities of his country were prepared to allot quantities of liquid vaccine for conversion into dried vaccine. He would draw attention to the fact that although it was well known that smallpox vaccine was produced in his country, it was not mentioned in the list on pages 10 and 11 either. Was dried vaccine always as effective as liquid vaccine?

Dr. PAPTON (Iraq) said that there had been a large epidemic of smallpox in his country in the years 1948-1949 and another epidemic of the same kind seven years later. Such epidemics appeared to occur regularly every seven years. In 1959 there had been only seventeen cases of smallpox in Iraq; they had all been in the same village near the frontier in the north of the country. All the people in the area of Iraq in which that village was situated had been vaccinated subsequently. He hoped that the
authorities of the countries to the north of Iraq would cooperate with the Iraqi authorities for the purpose of eradicating smallpox from the whole of that part of the world. The Iraqi authorities were using dried vaccine in preference to liquid vaccine, as most of the vaccine used had to be transported long distances in Iraq since roughly sixty per cent of the country's population lived in villages.

Dr. ZAKI (Sudan) asked whether the efficacy of dried vaccine deteriorated when it changed colour as it did if it was stored for long periods. The suggested anti-smallpox work in the Sudan would require enormous expenditure by the government of the country, particularly because it would be necessary to transport vaccine to villages far distant from town centres. That should be borne in mind when making budgetary arrangement for WHO expenditure on work against smallpox. Was dried vaccine as effective against chickenpox as it was against smallpox major?

Dr. AYYAD (United Arab Republic) said that the whole of the population of his country had been vaccinated against smallpox. There had been only one case there, in 1957; three in 1958 and 2 in 1959. They were mostly imported cases. The two cases to which the representative of Saudi Arabia had referred had occurred in a building in which Saudi Arabians lived.

Dr. ETEMADLI (Iran) said that the smallpox eradication campaign being conducted in his country was going well; already more than eighty per cent of the population had been vaccinated.
Dr. ZAKI (Sudan) said it was very difficult to apply his country's smallpox vaccination laws since most of the inhabitants lived in villages far distant from the capital and were unaware of those laws. International regulations were necessary for controlling and eradicating smallpox, since domestic regulations alone could not be applied.

Dr. DIB (Iran) said that where smallpox was concerned legislation alone was not sufficient; it should be combined with health education. Fifteen years previously it had been difficult to carry out a smallpox vaccination campaign in Iraq because there had not been sufficient health education of the public; but at present as the result of such education villagers willingly came to be vaccinated.

Dr. OMAR said that the table on pages 10 and 11 of the document had been compiled from official answers to enquiries by the Regional Office; it did not contain any information from other sources.

He agreed with the representative of the United Arab Republic that laboratory diagnosis was necessary, at least in certain parts of the Region.

Before WHO had recommended the use of the Lister Institute freeze-dried vaccine it had been subjected to laboratory tests. Freeze-dried vaccines had been successfully used in Latin America and it had been discussed by a WHO study group consisting of experts on smallpox vaccine. As a result of the study group's deliberations, four European laboratories had offered to examine the vaccine for safety and potency. WHO arranged for all supplies of vaccine which it sent to member countries to be examined before they were sent.
In the cases of importation of smallpox into Pakistan from Saudi Arabia mentioned on page 3, the victims had all carried certificates of vaccination against the disease and were foreign pilgrims.

He could assure the representative of the Sudan that the Lister Institute dried vaccine was one hundred per cent effective against alastrim (smallpox minor) as well as against smallpox major. With reference to the remarks of the representative of the Sudan concerning international regulations regarding smallpox, he would like to point out that article 104 of the International Sanitary Regulations provides for conclusion of agreement between countries for the control of quarantinable diseases of which smallpox is one. The Regional Director had stressed the importance of adjacent countries timing their campaigns against a disease such as smallpox so that they would coincide.

The REGIONAL DIRECTOR said he regretted that the southern province of the United Arab Republic and the Hashemite Kingdom of the Jordan had not been included in the list of countries of the Region where smallpox vaccine was produced on pages 10 and 11. In future he and his staff would use their own knowledge as well as official replies for compiling such lists.

They would be glad to provide assistance for the preparation of vaccine and in particular for the conversion of liquid vaccine into dried vaccine.
The CHAIRMAN suggested the adoption of the following draft resolution:

The Sub-Committee,

Having studied the comprehensive document presented by the Regional Director,

Having taken note of Resolution WHA12.54 of the Twelfth World Health Assembly on "Smallpox Eradication";

Considering that a number of the world's endemic foci of smallpox are in the Eastern Mediterranean Region of WHO,

1. CALLS UPON the Governments of Member States, where smallpox endemic foci exist, to organize and conduct preventive campaigns by vaccinating or revaccinating at least eighty per cent of the population within a period of four to five years;

2. RECOMMENDS the use of dried smallpox vaccine in the mass vaccination campaigns in the Region;

3. RECOMMENDS to the Governments of adjoining States, members of WHO

   1) to conclude agreements between themselves to institute simultaneous vaccination programmes at boundary zones, in order to create "immune barriers" and prevent importation of smallpox;

   2) to establish efficient quarantine control services at the land boundaries;

4. COMMENDS the Regional Director on his programmes for smallpox control in the Region;

5. REQUESTS the Regional Director to provide countries with technical guidance and other assistance requested by health administrations for the implementation of their smallpox control and eradication programmes.

Dr. SHOIB (United Arab Republic) suggested the deletion of the word "world's" from the last paragraph of the preamble of the draft resolution, saying that with that word the paragraph inferred that more of the world's endemic foci of smallpox were situated in the Region than was the case.

Decision: The draft resolution was adopted with that word deleted.
5. NUTRITION (Document EN/RC9/6) agenda item 17(c)

The REGIONAL DIRECTOR said that the documentation before the Sub-Committee was in two parts – report by the Regional Office on nutrition (EN/RC9/6) and the report (FAO/59/1/463) of the first session of a Nutrition Committee for the Middle East, sponsored jointly by FAO and WHO which had met in Cairo in November 1958.

Public health authorities obviously bore great responsibility where nutrition was concerned. He attached great importance to the need for adequate feeding of all groups, especially pregnant women and children. Nutrition was becoming an increasingly important matter in the Region, since the population of the Region was increasing rapidly as a result of measures to improve environmental sanitation and control communicable diseases. To achieve success in fighting malnutrition, it was necessary to make surveys of the amounts of food and types of food consumed by different groups; the Regional Office was prepared to cooperate with FAO and UNICEF in that connection. The Regional Office had been giving assistance to nutrition institutes in countries of the Region where such institutes existed. The training of adequate staff for nutrition work was most important.

Dr. ABDOU (United Arab Republic) said malnutrition was the cause of numerous cases of different diseases in the Region. Policies to increase food supplies were vitally needed. Much, however, could be achieved by changing diets. He supported all the recommendations made at the first session of the Nutrition Committee for the Middle East, of which he had been a member. In each country of the Region a study covering the whole country should be made of available food supplies. Nutrition surveys should be carried out to ascertain the food consumption of different groups in different seasons of the year.
The influence on nutrition of agricultural, economic and social factors and other factors such as parasitic infection should be considered. There should be vigorous Government action to increase production and marketing of foods of high nutritional value, and special attention should be paid to cheap local foods of that kind. There should be a programme for training nutrition workers and for nutrition education. Use should be made of supplementary feeding programmes. Little could be expected in the absence of nutrition workers and a nutrition organization that would coordinate nutrition work between different departments. The discussions at the Committee's first session had shown that most countries of the Region were still handicapped by the absence of nutrition workers. National nutrition committees should be established in countries of the Region where they did not exist; it was best to attach such committees to some body higher than a ministry of health or agriculture, since if they were attached to a ministry they would not have sufficient authority. He hoped that FAO and WHO would help member countries of the Region to establish adequate nutrition services by providing experts, granting fellowships and organizing a nutrition training centre for workers at different levels. He hoped that FAO and WHO and also UNICEF, UNESCO and ILO would cooperate in arranging a nutrition training course in the Region for the purpose of making selected groups of workers fully qualified for practical nutrition work. The Committee had recommended a seminar on school feeding for the Near East; he thought a seminar on supplementary feeding and nutrition education would be more useful; for, while ignorance about dietary requirements for health was largely responsible for the prevalence of nutritional diseases, the most important means of raising nutrition standards were agricultural and economic development.
The Committee had considered the establishment of a regional nutrition institute and had agreed that such an institute could fulfill an important and valuable function; but it had concluded that the time had not yet come for the establishment of such an institute.

He wished to take the present opportunity to thank WHO for its assistance to the Nutrition Institute established by the authorities of the United Arab Republic.

Miss Doss (Food and Agriculture Organization) said that it was only natural that the report on nutrition in the Region submitted by the Regional Office was concerned mainly with the medical aspects of nutrition, but it should be remembered that almost every nutrition problem had important agricultural and economic aspects.

Information on the extent of malnutrition in the Region was in itself of little value. Nutritional diseases could be prevented only by developments in food production and changes in consumption. The problems arising in improving the nutrition of pregnant and lactating women and infants are usually clinical, and medical guidance and experiences are therefore required. Here again, the provision of necessary foods in general and of supplementary foods in the case of infants, is, in the long run, the fundamental solution. WHO and FAO agreed that it was necessary to encourage the production of more food and the consumption by certain people of foods which were unfamiliar to them. Miss Doss urged that the economic and agricultural factors be kept in mind by medical people in dealing with nutrition problems.
The CHAIRMAN suggested the adoption of the following draft resolution:

The Sub-Committee,

Having considered the document on Nutrition submitted by the Regional Director;

Noting that available information on the nutritional status of the peoples of the countries of the Region is still limited;

Recognizing that the state of nutrition is one of the most important factors in the social and economic advancement of a population and that the work output and productivity of the adult population depend largely on their nutritional status;

Considering that the proper mental and physical development of infants and children depends upon their state of nutrition during their formative years;

Noting that, partly as a result of achievements in the control of communicable disease, there has been a rapid increase in world populations including those of countries of the Eastern Mediterranean Region, and consequently their nutritional status is becoming an increasing problem;

Recognizing that measures to improve the nutritional status of the populations are to a considerable degree governed by the nutritional needs as disclosed by surveys of nutritional status;

Noting that a number of countries in the Region have established nutritional institutes to advise their Governments on the measures to be taken to improve the nutritional status of their populations;

REQUESTS the Regional Director, in collaboration with the Food and Agriculture Organization, to assist the countries of the Region in the field of Nutrition, particularly by:

1. Making scientific surveys of the status of nutrition and of the diets of the populations with the object of assessing the extent of the problem and of providing a basis on which active measures to improve the nutritional status of the population can be planned and executed;

2. Developing and improving programmes of education in nutrition as an integral part of programmes of health education;
RECOMMENDS that Member States seek, when appropriate, the assistance of the Regional Director in training in public health methods for the control of nutritional deficiency diseases, national staff in all categories including auxiliary personnel.

Dr. Khabir (Iran) proposed the addition of the words "or are planning to establish" before the words "nutritional institutes" in the last paragraph of the preamble of the draft resolution, saying that he was planning to obtain aid from WHO in establishing a nutrition institute in his country.

Decision: The draft resolution was adopted with that addition.

The meeting rose at 1.25 p.m.
The CHAIRMAN suggested the adoption of the following draft resolution:

The Sub-Committee,

Having considered the document on Nutrition submitted by the Regional Director;

Noting that available information on the nutritional status of the peoples of the countries of the Region is still limited;

Recognizing that the state of nutrition is one of the most important factors in the social and economic advancement of a population and that the work output and productivity of the adult population depend largely on their nutritional status;

Considering that the proper mental and physical development of infants and children depends upon their state of nutrition during their formative years;

Noting that, partly as a result of achievements in the control of communicable disease, there has been a rapid increase in world populations including those of countries of the Eastern Mediterranean Region, and consequently their nutritional status is becoming an increasing problem;

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RECOMMENDS that Member States seek, when appropriate, the assistance of the Regional Director in training in public health methods for the control of nutritional deficiency diseases, national staff in all categories including auxiliary personnel.

Dr. KHABIR (Iran) proposed the addition of the words "or are planning to establish" before the words "nutritional institutes" in the last paragraph of the preamble of the draft resolution, saying that he was planning to obtain aid from WHO in establishing a nutrition institute in his country.

Decision: The draft resolution was adopted with that addition.

The meeting rose at 1.25 p.m.