

WORLD HEALTH
ORGANIZATION

الهيئة الصحية العالمية
المكتب الإقليمي لشرق البحر الأبيض

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

EM/RC10A/Min. 3
16 August 1960

Tenth Session

ORIGINAL: ENGLISH

SUB-COMMITTEE A

MINUTES OF THE THIRD MEETING

Held at the Bourse du Travail, Tunis,
Tuesday, 16 August 1960 at 9 a.m.

Acting CHAIRMAN: Dr. A.A. Zaki (Sudan)

Later : Dr. A. Nabilsa (Jordan)

CONTENTS

1. Annual Report of the Regional Director to the Tenth Session of the Regional Committee (EM/RC10/2) (Cont'd).

Representatives

Government

ETHIOPIA

FRANCE

IRAN

IRAQ

JORDAN

KUWAIT

LIBYA

PAKISTAN

SAUDI ARABIA

SUDAN

TUNISIA

UNITED KINGDOM

CYPRUS (Invited Non-
Member State)

World Health Organization

Secretary to the Sub-Committee

Deputy Secretary to the
Sub-Committee

Representatives

Mr. Hailu Sebsebie

Médecin Colonel P. Faure

Dr. M. Etemadian

Dr. A.T. Diba

Dr. P. Khabir

Dr. Farouk Partow

Dr. A. Nabilsi, Vice-Chairman

Mr. Abdul Rahman S. El Ateeqi

Dr. Abdul Razak Adwani

Dr. Kamal Borai

Mr. Adel Jarrah

Dr. L.D. Khatri

Brigadier M. Sharif

Dr. Hassan Nassif

Dr. A.A. Zaki, Vice-Chairman

Dr. Ahmed Ridha Farah, Chairman

Dr. A. Daly

Dr. Bahri

Dr. A. Chedly

Dr. W.A. Glyme

Observer

Dr. Z.G. Panos

Dr. A.H. Taba, regional Director

Dr. A.A. El Halawani, Deputy
Regional Director

United Nations and Specialized Agencies

United Nations	Mr. B. Meredith
UNRWA, Health Division	Dr. S. Flache
UNICEF	Mr. Gurdial S. Dillon
International Atomic Energy Agency	Dr. Irwin C. Roberts

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

League of Arab States	Dr. N. Nabulsi
International Statistical Education Centre	Mr. Faiz El Khuri
International Committee of Military Medicine and Pharmacy	Dr. Mahmoud Slim
International Union Against Venereal Diseases and the Treponematoses	Dr. R. Ladjimi

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE TENTH SESSION OF THE REGIONAL COMMITTEE (EM/RC10/2) (Cont'd)

The Acting CHAIRMAN said that he welcomed the opportunity of presiding over the Sub-Committee's work, especially when so important a matter as the Annual Report of the Regional Director was being discussed.

The REGIONAL DIRECTOR recalled that at the first and second meetings he had drawn attention to some of the most important features of the Regional Office's programme with particular reference to those which he believed the Sub-Committee wished to see stressed. As he had stated, the trend of WHO assistance after ten years of work in the Region was showing a shift of emphasis. Much valuable information had been accumulated, on the basis of which planning for the future was going forward. The Sub-Committee would have noticed that the Introduction to the Report referred to several matters in which streamlining was necessary. That was particularly important where the administrative and financial machinery of health programmes was concerned. WHO programmes would be more successful if technical personnel were not called upon to devote so much of their time to administrative matters which should be taken care of by administrative personnel. The Introduction also referred to the relatively low allocations for health in national budgets - although there were signs that such allocations were increasing. In several countries of the Region, especially those where health services were at an early stage of development, careful planning was required in order that the health programmes might expand and develop with the utmost flexibility.

A very important matter in most countries of the Region was the integration of preventive and curative services. Curative services were no doubt highly important, but they were mainly concerned with individual sufferers. Since preventive methods would assist in keeping such people out of hospitals, it was clear that they were, apart from anything else, valuable from the economic point of view. All were agreed on the need for more preventive medicine, and WHO was prepared to play its part by providing assistance in the form of advice.

The training of personnel was of course of vital importance to the development of health services everywhere, and the development of those services and the personnel to run them should proceed hand in hand. The Office's assistance for training purposes was increasing. It was clear that the methods of training should be adapted to the needs of the individual country concerned and should be constantly revised and brought up to date. It was to be hoped that the Conference on Medical Education, to be held in 1961 or 1962, would throw light on the problems of medical education in the Region. So far as the training of auxiliary personnel was concerned, it would be important to study whether such personnel should be trained on a specialist or multi-purpose basis. There was much to be said on both sides, but WHO felt that for the present it would be unwise to train too many specialized personnel who could not be switched to other fields of work should the programmes in which they were working come to an end.

During the year 1959, 217 fellowships had been awarded in the Region. As the Report on Evaluation of Fellowships awarded by the Office (Annex I to the Annual Report) made clear, that figure was the highest in any of the years since the Office's inception; it was the new high point in a steadily increasing programme under which a total of 1408 fellowships had been awarded. Annex I, for which the data had been obtained by extensive study of fellowship files and by interviews with fellows, also brought out a number of other important facts. In the first place, it showed that, as a result of the changed policy in the fellowships programme, a far greater and steadily increasing number and proportion of fellowships awarded by EMRO were for studies in public health and preventive medicine as compared to those granted for studies in clinical fields. Secondly, a steadily increasing number and proportion of the fellowships awarded were for courses, which were more beneficial than short tours or visits. Thirdly, more and more studies were being undertaken by EMRO fellows within the Region itself. Finally, the amount and proportion of EMRO Regular and Technical Assistance funds being devoted to the fellowships programme were constantly increasing - approximately 23% of the EMRO budget in the year 1959. He drew the Sub-Committee's attention to the tables on pages xix to xxv of Annex I which gave detailed breakdowns of the fellowships awarded between 1949 and the end of 1959.

With regard to the control of communicable diseases, he wished to supplement his remarks at previous meetings by referring specifically to trachoma control. Trachoma was a disease highly prevalent in the Region. EMRO was carrying out both a control programme and research for its eradication. In particular, it was assisting the Tunisian Government with a laboratory in Tunis where successful efforts were being made to isolate the trachoma virus. It was hoped that, despite the immense difficulties, it would be possible to produce a vaccine. Other communicable diseases to which the Office was paying attention included venereal disease and leprosy.

Another field of great importance in the work of the Office was that of vital and health statistics, which needed considerable development throughout the Region. A number of fellowships had been awarded for study at the International Statistical Education Centre in Beirut, and also for specialized training of statisticians. In general, the Office gave due priority to fellowships in statistical studies.

With regard to the administrative and financial situation of EMRO, Figure VI (facing page 125 of the Report) showed, among other things, a healthy downward trend in administrative expenditures for 1961 and 1962. The Technical Assistance funds showed very little increase between 1960 and 1962, and were always a somewhat uncertain factor since they depended on government pledges and the fulfilment of those pledges. For that

reason, it had become the practice to include long-term or large scale projects in the regular budgetary provisions.

The Sub-Committee would have noted a discrepancy between the figure of 7.3% shown in Figure VI as the expenditure on fellowships in 1959 and the figure of 23% which he himself had mentioned earlier as having been spent for the purpose. The explanation was that the figure of 7.3% represented the proportion allocated for fellowships in the budget. In fact, however, savings were usually made in the course of the operating year, due primarily to the delay in the recruitment of experts, especially in highly specialized fields. Those savings were normally used for awarding fellowships - if possible, to nationals of the country or countries to which the experts would have gone. The figure of 23% thus represented actual, as opposed to estimated, expenditure on fellowships in 1959.

He was pleased to report that, in the year under review, the Office had enjoyed excellent relations with other Agencies, whether United Nations, Governmental or non-governmental. Minor difficulties that had arisen in earlier years in the Office's relations with UNICEF at field operations level had now been smoothed out and joint planning was taking place as far as possible. There was also joint planning between the Office and the representatives of the Technical Assistance Board in various countries - an extremely important development in view of the

fact that an important part of the WHO budget came from Technical Assistance funds and that there was therefore a need for programmes to be coordinated. In that connection, it was very important that the health authorities of national administrations should be strongly represented at the national coordinating committees, since there was otherwise a risk - that had frequently materialized in the past - that the health share of Technical Assistance funds for a particular country would be reduced. He was finally pleased to report that excellent relations existed with the Health Committee of the Arab League and with all other agencies working in the field of health in the Region.

The Acting CHAIRMAN thanked the Regional Director for having introduced his Report, which was an extremely valuable and comprehensive document giving a clear idea of what had been achieved in the year under review and of the Office's plans for the future.

Dr. FAROUK PARTOW (Iraq) said that he wished to express the sincere thanks of his government to the Government of Tunisia for its kind invitation for the Sub-Committee's Session to be held in Tunis and to the Regional Director and his staff for the work they had done in organizing the Sub-Committee meeting.

The Regional Director's Report was clear evidence of the successful work carried out by EMRO and of the wise guidance it provided. Stress was laid on the great effort that was being made to fight communicable

diseases and to train personnel to form the cadres of the health services in the various countries of the Region. While the training of personnel should not be at the expense of the funds devoted to fighting communicable diseases, there was no doubt that there was an extremely urgent need for such training, as all concerned with the implementation of health programmes were aware.

Other valuable parts of the Report were concerned with the duties of governments with respect to health education and health planning and with the evaluation of health services. In general, the Report was of value to all countries in the Region in assisting them to evolve their health plans for the future.

His Government was particularly interested in the activity being undertaken for the eradication of smallpox - a target which he hoped it would be possible to attain in the reasonably near future. There was in the meantime a need for adequate quarantine regulations. Iraq had undertaken widespread activity in the smallpox eradication field. More than 80% of its population and more than 50% of those living in rural areas had been vaccinated. If the disease were to be fully eradicated, there were several features of the campaign that required attention - provision for the storage of dry vaccine, improved organization, adequate communications and transport, and health education of the public. It was better to use women rather than men to perform vaccinations, since they more easily gained admittance to the home. In addition, local vaccinators should be employed wherever possible.

Much valuable research was being carried out on trachoma, a disease which had a direct connection with health education and the standard of living. His country, which believed that the disease was on the verge of being controlled, was pleased to take part in WHO's trachoma control campaign to which it hoped even more importance would be given in the future.

With regard to the question of maternal and child care, his country was grateful to the Regional Office for having sent Dr. Khuri-Otaqui, who had been of great assistance in both training and practical work in that field. The countries of the Region were still limited in what we could do with regard to the question of midwifery, since they lacked the necessary technical assistance.

Public health was a large and complex problem, which was in many cases the concern, not only of the various Ministries of Health, but also of other ministries. He believed that countries should be encouraged to set up national councils to take charge of the problem.

He welcomed the Regional Office's study of its own programmes with a view to their improvement in the light of the experience of the last decade. The fellowships programme was sound, though perhaps more fellowships should be awarded in the field of public health. In general, subjects of study should be suitable to the needs of the country concerned, and for that reason plans should be drawn up of countries' priority needs. Efforts should also be made to remedy the situation where returning fellows found no posts for them in their own countries and to improve the process of selecting candidates.

He wished finally to thank the Regional Director and his colleagues for the successful work they had done, for their sympathetic understanding of Iraq's problems and for the assistance which they had given to his country.

Dr. DALY (Tunisia) expressed his delegation's satisfaction with the report of the Regional Director. In 1959, Tunisia had embarked on a ten-year plan for improving the health services. In drawing up the plan, three main factors had been taken into account: the size of the population and its annual rate of increase, the requirements of the people in public health and the relationship between health and economic and social development. The object was to raise the standard of health of the people to a level compatible with economic and social progress.

In curative medicine, it was intended to raise the number of hospital beds per 1000 inhabitants from 2.66 in 1959 to 3.76 in 1960. 34 new auxiliary hospitals of 32 beds each would be set up and the existing 14 such hospitals would be expanded. 400 new rural dispensaries would be added to the present 322. Facilities at those centres would be extended and modernized.

In preventive medicine, campaigns would be undertaken against tuberculosis, eye diseases, malaria and favus. Measures would be adopted to promote maternal and child welfare, mental health, health education and sanitation.

The funds available for the programme would rise to 9,293,000 dinars in 1969, an increase of 3,582,000 dinars over 1959. As regards the staff, the number of students in medical schools and auxiliary training institutes would be considerably increased. 160 new doctors would be needed by 1969, but only 80 students were expected to graduate in that time, so that foreign doctors would be needed to cover the gap.

Considerable progress had been achieved in the first year of the programme, including the provision of 1,000 new hospital beds, 60 dispensaries and 35 maternal and child welfare clinics. 156,000 people had had X-ray examinations for tuberculosis, 100,000 had been vaccinated and advances had been made in the campaign against eye diseases and the development of a pure water supply. A school for rural auxiliary staff and a department of health statistics had been set up.

In all the work the assistance of WHO, and particularly of the Regional Office, had been of great value.

Dr. KHATRI (Libya) congratulated the Regional Director on the progress made in the field of health under his guidance during the previous year, both in the Region as a whole and in Libya. The most urgent problems in Libya were the lack of qualified personnel, tuberculosis, infant mortality and trachoma. The Regional Director's report rightly stressed the importance of education and training, since the success of all programmes depended on adequate staff. In some instances, Libya had

been unable to provide counterpart personnel and WHO advisers had had to undertake administrative as well as technical duties. That situation should be avoided, but it had the advantage of acquainting the advisers with the difficulties experienced by national health administrations. It was important that advisers should know the background of the country to which they were assigned, since otherwise time was lost in explaining local conditions to them. During the previous five years his Government had sent 47 students abroad on fellowships and hoped to send more in the future. The training of auxiliary personnel was proceeding according to plan and it was hoped to meet all the country's requirements within a few years. All personnel were taken into the general public health administration before being appointed to specialized fields in order to avoid the difficulties of re-absorption.

Top priority was given to tuberculosis control. A survey undertaken with the assistance of WHO and soon to be completed showed that 5% of the population had pulmonary shadows and that there were about 25,000 open cases. Only 500 beds were available and domiciliary treatment was under consideration. A tuberculosis control demonstration and training centre was to be established in 1961 with WHO assistance.

Infant mortality in Libya was as high as 300 per thousand. Assistant midwives were trained at the maternal and child health centres at Tripoli and Benghazi and then worked under the supervision of doctors

and qualified midwives. A request had been made to UNICEF for help in providing transport for the latter. The WHO staff at the Tripoli and Benghazi centres would soon be replaced by local personnel. Measures had been adopted to ensure close cooperation between trained midwives and indigenous dayas.

Not much progress had been made in trachoma control, but WHO was to send a specialist who would help to draw up a suitable programme.

As regards malaria, a pre-eradication survey had been completed with assistance from WHO and ICA. Less than 11,000 people were in need of protection and the first residual spraying operation had been carried out. The problem was thus not serious in Libya, but the Government had nevertheless contributed to the Malaria Eradication Special Account.

No indigenous cases of smallpox had been reported in the preceding seven years. WHO had, however, recommended a nation-wide vaccination campaign for which a very large staff and fleet of transport will be required. However, with the staff available, attempt will be made to vaccinate the maximum number throughout the country. A law had been passed on quarantine and corresponding services had been established.

No survey had been carried out on leprosy. Patients were treated in hospital and it was planned to set up special leprosaria.

Very little had been done so far as regards health education. The success of any project depended on public cooperation, which is not possible without Health Education.

Practical training in health education should be given to all health workers, and it was hoped to obtain assistance in that connection from WHO. The vital and health statistics services were to be organized by a WHO statistician. A limited nutrition survey had been carried out by FAO, and proposals to raise the nutritional level were expected from the WHO Regional Adviser, who had recently visited the country.

In conclusion, he expressed appreciation of the help given to his country by WHO.

Dr. NASSIF (Saudi Arabia) congratulated the Regional Director on his report, which gave a clear account of the Regional Office's current and future programmes. His Government was engaged in an active campaign against smallpox. During the preceding year it had achieved considerable success with dry vaccine in the various parts of the country and planned to carry out mass vaccination of the whole population, using mobile units. Most cases of smallpox in Saudi Arabia originated from Yemen and the disease was difficult to combat since the border with that country was not controlled. It was hoped to obtain assistance from WHO in the matter.

His Government paid great attention to health problems connected with pilgrimages to Mecca. In the previous year, despite very high temperatures, the number of deaths had fallen to 300. All pilgrims were required to have been vaccinated against smallpox and inoculated against cholera; those who had not been were treated on arrival. In addition,

pilgrims from areas where yellow fever was prevalent had to be inoculated against the disease. All were obliged to remain in the country for at least a week, which was longer than the incubation period for cholera, so that any cases were detected before departure. WHO advisers had played an active part in the adoption of those measures. Many countries were so satisfied with the Saudi Arabian system that they did not impose any health restrictions on their own pilgrims.

Although great importance was attached to curative medicine, preventive medicine was not neglected. A number of hospitals had been opened in the previous year, each of which had a section for preventive measures. In addition, a special department for public health services had been set up.

A malaria pre-eradication survey was being carried out. Two malaria centres had been opened in the previous year and it was hoped to open three or four more in the following year. Those centres would maintain constant contact with headquarters.

Finally, he pointed out that in the Regional Director's report, Annex II, page vii, it was stated that a public health laboratory and a blood bank were already in operation in Saudi Arabia. In fact, they would not start functioning for a few months.

The meeting was suspended at 11.10 a.m. and resumed
at 11.40 a.m.

Dr. NABELSI (Jordan) took the Chair.

Brigadier SHARIF (Pakistan) said that 1959-1960 had been a crucial year for Pakistan, the largest country in the Region with a population of 90 millions. The Government was now considering the report of a medical reform commission, which had been set up to investigate public health administration and the facilities for education and training. The main problem was not the lack of funds but of doctors and auxiliary staff. Although 85% of the population was rural and the economy was based on agriculture, medical activities tended to be centred in the towns.

Under the second five-year plan, 350 million rupees were to be spent on health, 60% on preventive medicine and 40% on curative medicine, including education and training. Rural health centres were to be set up, each consisting of a main establishment and three branches and exercising responsibility for 50,000 people. They would deal with such matters as inoculation, maternal and child welfare and tuberculosis control, leaving urgent and serious cases to the district and sub-divisional hospitals. It was hoped to provide services for 15 million people in that way, in addition to those covered by the existing dispensaries.

A pre-eradication survey on malaria, which was the greatest cause of death, was being carried out with WHO assistance. The report would be available by October 1960 based on which an eradication programme would be worked out. The report on a

Smallpox survey was under consideration and it was hoped to eradicate the disease in the not too distant future. Another survey was being made on tuberculosis, the second greatest danger to health. Centres for domiciliary control and additional hospital facilities were planned. Leprosy was not a serious problem and was mostly confined to East Pakistan. A survey had been carried out with two WHO experts, and it was intended to set up out-patient clinics and leprosy hospitals. Cholera was still endemic, especially in East Pakistan, and a research laboratory would enter into operation in December 1960. Environmental sanitation was a great problem, since much of the population lived in small hamlets. The provision of piped water would be a vast task, but was being considered.

In the field of maternal and child health, 57 new centres had been added to the existing 600 with the assistance of UNICEF. A paediatric hospital had been set up in Karachi. 14 projects were in operation under the community development programme and progress was being made in the school health scheme. Family planning was considered essential for the welfare of both mothers and children.

As regards mental health, it was proposed to carry out a survey at the end of 1960. 11 neuropsychiatric clinics and two new hospitals were planned. A survey would also be undertaken in the field of nutrition, using national staff. Regulations had been adopted on food adulteration and a milk plant was being set up in Karachi with UNICEF aid.

As far as medical education was concerned, during the second five-year plan improvements would be made to the existing nine medical colleges and four medical schools, and postgraduate education would be extended. The main object would be to train doctors who could handle all types of cases and who were experienced in both preventive and curative medicine, since intensive specialization was not appropriate in a developing country. It was better that such doctors should be trained in their own country, so that they would be aware of the lack of facilities and the administrative difficulties there as compared with developed countries and thus be prepared to overcome them. Fellowships were mainly valuable for specialists. 40 places had been set aside in medical colleges in Pakistan for foreign students; 28 of them had been filled in the previous year. The facilities for training nurses and auxiliary personnel were being extended, and here also the aim was to produce staff with general rather than specialized qualifications.

Provision was being made for the collection of vital and health statistics, which were essential for planning. A penicillin factory established with UNICEF aid would go into operation in 1960. Surveys had been or were being undertaken on the minor problems of goitre, trachoma and yaws. Attention was being paid to medical research, and particularly to the need to arouse interest in it at the undergraduate stage.

Finally, he congratulated the Regional Director on his report, which rightly stressed the importance of education and training and of field projects and expressed his country's gratitude for the aid it had received from WHO and other international agencies.

Dr. ETEMADIAN (Iran) also welcomed the Member States that had recently joined the Organization and thanked the Tunisian Government for extending to participants the traditional hospitality of one of the world's oldest and most beautiful civilizations in a flourishing modern setting.

The Report before the meeting gave an instructive account of WHO activities in the Region and of the efforts of Member States to work towards WHO's ultimate aim.

Where communicable diseases were concerned, much of the road still lay ahead and on it, one of the major obstacles - administrative and financial rigidity. The goodwill of all would be required to remove it, perhaps by legislation analogous to that required by the malaria eradication programme. Despite difficulties, his Government had continued and intensified its work in the control or eradication of communicable diseases, bringing about a decrease in the infantile mortality rate and improvement in the general health of the entire population.

The Report and previous speakers had laid proper emphasis on education and training, with special mention of assistance to medical faculties. He fully agreed with those who had pointed to the necessity of ensuring that all auxiliary personnel should be given training which would fit them for integration into general public health work after the completion of the specific project for which they had been trained, and that medical personnel should be able to take charge of all the aspects of medical work in their district.

He welcomed the proposed intensification of the environmental sanitation programme particularly where community water supply was concerned. The Regional Office should be prepared to expect increased requests from governments for assistance in a matter which they considered of very great importance.

In conclusion, he warmly recommended the approval of the Report. In the future, as in the past, his Government would do all in its power to assist the Regional Office in promoting health in the Region.

Mr. ATEEQI (Kuwait) expressed his country's gratitude to the Sub-Committee for its welcome, and congratulated the Regional Director and his staff on an excellent Report.

The impact of WHO's work on communicable diseases was not yet perceptible in his country and he hoped that it would be felt in the near future.

He hoped that, with the process of time, Kuwait would play an active role in WHO activities. Meanwhile he pointed out that his Government was extending notable efforts to control communicable diseases. They adopted a certain policy aiming at embarking on a comprehensive smallpox eradication campaign involving the vaccination of the entire population every four years. Vaccination of the whole population would be completed for the second time by the next year.

One of the serious problems facing his Government was that of nomadic tribes moving in the arid zones common between Saudi Arabia, Iraq and Kuwait. It called for close cooperation between International bodies and between neighbouring countries as soon as possible. The Regional Office should do all it could to bring the point home to those concerned.

Much attention was attached in his country to Environmental Sanitation, MCH and Mental Health, which had almost attained perfection, despite the difficulties encountered in getting the required professional staff.

However, he could not avoid to reiterate mentioning the Tuberculosis problem which he should deal with in the technical discussions meeting. This problem acquired close cooperation between his country and its neighbours.

His Government also looked earnestly to the fellowships programme to make available qualified technical and administrative personnel it required and he hoped that the Regional Office would be able to meet its requests.

In conclusion he thanked the Tunisian Government for its generous hospitality.

Dr. ZAKI (Sudan) joined him in that expression of thanks.

The Report was an attractive and practical document, particularly commendable in its frankness. He thanked the Regional Director and his staff for their unremitting efforts to expand and improve the programme.

The Introduction to the Report referred, on page 13, to the need for cooperation between international agencies. He strongly urged the Regional Office to intensify its collaboration with FAO to facilitate the implementation of nutrition projects, especially those for the improvement of family standards of living. Nutrition was so closely bound up with agricultural development that the two should be seen as a whole where programme planning was concerned.

His country, too, looked to the fellowships programme to train teaching staff for the training centres already being planned.

While he fully agreed with the approach to auxiliary training outlined in paragraphs 29 et seq. of the Report, there should be careful selection of the programmes to be used for the training of local counterparts as also of the counterparts themselves.

Referring to Annexes I and II to the Report, he deplored the defects and shortcomings of the fellowships programme and, recalling its great importance, expressed the hope that no time would be lost and no effort spared to improve and extend it.

Among the communicable diseases, bilharziasis was causing his Government great concern and experience had shown that the coexistence of S. haematobium and S. mansoni in the area most affected - mentioned in paragraph 98 of the Report - made control more difficult. The disease was particularly prevalent among children and, with rapid social change, contributed to mental ill-health. He therefore urged the Regional Office to take the steps proposed in the Report as soon as possible.

Onchocerciasis, was a major threat in the Northern Sudan where it affected about a million persons (25% of the population). The Regional Director appreciated the gravity of the situation and arrangements had been made to send an entomologist to assist the Sudanese Government. It hoped that he would arrive shortly.

In connection with the recent yellow fever epidemic, mentioned in paragraph 285 of the Report, he informed the Sub-Committee that the use of the Scherer Multidose hypospray injector provided by the United States Operations Mission in the Sudan had proved, operationally, most successful and the immunity given seemed substantially the same as that produced by the usual methods. The Regional Office might usefully ascertain whether the new method could not be used in the control of other communicable diseases.

Annex II to the Report represented a considerable achievement. Any delay in the implementation of the projects listed should be avoided as it was liable adversely to affect national financing arrangements.

His Government particularly wished to have the assistance of WHO in health work connected with the building of the Aswan Dam. In 1963, the entire population of Wadi Halfa and the surrounding low lying country would have to be moved. The population viewed the prospect with anxiety and his Government wished to take the necessary steps to help them to achieve a higher standard of health before the enforced migration to enable them to meet the demands of their new life. The advice of a WHO consultant would be welcome. UNICEF had promised aid when a WHO-approved programme had been prepared.

There was also an acute shortage of personnel of all types for environmental sanitation work and his Government was asking the Organization to provide an expert in sanitary engineering to give undergraduate lectures so that young persons would be encouraged to specialize in the various branches of the subject.

He fully agreed with the previous speaker on the importance of international and inter-agency cooperation in the eradication of smallpox for the reasons he had given. The same was true of the other communicable diseases.

In conclusion, he expressed his appreciation of the Regional Office's work in the past and his confidence that another year would see still more improvement in the health of the Region.

Dr GLYNNE (United Kingdom of Great Britain and Northern Ireland) joined previous speakers in thanking the Tunisian Government for its hospitality and the Regional Director for a competent report.

He had found Annex I particularly instructive. It was very helpful indeed to have an independent evaluation of completed projects to see that money was well-spent and the project properly designed to achieve its aim. The fellowship programme could usefully be kept under permanent evaluation and the practice gradually extended to other programmes.

He heartily endorsed the comments of those speakers who had referred to the dangers of over-specialization, especially in the training of auxiliaries.

Dr PANOS (Cyprus) thanked the Sub-Committee for its welcome and for its congratulations to his country on the achievement of its independence.

The Report before the meeting was particularly valuable in that it gave an account not only of the activities of the Regional Office during the period under review but also of the achievements of governments.

He agreed with the comments of previous speakers and expressed the hope that the Regional Office would view the needs of Cyprus with sympathy and grant its requests.

The REGIONAL DIRECTOR thanked members of the Sub-Committee for their most constructive comments which would guide WHO in the elaboration of its policy and himself in its application. The points raised would be taken into account. He then thanked members of the Sub-Committee for their appreciation of the work of the Regional Office.

The representative of Iraq and others had stressed the importance of programme evaluation. Bearing in mind their comments, the Regional Office would do its utmost to make good the shortcomings of the fellowships programme and remedy its defects. He would contact the representative of Iraq personally to discuss the points he had raised. The Iraq trachoma programme would be assisted as planned. He had been glad to hear that the recommendations of the smallpox team had been favourably received and carried out. The importance of inter-country and inter-agency cooperation was widely recognized and the Government of Iraq was to be congratulated on its achievement in inoculating so large a

proportion of the population. The Regional Office would provide assistance in improving the local dry vaccine production to the extent of its possibilities whenever requested.

He had been interested to hear the latest news of progress with the Tunisian five-year plan and expressed the hope that the Tunisian Government would continue to keep the Regional Office informed as it had done so far. WHO assistance would be provided, on request, for the proposed extension of the medical faculty, so far as means permitted. As part of an inter-country tuberculosis project, the Regional Office is providing the Tunisian Government with assistance in survey, control and research activities. The project would be extended to the demonstration of modern methods in 1961, on an inter-country basis.

A number of projects were being planned to assist the Government of Libya in its shortage of personnel. He would bear in mind his comments on the selection of experts and the qualities required. He had been pleased to hear that the Maternal and Child Health projects in Tripolitania and Cyrenaica were being taken over by the Government. The latter was already being very efficiently directed by a well-qualified Libyan doctor. He had followed with interest the remarks of the representative of Libya on the training of dayas. It was not always easy to get such persons to follow a course of training and the method proposed was most ingenious. He then thanked the Government of Libya for its contribution to the Malaria Eradication Special Account as also all other Members of the Regional Committee who had contributed.

He had been interested to hear how the Government of Saudi Arabia was dealing with its health problems. In particular, he was well aware of its efforts to improve the health conditions during the Mecca Pilgrimage. In view of the very large numbers of pilgrims involved, the number of deaths was gratifyingly low and many of them were in fact due to old age, exhaustion and heat. It was hoped that Dr Omar's posting to Saudi Arabia would enable preventive medicine to keep pace with curative medicine and it was gratifying to see that existing institutions were gradually doing more and more preventive work.

The distinction between "planning" and "in operation" in Annex II to the Report was an administrative one, a project being deemed "in operation" as soon as funds were being used.

He conveyed the best wishes of the Organization to the representative of Pakistan for the continued success of the second five-year plan. It was well-conceived in that a high percentage of the funds involved were to go to preventive work. He had been gratified to hear that the Pakistan Government had agreed to go forward with a malaria eradication programme and expressed the hope that planning would be completed in the near future so that campaigns could begin. He also welcomed the news that the curricula of Pakistan's nine medical schools were to be revised to include more public health, brought up to date and adjusted to conditions in the country.

In reply to the representative of Iran on the question of education and training, he said that, if need be, WHO would be prepared to assist medical faculties as in the past so far as means permitted. He could rest assured that environmental sanitation and community water supply would receive maximum attention according to the Organization's declared policy (WHA12.48).

He assured the representative of Kuwait that he would bear in mind its difficulties, particularly in matters of personnel. The Organization would provide all possible assistance.

The representative of the Sudan had referred to his country's main health problems and although they were not all shared by other countries in the Region, they were still of great importance and the Regional Office would do all it could to help. The fellowships previously granted to the Sudan had proved successful in the evaluation test and as many as possible would be provided in the future. The Regional Office was aware of the need for inter-agency cooperation particularly on the programmes of nutrition and cooperation with FAO was taking much the same form as he had suggested. The Regional Office was endeavouring to achieve coordination at the regional and at the inter-country level with both FAO and UNICEF though that was not easy as spheres of responsibility were not always very well-defined. He would bear in mind the comments by the representative of the Sudan on bilharziasis and onchocerciasis. The entomologist promised should be arriving there soon. As for the hypodermic injector and its use, so far appeared to be a definite advance where mass inoculation with

aqueous solutions was concerned. It could not be used for injections of lymph or viscous fluid. WHO, in collaboration with both the Sudanese and the UAR (Egyptian Province) Governments, would be studying the health implications of the construction of the Aswan Dam, as required by them.

On the question of programme evaluation, the Regional Office proposed to proceed as the United Kingdom representative suggested and lead up to an overall evaluation of WHO's work in the Region.

He then requested the representative of Cyprus to convey to his Government the congratulations of the Regional Office on its independence achieved that very day. All possible assistance would be provided to that new country. A supplementary technical assistance programme had already been prepared for it and for Somalia (EM/RC10/3, Add.1).

The Acting Chairman thanked the Regional Director for his very comprehensive report and put the following draft resolution to the Sub-Committee:

ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Sub-Committee,

Having considered the annual report of the Regional Director for the period 1 July 1959 to 30 June 1960,

Noting the satisfactory advances made in most fields of health during the twelve months under review,

Noting with particular appreciation the attention focussed on education and training and the efforts to improve the fellowships programme through an evaluation of the awards so far made,

1. RECOGNIZES the continued progress made in the field of communicable diseases;
2. URGES Governments to ensure that their health administrations give first priority to developing their basic health services, bearing in mind the importance of integrating those aimed at both cure and prevention and of training staff;
3. REQUESTS the Regional Director to continue his efforts with a view to promoting better planning of fellowships, better selection of candidates and better utilization of returning fellows;
4. NOTES also the growing attention that is being given particularly to environmental sanitation, mental health and nutrition;
5. COMMENDS the Regional Director for his efforts in all these fields as described in the Report.

Dr ZAKI (Sudan) suggested that in view of the importance the Sub-Committee attached to community water supply it should be expressly mentioned in the fourth operative paragraph.

Dr DALY (Tunisia), Mr ATEEQI (Kuwait) and Brigadier SHARIF (Pakistan) supported that suggestion.

The REGIONAL DIRECTOR explained that environmental sanitation covered community water supply so that no special mention of the subject was necessary. Moreover, the water supply problem the Sub-Committee had in mind would not be one of WHO's main priority objectives, at least for a number of years to come, as it involved a very complex programme, requiring large sums of money. He therefore advised the Sub-Committee against the proposed addition as that would give the subject a theoretical priority which could not be translated into practice.

On the understanding that the community water supply programme was covered by the words "environmental sanitation" in the paragraph to which he had referred, Dr ZAKI (Sudan) withdrew his suggestion.

Decision: The resolution was adopted without further comment.

In view of the lateness of the hour, the Sub-Committee postponed consideration of item 7 of its agenda until a subsequent meeting.

The meeting rose at 1.30 p.m.