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REGIONAL OFFICE FOR THE  
EASTERN MEDITERRANEAN

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EASTERN MEDITERRANEAN

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SUB-COMMITTEE A

Agenda item 15

REPORT OF SUB-COMMITTEE A  
OF THE  
TWENTY-EIGHTH SESSION  
OF THE  
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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PART I  
INTRODUCTION

1. GENERAL

Sub-Committee A of the Twenty-eighth Session of the Regional Committee for the Eastern Mediterranean met in Manama, Bahrain, from 9 to 12 October 1978. Five plenary meetings were held and the Sub-Division on Programme met on 10 and 11 October. Technical Discussions on "The Present State of Child Health in the Region" were held on Thursday, 12 October.

The following Member States were represented:

Afghanistan, Democratic Republic of	Oman
Bahrain	Pakistan
Cyprus	Qatar
Democratic Yemen	Saudi Arabia
Egypt	Somalia
Iran	Sudan
Iraq	Syrian Arab Republic
Jordan	Tunisia
Kuwait	United Arab Emirates
Libyan Arab Jamahiriya	Yemen Arab Republic
Lebanon	

All Member States represented exercised their right of vote in Sub-Committee A.

The Session was also attended by representatives of: the United Nations Development Programme, the United Nations Children's Fund, the United Nations Relief and Works Agency for Palestine Refugees, the League of Arab States, the Secretariat of Health for Arab Countries of the Gulf and the Organization of African Unity, an observer from the Palestine Liberation Organization, and representatives or observers from eight inter-governmental, non-governmental, and national organizations<sup>1</sup>.

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<sup>1</sup>The list of representatives, alternates, advisers and observers to Sub-Committee A is attached as Annex II.

2. OPENING OF THE SESSION: Agenda item 1

The inaugural meeting was held in the Conference Room of the Bahrain City Hall, and subsequent meetings in the Conference Room of the Bahrain Hilton Hotel.

H.E. Dr A.R. Al-Awadi, Chairman of Sub-Committee A of the Twenty-seventh Session of the Regional Committee for the Eastern Mediterranean, declared the Twenty-eighth Session open. He wished it every success and invited nominations for officers of the meeting.

3. ELECTION OF OFFICERS: Agenda item 2

The Sub-Committee elected the following officers:

Chairman: H.E. Dr Ali Fakhro (Bahrain)

Vice-Chairmen: H.E. Dr Madani El Khiyami (Syria)  
Major-General Iqbal Mohammed Chaudhri (Pakistan)

Chairman of Sub-Division  
on Programme: Dr Abdul Majid Abdul Hadi (Libyan Arab Jamahiriya)

Chairman of Technical  
Discussions: Dr Amin A. Nasher (Democratic Yemen)

4. INAUGURAL ADDRESS

His Excellency, Dr Ali Fakhro, Minister of Health, Bahrain, welcomed the participants and conveyed the greetings of His Highness The Amir of Bahrain under whose patronage the meeting was being held, as well as his good wishes for a pleasant stay and success of the conference.

The Bahraini Government believed that health care was a fundamental right of every citizen, without social or geographic distinction, and since the late thirties free health care had been provided to every resident of the island.

He felt that there was universal interest in the transfer of knowledge and technology among developing countries and believed that this transfer could be successful in the Region as the States were inter-related by deeply-rooted national and religious ties. However, the sharing of technology in the field of health among countries of the Region was still far from attaining the required standard or extent. For example,

co-ordination between medical education institutions was so weak that thousands of doctors of the Region went to Europe or the Americas seeking training which was already available at the same standard in the Region. Ultimately their foreign training led them not to return to their countries. Even the question of standardization of specialists which could facilitate their movement within the countries of the Region had proved a stumbling block. While there were numerous specialized medical centres of international standing in the Region, countries referred their patients to centres outside the Region, which were sometimes less equipped and of a lower standard. While doctors of the Region travelled to the remotest spots to attend medical conferences and get acquainted with scientists and specialists of other continents, they did not attend regional conferences nor were they aware of the outcome of their colleagues efforts.

He felt that the Regional Committee could take a significant part in enhancing co-ordination and that, despite the commendable efforts exerted lately through the creation of the Council of Arab Ministers of Health and the Council of Arab Ministers of Health of the Gulf Area, WHO had still a special role to play.

It might be assumed that the financial status of the Gulf Area could solve all the health problems; however, fundamental problems still remained. The phenomenon he had mentioned of thousands of regional nationals heading every year to medical centres abroad for treatment deserved in-depth study. Money alone was not sufficient for solving health problems, it had to be accompanied by human progress, self-confidence and relevance, which could not be purchased. Some might consider this no more than the words of the Arabic proverb which says that a singer is never appreciated in his own district, but he felt it was connected with cultural under-development and a sense of continuing lack of ability vis-à-vis progress and development requirements.

The problem could not be resolved through construction of more luxurious hospitals full of modern equipment and machines, nor through purchase of the best foreign international brains. This solution had been tried in some of the countries but was a failure. The real reason was a lack of self-confidence, independence and lack of assurance that they could build a balanced rational civilization. The "solution" of health problems could not be separated from the total construction of the future civilization, especially in intellectual, cultural and artistic areas.

In inviting health leaders to seek solutions, he felt that the wise, scientific, calm atmosphere provided by the World Health Organization was the ideal atmosphere in

which to undertake such a study. While not wishing to suggest how the Organization could resolve the majority of health problems, he did want to stress the confidence of the Bahraini Government and people in the targets set by this humanitarian Organization and its method of work.

#### 5. ADDRESS BY THE DIRECTOR-GENERAL

Dr H. Mahler, Director-General of the World Health Organization, expressed his pleasure at being present in the remarkable country of Bahrain and paid tribute to the Minister of Health, Dr Ali Fakhro. He referred to his appeal to the political leaders of the world, through the Thirty-first World Health Assembly, in May 1978, to accord higher priority to health and, through health, to promote development and peace. This was the beginning of what he called the political struggle for health. He held that social goals could only be realized and economic development brought about by political determination and, since political decisions are outside the control of the health system, those responsible for health development must struggle to ensure that it receives due recognition. He had been criticized for transforming WHO from a scientific and technical organization into political one. But this action was in line with the behest of the Member States and was based on the knowledge and experience gained from recent and past history. Just as the great sanitary reforms by the industrialized countries of the latter half of the nineteenth century were brought about by political action, so the reforms launched by WHO a century later would need vigorous political support, so that appropriate technical solutions could be sought, which would be acceptable to society and could be applied at a cost countries could afford, through properly planned, organized and operated health systems.

The struggle for health aimed at achieving a target of an acceptable level of health for all citizens of the world by the year 2000 that would permit them to lead socially and economically productive lives. In spite of the availability of knowledge and managerial skills, progress had been slow, due mainly to lack of success in stimulating the conviction of the world's leaders and the voice of the people in expressing their social demands. As a result, vast sums were still being spent on armaments and, while funds were generally obtainable for economic development, the economic significance of human development was not recognized and there was still far to go to convince the world that health was crucial for development and that development could open another door to peace.

He trusted that a deep sense of purpose would be mobilized now at a time when the world was passing through a period of social and political crisis which jeopardized the survival of mankind. The danger of this crisis was the dehumanization of mankind, as people would participate less and less in the organization of the social climate. Modern medicine was not exempt from this danger, as could be seen from the "disease palaces" which were being created. He felt that health must become an intrinsic part of life and that the scepticism which was encountered in some countries, even about realizing WHO's modest goal of an acceptable level of health for all by the year 2000, must be overcome. He further felt that the only way to achieve health independence was by putting into practice interdependence between countries.

To gain the target of health for all by the year 2000 and release the massive social energy required to attain it, political struggle was inevitable and the best ways would have to be devised to launch a political struggle for health and maintain its momentum. He now asked the representatives of countries of the Eastern Mediterranean Region to do their utmost to ensure the introduction of widespread health reforms and the establishment of national and regional plans of action for health. The attainment of health was a vital component of social and economic development - they should pursue it with fervour.

## 6. ADDRESS BY THE REGIONAL DIRECTOR

Dr A.H. Taba, Regional Director, on behalf of the World Health Organization, welcomed those present to the annual session of Sub-Committee A of the Regional Committee for the Eastern Mediterranean. He thanked His Highness The Amir of Bahrain, under whose auspices the meeting was taking place, for his generous hospitality in acting as host to the meeting and for the warm welcome all had received. He took the opportunity of expressing admiration for the achievements of Bahrain in public health, under the leadership of its distinguished Minister of Health, Dr Ali Fakhro.

The past year had been another active one in the development of the health services of the Region as a whole and had marked some important changes in the ways in which WHO tried to collaborate with and serve its Member Countries. A significant feature of international health work in the Region, to which he had often referred, was what was increasingly becoming known as "Technical Co-operation Among Developing Countries". This singularly commendable approach to mutual help was not merely a



matter of one country or group of countries giving something to another. Infinitely more valuable than donations of money, or even sharing of manpower, was the mutual working out of mechanisms to arrive at solutions to problems. This trend towards ever more genuine collaboration in turn had imposed on WHO a need to reorganize its own approach. He hoped it would be agreed that WHO had become even more closely identified with national aspirations, so that the secretariat constantly sought the best ways to act truly as effective catalysts in international health development. Conversely, members of national health administrations, and other health leaders, were today being intimately involved in doing with WHO the work which had formerly been done for them, so that all work closely in a common team in the service of everyone and it became increasingly difficult to say who was, in fact, helping who.

The Regional Director mentioned two examples of this involvement of the rich resource of national expertise, the regional advisory panels and groups working closely with him in the development of WHO policies and programmes, whether in establishment of training and research programmes, in country health programming in individual countries or in medium-term programming for the period 1978-83 in a number of programme areas and the Ministerial Consultation on Health Services and Manpower Development, held in Teheran in February/March 1978 to ensure that the institutions responsible for training produce the kind of health workers the health services need.

He felt there was little doubt that a moment of crisis in health affairs had arrived. While the public demand for access to a judicious combination of traditional and modern scientific health services had forced both governments and WHO to look in greater depth at what they were doing, he was confident that the close understanding between Member Countries of the Region, and the new approaches to harmonious working together with WHO, would lead to new success and achievements in the future.

7. ADOPTION OF THE AGENDA: Agenda item 3 (Document EM/RC28/1 Rev.2)

The Sub-Committee adopted its agenda as presented.

PART II

REPORTS AND STATEMENTS

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR: Agenda item 5  
(Document EM/RC28/2)

Dr A.H. Taba, Regional Director, introducing his Annual Report for the period 1 July 1977 to 30 June 1978, pointed out that, as decided in 1977, he was submitting a relatively short report, since this year the biennial programme budget statement was before the Sub-Committee for consideration. Every alternate year, such as next year, a longer and fuller report would be submitted to the Regional Committee. This year, in addition to some of the highlights of WHO's activities in the year under review, the report had an annex providing brief reports of meetings sponsored by WHO on important topics.

A number of subjects of interest contained in the Agenda of the Meeting, such as Technical Co-operation Among Developing Countries, Occupational Health, Child Health, the Special Programme for Research and Training in Tropical Diseases and the Regional Medical Library, would be discussed either in the plenary sessions or by the Sub-Division on Programme.

He felt that during the year collaboration and consultation between Member States and the Secretariat had continued to become closer. Actually, as national health services expanded and leading figures in health management appeared with broader experience, the effectiveness of WHO's collaboration had increased. An important step had been the decision<sup>1</sup> of the Twenty-seventh Session of the Regional Committee to appoint a consultative ad hoc committee from among representatives of Member States to establish a dialogue with the Regional Director and his staff on how best the Regional Committee could be effectively involved in the work of WHO in the Region. It was later decided that this committee should determine its terms of reference which would be discussed under item 6(a) of the Agenda. He emphasized that the establishment of the ad hoc committee was most important in the light of new developments in the collaborative programme and should enable the WHO Secretariat to benefit from the advice of representatives of Member Countries, as well as leading to the greater involvement of the Regional Committee.

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<sup>1</sup>Resolution EM/RC27A/R.2

Another important development was the increasing reliance on nationals, not only as consultants and temporary advisers to visit countries, but also as members of a number of regional advisory panels. Panels had already existed for some time on such subjects as nursing, mental health and cancer control. These panels had been extended to include health services and manpower development, primary health care, emergency medical services and biomedical research, as well as most recently malaria, schistosomiasis, veterinary public health, cardiovascular diseases and oral health. The panels were composed of senior figures enjoying high respect as well as younger persons with potential for development and future leadership. He proposed to provide in the Report to the next Regional Committee Meeting a full list of all advisory panels and their membership.

The Regional Director referred to the report on the Third Meeting of the Advisory Committee on Medical Research, held in Alexandria in March 1978, given on pages ix - xi of the Annex. The main lines of a really active programme in research had been determined by the Committee, who established priorities for the Region. The main field of research was in health services and health manpower development, while research in communicable diseases control, immunization and a series of studies on utilization of drugs continued. He was glad that countries were moving towards having a national policy for drugs, since in some countries some 40 per cent of the total health budget was absorbed by drug purchases. Overprescribing, self-medication and public demand led to procurement of thousands of drugs, which had to be stored, maintained and distributed. A recent WHO Expert Committee on the "Selection of Essential Drugs" in its report, WHO Technical Report Series 615, stated that a list of 200 active substances could cover the majority of health needs. This gave a good guideline on the basis of which each country could establish its own list of essential drugs.

There had been many meetings and training courses on the subject of drugs and a further meeting on the question of evaluation and licensing of drugs would be held in Alexandria in late October 1978, since the whole matter of drugs was considered of vital importance for the Region.

In the last few years, increasing attention had been given to the subject of hospital construction, management, equipment and maintenance. Countries were being helped to establish and improve their national programmes for training in the repair and maintenance of medical equipment. A regional centre had started operations in

Cyprus, a second centre would open in Iraq shortly and it was hoped to benefit also from the facilities of the College of Health Sciences in Bahrain, which promised to be a good regional centre. Together with the many existing national centres, the needs in this important area would gradually be met.

Health Manpower Development was without doubt the most important element in the collaborative programme. Health services in countries of the Region which were moving ahead so fast could only expand with the right type and number of health workers. Some 40 per cent of the WHO regular budget was devoted to programmes of a training nature and it was expected that this percentage could increase in the future. Emphasis has been placed on training of the right type of worker rather than on medical education, in order to redress the imbalance between the number of doctors and other categories, such as nurses and technicians. Many governments had established training institutes for this purpose, of which the College of Health Sciences in Bahrain was a good example.

The follow-up to the Ministerial Consultation on Health Services and Health Manpower Development had been gratifying, in that a number of countries had held meetings of their ministers of education, deans and other senior educators, ministers of health and health service personnel to discuss its outcome and follow-up measures. In this connexion, the medium-term programme in Health Manpower Development for the period 1978-1983 would be very helpful. In view of its clear usefulness, a similar programme had been completed also for the comprehensive health services, including primary health care and family health, and one was being prepared for communicable diseases.

The Regional Director referred to the pioneering role of the Region in the field of primary health care. Two important seminars had been held in the Regional Office, in collaboration with UNICEF and other agencies, and these would be followed by a meeting of the Regional Advisory Panel, which would review the outcome of the Alma Ata Conference.

With regard to communicable diseases, he was happy to confirm that there had been no cases of smallpox since October 1977, although the recent events in the United Kingdom had underlined the necessity for laboratories to destroy their stocks of smallpox virus seed. Outbreaks of cholera continued to occur, but governments were now managing these outbreaks successfully and had realized that cholera should be treated like other diarrhoeal diseases. No undue quarantine measures or demands for vaccine had ensued. To put it in the proper context, he pointed out that only twenty deaths

had occurred in the Region from some 1 000 cases of cholera in the year, while there were some 600 000 child deaths from other diarrhoeal diseases. He hoped that this question would be dealt with thoroughly during the Technical Discussions.

Vector breeding was often aggravated by large-scale irrigation and water supply programmes which could lead to an increase of vector-borne diseases. As the weakness of chemical control of vectors had been recognized, a technological engineering approach was being utilized in a project in the Sudan, planned in conjunction with UNEP, which would provide valuable experience. The endorsement by the United Nations General Assembly and the World Health Assembly of 1981-1990 as the International Drinking Water Supply and Sanitation Decade was evidence of the crucial role of water and sanitation programmes in attaining the target of health for all by the year 2000. Such programmes were costly, but he suggested that governments could have recourse to the World Bank and other development banks for funding. The Islamic Bank, which had recently signed an agreement with WHO, was prepared to provide long-term loans, interest free, with a minimum service charge, to Islamic countries and also those with a large Islamic population.

While on the question of financing, the Regional Director took the opportunity to thank once again all those countries who had so generously contributed to WHO's programme of collaboration. Further details would be given during the discussions on the programme budget. He was pleased to say that costs of the Regional Office had been maintained at a minimum and there had been no increase in the number of WHO Programme Co-ordinators in countries. The general trend throughout the Region was to reduce long-term posts where possible and use consultants as necessary. From pages 33 and 34 of the report, it would be seen that increased use was being made of national staff, to whom subsidies were provided, preferably by way of a per diem to support field travel.

In the ensuing discussions, representatives outlined progress achieved in their countries and expressed their satisfaction with WHO's collaborative programme, which corresponded with the priority problems of the Region. One of the main problems continued to be a serious lack of health manpower, particularly in the intermediate and lower levels, and the continuing imbalance between the highly sophisticated categories and the more relevant lower levels. An interesting suggestion put forward by one representative found general favour. This concerned the introduction of compulsory social service for female graduate students of various training institutions before they would be entered upon another career. This would fill a number of purposes

in easing the nursing situation in hospitals, possibly motivating educated girls to continue in this career, thus changing the traditional attitude to nursing, and might also improve attitudes to good health practices in the girls' families as a result of their increased knowledge of health. Medical education continued to receive attention from governments, with an increasing number of medical schools being established in the Region, several with innovative approaches to curriculum design. It was considered essential that the curricula of these medical schools be relevant to the needs of the countries concerned, rather than based on the traditions of alien societies in the hope that their medical degrees would gain world-wide acceptance. In this connexion, the importance of the Ministerial Consultation on Health Services and Health Manpower Development was recognized and the hope was expressed that WHO would help countries in following up and implementing the recommendations of that Consultation. In his reply, the Regional Director outlined the follow-up action which had already been taken in a number of countries, and stated WHO's willingness to collaborate in every way in countries' efforts to implement the recommendations.

Appreciation was expressed for WHO's courageous standpoint in producing a suggested list of essential drugs, providing needed guidance to countries which had to devote a large portion of their health budgets to the importation of drugs. It was also suggested that, if suitable standards were to be set for hospitals and medical equipment, this measure would serve to protect countries which were sometimes grossly overcharged for the facilities constructed for them and their equipment, due to their own lack of expertise in these fields. The whole question of multinational corporations was a subject which might be discussed at a future of the Regional Committee. A resolution was adopted to this effect<sup>1</sup>.

While it was agreed that actions taken by Member Countries in connexion with this year's outbreaks of cholera were gratifyingly more realistic, it was felt that the enteric diseases as a whole, and especially their effects upon children, did not receive sufficient attention. It was said that emergency action alone could not improve the situation and that a lasting effect could only be obtained through long-term health education. In his reply, the Regional Director pointed out that the occurrence of cholera in the Region had yielded certain positive results, since it had led governments to seek for the causes and thus review their water supply, sanitation

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<sup>1</sup>EM/RC28A/R.15

and waste disposal systems. He further referred the representatives to the programme for the control of enteric infections in the Eastern Mediterranean Region for the period 1978-83, which was outlined in Document EM/MTG.CHL.DHL.DIS./11. Detailed recommendations had been made by the Regional Meeting on Cholera and Diarrhoeal Diseases in Alexandria in June 1978. For the programme, some US \$ 350 000 would be required from external sources. The Sub-Committee adopted a resolution<sup>1</sup> urging Member States to implement these recommendations and provide voluntary funds for the programme.

The need for inter-country co-operation, especially when dealing with communicable diseases such as malaria, was recognized by the meeting, as well as the advantages which could be derived from exchange of information between countries. In reply to a request that directories be prepared of all health institutions in the Region, the Regional Director said that a Regional Directory of all training institutions in the Region already existed, and was currently being updated, and that world directories of medical, dental and other professional level schools were also available. A directory of research institutions was also in existence and the Regional Advisory Committee on Biomedical Research had expressed its wish to be kept continuously up-to-date with information regarding institutes with active research programmes and future potential.

One representative, referring to page 32 of the Annual Report, expressed the opinion that the share of the health sector in the United Nations Development Programme had been very limited and felt that the United Nations System had not fully realized the extent of the role of WHO and the health sector in economic development. He felt it was time both for WHO and the Member States to make it known that the aim was not a state of health by itself but to enable healthy people to play a productive part in economic development. Thus any investment in health would yield a huge economic return.

Further on the question of co-ordination, it was said that until now health care had been regarded as the sole responsibility of health personnel. This was the traditional concept of "the hospital and the hospital bed", which was gradually being replaced by the idea of comprehensive health care. The health sector could not progress in isolation, co-ordination had to be insured at the world, regional and country levels with other related sectors. Health could not be attained without attention

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<sup>1</sup>EM/RC28A/R.16

to housing, food supplies, clean water and sewerage, for example, or without the real desire of the people to live in a healthy environment. Joint meetings with all related sectors would greatly enhance the achievements of the health sector by itself.

Comments were made on continuing malaria activities in the Region and a request that WHO help in promoting the new outlook of expanding the health services at the same time that malaria eradication is attempted. Without such development of health services to take responsibility for malaria control at a cost which countries could afford, it was felt that the eradication process must fail in spite of vast expenditure. The Regional Director replied that this complex issue had been discussed frequently in the World Health Assembly and Regional Committee Meetings. Each country had to prepare a programme best suited to its own conditions. In 1955, when the World Health Assembly passed a resolution on eradication, it was thought that one technique could be applied all over the world. Nowadays the importance of expanding the basic health services at the same time as the malaria programme was implemented was recognized and vertical programmes had, to at least some extent, been replaced by horizontal ones. In Syria a vertical programme had been operating with some success, but some years ago a plan of operation had been prepared with the help of WHO for an integrated programme using the basic health services where this was possible. The results had been, on the whole, satisfactory, because although there has been an epidemic situation in some neighbouring countries there had been no increase, up until now, in the number of cases in Syria. In areas where the basic services were not considered of a suitable standard the vertical programme continued and this combination of programmes appeared successful.

As regards the situation in the Arabian Peninsula, he hoped that with the collaboration of the countries and of the new Secretariat General of Health of the Arab Countries of the Gulf, a control or eradication programme could be planned and implemented. The matter had been discussed at a recent meeting and it was hoped with this inter-country co-operation that malaria would be eradicated from the Peninsula. This type of inter-country co-ordination was vitally essential in controlling or eradicating such diseases and a most important role of WHO lay in promoting it.

Finally, the Sub-Committee adopted a resolution<sup>1</sup> commending the Regional Director on his report and a further resolution<sup>2</sup> requesting that the Regional Committee be kept informed of the process of application of essential drugs.

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<sup>1</sup>EM/RC28A/R.1

<sup>2</sup>EM/RC28A/R.2



2. STATEMENTS AND REPORTS BY REPRESENTATIVES AND OBSERVERS OF ORGANIZATIONS AND AGENCIES: Agenda item 5

The representative of the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) conveyed the greetings of the Commissioner-General. He stated that the United Nations General Assembly had extended UNRWA's mandate until June 1981 to continue providing education, relief and health care to Palestine refugees. However, the financial situation had not improved and certain services had been reduced, although the level of essential health care had been maintained. Modest improvements had been made by renovating a health centre in Gaza, establishing three dental clinics, a central laboratory and four infant malnutrition clinics. Preventive activities continued by way of close surveillance of communicable diseases and rapid control measures, as well as a maternal and child health care programme. The prevalence of communicable diseases had been reduced as a result of immunization over the last twenty years, but diarrhoeal diseases and associated nutritional disorders continued to be a grave problem, especially for infants and small children. UNRWA was concentrating on the prevention and early management of infant malnutrition and had carried out a nutritional survey, with the technical co-operation of WHO, among vulnerable groups in the refugee camps. The situation in Lebanon had led to displacement of Palestine refugees, to whom emergency assistance had had to be provided, as well as damage to three camps south of the Litani. In November 1977, the headquarters' staff of UNRWA returned to Beirut but by May 1978 circumstances necessitated transfer to Vienna, with only a small base office in Amman. It was only with the active technical support of WHO and the generous collaboration of the health authorities in the countries where the refugee camps were situated that it had been possible to maintain a satisfactory level of health for the Palestine refugees.

The representative of the World Council for the Welfare of the Blind referred to a Middle East Committee for the Welfare of the Blind, of which he was the president, which continued to advocate the cause of the blind living in this part of the world. He outlined the activities and aspirations of the Committee, culminating in the convening of a meeting of a Technical Committee on Prevention of Blindness in Alexandria in June 1978 (See Document EM/PBL/4).

The recommendations of the Technical Committee meeting gave the right approach to the fulfilment of its objectives within the available resources, for the development of a regional programme and the creation of a centre for the prevention of

blindness in the Arabian Peninsula area, which the Sub-Committee endorsed by Resolution EM/RC28A/R.14.

He concluded by stating that about 8 million blind persons - half of the world's total - resided in the Region. While the necessary expertise was available, funds were needed to implement the recommended programme to overcome this serious problem and prevent the causes of blindness in the Region.

In a discussion on the presentation by the representative of the World Council for the Welfare of the Blind, the representative of Saudi Arabia referred to previous discussions of the Regional Committee on this important subject for the Region. The countries of the Arabian Peninsula favoured a programme for the prevention of blindness and felt that the establishment of a regional centre deserved consideration. However, he felt that, while accepting the resolutions of the Committee, the financial obligations which the programme would entail should be defined. In response to his request, WHO undertook to collaborate in studying this matter. The final decision as to the establishment of a centre in the Arabian Peninsula rested with the countries concerned and WHO would await a decision from the Arab Ministers of Health.

The representative of the International Council of Nurses (ICN) conveyed the greetings of the President and members of the Council of National Representatives, representing 88 associations comprising almost one million nurses from all parts of the world. The ICN had worked closely with WHO on aspects of health care, mainly in the field of education and nursing, the provision of health services and nursing legislation for practice. The ideal that health care be provided for all people was being realistically supported by the ICN, which emphasized the need for nurses to be involved in the supervision and preparation of primary health care workers. Continuing education for all nursing personnel was inherent in its policy, but much needed to be done to ensure that educational programmes reached nurses working in isolated areas. Policy statements on various aspects of nursing were evidence of ICN's involvement in developments in the profession.

The representative of the World Federation of Public Health Associations (WFPHA) and of the Iranian Public Health Association stated that the WFPHA is an international non-governmental organization composed of national public health associations around the world. As Vice-President of this Federation he hoped each country present had a public health association and was a member of the World Federation of Public Health Associations.

The Iranian Public Health Association was a national non-governmental organization established in 1961, with a membership of more than 1 000 public health workers from various disciplines interested in public health, such as physicians, dentists, nurses, administrators, sanitarians, technologists, occupational health experts etc., from both the public and private sectors. The main goal of the Association was to promote and improve, through all possible means, the health conditions of individuals. Each year an annual conference was held. The subject of the next conference in Teheran in March 1979 would be "Appropriate Health Technology" and he invited all present to attend. Through articles in Persian and English in the Iranian Journal of Public Health, and other health publications, information was disseminated about various aspects of occupational health, radio-diagnosis, the Special Programme for Research and Training in Tropical Diseases and many other public health subjects.

He expressed appreciation for the valuable relationship and co-operation with WHO and the important role that this Organization had played in encouraging and fostering the contribution and participation of non-governmental organizations.

The representative of the Islamic Development Bank (IDB) stated that it was an international financial institution established in pursuance of the Declaration of Intent issued by a Conference of Finance Ministers of Muslim countries in December 1973, which started financial operations in October 1976, with its Head Office in Jeddah, Saudi Arabia. The purpose of the IDB was to foster economic development and social progress of Member Countries and Muslim communities, individually as well as jointly, in accordance with the principles of Islamic Shariah.

Its functions were to participate in equity capital and grant loans for productive projects and enterprises and to provide financial assistance to Member Countries in other forms for economic and social development which included, inter alia, provision of technical assistance and extension of training facilities for personnel engaged in development activities.

The membership of the IDB consisted of thirty-two Muslim countries in Asia and Africa, all members of WHO, of whom nineteen belonged to the Eastern Mediterranean Region. The authorized capital of the IDB was two billion Islamic Dinars and the subscribed capital on 1 October 1978 stood at 10 765 million (approximately US \$ 950 million). As at 1 October 1978, the IDB approved more than US \$ 300 million for financing forty-five projects in twenty-five countries. Involvement in health related

projects was recent, comprising one technical assistance grant for the study of water supply in one member country, and one loan for the completion of a sewerage project in another country. The IDB was currently studying the possibility of financing two water supply projects, one hospital equipment project and the construction and equipping of four modern hospitals in four countries of the Region.

In May 1978, the IDB signed an agreement of co-operation with WHO, which has been approved by the Board of Governors of the Bank and the World Health Assembly, providing for assistance to Member States of the two organizations in the strengthening of health personnel, public health, medical research, pharmaceutical production, water supply, waste disposal and other sectors.

3. REGIONAL CONSULTATIVE COMMITTEE: Agenda item 6(a) and (b)  
(Document EM/RC28/4)

The Regional Director introducing the document, recalled that it was decided last year to form a regional consultative committee. Three members had been tentatively designated to prepare terms of reference which were now submitted for consideration by the Regional Committee. The meeting discussed the terms of reference and, after introducing some minor changes, they were adopted. With regard to the composition of the panel, it was agreed that there should be five members, who should be designated by the Regional Director for a three-year period and a resolution<sup>1</sup> was adopted accordingly.

PART III

PROGRAMME MATTERS

1. APPOINTMENT OF SUB-DIVISION ON PROGRAMME: Agenda item 4

In conformity with Rule 14 of the Rules of Procedure, a Sub-Division of the Sub-Committee as a whole was established under the Chairmanship of Dr Abdul Majid Abdul Hadi (Libya). The Proposed Programme Budget for the Eastern Mediterranean Region for the Biennium 1980/81 (Agenda item 8), Regional Medical Library (Agenda item 9), Occupational Health (Agenda item 10), Basic Radiological Unit: a new

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<sup>1</sup>EM/RC28A/R.3

concept for increasing the radiodiagnostic coverage of the population (Agenda item 11), and Special Programme for Research and Training in Tropical Diseases: Selection of two representatives as regional members of the Joint Co-ordinating Board (Agenda item 12) were referred to the Sub-Division.

2. PROPOSED PROGRAMME BUDGET FOR THE BIENNIUM 1980/81 FOR THE EASTERN MEDITERRANEAN REGION: Agenda item 8,  
(Document EM/RC28/3 and Corr.1)

Introducing the document containing the Proposed Programme Budget, the Regional Director, explained that this was the first programme budget presented for two fully consolidated calendar years. In future, budgetary allocations would not be for one year, but for the whole biennium with automatic carry-over of unobligated funds from the end of the first year of the biennium (1980) to the second year of the biennium (1981).

Another major change in the form of presentation was the omission of breakdowns of expenditures down to the project level, as the Organization was moving away from the practice of building up the programme budget on a series of fragmented projects and trying to orient WHO's technical co-operation towards a programme approach. Detailed planning for projects would take place only at a time much closer to and as a part of actual implementation.

The proposals under the regular budget for the 1980/81 biennium were based on a tentative allocation of \$ 39 650 000, an increase of \$ 7 265 000 or 22.4 per cent over the 1978/79 biennium, equivalent to an increase of about 10.7 per cent per annum .

It was estimated that of the 10.7 per cent budget increase per annum, 4.2 per cent represented growth in real terms whereas 6.5 per cent would be absorbed by inflation. The increase in real growth was higher than the limit to overall growth of the Organization's budget set by Resolution WHA31.23 as the Region was benefiting from the drastic reductions in the Headquarters establishment and also of the Regional Office implemented as a result of Resolution WHA29.48. The Regional Director recalled that the aim of this resolution was to ensure that by 1980 the allocation of the regular budget in real terms to technical co-operation with countries would reach the level of at least 60 per cent of the regular budget.

The Regional Director pointed out that the proposals contained in this document had been developed as usual in close consultation with Member Countries based on their priority needs, the Sixth General Programme of Work as well as Assembly and Regional Committee Resolutions and directives.

It was again proposed to devote the largest proportion of the budget to the needs of least developed countries which would, in fact, benefit from 54 per cent of the overall expenditure proposed in countries.

The Regional Director paid tribute to the generous attitude of the more affluent countries of the Region who had not only curtailed their demands on the WHO regular budget but also made considerable voluntary contributions to supplement the regular budget programme, again mainly for the least developed countries in the Region. He mentioned specifically the contributions made by the Governments of Egypt, Iran, Iraq, Kuwait, Libyan Arab Jamahiriya, Qatar, Saudi Arabia and the United Arab Emirates.

He appealed to the more affluent countries of the Region to increase their voluntary contributions, expressing the hope that these would eventually match the amounts available for technical co-operation under the regular budget.

Of the regular budget, 90.6 per cent would be devoted to direct technical co-operation with countries; this compared favourably with the target of 60 per cent set by resolution WHA29.48. The work of the Regional Office was being carried out with minimum staff and cost and further economy measures were planned through the replacement of two posts in the professional category by locally-recruited general service staff. This was in addition to the reduction of ten posts which had already taken place between 1977 and 1978/1979.

In clear response to the repeated guidance of the Member States, health manpower development would receive the largest single section of the budget, i.e., 27.1 per cent; development of health services would receive 23.4 per cent and disease prevention and control 21.9 per cent.

He drew particular attention to his programme statement on pages 4 to 16 of the document, in which he had highlighted the priorities in the various programme areas and had attempted to chart a path for the coming biennium. He stressed the greater involvement of nationals in the carrying out of the programmes with a diminution of long-term staff.

Regarding the programmes financed by other sources of funds, the Regional Director explained that the reduction in the amounts shown under UNDP and UNFPA was more apparent than real, as undoubtedly additional sums would be made available from these two sources closer to the time of actual programme implementation.

While the country programme tables were less detailed than in previous years, in accordance with the decisions taken by the Regional Committee in Resolution EM/RC26A/R.8 and confirmed by Resolution WHA30.23, an attempt had been made to further improve the quality of the programme statements describing the nature of the proposed collaboration with countries and the benefits to be derived from these activities.

It was intended to delete certain Regional Advisers posts, but this would be compensated by addition of advisers in other areas in accordance with the continuous evolution of the collaborative programme.

The Regional Director then gave some illustration of new and innovative activities, often of a developmental nature, which were proposed in the inter-regional programme, for the benefit of all countries of the Region. Some of these had the specific aim of fostering collaboration between the countries of the Region, such as the Regional Visiting Scientists Programme for which an increased budget was foreseen.

Among the new activities included in the biennium, he mentioned projects for information system development, social and preventive obstetrics, giving attention to problems of pre-natal and maternal mortality, low birth weight and cervical cancer; and a number of new activities dealing with the planning, organization and management of mental health care, the prevention and treatment of drug abuse and alcoholism, care of the mental chronics and child mental health care. The Region would collaborate closely with governments and WHO Headquarters in the Special Programme for Research and Training in Tropical Diseases. The Government of Iran had pledged a special contribution of US \$ 500 000 for the specific purpose of establishing a Regional Centre for Research and Training in Tropical Diseases. It was proposed to convene a Regional Seminar on Epidemiological Studies in Cardiovascular Diseases to plan scientific studies as a basis for preventive measures in control of these diseases. The emphasis on efforts to control cancer continued and, in addition to the various continuing inter-country activities, a seminar on improving teaching of cancer in the Eastern Mediterranean Region was to be held. A seminar

on oral health would review the status of oral health in the Region and a feasibility study for the establishment of an Eastern Mediterranean Centre for Environmental Activities was to be undertaken. If established, such a centre would address itself to research and training, the identification and classification of environmental problems and the further development of a co-ordinated network of national institutions. A special project for the development of manpower planning and management capabilities was proposed, as well as a project to promote a continuing education of doctors and other health professionals and to encourage Member Countries to develop national programmes of continuing education systematically. Research was an important element in many of these inter-country activities, in line with the increased regional responsibility for research, and particularly applied research.

The Regional Director stressed that the document was only a framework for the collaborative efforts between WHO and its Member Countries in the Region. Determined efforts would be required to convert these tentative plans into solid programmes and projects and then into action. Primary attention should be given to the under-served parts of the population, particularly in the least developed countries. He was confident however, that these proposals laid the groundwork for successful programmes in the biennium 1980/81.

In the ensuing discussion many representatives congratulated the Regional Director on the well presented document. Several representatives commented on the new form of presentation and the absence of breakdowns by objects of expenditure to which they were accustomed and they expressed hope that under the new system of budget preparation transfer of funds from one project to another, in the light of the evolution of the programmes, would still be possible.

Several representatives stressed the need for programmes dealing with health services policy, including hospital construction, hospital management and training of hospital staff.

The observer from the Palestine Liberation Organization expressed the wish to have WHO's collaboration with his organization reflected in more detail in the programme budget.

In view of the large sums now expended on pharmaceuticals and the interest in the use of herbal remedies, one representative stressed the need for further research and activities regarding the utilization of medicinal plants could result in savings.



One representative would have liked to see a larger amount earmarked for maternal and child care, whereas another representative drew attention to the apparent reduction of overall funds made available in the environmental health field.

One representative stressed the need for financial stability for the collaborative programmes which were seriously affected by world-wide inflation.

Several representatives expressed the wish to be informed periodically about the status of implementation of the programme during the operating years.

In replying to the various questions raised by the representatives, the Regional Director gave assurance that the new form of presentation would actually increase flexibility of WHO and Member States in implementing the programme and in transferring funds either within programmes or from one programme to another.

While information was at present available on the tentative budgetary breakdowns by project and object of expenditure, these details were not part of the programme budget document, in accordance with the resolutions passed by the Regional Committee and the World Health Assembly. Detailed tables would, however, be available for the countries for planning purposes, it being understood that they were very tentative at this stage.

The new form of presentation in the document had the definite intention of reducing the need for numerous revisions of the document which had often been necessary under the previous system.

Regarding collaboration with the Palestine Liberation Organization, he explained that substantial amounts had been made available in 1978 and in previous years, mainly from the Regional Director's Development Programme. He would see how this could, in future, be reflected in the proposed programme budget document.

The Regional Director agreed with those representatives who had stressed the need for advisory services in health services policy, hospital construction, hospital management and training of hospital staff and referred to the inter-country Advisory Services Project, ICP/HSD/001, shown on page 227 of the document from which such activities could be financed.

He stressed that the services of the Organization were available to all countries whatever their stage of development. Some of the more affluent countries had, in fact, sizeable programmes often financed by Funds-in-Trust or other

arrangements. The subject of medicinal plants was given attention in the regional research programme and was being studied within the context of Traditional Medicine.

He explained that there was no real reduction in the funds for environmental health. Actually, regular budget provisions for environmental health would increase in the next biennium and additional funds would certainly be forthcoming from the United Nations Development Programme, the United Nations Environment Programme for Asia and the Pacific, the Development Banks and other sources. The problems of maternal and child health care and infant mortality were given priority attention and would be the subject of a special discussion of the Committee on programme. He agreed with the concern expressed about the adverse effects of inflation and also mentioned the adverse effect of currency fluctuations which was often more serious than inflation itself.

The Regional Director indicated that financial information on the status of implementation of the programme during the operating year could be provided either periodically or at the request of individual governments.

The representative of the UNDP, referring to comments on the allocation to the health sector, stressed that governments themselves within their planning machinery should decide on the share of health in the countries' Indicative Planning Figures.

The Regional Director thanked the representatives for their valuable and constructive comments which he would fully take into account in the implementation of the programme.

A resolution<sup>1</sup> on the Proposed Programme Budget for 1980/81 was adopted unanimously.

3. THE WHO REGIONAL MEDICAL LIBRARY FOR THE EASTERN MEDITERRANEAN:  
Agenda item 9 (Document EM/RC28/7)

The WHO Director of Health Manpower Development in the Region introduced the subject and referred to the WHO Regional Medical Library as an important contribution to the infrastructure of health science library and biomedical information services at both regional and national levels. He urged members to participate fully in the

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<sup>1</sup>EM/RC28A/R.8

emerging WHO network of biomedical information services through the strengthening of the Medical Libraries which acted as national Focal Points.

He then introduced Dr H. Amir-Ahmadi, Director of the Pahlavi Library of Medicine of the Imperial Medical Centre of Iran, which had been designated as the WHO Regional Medical Library (RML) for the Eastern Mediterranean as from January, 1978. Referring to the document presented, Dr Amir-Ahmadi introduced the evolution of the process of information control and the technological means devised for this in the interest of direct accessibility to current and relevant health sciences information. He then moved on to illustrate the progress of work in the WHO/RML during its initial nine months of operation and stressed also the need for active participation on the part of Member States in the WHO network.

The Regional Director spoke of the Organization's commitment to the Regional Medical Library and explained the nature of the Government of Iran's contribution, which covered all the basic costs of the Pahlavi Library staff, facilities and equipment.

Among the points raised in discussion were the means of establishing sub-terminals which are to be connected to the system in Teheran; the scope of the Regional Medical Library services in relation to various categories of health personnel; and the necessity of creating a health science data base of direct relevance to the Region. Dr Amir-Ahmadi and the WHO Regional Office Librarian, responded to the above enquiries and gave practical examples of the services actually rendered through the Regional Medical Library.

The session concluded with an appreciation on the part of members of the services of the Regional Medical Library, and by the adoption of a resolution<sup>1</sup>.

4. OCCUPATIONAL HEALTH: Agenda item 10 (Document EM/RC28/8)

The subject was introduced by the WHO Director of Programme Management in the Region, who referred to comprehensive and far-sighted resolutions which had been adopted by the Sixteenth and Twenty-first Sessions of the Regional Committee on the subject of occupational health, which were still valid today. The main themes of these resolutions were that:

- (1) human beings are the most important single development resource,

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<sup>1</sup>EM/RC28A/R.9

- (2) national health and national wealth are inevitably interwoven,
- (3) modern public health possesses the tools required to achieve industrialization without paying an excessive price in human values,
- (4) experience in developed countries has exposed the weaknesses of setting up ad hoc occupational health services, and
- (5) measures for the protection and promotion of workers can best be planned and economically delivered when integrated into the health programmes of the community.

The data presented in tabular form in the document had been compiled from responses by sixteen countries to a questionnaire. While it was not possible to quantify the incidence of the various occupational health diseases, nor to calculate accident frequency and severity rates in general or for specific occupations, obstacles facing the development of occupational health in the Region could be identified, which were listed on page 9 of the document.

Expert evaluation of the present situation should be the first step in development of occupational health in a country. This could be carried out by a nucleus of trained national personnel, assisted by consultants as necessary. It was intended to augment WHO's regional fellowship programme in this field, to train teachers of occupational health and also to designate two regional centres; actions which would provide more staff of the right calibre and competence in countries of the Region. The inclusion of an occupational health component in the Regional Programme for Biomedical Research was under consideration, which would include the study of health problems of four groups of workers and the preparation of guidelines, criteria and standards suited to conditions in the Region. In addition, a Regional Advisory Panel on Occupational Health had been established.

He defined the long-term objective for the majority of countries of the Region as the provision of a full range of occupational health services for the entire employed population, while aiming in the short-term at the establishment of a basic Occupational Health Unit to define each country's problems. While such a unit could be staffed by a small number of trained personnel and would only require limited space and basic laboratory and field equipment, the estimated initial cost of US \$ 100 000 and annual running costs also of US \$ 100 000 were beyond the means of many countries.

In ten countries of the Region there was a definite need to establish a basic occupational health unit; nine had their own unit or an equivalent service, while the

remaining four were in a favourable economic situation which would justify establishing a unit on a reimbursable basis. A table distributed to the Sub-Division detailed WHO's proposed financial support to the programme, which exceeded available resources. It was estimated that WHO's involvement in a regional programme would be in the order of US \$ 6 000 000 over a period of six years.

The Sub-Division accordingly decided to establish a voluntary fund for a Regional Occupational Health Programme and appealed to Member States to contribute generously to it. A resolution<sup>1</sup> was adopted which reflected this decision.

5. BASIC RADIOLOGICAL UNIT: A NEW CONCEPT FOR INCREASING RADIO-  
DIAGNOSTIC POPULATION COVERAGE: Agenda item 11 (Document EM/RC28/9)

The subject was introduced by the WHO Regional Adviser on Radiation Health and Cancer, who stated that in only two countries of the Region was there satisfactory radiodiagnostic coverage of the population at present. It was calculated that at least 2 500 X-ray diagnostic machines would be needed to reach a coverage of 1 per 50 000 population in the Region as a whole. Simpler, more reliable machines were required which could be operated by technicians after a short training. The concept of a basic radiological unit (BRU) was being developed by WHO. If 80 per cent of BRUs were used to cover the Region, with only 20 per cent of more complicated machines, the cost would be 65 per cent of the total when only basic X-ray machines (BXU) were used, as recommended by the WHO seminar in Singapore.

The use of BRUs was in line with WHO's concepts of the use of Appropriate Technology for Health and wider coverage of population with health care.

The concept was discussed at some length by the Sub-Division. It was felt that X-ray services should be available at the periphery, within the primary health care system, so that the level should not be too sophisticated. It was stressed, however, that film interpretation must be entrusted to physicians. The supply of film to the periphery could present a problem for the functioning of the BRU, due to the excessive use of diagnostic radiology by newly trained doctors and repeated demands for examination from patients. It was emphasized that the population must be protected from over-exposure to X-rays and as an ultimate alternative the use of ultrasound was suggested. The lack of trained diagnostic radiologists constituted a major problem. Maintenance of equipment was also expected to be an obstacle in the wider use of X-rays.

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<sup>1</sup>EM/RC28A/R.10

In reply, it was stated that, despite risks, X-ray was still a valid method of diagnosis and doctors had to be taught about the possibilities and limitations of this method during their undergraduate training.

Regarding film supplies, it was preferable to provide films periodically during the year to BRUs, using cold boxes for transport, which would also overcome the possibility of film fogging due to storage in certain climatic conditions.

The use of BRUs would also help to solve the shortage of diagnostic radiologists, since a general practitioner, or other person, could be taught to read films in the area covered by the BRU. While the question of maintenance would be easier when a modular approach was realized, countries of the Region were actively building up their technical expertise in this respect.

Finally the Sub-Division was informed about a pilot project using a BRU type X-ray machine, which will start shortly in the Yemen Arab Republic and a resolution<sup>1</sup> was adopted asking the Regional Director to prepare a further plan of action for the implementation of the BRU.

6. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: SELECTION OF TWO REPRESENTATIVES AS REGIONAL MEMBERS OF THE JOINT CO-ORDINATING BOARD: Agenda item 12 (Document EM/RC28/10)

The Regional Director, introducing the item, mentioned that the Special Programme dealt with malaria, schistosomiasis, filariasis including onchocerciasis, trypanosomiasis, leishmaniasis and leprosy. There were three main governing bodies: the Standing Committee composed of UNDP, the World Bank and WHO; the Scientific and Technical Advisory Committee and the Joint Co-ordinating Board (JCB).

The JCB which met once a year had an important role with regard to co-ordination and decisions in the WHO Research Programme. The Sub-Division was asked to decide on the two representatives of the Eastern Mediterranean Region as members of the JCB, one of whom would serve for two years, the other for three years. Other Member States could attend the JCB as observers, and should inform the Regional Director if they wished to do so.

The Sub-Division selected Egypt and Pakistan as the two countries to represent the Region at the JCB and a resolution<sup>2</sup> was adopted accordingly.

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<sup>1</sup>EM/RC28A/R.11

<sup>2</sup>EM/RC28A/R.12

PART IV  
TECHNICAL DISCUSSIONS

1. THE PRESENT STATE OF CHILD HEALTH IN THE REGION: Agenda item 13  
(Document EM/RC28/Tech.Disc.1 and Addendum I)

The Technical Discussions on "The Present State of Child Health in the Region" were held on Thursday, 12 October 1978, under the chairmanship of Dr Amin Nasher (Democratic Yemen).

The paper and its Addendum submitted by the Regional Director formed the background to the subject, following which the Sub-Committee adopted a resolution<sup>1</sup>. A summary report of the Technical Discussions appears in Annex III.

2. SUBJECT OF TECHNICAL DISCUSSIONS: Agenda item 14

The Sub-Committee decided<sup>2</sup> that the subject of Technical Discussions at its Twenty-ninth Session in 1979 would be "Study of WHO's Structures in the Light of its Functions".

PART V  
OTHER MATTERS

1. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-FIRST  
WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS SIXTY-  
FIRST AND SIXTY-SECOND SESSIONS: Agenda item 7(a)  
(Document EM/RC28/5)

The Sub-Committee took note of the resolutions presented in the document<sup>3</sup>. In connexion with document WHA31.38, Health conditions of the Arab population in the occupied Arab territories, including Palestine, it was suggested that the programme budget might show the amounts allocated by WHO to the Palestine Liberation Organization, which were at present included under the heading of the Regional Director's Development Programme. The necessary action would be taken in the next programme budget. In reply to a query the Director-General, Dr Mahler, stated that the Special

<sup>1</sup>EM/RC28A/R.13

<sup>2</sup>EM/RC28A/R.7, para 2 (iv)

<sup>3</sup>EM/RC28A/R.4

Committee of Experts did not propose to revisit the occupied territories until recommended improvements had been effected.

The Sub-Committee further decided by eleven votes to three against, with some abstentions, that a resolution<sup>1</sup> be adopted prohibiting smoking in meetings in the Region.

2. TECHNICAL CO-OPERATION AMONG DEVELOPING COUNTRIES:  
Agenda item 7(b) (Document EM/RC28/6)

The WHO Director of Communicable Disease Control in the Region introducing the paper stated that Technical Co-operation Among Developing Countries (TCDC) could be defined as the sharing of capacities and skills, embracing programmes, projects and activities, by which such inputs as expertise, consultant and sub-contracting services, training facilities, equipment and supplies, and information were provided by developing countries to one another. WHO had promoted this exchange through its regional projects financed from the regular budget, some examples of which were seminars and workshops, the Regional Visiting Scientists Programme, and meetings of Directors of Schools of Public Health and of fellowships officers. Among the programme areas particularly suitable for application of TCDC could be mentioned; Primary Health Care, the Special Programme for Research and Training in Tropical Diseases, the Expanded Programme on Immunization, the Essential Drugs Programme, Environmental Health and Health Manpower Development.

He felt that the Kuwait Declaration resulting from the meeting held there in May 1977 was of particular relevance for this Region. In that declaration TCDC was considered as a historical imperative brought about by the need for a new international order and as a conscious systematic and politically motivated process. Therefore the ultimate responsibility for the successful implementation of TCDC lay with the developing countries, but WHO would continue to support and promote national and regional TCDC efforts in the field of health. The United Nations Conference on Technical Co-operation Among Developing Countries, held in Buenos Aires from 31 August to 12 September 1978, had clearly defined TCDC objectives and adopted action oriented recommendations. Action is recommended in the planning and programming for TCDC at national level to define needs, document available facilities and services, formulate policies and legislation, if necessary, and devise suitable mechanisms. Exchange of

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<sup>1</sup>EM/RC28A/R.5



information on TCDC deserved special support and in this regard it was felt that the Directory, which had been produced by the UNDP as part of its Information Referral System, the health sector had not been well represented. He urged that ministries of health collaborate with the UNDP Resident Representatives and WHO to make sure that all health facilities and services suited for TCDC were included in the next revision of the Directory.

The Sub-Committee considered if the formation of a Special Standing Committee on TCDC would be advisable or, alternatively, if the Regional Consultative Committee could advise on practical approaches to be adopted and review promotive measure. The latter alternative was considered as the more suitable mechanism. A resolution<sup>1</sup> was adopted.

3. STUDY OF WHO'S STRUCTURE IN THE LIGHT OF ITS FUNCTIONS:  
Agenda item 7(c) (Document EM/RC28/11)

The Director-General, Dr H. Mahler, introduced the subject and mentioned his concern that WHO's structures should be relevant to its functions. He referred to his blueprint for attaining the target of "Health for all by the year 2000", which should now be converted into a world-wide plan of action in which the countries of the Eastern Mediterranean should play their full part. This blueprint was divided into priority programmes and mechanisms for ensuring that the most appropriate programmes in each country were properly identified and delivered. Primary health care, with its intersectoral ramifications, was the most important vehicle for delivering these programmes and other levels of the health system should support it fully, so that together they would constitute a coherent system focussing on people's real needs starting from the most essential. Country health programming, with proper budgeting and evaluation, backed up by a sound information system, was an important mechanism, as was the use of national advisory councils and involvement of research development and training centres both within countries and as a stimulus for technical co-operation among countries.

To set such national action in motion, governments must make an unequivocal political commitment, including legislation, to introduce health reforms as required, based on the Universal Declaration of Human Rights and WHO's Constitution. Social health goals appropriate to each country had to be defined; priority programmes identified and formulated with clear-cut objectives aimed at attaining these goals;

<sup>1</sup>EM/RC28A/R.6

appropriate technology had to be selected or devised that was scientifically sound, socially acceptable and economically feasible and all programmes had to be integrated into a general health system.

For the general health system to be effective, all levels of health personnel had to be oriented through their technical training to providing the people with the services planned for them. This training should, furthermore, inculcate a willingness to seek original solutions to problems in a variety of situations, which would include soliciting the critical contribution to health of enlightened individuals, family and community self-care. Sound managerial action closely related to intersectoral planning for social and economic development must be applied for radical health reforms to have a lasting impact. However, the social goals to be attained should not be overshadowed by managerial activity, as the solution to many of today's most important health problems depended to a large extent on what people do for themselves. An enlightened public should share in the development and control of their health system and should become advocates for health reform, first to protect their own interests and eventually to protect society. If there were clear-cut national determination to introduce health reforms, people would gladly invest their energies to materialize them and participate in sharing the cost of health care.

Such national action required support from international action, an example of which was the International Conference on Primary Health Care, held in Alma Ata in September 1978, when governments were urged to prepare national plans of action for primary health care, on the basis of which WHO would build up regional and global plans of action. These latter plans would be crucial in achieving WHO's stated target and as the contribution of health to the New International Economic Order. WHO's call for urgent preparation of national plans leading to a world-wide plan of action as a co-operative effort of Member States was derived from its constitutional role as the co-ordinator of health among Member States.

Dr Mahler referred to resolution WHA31.27, whereby the Thirty-first World Health Assembly had requested him to re-examine the Organization's structures in the light of its functions to ensure that activities at all operational levels promoted integrated action. The study had been launched and he hoped that wide consultation with governments in the Region would be assured. He pointed out that the Regional Committee was assuming increasing technical and political responsibilities and that the Region itself was being strengthened by creation of regional panels of experts. He hoped that further national centres would be selected to become truly regional research

development and training centres as part of co-operation among countries. Such co-operation was the cornerstone of success. He stressed that the proper fulfilment of the Organization's functions depended on its Member States. Without answering the question of what they required of the Organization, it would not be able to achieve its target of health for all by the year 2000.

The Sub-Committee agreed that this important matter deserved the fullest consideration. An ad hoc group consisting of:

Dr Abdul Majid Abdul Hadi (Libyan Arab Jamahiriya)  
Dr Abdulla A. Al Baker (Qatar)  
Dr Ali Fakhro (Bahrain)

was established to collaborate with the Regional Director in pursuing the study in depth, which would include consultations with all governments of the Region. It was decided that a report would be prepared jointly with the Regional Office, which would form the basis for Technical Discussions at the Twenty-ninth Session of the Regional Committee in 1979<sup>1</sup>.

#### 4. THE PLACE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Sub-Committee reaffirmed its acceptance to hold the meeting of Sub-Committee A of the Twenty-ninth Session of the Regional Committee in Qatar in 1979 and accepted the kind invitation of the Government of Iraq to host Sub-Committee A of the Thirtieth Session in 1980.

A resolution<sup>2</sup> was adopted accordingly.

#### 5. ADOPTION OF THE REPORT: Agenda item 15

The Report was adopted with some minor amendments<sup>3</sup>.

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<sup>1</sup>EM/RC28A/R.7

<sup>2</sup>EM/RC28A/R.18

<sup>3</sup>EM/RC28A/R.19

6. CLOSURE OF THE SESSION: Agenda item 15

Appreciation was expressed to the Regional Director for the excellent organization of the Session. A resolution<sup>1</sup> was adopted thanking His Highness The Amir of Bahrain and His Excellency Dr Ali Fakhro, the Minister of Health, for the outstanding hospitality and facilities afforded to the meeting.

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<sup>1</sup>EM/RC28A/R.17

PART VI  
RESOLUTIONS

The resolutions adopted by the Sub-Committee in the course of the session (resolutions EM/RC28A/R.1 - R.19) were as follows:

EM/RC28A/R.1

ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for the period 1 July 1977 to 30 June 1978;<sup>1</sup>

Appreciating the work accomplished during the year;

Welcoming the increasing trend towards ever more effective technical co-operation among the countries of the Region;

Acknowledging with gratitude the continuing financial support provided by the economically more fortunate countries of the Region to others, whether through the Voluntary Fund for Health Promotion or otherwise,

1. COMMENDS the steps being taken by the Regional Director to bring about fuller participation on the part of nationals of Member Countries in the work of the Organization, particularly through the Ad Hoc Committee of the Regional Committee, membership of advisory panels and technical advisory committees, and as partners in consultations on programme development generally;
2. ENDORSES the emphasis laid during the past year, and planned for the future, on an integrated approach to health services and manpower development;
3. THANKS the Regional Director for the efforts so far made in all aspects of bio-medical research, especially health services research and training of research workers;
4. ENDORSES the continuing moves being made by the Regional Director to develop more effective programming and evaluation methods with regard to all activities, especially the support given to country health programming;
5. COMMENDS the Regional Director for the work carried out during the year, and for his succinct and lucid report.

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<sup>1</sup> Document EM/RC28/2

EM/RC28A/R.2

SELECTION OF ESSENTIAL DRUGS

The Sub-Committee

Having considered with interest the importance of the "Selection of Essential Drugs"<sup>1</sup> presented by the Regional Director and having noted in particular the Organization's policy in formulating such a list,

1. THANKS the Regional Director for bringing to its attention the safe, effective and economical way of ensuring the proper utilization of drug policies and management in health services;
2. APPRECIATES the Regional Director's interest in providing technical advice for the establishment and promotion of specific lists of essential drugs for countries in the Region;
3. URGES Member Governments to designate a Formulary Committee of national experts to establish standard lists of essential drugs;
4. REQUESTS the Regional Director to keep the Regional Committee informed on the progress and application of the principles of essential drugs.

EM/RC28A/R.3

REGIONAL CONSULTATIVE COMMITTEE

The Sub-Committee,

Having considered the paper<sup>2</sup> presented by the Regional Director concerning the setting up of a Regional Consultative Committee,

1. ESTABLISHES the Terms of Reference for the Regional Consultative Committee as annexed\* to this Resolution;
2. AUTHORIZES the Regional Director to designate five members to serve on the Consultative Committee for a three-year period.

\* ANNEX

TERMS OF REFERENCE FOR  
THE REGIONAL CONSULTATIVE COMMITTEE

- To advise the Regional Director on the policy and strategy for developing technical co-operation with countries of the Region;

<sup>1</sup> See Assembly Resolution WHA31.32 (Document EM/RC28/5)

<sup>2</sup> Document EM/RC28/4

- to collaborate in reviewing trends for the development of the Regional programme of technical collaboration and in establishing priorities;
- to advise the Regional Director in preparing the programme budget in conformity with long-term and medium-term health prospects and the WHO General Programme of Work covering a specific period, and in keeping with the decisions and recommendations of the policy organs as well as satisfying health needs of the Member States;
- to assist the Regional Director in securing extra-budgetary resources for the strengthening of WHO collaborative programme in the Region;
- to suggest to the Regional Director programme activities which by virtue of their importance may require consideration by the Regional Committee.

EM/RC28A/R.4

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE  
THIRTY-FIRST WORLD HEALTH ASSEMBLY AND THE EXECUTIVE  
BOARD AT ITS SIXTY-FIRST AND SIXTY-SECOND SESSIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director drawing attention to resolutions of regional interest adopted by the Thirty-first World Health Assembly and the Executive Board at its Sixty-first and Sixty-second Sessions,<sup>1</sup>

TAKES NOTE of the content of these resolutions.<sup>2</sup>

<sup>1</sup> Document EM/RC28/5

<sup>2</sup> Assembly Resolutions:

WHA31.11	WHA31.33
WHA31.12	WHA31.35
WHA31.25	WHA31.38
WHA31.26	WHA31.41
WHA31.27	WHA31.45
WHA31.31	WHA31.54
WHA31.32	WHA31.56

EM/RC28A/R.5

PROHIBITION OF SMOKING DURING REGIONAL MEETINGS

The Sub-Committee,

Having considered the resolution of the Thirty-first World Health Assembly on the subject of health hazards of smoking,<sup>1</sup>

DECIDES that smoking shall not be permitted during any official WHO Regional Meetings.

EM/RC28A/R.6

TECHNICAL CO-OPERATION AMONG DEVELOPING COUNTRIES

The Sub-Committee,

Having considered the report of the Regional Director on Technical Co-operation Among Developing Countries;<sup>2</sup>

Bearing in mind the resolution of the Thirty-first World Health Assembly on the importance of TCDC in the future development of WHO programming and the Assembly recommendations to Regional Committees and Member States in this respect;

Mindful of Kuwait declaration on TCDC<sup>3</sup> and of the action-oriented recommendations of the UN Conference on TCDC<sup>4</sup> held during September 1978 in Buenos Aires;

Being fully aware of the various Regional Programme activities implemented in the TCDC spirit and according to TCDC concepts;

Realizing that the degree of development in countries of the Eastern Mediterranean Region allows for the establishment of profitable technical co-operation in health which would be mutually beneficial,

1. INVITES the Governments of the Region:

- (i) to further promote technical co-operation among themselves in developing their national health services;
- (ii) to collaborate actively in the establishment and effective use of regional training centres;

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<sup>1</sup>WHA31.56

<sup>2</sup>Document EM/RC28/6

<sup>3</sup>Document EM/RC28/6 Annex

<sup>4</sup>United Nations Document No.A/CONF.79/10/Add.1 of 11 September 1978



(iii) to collaborate with the Regional Office in the development and promotion of TCDC in the Region.

2. REQUESTS the Regional Director to further develop and strengthen the Regional TCDC programme through provision of necessary technical support to Member Countries co-operating among themselves.

EM/RC28A/R.7

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director<sup>1</sup>, enclosing the background paper by the Director-General on the above subject, which was prepared in accordance with resolution WHA31.27 of the Thirty-first World Health Assembly,

In the light of the presentation made by Dr H. Mahler, Director-General,

In conformity with the timetable proposed by the Director-General (pages 20-21 of document DGO/78.1),

1. DECIDES to establish an Ad Hoc group consisting of the following persons;

Dr Abdul Majid Abdul Hadi (Libyan Arab Jamahiriya)

Dr Abdulla A. Al Baker (Qatar)

Dr Ali Fakhro (Bahrain)

2. REQUESTS the above Ad Hoc group, in collaboration with the Regional Director, to pursue the above study in depth with reference to the Eastern Mediterranean Region, and in line with the following terms of reference:

- (i) to conduct the study in the Region together with the Regional Director on behalf of the Regional Committee;
- (ii) to ensure adequate consultations with all governments of the Region on the basis of the Director-General's background paper, including selected visits to countries as necessary;
- (iii) to monitor the progress of the study in the Region, making sure in particular that the necessary dialogues take place between governments and WHO;
- (iv) collaborate in preparing a joint report which will be the basis for the Technical Discussions at the 1979 session of the Regional Committee, and which should be based on the country consultations;

<sup>1</sup>Document EM/RC28/11

- (v) to prepare a final regional report based on the discussions in the 1979 session of the Regional Committee so as to permit the Director-General to prepare his global report for submission to the Executive Board in January 1980.

EM/RC28A/R.8

PROPOSED PROGRAMME BUDGET

The Sub-Committee,

Having considered the Proposed Programme Budget submitted by the Regional Director for the biennium 1980/1981,<sup>1</sup>

1. FINDS that the proposals are well conceived and reflect the priority needs of Member Countries;
2. APPRECIATES the re-orientation of WHO's technical co-operation towards a broader programme approach; and BELIEVES that the new form of presentation underlines this programme orientation;
3. EXPRESSES gratitude to UNDP, UNICEF, UNFPA and other United Nations bodies as well as bilateral and multilateral agencies for their support to the health sector, emphasizing the need for increasing the share which the health programmes receive through international co-operation;
4. DRAWS the attention of national co-ordinating bodies to the need of constantly ensuring that the health field receives due priority as an integral part of the socio-economic development programme;
5. REITERATES its thanks to the countries of the Region which have made generous voluntary contributions to supplement the regional programme;
6. URGES Member States which are in a position to do so, to increase their financial contributions to the Voluntary Fund for Health Promotion for programmes in the Eastern Mediterranean Region in a planned manner with a view to the fund's resources reaching a level which is equivalent to the regional Regular Budget provision for technical co-operation activities;
7. ENDORSES the Proposed Programme Budget for 1980/1981 under the Regular Budget and other sources of funds including the tentative projection of the budget estimates for 1982/1983;

<sup>1</sup>Document EM/RC28/3

8. REQUESTS the Regional Director to transmit these proposals to the Director-General for consideration and inclusion in his Proposed Programme Budget for 1980/1981.

EM/RC28A/R.9

THE REGIONAL MEDICAL LIBRARY

The Sub-Committee,

Having reviewed the paper submitted by the Regional Director on the WHO Regional Medical Library for the Eastern Mediterranean;<sup>1</sup>

Recognizing the need for up-to-date and current biomedical information as a contribution to the development of health manpower and research in the Region;

Commending the steps being taken by the World Health Organization in collaboration with the Government of Iran to make available to Member States up-to-date means and resources for biomedical information,

1. URGES Member States to foster the utilization of the facilities of the WHO Regional Medical Library; develop their national focal points as national reference centres for biomedical literature and information; and co-operate with the WHO Regional Medical Library in document delivery services through the co-ordinated use of resources available at national medical libraries and other institutions;

2. RECOMMENDS that the Government of Iran and the Regional Director take further steps for the consolidation of the resources and services of the WHO Regional Medical Library and for the development of a viable regional network for biomedical information.

EM/RC28A/R.10

OCCUPATIONAL HEALTH

The Sub-Committee,

Having considered the paper submitted by the Regional Director on Occupational Health;<sup>2</sup>

Welcoming the opportunity to reconsider the needs of the Region in this subject at this time;

<sup>1</sup>Document EM/RC28/7

<sup>2</sup>Document EM/RC28/8

Aware of the need to improve the occupational health component of national health programmes at a time when industrialization is rapidly advancing in most Member States and when the special needs of non-industrial workers are becoming better identified,

1. STRESSES the need for field investigation and epidemiological studies to assess the nature and extent of the health problems of workers as well as their working environment in Member States;
2. RECOMMENDS that Member States should re-examine their needs in this field in the light of such studies and of the situation analysis and programme review set out in the paper;
3. ADVISES Member States to consult closely with the World Health Organization in undertaking new approaches to introducing programmes specifically directed to improving the health of workers;
4. URGES Member States to make full use of the Regional Centres in Occupational Health when finally designated;
5. DECIDES to establish a voluntary fund for a Regional Occupational Health Programme and APPEALS to Member States to contribute generously to this fund;
6. COMMENDS the Regional Director on his initiative in setting up a Regional Advisory Panel on Occupational Health; and
7. REQUESTS the Regional Director to continue to give close attention to this subject and report to a future session of the Regional Committee.

EM/RC28A/R.11

BASIC RADIOLOGICAL UNIT: A NEW CONCEPT FOR INCREASING  
THE RADIODIAGNOSTIC COVERAGE OF THE POPULATION

The Sub-Committee,

Having considered the document presented by the Regional Director on the new concept for increasing radiodiagnostic population coverage through the use of the Basic Radiological Unit;<sup>1</sup>

Concerned with the actual situation where some Eastern Mediterranean countries have one X-ray diagnostic machine for approximately 300 000 population;

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<sup>1</sup>Document EM/RC28/9

Fully aware that improvement of the radiodiagnostic coverage of the population is essential in obtaining more accurate and rapid diagnosis, allowing a better treatment and a quicker restoration of health and diminishing the pressure on medical institutions,

1. AFFIRMS the concern for the overexposure which may result from the misuse or abuse of the X-ray diagnostic equipment and STRESSES the need to take all precautionary measures;
2. EMPHASIZES and URGES Member States to give adequate attention to the adoption and introduction of the Basic Radiological Unit (BRU) within the framework of their medical care structure;
3. RECOMMENDS the utilization of BRU in order to improve the coverage of the population with radiodiagnosis;
4. EMPHASIZES the urgent need for a comprehensive planning of Radiological services as a whole in Member States in order to increase their efficient use;
5. REQUESTS the Regional Director to prepare a further plan of action for the implementation of the BRU and to increase WHO technical co-operation in the field of planning and efficiency studies of radiodiagnostic work.

EM/RC28A/R.12

SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

The Sub-Committee,

Having considered the report of the Regional Director on the Special Programme for Research and Training in Tropical Diseases;<sup>1</sup>

Having taken cognizance of the recommendations of the Thirtieth World Health Assembly;<sup>2</sup>

Taking note with satisfaction of the progress made towards the establishment of the programme in co-operation with the United Nations Development Programme, the World Bank and the Member States,

1. REQUESTS the Governments of the countries of the Region to collaborate with the Regional Director in developing national research programmes for the diseases in question;

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<sup>1</sup> Document EM/RC28/10

<sup>2</sup> Resolution WHA30/42 - Off. Rec. 240 page 24

2. REQUESTS the Regional Director to identify and support training and research institutions and facilities and assist in developing the required manpower;
3. URGES the Member States to contribute generously to the special fund of the Special Programme for Research and Training in Tropical Diseases;
4. NOMINATES the Governments of Egypt and Pakistan to represent the Eastern Mediterranean Region on the Joint Co-ordinating Board of the Special Programme for Research and Training in Tropical Diseases.

EM/RC28A/R.13

THE PRESENT STATE OF CHILD HEALTH IN THE REGION

The Sub-Committee,

Having discussed the report of the Regional Director on the Present State of Child Health in the Region;<sup>1</sup>

Acknowledging the efforts which Governments have made over the past decades to introduce and develop maternal and child health services;

Realizing that, in spite of the progress made, deaths under the age of three years still represent in most countries between 30 and 50 per cent of all deaths;

Remembering that the United Nations Declaration of the Rights of the Child includes the right to growth and development in health, and the entitlement to special care and services to make this possible;

Mindful that 1979 has been declared by the United Nations General Assembly as International Year of the Child;

Mindful also that the World Health Organization has chosen the health of the child as the theme of World Health Day in 1979,

1. RECOGNIZES that most of the diseases from which children suffer and die at present are preventable, but that in order to attain the goal of significant and permanent reduction in high morbidity and mortality rates of young children, a strenuous intensification of efforts is required;
2. BELIEVES that International Year of the Child is a most appropriate time for the Governments of the Region to dedicate themselves to achieving such a goal;

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<sup>1</sup>Document EM/RC28/Tech.Disc.1

3. INVITES the Member States, while not reducing activities to improve and protect the health of all children, to concentrate their new or increased efforts on the group under three years with the greatest vulnerability and highest avoidable mortality and morbidity;
4. RECOMMENDS all Member States in 1979
  - (a) to make an assessment of the present state of health of their children;
  - (b) to fix targets as to the degree of improvement which they hope and intend to achieve in the next ten years;
  - (c) to determine a strategy and to plan programmes and activities to attain these targets;
  - (d) to allocate and obtain the financial resources necessary to implement these projects;
  - (e) to evaluate in 1984 progress made towards achievement of these ten-year targets;
5. SUGGESTS that Member States pay special attention in these programmes to ensure
  - (a) the prevention of dehydration in acute diarrhoeal disease;
  - (b) the promotion and protection of breast-feeding;
  - (c) the study and improvement of weaning diets;
  - (d) the widest possible coverage of effective immunization;
  - (e) the improvement of medical care for young children at the out-patient and primary health care level;
6. ENDORSES the Regional Director's intention to devote an increased proportion of the Regular Budget to child health including diarrhoeal disease control and immunization and therewith to strengthen and increase regional and country projects in these areas;
7. REQUESTS the Regional Director to explore the possibility of establishing a special voluntary fund for child health with a view to assisting those countries where severe lack of financial resources is the main constraint to improvement of child health;
8. INVITES the Regional Director to report to the Regional Committee on progress made in all the above endeavours;

9. THANKS the Regional Director for his report and for taking an initiative in a problem which must be close to the hearts of all men and women.

EM/RC28A/R.14

PREVENTION OF BLINDNESS IN THE REGION

The Sub-Committee,

Having considered the Regional Director's report on the meeting of the Technical Committee to study the prevention of blindness in the Region, and having reviewed the recommendations of the above Technical Committee,

Having listened to the clarification made by H.E. Sheikh Abdullah Al Ghanim, Representative of the International Organization for the Prevention of Blindness and the World Council for the Welfare of the Blind,

DECIDES

1. To request governments of the Region to implement the recommendations of the Technical Committee to study the prevention of blindness in the Region, especially the creation of the centre for the prevention of blindness in the Arabian Peninsula.
2. to thank the Regional Director on the importance he attaches to the subject and requests him to follow up the activities of the Technical Committee mentioned in the first paragraph, providing it with all possible assistance and submitting periodic reports on its activities to the Regional Committee.

EM/RC28A/R.15

PLANNING, DESIGN AND ADMINISTRATION OF  
HEALTH FACILITIES

The Sub-Committee,

Taking into consideration the tremendous rate at which health facilities, especially hospital construction, are developing in many countries in the Region;

Noting the great expenditure involved in such activities which greatly burden the economy of every country;

Noting the lack of experience in all these countries which subjects them to exploitation by the multinational companies, and other external agencies;

Aware of the steps being taken to implement Resolution EM/RC26A/R.11 adopted by the Twenty-sixth Session of the Regional Committee;



Noting also that proper training and managerial programmes for organizing, designing, equipping and managing these health facilities are in short supply,

REQUESTS the Regional Director:

1. to continue the study of this urgent problem;
2. to bring this subject to the attention of the World Health Assembly with the hope of organizing appropriate international non-profit mechanisms to improve the situation;
3. to report to the Regional Committee at its thirtieth session on the steps taken to follow up on this resolution.

EM/RC28A/R.16

REGIONAL PROGRAMME FOR DIARRHOEAL DISEASES

The Sub-Committee,

Taking due note of the Regional Director's statement on the importance of diarrhoeal diseases problems in the Region;

Recognizing that diarrhoeal diseases constitute one of the most important causes of morbidity and mortality in the Region;

Aware that effective control measures of diarrhoeal diseases at relatively low cost are within the reach of health authorities in countries of the Region;

Having considered the recommendations of the Regional Meeting on Cholera and Diarrhoeal Diseases held in Alexandria in June 1978, as well as the programme of control of enteric infections in the Eastern Mediterranean Region adopted by that meeting,

1. ENDORSES the recommendations of the Regional Meeting on Cholera and Diarrhoeal Diseases and the programme of control of enteric infections in the Eastern Mediterranean Region,
2. URGES Member States to:
  - develop with WHO technical co-operation national programmes for the control of diarrhoeal diseases;
  - strengthen their epidemiological surveillance services for diarrhoeal diseases;

- achieve the widest possible use of oral rehydration in acute diarrhoea in young children particularly at the peripheral level and ensure adequate supplies of oral rehydration salts for this purpose, and
- collaborate in providing voluntary funds to cover the cost of the regional programme for the control of enteric infections.

EM/RC28A/R.17

VOTE OF THANKS

The Sub-Committee,

1. EXTENDS to H.H. Sheikh Issa Ben Salman Al Khalifa its most profound gratitude and warmest thanks for his kind patronage of the Session;
2. FURTHER EXTENDS its sincere thanks to the Government of Bahrain and to H.E. Dr Ali Fakhro, Minister of Health, for the generous hospitality and excellent facilities provided for the meeting and which proved so effective in making the Session a memorable and a fully successful one.

EM/RC28A/R.18

PLACE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE  
(Sub-Committee A, 1979 and 1980)

The Sub-Committee,

THANKS the Governments of Qatar and Iraq for their kind invitations;

CONFIRMS to hold its 1979 meeting in Qatar and its 1980 meeting in Iraq.

EM/RC28A/R.19

ADOPTION OF THE REPORT OF SUB-COMMITTEE A

The Sub-Committee,

1. ADOPTS the report of Sub-Committee A of the Twenty-eighth Session of the Regional Committee as amended,<sup>1</sup> and
2. REQUESTS the Regional Director to deal with the report in accordance with the Rules of Procedure.

<sup>1</sup> Document EM/RC28A/3

ANNEX I  
A G E N D A

SUB-COMMITTEE A OF THE REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN, 28TH SESSION

1. Opening of the Session
2. Election of the Officers
3. Adoption of the Agenda (EM/RC28/1 Rev.2)
4. Appointment of the Sub-Division on Programme
5. Annual Report of the Regional Director to the  
Twenty-eighth Session of the Regional Committee (EM/RC28/2)
6. Regional Consultative Ad Hoc Committee (EM/RC28/4)
  - (a) Terms of Reference
  - (b) Selection of Members
7. (a) Resolutions of Regional Interest adopted by  
the Thirty-first World Health Assembly and  
by the Executive Board at its Sixty-first and  
Sixty-second Sessions (EM/RC28/5)
  - (b) Technical Co-operation Among Developing  
Countries (EM/RC28/6)
  - (c) Study of WHO's Structures in the Light of its  
Functions (EM/RC28/11)
8. Proposed Programme Budget for the Eastern Mediter-  
ranean Region for the Biennium 1980/1981 (EM/RC28/3 and Corr.1)
9. The Regional Medical Library (EM/RC28/7)
10. Occupational Health (EM/RC28/8)
11. Basic Radiological Unit: a new concept for  
increasing the radiodiagnostic coverage of the  
population (EM/RC28/9)

12. Special Programme for Research and Training  
in Tropical Diseases: Selection of two repre-  
sentatives as regional members of the Joint  
Co-ordinating Board (EM/RC28/10)
13. Technical Discussions:
  - (a) The Present State of Child Health in the  
Region (EM/RC28/Tech.Disc.1)
  - (b) Proposal for a Voluntary Fund for Child  
Health (EM/RC28/Tech.Disc.1 Add.1)
14. Other Business
15. Adoption of the Report and Closure of the Session

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS  
AND OBSERVERS TO SUB-COMMITTEE A

REPRESENTATIVES OF MEMBER STATES OF THE  
WHO EASTERN MEDITERRANEAN REGION

AFGHANISTAN

Representative - Dr Darmanger  
Director-General of Health Services  
Ministry of Public Health  
Kabul

BAHRAIN

Representative - H.E. Dr Ali Fakhro  
Minister of Health  
Ministry of Health  
Manama

Alternate - Dr Ibrahim Yacoub  
Assistant Under-Secretary for  
Technical Affairs  
Ministry of Health  
Manama

Advisers - Dr Rifat Abdul Hameed  
Director of Public Health  
Ministry of Health  
Manama

Dr Akbar Mohsin Mohamed  
Chairman, Department of Paediatrics  
P.O. Box 12  
Salmaniya Hospital  
Ministry of Health  
Manama

Dr Najeeb Jamsheer  
Radiologist and Chairman  
Department of Radiology  
Salmaniya Hospital  
Ministry of Health  
Manama

Dr Samir Khalfan  
Directorate of Public Health  
Ministry of Health  
Manama

Miss Alice Simaan  
Administrative Officer  
Ministry of Health  
Manama

CYPRUS

Representative - Mr Cleanthis Vakis  
Director-General  
Ministry of Health  
Nicosia

DEMOCRATIC YEMEN

Representative - Mr Awadh Salem Issa Bamatraf  
Deputy Minister of Health  
Ministry of Health  
Aden

Alternate - Dr Amin A. Nasher  
Paediatrician and Medical Specialist  
Ministry of Health  
Aden

EGYPT

Representative - Dr Fawzi El-Sayed  
Consultant to the Ministry of Health  
Ministry of Health  
Cairo

Alternate - Dr Ibrahim Bassiouni Abdou  
Director-General, International Health  
Relations  
Ministry of Health  
Cairo

Adviser - Dr Adly El-Sherbini  
Professor of Anaesthesiology  
Faculty of Medicine  
Cairo University  
Cairo

IRAN

- Representative - Dr N. Sotoodeh  
Adviser to the Minister of Health and Welfare  
Ministry of Health and Welfare  
Teheran
- Alternate - Mr A.N. Amir-Ahmadi  
Director, International Health Relations  
Department  
Ministry of Health and Welfare  
Teheran
- Advisers - Dr Nader Kavoozi  
Vice-Chancellor  
Baluchistan University  
Teheran
- Dr Homayoun Amir-Ahmadi  
Director, Pahlavi Medical Library  
Imperial Medical Centre of Iran  
Teheran
- Dr Hassan Vakil  
Director-General, Maternal and Child  
Health  
Ministry of Health and Welfare  
Teheran

IRAQ

- Representative - H.E. Dr Riad Ibrahim Husain  
Minister of Health  
Ministry of Health  
Baghdad
- Alternate - Dr Ghalib Rijab Saeed  
Director of Radiology Institute  
Ministry of Health  
Baghdad
- Advisers - Dr H.I. Al-Taweel  
Director of Arab Child Paediatric Hospital  
Baghdad
- Dr A.S. Hassoun  
Director, International Health Affairs  
Ministry of Health  
Baghdad

Dr Hisham Al-Sadoon  
Arab Child Hospital  
Ministry of Health  
Baghdad

JORDAN

Representative - Dr Ismail Nabulsi  
Director of Health Insurance  
Ministry of Health  
Amman

Alternate - Dr Ahmed Alawi  
Director of Planning  
Ministry of Health  
Amman

KUWAIT

Representative - H.E. Dr Abdel Rahman Al Awadi  
Minister of Public Health  
Ministry of Health  
Kuwait

Alternate - Dr Mustapha Abdul Tawab  
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ANNEX III

SUMMARY REPORT OF THE TECHNICAL DISCUSSIONS

The Technical Discussions took place on Thursday 12 October 1978, under the chairmanship of Dr Amin A. Nasher, Paediatrician, Ministry of Health, Aden, Democratic Yemen.

The meeting had before it the background paper, "The Present State of Child Health in the Region", and to this was annexed an addendum entitled "Proposal Concerning a Possible Voluntary Fund for Child Health". The paper presented estimates of the magnitude and causes of mortality and morbidity in childhood in the Region. It reviewed the state of child health at the various stages of growth and development, and identified the period between birth and the end of the third year of age as being a period of vulnerability which far exceeded any other. A review of the priorities for action necessary to improve child health concluded the paper.

Nine countries had responded to the earlier invitation of the Regional Director to submit written statements concerning the present state of child health in these particular countries. Eleven countries took part in the discussions which followed the presentation of the paper. There was a large measure of agreement with the conclusions of the paper both in respect of the magnitude of the problems and of the actions necessary to be taken. Most delegations also brought forward some points of particular relevance to their own countries.

Amongst the contributions of the delegations was emphasis on the importance of the influence of maternal health on the prospects of the infant for survival and normal growth. Several delegations also emphasized the role of health education and of securing popular participation, which was felt to be crucial to the success of child health programmes in particular.

A number of countries expressed their strong commitment to expanded programmes of immunization, and several mentioned the importance of acute diarrhoeal diseases of infancy and early childhood, and the hopes which they shared that the widespread use of oral rehydration salts would reduce the death toll due to this syndrome.

Most delegations mentioned their plans for special activities in child health in International Year of the Child, and welcomed very much the participation of WHO and UNICEF.



One delegation said that we needed priorities among our priorities, and that a health service should be created which was truly relevant to the national circumstances. In pursuit of this objective we should have the courage to examine critically our medical curricula.

A multiplication of efforts on the part of the countries and WHO was called for, and the hope was expressed that WHO would be able to shoulder all its responsibilities, in order to diminish the differences in child health between the different countries of the Region.

Finally the proposal for a voluntary fund for child health was unanimously supported in principle.

At the conclusion of the session the Regional Director expressed the view that this was a subject of crucial importance, and he thanked the delegations for the high level of discussions which had taken place.

A resolution was unanimously adopted at the close of the session.