

... NEWSLETTER ... NEWSLETTER ... NEWSLETTER ...

TOWARDS HEALTH FOR ALL BY
THE YEAR 2000 IN THE EASTERN
MEDITERRANEAN REGION OF
THE WORLD HEALTH
ORGANIZATION

نحو تحقيق الصحة للجميع بحلول عام 2000
في اقليم منظمة الصحة العالمية لشرق
البحر الابيض المتوسط

VERS LA SANTE POUR TOUS EN
L'AN 2000 DANS LA REGION DE
LA MEDITERRANEE ORIENTALE
DE L'ORGANISATION MONDIALE
DE LA SANTE

EMR Newsletter No. 19
May 1982

IN THIS ISSUE...

HIGHLIGHTS OF THE 35TH WORLD HEALTH
ASSEMBLY AS VIEWED FROM THE ANGLE OF
THE EASTERN MEDITERRANEAN REGION

-- Eastern Mediterranean health officials
elected to the Bureau of the Assembly
and countries elected to designate a
person to serve on the WHO Executive Board.

-- Excerpts from the WHO Director General
address: Countdown to Health for All.

-- Decisions of the World Health Assembly.

-- Towards Health for All by the Year
2000: Statements by high-ranking
officials of countries in the Region.

-- Assistance to afflicted countries in
the Region.

-- The situation in the occupied Arab
territories.

-- Transfer of the Regional Office

-- Tribute to Dr A.H. Taba and congratula-
tions to Dr H.A.R. Gezairy.

-- Award of the A.T. Shousha Foundation
Medal and Prize to Dr H.S. Al Dabbagh.

The 35th World Health Assembly was held in Geneva, Switzerland, from 3 to 14 May last. Among delegates from countries in the WHO Eastern Mediterranean Region, the following health officials were elected:

- Dr Nassirudin JOGEZAI, Minister for Health and Social Welfare of Pakistan as one of the five Vice-Chairmen of the Assembly;
- Prof. Ali Mohamed FADL, Minister of Health of Sudan, as Chairman of Committee A.

Iraq and Pakistan were elected to designate a person to serve on the WHO Executive Board for the next three years in replacement of Oman and Iran whose term of office expires at the end of the Assembly. Kuwait, the United Arab Emirates and the Arab Republic of Yemen remain on the Board.

COUNTDOWN FOR HEALTH FOR ALL

In his speech - Countdown for Health for All - Dr Halfdan Mahler, Director-General of WHO, remarked that "now we are in the happy position of having the whole body of knowledge required to carry out our national strategies. Well, almost a whole body of knowledge, but enough to make remarkable inroads to the conquest of health if only we apply this knowledge. It is based on this conviction that WHO's response to the (HFA/2000) global strategy as embodied in the Seventh General Programme of Work, that you will be considering during this Assembly, is clear in its direction. It gives overriding emphasis to building up health infrastructures based on primary health care and the support of the other levels of the health system...Now that we have defined so clearly what health systems should consist of and how they should function, I see an obsessional need to build up solid infrastructures, with suitably trained health workers as their brain and body. For those of you who have the bricks and mortar the time is right to reshape their function, so that they are used to carry out your health strategy."

Dr Mahler urged delegates to "use the general programme wisely by using it selectively. Choose only those programmes and approaches that are most likely to make the greatest impact now on improving your primary health care and its immediate referral level, each and every one of you according to your country's needs. Do not allow anybody to impose on you technologies that you do not desire, or to get you to accede to them out of misplaced politeness. In this way, you will make sure that WHO's genuine efforts dovetail with your own, and lead to self-sustaining development in your country."

Concluding his address, the Director-General of WHO warned "... all the time the clock ticks - inexorably on. Eighteen years to go until the year 2000...we must never stop our action and our counting, until we and those who follow us reach the goal of that unusual social revolution for people's health you set in motion just five years ago."

DECISIONS OF THE 35TH WORLD HEALTH ASSEMBLY

Strategy for Health for All by the Year 2000

The Assembly approved the plan of action for implementing the Global Strategy for HFA/2000 and called on Member States to fulfil their responsibilities as partners by carrying out in their countries, as well as through intercountry cooperation, the activities enlisted in the plan of action, which include the involvement of their people.

Diarrhoeal Diseases Control Programme

The Assembly requested WHO to continue to collaborate with Member States in developing and strengthening national control programmes through activities in planning, training and evaluation, and to support biomedical and health services research in this respect.

In the same context, the Assembly also requested countries to continue to collaborate with WHO, UNICEF, UNDP, the World Bank and other agencies in the provision of safe drinking water and environmental sanitation to deprived or underserved populations.

Infant and young child feeding

The Assembly reiterated its assertion that breastfeeding is the ideal method of infant feeding and thus should be promoted and protected in all countries. It expresses its concern that inappropriate feeding practices of infants result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene. It also recognized that commercial marketing of breastmilk substitutes has contributed to an increase in artificial feeding. The Assembly consequently urged Member States to give renewed attention to the adoption of national legislation, regulations or other suitable measures to give effect to the International Code of Marketing of Breastmilk Substitutes.

Action Programme on Essential Drugs

The Assembly urged all Member States that have not already done so to develop and implement national drug policies and programmes and pressed all those that are in a position to do so to provide technical and financial support to the developing countries for the preparation and implementation of such policies and programmes. It also requested WHO to intensify its technical cooperation with Member States which so desire.

WHO Policy on Patents

The Assembly recognized the need for action to make health care resources available to all at appropriate cost, and the role of incentives in the development of health technology that is not at present available. It therefore decided that it shall be the policy of WHO to obtain patents, inventors' certificates or interests in patents or patentable health technology developed through projects supported by WHO. The Organization shall use its patents rights, and any financial or other benefits associated therewith, to promote the development, production and wide availability of health technology in the public interest.

TOWARDS HEALTH FOR ALL BY THE YEAR 2000

STATEMENTS BY HIGH RANKING OFFICIALS OF COUNTRIES IN THE REGION

In the course of the general discussion held during the Assembly, and among those who took the floor, several delegates from the Eastern Mediterranean Region reiterated their adherence to the principle of HFA/2000 and primary health care (PHC) in the following terms:

AFGHANISTAN (Dr S.A. Zara, First Deputy Minister of Public Health)

"The Democratic Republic of Afghanistan supports the WHO goal of "Health for All by the Year 2000 (HFA/2000) through the strategy of primary health care and has taken several steps towards achieving it. We have... a vast network of health services in our urban and rural areas, but given the rugged topography and difficult terrain, we are still far away from our aims of providing basic health care to all the peoples of Afghanistan."

..."The Fundamental Principles of the Democratic Republic of Afghanistan provides that "The family, mother and child, will be under the special protection of the Government."

..."We propose to strengthen the rural health network through an increased number of health centres and provision of obstetric and paediatric services, and improve the referral system by upgrading the standard of medical facilities in provincial and regional hospitals."

..."We are steadily working towards the goal of infant mortality rate of less than five per cent and a life expectancy of more than sixty years."

BAHRAIN (H.E. Mr J.S. Al-Arrayed, Minister of Health)

"Bahrain has kept up its health drive for the realization of that noble objective (HFA/2000) within the framework of this concept, bent on serious and dedicated work on the level of the State itself, within the Region, and within the context of international cooperation through WHO. In order to pursue the right way for the attainment of our goal, we have reviewed the planning of our health policy. We found that the main approach to that policy should be primary health care. Our point of departure is our firm belief that improvement in the health of the individual constitutes one of the basic elements of man's true development."

CYPRUS (H.E. Dr C.C. Pelecanos, Minister of Health)

"Bound by the Declaration of Alma Ata for HFA/2000, we endeavoured to improve further the infrastructure of our health services in order to ensure as much as possible the equitable distribution of health facilities to the people, in both urban and rural areas. To this end we have attempted to extend and upgrade the medical facilities offered to the rural population. In parallel, we have continued our efforts for the introduction of a general scheme of health based on insurance, which we hope may help to meet the needs of the country in a comprehensive and effective way."

"I would like to emphasize that we have been trying hard, within the limits of our resources, to improve our services. In this connection I feel obliged to express once again the deep appreciation and gratitude of the Government and people of Cyprus to WHO for its assistance and continued support, which so greatly contribute towards the improvement of health and the restoration of normal living conditions in Cyprus."

DJIBOUTI (Dr A.A. Warsama, Director of Public Health)

"A study for a health plan has been adapted by the Djibouti Government to define the global objective to be reached in order to achieve HFA/2000, and the will to ensure optimal health coverage to all Djibouti citizens with priority to rural populations less well served and to the most vulnerable groups."

"Among the priorities of this new health policy, primary health care occupies a particularly privileged place"... "All PHC components will thus be harmoniously developed and PHC will be integrated into our national health system."

"The training of health personnel has just been re-oriented towards the PHC approach with the cooperation of UNDP, WHO and others."

EGYPT (H.E. Dr M.S. Zaki, Minister of Health)

"Egypt's health policy is entirely in conformity with the aims of the Organization (WHO). The implementation of health care programmes in Egypt is being carried out according to well-planned stages in order to attain the aforementioned objectives (HFA/2000). Egypt is among the first countries to have tried to provide primary health care and curative measures to all citizens as a right. As a result, the Government of Egypt set up health care programmes on the basis of national and local plans which secure the provision of such services at the highest possible level to all. We also guarantee specialized care and the carrying out of this health care is now decentralized."

..."Providing health care to all our citizens is an essential objective and is in keeping with the objectives and resolutions of the Organization."

..."Egypt's health policy gives priority to medical insurance in providing health care to all categories within the society."

IRAN (Dr A.R. Marandi, Associate Professor at the National University)

"I am proud to announce that...the Islamic Republic of Iran has continued its endeavour towards the achievement of the goal of HFA/2000."

"Being inspired by the Islamic ideology, the people were mobilized to play a crucial role in construction crusades and hygienic related activities."

"Along those lines, the health policy was reviewed, a national strategy formulated, and specific targets decided upon are now being implemented."

"Concrete steps were taken to improve and expand the existing primary health care network."

"Since the Islamic Revolution, about 7000 drinking water projects are being implemented, of which 4500 are completed."

"In the Expanded Programme of Immunization, during the last year only, up to 25 million doses of various vaccines were used to immunize children and vulnerable groups. Incidentally, 80 per cent of these vaccines were manufactured in my home land."

"To prevent and control cholera, nearly 82.000 patients suffering from diarrhoea... were hospitalized and all precautionary measures taken."

"In connection with the diarrhoeal diseases programme, the use of oral rehydration salts is being expanded to cover all inhabitants of the rural areas."

"Regarding the expansion of the primary health care network, so far over 3000 health houses have been built and about 7000 frontline workers were recruited and trained."

IRAQ (H.E. Dr R.I. Husain, Minister of Health)

"We have carried out and made many efforts to meet the requirements of our people in order to ensure that health is genuinely provided to all by the year 2000. In Iraq, we have launched a programme on the basis of the specific conditions prevailing in my country, an overall plan and project to cover the coming 20 years. This health programme is an integral part of our overall development plan in Iraq. We also have recourse to everything that international science can provide us and this while respecting the specific conditions applying to the people of Iraq. We have attached priority to prevention, to primary health care, and while according great significance to ecological questions and problems relating to mother and child health, we are also attempting to increase public awareness in the field of health and to promote health at all levels."

JORDAN (H.E. Dr Z. Malhas, Minister of Health)

"It is customary for representatives of Member States to deliver a brief statement on services rendered to their citizens in their own country towards the noblest objective of mankind, namely Health for All. To this end, I have pleasure in mentioning that the Ministry of Health, which has responsibility for delivering health care to the Jordanian population, is tirelessly endeavouring to consolidate the basis of primary health care, cornerstone of its strategy."

LEBANON (H.E. Dr N. Bizri, Minister of Public Health)

"Despite all I have described to you about wounded Lebanon which is still bleeding since 1975; despite what my country is suffering or the tragedies, trials, deaths, devastation and deportations of my people; despite all this, my country is working in the health field in close cooperation with the World Health Organization, especially as regards the implementation of the strategy of HFA/2000. We have started in the South of Lebanon... We have attempted in the South of Lebanon to train health workers and my country has made a contract with the American University of Beirut to train doctors, nurses and paramedical staff in order to set up a primary health care project. We hope that this programme will be implemented in the other parts of Lebanon year after year in accordance with the plan we have laid down."

OMAN (H.E. Dr M.S. Al-Khadury, Minister of Health)

"The Ministry of Health has made available for the citizens a sufficient number of health units, both curative and preventive. These were spread out to cover most of the urban centres and large villages of the Sultanate. At the same time, we have begun to implement programmes of integrated curative and preventive services in our health establishments so as to make full use of the available possibilities to provide health care for all the citizens. In that respect, we have begun to evaluate the primary health care programmes which we started three years ago in some parts of the Sultanate. When their usefulness in developing the health of the citizens in local communities was ascertained, we decided to insert into our current five-year plan the establishment of a sufficient number of primary health care centres. This will be accomplished within the few coming years."

PAKISTAN (Prof. B. Jazbi, Health Adviser to the President)

"My delegation believes that primary health care, which is very often mistaken for second rate care, can only avoid this stigma if it has the full referral support of hospitals in logistics, as well as in the technical and professional fields, in both prevention and cure. This concept would therefore require training abroad in various fields - both clinical and non-clinical - for quite some time, insofar as the developing countries are concerned, to raise the status of secondary and tertiary care, and thereby of primary health care."

..."Children forming about 50 per cent of my country's population and the seven (childhood) diseases, including diarrhoea, being the commonest cause of mortality among them, all our efforts in the successful implementation of these two programmes (Expanded Programme of Immunization and Diarrhoeal Disease Control Programme) will certainly reduce infant mortality and raise the average life expectancy. Our target is 100 per cent coverage of the child population of 0-5 years of age with immunization by the year 1985... We are grateful to both WHO and UNICEF for their cooperation in these two programmes."

SOMALIA (H.E. Mr O.H. Mohamed, Minister of Health)

"With respect to the need of providing an adequate level of health care delivery in my country by the year 2000, this has been defined as one of the most important objectives of our Government. Indeed, constitutionally, this right of each citizen to health care delivery is guaranteed following the historic decision taken by WHO in 1977. Primary health care with its essential eight components as defined in 1978 in Alma Ata represents the key elements of our strategy at the national level. This year, we are attempting to achieve our PHC objectives in four regions of Somalia, which we have defined for primary health care. In April 1980 already, we defined the general strategy of primary health care bearing in mind the eight basic components to which I already referred. We have applied this strategy on the basis of the plan and projects which are now being implemented. At the end of 1980, we formulated a general overall strategy and we began by providing the necessary manpower and structures required for health care delivery to protect citizens against disease and to ensure also that all citizens were participating and involved in various projects. The first five-year plan, which has started, already covers eight regions in close cooperation with WHO."

"We believe firmly in cooperation between my country and WHO and several health projects have indeed been executed in close cooperation with WHO."

SUDAN (H.E. Dr A.M. Fadl, Minister of Health)

"The Sudan, under its Socialist Revolution and with the leadership of its great President Jafaar M. Nemeiry, has taken serious steps in order to make of health care a democratic right for every citizen. Through our policies of being open to rural areas and self-dependence through self-assistance, we have extended the map of health care in the Sudan and now such care is within the reach of every citizen in the Sudan in spite of its great surface which is unequalled in our Region and in our continent. This is due to the fact that basic health care programmes penetrate the deepest parts of the rural Sudan as a result of the continuous changes and the quality of health care presented. The Revolution tries to cover every citizen with care provided by our health units and the ambition of the Revolution is unlimited when it is a matter concerning the health of its citizens, because the Sudanese citizen, according to the philosophy of the Revolution, is the target as well as the vehicle, at the same time, of this development."

TUNISIA (H.E. Mr R. Sfar, Minister of Public Health)

"In order to achieve this objective (HFA/2000), Tunisia has already undertaken a national strategy which will receive extensive application during the course of the 6th Plan of economic and social development. Accordingly, we are resolutely determined to develop our health system. The organization of it is already under way and we are giving attention to primary health care. We have already set up, in the Ministry of Public Health, a new department entitled basic health care which will be responsible for guiding and monitoring the implementation of our health policies towards PHC, basic health care, and intermediate health care. There is a network of PHC already being set up in the twelve governorates that will cover the entire national territory by the end of the decade. We are building and we are outfitting buildings, but this is only one side of multiple dimensions and activities that involve reforming educational programmes as well as medical schools and public health schools, in accordance with our objectives for basic health care."

* * * * *

ASSISTANCE TO AFFLICTED COUNTRIES IN THE EASTERN MEDITERRANEAN REGION

Cyprus

The 35th World Health Assmby expressed its appreciation for all the efforts made to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus and requested WHO to continue and intensify health assistance to refugees and displaced persons in Cyprus.

Democratic Yemen

The 35th World Health Assembly considered the serious health, medical and social problems arising from heavy rains and flooding, which have created a disaster situation, continue to constitute a source of major concern, thereby necessitating urgent and substantial assistance to the Government of Democratic Yemen and requested WHO to provide forthwith emergency health and medical assistance and to consult with the Government in order to establish a special programme to forestall the consequences of the flood for the next five years.

LEBANON

The 35th World Health Assembly considered that the growing health and medical problems in Lebanon which have attained lately a critical level, constitute a source of great concern and necessitate a continuation and a substantial expansion of programmes of health and medical assistance to this country. It therefore requested WHO to allocate for this purpose, and to the best extent possible, funds from the regular budget and other financial resources.

The problem of refugees and displaced persons

As stated by H.E. Prof. A.M. Fadl, Minister of Health of Sudan in his address to the Assembly: "Africa hosts half the refugees of the world and most of the countries which host these refugees are among the least developed ones"... "The refugees in some of these countries absorb up to 40 per cent of hospital beds and other health services in the areas in which they live. Therefore, we request WHO to increase its support to the refugees and to the African countries (in the EMR: Djibouti, Somalia, Sudan) hosting them and which offer them free medical assistance, as they do for all their citizens, in spite of their limited resources."

Consequently the 35th World Health Assembly, gravely concerned by the growing number of refugees in the African continent and bearing in mind the heavy sacrifices that the countries of asylum are making to alleviate the plight of those refugees, reiterates the need to give high priority to the assistance provided to refugees and displaced persons in Africa in the area of competence of WHO and appeals to Member states and non-governmental organizations to provide needed assistance to the countries of asylum so as to enable them to strengthen their health capacity and provide the facilities and services essential to the care and wellbeing of the refugees and displaced persons.

THE SITUATION IN THE OCCUPIED TERRITORIES

On the problem of health conditions in the occupied Arab territories, including Palestine, the World Health Assembly, "aware of its responsibility for ensuring proper health conditions for all people who suffer from exceptional situation," among other things requested the WHO Special Committee of Experts" to continue its task with respect to all the implications of occupation and the policy of the occupying Israeli authorities and their various practices which adversely affect the health conditions of the Arab inhabitants in the occupied Arab territories, including Palestine."

The Assembly requested Member States to increase their contributions to UNRWA, so that the Agency can continue carrying out the tasks assigned to it, and WHO to continue its collaboration with UNRWA by all possible means and to the extent necessary to ease the difficulties it is facing and increase the services it provides to the Palestinian people.

The Assembly also requested the WHO Director General to "increase collaboration and coordination with the Palestine Liberation Organization (PLO) concerning the provision of the necessary assistance to the Palestinian people" and to "establish three health centres in the occupied Arab territories, including Palestine, provided that the centres shall be under the direct supervision of WHO."

TRANSFER OF THE WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (EMRO)

As far as a possible transfer of the Eastern Mediterranean Regional Office is concerned, the Assembly voted in favour of a resolution requesting the WHO Director General to prepare and submit to the (1983) 36th World Health Assembly a comprehensive study on all the implications and consequences of relocating the Eastern Mediterranean Regional Office from its present site in Alexandria to another site in the Region, including inter alia, a description of the advantages and disadvantages of any such decision, and of all related financial, legal, technical and institutional implications for the World Health Organization and its Member States.

The resolution further requests the WHO Director General to continue to take whatever action he considers necessary to ensure the smooth operation of the technical, administrative and managerial programmes of the Region, including the setting up of any operational facilities he deems necessary, in order to enable all Members of the Region to benefit fully from their Organization (WHO) until the Assembly has made a decision on the study referred to in the previous paragraph.

* * * * *

TRIBUTE TO DR TABA AND CONGRATULATIONS TO DR GEZAIRY

In delivering their statement before the 35th World Health Assembly, several delegates from the Eastern Mediterranean expressed their appreciation of Dr Taba's 25 years of service and dedication to the Region in his capacity as Regional Director and congratulated Dr H.A.R. Gezairy for his election as new Regional Director.

H.E, Dr N. Jomezai, Minister of Health of Pakistan: "My delegation would like to place on record the appreciation of the Government of Pakistan for the services he (Dr Taba) has rendered to Pakistan and the Region. His personal and individual attention to the needs of Pakistan will always be remembered and he will live long in the memory of those of us who belong to the Ministry of Health and who have been in close association with him..." "The appointment of Dr H.A.R. Gezairy as Regional Director for the Eastern Mediterranean Region to replace Dr Taba at the expiry of his term of office has given us very great delight. His professional and political experience in his own country, his long association with this Organization (WHO), his leadership capability and personal dynamism are some of the traits which are going to meet the multifaceted demands of the Region."

H.E. Mr O.H. Mohamed, Minister of Health of Somalia: "I should like to express my thanks to Dr Taba, the Regional Director of the Eastern Mediterranean Region, thanking him publicly for the efforts he has made to provide us with aid"... "I should also like to congratulate Dr Al Gezairy, the Minister of Health of Saudi Arabia, who is to succeed Dr Taba in his post, and I wish him every success in the tasks that will come upon him in his new post."

./.

H.E. Dr C.C. Pelecanos, Minister of Health of Cyprus: "To the Regional Director, Dr Taba, and his staff, we are particularly indebted for their invaluable understanding, support and assistance, and on the occasion of his retirement we would like to extend to him our sincere wishes for personal and family happiness..." "We look forward to continuing our close cooperation with the new Regional Director for the benefit of the health of all the peoples of our Region."

H.E. Dr A.M. Fadl, Minister of Health of Sudan: "I would like to refer to Dr A.H. Taba, the Regional Director of the Eastern Mediterranean Region, who over a period of 25 years has set up with tireless efforts high standards for the practices of the World Health Organization in our Region. We, in the Sudan, are losing him as a friend and as a colleague after his retirement. Nevertheless, we wish him every success in his future years."

Dr A.R. Marandi, Chief Delegate of Iran: "I would like to express my heartfelt thanks and gratitude to Dr Taba for his valuable services rendered to the Region during his 25 years as Regional Director of EMRO."

* * * * *

WHO EXECUTIVE BOARD DECLARES DR A.H. TABA REGIONAL DIRECTOR EMERITUS

On the occasion of his impending retirement, the WHO Executive Board meeting on 17 May in Geneva, Switzerland, expressed its gratitude and profound appreciation to Dr A.H. Taba for his services to the Eastern Mediterranean Region and the Organization as a whole, and for his lifelong devotion to the cause of international health. It addressed sincere good wishes to him for many further years of service to mankind and declared him Regional Director Emeritus of the World Health Organization.

In his reply, Dr Taba thanked all those who, in governments, the Regional Office, WHO Headquarters, in countries and in the field, had supported him in his efforts. He then paid tribute to the WHO Director General, Dr H. Mahler, for his re-orientation of the Organization's policy and said that he was glad to have been a partner in this enterprise whose aim is to meet the health needs of most countries.

Dr H.A.R. Gezairy, the newly-elected WHO Director for the Eastern Mediterranean Region, who is expected to take up his post next autumn, took his oath of office in the presence of the WHO Director General on 14 May last.

* * * * *

./.

BIOGRAPHICAL NOTE DR A.H. TABA, WHO DIRECTOR FOR THE EASTERN MEDITERRANEAN REGION

Dr Abdol Hossein TABA, WHO Director for the Eastern Mediterranean Region, was born in Teheran, Iran, in 1912. He graduated in Medicine, with honours, at the University of Birmingham (England) in 1936. He also obtained the Membership of the Royal College of Surgeons and the Licensiatuship of the Royal College of Physicians, both of London. He then undertook postgraduate studies in surgery at the University of Paris (France).

Distinctions bestowed upon Dr Taba include:

- Honorary Fellow of the College of Physicians and Surgeons, Pakistan, 1973
- Honorary Doctorate in Medicine, Birmingham University, 1976
- Honorary Fellow of the Royal Society of Medicine, London, 1978
- Honorary Member of the International Epidemiological Association, 1981

Dr Taba served as Director General of Health in Iran until 1952. He was his country's Chief Delegate to the Third, Fourth and Fifth World Health Assemblies, as well as Vice-President of the Fourth World Health Assembly and Vice-Chairman of the WHO Executive Board's Tenth Session.

Dr Taba joined WHO in 1952 as Deputy Director of the WHO Regional Office for the Eastern Mediterranean, a post he held until 1957, when he was elected as Regional Director for the next twenty-five years (1957-1982).

Dr Taba's philosophy may best be expressed by quoting from the conclusion of his address to the Faculty of Medicine of Birmingham, when he received his honorary doctorate degree and said, speaking of the challenge of social medicine: "How do we get what we know applied to those who need it? It is, of course, a challenge that applies not only to medicine alone, but to all the vast battery of technologies, based on scientific discovery, from which people like you and me benefit, but from which most of our fellow men do not.

"We urgently need, throughout the world, but especially in the so-called developing countries, the services of the best brains of our most favoured young people from all countries in changing this state of affairs.

"We need far more study of the new social systems needed to bring about the effective application of existing knowledge; above all, we need people prepared to join in the socially and intellectually fascinating exploration of better ways to design health services, train people to man them, and then to manage those services, in close collaboration with representatives of the consumers, the public, our patients, in such a way that they respond with due sensitivity to the needs of the people."

DR HASHIM SALEH EL DABBAGH RECEIVES THE A.T. SHOUSHA FOUNDATION
MEDAL AND PRIZE

Dr Hashim Saleh El Dabbagh, Director-General of Preventive Medicine (Saudi Arabia) was awarded the Shousha Foundation Medal and Prize, in a Plenary Session of the Thirty-Fifth World Health Assembly. The award is for "significant health service in the geographical area in which Dr A.T. Shousha served the World Health Organization." He was the first Director of the WHO Regional Office for the Eastern Mediterranean.

The award was presented by the President of the 35th World Health Assembly, Mr Mamadou Diop, Health Minister of Senegal, who declared: "It is no exaggeration to say that the guiding hand of Dr El Dabbagh is seen in virtually every aspect of Saudi public health. And nowhere has it been more firm than during the Haj season - that sacred time of the year that brings an estimated two million pilgrims from many nations to Mecca.

"Once death and disease accompanied those who made the journey. No longer now. To safeguard the health of those making the pilgrimage, Dr El Dabbagh increased the number of land, sea and air quarantine stations from eight to 48."

On receiving the award, Dr El Dabbagh spoke of "outstanding developments in WHO." He referred to the decision which "took health action far beyond the limited dimensions established for health programmes in the past." The broad concept of primary health care, he said, has "paved the way for integrating health into the life of the community as the sole factor common to all political, social and economic endeavours."

Dr El Dabbagh donated the amount of his prize to the Palestine Red Crescent.

* * * * *