MINUTES OF THE FIRST MEETING

Held at the Royal Teheran Hilton Hotel, Teheran on Wednesday, 27 September 1967, at 9.00 a.m.

CHAIRMAN: H.E. Dr Ahmed Shamma (Iraq)

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<td>Dr Awni Arif</td>
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Representatives of Associate Member States

**QATAR**
- Dr. M. Farid Ali

**World Health Organization**
- Secretary to the Sub-Committee (ex-officio)
  - Dr. A.H. Taba, Regional Director
- Representative of the Director-General
  - Dr. A.M. Payne, Assistant Director-General
- Director of Health Services, EMRO
  - Dr. M.O. Shoib
- Chief, Administration and Finance, EMRO
  - Mr. J.F. Carney
- Public Health Administrator for Health Organization, EMRO
  - Dr. D.O. Hasenbring
- Regional Adviser on Radiation and Isotopes, EMRO
  - Dr. G. Gomez-Crespo
- Regional Adviser for Pharmaceutical and Medical Stores, EMRO
  - Mr. F. Bishar-b

Representatives of United Nations Organizations

**UNITED NATIONS**
- Mr. Gurdial S. Dillon
**UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)**
- Mr. Edouard Collin
**UNITED NATIONS CHILDREN'S FUND (UNICEF)**
- Mr. Gurdial S. Dillon
- Mr. W.S. Pawlik
**UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA)**
- Dr. M. Sharif
**UNITED NATIONS INFORMATION CENTRE**
- Mr. M. Rashed

Representatives and Observers of International Non-Governmental and Inter-governmental Organizations

**INTERNATIONAL DENTAL FEDERATION**
- Dr. P. Farzin
**INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY**
- Colonel Dr. B. Milani
**INTERNATIONAL COUNCIL OF NURSES**
- Mrs. N.A. Roboobi
**INTERNATIONAL STATISTICAL EDUCATION CENTRE (ISEC)**
- Mr. Faiz El Khouri
**MEDICAL RESEARCH UNIT NO. 3 (NAMRU)**
- Dr. F.O. Raasch
1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1969 FOR THE EASTERN
MEDITERRANEAN REGION: Item 8 of the Agenda (document EM/RC17/3 and Corr.1)

The CHAIRMAN requested the Regional Director to introduce the proposed
programme and budget estimates for 1969.

The REGIONAL DIRECTOR said that the proposed estimates for 1969 were
based on discussions with governments and representatives during the year
and thus, he hoped, reflected the wishes and needs of the countries of the
Region. Corrigendum 1 to document EM/RC17/3 contained minor amendments to
bring the estimates into line with the resources available. It also gave
the UNICEF allotments for 1968, which had not been available when the main
estimates had been prepared.

The introduction to the estimates showed how they had been prepared;
the calculations had been made on the same basis as in previous years. The
regular budget of WHO was shown in column 1, the budget for Technical Assist-
ance in column 2, and other sources of funds in column 3. He would welcome
comments and advice on column 1, especially since the proposed budget would
go to the Director-General, who would co-ordinate it with the overall WHO
budget and submit it to the Executive Board, which would then place it before
the World Health Assembly.

The regular programme would cost more than $6 000 000, which constituted
an increase of almost ten percent over the 1968 budget. Field projects took
up 93.4 per cent of the budget, the rest being devoted to the Regional Office.
While the 1969 budget was the Sub-Division's principal concern, it might also
wish to examine the 1968 budget. Although the 1968 budget had been approved,
governments had requested minor revisions and they had been introduced within
the appropriations. As regards the Technical Assistance column, the figures
given were tentative. Since the UNDP programme would not be approved until
the middle of 1968, too much importance should not be attached to them because
they might well be changed. He would, however, stress the importance of
governments ensuring that the health share in Technical Assistance should
be safeguarded; at the previous Session various countries had complained that, while the general Technical Assistance budget was going up, the health share was not increasing proportionately. Requests for Technical Assistance were submitted to the UNDP by the co-ordinating body in each country and he hoped that the Ministry of Health in each country would be well represented.

Under the Technical Assistance figures were shown some funds-in-trust programmes, where the sources of the funds were the respective governments. WHO implemented the programmes, but the governments reimbursed the money. Libya and Saudi Arabia had programmes of that kind.

There was no need to elaborate on the annexes. The Malaria Eradication Special Account now for the most part came under the regular WHO budget, as did the Smallpox Eradication Special Account.

The trends in the different sub-divisions of the programme in 1969 could be deduced from page XIII, by comparison of 1969 with the years 1967 and 1968. In some fields, such as public health administration, education and training, and pharmacology and toxicology, the estimates had increased. He had explained the factors in such increase in his introduction to his annual report. No changes were proposed in the Regional Office, nor was it proposed to increase the number of WHO Representatives in countries. As far as possible, the general increase of ten per cent was distributed evenly to all the countries of the Region, but obviously some countries needed more help than others and so various countries had benefited more from the increase. Since individual discussions with the various delegations on their country allotments would save the time of the Sub-Division, he suggested that the discussions be on general topics.

As regards the inter-country programmes, there was not much increase in the budget, but they were a most important part of Regional work and a high proportion of the budget was devoted to them. He hoped that the provision for seminars, training courses, and experts throughout the Region
met with the wishes of the various countries. He would, however, appreciate the guidance of the Sub-Division on that, or any other part of the budget estimates.

The CHAIRMAN declared open the discussion on the proposed programme and budget estimates for 1966.

Dr NABILSI (Jorden) said that the term of the malaria expert posted to Jordan would come to an end in 1967. To control the present difficult situation in the country, it was desirable that his term should be renewed for a further year.

Mr ABRAR (Somalia) noted that, whereas the number of posts for malaria eradication was four for 1968 in his country, it was only two for 1969. There was also a reduction in the basic health services.

As regards the provision of a dental officer for 1969, he welcomed the proposal.

Dr ROUHANI (Iran) congratulated the Regional Director on the impressive document before the Sub-Division. The Regional Director's annual report had shown a gratifying increase in achievements over the past ten years. WHO had been instrumental in integrating health with economic and social development in the Region, and nearly every country now had an integrated national plan whose creation had depended on previous successful projects carried out by WHO. One of the most important and rewarding of WHO projects was the fellowship scheme; the number had almost doubled in 1966 and he hoped that the trend would continue.

As a result of industrialization and the changing pattern of life, the emphasis on communicable diseases might be expected to decrease in the Region. Among the new problems that were arising were those of old age and retarded children. Little had been done so far in the Region about those problems, but WHO help was needed to establish specialized institutions to deal with them.
WHO guidance and assistance were also needed for such problems as the outbreak of food poisoning described by the delegate of Qatar. The rapid intervention of WHO was deserving of the highest praise. However, similar hazards were likely to arise from the use of many other insecticides such as organophosphorus. The incidence of outbreaks of poisoning would undoubtedly increase if the problem was not soon tackled.

Dr HASAN (Pakistan) wondered why there was a general trend towards increased estimates in practically all fields except virus diseases and chronic degenerative diseases.

Dr ABDULHADI (Libya) expressed his appreciation of the emphasis placed in the budget estimates on the training of technical personnel, and he hoped that the trend towards increasing the amount spent on that subject would continue. He also noted that there were no WHO resident representatives in some countries. He believed that there should be one representative in every country to help the government with its health programme and to ensure the direct co-operation of the governments with WHO.

One point that puzzled him was the breakdown in the salaries and wages of the staff. He felt that it would be desirable to separate travel allowances from salaries and wages, to enable the Representatives to decide how much was devoted to each heading.

Dr AL AWADI (Kuwait) said that he had asked at the last World Health Assembly for a comprehensive report on the health of the Gulf countries that were not independent, and a resolution had been adopted that WHO should study the question. Since there was no budgetary allocation for the study in the estimates, he wondered whether the Regional Office would carry out the study.

Dr ARIF (Iraq) agreed with the Libyan Representative on the importance of the education and training programme. He noted, however, with surprise that there was a decrease in the allotment for maternal and child health in comparison with 1967. Maternal and child health was of the greatest
importance in developing countries, and he felt that there should be an increase, not a decrease, in the amount allotted to it.

In view of the fact that the Basrah area was considered a problem area for malaria, it seemed undesirable that there should be a reduction in the number of posts of malarologists in Iraq for 1969.

Dr VASSILOPOULOS (Cyprus) expressed his satisfaction at the recent visit of the Regional Director to his country. He had put some additional requests to him for 1968, and he hoped that they would be met.

Dr OSMAN (Sudan) noted that there were no figures in the estimates for cholera control.

Most WHO projects were carried out in co-operation with other specialized agencies. It was extremely important that there should be co-ordination and co-operation between the various agencies, not only internationally and regionally, but also at the site of the projects. The work carried out by the specialized agencies helped strengthen the infrastructure in the developing countries and he therefore hoped that they would increase their assistance.

Dr EL KADI (United Arab Republic) was pleased to see that the allocation for 1969 included assistance to the Poliomyelitis Institute and the Cancer Institute in Cairo.

The REGIONAL DIRECTOR thanked the Representatives for their useful comments and was glad that they had nearly all endorsed the importance of such subjects as the education and training of technical personnel.

With regard to the malaria expert mentioned by the Jordanian Representative, this was provided out of Technical Assistance funds, not out of the regular budget of WHO. Consequently, to extend his services for 1968, the Jordanian Government should make a request to UNDP through the UNDP Representative in Jordan. WHO would support the request from the technical point of view. If no funds were available from the country UNDP allocation, it might be possible to extend the expert's services from WHO overall Technical
Assistance savings; but, since the funds concerned were also Technical Assistance funds, UNDP approval would be required.

Other countries had made the same kind of request as the Jordanian Representative, and there were the same difficulties in meeting it. He understood, however, that UNDP procedure was being reviewed at present.

With regard to the statement of the Iranian Representative, he agreed that the fellowship scheme was of the greatest importance. The trend in Iran and other countries such as Israel, Pakistan and the United Arab Republic, was to grant more fellowships and support fewer projects. That trend, he thought, was a healthy one since experts would then stay in their own country. Different situations, of course, created different needs. As regards retarded children and provision for old age, he would try to include them in the Regional budget when the situation permitted.

In reply to the Pakistani Representative, he stressed that the estimates should not be taken too literally. For virus diseases, for example, the reduction was due in part to the decrease in the amount allotted for trachoma control, since most countries now dealt with that disease themselves. In Tunisia and the United Arab Republic, he had observed that eye diseases were now comparatively uncommon, and there was now no Regional Adviser on eye diseases. Smallpox expenditure had also been separated from the budget for virus diseases. Finally, the amount devoted to poliomyelitis varied from year to year, according to the needs of countries. What was true for virus diseases was equally true for the chronic degenerative diseases, which included cancer, cardiovascular diseases and diabetes. A seminar on any of those diseases would cause a considerable change in the budgetary allocation in any one year.

The explanation he had given to the Pakistani Representative was also applicable to the comments of the Iraqi Representative on maternal and child health. A seminar would be held in 1968 in Pakistan on the health needs of the pre-school child and would greatly raise the budgetary allocation
for maternal and child health. Moreover, there would be no more specific maternal and child health projects because they would be absorbed into the overall public health administration projects, for which the budgetary allocations were steadily increasing. UNICEF help, of course, still continued for projects concerned with maternal and child health.

As regards the malariologist, he would do his best to ensure that there was no reduction of the malaria staff in Iraq for 1969.

With reference to the remarks of the Representative of Cyprus, he said that most of his requests were being studied and he hoped that they would be met, especially that in relation to pharmaceutical control.

It was true, as the Representative of Sudan had said, that there was no provision for cholera control in the budget. He hoped that there would be no need for it, but, if there should be, provision could be made to deal with it under such inter-country projects as EMRO-0043. As regards cooperation with other specialized agencies, most of it took place at the field level with international and bilateral agencies. He hoped that the co-operation would continue and that Sudan would benefit thereby.

Replying to the Representative of Kuwait, he said that the Gulf territories were under the responsibility of the Regional Office for the Eastern Mediterranean. WHO had already extended assistance to non-member countries such as the Trucial States.

Mr CARNEY, Chief, Administration and Finance, Eastern Mediterranean Regional Office, dealing with the point raised by the Representative of Libya, said that the procedure followed in the Regional Office with regard to salaries and travel allowances was the same as that followed by Headquarters. Since an expert working in a field project might have any number of dependents who were entitled to home leave every two years, it had been found preferable to lump together salaries and travel allowance. The amount spent per diem on travel in a project was of minor importance. There seemed therefore, to be no useful purpose in breaking down the cost of experts into salaries and travel allowances.
The REGIONAL DIRECTOR said that Mr. Carney referred to the field staff only. As he had said, it was difficult to estimate the amount of travel allowance to which experts would be entitled. For the Regional Office, Regional Advisers and WHO Representatives, however, the figures for travel allowance were given in the budget estimates.

Mr. COLLIN (United Nations Development Programme) recalled that he had explained at the second meeting of Sub-Committee A that the UNDP had decided to adopt a system of continuous programming on a project basis in place of the biennial programming hitherto in force. The new procedures, however, would give added importance to the role of the co-ordinating agency of the Government, and it was, therefore, important that the health authorities ensure that the co-ordinating agency is fully aware of the importance of the projects proposed for implementation with WHO assistance before the overall UNDP Country Programme is finalized.

Mr. DILLON (United Nations Children's Fund) thanked previous speakers for their appreciative references to UNICEF assistance in health matters. It was ratifying that such a large proportion of UNICEF funds were allocated to furthering the health of populations in the Eastern Mediterranean Region. UNICEF assistance in health matters was, of course, primarily intended for strengthening maternal and child health services, either directly or indirectly, and he would, therefore, urge governments which wanted to benefit from UNICEF funds to ensure that the maternal and child health aspect was adequately reflected in their plans.

In reply to a question from the Representative of Sudan, he stated that the cause for any dissatisfaction that the Sudanese Ministry of Health might feel concerning the paucity of UNICEF assistance was to be found, not in any lack of interest on the part of UNICEF, but rather in the nature of the projects for which UNICEF assistance had been requested. He would be willing to discuss the situation with the Representative of the Sudan and assured his Government of UNICEF's continuing good-will.
Mr ABRAR (Somalia) thanked the Regional Director for the explanation he had furnished to his earlier question. He had been somewhat confused by the transfer of funds from a malaria pre-eradication programme to a tuberculosis control programme.

The REGIONAL DIRECTOR, answering the previous speaker, said that one malarialogist would continue in Somalia under the regular budget in 1969, but it had been foreseen that the work of the second malarialogist would come to an end in 1968, when he would be replaced by his national counterpart. Should that forecast prove over-optimistic, he would be glad to assist the Government of Somalia in preparing a request to the UNDP for funds to continue the second malarialogist in 1969.

The CHAIRMAN then put the following draft resolution forward for consideration:

The Sub-Committee,

Having carefully examined the Programme and Budget Estimates proposed by the Regional Director for the year 1969;

Taking into account that the proposals for the United Nations Development Programme are presented as a forecast of possible government requests for the biennium 1969/1970, except for certain continuing projects which have already been approved on a long-term basis,

1. FINDS that the programme proposals ensure a reasonable balance between activities in the major subject headings and between country and inter-country projects;

2. NOTES with satisfaction the continuing emphasis placed on projects for control of communicable diseases, including malaria and smallpox eradication, and activities relating to education and training of needed technical manpower;

3. ENDORSES the Proposed Programme and Budget Estimates for 1969 under the Regular budget of the World Health Organization;
4. URGES Member States to accord equitable priority to health projects within their next programme submission to the Governing Council of the United Nations Development Programme for the biennium 1969/70; and

5. EXTENDS its thanks to UNICEF for its continuing collaboration with the health programmes in the region.

The REGIONAL DIRECTOR pointed out that, in view of the statement made by the Resident Representative of UNDP, the words "the biennium 1969/70" should be replaced by "1969" in the second paragraph of the preamble and the words "the biennium 1969/70" by "1969 and future years" in operative paragraph 4.

After some discussion, Dr OSMAN (Sudan) proposed that operative paragraph 5 be amended to read: "EXTENDS its thanks to UNICEF and other United Nations bodies for their continuing collaboration with the health programmes in the Region".

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

2. TECHNICAL MATTERS: Item 9 of the Agenda

(a) Principles and Organization of Quality Control of Pharmaceutical Preparations (document EM/RC17/4)

Mr HUSHEAH, Regional Adviser on Pharmaceutical and Medical Stores, speaking at the invitation of the Chairman, introduced, on behalf of the Regional Director, document EM/RC17/4 in which were outlined technical and administrative procedures that might be found useful in the region for overcoming the difficulties involved in the quality control of pharmaceutical preparations, whether locally manufactured or imported from abroad.

Quality control in industry engaged the reliability and integrity of the manufacturer of a product marketed under his name and necessitated the checking of quality of each lot of a preparation by highly qualified scientists. Equally high standards should be applied in State quality control, and for
this purpose strong administrative measures had to be developed, nationals highly qualified in pharmaceutical sciences should be trained and employed, and a fully equipped national quality control laboratory should be set up. The Regional Office had provided assistance in this respect to all governments in the Region which had requested it, but it was felt that there was room for an even greater demand for aid. The main difficulty in the Region seemed to lie in the lack of proper administration for effective control of pharmaceutical preparations rather than in any lack of qualified personnel.

Between 300 and 400 persons graduated from the eighteen schools of pharmacy in the Region every year; these specialists needed training in the administration of pharmacy affairs and in the inspection and control of pharmacies, drug stores, pharmaceutical factories, importers and distributors.

The organization of a division of pharmacy within a national ministry of health, as outlined in the document before the Sub-Division, made provision for a quality control laboratory, which was essential for implementing the legislation on licensing, inspection, import, expert and manufacture of pharmaceutical preparations.

The development of a quality control laboratory was estimated to cost some 100,000 dollars and had, therefore, to be undertaken gradually, sufficient time being allowed for the training of personnel and the acquisition of equipment.

In some countries it might also be administratively convenient to include within the division of pharmacy the section responsible for the procurement, maintenance, storage and distribution of all medical and surgical supplies and equipment other than pharmaceuticals.

Finally, the document summarized the role of WHO in the field of pharmaceutical quality control, and it would be seen that ten fellowships had been granted to different countries in the region for undergraduate and postgraduate study in pharmacy.
Dr. VASSILOPOULOS (Cyprus) said he was gratified to note that the excellent and comprehensive report under discussion very rightly stressed the important role of the pharmacists in quality control. This factor was appreciated in the Cyprus where a law had been passed in 1962 under which no person might carry on the profession of pharmacist without a university degree or diploma in pharmacy. In addition, a law had been passed in 1967 with the view to making quality control of pharmaceuticals possible. He thanked the Regional Office for arranging the visit of a consultant to Cyprus to advise on this subject and for its efforts to supply in due course the equipment necessary to supplement the existing analytical laboratory so that it might carry out adequate chemical, physical and microbiological analyses. He also wished to thank WHO for arranging the award of scholarships related to quality control.

The resolution of the Twentieth World Health Assembly requesting exporting countries to ensure that the quality of exported pharmaceuticals was not less than that of those for domestic commerce, was a valuable step forward, but required supplementing by control measures in the importing countries. Such measures, however, implied the existence of fully equipped and staffed laboratories, the creation of which in developing countries, presented a considerable problem. He suggested that a solution at once economical and practical might be for WHO to establish a regional laboratory which would carry out biological and pharmacological analyses on behalf of a number of countries.

Dr. ARIF (Iraq), agreeing with the previous speaker, thought that a regional reference laboratory might well be based in one of the Region's better-equipped existing laboratories, to which further assistance would be given by WHO.

Dr. NADERI (Iran) noticed that the document under consideration referred to the drafting of national legislation to provide for the establishment of quality control of pharmaceutical preparations and suggested that it would be most useful if the Regional Office could provide a further document.
laying down the basic principles and provisions of such legislation. The document also referred to a suggestion discussed at the Nineteenth World Health Assembly, that a system of certification be evolved for drugs intended for export in order to ensure that they had been subjected to the same measures of quality control as those intended for domestic consumption; he felt it would be valuable if the exporters for pharmaceuticals would furnish certificates as to the quality control of each batch of any given product. This would not only guarantee the quality of the product, but also serve as useful basis for further testing in national or regional laboratories in the importing area. He wondered also whether it would be possible for WHO to set up a regional training centre for analysts and instructors.

A difficulty that arose quite frequently in the countries of the Region was that imported pre-packed drugs were sometimes found on sale with the packaging damaged or previously unsealed; he suggested that steps be taken to ensure that pre-packed drugs be packaged in such a manner as to render them unopenable before sale. Furthermore, measures should be taken to ensure that all basic ingredients imported in bulk corresponded in quality to the requirements of the national pharmacopoeia of the exporting country.

Dr AL AWADI (Kuwait) referring to the proposed membership of the Pharmaceutical Consultative Committee shown on page 7 of the document, suggested that a representative of the national planning authority of each country should also be included on that Committee.

Dr HACHICHA (Tunisia) supported the suggestion previously made that WHO should establish a regional laboratory for the benefit of all the countries in the Region; in doing so, however, he was not suggesting that such a laboratory would do away with the need for national laboratories. A national quality control laboratory existed in Tunisia, which was quite independent of the pharmaceutical producers, and there was also a form of indirect control, since licences to import drugs were granted only after a
full study of the pharmaceutical literature concerning each drug, whether
published in the producing country, or in importing countries. Hallucino-
genic drugs, tranquilizers and similar preparations were very severely con-
trolled in Tunisia and his Government strongly supported the resolution of
the Twentieth World Health Assembly in which Member States were recommended
to supervise, license and limit transactions in such drugs.

Dr EL KADI (United Arab Republic) thanked the Regional Director and
Mr Bisharah for their comprehensive report and explained briefly what was
at present being done in the United Arab Republic regarding quality control
of pharmaceutical preparations. Both imported products and those of local
manufacture were subject to strict control. Imported pharmaceuticals had
to be registered with a special Ministry of Health Committee, which examined
the specifications and certificates accompanying the products and sent sam-
ples to the control laboratory for analysis. A product was released for
sale only on receipt of a satisfactory report from the laboratory. Prepara-
tions manufactured locally were subject to control, both in the factory and
by the official control department, which conducted experiments on all as-
pects of the safety and efficacy of the drug. In addition, the Ministry
of Health took samples from hospitals and laboratories and had these examined
in its own laboratory. The United Arab Republic also exported large quanti-
ties of pharmaceutical preparations and these had to be registered and to
conform to the same legal requirements as those for internal consumption.
They were also subject to the same testing procedures.

Mr ABRAR (Somalia) expressed his appreciation of the report presented
by the Regional Director and the statement by Mr Bisharah and said his
Government was grateful to WHO for having provided the services of a consul-
tant to advise them on the quality control of pharmaceutical preparations.
Unfortunately, his services had been terminated rather prematurely, but now
that five qualified pharmacists, trained abroad with WHO assistance, were
available in Somalia, he hoped that ways and means could be found to provide
the services of another consultant. He also supported the establishment
of a WHO Regional Reference Laboratory.
Dr AL AWADI (Kuwait) referred to paragraph V(iii) of the document under consideration and asked whether the term "Doctor of Medicine (M.D.)" implied a higher medical qualification, or simply a degree in medicine. He also thought that some reference should have been made to the importance of clinical trials of drugs and to the question of pharmaceutical advertising.

Brigadier HASAN (Pakistan) said that in recent years the practice of pharmacy in Pakistan had changed enormously. Three universities were now producing graduates in pharmacy and pharmacists were being employed more and more widely. As regards quality control of pharmaceutical preparations, the principles followed were those of the British Pharmacopoeia and the United States Pharmacopoeia. A national pharmacopoeia was being compiled and it was hoped that it would be published by the end of 1967. No pharmaceutical product could be exported without a licence from the Government. Measures were being taken to strengthen the control of pharmaceutical preparations both centrally and in the provinces.

Mr BISHARAH, Regional Adviser on Pharmaceutical and Medical Stores, said he had been gratified to learn that all countries were taking such an active interest in the quality control of pharmaceutical preparations. The various comments had been noted and the Regional Office would continue to study this question, especially with regard to the establishment of a Regional Reference Laboratory. In reply to the Representative of Kuwait, he explained that the degree of M.D. was not meant to signify necessarily the holder of a higher degree, but medical qualification was a prerequisite for specialization in pharmacology.

The CHAIRMAN then drew attention to the following draft resolution:

The Sub-Committee,

Having studied the document on Principles and Organization of Quality Control of Pharmaceutical Preparations, submitted by the Regional Director;
Considering that the principles involved in the organization of an effective control are to determine adequately the identity, purity, uniformity and efficacy of the innumerable pharmaceutical preparations locally produced or imported;

Recognizing that the quality control of pharmaceutical preparations can be strengthened by the establishment of a "Division of Pharmacy" within the framework of the Ministry of Health, the development of a national quality control laboratory and the training of personnel technically and administratively,

1. COMMENTS the Regional Director on his interest and assistance in promoting the quality control of pharmaceuticals as a public health measure to safeguard the health of the people;

2. URGES Member Governments to take the necessary steps to establish laboratory facilities and set up the administrative and enforcing machinery for the quality control of pharmaceutical preparations; and

3. REQUESTS the Regional Director to continue assisting Member Governments in their efforts to plan and develop their national pharmaceutical administration and to explore possibilities for the establishment of a system of regional reference laboratories.

Dr ARIF (Iraq) suggested that, in the last operative paragraph, the phrase "to explore reference laboratories" should be redrafted to read: "to study the possibility of transforming an existing local laboratory to serve as a regional reference laboratory."

The REGIONAL DIRECTOR pointed out that it might not be possible to find one laboratory suitable for carrying out all the necessary tests and he, therefore, thought it would be preferable to leave the wording of the resolution unchanged.

Decision: The draft resolution was adopted without amendment.
(b) **The Role of the Public Health Authorities in Radiation Protection (document EM/RC17/5)**

Dr GOMEZ-CRESPO, Regional Adviser on Radiation and Isotopes, at the invitation of the Chairman, introduced the document "The Role of the Public Health Authorities in Radiation Protection" on behalf of the Regional Director. He referred to the growing health problems arising out of the use of ionizing radiation and the rapid development of new sources of radiant energy. In spite of the precautions taken, nuclear energy establishments constituted a potential danger, because of the large quantities of highly radioactive substances involved and the accumulation of radioactive wastes for which no method of destruction existed. Nuclear reactors were already in operation, or would soon become critical, in several countries of the Region. However, the biggest contribution to irradiation of the population, apart from natural radiation, was from medical uses of ionizing radiation. The control of such uses was, therefore, the most effective method of immediately reducing the irradiation of the population.

Ionizing radiation was only one of many health hazards associated with man-made changes in the environment. Such changes should be kept to the practicable minimum consistent with the welfare and economic advancement of mankind. A comprehensive programme of radiation protection could be carried out only in close co-operation with the users of sources of radiation and with the various ministerial departments concerned. It was, however, the responsibility of the Ministry of Health to co-ordinate the evaluation of the health hazards from all sources of radiation and to ensure that adequate protective measures were taken.

Dr VASSILOPOULOS (Cyprus) congratulated the Regional Director and Dr Gomez-Crespo on the excellent and comprehensive statement that they had prepared. He recalled that, although severe skin reactions and epilation resulting from prolonged exposure to X-rays had been reported as early as 1896, little heed was given to these warnings. It had since been established that over-exposure to ionizing radiation could cause not only skin
lesions, but also damage to blood-forming organs, production of malignancies and other systemic injuries, as well as genetic damage. In Cyprus, the only sources of ionizing radiation were those used in medicine for diagnostic and therapeutic procedures. The diagnostic and therapeutic departments were required to adhere strictly to the "Code of practice for the protection of persons against ionizing radiations arising from medical and dental use." Particular care had to be taken to avoid over-exposure of pregnant women and small children to ionizing radiation, and fluoroscopy should not be undertaken unless absolutely necessary.

The Ministry of Health intended to suggest to the Government the introduction of legislation similar to that already introduced in the United Kingdom for the protection of the public from radiation hazards. However, exposure to radiation could not be eliminated entirely, because various natural sources of radiation were always present. The basic objectives were to prevent or minimize somatic injuries and genetic effects by keeping the exposure doses as low as reasonably practicable, taking into consideration the number of people at risk.

Dr MORSHED (Iran) commended the Regional Director and Dr Gomez-Crespo on the document they had presented. Professor Azad and his collaborators in the Nuclear Energy Centre, University of Tehran had prepared a report on the Status of Radiation Protection in Iran, which had been distributed to the members of the Sub-Division. He asked Mrs Bagher Zadeh to present some comments and proposals.

Mrs BAGHER ZADEH of the Nuclear Energy Centre, said that the Iranian authorities thought it would be desirable to establish a regional radiation standardization centre to check radiation measuring equipment. It was hoped that with the sponsorship of WHO it would be possible to establish such a centre in a suitably situated country within the region. The assistance of IAEA might also be sought if the Regional Office considered it desirable. The establishment of such a centre was necessary as standard
radiation dosimeters needed calibrating at least once in every six months. In view of the increase in the number of health physicists, hospital physicists and radiologists, it might also be desirable to consider the formation of a regional radiation protection association to ensure technical co-operation between them. Such an association would also assist the development of regional radiation protection programmes and the coordination of WHO efforts in this field and it could be affiliated to the International Commission on Radiation Protection. Finally, she proposed that the Regional Office should consider a number of radiation protection research projects of general interest to the countries of the Region.

Dr ARIF (Iraq) thanked the various speakers for their presentations and said the subject was of great importance to all countries, particularly as some already possessed atomic reactors. An atomic reactor would soon be in operation in Iraq and a committee representing various ministries, including the Ministry of Health, had been set up to prepare a comprehensive study on radiation protection in general.

Dr AL AWADI (Kuwait) considered that the expression "a well-qualified person" in the first recommendation on page 23 of the English text needed more precise definition.

Dr OSMAN (Sudan) thought that, since the most important radiation hazards are man-made ones, the training of doctors should lay emphasis on the need to reach a diagnosis without unwarranted recourse to X-ray examination.

Dr GOMEZ-CRESPO, Regional Adviser on Radiation, replying to the Representative of Kuwait, explained that "well-qualified" referred to suitable training in radiation protection. He drew attention to two reports of the WHO Expert Committee on Radiation, explaining the philosophy of WHO in regard to radiation protection and setting out the qualifications required. The reports were entitled "Public Health and the Medical Use of Ionizing Radiation".

1 WHO Technical Report Series No. 306
and "Public Health Responsibilities in Radiation Protection." He assured the Representatives of Iran and Iraq that the Regional Office had taken good note of their comments and suggestions and would give them careful consideration.

The Chairman invited consideration of the following draft resolution:

The Sub-Committee,

Having noted with appreciation the document submitted by the Regional Director;

Recognizing that the increasing use of ionizing radiation and the rapid development of new sources of irradiation are associated with growing health problems and are causing increasing public health concern;

Noting that the largest contribution at the present time to the irradiation of the population, in addition to natural radiation, is from medical use of ionizing radiation;

Fully aware that the control of irradiation of the population from whatever cause, including occupational exposure, is clearly a public health responsibility, and

Recalling resolution EM/RC9/R.8 adopted at the Ninth Session of the Regional Committee which recommended "the enactment of national laws governing inspection of all institutes and establishments in which ionizing radiation in any form is utilized for any purpose with a view to ensuring the efficiency of all protection measures",

1. URGES Member States to give adequate attention to the protection of the public and of personnel occupationally exposed to ionizing radiations;

2. RECOMMENDS the establishment of Radiation Health Units at the Ministries of Health and the appointment, as heads of such units, of persons conversant with the field of Radiation Protection.

1 WHO Technical Report Series No. 254
3. EMPHASIZES the urgent need for enacting legislation empowering the Ministries of Health to establish a system of registration, licensing and inspection of X-ray, radioisotope, teletherapy and unsealed radioisotope sources and of their operators;

4. ENCOURAGES the establishment of film-badge monitoring services for personnel occupationally exposed to ionizing radiations, particularly medical personnel;

5. INVITES the Ministries of Health to collaborate with the national Atomic Energy Authorities and other competent bodies in the siting of nuclear reactors, the ecological survey of the sites, the surveillance for radio-nuclides in the environment including disposal of radioactive wastes and in the planning and handling of emergencies created by radiation hazards; and

6. REQUESTS the Regional Director to provide technical assistance to Governments of the Region in the planning and implementation of their radiation protection programmes.

Decision: The draft resolution was adopted without comment.

c) The Problems of Rural Water Supply (document EM/RC17/6)

Dr. HASEMBERG, Public Health Administrator (Health Organization), at the invitation of the Chairman, introduced the document "The Problems of Rural Water Supply, on behalf of the Regional Director. The main problems, he said, had already been covered by the Regional Director in his Annual Report. There was no need to elaborate the relationship between the provision of wholesome water and the maintenance of health, health education, the spread of communicable diseases and other aspects of public health. Nor was it necessary to stress the role of water in relation to livestock improvement and agriculture. What had been said about water supplies in general, applied equally to rural water supplies. The document under consideration was self-explanatory, but there were two specific points he wished to stress. Firstly, the establishment, development and maintenance of rural water supplies required long-term, comprehensive planning. It was necessary to think in terms of decades. Secondly, the very large investments required in most cases exceeded the resources of the countries
concerned - not only their financial resources, but also their resources in personnel. In addition to the utmost assistance from governments, assistance from international agencies was also necessary.

The health authorities should be involved in programmes for establishing rural water supplies from the earliest planning stages and they also had responsibilities for maintenance and supervision, which could not be left entirely to the public works and other authorities. The health authorities should be aware that WHO assistance was at their disposal. The question of rural water supplies was also of much concern to WHO Headquarters and he had available copies of a paper that had been submitted by WHO to the Water for Peace Conference. Economic assistance was nowadays readily available from various sources. It was hardly necessary to mention the great assistance that had been given by UNICEF to WHO, and many other agencies and institutions were prepared to make available funds to support long-term programmes.

Dr ABDULHADI (Libya) reported that in his country a committee had been set up to study the control of water supplies and related problems. A large-scale programme involving the construction of many hundreds of kilometres of pipeline was being implemented. In addition, plans had been made to prospect for new sources of water as the supplies at present available were inadequate.

Dr HACHICA (Tunisia) said that the provision of adequate water supplies was an even more vital problem in rural and semi-rural areas than in the towns. His Government had not neglected the improvement of water supplies in rural areas. In the northern part of the country there was abundant water a few centimetres below ground level, although the surface was a desert. River water had been used for drinking and, until a few years ago, the only method of purification used was decantation. In the central and southern parts of the country the people lived grouped around artesian wells, the water from which rapidly became unfit for human consumption during transport from the well to the home. Until recently the inhabitants had been left to shift for themselves.
The most urgent task was to carry out a survey to determine the number of potable and non-potable water points. This task was made difficult by the fact that the available maps were incomplete and had to be marked up on the spot and also because of transportation problems. A new approach was being tried by the Ministry of Health, which had sent a circular to all district governors asking them to determine the number of water points and the number of consumers. Health technicians then assessed the priorities and made bacteriological examinations of the water. Wells that were polluted were either closed, or treated in accordance with WHO recommendations. In future, wells would have to be approved by the Ministry of Health before they could be used. Appropriate legislation was being prepared. A chemical product was being developed which could be placed inside an earthenware jug which was then lowered into the well to disinfect it. Many of the wells contained high concentrations of mineral salts which could not be removed economically. The general policy could be summarized as digging, pumping, storage and distribution. Measures were also taken to prevent the deterioration of wells once they had been approved by the Ministry of Health. The investments needed were beyond the resources of the country and they would have to ask for international assistance.

Dr MORSHEID (Iran) congratulated the Regional Director on the comprehensive document, the subject of which continued to be a major rural health problem. During the past few years a great deal of attention had been given in Iran to the provision of safe water supplies for rural populations. In addition to the problem of capital investment, there was that of the training of personnel. The Government was now preparing its fourth development plan and 100 million dollars was being set aside to be spent on the improvement of rural water supplies over the next five years. The possibility of WHO assistance should be envisaged. He also supported the suggestion that there should be more research on desalination techniques to produce potable water at low cost.
The CHAIRMAN then asked the Sub-Division to consider the following draft resolution:

The Sub-Committee,

Having considered the document on Problems of Rural Water Supply submitted by the Regional Director;

Noting that only a small proportion of the rural population of most countries of the region has access to an adequate safe water supply;

Recognizing that construction, operation and maintenance of piped community water supplies require careful technical and financial programming;

Considering the threats of disease in the Region which are aggravated by a shortage of safe water, especially among rural populations;

Believing that Governments should give urgent attention to the solution of organizational and fiscal problems which impede the development of rational water supply schemes, making appropriate use of international resources which are available for carrying out investigation and for training of technical and managerial staff during the pre-investment phase,

1. **URGES** the countries of the Region to develop water supply schemes for rural areas and small communities under the joint sponsorship of local and national authorities concerned with public health, public works and agriculture, executed by existing or new specialized agencies suitably staffed and equipped for the purpose, and financed on the basis of maximum support from local beneficiaries of the schemes, by providing labour and construction materials, and by paying water rates to cover at least the cost of operation and maintenance and if possible also the cost of liquidating the construction loan;

2. **INVITES** Member States of the Region to consider practical means of co-operating to finance the construction of rural water supply schemes, through direct bilateral arrangements, through existing international banking facilities, or by establishing a regional water supply development fund; and
3. REQUESTS the Regional Director to continue to provide advisory services to countries in the field of Community Water Supplies and particularly to assist them in preparing requests to other agencies for support of pre-investment studies, training and institution building, or for construction loans.

Dr OSMAN (Sudan) suggested the insertion of the word "preferably" before "financed on the basis of maximum support" in the fifth line of the first operative paragraph.

Dr MORSHED (Iran) suggested the addition of a fourth operative paragraph to read:

"4. REQUESTS the Regional Director to consider support for research projects for the desalinization of water."

It was so agreed.

Decision: The resolution, as amended, was adopted.

The meeting rose at 1.25 p.m.