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

PART I - INTRODUCTION

1. General ................................................................. 1
2. Opening of the Session ............................................. 1
3. Election of Officers .................................................. 1
4. Address of Chairman .................................................. 2
5. Adoption of the Agenda ............................................... 2
6. Amendment to Rule 22 of Revised Rules of Procedure of Sub- Committee A .................................................. 2
7. Report of Sub-Committee B of the Eighth Session of the Regional Committee ................................................ 2

PART II

1. Eighth Annual Report of the Regional Director .................... 2
2. Statements and Reports by Representatives of Member States ...... 3
3. Co-operation with other Organizations and Agencies .............. 3

PART III - SUB-DIVISION ON PROGRAMME

1. Appointment of Sub-Division .......................................... 4
2. Report of the Sub-Division on Programme ............................ 4

PART IV - TECHNICAL DISCUSSIONS

1. Bilharziasis and its Control .......................................... 4
2. Subject for Technical Discussions at Future Sessions ............ 5

PART V - OTHER MATTERS

1. Resolutions of Regional Interest passed by the Eleventh World Health Assembly and by the Twenty-First and Twenty-Second Sessions of the Executive Board ......................... 5
2. Place of Tenth Session of the Regional Committee 1960 .......... 5
3. Representative of Sub-Committee A (Rule 47 of Rules of Procedure) ................................................ 6
4. Adoption of the Report of Sub-Committee A ........................ 6

PART VI - RESOLUTIONS

ANNEX I - Agenda: Sub-Committee A of the Regional Committee for the Eastern Mediterranean, Eighth Session

ANNEX II - List of Representatives, Alternates, Advisers and Observers to Sub-Committee A of the Regional Committee, Eighth Session

ANNEX III - Report of the Sub-Division on Programme

ANNEX IV - Summary Technical Report: Technical Discussions on Bilharziasis and its Control, Sub-Committee A of the Eighth Session of the Regional Committee
PART I

INTRODUCTION

1. GENERAL

Sub-Committee A of the Regional Committee of the Eastern Mediterranean at its Eighth Session met in Baghdad, Iraq, from 12 to 18 October 1958. Six plenary meetings were held and the Sub-Division on Programme met twice. One meeting was devoted to Technical Discussions on Bilharziasis and its Control.

The following thirteen States were represented:

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<td>France</td>
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<td>Iran</td>
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<td>Iraq</td>
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<td>Italy</td>
<td>United Arab Republic</td>
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<td>Lebanon</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
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<td>Libya</td>
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Jordan and Yemen had expressed their intention to attend Sub-Committee A; their representatives were absent.

The United Nations, the Technical Assistance Board, United Nations Children's Fund, United Nations Relief and Works Agency, and the Food and Agriculture Organization were represented as well as four international nongovernmental organizations. The League of Arab States, the International Statistical Education Centre, the Rockefeller Foundation and the United States International Co-operation Administration were represented by Observers. (See Annex II for List of Representatives and Observers).

Simultaneous interpretation into all three languages, English, French and Arabic, was employed for the first time.

2. OPENING OF THE SESSION (Agenda items 1 and 2)

The opening session was held in the People's Hall, through the courtesy of the Mayor of Baghdad.

Dr. Hafez Amin, Under-Secretary of State, Ministry of Public Health of the Province of Egypt, United Arab Republic, Chairman of Sub-Committee A of the Regional Committee at the Seventh Session, presided. His Excellency Dr. Mohamed Saleh Mahmoud, Minister of Health of the Government of Iraq, gave the inaugural address. In welcoming those taking part in the meetings of Sub-Committee A he said that, apart from giving health problems primary consideration in their programme for Iraq, his Government hoped to contribute towards the attainment of the highest possible standards of health throughout the world, thus helping to realize the objectives of the World Health Organization.

Other speakers were Dr. A.H. Taba, Director of the Regional Office for the Eastern Mediterranean, Dr. P. Dorcile, Deputy Director-General of the World Health Organization, Dr. A.T. Shousha, Observer for the League of Arab States, and Dr. J. Anouiti, Director-General of Health, Beirut, Representative for Lebanon.

3. ELECTION OF OFFICERS (Agenda item 3)

The Sub-Committee elected its officers as follows:

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<tr>
<td>Chairman</td>
<td>Dr. Sabih Al-Wahbi (Iraq)</td>
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<tr>
<td>Vice-Chairman</td>
<td>Dr. Said El Dajany (Libya)</td>
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<tr>
<td></td>
<td>Mr. Yohannes Tseghe (Ethiopia)</td>
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</table>
4. ADDRESS OF CHAIRMAN

Dr. Sabih Al-Wahbi gave an address during which he emphasized that the attainment of health was dependent upon the co-operation of all peoples and all nations and lauded the World Health Organization's policy of decentralization which facilitated the closest co-operation between Member States of the Region.

5. ADOPTION OF THE AGENDA (agenda item 5, Document EM/RC5A/1)

The provisional agenda was adopted with the addition of the following items:

Amendment to Rule 22 of Rules of Procedure of Sub-Committee A (Document RC4/EM/12 Rev.2; Resolution EM/RC5A/R.2)

Report of Sub-Committee B of the Eighth Session of the Regional Committee (Document EM/RC6B/4/Rev.1)

These items were numbered respectively 6 and 8 and a corresponding change was made in the numbering of the other items of the agenda (See Annex 1).

6. AMENDMENT TO RULE 22 OF REVISED RULES OF PROCEDURE OF SUB-COMMITTEE A (agenda item 6, Document RC4/EM/12 Rev.2, later EM/RC5A/2)

Rule 22 of the Rules of Procedure amended as proposed by France, Italy and the United Kingdom was adopted unanimously (Resolution EM/RC5A/R.2).


Sub-Committee A took note of the report of the Regional Director on the meeting of Sub-Committee B.

PART II

1. EIGHTH ANNUAL REPORT OF THE REGIONAL DIRECTOR (agenda item 9, Document EM/RC5/2)

The Report of the Regional Director which covered the period 1 July 1957 to 30 June 1958, was considered chapter by chapter.

The main points arising from the discussions were the following:

(1) In the field of education and training, fellowships were of primary importance particularly in the training of auxiliary personnel, and medical training should be oriented towards the field of public health. More flexibility was required in the qualifications for entry into certain training courses for auxiliary health personnel. A seminar on the various aspects of the training of this personnel was needed.

(2) Training centres, technical meetings, and preliminary surveys were of great value in promoting malaria eradication programmes; where tuberculosis care was domiciliary, health education was particularly important; the solution of the problem of bilharziasis lay to a great extent in raising the economic, social and cultural levels, and control programmes should be an integral part of community development programmes; serological surveys on poliomyelitis should be undertaken; environmental sanitation was an important factor in the problem of trachoma, which should also be considered as a social problem.
(3) There was a great need throughout the Region for personnel trained in rural health work; an international seminar on rural health and community development would be valuable.

(4) Health education of the public was one of WHO's most important tasks; plans in this field would only be successful if based on a good background knowledge of the area and the people.

(5) There was a need for additional maternal and child health clinics for preventive and curative work; another maternal and child health seminar should be held. The practical aspect of nutrition should be given full consideration, particularly when awarding fellowships; nutrition surveys should be undertaken.

As well as nutrition, mental health was becoming an increasing problem in certain countries of the Region.

(6) Vital and health statistics were essential in all health activities and there was a need for trained statisticians, statistical assistants, clerks and computers. The preparation of an Arabic adaptation of the manual of the International Statistical Classification of Diseases, Injuries and Causes of Death was under study.

(7) Blood bank projects should be given high priority.

(8) Prompt reporting by Governments would ensure speedy dissemination of epidemiological information as provided for by the International Sanitary Regulations.

The Sub-Committee adopted Resolution EM/RCSA/Rev.1 on the Annual Report of the Regional Director.

2. STATEMENTS AND REPORTS BY REPRESENTATIVES OF MEMBER STATES (Agenda item 10)

Statements were made by the Representatives of Iran and Libya during which they gave a résumé of the progress achieved and problems encountered in their countries in the field of health during recent years.

3. CO-OPERATION WITH OTHER ORGANIZATIONS AND AGENCIES (Agenda item 11)

(a) Statements and Reports by Representatives and Observers of Organizations and Agencies (Agenda item 11 (a))

The Representative of the Food and Agriculture Organization stressed the importance of nutrition in the Region. Raising nutrition levels was a basic objective of FAO. There was close co-operation between FAO, WHO and UNICEF in this field and many joint WHO/FAO projects had been undertaken. The first Technical Meeting on Nutrition in the Middle East was to be held in November under the joint sponsorship of the two Organizations.

The Representative of the United Nations Children's Fund paid tribute to the efforts of Governments in the field of health. Their long-term plans would help in the development of future UNICEF-assisted programmes. The UNICEF Executive Board in September had approved recommendations for seventeen new allocations in the Region. Malaria eradication and pre-eradication programmes were considered of vital importance and UNICEF had estimated commitments in this field for the next three years. The Fund hoped to expand its assistance progressively in the fields of nutrition, tuberculosis, trachoma and leprosy - regular and continuous evaluation of joint programmes would be of benefit to both organizations.
The Representative of the Fédération dentaire internationale urged that more attention should be given to dental care and hygiene and recommended that countries of the Region should consider the fluorination of drinking water.

The Observer of the United States International Co-operation Administration stated his Government's desire to co-operate with other Governments and with international organizations in raising living and health standards in the Region.

(b) Report of UNRWA (Agenda item 11(b) - Document EM/RC8/13)

The Representative of the United Nations Relief and Works Agency, in introducing the Report of the Health Division of the Agency stated that in spite of financial and other difficulties, the Health Services had continued during the year without interruption and at the same level as in previous years, and greater co-operation from the refugees had been evidenced.

Definite technical gains had been achieved during the year in dealing with the problems of summer diarrhoea among infants and young children, and of tuberculosis control to which a quarter of a million dollars had been devoted. Indications were that tuberculosis was not spreading among the refugees.

Co-operation had continued with the host governments and voluntary agencies, and both had given substantial assistance to the health work for the refugees.


PART III

SUB-DIVISION ON PROGRAMME

1. APPOINTMENT OF SUB-DIVISION (Agenda item 7)

In conformity with Rule 14 of the Rules of Procedure a Sub-Division on Programme was established. The Proposed Programme and Budget Estimates for 1960 for the Eastern Mediterranean Region (Agenda item 14) and Technical Matters (Agenda item 15) were referred to the Sub-Division.

Dr. Ataollah Tabiosaden (Iran) was appointed Chairman and also acted as Rapporteur.

2. REPORT OF THE SUB-DIVISION ON PROGRAMME (Agenda item 16)

The Report of the Sub-Division on Programme which met on 14 and 15 October was adopted (resolution EM/RC8/R.13) and appears as Annex III.

PART IV

TECHNICAL DISCUSSIONS

1. BILHARZIASIS AND ITS CONTROL (Agenda item 17 - Documents EM/RC8/Tech.Disc/1-7)

The Technical Discussions on Bilharziasis and its Control were held on Thursday, 16 October 1958. Dr. Naguib Ayyad (United Arab Republic) was appointed Chairman.
The following papers formed the basis for the discussions (Documents EM/RCA/Tech.Disc./1 - 7):

"Bilharziasis in the Eastern Mediterranean Region"

"Special Needs for Further Laboratory and Field Research to Improve Bilharziasis Control methods in the Middle East" by Dr. Willard H. Wright

"Study of Water Flow Velocities in irrigation Canals in Iraq and their Mathematical Analysis" by Joaquin de Araoz, C.E., M.S.S.E.

"The Engineering Aspects of Bilharziasis Control" by Joseph H. Lancix, C.E., M.S.S.E. and John O. Buxell, M.S., M.P.H.

"A Small Treatment Plant for Supplying Rural Communities with Water from Irrigation Canals" by Joaquin de Araoz, C.E., M.S.S.E.

"Bilharziasis Control Problems in Iraq" by Dr. A. Hamani, Dr. C.L. Klimt and Dr. H. Najarian.

After a thorough discussion, the Sub-Committee adopted a resolution on Bilharziasis and its Control (EM/RCA/R.19) and on UNICEF and FAO participation in bilharziasis control programmes (EM/RCA/R.20). A Summary Technical Report appears in Annex IV.

2. SUBJECT FOR TECHNICAL DISCUSSIONS AT FUTURE SESSIONS

The Sub-Committee decided on subjects for future Technical Discussions as follows (Resolution EM/RCA/R.17):

1959: Ankylostomiasis

PART V

OTHER MATTERS


Review and Appraisal of WHO Fellowships (Resolution WH/411.37; Document EM/RCA/12)

After a résumé of the fellowships programme in the Eastern Mediterranean Region given by the Regional Advisor on Education and Training, EMRO, the Sub-Committee adopted Resolution EM/RCA/R.5 on the subject.

Review of Salaries, Allowances and Benefits (Resolution EB/21.63; Document EM/RCA/9)

Resolution EM/RCA/R.6 on the Review of Salaries, Allowances and Benefits was adopted by the Sub-Committee.

2. PLACE OF TENTH SESSION OF THE REGIONAL COMMITTEE 1960 (Agenda item 18)

The Sub-Committee unanimously accepted the invitation of the Representative of Tunisia to hold its 1960 session in Tunis. (Resolution EM/RCA/R.15).
3. REPRESENTATIVE OF SUB-COMMITTEE A (RULE 47 OF RULES OF PROCEDURE) (Agenda item 19).

Dr. Nawab Khan (Pakistan) was designated to represent the Sub-Committee in pursuance of paragraph 2 (8) of Resolution WHA7.33 and of Rule 47 of the Rules of Procedure (Resolution EM/RC8A/R.16).

4. ADOPTION OF THE REPORT OF SUB-COMMITTEE A

The report was adopted (Resolution EM/RC8A/R.21), with a vote of thanks to the Government of the Republic of Iraq (Resolution EM/RC8A/R.22).

PART VI

RESOLUTIONS

In the course of its plenary sessions, Sub-Committee A adopted the following resolutions:

EM/RC8A/R.1 ADOPTION OF THE AGENDA

The Sub-Committee,

ADOPTS the provisional agenda as revised (EM/RC8A/1)

EM/RC8A/R.2 AMENDMENT TO RULE 22 OF RULES OF PROCEDURE

The Sub-Committee,

DECIDES to amend Rule 22 of its Rules of Procedure (RC4/EM/12 Rev.2) so that the amended Rule shall read as follows:

"Rule 22

The report of the Sub-Committee shall state which Members have exercised their right of vote during the session."

EM/RC8A/R.3 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Sub-Committee,

Having considered the report of the Regional Director covering the twelve-month period 1 July 1957 to 30 June 1958 (EM/RC8/2),

1. NOTES with satisfaction the continuing progress reported, particularly in the fields of education and training, and in the intensified control of communicable diseases:

2. NOTES with approval that, with the progressive strengthening of national health services, an increasing number of inter-regional programmes are being undertaken to assist in the development of these services and to facilitate the much needed co-ordination of activities in specialized fields between Member States of the Region;

3. COMMENDS the Regional Director for his comprehensive report on the work accomplished;
4. SUGGESTS that the Regional Director should study the possibility of organizing a regional seminar on the various aspects of training of auxiliary personnel with reference in particular to requirements for admission to training courses, duration of the courses, uniformity of such courses in the Region, facilities for exchange of students and training of teachers;

5. REQUESTS the Regional Director to continue to strengthen his efforts along the lines followed during the period under review;

6. ADOPTS the report as presented.

EM/Rc8A/R.4 UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES

The Sub-Committee,

Having studied with interest the report of the Chief, Health Division, on the health services carried out by the United Nations Relief and Works Agency for Palestine Refugees (EM/Rc8/13),

1. THANKS UNRWA for its valuable work in caring for the health and welfare of the Palestine refugees;

2. REAFFIRMS the need for the assignment of the Chief, Health Division of UNRWA, to the WHO Regional Office for the Eastern Mediterranean, to give continuity of services and full use of the Regional Office's technical facilities.

EM/Rc8A/R.5 FELLOWSHIPS PROGRAMME IN THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having noted resolution WHA11.37 of the Eleventh World Health Assembly on the subject of fellowships;

Having considered the particular situation in the Eastern Mediterranean Region with regard to the fellowships programme as outlined by the Regional Director (EM/Rc8/12),

1. EXPRESSES its satisfaction with the efforts to improve and develop further the fellowships programme in the Region;

2. INVITES Member States of the Region to continue to co-operate in the planning of appropriate requests, in the selection of candidates and in ensuring proper employment and full utilization of fellows on return;

3. CONFIRMS its full support of the principles of the fellowships programme and the methods of implementation;

4. THANKS all countries, institutions, public health officials, research workers and academic teachers who are co-operating in the regional programme by receiving and training WHO fellows.

EM/Rc8A/R.6 REVIEW OF SALARIES, ALLOWANCES AND BENEFITS

The Sub-Committee,

Having studied the document (EM/Rc8/g) submitted by the Regional Director drawing attention to resolution WHA10.49 of the Tenth World Health Assembly, and to resolution EB21.R53 of the Twenty-First Session of the Executive Board;
Having noted the Regional Director's invitation to express, for consideration by the Board, any comments the Sub-Committee may have on the subject of salaries, allowances and benefits of internationally recruited staff:

Considering that the system of salaries, allowances and benefits will be beneficial to the Organization and its staff if it is based on uniformity, simplicity and flexibility, while embodying provisions to cope with special situations arising in certain countries;

Emphasizing the importance of equitable conditions of employment and of maintaining staff morale,

1. RECOMMENDS that uniformity and simplicity should be maintained as the basic principle of the system of salaries, allowances and benefits since it has to be applied to highly qualified professional staff rotating between widely dispersed locations;

2. BELIEVES that clear-cut and easily understood rules are of particular importance in the case of staff away from the principal offices of the Organization, who have few opportunities to discuss their personal situation with the administration;

3. CONSIDERS it advantageous to provide for appropriate amenities including additional leave entitlement for staff assigned to duty stations in particularly arduous circumstances;

4. EXPRESSES its satisfaction with the principle of post adjustments aimed at securing comparable standards of living in all duty stations;

5. RECOMMENDS that minus post adjustments be avoided in view of their impact on recruitment, rotation and staff morale; and

6. REQUESTS the Regional Director to transmit the Committee's views to the Director-General for inclusion in his report to the Twenty-Third Session of the Executive Board.

EM/RC8A/R.7 RESOLUTIONS OF REGIONAL INTEREST PASSED BY THE ELEVENTH WORLD HEALTH ASSEMBLY AND BY THE TWENTY-FIRST AND TWENTY-SECOND SESSIONS OF THE EXECUTIVE BOARD

The Sub-Committee,

Having studied the document (EM/RC8/11) submitted by the Regional Director drawing attention to resolutions of regional interest passed by the Eleventh World Health Assembly and by the Twenty-first and Twenty-second Sessions of the Executive Board,


EM/RC8A/R.8 REGIONAL PROGRAMME

The Sub-Committee,

Having considered the proposed programme and budget estimates for 1960 (EM/RC8/3), submitted by the Regional Director,
1. **ENDORSES** the proposed programme and budget estimates for 1960 as submitted by the Regional Director, to be implemented from the Regular Budget of the World Health Organization, the Expanded Programme of Technical Assistance Funds and the Malaria Eradication Special Account;

2. **REAFFIRMS** the importance of inter-country and inter-regional projects and emphasizes the value of the educational and training aspects of the programme;

3. **EXPRESSIONS** its satisfaction regarding the provisions made in the programme for malaria eradication and in the field of endemic-epidemic diseases, particularly with regard to the control of smallpox and tuberculosis;

4. **EMPHASIZES** the need for inter-country and inter-regional cooperation in the control of disease;

5. **THANKS** UNICEF for its continued co-operation.

**EM/RC8A/R.9 FUNDS FOR THE SERVICES OF SHORT-TERM CONSULTANTS**

The Sub-committee,

Considering that the delay experienced in the recruitment of short-term consultants results in its being impossible to use part of the funds provided for this purpose before the end of the financial year,

**RECOMMENDS** that steps should be taken by the Organization to provide for a more flexible use of funds allocated to cover the services of short-term consultants, notably by applying a suitable procedure similar to that applicable to fellowship awards.

**EM/RC8A/R.10 ANTIMALARIA PROGRAMMES IN THE EASTERN MEDITERRANEAN REGION**

The Sub-committee,

Having studied the document (EM/RC8A/4 and Add.1) submitted by the Regional Director on antimalaria programmes in the Eastern Mediterranean Region, including its Annex on the conclusions of the Regional Technical Meeting on Malaria Eradication held in December 1957 in Baghdad;

Realizing that in spite of the considerable progress which has been achieved in the implementation of resolution EM/RC7A/R.17, and of resolution WHO10.32 of the World Health Assembly, there still remains a population of 117 million exposed to malaria, for whom protection is needed under plans for malaria eradication;

Considering that the success of malaria eradication programmes in the Eastern Mediterranean Region depends on the willingness of Member States to give malaria its due priority among their public health problems and to grant the necessary rank and authority to national malaria eradication services within the structure of their Ministries of Public Health;

Noting with satisfaction the establishment and subsequent strengthening of a Malaria Eradication Co-ordination Unit (MECU) in the Regional Office, and the development of the Malaria Eradication Special Account and its use in assisting malaria eradication programmes in the Eastern Mediterranean Region,
1. ACKNOWLEDGES the great effort made by the countries executing malaria eradication programmes or following pre-eradication activities, and calls on Member States where no such activities have been undertaken to stimulate the drive towards the eradication of this disease;

2. ENDORSES the conclusions of the Regional Technical Meeting on Malaria Eradication (EM/RC8/4, Annex), and stresses the urgent need for granting full administrative and financial facilities to the national malaria eradication services, the provision of the necessary legislative measures to help in implementing effectively the malaria eradication programme within the specified time;

3. REAFFIRMS the need for greater financial aid from international sources to enable the Malaria Eradication Programme to cover the remaining 117 million inhabitants still unprotected from malaria in this Region;

4. THANKS UNICEF for its continuing co-operation and recommends that it give its full support to malaria eradication programmes in the Eastern Mediterranean Region, not only during the attack phase but also during the consolidation phase of these programmes;

5. THANKS the countries in the Region which have contributed to the Malaria Eradication Special Account, and invites the governments of Member States to participate in increasing the funds in this Account;

6. STRESSES the need for expanding the educational and training services given in connection with malaria eradication programmes in order to provide the necessary trained personnel;

7. STRESSES the need for fuller collaboration of Member Governments in providing WHO with quarterly progress reports on their antimalaria programmes, in stimulating exchange visits of scientific workers, and ensuring full participation of their representatives in Regional Technical Meetings on Malaria Eradication;

8. ENDORSES the steps which the Regional Director has taken in stimulating co-ordination of antimalaria activities, in promoting research on certain technical problems, and in establishing regional malaria eradication training centres

EM/RC8/A.11 SMALLPOX ERADICATION

The Sub-Committee,

Having studied the comprehensive document (EM/RC8/5 and Add.1) submitted by the Regional Director:

Having taken note of resolution WMA11.54 of the Eleventh World Health Assembly on "Eradication of Smallpox";

Considering that smallpox is still a public health problem in the Region,

1. CALLS UPON Member States to provide the Director-General with the detailed information required for the study on financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, for submission to the Executive Board (Resolution WMA11.54 par.1).
2. RECOMMENDS that Governments of Member States of the Region, where smallpox exists, organize preventive campaigns as soon as possible, for the vaccination of the whole population against smallpox and for additional re-vaccination especially in the foci where smallpox might still exist, and that Member States take the necessary steps to achieve eradication of the disease as early as possible;

3. COMMENDS the Regional Director on his programme for smallpox control in the Region;

4. REQUESTS the Regional Director to provide countries with consultants and other services as may be required for the implementation of their programmes for smallpox control and vaccination campaigns; and

5. REITERATES the need, as expressed in the operative paragraphs of Resolution EM/RC7A/R.13, for the advantageous use of the stable dried smallpox vaccine in countries of the Region.

EM/RC6A/R.12 DRUG ADDICTION

The Sub-Committee,

Having studied the document on Drug Addiction submitted by the Regional Director;

Recognizing the influence of the socio-cultural background and environment on addiction to hashish as well as to other drugs;

Noting that important cultural, racial and constitutional factors predisposing to drug addiction have yet to be investigated;

Noting with appreciation the effective action on the part of the Government of Iran in controlling the production and import of opium and in the treatment of addicts,

1. REITERATES the need (Resolution EM/RC7A/R.16) for additional studies on drug addiction in the Region to be undertaken;

2. RECOMMENDS to Governments in the Region to take the necessary steps for the medical treatment of addicts;

3. REQUESTS the Regional Director to continue to co-operate with organizations concerned with the problem and to give technical assistance to governments, upon request, in their efforts to suppress drug addiction;

4. REQUESTS the Regional Director to study the social and medical problems created by the use of khat and to report to the Sub-Committee at a future session.

EM/RC6A/R.13 WHO-ASSISTED TUBERCULOSIS CONTROL PROGRAMMES

The Sub-Committee,

Having studied the document (EM/RC8/7) submitted by the Regional Director on WHO-assisted tuberculosis control programmes;

Noting with approval the work accomplished in the control of the disease in the Region,
1. INVITES the Regional Director to continue to assist countries of the Region in the establishment, development and expansion of their national tuberculosis control programmes, particularly by:

   (1) making prevalence surveys along scientific and epidemiological lines to measure, with reasonable accuracy, the extent and seriousness of the problem and to form a basis on which national tuberculosis control programmes may be scientifically planned and executed;

   (2) encouraging mass case-finding and domiciliary treatment in areas of high prevalence and promoting mass BCG-vaccination programmes in countries with high and medium prevalence of tuberculosis, especially when resources for carrying out mass case-finding and treatment are limited or nonexistent;

   (3) establishing pilot programmes for developing simple, more economical and effective procedures and techniques for the diagnosis, prevention and treatment of tuberculosis with the wish that such pilot projects should be entirely supported by international funds;

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

3. URGES Member States to promote health education of the public with regard to the prevention and control of tuberculosis.

EN/RC8A/14 VITAL AND HEALTH STATISTICS

The Sub-Committee,

Having discussed the situation as regards vital and health statistics services in the Region (EN/RC8/5);

Aware that a knowledge of relevant facts is essential to a successful administration of health services;

Recognizing that collecting and analysing statistics is the safest and least expensive way of discovering the facts as regards health conditions in a country and a valuable help in supervising the activities of the departments and staff of the health services;

Recognizing the insufficiency, both quantitatively and qualitatively, of the statistical staff in the ministries of health and in other departments concerned with statistics in most countries of the Region;

Noting that the few statistics published are lacking in uniformity, making a comparison of data between the countries difficult,

1. ENDORSES the view that a well-developed system for vital and health statistics is essential in a proper health administration;

2. RECOMMENDS that the Member States of the Region:

   (1) encourage the training of statisticians specialized in vital and health statistics;

   (2) strengthen the statistical services of the health authorities by recruiting a sufficient number of well-trained statisticians and auxiliary personnel;
(3) co-ordinate activities between the countries in order to obtain the desirable uniformity in the data produced and in the statistical publications;

(4) undertake, when possible, statistical investigations before starting new activities in the field of health and the care of the sick, or re-organizing work already under way;

3. REQUESTS the Regional Director to increase the provisions for fellowships and lecturers on this subject to the International Statistical Education Centre in Beirut.

EM/RC8A/R.15 PLACE OF TENTH SESSION OF REGIONAL COMMITTEE (SUB-COMMITTEE A)

The Sub-Committee,

1. THANKS the Government of Tunisia for its generous invitation, and

2. RESOLVES to hold its 1960 session in Tunis.


The Sub-Committee,

Considering Rule 47 of the Rules of Procedure,

DECIDES that for its 1958 session the Sub-Committee shall be represented by Dr. Ali Nawab Khan, the Representative of Pakistan, for the implementation of Rule 47 of the Rules of Procedure.

EM/RC8A/R.17 TECHNICAL DISCUSSIONS AT THE NINTH AND TENTH SESSIONS OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN (SUB-COMMITTEE A)

The Sub-Committee,

Having in mind the great importance of the problems of Ankylostomiasis and of Tuberculosis in the Region;

DECIDES that the subject for Technical Discussions at its 1959 Session shall be "Ankylostomiasis", and

FURTHER DECIDES that the subject for the Technical Discussions at its 1960 Session shall be "Tuberculosis control with special emphasis on domiciliary treatment".

EM/RC8A/R.18 REPORT OF SUB-DIVISION ON PROGRAMME

The Sub-Committee,

Having noted the report of the Sub-Division on Programme (EM/RC8A/4, Rev.1, Annex III)

ADOPTS the report.
The Sub-Committee,

Having held technical discussions on the problem of bilharziasis and its control in the Region;

Recognizing that bilharziasis is a major public health problem and, next to malaria, is the most important parasitic disease in this Region;

Noting that social environment is a major consideration in the maintenance of its endemicity;

Aware that the disease constitutes an intricate bio-social problem which in the present state of our knowledge cannot be completely solved;

Fully aware of the need for further expansion of our present knowledge about the problem if a complete solution is to be found,

1. **URGES** Member States to approach the problem on the broad lines of human ecology, integrating control measures into the national economic development plans for raising living standards;

2. **EMPHASIZES** the need for research on the basic factors involved in the epidemiology of the disease, the water management and irrigation, the ecology of the snail intermediate hosts, the production of effective and safe remedies for mass treatment, and of cheap molluscicides and their methods of application;

3. **STRESSES** the desirability of a team approach in answering the many unsettled questions not only in the research institutes but as an integral part of all bilharziasis control programmes;

4. **RECOMMENDS** that pilot projects with well-defined objectives be developed as part of country-wide programmes to test new schemes and to seek new solutions on a reasonable scale before launching ambitious programmes whose failure would diminish confidence;

5. **RECOMMENDS** that the development of evaluation and organizational procedures, and of objective yardsticks for measuring progress, should receive high priority amongst the studies made at WHO-assisted pilot projects;

6. **RECOMMENDS** that in countries where bilharziasis constitutes a public health problem, inter-departmental co-ordination committees or councils consisting of representatives of public health, irrigation, public works, agriculture, fisheries and community development departments as well as educational, administrative and local government authorities, be established to deal with the problem;

7. **REITERATES** the request made to Member States (Resolution EM/RC8A/R.19) to prepare reports on the details of their bilharziasis control programmes to be transmitted through the Regional Director to the UNICEF/WHO Joint Health Policy Committee.
EM/RC3A/R.20 UNICEF AND FAO PARTICIPATION IN BILHARZIASIS CONTROL PROGRAMMES

The Sub-Committee,

Considering that our present knowledge about bilharziasis control is sufficiently advanced to allow public health measures to be taken for the control of the disease with reasonable chances of success;

Realizing the magnitude of the problem and the need for joint international assistance to Governments in their control programmes;

Considering that children are the main victims of the disease,

APPEALS to UNICEF and FAO, through the appropriate WHO channels, for active participation in this major undertaking of the Region.

EM/RC3A/R.21 ADOPTION OF THE REPORT OF SUB-COMMITTEE A

The Sub-Committee,

1. ADOPTS the report of Sub-Committee A of the Eighth Session of the Regional Committee (EM/RC3A/4);

2. REQUESTS the Regional Director to deal with the report in accordance with the Rules of Procedure.

EM/RC3A/R.22 VOTE OF THANKS

The Sub-Committee,

EXPRESSES its gratitude to the Government of the Republic of Iraq for their generous hospitality and for the excellent and comprehensive arrangements made to ensure the success of the session of Sub-Committee A held in Baghdad from 12 to 18 October 1958.
EM/RC8/A/4/Rev.1
Annex I
page 1

ANNEX I

AGENDA

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

1. Opening of the Session
2. Address of welcome
3. Election of Chairman and Officers
4. Address by Chairman
5. Adoption of the Agenda (document EM/RC8/A/1)
6. Amendment to Rule 22 of Rules of Procedure of Sub-committee A
7. Appointment of Sub-Division on Programme
8. Report of Sub-committee B of the Eighth Session of the Regional
   Committee (document EM/RC8/B/4/Rev.1)
9. Annual Report of the Director to the Regional Committee
   (document EM/RC8/2)
10. Statements and Reports by Representatives of Member States
11. Co-operation with other Organizations and Agencies:
   (a) Statements and Reports by Representatives and Observers
       of Organizations and Agencies
   (b) Report of the United Nations Relief and Works Agency
       for Palestine Refugees (document EM/RC8/13)
12. Action taken on resolutions passed by the Seventh Session of the
    Regional Committee (Sub-committee A): EM/RC7/A/R.6, 12, 13, 16,
    17, 19 and 22 (document EM/RC8/10)
13. Resolutions of Regional interest passed by the Eleventh World Health
    Assembly and by the Twenty-First and Twenty-Second Sessions of the
    Executive Board (document EM/RC8/11). (Also documents EM/RC8/14 Add.1;
    5 Add.1; 9; 12)
    Mediterranean Region (document EM/RC8/3)
15. Technical Matters:
   (a) Antimalaria programmes in the Eastern Mediterranean Region
       (document EM/RC8/4 and Addendum 1)
   (b) Smallpox Control (document EM/RC8/5 and Addendum 1)
(c) Drug Addiction (document EM/RC8/6)

(d) WHO-assisted Tuberculosis Control Programmes (document EM/RC8/7)

(e) Vital and Health Statistics Services in the countries of the Eastern Mediterranean Region (document EM/RC8/8)

16. Report of the Sub-Division on Programme


18. Place of Tenth Session of Regional Committee, 1960

19. Other business

20. Adoption of the Report (document EM/RC8A/4 and Rev.1)
LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS TO SUB-COMMITTEE A OF THE REGIONAL COMMITTEE EIGHTH SESSION

ETHIOPIA

Representative
Mr. Yohannes Tseghe
Adviser to the Ministry of Public Health, Addis Ababa

FRANCE

Representative
Médecin Colonel Paul Faure
Director of Public Health, French Somaliland

IRAN

Representative
Dr. Ataollah Tabibzadeh
Director-General, Malaria Eradication Organization

Alternate
Dr. Chamseddine Mofidi
Director, Institute of Parasitology and Malariaology

IRAQ

Representative
Dr. Sabih Al-Wahbi
Director of Karkh Hospital

Alternate
Dr. Mahmoud Ibrahim
Director of International Health

Advisers
Dr. Ahmed Izzat Al-Kaissi
Dean of the College of Medicine

Mr. Baher Faik
Director-General of Technical Assistance
Ministry of Foreign Affairs

Dr. Ali Al-Hamami
Director-General of Endemic Diseases

Dr. Sami Muhamad Yahya
Director of Section of Internal Diseases
Rashid Hospital

Dr. Ali Haydar Al-Jamil
Director of the Institute of Venereal Diseases and Bejel

Dr. Mahmoud Al-Jalili
Director of the Institute for Medical Research

Dr. Brand Izmi Relian
Director of the National Institute of Nutrition
Dr. Abdul Kadir Shakir
Assistant Director of Section of Venercal
and Skin Diseases
Rashid Hospital

Dr. Rifaat Al-Haj Ali
Director of Tweitha Hospital for Chest Diseases

Dr. Jihad Shaheen
Director of the Institute for the Control of
Tuberculosis

Dr. Lemaan Amin Zaki
Director of Maternal and Child Welfare Services

Dr. Rafid Subhi Adib, F.R.C.S.
Rashid Hospital

Dr. Anwar Al-Awqati
Specialist at the College of Medicine

Dr. Abdul Latif Al-Badri
Specialist at the College of Medicine

Dr. Jamal Ahmed Hamdi of the Directorate-General
of Endemic Diseases

ITALY

Representative: Dr. G. Tassi
Ministry of Health

Alternate: Mr. G. Natali
Chargé d'Affaires, Italian Legation, Baghdad

LEBANON

Representative: Dr. Anouti
Director-General of Health, Beirut

LIBYA

Representative: Dr. Said Dajany
Deputy Director-General of Health

Alternate: Mr. Omar Abbas Kadi
Administrative Secretary to Ministry of Health

PAKISTAN

Representative: Dr. Ali Nawab Khan
Deputy Director-General of Health

SAUDI ARABIA

Representative: Dr. Hosni El-Taher
Director, Technical Office
Ministry of Health
Representative
Dr. Abdulla Omar Abu Shamma
Deputy Director of Medical Services

Adviser
Mr. Gasfar Abu Bakr Mustafa
Third Secretary of the Sudan Embassy in Baghdad

TUNISIA

Representative
Dr. Mahmoud Slim
Médecin Inspecteur, Chief of the Social Health Services
Ministry of Public Health

UNIVERSALRepublic

Representative
Dr. Hafez Amin
Under-Secretary of State,
Ministry of Public Health
Province of Egypt (Retired)

Alternates
Dr. Dia El Chatti
Director of International Health Affairs
Province of Syria

Dr. M.S. Shoib
Director of International Health
Province of Egypt

Adviser
Dr. Naguib Ayyad
Director, Bilharziasis Control Section
Ministry of Public Health
Province of Egypt

UNITED KINGDOM

Representative
Dr. Wilson Rae
Chief Medical Officer
Colonial Office, London

REPRESENTATIVES OF UNITED NATIONS AND SPECIALIZED AGENCIES

UNITED NATIONS
Mr. Milton Gross
Resident Representative of the Technical Assistance Board, Iraq

UNITED NATIONS
Dr. Y. Pierret
UNICEF Resident Representative for Iran and Iraq

CHILDREN’S FUND
UNICEF

Mr. F.A. Awad
Administrative Assistant, UNICEF, Iraq

(UNICEF)

UNRWA
Dr. J.S. MacKenzie Pollock
Chief, Health Division, UNRWA, Beirut
| TECHNICAL ASSISTANCE BOARD | Mr. Milton Gregg  
|                          | Resident Representative of the Technical Assistance Board, Iraq |
| FOOD AND AGRICULTURAL ORGANIZATION | Miss Mona Doss  
|                          | Regional Nutrition Officer  
|                          | Food and Agriculture Organization, Cairo |

<table>
<thead>
<tr>
<th>REPRESENTATIVES AND OBSERVERS OF INTERNATIONAL, NON-GOVERNMENTAL, INTER-GOVERNMENTAL AND NATIONAL ORGANIZATIONS</th>
</tr>
</thead>
</table>
| LEAGUE OF ARAB STATES | Dr. A.T. Shousha (Observer)  
|                        | Supervisor of Health Affairs  
|                        | General Secretariat, Cairo |
| INTERNATIONAL STATISTICAL EDUCATION CENTRE, BEIRUT | Mr. Faiz el Khuri (Observer)  
|                        | Director of the Centre |
| INTERNATIONAL ASSOCIATION FOR PREVENTION OF BLINDNESS | Dr. Subhi Munib (Representative)  
|                        | Baghdad |
| FEDERATION DENTAIRES INTERNATIONALES | Dr. Hussein Issa (Representative)  
|                        | Dental College  
|                        | Baghdad |
| INTERNATIONAL SOCIETY OF CRIMINOLOGY | Mr. A.J. Purrow (Representative)  
|                        | Judge at the Supreme Court of Appeal of Iraq  
|                        | Baghdad |
| LEAGUE OF RED CROSS SOCIETIES | Dr. A. Tchobanian (Representative)  
|                        | Red Crescent Society of Iraq |
| THE ROCKEFELLER FOUNDATION | Dr. Gay S. Hayes (Observer)  
|                        | Assistant Director for Medical Education and Public Health |
| UNITED STATES INTERNATIONAL COOPERATION ADMINISTRATION | Dr. Glen McDonald (Observer)  
|                        | Chief, Health Division  
|                        | US ICA Mission, Iran |
ANNEX III

REPORT OF THE SUB-DIVISION ON PROGRAMME

The Sub-Division on Programme, comprising Sub-Committee A as a whole, was established under the Chairmanship of Dr. Ataollah Tabibi (Iran) who also acted as Rapporteur. The Proposed Programme and Budget Estimates for 1960 for the Eastern Mediterranean Region (Agenda item 14, document EM/Rc8/4) and Technical Matters (Agenda item 15, documents EM/Rc8/4 and Add.1; EM/Rc8/5 and Add.1; EM/Rc8/6, 7 and 8) were referred to the Sub-Division by Sub-Committee A.

The Sub-Division met on Tuesday, 14 October, and Wednesday, 15 October.

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1960

Each of the four parts of the document was discussed in detail.

General satisfaction with the proposed Programme and Budget was expressed, particularly with plans for inter-country and inter-regional projects and for the training of personnel at all levels. The importance of mental health was emphasized and fellowships in this field were recommended. The Sub-Division expressed gratification at the appointment of the Deputy Regional Director and noted with satisfaction that the posts of Advisers in Tuberculosis, Bilharziasis, Dental Health and Health Education had been filled during the year.

The delay in recruitment of short-term consultants, particularly when this involved a curtailment of their services at the end of the financial year when they had only fulfilled a fraction of the required assignment, was discussed at some length; as the WHO financial regulations did not permit the use of funds after the expiration of the financial year in which they were allotted, the Sub-Committee decided to recommend in that particular case a more flexible application of the regulations.

A resolution on the subject was presented by the representatives of the United Arab Republic and Iraq and adopted by Sub-Committee A (EM/Rc8A/R.9)

A resolution endorsing the Proposed Programme and Budget Estimates for 1960 as submitted by the Regional Director was also adopted by the Sub-Committee (EM/Rc8A/R.8)

2. TECHNICAL MATTERS

Five technical papers on the following subjects had been prepared by the Regional Director for submission to the Regional Committee at its Eighth Session.

(a) Antimalaria programmes in the Eastern Mediterranean Region

Representatives of Iraq, Ethiopia, Pakistan, Saudi Arabia, Iran and Lebanon described the activities in their countries aimed at the eradication of malaria.

Satisfaction was expressed at the progress made within the countries and in the co-ordination of activities between them. Emphasis was placed on the need for expanding education and training services to provide trained personnel for malaria eradication programmes.
A resolution on the subject was adopted by the Sub-Committee (EM/ROSA/R.10). The representative of the United Kingdom reserved the position of his Government with regard to the paragraph on the Malaria Eradication Special Account (paragraph 5 of the resolution) as his Government disagreed with the principle of establishing voluntary funds in organizations, the constitutions of which provided for assessments on Member States.

(b) Smallpox Control

During the discussions it was emphasized that every effort should be made to eradicate smallpox in countries of the Region. With the use of the dried smallpox vaccine now available this should be possible. It was pointed out, however, that difficulties would be encountered in enforcing quarantine regulations along certain borders without full cooperation between the States concerned.

A resolution on smallpox eradication was adopted by the Sub-Committee (EM/ROSA/R.11)

(c) Drug Addiction

The document on this subject included as Part A Cannabis Indica (Hashish) by Dr. Tigani El Mahi, and as Part B Opium Addiction Control in Iran by Dr. W.F. Ossenfort.

Both papers were introduced by the authors. The social, medical, legal and economic implications of drug addiction were considered. A great deal of progress had been made in the control of traffic in drugs and the suppression of addiction.

The use of khat was also discussed. In the opinion of some representatives it was a social problem which required further study. As requested by Sub-Committee A at the 1967 session, analyses of dry and fresh khat leaves were being carried out. A report would be made by the Regional Director at a future session of the Regional Committee.

A resolution on drug addiction was adopted by the Sub-Committee (EM/ROSA/R.12)

(d) WHO-assisted Tuberculosis Control Programmes

The financing of tuberculosis programmes was discussed. It was considered that Governments should contribute financially to control projects as they benefited only the people of the country itself. Pilot projects designed for studies and research were, however, of international importance and should therefore be wholly supported from international funds.

A resolution on WHO-assisted Tuberculosis Control Programmes was adopted by the Sub-Committee (EM/ROSA/R.13)

(c) Vital and Health Statistics Services in the Countries of the Eastern Mediterranean Region

The Sub-Division was in general agreement with the points raised by the Observer from the International Statistical Education Centre that:
(1) statistics, even if not strictly accurate, could be used as a basis for improvement provided they did not influence government policy;

(2) the Vital and Health Statistics Seminar should be convened as soon as possible;

(3) the translation into Arabic of the International Statistical Classification of Diseases, Injuries and Causes of Death would be of great value. The services of the Centre were put at the disposal of the Regional Office in carrying out the work.

The Sub-Division asked that fellowships and lecturers on vital and health statistics be provided to the International Statistical Centre, Beirut.

A resolution on Vital and Health Statistics was adopted by the Sub-Committee (EM/RC3A/Rev.14).
ANNEX IV

SUMMARY TECHNICAL REPORT

TECHNICAL DISCUSSIONS ON BILHARZIASIS AND ITS CONTROL

SUB-COMMITTEE A OF THE EIGHTH SESSION OF THE REGIONAL COMMITTEE

16 OCTOBER 1958

1. INTRODUCTION

Sub-Committee A of the Regional Committee for the Eastern Mediterranean Region held Technical Discussions on "Bilharziasis and its Control" on Thursday, 16 October 1958.

Dr. Naguib Ayyad (United Arab Republic, Egyptian Province) was elected Chairman.

Six technical papers were submitted as a basis for discussion.

The growing importance of bilharziasis was emphasized. In view of the widespread distribution of this infection and the large number of people affected, bilharziasis should be recognized as ranking next to malaria in importance among the parasitic diseases in man in the Eastern Mediterranean Region. Now that practical methods of malaria control and eradication were available, bilharziasis appeared as one of the most important public health problems to be faced. The danger arose from its potentialities of spread which would hamper economic progress, especially in countries where extension of irrigation played a vital part in their development. More concerted efforts would be needed before the disease ceased to make serious inroads on the health and economy of the Region.

2. PRESENT STATE OF BILHARZIASIS AND ITS CONTROL

The Eastern Mediterranean Region contained some of the most extensive and long established centres of two of the major types of human bilharziasis, *S. haematobium* and *S. mansoni*.

Provisional estimates were recently made which showed that of the total population of approximately 180 million people in this Region, at least 52.6 million were exposed to the infection in the endemic areas situated in thirteen countries of the Region. Of those exposed approximately 19.6 million were conservatively estimated to be infected; 12.8 million with *S. haematobium* and 6.8 million with *S. mansoni*.

There were three major areas affected with bilharziasis in the Region.

a) The Egyptian Province of the United Arab Republic, comprising the cultivated land and oasis of the Lower Nile Valley;

b) The Sudan, representing an important portion of the Upper Nile Valley, and in particular the Gezira tract of irrigated land between the Blue and the White Niles;

c) Iraq and South-West Iran, comprising the cultivated land of the major portion of the Tigris-Euphrates Valley.
While the extent of the problem was fairly well known in some of the countries affected, in others the situation both in respect of prevalence of the disease and distribution of the snail hosts involved, required more accurate definition. Essential basic data needed to be more accurately gathered by the health authorities of the countries and where necessary with the assistance of the World Health Organization.

Except in the United Arab Republic, the Sudan, Israel and Iraq, no organized effort was being made in the Region to combat bilharziasis and no general policy had been elaborated or applied. Iran had foreseen the potential danger and was planning to take appropriate measures before launching economic development schemes in areas containing endemic foci of bilharziasis. In general bilharziasis was not frequently accorded great importance by the health authorities of the other countries and even where interest existed their medical and public health staff as well as their funds were rather limited. In dealing with bilharziasis, lack of a well defined methodology which was both effective and economical had restricted the development of control programmes in many countries of the Region. Workers in the U.A.R. (Egyptian Province) who had had the longest experience in extensive control programmes in their country were, however, convinced that, while there existed room for improvement in the techniques employed, marked reduction in incidence of the disease could be brought about by mass treatment with available drugs, use of molluscicides and health education.

It was generally agreed that there were four major points of attack in the control of bilharziasis:

1. Treatment
2. Snail control
3. Sanitation, and
4. Health education

Inherent difficulties involved in any of these broad attacks, used singly or in combination to the point when permanent interruption of transmission could take place, were noted. Because of the complicated epidemiological factors involved and the gaps in our knowledge, an early solution might not be expected in the near future; therefore, while in the various countries these measures were in use, it seemed essential to augment and evaluate critically the methods employed and to investigate and develop better administrative and technical procedures. In any event it would probably be desirable to use a combination of methods, at least until a more perfect one was discovered.

As the spread of this infection could not be limited by political boundaries, collaboration was essential between countries in this Region in controlling this infection. A similar need for collaboration in research on the various aspects of this intricate problem was also strongly indicated.

3. CONSIDERATION OF SOME BASIC FACTORS INVOLVED

The most fundamental factor involved in the transmission of bilharziasis was that it is a water-borne infection in water polluted through the deliberate insanitary habits of the people. Their apparent anti-social behavior was only partly based on ignorance, and was mostly determined by helplessness and the lack of means of avoiding infection in the environment in which they lived. With a low income, lack of a protected water supply, poor housing conditions in villages located in close proximity to infective waters, they were obliged to use such waters for washing, bathing, drinking
and all other household purposes. Unless living standards improved, which
could only come as a result of economic development, it was not reasonable
to expect any permanent amelioration of the condition, and health education
would continue to be ineffectual. A review of the investigations carried
out in this Region lent support to the view that bilharziasis was a social
rather than an occupational disease and that prevalence varied with economic
status and therefore with localities rather than with occupation.

Advantage could be taken of the presence of bilharziasis in stimulating
and hastening permanent improvements in the environmental conditions in the
endemic areas and until such improvements could be effected and made a perma-
nent aspect of an overall Community Development programme other temporary
measures needed to be strengthened and applied.

In addition to low standards of living which encourage contact frequency
with infected waters, density and movement of population, lack of coordinated
planning of developmental schemes and the creation of man-made conditions
favourable to the multiplication of the molluscan intermediate host, consti-
tuted basic factors, an interplay of which maintained endemicity of bilharzia-
sis in the affected areas.

The data presented indicated in a general way that the distribution of
bilharziasis and its intensity in the Region corresponded to the distribution
of the intermediate snail hosts and to their relative density. The latter
was determined by such factors as permanence of slow moving or stagnant,
sheltered backwaters with submerged vegetation, ensuring a substratum of
rich organic matter, in areas fed by rivers and perennial irrigation.
Instances were also encountered where the potential intermediate hosts of
bilharziasis were present in wider areas than the corresponding human
infections in this Region. This could occasionally be related to small
host-parasite incompatibility, but indicated as a rule that the parasite
had not been introduced or at least that circumstances did not favour trans-
mission at a level sufficient to produce endemic occurrence - a situation
which might, however, change in the future. It is known, for example, that
potential intermediate hosts and imported bilharziasis cases were found in
the Malakal area of the Sudan, that Bulinus was plentiful in the highlands
of Eritrea where A. haematobium is not present, and a similar situation also
obtained in parts of Israel, Lebanon and Tunisia. A shift of circumstances
might cause additional foci of infection to appear in these areas. Un-
favourable potentialities were developing rapidly since new irrigation systems
were being designed for most, if not all the countries in this Region. Con-
sequently, public health official in these areas would in a sense find them-
selves at the cross roads in respect to the bilharziasis problem.

4. NEED FOR RESEARCH AND EVALUATION PROCEDURES

The problem of bilharziasis in the Region was so stupendous and its
control so difficult in the present stage of our knowledge that much more
research would be needed on the various aspects of the disease. The Sub-
Committee therefore endorsed the stress laid, in the various documents
presented, on the special need for laboratory and field research and the
integration of such research as an essential feature of all bilharziasis
control programmes. Special reference was made to the fact that the
efficiency of control measures taken against molluscan hosts depended to
a considerable extent on a knowledge of the species' ecology. It was
possible that the different developmental stages and biological activities
of the different snail species involved, might have different ecological
needs, and these might have certain narrow ranges. Such bottlenecks, if
they actually exist, might prove to be extremely useful in their control.
While a considerable amount of work had been done on the subject of snail ecology in certain countries of the Region there were areas in which only limited knowledge was available. In particular, it would seem that more effective methods could be devised for estimating snail populations with a greater degree of accuracy and uniformity. Such studies were essential in relation to the application and evaluation of control measures, and without adequate knowledge of the biological requirements of the snail hosts, it was difficult to understand the failures which were encountered in their control.

It was urged that all control programmes should begin with a thorough preliminary study of the situation and the establishment of essential baseline data from which to measure all future progress; in the absence of such information and the definition of the techniques employed in establishing the status of the problem, critical evaluation of some of the control programmes undertaken had become rather difficult.

5. THE ROLE OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

The Sub-Committee appreciated the co-ordinating and stimulating influence of ERO in the field of bilharziasis. The number of surveys undertaken by consultants in this Region in the past, the setting up of three pilot projects with the broad objectives of studying the basic factors involved, to seek and test new solutions on a small scale before recommending them for extensive country-wide adoption, and the number of inter-country fellowships provided, had all contributed materially to the progress made in respect of this increasingly important public health problem. The future programme for an inter-regional training course to be held shortly in Cairo, the appointment of a fact finding survey and advisory team of international experts for the study of irrigation practices in relation to bilharziasis, to determine the extent of the interest in the problem of the Member States concerned and to make recommendations for further studies in suitable areas, were regarded by the Sub-committee as significant developments in the right direction. The Sub-committee generally endorsed the plans of the Regional Director for the future expansion of activities in the field of bilharziasis in the Region.

While fully supporting the need for reorientation in the general administrative policy to be applied in the Region for dealing with the bilharziasis problem, to which special attention had been drawn in document EM/RC8/Rev. Disoc.6, the Sub-Committee laid considerable stress on collaboration with other governmental departments and agencies concerned for the development of bilharziasis control schemes as inter-departmental programmes in the affected areas. Steps taken to stimulate the interest of the Food and Agriculture Organization in joint WHO/FAO control of snail-borne infections amongst human beings and livestock simultaneously, in countries so affected, were noted with satisfaction. The need for UNICEF collaboration in bilharziasis control programmes was urged on the grounds that children constituted the most vulnerable segment of the population in which the disease was concentrated and which contributed heavily to the transmission of the infection.

The Sub-committee also noted that a Regional Bilharziasis Adviser had been appointed at the Regional Office for the Eastern Mediterranean. His technical advice would be available for the more active promotion and coordination of bilharziasis control work in the Region and for the advancement of basic public health knowledge on this special problem.

The Resolutions on Bilharziasis and its Control (EM/RC8A/R.19) and on UNICEF and FAO participation in Bilharziasis control programmes (EM/RC8A/R.20) as adopted, are included in the present Report (Document EM/RC8A/4 Rev.1).