WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

الهيئة الصحية العالمية

المكتب الاقليمي لشرق البحر الابيض

ORGANISATION MONDIALE DE LA SANTE

BUREAU REGIONAL DE LA MEDITERRANEE ORIENTALE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Thirteenth Session

EM/RC13/11
September 1963

ORIGINAL: ENGLISH

REPORT

ON THE THIRTEENTH SESSION

OF THE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

TABLE OF CONTENTS

INDEX OF RESOLUTIONS

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN
THIRTEENTH SESSION

PART I

INTRODUCTION

1. GENERAL

Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Thirteenth Session met at the Regional Headquarters in Alexandria, from 20 to 23 August 1963. Sub-Committee B met in Geneva from 28 to 29 August 1963.

The resolutions adopted by the Sub-Committees on subjects common to both agenda, except in one case(1), were either identical or the same in substance. Sub-Committee B, however, adopted one additional resolution(2).

The present report gives the coordinated decisions of the two Sub-Committees and has been prepared for submission to the Executive Board of the World Health Organization in accordance with Resolution WHA7.33 and Rule 47 of the Rules of Procedure.

Sub-Committee A held five plenary meetings and the Sub-Division on Programme met twice. Sub-Committee B held three plenary meetings. Both Sub-Committees held Technical Discussions on Hospital Administration.

The following States were represented:

Sub-Committee A

Cyprus
Ethiopia
France
Iran
Iraq
Jordan
Kuwait
Lebanon
Libya
Pakistan
Somalia
Sudan
Tunisia
United Arab Republic
United Kingdom of Great Britain and Northern Ireland

The Governments of Saudi Arabia, Syrian Arab Republic and Yemen expressed the desire to attend but were not represented. The Syrian Government sent a telegram to the Sub-Committee expressing regret at not being able to send a representative and wished all participants success in their meeting.

Sub-Committee B

Cyprus
Ethiopia
France
Iran
Israel
United Kingdom of Great Britain and Northern Ireland

(1) See pages 5 and 6

(2) See page 12

At Sub-Committee A the United Nations, the Technical Assistance Board, the United Nations Children's Funds, the United Nations Relief and Works Agency for Palestine Refugees, and the Food and Agriculture Organization of the United Nations were represented.

Representatives or Observers from the League of Arab States, the Egyptian Public Health Association, the High Institute of Public Health, Alexandria, the Faculties of Medicine of the Universities of Alexandria, Assiut and Mansoura, the United States Naval Medical Research Unit No.3 in Cairo as well as six international non-governmental organizations(1) were present.

At Sub-Committee B eight non-governmental organizations as well as the International Children's Centre were represented(2).

2. ELECTION OF OFFICERS (Agenda item 2)

Sub-Committee A elected its officers as follows:

Chairman:	Dr. Ahmed Fouad El Bakari (United Arab Republic)
Vice-Chairmen:	Dr. Jamal Ahmed Hamdi (Iraq) Dr. V. Vassilopoulos (Cyprus)

Dr. M.H. Morshed (Iran) was elected Chairman of the Sub-Division on Programme and Dr. Abdul Rahman El Sadr (United Arab Republic) was elected Chairman of the Technical Discussions.

Sub-Committee B elected its Officers as follows:

Chairman:	Ato Yohannes Tseghe (Ethiopia)
Vice-Chairman:	Dr. V. Vassilopoulos (Cyprus)

3. ADOPTION OF THE AGENDA

The provisional agenda was adopted as presented(3).

4. VOTING

The governments represented in both Sub-Committees exercised their right of vote in Sub-Committee A. Other governments exercised their right of vote in the Sub-Committee at which they were represented.

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(1) See Annex II - List of Representatives, Alternates, Advisers and Observers to Sub-Committee A.

(2) See Annex III - List of Representatives, Alternates, Advisers and Observers to Sub-Committee B.

(3) See Annex I

PART II

REPORTS AND STATEMENTS

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE THIRTEENTH SESSION OF THE REGIONAL COMMITTEE (Agenda item 5, document EM/RC13/2)

The following are some of the main points that emerged from the statements made by Representatives in considering the Annual Report of the Regional Director:

(a) Malaria eradication was continuing by and large according to plan. As the eradication programme progressed and more areas reached the stage of maintenance, the importance of vigilance to prevent reinfestation would constantly increase. The problem of long-term financing, and especially UNICEF policy in that regard, was giving some anxiety;

(b) Smallpox eradication was also making good progress and several countries where the disease was endemic, reported that no indigenous cases were now occurring;

(c) Other communicable diseases that were a problem in the Region and called for WHO assistance included tuberculosis, bilharziasis, trachoma, measles and, to an increasing extent, poliomyelitis;

(d) Coordination between neighbouring countries in the Region was emphasized as important in the fight against communicable diseases.

(e) Maternal and child health work, including the strengthening of school health services, continued to receive emphasis.

(f) The high priority given to education and training corresponded to the needs of Member States. Emphasis was still laid on training auxiliary staff of all categories, but the establishment of new medical schools and the revision of the curricula of the existing ones was gaining impetus. There was much awareness of the need for more preventive concepts in the medical syllabus. The WHO Conference on Medical Education held in Teheran had proved effective and useful in this regard;

(g) Satisfaction was expressed with the development of the fellowship programme since the evaluation carried out in 1960, special mention being made of the provision of long-term fellowships for undergraduate medical studies for nationals of countries where no medical faculty existed;

(h) Increasing cooperation should exist between countries of the Region for strengthening health services through provision of technical personnel to developing countries and also making the training facilities existing in some countries of the Region available to students from other countries.

(i) There was growing awareness of the need for adequate scientific health planning based on exact data and for ensuring that health ministries were properly represented on national development boards when drawing up the overall national development plans being launched by an increasing number of countries of the Region.

(j) It was emphasized that the improvement of environmental conditions, and particularly the provision of safe drinking water, was the main key to improved health standards, especially in rural areas, which were receiving increasing attention; the progress made by certain countries of the Region in providing clean piped water was, therefore, noted with satisfaction.

(k) The health services of the countries of the Region should study better ways and means of ensuring a supply of doctors to work in rural areas; compulsory arrangements had not always proved successful;

(l) The importance of developing research in the Region and of the role that the Organization could play in that regard were stressed;

(m) It was hoped that the nuclear test ban would lead to some saving of resources which could be applied toward the promotion of social development, including health work.

Following is the resolution on the Annual Report of the Regional Director:

EM/RC13/R.1

The Regional Committee,

Having reviewed the Annual Report of the Regional Director[1] for the period 1 July 1962 to 30 June 1963;

Noting with satisfaction the progress made during the period under review;

Considering the importance of concentration of efforts and resources of International Organizations and Member States particularly with reference to the shortage of technically qualified personnel needed for the development and strengthening of basic health services throughout the Region;

Recognizing that through community development and the improvement of environmental health much progress could be achieved in the control of communicable diseases especially in rural areas,

1. REQUESTS the Regional Director to continue to render advisory assistance to Member States in developing and promoting their national health planning schemes;

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[1] EM/RC13/2

2. ENDORSES the continuous efforts and the increasing emphasis being placed on medical education and the training of auxiliary personnel to meet the expanding local needs in the public health field;

3. URGES Governments to devote increased resources towards the fulfilment of national health plans and to ensure that both preventive and curative medicine receive appropriate emphasis in their programmes of medical education;

4. COMMENDS the Regional Director on his comprehensive report.

2. COOPERATION WITH OTHER ORGANIZATIONS AND AGENCIES (Agenda item 6 (a) and (b))

Statements were made by seven Representatives or Observers of Organizations and Agencies in Sub-Committee A(1), and two in Sub-Committee B(2).

Following are the resolutions adopted by the two Sub-Committees in connexion with this Agenda item:

Sub-Committee A(3)

Having heard with interest the statements and reports of Representatives of Organizations and Agencies;

Having studied the Report of the Department of Health of the United Nations Relief and Works Agency for Palestine Refugees (document EM/RC13/10),

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

2. REQUESTS the United Nations, through the WHO Director-General, to ensure the continuation of assistance to the Palestine Refugees until final settlement of this problem;

3. EXPRESSES its satisfaction with the continuing close cooperation between International Organizations in fields related to health.

Sub-Committee B(4)

Having heard with interest the statements and reports of Representatives of Organizations and Agencies;

Having studied the Report of the Department of Health of the United Nations Relief and Works Agency for Palestine Refugees (document EM/RC13/10);

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(1) See: Document EM/RC13A/3

(2) See: Document EM/RC13B/3

(3) Resolution EM/RC13A/R.3

(4) Resolution EM/RC13B/R.3

Having noted with satisfaction their valuable work in the fields related to health and the continued concern and faithful efforts of UNRWA staff in providing essential services for Palestine Refugees,

EXPRESSES its satisfaction with the continuing close co-operation between International Organizations in fields related to health.

PART III

SUB-DIVISION ON PROGRAMME

1. APPOINTMENT OF SUB-DIVISION (Agenda item 4)

Sub-Committee A, in conformity with Rule 14 of the Rules of Procedure established a Sub-Division on Programme constituting the Sub-Committee as a whole under the Chairmanship of Dr. M.H. Morshed (Iran).

The Proposed Programme and Budget Estimates for 1965 for the Eastern Mediterranean Region (Agenda item 8) and Technical Matters (Agenda item 9) were referred to the Sub-Division.

Sub-Committee B discussed these agenda items in plenary session under its Chairman, Ato Yohannes Tseghe (Ethiopia).

2. REPORT ON THE DISCUSSIONS (Agenda item 10)

A summary of the discussions on Agenda items 8 and 9 appears in Annex IV. Following are the resolutions:

PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1965 FOR THE EASTERN MEDITERRANEAN REGION (Document EM/RC13/3 and Corr.1)

EM/RC13/R.2

The Regional Committee,

Having examined in detail the Proposed Programme and Budget Estimates for 1965 for the Eastern Mediterranean Region,

1. FINDS that the programme as presented ensures a suitable balance between the major subject headings while at the same time strengthening the fields of communicable diseases, public health administration and education and training;

2. ENDORSES the proposed programme and budget proposals for 1965 for the Regular Budget of the World Health Organization;

3. NOTES with satisfaction that the malaria eradication projects, formerly financed through the Special Account, have been incorporated in the Regular Programme for 1965 at a cost level equivalent to that of 1964;

4. APPRECIATES that the 1965 proposals for the Technical Assistance programme are tentative except in so far as already approved by the Technical Assistance Committee as long-term projects;

5. THANKS UNICEF for its assistance to the health programme in the Region and urges its continuation.

TECHNICAL MATTERS

(a) Malaria Eradication Programmes in the Eastern Mediterranean Region (Document EM/RC13/4)

EM/RC13/R.3

The Regional Committee,

Having studied the document on Malaria Eradication Programmes in the Eastern Mediterranean Region;

Noting with satisfaction the progress made in the regional malaria eradication programme;

Considering that development of health services would accelerate the malaria eradication programme, help prevent reintroduction of malaria infection, and facilitate the integration of the malaria eradication services with the health services;

Noting with satisfaction that some of the countries of the Region, where operational facilities are not adequate for launching a full scale malaria eradication programme, have now embarked on pre-eradication programmes;

Recognizing the urgent need for training of the present staff of the malaria eradication services in other public health activities, particularly in advanced programmes, and that of the health services in malaria eradication, for the purpose of integration of the two services;

Noting with appreciation the efforts made by Member States towards coordination of their malaria eradication activities through the organization of regular meetings and frequent exchanges of epidemiological information,

1. REITERATES the importance of giving continued priority to the malaria eradication programme until the consolidation phase is completed and integration of malaria eradication services into the general public health services of the countries is achieved;

2. URGES Governments to make sufficient budgetary provisions to the malaria eradication programmes and to utilize any savings accrued from reduction in malaria eradication activities for development of rural health services in accordance with the needs and established priorities;

3. FURTHER URGES Governments to make every effort to develop and extend the rural health services infra-structures to reach the extent, quality and distribution required for malaria eradication programmes;

4. STRESSES the need for further coordination of planning and operational activities of Member States specially in the border areas;

5. REQUESTS the Regional Director to provide assistance for a study of the training needs and facilities and to help organize appropriate training programmes.

(b) Bilharziasis: some recent developments (Document EM/RC13/5)

EM/RC13/R.4

The Regional Committee,

Having reviewed the document submitted by the Regional Director;

Realizing the importance of bilharziasis as a major health problem in the majority of the countries of the Region, constituting the most prevalent disease in some of them;

Noting from the present review that great efforts in the fields of control and research are required;

Emphasizing the importance of more coordinated efforts to be made by all concerned,

1. URGES the authorities of the concerned countries to make concerted efforts in the combat of the disease coordinating the efforts in the fields of health, community development, irrigation, agriculture, and education;

2. REQUESTS the Governments that more effort be placed in research and more funds allocated to this purpose particularly in the fields of epidemiology immunology, chemotherapy, snail control, sanitation, water management and agricultural practices in relation to the prevention of bilharziasis;

3. REQUESTS the Regional Director to convey the Sub-Committee's appreciation of the Director-General's efforts towards sponsoring research work in bilharziasis, and hopes that the World Health Organization's activities in this important field be augmented and directed towards the guidance and coordination of research on bilharziasis in all the countries concerned with this problem.

(c) Teaching of Paediatrics in Medical Education (Document EM/RC13/6)

EM/RC13/R.5

The Regional Committee,

Considering the need of a good basic medical education in general and the importance of a balanced and up-to-date teaching programme in paediatrics in particular;

Realizing the importance of the many problems affecting mothers and children in this area;

Appreciating the role of health services and that of other social services for mothers and children as part of a progressive health programme as well as its importance for the overall social progress,

1. WELCOMES the views expressed in the document submitted by the Regional Director;

2. RECOMMENDS that medical educational institutions develop their teaching programmes with due emphasis on paediatrics and maternal health in all its aspects;

3. SUPPORTS fully the Regional Director in his increasing efforts to promote medical education in general and teaching programmes in maternal and child health in particular.

(d) Some Public Health Aspects of Human Genetics (Document EM/RC13/7)

EM/RC13/R.6

The Regional Committee,

Having examined with interest the document on Public Health Aspects of Human Genetics presented by the Regional Director;

Considering that human genetics is an important element in biology, with a large number of specific ramifications not only in clinical pathology but also in preventive medicine and public health;

Noting that in WHO' s programme of research provision is made for studies in genetics which are expected to throw light on a number of basic human health questions,

1. URGES the Governments:

(a) to undertake within the framework of the public health services of the community, a coordinated programme for diagnosis, treatment and social adaptation of congenital disabilities;

(b) to participate actively in research work undertaken for the study of population genetics especially in ethnic groups with specific inherited diseases;

2. REQUESTS the Regional Director to assist Governments in their efforts in this respect by supplying expert advice for collecting statistical data on the geographical distribution of these diseases and establishing adequate diagnosis and treatment of the patients.

(e Drinking Water, People and the Better Life (Document EM/RC13/8)

EM/RC13/R.7

The Regional Committee,

Noting that most of the world's population still suffers from diseases either directly spread by infected water supplies or related to the scarcity of household water for hygienic purposes;

Recognizing that many countries of the Region are making considerable efforts to conserve and develop their water resources, including provision of public water supplies;

Noting the resolution of the Sixteenth World Health Assembly[1] concerning community water supply;

Considering, however, in view of the facts presented by the Regional Director, that the rate of community water supply development in the Region as a whole must be greatly accelerated in order to reach its goal within a reasonable time and in order to keep pace with the population increase,

1. URGES the Governments of the Region to give high priority to their national community water supply programmes;

2. RECOMMENDS that the Governments give urgent attention to the solution of organizational and fiscal problems which impede success so that available national and international resources can be put to use on as wide a scale as possible;

3. REQUESTS the Regional Director to continue to make available to the Governments expert advice related to public water supplies, and to promote and assist the development of facilities for training at different levels of specialists required to build, operate, manage, and maintain waterworks.

PART IV

TECHNICAL DISCUSSIONS

1. HOSPITAL ADMINISTRATION (Agenda item 11, documents EM/RC13/Tech.Disc./1,3,4,5)

Both Sub-Committees held Technical Discussions on Hospital Administration[2]. Sub-Committee A with Dr. Abdel Rahman El Sadr (United Arab Republic) as Chairman and Sub-Committee B under the Chairmanship of Ato Yohannes Tseghe (Ethiopia). Two documents on the subject prepared by experts from countries of the Region and a third by an expert from outside formed the background to the subject.

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(1) Resolution WHA16/27

(2) See: Annex V for Summary Technical Report

Following is the resolution on the subject:

EM/RC13/R.8

The Regional Committee,

Considering the close inter-relationship between the fields of medical care and public health as basic components of the total public health programme;

Fully aware of the social and economic changes in countries of the Region and of their influence on the organization and financing of medical care;

Noting the rapid expansion of the hospital services in the Region and their inclusion in the national development plans;

Recognizing the assisting role of the hospital in the field of public health and its restorative, preventive, educational and research functions;

Considering the documentation submitted on the subject by the Regional Director as well as the Resolution EM/RC11/R.7[1] of the Regional Committee at its Eleventh Session,

1. RECOMMENDS to Governments to plan and establish hospital services based on scientific methods, especially on surveys of morbidity trends, with a view to provide the services of general hospitals and only build special ones if fully indicated and needed;

2. EMPHASIZES the need for efficient hospital administration through well trained hospital administrators who are not only specialized in their fields but who know the principles of public health equally well;

3. REQUESTS the Regional Director to continue assistance to Governments at their request in the field of hospital administration and to study the possibility of an inter-country activity, preferably in the form of a seminar, in order to discuss the many problems of hospital administration in detail by those responsible for this important field.

2. SUBJECT FOR TECHNICAL DISCUSSIONS AT FUTURE SESSIONS (Agenda item 12)[2]

"School Health" was chosen by both Sub-Committees as the subject for Technical Discussions in 1965; Sub-Committee A had previously decided to discuss "Infantile Diarrhoea" in 1964 and Sub-Committee B agreed to discuss the same subject during its 1964 Session.

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[1] EMRO Handbook of Resolutions, 1.5.1 page 37

[2] See: Resolutions EM/RC13A/R.12 and EM/RC13B/R.11

PART V

OTHER MATTERS

1. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTEENTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS THIRTY-FIRST AND THIRTY-SECOND SESSIONS (Agenda item 7, Document EM/RC13/9)

Both Sub-Committees reviewed the resolutions included in the document and took note of their contents.

2. REPRESENTATIVES OF THE SUB-COMMITTEES (RULE 47 OF RULES OF PROCEDURE) (Agenda item 12)

In pursuance of Resolution WHA7.33, paragraph 2 (8) and of Rule 47 of the Rules of Procedure of the two Sub-Committees of the Regional Committee for the Eastern Mediterranean, Dr. V. Vassilopoulos (Cyprus) was designated to represent Sub-Committee A and Dr. P.W. Dill Russell (United Kingdom) to represent Sub-Committee B,and to meet with the Regional Director in order to harmonize the decisions taken during the 1963 session.

3. ADDITIONAL DECISIONS OF SUB-COMMITTEE B UNDER AGENDA ITEM 12 "OTHER BUSINESS"

Place of Sessions of the Regional Committee. The desire was expressed that the next session of Sub-Committee B should take place within the Region. Following is the resolution adopted b Sub-Committee B on this subject(1).

Sub-Committee B - 1964

Considering the Resolution WHA7.33 para. 2(6),

1. EXPRESSES regret that resolution EM/RC12B/R.16 was not implemented;

2. FURTHER EXPRESSES the hope that the next meeting will take place within the Region.

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(1) Resolution EM/RC13B/R.13

ANNEX I

A G E N D A

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN
THIRTEENTH SESSION

1. Opening of the Session

2. Election of Officers

3. Adoption of the Agenda (EM/RC13/1)

4. Appointment of the Sub-Division on Programme

5. Annual Report of the Regional Director to the Thirteenth Session of the Regional Committee; (EM/RC13/2)

   Statements and reports by Representatives of Member States

6. Cooperation with other Organizations and Agencies:

   (a) Statements and reports by Representatives and Observers of Organizations and Agencies

   (b) Report of Department of Health of the United Nations Relief and Works Agency for Palestine Refugees (EM/RC13/10)

7. Resolutions of Regional interest adopted by the Sixteenth World Health Assembly and by the Executive Board at its Thirty-first and Thirty-second Sessions. (EM/RC13/9)

8. Proposed Programme and Budget Estimates for 1965 for the Eastern Mediterranean Region (EM/RC13/3 & Corr.1)

9. Technical Matters:

   (a) Malaria Eradication Programmes in the Eastern Mediterranean Region (EM/RC13/4)

   (b) Bilharziasis: some recent developments (EM/RC13/5)

   (c) Teaching of Paediatrics in Medical Education (EM/RC13/6)

   (d) Some Public Health Aspects of Human Genetics (EM/RC13/7)

   (e) Drinking Water, People and the Better Life (EM/RC13/8)

10. Approval of the Report of the Sub-Division on Programme

11. Technical Discussions: "Hospital Administration" (EM/RC13/Tech.Disc./1,3,4,5)

12. Other business

13. Adoption of the Report

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS
TO SUB-COMMITTEE A OF THE REGIONAL COMMITTEE
THIRTEENTH SESSION

CYPRUS

Representative

Dr. V. Vassilopoulos
Director-General
Ministry of Health of the
Cyprus Republic

ETHIOPIA

Representative

Ato Yohannes Tseghe
Vice-Minister of Health
Ministry of Health

FRANCE

Representative

Médecin-Colonel M. Bories
Directeur de la Santé publique
de la Côte française des Somalis
Djibouti

IRAN

Representative

Dr. M.H. Morshed
Director-General of Health
Department of Health
Ministry of Public Health

IRAQ

Representative

Dr. Jamal Ahmed Hamdi
Director of Endemic Diseases in the
Directorate General of Preventive Medicine
Ministry of Health

JORDAN

Representative

Dr. Khalid Shami
Assistant Under-Secretary of State
Ministry of Health

KUWAIT

Representative

Mr. Saad Al-Nahed
Assistant Under-Secretary of State
Ministry of Public Health

Alternate	Dr. Ahmad Kamal El Borai Director of Health Services Ministry of Public Health
	LEBANON
Representative	Mr. Mohamed Malek Consulate of Lebanon in Alexandria
	LIBYA
Representative	Dr. Abdul Magid Abdul Hadi Director, Curative and Preventive Department Ministry of Health
Alternate	Mr. Abdul Monem El-Gariani Ministry of Health
	PAKISTAN
Representative	Brigadier M.S. Haque Joint Secretary and Director-General of Health Ministry of Health, Labour and Social Welfare
Adviser	Dr. M.J. Bhutta Joint Secretary Department of Health, West Pakistan
	SOMALIA
Representative	Mr. Abdirahman Hagi Mumin Under-Secretary of State Ministry of Health
Adviser	Mr. Aden Farah Abrar Chief, Health Department Ministry of Health

SUDAN

Representative — Dr. Mohamed Rashad Farid
Deputy Under-Secretary
Ministry of Health

Adviser — Mr. Yousif Mohamed Fadl
Hospital Superintendent
Khartoum Hospital

TUNISIA

Representative — Dr. M. Taoufik Daghfous
Directeur de l'Institut d'Ophthalmologie
Tunis

Adviser — Mr. M. Béchir Beyrakdar
Chef du Service du Budget et de l'Administration hospitalière

UNITED ARAB REPUBLIC

Representative — Dr. A. Fouad El Bakari
Assistant Under-Secretary of State
Ministry of Public Health

Alternate — Dr. Sayed Sweilim
Assistant Under-Secretary of State
Ministry of Public Health

Advisers — Dr. M. Abdo Abbassy
Dean, High Institute of Public Health
Alexandria

Dr. A. Shafic Abbassy
Professor of Paediatrics
Faculty of Medicine
University of Alexandria

Dr. Ahmed Abdallah Ahmed
Director-General
Endemic Diseases Research Institute

Mr. M.M. Agamieh
Director of Planning and Technical Research
Ministry of Housing and Public Utilities

Dr. Mohamed El Arousi
Director-General
Alexandria Medical Area

UNITED ARAB REPUBLIC
(continued)

Advisers (continued)

Dr. Naguib Ayyad
Director-General of Endemic Diseases Department
Ministry of Public Health

Dr. Hashim El Kadi
Director, Bureau of the Minister of Public Health and Director of International Health Affairs

Dr. Abdul Rahman El Sadr
Dean, Faculty of Medicine
University of Alexandria

Dr. Abdel Aala El Shawarby
Director-General
Insect Control Section
Ministry of Public Health

Dr. Abdel Fattah El Sherif
Deputy Dean, High Institute of Public Health
Alexandria

UNITED KINGDOM

Representative

Dr. C.R. Jones
Deputy Permanent Secretary and Director of Health Services
Aden and South Arabia

REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES

UNITED NATIONS

Mr. A. Zahir Ahmed
Director, United Nations Regional Social Affairs Office for the Middle East
Beirut

TECHNICAL ASSISTANCE BOARD (UNTAB)

Mr. B.F. Osorio-Tafall
Resident Representative of the Technical Assistance Board and Director of Special Fund Programmes in the UAR

Miss E. Wood
Deputy Resident Representative of the Technical Assistance Board and Director of Special Fund Programmes in the UAR

UNITED NATIONS CHILDREN'S FUND (UNICEF)	Mr. Arthur Robinson Programme Officer UNICEF Eastern Mediterranean Region Beirut
UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA)	Dr. J.M. Murphy Deputy Director of Health UNRWA, Beirut
FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)	Miss Mona Doss Regional Nutrition and Home Economics Adviser FAO Near East Regional Office Cairo

REPRESENTATIVES AND OBSERVERS OF INTERNATIONAL NON-GOVERNMENTAL, INTER-GOVERNMENTAL AND NATIONAL ORGANIZATIONS

LEAGUE OF ARAB STATES	Dr. N. Nabulsi (Representative)
INTERNATIONAL ASSOCIATION FOR PREVENTION OF BLINDNESS	Dr. Ahmad Farouk (Representative)
INTERNATIONAL COUNCIL OF NURSES	Mrs. Aida Kabeel (Representative)
INTERNATIONAL DENTAL FEDERATION	Dr. H.E. Sherief (Representative)
INTERNATIONAL HOSPITAL FEDERATION	Dr. Y.S. Raafat (Representative)
INTERNATIONAL SOCIETY OF CRIMINOLOGY	Dr. Ramsès Behnam (Representative)
LEAGUE OF RED CROSS SOCIETIES	Dr. Y.S. Raafat (Representative)
EGYPTIAN PUBLIC HEALTH ASSOCIATION	Dr. A.M. Kamal (Observer)
HIGH INSTITUTE OF PUBLIC HEALTH	Dr. Abdel Fattah El Sherif (Observer) Dr. Ahmed Taher Moustafa (Observer)
FACULTY OF MEDICINE, UNIVERSITY OF ALEXANDRIA	Dr. Khalil D. Lotfi (Observer)
FACULTY OF MEDICINE, UNIVERSITY OF ASSIUT	Dr. A.W. Borollosy (Observer)
FACULTY OF MEDICINE, UNIVERSITY OF MANSOURA	Dr. I. Abul Naga (Observer)
UNITED STATES NAVAL MEDICAL RESEARCH UNIT NO.3 (NAMRU)	Dr. James H. Boyers (Observer)

ANNEX III

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS TO SUB-COMMITTEE B OF THE REGIONAL COMMITTEE THIRTEENTH SESSION

CYPRUS

Representative — Dr. V. Vassilopoulos
Director-General
Ministry of Health of the Cyprus Republic

ETHIOPIA

Representative — Ato Yohannes Tseghe
Vice-Minister of Health
Ministry of Health

FRANCE

Representative — Médecin Colonel M. Bories
Directeur de la Santé publique de la Côte française des Somalis
Djibouti

IRAN

Representative — Dr. M.H. Morshed
Director-General of Health
Department of Health
Ministry of Public Health

ISRAEL

Representative — Dr. Raphael Gjebin
Director-General
Ministry of Health

Adviser — Mr. E. Tavor
First Secretary
Permanent Delegation of Israel to the European Office of the United Nations

UNITED KINGDOM

Representative — Dr. P.W. Dill-Russell
Deputy Chief Medical Officer
Department of Technical Cooperation

REPRESENTATIVES OF INTERNATIONAL NON-GOVERNMENTAL, INTER-GOVERNMENTAL AND NATIONAL ORGANIZATIONS

INTERNATIONAL CHILDREN'S CENTRE	Dr. E. Berthet (Observer)
INTERNATIONAL ASSOCIATION FOR PREVENTION OF BLINDNESS	Dr. F. Ammann (Representative)
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Miss B. Vallat (Representative) Miss A. Genous (Representative)
INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY	Général Médecin J. Voncken (Representative)
INTERNATIONAL DENTAL FEDERATION	Dr. C.L. Bouvier (Representative)
INTERNATIONAL SOCIETY FOR CRIMINOLOGY	Mr. René Herrann (Representative)
LEAGUE OF RED CROSS SOCIETIES	Miss M. Esnard (Representative)
WORLD FEDERATION FOR MENTAL HEALTH	Dr. Anne Audéoud-Naville (Representative)
WORLD MEDICAL ASSOCIATION	Dr. Jean Maystre (Representative)

ANNEX IV

SUMMARY OF DISCUSSIONS IN SUB-COMMITTEES A AND B ON THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1965 FOR THE EASTERN MEDITERRANEAN REGION (Agenda item 8) AND TECHNICAL MATTERS (Agenda item 9, a - e)[1]

1. PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1965 (Documents EM/RC13/3 and Corr.1, Resolution EM/RC13/R.2)[2]

In his introduction the Regional Director, after commenting on form and method of presentation and drawing attention to the various sections of the document, highlighted the following points:

The main task of the Sub-Division was to review and to give guidance on the programme proposals for 1965 under the Regular programme. The proposals for that year as well as certain modifications in the approved programme and budget for 1964 had been drawn up in close consultation with the Member Governments, and had been based on the assumption that $3,696,000 would become available for all Regular activities. This tentative ceiling was $407,000 or approximately 12.3% higher than the comparable allocation for 1964, and about 97.5% of these estimated additional funds had been devoted to the strengthening of field activities.

An important development was that malaria eradication activities, except the comparatively small part financed through Technical Assistance funds, had been incorporated in the Regular programme for 1964 and 1965 and that the Director-General had established a ceiling of $785,000 in both years to ensure that fields other than malaria would be adequately covered. Hence the increase referred to above would strengthen other fields. The "Accelerated" malaria programme described in Annex I would also in future be dependent on voluntary contributions becoming available for its implementation.

The Technical Assistance programme for 1965 should be considered a forecast only, except to the extent that it represented estimates for long-term projects already approved for that year. He and his staff were at the disposal of the Ministries of Health in the further development of that programme and anxious to assist in ensuring that health projects received an adequate share next May in the consolidated requests from Governments to the Technical Assistance Board for the biennium 1965/66.

Finally, the Regional Director drew attention to the proposals for the Inter-country programme, which in 1965 had been considerably strengthened. He would be glad to receive comments and guidance on these proposals.

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(1) These agenda items were discussed by the Sub-Division on Programme of Sub-Committee A, under the Chairmanship of Dr. M.H. Morshed (Iran) and by Sub-Committee B in plenary session under the Chairmanship of Ato Yohannes Tseghe (Ethiopia).

(2) See pp. 6-7

The Chairman pointed out that the programme and budget proposals had been sent to the Members ahead of schedule giving them ample time to study the proposals in advance, and asked for comments.

Dr. El Borai (Kuwait) stated that his Government supported the proposals made and the proposed increase in budget in view of the great health needs of the Region. Referring to the resolution (EM/RC12A/R.11) adopted at the last session, he asked what steps had been taken to make Arabic an official and working language of the Regional Office and whether any provision had been made in the budget estimates for that purpose.

Brigadier Haque (Pakistan) expressed his satisfaction that Pakistan's share of the Regional budget had been increased from about 5.7% in the proposals made a year ago to about 11.7% of the present estimates. He was also grateful that regional seminars were to be held in Pakistan. He suggested that the Children's Hospital in Karachi and available paediatric services in Pakistan be used to develop a regional training centre and stressed the importance of physicians and other personnel being trained in an environment similar to that where they would be employed. In order to strengthen medical education he requested that WHO provide professors for the medical colleges, particularly for the one in East Pakistan, and that increased provision be made for fellowships to enable Pakistan staff to receive post-graduate training abroad.

Dr. Hamdi (Iraq) was pleased to note that the proposals made by his Government had been fully considered in the programme submitted. However, Iraq would be grateful if the staff on the Bilharziasis project and the engineer on project "Training of Health Personnel" could be continued through 1965 instead of to the middle of that year only.

In his reply to the comments made, the Regional Director stated that Arabic was now used as an official language of the Regional Office and that there had been a noticeable increase in the communications received in that language. The question of its adoption as a working language had been referred to the Director-General because certain policy and financial matters were involved. He suggested that Dr. Grundy, as representative of the Director-General, might wish to give additional information.

Dr. Taba assured the representative of Pakistan that his comments had been noted and that his proposals would be given careful consideration. Assistance to the medical colleges was a large and expensive undertaking and Pakistan might wish to give the problem high priority in its submission to the Technical Assistance Board next year.

The two projects mentioned particularly by the representative of Iraq were financed by Technical Assistance and WHO would support their prolongation to the end of 1965 if Iraq submitted its request to TAB accordingly.

Dr. Grundy, Assistant Director-General, stated that the resolution on the Arabic language had been before the thirty-first session of the Executive Board in January 1963, at which time a suggestion had been made that it might be dealt with on a regional basis under Article 50 of the Constitution. It had not been possible for the Executive Board to include the item on its agenda at its brief session last June. However, the Director-General expected the question to be fully discussed at the next Executive Board. It was a complex problem and involved not only financial considerations but also the possibility of a precedent being established which might create complications in the future.

There being no further discussion on the Programme and Budget estimates, the Sub-Division approved a draft resolution after adding a paragraph thanking UNICEF for its assistance and urging UNICEF to continue its assistance to health projects.

2. TECHNICAL MATTERS

(a) Malaria Eradication Programmes in the Eastern Mediterranean Region (Document EM/RC13/4, Resolution EM/RC13/R.3)(1)

A general review of the regional malaria eradication programme was made. The noticeable progress achieved during the year in further advancement of the programme was recorded. The advancement of certain programmes such as those in Israel, Jordan and Lebanon was particularly encouraging. It was reported that in countries with advanced malaria eradication programmes greater areas were now in late consolidation and substantial areas were ready to move to the maintenance phase. Countries where operational facilities were not adequate for launching a full-scale malaria eradication programme had embarked on pre-eradication programmes.

The importance of development of adequate health services was greatly stressed. In advanced programmes, it was becoming an urgent need, in order to take care of the vigilance activities in the maintenance phase and to make possible the merging of malaria eradication services into public health services. The pre-eradication programmes aimed at the concomitant development of both the malaria service and the rural health infra-structure.

Measures to prevent reintroduction of malaria into areas freed from the disease, including legislation and quarantine regulations, were discussed. It was pointed out that WHO was already publishing at six-monthly intervals a bulletin containing epidemiological information on the status of malaria eradication as a first step towards preventing reintroduction of malaria into consolidation and maintenance phase areas.

On the question of training, WHO assistance to the malaria eradication training centres in the Region was mentioned. The urgent need for training present staff of malaria services in other public health activities and that of the health services in malaria eradication for the purpose of integration of the two services was stressed. The curricula at the training centres would need to be revised to meet these demands.

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(1) See pp. 7-8

The outstanding technical problem relating to the resistance of vectors to chlorinated insecticides was prominently brought out. The present situation in southern Iran and southern Iraq, where the vector A.stephensi had developed resistance to both DDT and DLD, was viewed with considerable concern. The situation in the United Arab Republic with regard to A.pharoensis, which was resistant to DLD and highly tolerant to DDT, had induced the Government to develop adequately the coverage with rural health units before launching on a full-scale eradication programme. Trials which had been extensively carried out with newer insecticides both in the OP and carbamate groups were mentioned with a note to the effect that, although preliminar results were promising, further studies would be necessary before their general use could be recommended.

With regard to financing, the representatives expressed the need for continuation of assistance by international and bilateral agencies to the greatest extent possible. Furthermore, Member States which were in a position to do so were urged to make financial contributions for malaria eradication which would help accelerate the global campaign.

The need for coordination between neighbouring countries and particularly between programmes in similar stages of development and with common problems was stressed. A coordinated plan being worked out for countries advanced in malaria eradication would ensure successful completion of those programmes. Neighbouring countries not covered directly by such schemes but having an interest in them for the benefit of their own programmes would be kept fully in the picture. Inter-country meetings and conferences involving larger groups were recommended. The role of WHO in these coordination activities was greatly appreciated.

(b) Bilharziasis: some recent developments (Document EM/RC13/5, Resolution EM/RC13/R.4)(1)

The problem of bilharziasis was discussed with emphasis on the importance of this disease in certain countries of the Region. Mention was made of some of the most important discoveries achieved in recent years through research in the laboratory and the field, with particular reference to the work carried out in the Region. Reference was made to the efforts of WHO in such studies as well as to the visits to the countries concerned by the Bilharziasis Advisory Team. The Bilharziasis Control Project and Training Centre in the United Arab Republic (Egypt-49) was referred to in relation to the investigations which were being carried out with the use of the new molluscicides. The influence of irrigation and agriculture on the spread of the disease was stressed. Treatment was discussed as a measure for curing and combating bilharziasis and it was emphasized that more work was required on suppressive and prophylactic properties of certain antimonials. The influence of nutrition on the parasite and host was also mentioned, as well as immunity and immunological reactions.

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(1) See p. 8

It was emphasized that the campaign against bilharziasis, like any other campaign conducted on a large scale, should depend on an adequate basic health structure, well organized and supervised by experienced administrators, in order to integrate the campaign into such a health structure. Improvement of rural conditions was stressed as highly necessary with particular emphasis on sanitation and the provision of low-cost healthy housing. The importance of health education was also pointed out.

The development of rural health units in the countries of the Region was singled out as a very important measure and basis for combating bilharziasis. In that connexion it was mentioned that in the United Arab Republic the number of such units was to be increased to reach a ratio of one to every 5000 population. Bilharziasis control activities would be integrated in regard to treatment, prevention and health education. Coordination of efforts between the various ministries and departments was ensured through the formation of a special committee and affiliated sub-committees. In addition a private society to guide the public in the field of personal hygiene and avoiding infection had been advocated. In the Sudan training of workers in the prevention of bilharziasis was to be started in the near future with assistance from WHO.

(c) Teaching of Paediatrics in Medical Education (Document EM/RC13/6, Resolution EM/RC13/R.5)(1)

In introducing the paper stress was laid on some previous activities of international organizations in this field and on a number of aspects important from the point of view of the public health administrator and the basic objectives of medical education, as well as on a number of points which are of particular concern for the childhood period, namely education, nutrition and health.

It was felt by some of the representatives that many more maternal and child health centres were needed than out-patient clinics which at present could not take care of all the variety of maternal and child health services and that comprehensive and effective child health activities should necessarily include maternal health. It was particularly pointed out in the discussion that the split in many countries between paediatric hospital services and maternal and child health services was most unfortunate.

A review of the present content and methods of paediatric teaching in the medical college in Khartoum was given and it was proposed that a conference on paediatric teaching be held to deal further in detail with this important subject.

It was further pointed out that a particular system of paediatric teaching might be of value in one area but of doubtful value in another part of the world. The objective of paediatric teaching, as well as the contents of the curriculum, needed careful study including a review of teaching methods, which should be modernized. It was pointed out that the theoretical and practical teaching was mainly in the curative field and stressed that preventive and social paediatrics should be established on a

(1) See pp. 8-9

firm and realistic basis. The education of medical students in paediatrics and in the basic concepts of child health should begin in the pre-clinical years and continue all through medical training.

The representative of Cyprus, a country which had no medical schools and had a comparatively low infant mortality rate, considered that a separate department of clinical paediatrics and maternal and child health should take care of the diverse responsibilities.

The importance of the role of the out-patient department in training of medical students and the need for training in home care and community health were discussed. Mention was made of the fact that in Israel special ten-week courses in clinical paediatrics were given to medical undergraduates with special emphasis on bed-side training with a minimum of lectures, the student being required to pass a test at the end of the period. The view was expressed that internship should be compulsory after graduation and that every intern should rotate through the paediatric department.

The representative of Pakistan pointed to the considerable developments and achievements which had taken place in his country and particularly to the establishment of post-graduate teaching which was expected to strengthen the health services as well as teaching. It was expected that separate departments of paediatrics would be established in the future.

An interesting review of the reorganization of paediatric teaching which had been under way for a considerable time in the United Arab Republic was given and the particular requirements for establishing training centres for child health were emphasized by the representative of that country.

The discussion in general revealed a considerable interest in the subject. It was stressed that the paper should be considered neither as a guide-line nor as a set of instructions regarding standards, but as a paper presented from the point of view of public health and maternal and child health experts and containing ideas for stimulating discussion on paediatric teaching in order to help development and promote provision of future services on a wider and better scale.

The proposal for holding a conference on paediatric teaching was noted and it was expected that it would be considered in the future within the wider programme of the Regional Office in promoting medical education.

(d) Some Public Health Aspects of Human Genetics (Document EM/RC13/7, Resolution EM/RC13/R.6)(1)

It was pointed out that human genetics had just been promoted, with good reason, to the level of a basic medical science and had its place in public health. The total percentage of congenital malformations was evaluated at present at 4% in relation to the total number of live births.

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(1) See p. 9

The past few years had brought rapid advances in biochemical and molecular genetics in general, and in human genetics in particular. Furthermore, detailed studies had been devoted to biochemical characteristics other than the blood groups such as the serum proteins (e.g. hepatoglobins and deficiencies of various blood enzymes). It was pointed out that the karyotype analysis of the relatives of an affected person would either prove or exclude a genetic risk for the offspring of these individuals.

Generally, the questions raised during the discussion on this subject related to the following points:

(1) the appointment of expert groups to study the problems of congenital malformations;

(2) the problems facing the pharmaceutical industry and the screening of new drugs before their use by the public;

(3) the excessive use of drugs without precautions by pregnant women.

In several countries studies on those matters had been undertaken and practical applications would follow. It was stated that Israel, with its variety of well-defined ethnic groups differing in background and in genetic constitution, offered ideal research possibilities for the student of human genetics. Thalassaemia had proved to be the only inherited anaemia that was represented in considerable concentration in a few of the oriental Jewish communities. A general survey which had been carried out in Israel of marriage systems had demonstrated a large proportion of consanguineous marriages in many immigrant groups, and a series of surveys on the incidence of various inherited disorders had been performed or were still in progress. The disorders studied included familial Mediterranean fever and phenylketonuria, both of which were concentrated in certain oriental Jewish communities, cystic fibrosis of the pancreas and Tay Sacks' disease, which were most prevalent among European Jews, and chronic Gaucher's disease, which appeared to be confined to the European Group. An International Conference on Human Population Genetics had been held in Israel and WHO had been represented. Although there were two small centres for human chromosome typing in leukocyte cultures, it was stated that neither of those laboratories could at present cope with the great demand in Israel for routine karyotyping and that at least one counselling centre was required in each of the three large cities. The need for instruction in modern clinical genetics was felt by medical practitioners.

Assistance by WHO had to be developed in this field, for many countries were not able, for the time being, to undertake activities on their own. WHO was already interested in the subject and had decided to make a complete study on human reproduction which would be the basis for future developments.

(e) Drinking Water, People and the Better Life (Document EM/RC13/8, Resolution EM/RC13/R.7)(1)

It was recalled that the aim of the community water supply programme was total coverage for provision of adequate safe water to houses and commercial and industrial users. Though good progress was being made in some countries of the Region towards this goal, it must be measured against the great amount that was still to be done. The Eastern Mediterranean Region had a population of about 210 million, of whom about 25 million (12%) had safe water piped to their houses. In the last three years about 5 million people had been newly provided with piped water supplies, but in the same period the population of the Region had increased by 10 million people. Thus, although the number of connexions had increased by 20%, and the proportion of the population connected had increased from 10% to 12%; in total we were falling behind.

Designers for water supplies in the Region should plan not three years but thirty years ahead. They should design for double the present population and, on the basis of past experience in other countries, they should also plan for higher consumption of water by each individual person in future years.

At the meeting of national and international water engineers held the previous year in Beirut, participants had received a questionnaire containing a list of possible kinds of WHO Assistance in community water supply, which they were requested to rate according to their opinion of their need or their urgency. The replies by twenty-one national and twelve WHO and AID participants gave first priority at the present stage of the programme to:

(a) Fellowships and training courses in practical aspects of community water supply work;

(b) Preparation of international standards, designs and manuals;

(c) Seminars;

(d) Field engineer - advisers and pilot demonstrations.

The results of the questionnaire showed moderately great need for:

(a) Consultant services;

(b) Assistance to universities in teaching of sanitary engineering.

This rating had been very useful to WHO in planning its programme. It was recognized, however, that the priorities might shift as time goes on.

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(1) See p. 10

It was mentioned that in Israel 90 per cent of the population were supplied with piped water, and that no water-borne epidemics had been encountered in recent years. Planning was under way for complete piped service to all the population of the country.

The representative of Pakistan considered that improved water supply and sewage disposal would reduce the incidence of water-borne diseases by at least 30%. He referred to the practical difficulties of impelementing a community water supply programme, particularly financing, in his country. Villagers usually could not be counted on to pay water taxes.

The need to carry out extensive preliminary investigations (geological, metereological, topographical, etc.) before undertaking actual construction in countries now embarking on community water supply programmes was stressed. Such surveys should take into account industrial and social evolution in the country and the need to protect natural resources, including water.

It was pointed out that in the United Arab Republic the community water supply programme was expected to achieve total coverage of the country's population by 1970.

A number of difficulties facing developing countries wishing to undertake community water supply programmes were listed, as follows:

(a) Lack of foreign exchange for buying materials not available locally;

(b) Lack of basic design data;

(c) Lack of trained staff;

(d) Lack of basic awareness of the programme;

(e) Particular technical problems related to arid areas.

It was suggested that WHO could assist through providing information on:

(a) Methods of reducing construction costs;

(b) Alternative materials to replace commonly used ones in short supply (such as coagulants);

(c) New methods of disinfecting water.

The organization of seminars such as those held at Beirut and Varna had proved very helpful.

ANNEX V

SUMMARY TECHNICAL REPORT
TECHNICAL DISCUSSIONS ON HOSPITAL ADMINISTRATION
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN
THIRTEENTH SESSION - 1963

1. INTRODUCTION

Both Sub-Committees had chosen "Hospital Administration" as the subject for Technical Discussions at the Thirteenth Session of the Regional Committee.

Dr. Abdul Rahman El Sadr (United Arab Republic) was elected Chairman of the discussions in Sub-Committee A, and Mr. Yohannes Tseghe (Ethiopia), Chairman of Sub-Committee B, remained in the Chair for the Technical Discussions of that Sub-Committee.

As a basis for the discussions, the Representatives had before them three documents prepared by experts in the field of Hospital Administration[1], two from countries of the Region and the third from outside.

2. SUMMARY OF BACKGROUND INFORMATION

The role of the hospital in the field of health had grown so much that it was now recognized as the "Health Centre" of the community. A large amount of the expenditures on health services, both by the governments and by the people themselves, was allotted to hospital care. Good administration of hospital service was essential for its efficiency and economy.

The cost of hospital care had risen too much in the last few decades. The reasons for this rise were growth of knowledge, advances in technology, increase of demand as well as some social changes such as industrialization and urbanization. Parallel to this rise in cost however, there had been the increase in the number of patients cured and the number of persons saved.

The hospital had expanded its functions. Instead of these being limited to diagnosis and treatment of disease, other functions such as prevention of disease, education and research had been added.

The scope of hospital activities had expanded since the mediaeval times to embrace community activities of public health nature. Without being aware of this fact, the hospitals have always constituted a part of the community health organization and have always played their part in solving the epidemiological problems of the time, either in the field of infectious diseases or chronic diseases. To overburden the hospital, however, with too many community services would only defeat the aims of responsible authorities.

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(1) For Agenda and list of documents, see page xi of this annex.

The Rural Hospital

In rural areas community care would be most effective if it were oriented towards the health centre rather than towards the rural hospital. The health centre is an institution whose medical practitioner and general nurses provide the complete range of medical services, both preventive and curative as well as, to some extent, in promotive aspects.

In the rural hospital, on the other hand, there is a certain amount of specialization according to the specific disciplines. Rural hospitals usually serve a well defined population - curative medicine, emergency services and provision of rehabilitation services for patients as necessary. In the sphere of promotion of health and prevention of disease, the rural hospital is better employed on a consultative level rather than to render services directly. It should always endeavour to work through the general practitioner and the public health nurse. Even at the rural level, hospitals are participating in the fight against the spread of communicable diseases. Speedy notification and hospitalization of such cases should be of the functions of the rural hospital. Another function is teaching of nurses and nursing aides to serve in rural areas. In the rural hospital it is necessary to think in terms of the maximum coordination between the curative preventive and promotive aspects of health activities rather than in terms of integration.

The Urban Hospital

In urban areas, the picture is entirely different. Urban hospitals rarely serve a well defined population, and in order to provide a regional hospital service, extremely complicated clinical and technical services have to be maintained. The more narrowly specialized services, as neurosurgery, obviously serve a much larger population than the paediatric or medical services. The urban hospitals are centres for consultation both for in-patients and out-patients and serve as a point of referral for the more difficult cases. However, they should not be burdened with problems others can solve, or they will no longer be able to solve those problems others cannot. The urban hospital should provide emergency service, rehabilitation service and has to be prepared to accept cases of communicable diseases and notify them immediately. The urban hospital has also a much broader role to play in teaching. It can and should participate in teaching the medical profession itself. Urban hospitals should maintain schools for qualified nurses as well as participate in the training of laboratory technicians, radiographers, physiotherapists, occupational therapists etc. Another function of the urban hospital is research, which should not interfere with the running of the hospital and the treatment of patients.

The Structure of the General Hospital

General hospitals should have in-patient, out-patient and emergency services. In the rural areas there should always be certain basic clinical departments (medicine, surgery, obstetrics, some gynaecology and paediatrics) together with diagnostic services to support them (radiology, laboratory, pathology etc.). There should also be a separate service of public health nurses.

Urban hospitals should contain various specialities in addition to the basic clinical services mentioned above, depending on the needs of the area served. In the larger hospitals the whole gamut of medical services is in fact provided, e.g. specialized surgery, cardiac surgery, neurosurgery, neurology, haematology, endocrinology, etc. More advanced therapeutic and diagnostic services are also available (radiotherapy, isotope therapy, etc).

The organization of the in-patient service according to nursing units, rather than according to disciplines, makes it easier to fill the available beds and to solve the problem of one speciality having vacant beds while in other specialities wards are overcrowded. Moreover, such a solution cannot be practically applied in the Eastern Mediterranean Region for there, the majority of the hospitals is organized according to the closed staff system which does not allow for dispersal of patients into different nursing units. The question of progressive patient care is still under discussion although special provision should be made to provide intensive care for those in need of it.

The out-patient department should maintain a consultative character. If general out-patient services are made universally available to the public, they can destroy a hospital by overloading the medical services which are its most essential feature. Such care should rather be provided within the community with liaison between the general practitioner and the specialist. The out-patient services should comprise at least the same disciplines as the in-patient department. Much hospitalization however can be prevented with consequent saving of beds if the out-patient department is properly used. It is doubtful if the mass screening, proposed to be taken by the hospital out-patient department, can be performed effectively at hospital level. The individual practitioner, even at the health centre, is perhaps better placed to carry it out. The out-patient department might perhaps be used for specialized screening after general selection by the family doctor. Apart from the clinical disciplines, certain medical services are essential to any large general hospital e.g. chemical, micro-biological, haematological, radiological and pathological services.

The emergency services must be provided day and night by all general hospitals and should be run by highly skilled personnel.

A blood bank is not always essential especially in urban areas where a regional blood bank organization exists, but the hospital should always have its own blood-matching service.

A dental department should be available for consultation but it should not become a general dental service.

The pharmacy should have a pharmacist with a wide range of knowledge of all the range of proprietary drugs that exist on the market.

A social service department is important to the hospital. Its social workers should be experts on the social problems involved in medical care.

Physiotherapy and occupational therapy are necessary for rehabilitation work.

An anaesthesiology department is required in every hospital offering surgical services.

Another essential service is the central sterile supply.

Diet is of great medical importance, and although dietetics is an essential service there is no need for the dietician actually to serve the food to the patients.

The medical record and statistics service is important. Medical records are useful in carrying out morbidity surveys in hospitals.

The supply service should ensure that all supplies needed are available. A well organized central kitchen is needed to provide hot food and to keep food well chilled as needed in tropical areas.

Proper maintenance services are needed to keep equipment in good form and avoid expensive repairs.

The personnel department must arrange for in-service training.

The Hospital Director

The hospital director need not be a medical man but he should know how to run a hospital. The problem of medical supervision can be overcome by utilizing the services of the chief of one of the services. However, considering a hospital in relation to the broadest functions as outlined above, the coordination of all services must be entrusted to a medical man, whether he is called director or not. Another important person is the chief of nursing service.

Even in a state owned hospital it is necessary to have a board of governors. In this way we get the public involved in hospital problems. The medical officer of health should be an active member of the board.

The directors of the different departments should have clear-cut authority. They should form a general medical committee of which the medical director, if there is one, is the chairman.

The chief nurse of a department must accept professional authority from the chief of the nursing service as well as administrative authority from the medical chief of the department.

There is no need, in view of shortage of nurses, that all nurses should be fully qualified. Some must be accepted on a part-time basis.

Special Problems

As regards the provision of psychiatric services by the general hospital it is difficult to say whether every general hospital should have a psychiatric department, since only certain cases can be treated on that basis. In general the best plan seems to be to provide for an out-patient psychiatric clinic.

In the general hospital there should be a consultant in rehabilitation. He works best by influencing his colleagues to become rehabilitation minded rather than by running a separate service. There are also certain limitations to the possibilities of rehabilitation within the framework of the hospital.

All general hospitals should take in cases of communicable diseases and it is wasteful to establish special communicable disease hospitals.

The best home-care service for the acutely ill can be provided by the general practitioner and the nurse. Also care of the chronically ill can be provided at home by the general practitioner and the public health nurse with the hospital available as a centre for special consultation. The provision of domiciliary occupational therapy and physiotherapy carried out by the hospital as part of its home-care service seems a very wasteful and expensive arrangement. It is more efficient to provide transport for bringing patients in groups daily to the hospital for treatment.

Planning Hospital Services

In planning hospital services there is no universal solution but there exist two basic methods of assessing needs: the prospective and the retrospective. The first is long and difficult. The second consists of analysing the extent of satisfying the demands. The ideal method is to attempt a synthesis of the two approaches.

Regionalization is an ideal to be aimed at, but more as means of coordination than as a system of moving patients from one hospital to another.

Some general principles ought to be observed in chosing hospital site. The hospital should be centrally placed, not necessarily geographically but in relation to transport possibilities; the neighbourhood should be free of nuisances and there should be sufficient extra land for future expansion.

The architect should not be given a free hand in the planning of the hospital building; the persons best able to assist in planning with an eye to the future are the medical administrator, the lay administrator and the chief of nursing services.

Special Hospitals

The problem of either reducing the number of tuberculosis beds in hospitals or building separate tuberculosis hospitals can only be solved according to the local needs, taking also in consideration the domiciliary treatment of tuberculosis and the relatively shorter period of hospitalization.

There are various types of psychiatric institutions each utilized depending on the stage of the disease. However, often a conglomeration of different types of psychiatric service is to be found within one hospital, which is perhaps desirable. When planning their hospitals, psychiatrists would be wise to think again about the advisability of separating their patients strictly according to psychiatric disorders.

There are more economical solutions to the problem of the aged than the geriatric hospital or the hospice, such as provision of apartments near their children. It would be a mistake to build separate geriatric hospitals providing all medical specialities.

General Remarks

For the hospital service to carry its role in the field of health it should be planned to meet the specific needs of the population served. In this respect morbidity, economic and social studies are important and should also be practised in planning of the hospital service.

Hospital service should be available to all members of the community without physical, financial or social barrier. The ownership, finance and administration of the majority of hospitals in the Region by Governments ensures availability of hospital care to the public. Governments even feel responsible to subsidize voluntary hospitals.

From the point of view of the consumer (the public) as well as the provider (the physician) the concepts of adequacy and quality of hospital care are inseparable. Equal to good quality of hospital care is the education, skill and personality of the physician. Yet his results depend also on his tools, his associates and helpers.

Good standards of hospital care should be maintained continuously at high levels. It is only by continuous evaluation of performance that disparities between existing and ideal performance are discerned. The patients' medical record is recgonized as a fundamental element in any programme for evaluating hospital care.

The primary function of the hospital is care of the sick and injured. A most important criterion of medical care of high quality is the degree of emphasis placed on prevention of disease; preventing its initial onset, its continuance, progress and the development or persistance of disability or invalidism and the social effects resulting from them. The hospital is an educational centre both to those who serve the patient directly or indirectly. The hospital as a centre for medical research provides trained

personnel, controlled observation, adequate recording of data and equipment essential for research programmes. The association of teaching and research with service helps in up-grading of professional efficiency of physicians and improves their knowledge.

Hospital care should be economical, but differentiation should be exercised between economy and pinching the budget. Good hospital care must cost more.

Since the welfare of the consumer is the accpeted objective of hospital service, his point of view should be ascertained and studied. Community leaders and local authorities may serve on hospital boards. Decentralized administration should necessarily be applied.

Hospital service should be integrated in the total community health programme and the principles of regional planning should be used in establishing and developing hospital service.

The concepts of building general hospitals instead of specialized hospitals and of utilizing the general hospitals as a total community institution are well accepted now.

The concept of progressive patient care is based on the rearrangement and adjustment of the present hospital facilities, services and staff around the medical, psychological and nursing needs of the patient.

The concept of the balanced hospital community, suggests that hospitals should be planned as a group of buildings with a common medical and nursing staffs, providing complementary services for all classes of patients, rather than single buildings providing full range of services for selected groups of patients. The buildings would be varied in size, design and permanence of structure, each adapted to the needs of the patients who occupy them.

These last two concepts are under discussion and experimentation.

The need for changing the concepts of separating medicine into curative and preventive programmes has increasingly become evident as knowledge of prevention of disease has advanced. These programmes should be coordinated. It is even recommended that whenever possible the hospital and the health department should be jointly housed.

In hospital construction it is desirable to recognize that: the hospital is a functional building adapted to both patient comfort and care; design and structure should be flexible to serve the existing hospital programme and allow for future expansion and the ancitipated future changes in utilization; and that due attention should be given to the out-patient and the casualty departments.

There is need for qualified hospital administrators to carry the responsibilities of running the complex hospital services. To make a good hospital administrator, both sufficient understanding of hospital and medical care and sufficient knowledge of the art and science of administraton are necessary. Closer coordination of the training of health officers and hospital administrators is needed to develop in order to further the coordination of medical care and public health programmes and to make available personnel competent to direct combined hospital health department units.

3. SUMMARY OF DISCUSSIONS

The differentiation between the rural hospital and the health centre was discussed and it was mentioned that in the Region it would be better to use the two terms synonimously, since they serve smaller populations of 10-15,000 and since at this level most countries of the Region were not able to employ specialists, but general practitioners were used.

The functions of the general hospital (patient service, education and research) were discussed and it was agreed that the extent to which the hospital can take up such functions as education and research should depend on its size, its resources and responsibilities. However, it was agreed that research and education, even if little, would raise the standard of patient care.

That the out patient department should take on consultative functions only and that actual care was to be the responsiblity of the family physician were discussed and it was made clear that in places where an adequate number of general practitioners was not available the out-patient department fulfilled this responsibility. This was the same view given in relation with mass screening.

Maintenance of hospital facilities and equipment was said to be better called preventive maintenance as this would give the real objective of maintenance.

Reference was made to studies on the social aspects of hospitalization of children, and the importance of health education of patients during their stay in hospital was stressed. Need for flexibility of design and structure of hospitals to meet the existing and changing needs was emphasized. The establishment of a psychiatric service in the general hospital for suitable cases was recommended, but this however, was not considered a solution to the whole problem and there was still a need for psychiatric hospitals.

Early detection of disease was recognized as the responsibility of the doctor in his clinic, in the patient's home, in the out-patient department and in the in-patient department of the hospital.

Emergency service was discussed and it was recommended that the out-patient and in-patient emergency services should be combined.

The Representative of France drew the attention of the Sub-Committee to a monograph entitled "Le Centre médical rural dans les Pays en voie de développement", published in 1960 by the Ministère d'Aide et de Cooperation, which provided an excellent guide to the organization of health services in such countries.

Reference was made to a WHO study on the scope and value of mass screening procedures and it was hoped that such a study would lead to the proper procedures that should be used.

The principle of linking the hospital and community could be achieved by having a limited social service in the hospital and having the public health nurses employed by the health department visit hospital wards and cooperate with the hospital.

As regards planning of hospital services it was thought that prospective planning could be used in developed countries due to the changing functions of the hospital and the changing patterns of diseases.

In connexion with the question of admitting communicable diseases in the general hospital, it was agreed that this depended on the incidence of these diseases and the capacity and quality of the nursing service in the particular country.

Some representatives described the hospital services of their countries and referred to some of the problems encountered. Shortage in physicians, nurses and qualified technicians was mentioned.

The importance of good administration of hospitals was emphasized as means of efficiency and economy and the characters and qualifications of the hospital administrator were pointed out. There was a general agreement that hospital administration had become a profession and that special education and training were necessary for hospital administrators. The physician administrator was preferred to the lay administrator, yet the association of both was considered more beneficial. Full-time administrators for large hospitals were recommended.

It was agreed that the university teaching hospitals ought to form one organizational structure with the medical schools and that their boards of trustees should be formed by representatives from the teaching staff, research staff and administration.

The important role of the out-patient department and the extramural hospitals services in teaching was stressed; however, it was thought that teaching hospitals should not limit their admission to serious and advanced cases. They should serve the community in which they are located as any other hospital. The moderate cases admitted would be useful in the training of medical students.

A discussion took place on the role of the hospital in public health and it was agreed that the hospital had a definite preventive function and that there should be close cooperation and coordination between hospital activities and public health activities.

The rise in cost of hospital care was pointed out and it was recommended that funds allocated to hospital services should be increased in order to provide good quality care.

The role of the general practitioner was discussed and the establishing of programmes to train general practitioners and to raise their competence were recommended. Admitting general practitioners to hospital staff in association with specialists was approved.

The role of the general hospital in care of the chronic sick was investigated and it was agreed that the general hospital had a definite role in active care of these cases. Custodial care could be provided by nursing homes or by home care programmes.

The role of the hospital in medical rehabilitation was investigated and it was felt that since rehabilitation should begin quite early in the course of treatment the general hospital should have such a programme.

The importance of employing hospital architects in hospital construction was pointed. The participation of the medical and nursing staff in the early plans was necessary.

The responsibility of the governments or special voluntary bodies in evaluation and control of the medical care provided by the voluntary and proprietary hospitals was stressed.

For the resolution on "Hospital Administration" see page 11 in the body of this report.

AGENDA

TECHNICAL DISCUSSIONS - HOSPITAL ADMINISTRATION

1. Opening remarks by the Regional Director
2. Election of Chairman
3. Adoption of the Provisional Agenda for Technical Discussions
4. The Role of the Hospital in the Field of Health
5. General Administration of Hospitals and Organization of Hospital Care
6. Hospital Construction
7. The Hospital Administrator

List of Documents

EM/RC13/Tech.Disc./2 - Redundant

The Hospital: Modern Concepts on Structure and Scope. A.L. Bravo, M.D., Director-General, National Health Service, Santiago, Chile. EM/RC13/Tech.Disc./3

Hospital Administration - Coordinated and Integrated Public Health and Medical Care for Shiraz Community. Hamid Behzad, M.S.H.A., Hospital Administrator, Shiraz Medical Center, Nemazee Hospital, Shiraz, Iran. EM/RC13/Tech.Disc./4

The Rôle of the Modern Hospital in the Field of Health. Ahmed K. Mazen, M.D., M.S., Ph.D., Director, Technical Office for Health and Community Development, Presidential Council, United Arab Republic. EM/RC13/Tech.Disc./5